

LEGALIZED ORPHANS:
PARENTAL RELINQUISHMENT TO CHILD WELFARE

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by
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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

LEGALIZED ORPHANS: PARENTAL RELINQUISHMENT TO CHILD WELFARE

Presented by Kalea Benner, a candidate for the degree of doctor of philosophy, and hereby certify that, in their opinion, it is worthy of acceptance.

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DEDICATION

Throughout this five year journey, the support of my family has been most significant. Thanks to my wonderful husband (and best friend), Timm, and our boys: Drew, Zach, Seth and Rowdy. I would never have started (nor finished) this five year process without your encouragement, Timm. I've appreciated your faith, even at times I wasn't so sure the cost was worth the gain.

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LEGALIZED ORPHANS: PARENTAL RELINQUISHMENT TO CHILD WELFARE

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ABSTRACT

This exploratory study examines the phenomenon of voluntary parental relinquishment to alternative care. In 2006 there were 51,984 children voluntarily placed into alternative care by a parent (Department of Health and Human Services, 2006). The occurrence of parents relinquishing a child to the state's custody is not a recent one. Literature evidence (Cohen, et al., 2003; GAO, 2002; NAMI, 1999) most frequently attributes mental illness of the child and subsequent unmet mental health needs as a predecessor to voluntary placement. Both federal and state research indicates that voluntary relinquishment is occurring for families who are economically unable to provide mental health services to a child. However, some children are voluntarily relinquished with no known history of mental health issues (AFCARS, 2006). This raises the question of what makes a child or a family vulnerable to voluntary placement in alternative care. This study will enhance current literature through an exploratory analysis of the nationwide population of children in alternative care to determine those factors which influence a parent's voluntary relinquishment.

Chapter 1: Children Voluntarily Relinquished to Alternative Care

In 2006, 51,984 children were voluntarily placed into alternative care by a parent (Department of Health and Human Services, 2006). Originally, alternative care was intended to provide a safe, temporary home for children whom the court ruled could not safely live with a parent; the majority of children placed in foster care are adjudicated into state's custody primarily due to some form of abuse or neglect. However, seven percent of all children in alternative care are relinquished by a parent, rather than the traditional entry into care due to a legal finding of unsafe living conditions.

Voluntary relinquishment occurs when a parent(s) chooses not to provide a home and requests that the state assume care, custody and control of the child. This has been termed in the literature as "legalized orphans" (Crosson-Tower, 2007). Voluntary relinquishment is a concern because permanent placements are difficult to attain for children in alternative care, particularly if a parent is not a viable resource for permanency. The average length of stay for children in care during 2006 was 28 months; for those unable to reunify with the family of origin, the average stay in alternative care is 39 months (AFCARS Report, 2008).

While efforts are typically made to preserve the family of origin, there may be barriers to reunification including poverty, addiction and mental illness, all potentially resulting in an inability to care for a child. Those challenges to reunification may result in the family of origin no longer considered as a placement option. When parents are no longer considered a placement option, typically a legal termination of parental rights will occur and the child will be legally available for adoption.

Children in foster care often face challenges with potentially undesirable outcomes. The 2003 National Survey of Child and Adolescent Well-Being (NSCAW), conducted by the U.S. Department of Health and Human Services, indicated that children in alternative care consistently scored lower than their peers in the areas of cognition, language, behavior and overall academic success. In a 2003 nationwide review of foster care alumni, Pecora et al. found higher rates of homelessness and teen pregnancies as well as lower rates of educational attainment and earned income in former foster care children as compared to national rates of children not placed in foster care. Mental health diagnoses, particularly mood and anxiety disorders, were also higher in foster care alumni rather than and the general population (Pecora et al., 2003).

These disparities demonstrate how alternative care placements can be problematic for a child. Given these issues, empirical knowledge is needed to understand why some families may voluntarily subject their child to the potential hazards of foster care. Perhaps families believe the advantages alternative care offers outweigh the deficits; or perhaps families are unaware of the challenges that may occur for a child in alternative care. In 2006, there were 51,984 children who were voluntarily relinquished to alternative care (AFCARS, 2006). Given the difficulty in finding stable, permanent homes for children when the family of origin is not a viable option for permanency, these numbers suggest a need for greater knowledge of the issues leading to voluntary relinquishment.

Historical Context

Historically, there is precedent for parents relinquishing custody of children. Orphanages were originally developed in the early 1800s with a goal of either providing or finding a stable home for the child who was left homeless due to the death of parents.

However, that role was altered as immigration and industrialization increased, so that caretaking of orphaned children evolved into caretaking of homeless children. Many children in the orphanages had living parents who were simply incapable of economically caring for them. By the late 1800s, a majority of children who were placed in an orphanage were brought by a parent or relative (Hacsi, 1995). These children were considered living orphans; children who had parents but were unable to live with them.

From this historical context of alternative homes for children whose parents were unable to care for them, the modern concept of foster care emerged. The need for alternative care continues despite federal policies and resources designed to maintain children in the home. With the government subsidizing families in poverty during the modern era, much of the primary cause for placement of children in alternative care shifted back to involuntary reasons for commitment. Current reasons for involuntary custody are similar to those of the past, including neglect, parental drug or alcohol use, parental incarceration and episodes of abuse, typically physical or sexual (Department of Health and Human Services, 2006).

The circumstances that caused parents to abandon children in the late 1800s have largely abated. The changing roles of women, better health care, education opportunities subsequently leading to increased economic potential and federal intervention in minimal standards of living for families with children have negated most of the reasons why abandonment occurred in the past. However, as noted in numerous studies, abandonment continues to occur.

Conceptual Framework

This study is an exploratory examination of reasons why parents continue to abandon children to alternative care. Presumably, parents have reasons for relinquishing a child to alternative care. Parents ostensibly are making reasoned choices regarding their family and their child's future. The conceptual framework of this study, Rational Choice Theory, is based upon the supposition that parents are attempting to make a decision based upon the best outcome.

Rational Choice Theory postulates that the individual weighs costs and benefits, and then makes a rational choice based upon available options and desired outcome (Melberg, 1993). Given this conceptual framework, a parent may ostensibly believe that a child is better off in foster care than remaining in the home of the family of origin. Rational Choice Theory will be utilized to try to understand the phenomenon of voluntary relinquishment in cases where voluntary relinquishment is envisioned as the parent's best option, despite the potentially problematic outcomes.

Current Research

Previous accounts of children in alternative care indicate that poverty and parental alcohol or drug addiction influence the rates of voluntary relinquishment. In contrast, more recent literature indicates that children may be voluntarily relinquished to state custody as a result of children's needs rather than those of the parents. Specifically, current literature most frequently attributes unmet mental health needs of children as a key predictor to voluntary placement.

In 2001, the United States General Accounting Office (GAO) conducted a survey in order to review causes for placement in both the child welfare and juvenile justice systems. As part of the survey, administrators from each of the systems were asked to

provide an estimate of reasons leading to alternative care for children who were currently either in foster care or placed in the juvenile justice system. Responses from 19 states indicated that there were over 12,000 children voluntarily placed in alternative care for the purposes of seeking mental health services for the child in custody (GAO, 2002). Mental health needs were unmet because often these families had little or inadequate health insurance and were financially unable to treat their child's mental illness (GAO, 2002).

Rather than remaining with a family of origin, those children and adolescents in the GAO study were relinquished to state's custody in order to receive necessary mental health services. This forced parents to choose between maintaining custody or seeking appropriate services. Rational Choice Theory would suggest parents believe that having their child's mental health needs met is more valuable than remaining untreated in the family; as a result, the rational choice is to give up custody in exchange for services. It should be noted that a limitation from the GAO study was the inability to have an accurate count of children voluntarily in care because the report relied upon anecdotal estimates by administrators in the child welfare and juvenile justice systems. The recommendation was made to create a national data base which would identify children voluntarily in alternative care.

Legislation designed to provide families with additional mental health resources has been introduced in both the United States House and Senate since the GAO report. The proposed Keeping Families Together Act (H.R. 953) was designed to provide funding for states to distribute to families so that health care issues do not result in custody relinquishment. Funds were intended to provide mental health services, expand

Medicaid funding and allow states to creatively meet family's needs so treatment could occur without custody (H.R. 953). The Act was originally introduced in 2003 and subsequently in 2005 and 2007 without legislative approval.

While the GAO report was in response to federal level concerns regarding voluntary relinquishment, this has become a state level issue as well. In Virginia in 2004 a report commissioned by the General Assembly found that almost one in four children in foster care were in the state's custody as a way to fund services for severe mental health needs (Bender, 2005). The report reflected the findings of the GAO report of 2002 which indicated that in order to receive much needed mental health services, parents faced relinquishing custody and receiving treatment or retaining custody and having inadequate or no services. Rational choice theory would argue, in this case, that parents believe the best option is to give up custody in exchange for services.

In trying to reduce the number of voluntary relinquishments thirteen states had banned the practice of voluntary placement for mental health reasons by 2003 (Lehmann, 2003). However, the federal mandate that child welfare system cannot refuse to accept custody of a child is still operative. Therefore, although some states have banned voluntary relinquishment, parents are still voluntarily relinquishing children to alternative care. For those states who do not allow voluntary relinquishment, children must be adjudicated, typically on the grounds of abandonment or neglect. This forces parents into the predicament of acknowledging a problem which does not exist in order to receive treatment for a disorder which does exist.

However, some states are developing resources which allow a parent to retain physical custody while the state assumes guardianship for the purposes of providing state

funded services. In 2004 the State of Missouri established a program which allows a Voluntary Placement Agreement between the State and the parent who is seeking mental health treatment. The Voluntary Placement Agreement (VPA) is based upon the belief that mental health services should be available without ceding custody to the State (Statute 210.108 RSMO, 2004).

Prior to the VPA legislation, publicly-funded long-term mental health services were only available to children in alternative care or who were Medicaid eligible. This agreement allows the parents to seek treatment for their dependent child while remaining in the legal custody of the parent. Expectations of the Agreement are that the parent will be actively involved in treatment, the child must be under the age of 18 and that the Agreement cannot exceed 180 days (Statute 210.108 RSMO, 2004). Although federal legislation has not yet been approved, clearly states are responding to the human need to remove mental health as an influencing factor in voluntary relinquishment to child welfare.

Research Questions

Federal and state research indicates that voluntary relinquishment is occurring for families who are economically unable to provide mental health services to a child. However, some children are voluntarily relinquished with no known history of mental health issues (AFCARS, 2006). This raises the question of what makes a child or a family vulnerable to voluntary placement in foster care. This study will be an exploratory analysis of factors which may influence a child's voluntary placement into foster care.

This study will examine whether children are placed into foster care as a result of a diagnosed mental illness. In addition, other factors will be examined in order to

determine what set of variables are most likely to lead to voluntary relinquishment.

Specifically, the primary research question to be examined in this exploratory study is:

- Do children who are voluntarily relinquished have higher rates of mental health diagnoses than those who are involuntarily relinquished?

Other secondary research questions include:

- Does being racially categorized as “white” increase the risk of being voluntarily placed?
- Does age of the child increase the risk of being voluntarily placed?
- Does a single parent family structure increase the risk of being voluntarily placed?
- Does economic dependence on public support decrease the risk of being voluntarily placed?
- Are there any reasons for removal which may place a child at increased risk for voluntary relinquishment?

Contribution to the Literature

This study will enhance current literature in that a nationwide population of all children in alternative care will be used to examine those who are placed voluntarily versus those who are court ordered into care. This differs from prior research which has primarily been anecdotal reports from states, most of whom did not submit adequate data. This study will utilize the GAO’s recommendation of using a national data base to analyze the manner in which a child comes into foster care due to abuse or neglect, either

voluntarily or by court order. This analysis will contribute to a greater understanding of the phenomenon of voluntary placement of children in foster care.

Chapter 2: Review of the Literature

Alternative care was designed to accommodate children whose families were unable to care for them due to abuse or neglect. However, approximately seven percent of those in alternative care are willingly placed there by their families (AFCARS, 2006). Placing a child in alternative care is a court sanctioned option which primarily occurs as a last resort when the child is not safe within the home. Alternative care principally occurs when children are found to be victims of either abuse or neglect. If allegations of abuse or neglect are made, an investigation occurs to determine if such allegations have warrant. If findings from that investigation indicate a significant risk of potential harm to the child, the state may petition the court for custody, resulting in the child being adjudicated into state's care. A child is typically then placed into foster care which could be the home of a relative, a close family friend (considered kinship care) or a foster family with no prior connection to the child. Nationally, neglect accounts for 64% of children who are victims while physical abuse accounts for 16% and sexual abuse for approximately nine percent (Child Maltreatment, 2006).

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) conceptualized alternative care as a transitory, crisis oriented system, designed to protect children while strengthening the family so that the child could return to a permanent, stable home. The foundation of the temporary alternative care system was strengthened by the Adoption and Safe Families Act of 1997 which created time limits for families and states who were attempting to attain permanency for the child. However, for some children who have been voluntarily relinquished those time limits and efforts for permanency are altered when the family is no longer a viable placement option.

Awareness of the need for permanency and the consequences of instability in home life led to legislation aimed at keeping families intact. Federal policies such as the Personal Responsibility and Work Opportunity Act of 1996 (PRWOA) and the Adoption and Safe Families Act of 1997 (ASFA) charge states with the responsibility of trying to keep families intact. The government's emphasis on economical and interpersonal interventions, designed to help children remain with the family of origin, reflects the value of family preservation. However, in some instances, when a child is unable to remain at home safely, that child is typically court ordered into alternative care.

Creating Orphans of Living Parents

The phenomenon of parents relinquishing their child to the state's custody is not a recent one. In 1993 Cohen, Preiser, Gottlieb, Harris, Baker, & Sonenklar published a brief review of the literature related to custody relinquishment as a means of seeking treatment for children with serious emotional disorders. One of the points Cohen et al. (1993) made was that there is no systemic department responsible for addressing the serious mental health needs of children. Therefore, while children with other long-term medical issues are covered under the Education for all Handicapped Children Act of 1975, this Act does not apply to children with a serious mental illness, making it difficult to identify resources for families seeking treatment (Cohen et al., 1993).

In 1999, the National Alliance for the Mentally Ill (NAMI) conducted a nationwide survey of families with a child who had been diagnosed as mentally ill. The study, "Families on the Brink: The Impact of Ignoring Children with Serious Mental Illness", had responses from over 900 families in all 50 states. The survey was initially developed through use of focus groups in three states. Once constructed, the survey was

distributed nationally by both NAMI and the Federation of Families for Children's Mental Health. Findings from the Families on the Brink study indicate that parents who are not able to financially secure treatment for their mentally ill child are at risk of losing custody of that child. Results of the survey indicate that twenty-three percent of the families had agencies suggest that relinquishing custody to the state would result in treatment opportunities that the child did not have while in the parent's custody. Of those families who received the recommendation that custody relinquishment was in the child's best interests, twenty percent actually did relinquish (NAMI, 1999). This was a nationwide survey that was conducted solely with families who have a mentally ill member.

Federal Initiatives

In 2002, the General Accounting Office (GAO) commissioned a research initiative to examine the prevalence of parents choosing to place a child in alternative care in order to receive necessary mental health treatment. Both child welfare and juvenile justice systems were examined across the nation. This survey was in response to news articles in over 30 states which discussed the occurrence of parents relinquishing custody due to an inability to provide resources necessary for treatment of their child's mental illness. In order to identify the prevalence of relinquishing custody for treatment, child welfare directors and juvenile justice officials were asked to provide approximations of how many children were in care in order to receive mental health services. From the responses of agencies in 19 states it was estimated that in the fiscal year 2001 over 12,700 children were placed into alternative care as a means of providing treatment for mental illness (GAO, 2003). Eleven additional states in the survey indicated

that the practice of voluntary relinquishment in order to receive mental health services does exist but they were unable to provide specific numbers. With the low response rate of available data from only 19 states, it is likely that the actual number of children relinquished is significantly higher than what is reported.

Primary limitations of the GAO survey were the low response rate and the lack of scientifically collected data. Results of the survey were often an approximation of the administration rather than an actual count of children in care. While the GAO data were significant in highlighting that children are coming into care voluntarily in order to address mental health needs, the report itself acknowledged a need for a national data base to determine the number of children in custody who were being voluntarily relinquished due to mental health needs (GAO, 2003). This author proposes that a better national representation of data can be mined from AFCARS data that has a variable for caseworkers to indicate the manner of removal: court ordered or voluntary.

Demographics of children in the GAO survey who were placed in care in order to receive mental health services were more likely to be male, adolescent and from a middle class family who was not eligible for Medicaid and either did not have insurance through an employer or the benefits were not sufficient for care. Parents consistently expressed concern regarding the child's capacity for violence either toward self, other family members or society. Additionally, the survey found that a child may be at risk for drug or alcohol abuse in an attempt to self-medicate the mental illness (Children Placed to Obtain Mental Health Services, 2003).

Findings from the GAO survey also suggest a number of factors which influence relinquishment. These include limitations of both private and public health insurance and

services, including lack of parity for mental health versus physical health services, as well as limited local resources and difficulty in meeting eligibility requirements for those mental health services which are available (GAO, 2003). Mental health disorders may not be adequately covered even when families can afford health insurance. The Bazelon Center for Mental Health Law reports that in 2002, 94% of health plans had restrictions on frequencies of use for mental health resources (Bazelon Center for Mental Health Law, 2002). These restrictions will become a barrier all too quickly when a child is faced with a chronic, severe mental illness.

In response to concerns regarding children being placed into an already burdened system designed to address abuse and neglect, rather than mental health disorders, federal legislation was introduced in the House of Representatives in 2003. This bill, entitled “Keeping Families Together Act” (HR 953), was intended to minimize barriers to receiving mental health services and to eliminate practices of exchanging custody for care. Recognizing that some parents are facing barriers to mental health treatment, the bill was designed to eliminate some of the challenges that face parents when seeking resources for treatment for the child’s mental illness. Grants were to be available to states who implemented policies ensuring that children could receive appropriate mental health services without a parent relinquishing custody. A key component of the legislation was for states to establish necessary interagency collaboration ensuring that child welfare, mental health and juvenile justice officials were able to cooperate to meet the needs of the seriously mentally ill child. However, the legislation was not approved and, although it was reintroduced in both 2005 (HR 3243, S 1704) and 2007 (S 382), each bill met with a similar lack of approval.

Policies Influencing Voluntary Relinquishment

Safe Haven Policies Designed for Abandoned Infants

In response to growing public concerns regarding newborn infants being abandoned, often in public places, a legislative response was to create a Safe Haven policy. Originally developed by Texas in 1999, the practice has become public policy in 47 states (Pruit, 2008). Prior to implementation in Texas, there were 13 abandoned babies in ten months in Houston alone, resulting in the deaths of three of those infants (Pruitt, 2008). In response, Texas created a Safe Haven policy designed to allow parents to give away unwanted newborns without legal repercussions or charges for neglect or abandonment.

Other states developed similar policies as a way to try to prevent illegal abandonment in places like public restrooms or highway rest stops which frequently resulted in infant death. The desired goal was to provide an anonymous opportunity for a parent to surrender an unharmed and unwanted newborn at an agency designated as a Safe Haven. A Safe Haven is typically a hospital or licensed child placing agency which would presumably be able to help the newborn survive.

Most recently, Nebraska implemented a Safe Haven policy in July of 2008. In the first four months of the policy's implementation, 36 children were abandoned to the state's custody (Stoddard, 2009). However, while the law was designed to protect vulnerable infants, the majority of the children abandoned were not infants. Nine of the abandoned children were siblings from a single-parent home at the time of their mother's death. In response, the legislation was revised to only allow newborns up to 60 days old to be relinquished to a Safe Haven (Stoddard, 2009).

These recent relinquishments indicate that parents, at least in Nebraska, were looking for alternatives to parenting. It can be assumed with so many abandoned siblings in this example that mental health was not an issue for at least some of those children. The Safe Haven situation is similar to the practice of voluntary relinquishment. There is no federalized response to parents' needs for relinquishment; rather, each state has its own individual response. The goals are similar as well: to avoid harm to the child. The question arises: What places a child at risk for relinquishment?

State Policies and Initiatives

In 2004 Virginia's General Assembly commissioned a study to review the practice of voluntary relinquishment to child welfare in order to meet mental health needs. Utilizing data from the Department of Social Services database, 8,702 children were examined for cause of placement; of those, 2,008 were placed in order to attain mental health services. Almost one in four children in alternative care was there in order to receive mental health services (Bender, 2005).

Typically, families in Virginia who had relinquished their child were not the extremely poor. Many of the families were not eligible for Medicaid due to middle class status. Many even had private insurance but services had exceeded limits imposed by insurance for mental health coverage. These families in Virginia who were forced to choose between treatment and custody could typically afford insurance but not long-term mental health care (Barovick, 2002; Bender, 2005).

The federal policy stipulates that the child welfare system cannot reject a child in need of custody; however, each state has the ability to determine how that can occur. In an effort to avoid children voluntarily coming into care, by 2003, 14 states (Colorado,

Connecticut, Idaho, Indiana, Iowa, Maine, Massachusetts, Missouri, Minnesota, North Dakota, Oregon, Rhode Island, Vermont and Wisconsin) had implemented policies which prohibit voluntary custody relinquishment (GAO, 2003). However, while parents are prohibited from voluntarily placing the child, it does not stop parents from voluntarily placing children into alternative care. Instead, in order for a child to be placed, the parent has to have the child adjudicated on grounds of abuse or neglect (Barovick, 2002). In these cases, parents seeking alternative care must admit in court that they have been inappropriate as parents in order to gain treatment for their child; the child is adjudicated on the basis that the parent is unfit (Barovick, 2002; Cohen et al., 1993). A secondary problem with legal admission is that the information may become available during a background check of the parent when applying for employment (Barovick, 2002). In states where a court order is required to allow voluntary relinquishment, the official cause for care typically becomes that the parent is unable to control the child (Friesen et al, 2003).

Some states ban the practice of voluntary relinquishment in exchange for mental health services while other states have developed voluntary placement agreements which allow the child to be placed outside the home in order to seek treatment while remaining in the parent's legal custody. A number of those states, as well as others, (Alaska, Colorado, Connecticut, Iowa, Maine, Minnesota, Missouri, North Dakota, Oregon, Rhode Island, Vermont and Wisconsin) have created policies allowing parents to retain custody while their child receives necessary services funded by the state and federal government (GAO, 2003). Typically, this agreement takes the form of removing the child from the

home to receive treatment, for which the state identifies and/or provides funding, while remaining in the legal custody of the family.

However, some states such as Iowa, Kansas and Missouri became proactive and emphasize the goal is to provide treatment while the child remains in the home as long as feasibly possible (Lubin, 2006). This policy is designed to maintain family structure which can be a significant treatment support for the mentally ill child. The Children's Division and state legislators in Missouri recognized that parents were forced with the difficult decision of trading custody for treatment. In 2002, 53,000 children in Missouri were in need of mental health care. However, the department designated to meet that need, the Department of Mental Health, was only able to provide services to 11,000 children (Barovick, 2002). Missouri subsequently created a Voluntary Placement Agreement (VPA) which offers the opportunity for treatment while the child remains in the home. In the case where a child is not able to remain in the home due to the need for more intensive care, the family can retain custody while the state assumes financial responsibility for treatment. However, intensive treatment must conclude within 180 days. It should be noted that many severe mental health diagnoses, such as most mood and psychotic disorders, are not typically resolved within that time frame (DSM-IVTR, 2000).

Not only does the in-home treatment approach keep families intact but it also is economically rewarding. In Congressional testimony advocating for the "Keeping Families Together Act," Tammy Seltzer, an attorney with the Bazelon Center for Mental Health Law, stated that the costs associated with serving children in the community and home were half the costs associated with institutional care where the child is removed for

treatment (as cited in Lehman, 2003). Costs are twofold when examining the practice of voluntary relinquishment: economic and interpersonal.

These data suggest that children who are voluntarily relinquished to foster care have higher rates of mental illness than those who are court ordered into care. From an economic standpoint this research would indicate that these are working and middle class families who either do not have health insurance or do not adequate coverage for mental health needs. Therefore, the data would suggest that those families who relinquish probably do not qualify for Medicaid.

Demographics Trends in Parents Known to Relinquish

Little is known regarding parents who relinquish custody of a child. The National Survey of Family Growth (NSFG) is the only national source of data on voluntary relinquishment for adoption (Child Welfare Information Gateway, 2005). The NSFG is a periodic survey which was most recently distributed in 2002 to a nationally representative sample of over 12,500 men and women between the ages of 12-44. Most of the available literature on parents who have voluntarily relinquished children relates to parents who relinquish children at birth, rather than later in childhood. Those children relinquished at birth may either go into alternative care in child welfare or may be privately placed into a legally adoptive family.

In the 1995 National Survey of Family Growth (NSFG), less than one percent of children born to never married women were placed for adoption, down from nearly nine percent in the mid-1970s. Women who relinquished at birth were disproportionately Caucasian, with 1.7 percent relinquishing, versus African American women which was near zero (NSFG, 1995). Additionally, those women who did relinquish a child for

adoption tended to have higher education and income levels (Miller & Coyl, 2000 as cited in Voluntary Relinquishment for Adoption, 2005). Relinquishment by married women is considered rare; those percentages were not available due to the extremely low response rate (Voluntary Relinquishment for Adoption, 2005). Results from the NSFG suggest that race and family structure significantly impact the decision to relinquish a child; relinquishment at birth is more likely amongst unmarried Caucasian women. These data would suggest that those voluntarily relinquished to foster care are primarily white, single mothers.

Factors Influencing the Child's Mental Health

Familial Predisposition

The genetic implications of mental illness are well substantiated: children with mental illness are likely to have a parent with mental illness (DSM IV-TR, 1994). While some illnesses may be genetic in nature, living with a mentally ill parent may create a social environment which can subsequently lead to mental illness, making it difficult to know if the genetic influence or the social environment has the most impact. Regardless, there is an increased likelihood of placement into alternative care when a parent has a significant mental health issue (Zuravin & DePanilis, 1997) as well as a poor prognosis for permanency or reunification with the family (Lutz, 2000). Parents with a mental illness or addiction may create genetic and/or environmental challenges for their child, including the possibility of increasing the risk of a mental illness in the child (Kerman, Wildfire & Barth, 2002). This would suggest that if children are voluntarily relinquished due to mental illness of the child, the parent may likely have a mental illness diagnosis.

Race and Ethnicity

Race and ethnicity also influence mental health, mental health diagnoses and subsequent treatment. Using data from the National Ambulatory Medical Care Survey, Stockdale, Lagomasino, Siddique, McGuire, & Miranda (2008) examined disparities in diagnosing and treating mood and anxiety disorders. The study was a secondary analysis of outpatient physician visits over a ten-year period from 1995-2005. The population was a nationally representative sample from that time frame. Findings from the study indicate disparities in identifying and treating of mental illnesses. African Americans and Hispanics were underrepresented in office visits, in identification of a mental illness and in recommended treatment for a mental illness when compared to Caucasian counterparts. This indicates that even if a mentally ill African American or Hispanic were to seek treatment, he or she would be less likely to have that mental illness detected. Subsequently, even if that mental illness were detected in an African American or Hispanic, that individual was less likely than the Caucasian counterpart to have treatment recommendations for the mental illness (Stockdale et al, 2008).

Zuvekas and Fleishman (2008) had similar findings of underutilization of the mental health system by African Americans and Hispanics. Using data from the Medical Expenditure Panel Survey, the authors examined racial and ethnic disparities in mental health care. The survey is considered to be nationally representative and is conducted annually. Other findings from the study indicate that clients with lower incomes, as well as lower educational attainment, were more likely to report mental health issues (Zuvekas & Fleishman, 2008).

Based upon research that indicates African Americans and Hispanics are underrepresented in diagnosing mental illness, it would be expected that there will be

fewer African Americans and Hispanics children in foster care who are diagnosed with a mental illness. If known mental illness leads to voluntary relinquishment, presumably there would also be fewer rates of African Americans and Hispanics voluntarily relinquished.

Summary of Influencing Factors

Literature suggests that several factors influence mental illness. A biological predisposition through family genetics, as well as the social exposure that occurs when a child has a parent with a mental illness, certainly place a child at increased risk of developing a mental illness. In addition, economic status and race are correlated with mental illness as well as implicated with influencing whether someone seeks treatment, is subsequently diagnosed and if treatment is recommended or not. While treatment is essential for a child with a mental illness, trading custody for treatment may result in a more negative situation. Parents facing voluntary relinquishment as a means to treatment resources must believe it is more important than the negative implications of alternative care.

Conceptual Framework: Rational Choice Theory

Choices may become very limited for parents seeking services when they do not have resources to treat an identified emotional or behavioral issue and if a state does not have a policy in place to preserve the family while providing treatment for the mentally ill child. Rational Choice Theory would suggest that parents, faced with being unable to provide treatment to a mentally ill child, make a logical decision in placing their child in care in order to receive services.

Rational choice theory is a positivistic approach to human behavior. Originally used in economics, rational choice was used to explain behavior which initially seemed irrational but could in fact be explained by a logical rationale reflective of the individual's self interests (Zuckert, 1995). The empirical focus is on intentional choice, conducted in a conscious manner, in order to maximize gain (Melberg, 1993). Mellers, Schwartz and Cooke (1998) describe rational choice as a unified internal consistency within the context of the individual's beliefs and motivation.

Elster (as cited by Lovett, 2006) proposes that empirical explanations encompass three categories: causal, functional or intentional. Causal explanations identify a preceding event which will predict the effect, whereas functional explanations examine the purpose of the phenomenon. Intentional explanations view a social phenomenon as a result of a belief system as well as other interpersonal influences such as motivation and perceived need. Elster's empirical explanation of intention is largely a basis for rational choice theory. This also yields a point of controversy of the theory: interpersonal needs, beliefs and motivations are often individualized, making it hard to predict the emotive cause of behavior.

Despite this criticism, several theorists (Melberg, 1993; Boudon, 2003; Lovett, 2006) believe that rational choice models can be used to explain behavior with emotional constructs. Melberg (1993) differentiates the criticism from the epistemology with his view that rational choice can be used to explain behavior in a social context although it cannot be used to explain intentions. Boudon (1998) expresses comfort with the inability to explain intent by stating that the task of explaining intent is epistemologically arcane. Another way to view this dichotomy is that often a single correct behavior does not exist;

rather, the social environment as well as the individual's beliefs will dictate what seems to be the correct response (Mellers, Schwartz and Cooke, 1998). In this example, the practice of relinquishing custody to gain treatment is a decision that makes sense in the context of meeting immediate, critical, treatment needs.

Boudon's (2003) axioms for defining rational choice would indicate that a behavior is the result of the individualistic context and can only be understood logically within that context; therefore, the assumption is that the behavior is rational within that context. Using these axioms in terms of understanding voluntary relinquishment would suggest that a parent who decides to place a child in alternative care is doing so based upon personal beliefs, evaluation of the situation and the interpersonal as well as environmental influences.

Summary of Literature

Rational choice theory would suggest that given a mental illness, and a lack of treatment or economic resources available to children and families, the logical decision is to trade custody for treatment. Families are being forced to choose a system designed for victims of abuse or neglect, not victims of mental illness, due to the lack of appropriate resources, (Cohen et al, 1993). In the context of untreated mental illness, parents are being forced to choose treatment over family integrity.

There appear to be several empirically based influences on voluntary relinquishment to alternative care. Literature consistently suggests a child's mental illness as a reason why parents might relinquish. Factors known to impact mental illness include race, age of child at relinquishment, parental mental illness including drug or alcohol use, economic status and number of placements in alternative care. Those same factors

associated with mental illness are often correlated with a lack of success in achieving permanency, leading to poor outcomes in foster care for the relinquished child.

Known demographics from the National Survey on Family Growth indicate that family structure (married vs. unmarried), race and economic status influence the decision to voluntarily relinquish a child. While the NSFG addressed the issue of relinquishment only for those women who relinquished at birth, these demographics also correlate with some of the influences on mental illness. These same variables will be examined in this exploratory research study analyzing factors which place a child at risk of voluntary relinquishment.

Literature Based Research Questions

Federal and state research indicates that voluntary relinquishment is occurring for families who are economically unable to provide mental health services to a child. However, some children are voluntarily relinquished with no known history of mental health issues (AFCARS, 2006). This raises the question of what makes a child or a family vulnerable to voluntary placement in foster care. This study will be an exploratory analysis of factors which may influence a child's voluntary placement into foster care.

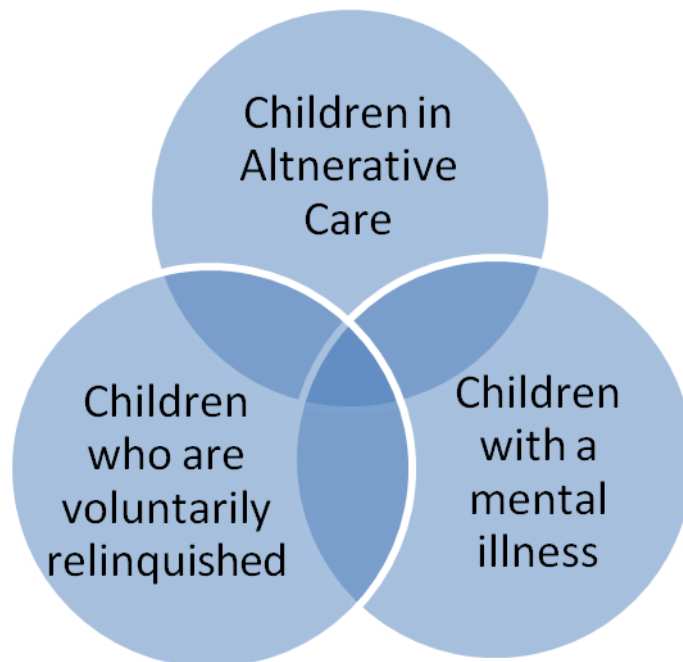
This study will answer whether children are placed into foster care as a result of a diagnosed mental illness. In addition, other factors will be examined in order to determine if a certain characteristic creates a predisposition to voluntary relinquishment. Specifically, the following research questions will be examined in this exploratory study:

- Do children who are voluntarily relinquished have higher rates of mental health diagnoses than those who are involuntarily relinquished?

This question is based upon the literature which suggests the interface of mental illness and alternative care influences voluntary relinquishment. See Diagram I for an illustration of that interface.

Diagram 1.

Interface of Mental Health and Children Voluntarily and Court Ordered into Alternative Care



Secondary research questions include:

- Does being racially categorized as “white” increase the risk of being voluntarily placed?
- Does age increase the risk of being voluntarily placed?
- Does a single parent family structure increase the risk of being voluntarily placed?
- Does economic dependence on public support decrease the risk of being voluntarily placed?

- Are there any of the reasons for removal which may place a child at increased risk for voluntary relinquishment?

This study will enhance current literature through a statistical examination of the nationwide population of all children in foster care, used to review those who are placed voluntarily versus those who are court ordered into care. This differs from prior research which has primarily been anecdotal reports from states, most of whom did not submit adequate data. This study will utilize the GAO's recommendation of using a national data base to analyze the manner in which a child comes into foster care due to abuse or neglect, either voluntarily or by court order. This analysis seeks to contribute a greater understanding of the phenomenon of voluntary placement of children in foster care.

Chapter 3: Research Methods

In order to conduct an analysis of children who have been voluntarily relinquished to alternative welfare, a secondary analysis was performed using data from the Adoption and Foster Care Analysis and Reporting System (AFCARS). AFCARS is a secondary data set that includes all children in alternative care at the time of submission.

Examination of the secondary data was conducted at a national level using the most recently available data from March, 2006. The data analysis was designed to identify risk factors for voluntary relinquishment as well as determine if a mental health diagnosis increases the risk for children placed in alternative care due to parental relinquishment.

The Internal Review Board (IRB) at the University of Missouri-Columbia reviewed and accepted the research design and protocol on March 18, 2009. Although specific attention was given to protection of all human subjects participating in this research, it was assumed that the risk would be low given the nature of secondary data analysis. Each case within the data set was encrypted at the state level so that the identity of the individual was secure. Cases were then assigned an encrypted record number ensuring that anonymity. It was estimated that the risk to human subjects would be low based upon the confidentiality and anonymity of the secondary data set.

Data Source

The secondary analysis was conducted using data from the Adoption and Foster Care Analysis and Reporting System (AFCARS). AFCARS data is a federal initiative that is collected, funded and disseminated by the US Department of Health and Human Services through the Administration for Children and Families' Children's Bureau. AFCARS is a mandated semi-annual data collection system that amasses specific

information on each case when a child has been placed in alternative care and where the state child welfare agency has legal responsibility in placement supervision.

States are required to collect data on each child and then submit the information electronically to AFCARS. States create anonymous case numbers for each child so that the federal data cannot be traced back to that child at the state level prior to submission. Data from all the states were then integrated into two data sets, one that reflected children currently in alternative care and one that reflected children whose parental rights had been terminated and were, therefore, awaiting adoptive placements. The most recently released data set is from the second reporting period which ended on March 31, 2006.

A total of 66 descriptive categories are maintained by AFCARS on each child in foster care or adopted through the child welfare system. Descriptive demographic information includes gender, race, age, physical and mental health diagnoses and ethnicity. Also, date of placement, number of placements, length of placement and demographic information regarding the biological and adoptive parents is available. Additionally, information on the nature and level of assistance from public agencies such as Title XIX, Social Security, and Temporary Aid to Needy Families (TANF) is available. See Appendix A for a complete list of the AFCARS variables and the operational descriptions.

Data Limitations

A primary limitation of using the AFCARS data set is the numerous coders involved in reporting the data at the state level. Although the code manual has operational definitions of every code, there is still subjectivity in some areas. An example of this would be the codes for reason for removal. Workers have the opportunity to code as

many reasons as applicable but this is influenced by their perceptions and current assessments. An example may be that the child is placed in protective custody due to the parent's incarceration. However, if the incarceration is due to drug or alcohol use the caseworker may not identify that as a cause, particularly if it is not known at the time of custody. In this instance, the caseworker may fail to record parental drug or alcohol use even though that is pertinent information. Although this limitation posed significant concern, the limitation was equally applied to both cohorts being examined in this analysis.

A second key limitation of AFCARS is that the data reflect only a snapshot in time, on September 30th and March 31st each year. Data are reported in the aggregate for the prior six months which can mean that any children who are adjudicated and then returned to the home are omitted from the counting process. However, again, this applies to both cohorts so the limitation is applicable to both data sets.

Another limitation is that the data are not able to identify policy differences among states. Some states do not allow parents to voluntarily relinquish children to foster care; rather those states require a parent acknowledge a safety concern that is significant enough for a judge to consent to a protective court order resulting in alternative care. Presumably those states who do not allow parents to voluntarily relinquish children, and require a court documented reason for alternative care such as abuse or neglect, will not acknowledge that parents initiated custody. Knowing this, the variable may be underrepresented and simply reflect the other 37 states which do allow some form of voluntary relinquishment.

Finally, there is a limitation of not knowing sibling sets because traditional AFCARS data are reported in the aggregate. While this may not be an issue for all data users, when looking at children who are voluntarily relinquished additional information on siblings could be pertinent. This limitation raises the question of possible nesting occurring within the data set. An example of this would be the state of Nebraska; after implementing a Safe Haven policy 36 children were relinquished to foster care within the first four months of implementation (Stoddard, 2009) with nine of those children coming from the same home. In order to determine the possible impact of nested data, an interclass correlation analysis was conducted at the lowest level possible using the Federal Information Processing Standard (FIPS) code which is analogous to a county level as well as the state level data.

Method

The national data base from AFCARS was used to examine vulnerability factors of children who have been voluntarily relinquished prior to March 31, 2006. Specific descriptive statistics explored included age, race and gender of child, economic support, any documented clinical disabilities which may have required extensive health care and an analysis of corresponding removal criteria which resulted in the child coming into alternative care.

The primary statistical analyses, both bivariate and multivariate, were conducted using SPSS as the statistical software. The interclass correlation coefficient was calculated at the state and Federal Information Processing Standard (FIPS) levels using SAS statistical software.

Variables

For the purposes of this study, the dependent variable was “Removal Manner”, a categorical variable, coded as “voluntary,” “court ordered” or “not yet determined.” That variable was recoded into a dichotomous variable to reflect the known removal manner, either voluntary or court ordered. The unknown data (coded as “not yet determined”) were not used. The dependent variable sample consisted of 50,984 children who were voluntarily relinquished to alternative care, 670,157 children who were court ordered into alternative care and 9,327 cases which were not yet determined and were subsequently discarded (AFCARS, 2006).

The most frequently cited independent variable from the literature was that of a mental health diagnosis. A child’s mental health was coded into three AFCARS variables with the following criteria from the AFCARS User’s Guide:

- Diagnosed Disability; this dichotomous categorical variable is coded “yes” if a child had been diagnosed by a professional as physically or learning disabled, mentally retarded, emotionally disturbed or hearing/sight/speech impaired. Otherwise, the variable is coded “no”.
- Emotionally Disturbed; this dichotomous categorical variable is coded “yes” if a child has been professionally diagnosed with a disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM). Children who have not been seen by a professional may still be coded as “yes” if s/he displays historically intrusive interpersonal difficulties or inappropriate behaviors or emotions. Otherwise, the variable is coded “no”.

- Reason for Removal: Child Disability; this dichotomous categorical variable reflects the same criteria as above. However, it is only coded “yes” if the disability led to the removal; if a diagnosed disability did not result in removal, the variable is coded “no”.

Demographic variables were also examined. Demographic variables did not necessarily cause the child’s placement in alternative care but were supported in the literature as predictive factors to voluntary relinquishment to alternative care. Other literature supported independent variables include:

- Race; seven racial categories are included in AFCARS. However, for the purposes of this study, the variable used was the dichotomous categorical variable of “white” or “non-white”.
- Age at latest relinquishment; this variable was created by subtracting the month and year of the latest removal from the month and year of birth, thus creating a new variable. That variable was subsequently recoded into four age categories, preschool (ages 0 – 4); middle childhood (ages 5 – 9), early adolescents (ages 10-14) and late adolescents (ages 15-19). Both the categorical ages groups and the continuous age variables were used in an effort to explore if age influenced voluntary relinquishment.
- Public economic support; three variables were examined to determine if a child’s family was receiving public economic support. Those variables were all dichotomous and categorical (coded as “yes” or “no”) and included Title XIX which is typically Medicaid funding, Temporary Aid to Needy Families (TANF) and Social Security (SSI) benefits.

- Family structure; this variable in AFCARS is categorical with six levels. To simplify, it was recoded as a dichotomous categorical variable with either “single parent” or “two parent” as a response.

Due to the exploratory nature of this study, the corresponding causes for removal will also be examined as independent variables. All of the causes for removal were dichotomous categorical variables. Multiple causes for removal were noted. While similar indicators could be marked in the demographic section, if any of the following were coded “yes”, it meant that descriptor was a direct cause for the child coming into care, whether voluntarily or involuntarily:

- Physical abuse of child
- Sexual abuse of child
- Neglect of child
- Alcohol abuse by parent
- Drug abuse by parent
- Alcohol abuse by child
- Drug abuse by child
- Child behavior problem (within school or community, not family)
- Death of a parent
- Incarceration of parent
- Caretaker inability to cope (delineated as a physical or emotional disability of the caretaker which resulted in a child going into alternative care)
- Inadequate housing (which included homelessness, or unsafe/inappropriate housing)

Finally, with differing state policies regarding voluntary relinquishment to alternative care, it was logical that states would differ in the influence on children coming into care voluntarily. Therefore, state was explored as an independent variable. Data from Puerto Rico and the District of Columbia were included as a state in the data leaving 52 categories.

Procedures and Analysis

With a binary, dichotomous dependent variable of parental relinquishment, logistic regression was used to examine a potential statistical relationship in the data. Logistic regression is used to predict group membership when there is a categorical, dependent variable. There are no assumptions made regarding normal distribution, equal variances or linear relationships (Mertler & Vannatta, 2005). The dependent variable must be nominal and the independent variables may be a combination of nominal, ordinal and ratio level data. In this study, all of the variables were categorical.

Assumptions that occur in logistical regression are that normality is not imperative but it does increase power, a substantial number of cases are necessary and the independent variables should be independent of each other, not collinear. Logistic regression was used to determine the influence of mental illness, age, race, diagnosed disability, reasons for removal and public economic support on whether a child was voluntarily relinquished. State as an independent variable was problematic in the logistic regression model due to the excessive number of categories. For that independent variable, descriptive data was examined to view a potential influence.

With a categorical dependent variable, logistic regression was the most appropriate form of analysis. Prior to running logistic regression, a non-parametric chi-

square test was run. After using the results from chi-square to determine whether to continue inclusion of an independent variable, a bivariate analysis was run. Again, those results were used to determine if an independent variable should be included in the model. Following the preliminary analysis, a binary regression analysis was performed individually with each remaining independent variable. Those results were used to identify which independent variables could adequately predict the dependent variable of type of removal, either voluntary or court ordered. Following logistic regression protocol, a parsimonious model was developed which identified four of those independent variables with the best ability to predict voluntary relinquishment. Those four variables were then used to conduct a multivariate analysis.

The primary statistical analyses were conducted using SPSS as the statistical software. SPSS was used for the nonparametric test as well as the bivariate and multivariate analyses. Due to the size of the data set, SPSS was not able to conduct the interclass correlation. Therefore, the interclass correlation was determined using SAS statistical software.

Assumptions of Logistic Regression Analysis

While normal distribution and linear relationships are not required of a logistic regression analysis, there are some limitations which may result in biased results. Logistic regression should have a sufficient number of cases for each independent variable. Additionally, goodness of fit is used to determine how the model fits the data. Due to this, discrete variables should have values of more than five for more than 80% of the frequencies (Mertler & Vannatta, 2005). Chi square was used to ensure that all

independent variables met the criteria for goodness of fit. Finally, correlation among independent variables should be examined to avoid multicollinearity, thus ensuring correlation does not exist between independent variables.

Chapter 4: Results

This study tested a research question related to why children are relinquished to state care by a biological parent. Evidence from the literature suggests that the primary reason for voluntary relinquishment is due to parents seeking mental health care which they cannot afford for their children. The results found in this chapter provide the study findings related to that question and to the secondary research questions related to factors which appear to contribute to voluntary relinquishment. The study used the federally mandated Adoption and Foster Care Analysis and Reporting Systems (AFCARS) data and provided the results of a secondary data analysis.

Literature suggests that children are coming into care because their parents are seeking mental health treatment for them. Relinquishment of care, custody and control of a child to the state by a biological parent seems to be an unusual choice. Rational Choice Theory, however, would suggest parents believe that having their child's mental health needs met is more valuable than having them remain in a family while ill. As a result, the rational choice is to give up custody in exchange for services.

The literature also indicates that children who are voluntarily relinquished are white, more predominantly male and typically have unwedded, single parents. Often times, these families are not below the poverty level but might exist just above it, thus making a family ineligible for Temporary Aid for Needy Families (TANF) or traditional Medicaid. While parents may be working, health insurance is not necessarily obtainable available through employers nor would it necessarily provide unlimited treatment resources even if available.

Those demographic influences, as well as the literature supporting children seeking mental health treatment through alternative care, result in the following research questions:

- Do children who are voluntarily relinquished have higher rates of mental health diagnoses than those who are involuntarily relinquished?
- Does being racially categorized as “white” increase the risk of being voluntarily placed?
- Does age increase the risk of being voluntarily placed?
- Does a single-parent family structure increase the risk of being voluntarily placed?
- Does economic dependence on public support decrease the risk of being voluntarily placed?
- Are there any of the reasons for removal which may place a child at increased risk for voluntary relinquishment?

Data

All data used in this study are from the March collection of the 2006 Adoption and Foster Care Reporting and Analysis System (AFCARS) records. This data set is the latest available which incorporates submissions from the states. Demographic information was first explored in order to provide a preliminary knowledge of children in the data set. Analysis proceeded with a cross tabulations between the multiple independent variables and dependent variable (type of relinquishment coded as voluntary or court ordered) for the purpose of determining which independent variables could be ruled out due to lack of significance. Subsequent to the bivariate analysis,

multicollinearity was examined in order to insure that the data met the assumptions necessary for logistic regression. Following that analysis, four independent variables with effect sizes of over .010 remained. Using .010 as the cutoff, the four remaining variables that exceeded the cut off criteria were used to develop a parsimonious logistic model.

Demographic Characteristics of Children in Alternative Care

There were a total of 798,580 children in alternative care during the AFCARS compilation from March of 2006. Of the population of children in alternative care, 51,984 children were coded as voluntarily relinquished to child welfare. Children in foster care were fairly evenly divided into males and females, at 52% and 48% respectively (n = 795,087).

Other demographic features reflected in the literature review encompassed race and foster care residency. Children in care were predominantly white, which comprised the largest racial/ethnic group of 59%, followed by African Americans who accounted for 36% and Hispanics who composed 19% of the children in care (n = 798,354). It should be noted that more than one racial category could be coded.

As part of the data mining process, place of residency and number of placements were examined. The majority of children in alternative care resided in the foster home of a non-relative (40%) with approximately 23% residing in the foster home of a relative (n = 786,576). For 39% of children in care, the March, 2006 placement was their first placement in alternative care (n = 788,187). Forty-nine percent of the remaining children had between two and five placements in alternative care.

Demographic Comparisons of Children Voluntarily and Court Ordered into Care

Several differences emerged when examining demographics of children who had been voluntarily relinquished to those who were court ordered to alternative care. Race and ethnicity composition differed when comparing “white” versus “non-white”. For children who are relinquished into care 47% (n = 49,763) are “non-white” compared to children who were court ordered into care where 39% were “non-white” (n = 634,332).

Age at relinquishment also varied; data from both groups reflected higher rates of relinquishment in preschool children (age 0-4) and late teens (age 15-19) than early and middle school aged children (ages 5 – 9 and 10 -14). While percentages were somewhat similar between groups in the younger ages (0-14), there was a larger percentage of children being voluntarily relinquished as late teens. For late teens, ages 15 – 19 years old, 29% (n = 663,309) came into care voluntarily, compared to 37% (n = 49,628) of those in care through court order.

Residency comparisons illustrate contrasts between children voluntarily relinquished and court ordered into alternative care. The most common placement type in alternative care is in a foster home with a non-relative regardless of manner of removal. Of the children in care voluntarily, 49% were living in a non-relative foster home compared to 39% for those court ordered into care (n = 716,662). Fewer children who were relinquished were able to live in a relative foster home; approximately 12% (n = 50,549) of relinquished children were able to live with a relative in foster care compared to 24% (n = 666,113) of their court-ordered counterparts.

Even more striking was the contrast between children placed in group homes and institutions. Twenty-four percent (n = 50,584) of children who were voluntarily in foster care resided in a group home or institution, whereas 16% (n = 666,129) of those court

ordered into care resided in a group home or institution. Refer to Table 1 for a more complete list of the demographics of the independent variables for children who were voluntarily relinquished versus those who were court ordered into care.

Table 1.

Comparisons of Descriptive Data

<u>Descriptor</u>		<u>Manner of Removal</u>	
		<u>Voluntarily Relinquished (n)</u>	<u>Court Ordered (n)</u>
Gender	Male	52% (26,429)	52% (348,193)
	Female	48% (24,545)	48% (321,850)
Race	White	53% (29,889)	60% (381,000)
	Non-white	47% (19,873)	39% (253,331)
Emotionally Disturbed	No	84% (42,512)	86% (571,484)
	Yes	16% (8,200)	14% (92,438)
Age at Relinquishment	Preschool	24% (12,094)	28% (183,683)
	Early childhood	18% (8,860)	22% (146,999)
	Pre/early adolescents	21% (10,516)	21% (138,654)
	Late adolescents	37% (18,158)	29% (194,063)
Family Structure	Two parent	33% (13,837)	38% (215,729)
	Single parent	67% (27,530)	62% (348,079)
TANF Recipient	No	97% (49,299)	96% (639,648)
	Yes	3% (1,619)	4% (29,277)
Title XIX Recipient	No	45% (23,065)	50% (334,574)
	Yes	55% (27,919)	50% (335,583)
SSI Recipient	No	94% (48,127)	95% (633,640)
	Yes	6% (2,929)	5% (34,621)

Reasons for Removal

When children are adjudicated into foster care, the caseworker clarifies whether that placement is a voluntary relinquishment, indicating that the parent requests the removal from the family into care, or whether the court orders the placement due to concern for the safety of the child. Regardless of whether the child comes into care voluntarily or involuntarily, caseworkers code the reason(s) behind the need for foster care. The AFCARS data set provides reasons for removal ranging from abuse to neglect to parental incarceration. Caseworkers may select one or more of those as primary reasons for removal. Only frequencies, rather than cross tabulations, were computed due to the multiple responses allowed, resulting in a lack of data independence.

However, these descriptive frequencies provided insights for further exploration of reasons why children were placed into foster care voluntarily (see Table 2). Differences of over five percent were noted between voluntarily and court-ordered children in care in six areas: caretaker's inability to cope, neglect, child behavior problem, child's disability, sexual abuse and drug abuse by the child. For children who had been voluntarily relinquished to care, the caretaker's inability to cope was the most frequently cited reason for care (cited in 40% of the cases, $n = 50,833$) compared to only 18% ($n = 666,848$) of children who were court ordered into care. Neglect was substantially lower among children who were voluntarily relinquished, cited in 40% of the cases ($n = 50,836$), versus court-ordered relinquishment where neglect was cited as the most frequent cause for foster care at 57% ($n = 666,853$). The next most cited reason for removal in those who were voluntarily relinquished was child behavior problem which accounted for 25% ($n = 50,831$) of placements as compared to 16% ($n = 666,845$)

for those court ordered into care. Sexual abuse of the child and drug abuse by the child were also higher among children who were voluntarily relinquished to foster care, at 17% (n = 50,835) and 16% (n = 50,834), respectively, compared to three percent (n = 666,852) and six percent (n = 666,851), respectively, for those court ordered into care. The only other reason for removal that differed more than five percent was a child's disability as the reason for removal. For those who were voluntarily relinquished, nine percent (n = 50,830) cited the child's disability as a reason for care compared to three percent (n = 666,844) who were court ordered into care.

Table 2.

Reasons for Removal and Whether Voluntarily or Court Ordered into Foster Care

Reason for Removal*	Manner of Removal		n
	Voluntarily Relinquished	Court Ordered	
Neglect	40%	57%	717,651
Drug abuse by parent	23%	23%	717,651
Caretaker inability to cope	40%	18%	717,645
Physical abuse	20%	17%	717,651
Child behavior problem	25%	16%	717,638
Inadequate housing	13%	11%	717,636
Alcohol abuse by parent	6%	8%	717,650
Parent incarceration	6%	7%	717,636
Sexual abuse	16%	6%	717,649
Child disability	9%	3%	717,636
Drug abuse by child	17%	3%	717,647
Parent death	2%	2%	717,636
Alcohol abuse by child	1%	1%	717,647

*may have more than one reason for removal

Bivariate Analysis

Cross tabulation between the dependent variable and each of the independent variables, with the exception of the cause for removal, were performed. Chi square test indicates gender was not significant as an independent variable; $X^2 (df = 1, N = 721,017) = .31, p < .581$. The remaining demographic independent variables were significant (see

Table 3). Significance levels were all at the $p < .000$; therefore, all of the demographic independent variables except gender were retained for the multivariate analysis to determine predictors of voluntary relinquishment. However, it should be noted that a large sample size can skew the results of a chi square test; this analysis was a preliminary step in the overall logistic regression which is strengthened by a larger sample size (Mertler & Vannatta, 2005).

Table 3.

Cross Tabulations of Manner of Removal and Independent Variables

<u>Independent variable</u>	<u>X²</u>	<u>df</u>	<u>N</u>	<u>p</u>
Gender	.31	1	721,017	.581
Race (white vs. non-white)	1.04	1	684,095	.000
Diagnosed Disability	1.95	2	715,933	.000
Emotionally Disturbed	1.97	1	714,634	.000
Title IV-A AFDC	1.65	1	719,843	.000
Title XIX Medicaid	4.16	1	721,141	.000
Age (by categor	1.41	3	712,937	.000
Family Structure	3.79	1	605,175	.000

Multilevel/Nested Model Considerations

With the variation in individual state policies regarding voluntary relinquishment, the independent variable of “state” was examined. Not only do policies vary but individual jurisdictions can influence cause for removal, one of the independent variables. An example is coding neglect as a cause for removal. Some judges may rule that neglect occurs when a parent is a drug addict as a result of the addiction; another

judge may simply rule that the parent's addiction is the cause for removal. How the caseworker then codes the data is also influenced by perceptions. In order to ascertain variance at both state and local levels, and the possible influence of non-independence of observations, an analysis was conducted.

A bivariate analysis using "state" as an independent variable cross tabulated with the dependent variable of manner of removal provided interesting results. Four of the states (Arkansas, Missouri, North Dakota and Texas) reported no children voluntarily in care. Four other states (Illinois, Indiana, Kansas and Tennessee) plus the District of Columbia had 13 or fewer children in care voluntarily. Three of these states (Missouri, North Dakota and Indiana) have laws which do not allow children to be voluntarily relinquished to alternative care; presumably those other states may have a similar state statute at this date. Chi square tests showed those aforementioned eight states and the District of Columbia were not significant at the $p < .05$ level; the remainder of the states were significant at the $p < .05$.

Thirteen of the remaining states (Alabama, Arizona, Hawaii, Iowa, Massachusetts, Minnesota, New Jersey, Ohio, Pennsylvania, Rhode Island, Virginia, West Virginia and Wyoming) were above the national average of seven percent of children voluntarily relinquished to alternative care. New Jersey had the highest percentage of foster children who were voluntarily relinquished at 80% (n=14,007) followed by Wyoming at 60% (n= 1,335) and Hawaii at 32% (n= 1,402). Those rates of voluntary relinquishment are extremely high; presumably state policies influence rates in those states.

In order to address the potential influence of state- and local county-level data on error variance, an interclass correlation (ICC) was calculated. The data set was converted from SPSS to SAS statistical software for the purposes of this analysis. An empty model was then run with both the FIPS code, which is equivalent to county-level data, and state-level data. The interclass correlation at the FIPS code was .000, indicating minimal error variance was due to nesting. This interclass correlation coefficient was not viewed as large enough to consider variance that is due to the different levels; therefore, a multi-level or nested analysis is not perceived as necessary and therefore not conducted.

Multivariate Analysis

A preliminary regression model was conducted in order to examine multicollinearity, missing data and outliers. Data coded as “not yet known” from the dependent variable were eliminated so that the Manner of Removal was re-coded into a dichotomous variable, thus resulting in elimination of unknown data. One continuous independent variable (age) contained outliers which were eliminated as well. Some cases had an incorrect year of birth, creating those outliers. Only those cases ages zero to 19 were retained. The remaining variables were binary, categorical predictors so outliers did not influence the independent variables and were therefore not an issue.

The final screen for logistic regression entailed the issue of multicollinearity. Multicollinearity is a concern due to the sensitivity of logistic regression analysis to correlation in independent variables (Mertler & Vannatta, 2005). As a preliminary screening for logistic regression, a multicollinearity test was conducted. The Variance Inflation Factor (VIF) and the tolerance (F) scores were calculated in order to ensure that multicollinearity did not influence variance, leading to incorrect conclusions regarding

the relationships between variables. Tolerance scores close to .1 were of concern; the tolerance scores for this analysis ranged from .471 to .983. The VIF ranged from 2.123 to 1.017. With all tolerance scores exceeding the protocol level of more than .1, and all VIF scores less than a conservative measure of seven, multicollinearity did not appear to be an issue (Mertler & Vannatta, 2005).

Logistic regression was then conducted to determine the influence of the remaining predictor variables on the dependent variable. Of the available variables, four were eliminated due to lack of significance: removal reason for inadequate housing, removal reason for child abuse of alcohol, age at relinquishment and social security benefits as a form of economic support. There were significant group differences in the remaining independent variables (diagnosed disability, emotionally disturbed, race, public economic support via Medicaid and/or TANF, family structure and causes for removal including child drug abuse, child disability, physical or sexual abuse, neglect, drug or alcohol abuse by parent, child behavior problem, death or incarceration of a parent and caretaker inability to cope); all were significant at the $p < .000$ level.

Of these remaining independent variable candidates, only four had an explained variance that exceeded .01 using Nagelkerke's R^2 . Those reasons for removal were sexual abuse, neglect, drug abuse by child and caretaker inability to cope. In an effort to create the most parsimonious logistic regression model, only those four predictor variables were included in the final model.

Binary logistic regression was conducted to determine which independent variables were predictors of manner of removal, whether voluntary or court ordered into alternative care. Regression results indicated the overall model of four predictors (sexual

abuse, neglect, drug abuse by child and caretaker inability to cope as reasons for removal) was statistically reliable in distinguishing between voluntary and court ordered removal (-2 Log Likelihood = 334819.545; $X^2(3) = 2606.21$, $p < .000$). The regression coefficients are presented in Table 4.

Table 4.

Regression Coefficients

<u>Independent variable</u>	<i>B</i>	<i>Wald</i>	<i>df</i>	<i>p</i>	Exp (B)
Sexual Abuse	.709	2375.924	1	.000	2.032
Neglect	-.724	5353.863	1	.000	.485
Drug Abuse by Child	1.656	12061.091	1	.000	5.236
Caretaker Inability to Cope	.967	9525.659	1	.000	2.631

While all the remaining independent variables significantly predicted whether a child was more likely to be voluntarily relinquished than court ordered into alternative care, the classification table indicates minimal influence of the predictor variables, accounting for only twelve percent of the dependent variable. While those predictors were fairly weak, adding other independent variables failed to significantly increase the influence and weakened the model further by adding non-influential predictor variables.

The unstandardized coefficient, *B*, indicates the effect the independent variable has on the dependent variables. For this model, the coefficient indicates higher instances of sexual abuse, drug abuse by child and caretaker inability to cope for those children voluntarily relinquished to foster care. The coefficient also indicates that there are higher rates of neglect among children court ordered into care rather than voluntarily relinquished.

Exp(B) is the odds ratio that compares one group to another. For this study, the highest odd ratio is that of drug abuse by child; that means that a child who is voluntarily relinquished is over five times more likely to have abused drugs than a child who is court ordered into care. Children voluntarily relinquished are also over twice as likely to have experienced sexual abuse. Those children who are coded as the caretaker is unable to cope are 2.6 times more likely to be relinquished compared to those court ordered into care.

Findings Related to Research Questions

Primary Research Question: Do children who are voluntarily relinquished have higher rates of mental health diagnoses than those who are involuntarily relinquished?

The analysis suggested that the answer is “no.” While clearly some parents are placing a child in alternative care as a means of seeking treatment for a mental health diagnosis, having a diagnosis does not effectively predict parental relinquishment. The analysis did not indicate that a mental health diagnosis increases the risk of voluntary relinquishment.

Contributory Research Question: Does being racially considered “white” increase the risk of being voluntarily placed?

The analysis suggested that the answer is “no.” The literature indicated that typically children who are relinquished are Caucasian. However, frequency analysis showed a higher rate of “non-white” children voluntarily relinquished than those who were court ordered into alternative care. Multivariate analysis demonstrated that race/ethnicity did not increase the risk of being voluntarily relinquished.

Contributory Research Question: Does age increase the risk of being voluntarily placed?

The analysis suggested that the answer is “no.” While higher rates of children who were placed into alternative care were either very young preschoolers or older adolescents, there was not a statistical relationship which would indicate that a child would be at increased risk due to being a certain age.

Contributory Research Question: Does having a single-parent family structure increase the risk of being voluntarily placed?

The analysis suggested that the answer is “no.” Literature would suggest that children who are relinquished are more likely to have a single parent. However, having a single parent does not increase the risk for voluntary relinquishment.

Contributory Research Question: Does economic dependence on public support decrease the risk of being voluntarily placed?

The analysis suggested that the answer is “no.” This analysis was conducted using Title XIX (Medicaid) and TANF as well as SSI benefits as measures of economic support. Statistically, SSI benefits (which may indicate a child disability or mental illness) were not received more often for children who were voluntarily relinquished. While Medicaid or TANF were statistically significant, neither were effective predictors of voluntary relinquishment.

Contributory Research Question: Are there any of the reasons for removal which may place a child at increased risk for voluntary relinquishment?

The analysis suggested that the answer is “yes.” Data mining occurred in the use of reasons for removal for a child placed in alternative care. A weak predictor model of

four independent variables was developed through the multivariate analysis. Those reasons for removal included in the logistic regression model were sexual abuse of child, drug abuse by child, neglect and caretaker inability to cope.

The data failed to support any of the relinquishment reasons suggested in the literature. Data mining occurred in the use of reasons for removal for a child placed in alternative care. Through a process of bivariate and multivariate analysis, a parsimonious model of logistic regression was created. Results from the analysis indicated that the largest predictors of voluntary relinquishment to alternative care consisted of sexual abuse of child, drug abuse by child, neglect and caretaker inability to cope.

Chapter 5: Discussion and Conclusion

This study, using secondary data from a national database provided by a mandate from the Federal government to the state, explores an area of public child welfare for which limited literature and no known empirical studies are available. The study explores factors related to a biological parent's decision to voluntarily relinquish care, custody and control of a child to a state child welfare agency. Since little scientific information was available to guide the study, exploration in order to formulate research questions and possible hypotheses is a reasonable approach. What can we establish about the parent and their children for the approximately fifty-two thousand children voluntarily relinquished to alternative care arrangements under state supervision? Could these relinquishment decisions be motivated by their concern for the welfare of their children?

The child welfare alternative care system was designed to provide care for a child who is not able to reside in the parent's home due to concerns for their safety from parental abuse or neglect. Typically children come to the attention of the state via a reported concern which is investigated by the state's child welfare authorities and if the reported concerns are validated the child(ren) are placed into alternative care by decision of the state's juvenile court system. However, approximately seven percent (51,982) children in care are there voluntarily relinquished by a parent to a system unprepared for children in care due to a parental choice (AFCARS, 2006). Furthermore, the alternative care system for relinquished children may mean a stay in a series of foster families, a residential care facility or other non-permanent arrangement until they 'age out' at approximately 18 years of age.

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) conceptualized alternative care as a transitory, crisis-oriented system, designed to protect children while strengthening the family so that the child could return to a permanent, stable home. The foundation of the temporary alternative care system was strengthened by The Adoption and Safe Families Act of 1997 (P.L. 105-89) which attempted to insure alternative care would be a temporary arrangement by establishing time limits for families and states who were attempting to attain permanency for the child. However, for children who have been voluntarily relinquished those time limits and efforts are almost meaningless since the biological family is no longer a viable placement option.

This study presumes that parents have reasons related to the best interests of the child for relinquishment to alternative care. It thus used a conceptual framework based on Rational Choice Theory, i.e. parents are attempting to make a decision based upon the anticipated best outcome. Rational Choice Theory postulates that the individual weighs costs and benefits, and then makes a rational choice based upon available options and desired outcome (Melberg, 1993). Often a single correct behavior does not exist; rather, the social environment, and the individual's beliefs, dictates what seems to be the correct response (Mellers, Schwartz and Cooke, 1998).

In this study, the practice of voluntary relinquishment suggests that a parent who decides to place a child in alternative care is doing so based upon personal beliefs, a logical evaluation of the situation and interpersonal as well as environmental influences. The family, then, makes a rational choice of relinquishing custody of the child so that the child can receive state funded treatment which cannot be provided while the child is in

the family. Parents must ostensibly believe that a child is better off in foster care than remaining in the home of the family of origin.

That perception of being better off in foster care may arise from a parent's inability to provide resources to the child. Available literature based on reports developed by the Federal and state governments suggests that voluntary relinquishment occurs because families are economically unable to provide mental health services to a child. However, it is also reported that some children are voluntarily relinquished with no known history of mental health issues (AFCARS, 2006). This raises the question of what makes a child or a family vulnerable to voluntary placement.. This study was an exploratory of factors which may influence a child's voluntary placement into foster care.

Primary Research Question

The available literature suggests that children are voluntarily placed into alternative care due to a diagnosed mental illness and minimal or non-existent treatment opportunities within the family. In 1993 Cohen et al. published a brief review of the literature related to custody relinquishment as a means of seeking treatment for children with serious emotional disorders. One of the points Cohen et al. made was that there is no single department responsible for addressing the serious mental health needs of children, unlike other medical and educational needs which are addressed through the Education for all Handicapped Children Act of 1975. This Act is limited to children with diagnosed medical illnesses and does not apply to children with a serious mental illness, making it difficult to identify resources for families seeking treatment.

In a nationwide survey conducted by the National Alliance for the Mentally Ill (NAMI) families who have a mentally ill member were asked about the practice of

voluntary relinquishment of a child who is mentally ill. The families reported in this 1999 study that those who are not able to financially secure treatment for their mentally ill child are at risk of losing custody of that child as the result of an inability to meet the child's medical needs. Twenty-three percent (23%) of the families reported that agencies suggested relinquishing custody to the state would result in treatment opportunities the child did not have while in the parent's custody.

As a follow up to the NAMI and Cohen publications, as well as newspaper articles in 30 states, the General Accounting Office (GAO) commissioned a report in 2002 to examine the prevalence of parents choosing to place a child in alternative care in order to receive necessary mental health treatment. From the responses of agencies in 19 states it was estimated that in the fiscal year 2001 over 12,700 children were placed into alternative care as a means of providing treatment for mental illness (GAO, 2003). Eleven additional states in the survey indicated that the practice of voluntary relinquishment in order to receive mental health services did exist but were unable to provide specific numbers.

While prior literature documents the occurrence of voluntary relinquishment to child welfare, there has not been a systematic analysis of all children in alternative care in order to ascertain whether there are commonalities which place a child at risk. This study was developed and conducted to extend the limited research the phenomenon of parents relinquishing children into alternative care. Literature suggests parents are making a rational choice of relinquishing a child to alternative care in order to gain treatment for a mental health diagnosis. These reports led to a primary research question:

- Do children who are voluntarily relinquished have higher rates of mental health diagnoses than those who are involuntarily relinquished?

Based upon the literature from Cohen et al. (1993), NAMI (1999) and the GAO (2003), the expected response would affirm that children are voluntarily relinquished in order to receive treatment for a mental illness. However, the analysis did not support the expected response and suggests that the correct answer is “no.” The analysis did not indicate that a mental health diagnosis accurately predicts the occurrence of voluntary relinquishment.

Discussion

While some parents are placing a child in alternative care as a means of seeking treatment for a mental health diagnosis, having a diagnosis does not effectively predict parental relinquishment. There may be some children in care whose mental illness is not yet documented. While, the literature suggests that the documented mental illness and subsequent inability to provide treatment was a cause for voluntary relinquishment, this study finds no support for this assertion.

States are creating policies designed to prevent placement in alternative care due solely to needing mental health treatment. However, clearly parents are voluntarily relinquishing even without mental health concerns. The example in Nebraska reflects this: after a mother died, the father relinquished his nine children to alternative care. Presumably, those nine children did not all require mental health treatment. A better understanding of reasons for relinquishment beyond mental health needs could help states make more informed policy.

Contributory Research Question One

Most of what we know regarding parents who voluntarily relinquish children is from the National Survey of Family Growth (NSFG). Those parents who relinquish typically do so at birth, either to a child welfare agency or to a private adoption agency. In the 1995 NSFG survey, women who relinquished at birth were disproportionately white, with 1.7 percent relinquishing, versus African American women which was near zero.

Race and ethnicity are associated with mental health, mental health diagnoses and subsequent treatment. Using data from the National Ambulatory Medical Care Survey, Stockdale et al. (2008) examined disparities in diagnosing and treating mood and anxiety disorders. African Americans and Hispanics were underrepresented in office visits, in identification of a mental illness and in recommended treatment for a mental illness when compared to Caucasian counterparts. This indicates that even if a mentally ill African American or Hispanic were to seek treatment, he or she would be less likely to have that mental illness detected.

Zuvekas and Fleishman (2008) had similar findings of underutilization of the mental health system by African Americans and Hispanics. Using data from the Medical Expenditure Panel Survey, the authors examined racial and ethnic disparities in mental health care.

Research consistently indicates that African Americans and Hispanics are underrepresented in diagnosed mental illness. Based upon this, it would be expected that there will be fewer African Americans and Hispanics children in foster care who are diagnosed with a mental illness. If known mental illness leads to voluntary relinquishment, presumably there would be fewer rates of African Americans and

Hispanics voluntarily relinquished. These literature citations led to a secondary research question:

- Does being racially considered “white” increase the risk of being voluntarily placed?

The analysis does not support that race, i.e. being “white” leads to increased risk of placement. The literature indicated that typically children who are relinquished are “white”. However, there were disparities in higher rates of non-white children in care. A frequency analysis shows a higher rate of “non-white” children voluntarily relinquished than those who were court ordered into alternative care. Multivariate analysis demonstrated that race/ethnicity did not increase the risk of being voluntarily relinquished. Being considered racially “white” does not effectively place a child at risk for voluntary relinquishment.

Discussion

There were higher frequencies of “non-white” children voluntarily relinquished than court ordered into care. With literature suggesting that African Americans and Hispanics are less likely to be diagnosed or treated for a mental illness, it could be that some of those children who were voluntarily relinquished might have qualified mental illness diagnosis but race has been a barrier to both diagnosis and treatment of that mental illness.

Contributory Research Question Two

The age of a child may influence voluntary relinquishment. Demographics of children in the GAO survey who were reported to be placed in care in order to receive mental health services were more likely to be adolescent. However, the National Survey

of Family Growth (NSFG) primarily identifies infants as at risk for voluntary relinquishment. In response to growing public concerns regarding newborn infants being abandoned, often in unsafe or public places, some state legislatures enacted so called, “Safe Haven,” laws. These Safe Haven policies were designed to allow parents to give away unwanted newborns without legal repercussions of being charged with neglect or abandonment.

The literature has been somewhat contradictory regarding age as a risk factor. Some literature indicates that infants are at increased risk while other literature indicates that adolescents are more likely to be voluntarily relinquished. This confusion leads to the secondary research question of:

- Does age increase the risk of being voluntarily placed?

Based upon the analysis, the findings do not support an increase in risk associated with age. While very young preschoolers and older teens had the highest rates of children who are placed into alternative care, there is not a statistical relationship which would indicate a child would be at increased risk due to being a certain age.

Discussion

The average age of the child in foster care is approximately ten. However, that age is influenced significantly by the disproportionate numbers of very young children and older adolescents. Frequencies from the data suggested that higher percentages of older adolescents are coming into care at the parent’s request, compared to those who are court ordered into care. This is influenced by the judge’s ability to adjudicate into either the child welfare or juvenile justice system when an adolescent is court ordered into care. The GAO report validated this when both the juvenile justice and child welfare systems

were asked to report their findings. If a judge has findings of a status offense or act of delinquency, a child can be court ordered into the juvenile justice system rather than the child welfare system. However, it is typically the judge's discretion as to which system is most beneficial as a placement. The discretion between systems may reduce the number of adolescents who are court ordered into care, making it seem that there are higher rates of adolescents who are voluntarily relinquished rather than court ordered into care. A parent who is attempting to relinquish a child would not have a choice. Presumably the child welfare system would be used due to the federal mandate of assuming care for any child in need. This contrasts with the juvenile system which typically requires some legal involvement with the child.

Another point regarding age is that if the primary research question had been supported, and mental illness is a key predictor of voluntary relinquishment, one could expect to find disproportionately older children who are voluntarily relinquished. Mental illness is rarely diagnosed in preschoolers. While data in this study suggested higher percentages of adolescents coming into care voluntarily, 40% of those children relinquished were under the age of nine. This is not consistent with the ages that one would expect if a child was in need of mental health treatment.

Contributory Research Question Three

The 1995 National Survey of Family Growth (NSFG) suggested that relinquishment by married women was rare. The majority of parents surveyed who had relinquished were single mothers. This led to the following contributory research question:

- Does having a single parent family structure increase the risk of being voluntarily placed?

The analysis suggests that the family structure is not a predictor for voluntary relinquishment. Literature would suggest that children who are relinquished are more likely to have a single parent. However, having a single parent does not increase the risk for voluntary relinquishment.

Discussion

The current study indicated that a third of children coming into care were relinquished from two parent homes. That is not significantly more than the number of children who were court ordered into care of which 38% were from two parent homes. It might be reasonable to assume that single parent homes would typically have fewer resources available thus placing a child at higher risk for entering public care, either voluntarily or through court order. Certainly children in alternative care have higher percentages of having a single parent in the home. Regardless, there is not a significant difference between the two categories of the dependent variable, leading to the conclusion that family structure does not accurately predict whether a child will be voluntarily relinquished or not.

Contributory Research Question Four

The GAO report indicated that children who were placed in care in order to receive mental health services were more likely to be from a middle class family who was not eligible for Medicaid. Typically either the family did not have insurance through an employer or the benefits were not sufficient for care. The National Survey of Family Growth (NSFG), also indicated that those women who did relinquish a child for adoption

tended to have higher education and income levels (Miller & Coyl, 2000 as cited in Voluntary Relinquishment for Adoption, 2005).

Subsequent to the GAO Survey, in 2004 Virginia's General Assembly commissioned a report to review the practice of voluntary relinquishment to child welfare in order to meet mental health needs. That report indicated almost one in four children in alternative care in Virginia were placed in order to receive mental health services (Bender, 2005). Typically, families in Virginia who had relinquished their child were not the extremely poor. Many of the families were not eligible for Medicaid due to middle class status. Many even had private insurance but services had exceeded limits imposed by insurance for mental health coverage. These families in Virginia who were forced to choose between treatment and custody could typically afford insurance but not long-term mental health care (Barovick, 2002; Bender, 2005).

The literature suggested that children who are voluntarily relinquished to foster care are typically from working and middle class families who either do not have health insurance or do not adequate coverage for mental health needs. Therefore, this would suggest that those families who relinquish probably do not qualify for Medicaid or Temporary Aid to Needy Families (TANF). This led to the following contributory research question:

- Does economic dependence on public support decrease the risk of being voluntarily placed?

The analysis suggests that having subsidies through public support does not effectively predict voluntary relinquishment. This analysis was conducted using Title XIX (Medicaid), TANF and SSI benefits as measures of public support. Being a

recipient of SSI benefits (which may indicate a child disability or mental illness) was not statistically higher for children who were voluntarily relinquished. Rates of use of both TANF and Medicaid were similar for those voluntarily relinquished and those who were court ordered into care. Neither Medicaid nor TANF were effective predictors of voluntary relinquishment.

Discussion

Receipt of SSI benefits was entered as an independent variable because if a child has a significant mental illness that child often qualifies for SSI benefits. A child may also receive benefits due to a physical disability or due to a parent's death. Being a recipient of SSI benefits did not significantly predict relinquishment to alternative care. Perhaps that makes sense in the larger context. Children who are recipients of SSI benefits for mental or physical disability reasons also typically qualify for Medicaid. Literature indicates that many children who are voluntarily relinquished do not qualify for Medicaid; this is consistent with the lack of significance of SSI benefits.

The finding that TANF and Medicaid recipients were not significantly predictive of voluntary relinquishment is interesting. Less than four percent of the children in alternative care were TANF recipients. It should be noted that this did not mean that the family would not qualify nor did it mean that the family is above the poverty line. Some families may not have sought TANF as a resource or some families may have exhausted the stringent time limits on TANF benefits. Those percentages of TANF recipients were similar for both court ordered and voluntarily relinquished children in alternative care.

However, Medicaid was a consistent resource for children who were either voluntarily relinquished or court ordered into alternative care. Approximately half of all

children in alternative care are Medicaid recipients. There were higher rates of Medicaid recipients who were court ordered into care but those were only 50% versus 45% of voluntarily relinquished children in care.

There was a lack of findings of dependence on economic subsidies as a predictor of voluntary relinquishment. This reflects the literature which suggests that families who voluntarily relinquished do not typically qualify for subsidies. Based upon that literature, we might have assumed that families who were court ordered into care might have had a greater dependence on subsidies than those voluntarily relinquished. However, there was not a statistical difference between the two groups; therefore, use (or non-use) of economic subsidies was not a significant predictor of voluntary relinquishment.

Contributory Research Question Five

As part of the exploratory nature of this study, the causes for removal were examined. AFCARS codes several reasons for removal which were explored to determine if any reasons for removal could be effective predictors of voluntary relinquishment, thus resulting in the contributory research question:

- Are there any of the reasons for removal which may place a child at increased risk for voluntary relinquishment?

The analysis suggests that the answer is “yes.” Data mining occurred in the use of reasons for removal for a child placed in alternative care. Through the multivariate analysis, a weak predictor model of four independent variables was developed. Those reasons for removal included in the logistic regression model were sexual abuse of child, drug abuse by child, neglect and caretaker inability to cope.

Discussion

The model that developed had little literature support; however, the dearth of literature on several of the factors which analysis of the secondary data suggested might be important contributor risk factors lends importance to a closer look at these factors. Looking at each variable separately, perhaps the results are not surprising.

Neglect

The analysis of neglect as a cause for removal actually indicated higher occurrences of neglect occurring within court ordered children. Literature suggests that neglect may be widely used as a cause for removal in states where parents are not allowed to voluntarily relinquish. This occurs when parents want to relinquish a child but the court requires documentation of an unsafe home rather than allowing the parent to relinquish without just cause. This would suggest that children may be over documented as neglected when in fact it is used as an ends to a means. Nonetheless, the analysis does not reflect higher rates of neglect in voluntarily relinquished children; rather the converse is true.

Caretaker Inability to Cope

This variable is coded as “yes” when there are conditions such as an emotional or physical illness which affects the caretaker’s ability to provide adequate care for a child (see Appendix A). With this variable as an effective predictor of voluntary relinquishment, it suggests a parental mental illness has an impact on whether a child remains in the home or is relinquished to alternative care. It should also be noted that a child’s behaviors and emotional responses will impact the caregiver along with the coping skills. However, neither of the variables “child behavior problem” or “child

emotionally disturbed” were scientifically able to predict change in the dependent variable.

This variable appears to suggest that a primary influence is the parent’s needs, not the child’s. Perhaps it is the parent’s mental status which is most influential, rather than the child’s. A follow up to this analysis would be warranted.

Drug Abuse by a Child

Drug abuse by a child is significantly associated with parental voluntary relinquishment to alternative care. The GAO report provided literature support for this conclusion as well. Certainly, drug abuse by a child might be problematic on many levels. Perhaps a parent might feel that remaining in the home provides an environment with continued access to the drug of choice and therefore determine that placement in alternative care is a better option. Or perhaps a parent might feel a child who is abusing drugs is beyond his/her control, which results in relinquishment being perceived as the best option. This is an area to explore further.

Sexual Abuse of a Child

No literature support was found for this predictor variable. Certainly, the fact that sexual abuse of a child is a predictor of voluntary relinquishment is of concern. Personal practice experience does indicate that sometimes parents who have children who are sexually abused may choose to live with the perpetrator rather than the child. However, literature support has not been identified. Literature related to sexual abuse should be explored in order to examine this relationship further.

Strengths and Limitations of the Study

The major strength of this study is the extension of knowledge and addition to a major gap in the current literature on voluntary relinquishment of children into alternative care. This study enhanced current literature through an analysis of a nationwide population of all children in alternative care. That population was used to examine those who were voluntarily relinquished by a biological parent(s) versus those whose parents were legally found unable to provide care, custody and control and thus court ordered into care. This differs from prior research which has primarily been anecdotal reports from states unsupported, in most cases, by adequate data. This study utilized the GAO's recommendation (GAO, 2003) of using a national data base to analyze the manner in which a child comes into foster care, either voluntarily or by court order. This analysis will contribute to a greater understanding of the phenomenon of voluntary placement of children in foster care.

There were a number of limitations of the study. Because the study was a secondary data analysis, variable coding and responses were not necessarily conducive to learning the impact of all of the potential predictor variables. A limitation of the data set was that multiple coders in several states were involved in coding, entering and submitting the data. Inconsistencies in how data was coded were likely; however, each person providing the data are trained and provided with the data code book established by the AFCARS system. There is no reason to believe that coding errors and inconsistencies are anything other than random. A final limitation of the study is the lack of knowledge regarding voluntary relinquishment. Little literature is available on the subject other than that related to mothers relinquishing very young children and infants for the purposes of adoption. Since many relinquishments are for older children for whom adoption is a very

limited option, almost no literature is available. In addition, no empirical studies of relinquishment were found in the available literature. While the absence of prior guidance is a significant limitation, it also provides a strong reason for why this study is needed. Finally, although the study provides some answers, it shows that many more questions of major importance remain.

Implications for Further Research

Using evidence from the literature, several independent variables were used to explore the phenomenon of voluntary relinquishment to alternative care. Through a process of bivariate and multivariate analysis, a parsimonious model of logistic regression was created. Results from the analysis indicate that the largest predictors of voluntary relinquishment to alternative care consist of sexual abuse of child, drug abuse by child, neglect and caretaker inability to cope. Literature supported predictor variables such as a child's mental illness, race and age, as well as the family structure and economic situation were not found to be scientifically effective predictors of voluntary relinquishment.

While this study helped to extend knowledge of voluntary relinquishment, there are still many implications for future research. The following recommendations would broaden the knowledge base even more:

- A literature review related to childhood sexual abuse should be conducted to determine the known influence of sexual abuse on voluntary relinquishment. That knowledge was not found with a literature review on voluntary relinquishment.

- Using a parent’s mental illness diagnosis as a predictor variable would be essential in understanding differences between voluntarily relinquished and children who are court ordered into care. The AFCARS proxy of “caretaker inability to cope” may not be as effective as desired. It could be interpreted beyond the original meaning of a parental illness which impacts the parent’s ability to care for a child.
- While AFCARS provided a comprehensive view of children in care, at least one of the predictor variables suggests that children may be voluntarily in care due to parental needs. Therefore, a comprehensive evaluation of parents who voluntarily relinquish children to alternative care would be helpful in increasing our knowledge of this phenomenon.
- A consideration should be given to providing coverage to children with severe mental illness under the Education for All Act. This would allow children and families to have additional resources available when mental illness occurs.
- Caseworker responses in child welfare should be evaluated to make recommendations for further training in the event that a parent chooses to relinquish. Training on available resources, including respite or emergency placement shelters for children as well as mental health resources for both the parent and the child would be imperative if the child is to return home.

- An additional area for further research is identification of what happens to the child once in alternative care. The literature indicates that it is much more cost effective to have the child remain at home and receive mental health services there. Therefore, economically it makes sense to try to keep the child at home. Regardless of the cause of voluntary relinquishment, little is known what happens to a child once in alternative care. A significant research undertaking would include the length of stay in care, need for services while in care and an evaluation of permanency and placement outcomes for the voluntarily relinquished child.
- A final area to explore is the adoptive data from AFCARS. This analysis only included factors related to biological parents. It would extend research further if an analysis of the children awaiting adoptive placements was conducted to determine if adoptive status or factors had influence on parental relinquishment.

Implications for Social Work Practice

Child welfare is significantly influenced by social work practice. If states desire to meet federal accreditation standards, states must demonstrate professionalization of staff, particularly master's level social worker employees. This study has implications for social workers at the research, policy and practice levels.

Thirteen states currently have laws which bar voluntary relinquishment. Some states have instituted legislation which will help families attain mental health treatment for a child while remaining in the home. While such policies are beneficial, this study suggests that other factors are better indicators of why families might seek voluntary

relinquishment. It appears, contingent upon further research, states may want to revise their policies which now force parents to legally acknowledge nonexistent safety concerns in order to have their child placed in alternative care to receive needed services.

Social work practice in child welfare should also be influenced by the results of this study in another way. When a parent initiates contact with the child welfare agency, a suggested first response would be to identify kinship care. Far fewer children who are voluntarily relinquished are in the home of a family member or fictive kin compared to those who are court ordered into care. Perhaps those families who relinquish have simply exhausted all resources. An examination of caseworker responses would be helpful to understand identification of resources for a child voluntarily placed in alternative care in order to ensure that kinship care is a priority, just as it is for children court ordered into care.

While caseworkers may not have had much contact with a family prior to the relinquishment, one might expect that further knowledge and training may help avert some of those relinquishments. As a representative of the child welfare system, caseworkers may be able to identify resources to help a family remain together or to minimize the length of time a child spends in alternative care. Further research is essential in understanding how to help prevent voluntary relinquishment.

Both the literature and analysis implicate mental health as a strong predictor of children coming into care. Literature supports the predictor of the child's mental illness while the analysis supports the predictor of the parent's mental illness. Identification of resources that would be available to help families in need of mental health treatment is essential in preventing children from voluntarily coming into alternative care.

While Safe Haven policies were designed to protect children whose parents did not want to retain custody, those policies are directed toward infants. The situation in Nebraska was an excellent demonstration of the reality that some parents are forced into circumstances where the rational choice is to relinquish custody of children regardless of age. The father who had recently lost his wife and subsequently relinquished their nine children illustrates this. However, the tragedy of Safe Haven policies, which are designed for infants, is the lack of acknowledgement that children of all ages are in need of care.

Further research is warranted in order to understand how and why children are voluntarily relinquished to alternative care. Minimizing the number of children in care is cost effective both economically and interpersonally. While this study was able to answer some research questions, it was not able to build a model that effectively predicted voluntary relinquishment. Future research could hopefully develop an understanding of what places a child at risk for voluntary relinquishment so that risk can be minimized.

Appendix A.

**ADOPTION AND FOSTER
CARE
ANALYSIS AND
REPORTING
SYSTEM (AFCARS)
USER'S GUIDE and CODEBOOK
for Fiscal Years 2000 to Present**

National Data Archive on Child Abuse and Neglect
Family Life Development Center
Cornell University
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www.ndacan.cornell.edu
OCTOBER 2002

**ADOPTION AND FOSTER CARE
ANALYSIS
AND REPORTING SYSTEM (AFCARS)**

Data Provided by

Children's Bureau
Administration on Children, Youth and Families
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Washington, DC 20204

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Children's Bureau

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PREFACE

The year 2000 data for the *Adoption and Foster Care Analysis and Reporting System (AFCARS)* have been given to the National Data Archive on Child Abuse and Neglect for public distribution by the Children's Bureau. Funding for the project was provided by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. This user's guide orients the user to the AFCARS data for years 2000 and after, and should not be confused with the guide describing AFCARS data from years 1995 to 1999.

ACKNOWLEDGEMENT OF SOURCE

Authors should acknowledge the National Data Archive on Child Abuse and Neglect and the original collector of the data when they publish manuscripts that use data provided by the Archive. Users of these data are urged to follow some adaptation of the statement below. The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from the *Adoption and Foster Care Analysis and Reporting System (AFCARS)* were originally collected by the Children's Bureau. Funding for the project was provided by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The collector of the original data, the funder, the Archive, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

PUBLICATION SUBMISSION REQUIREMENT

In accordance with the *Terms of Use Agreement* for these datasets, users of these data are required to deposit a copy of any published work or report based wholly or in part on these data with the Archive. A copy of any completed manuscript, thesis abstract, or reprint should be sent to the National Data Archive on Child Abuse and Neglect, Cornell University, Family Life Development Center, MVR Hall, Ithaca, New York 14853-4401. Such copies will be used to provide funding agencies with essential information about the use of NDACAN resources and to facilitate the exchange of information about research activities among data users and contributors.

ABSTRACT

The Adoption and Foster Care Analysis and Reporting System (AFCARS) is a federally mandated data collection system intended to provide case specific information on all children covered by the protections of Title IV-B/E of the Social Security Act (Section 427). Under the final AFCARS' rule, states are required to collect data on all adopted children who are placed by the state's child welfare agency or by private agencies under contract with the public child welfare agency. States are encouraged to report other

private adoptions not involving the public welfare agency that are finalized in the state as well. In addition, states are required to collect data on all children in foster care for whom the state child welfare agency has responsibility for placement, care, or supervision. AFCARS was designed to address policy development and program management issues at both the state and federal levels. The data are also useful for researchers interested in analyzing aspects of the United States' foster care and adoption programs. Tables and other reports summarizing the AFCARS data are available from the Children's Bureau Web site (<http://www.acf.hhs.gov/programs/cb>).

AFCARS' reporting periods extend from October 1 to September 30 of the following year. The National Data Archive on Child Abuse and Neglect distributes two data files for each fiscal year; one file contains adoption data and the other foster care data. Each adoption data file contains 37 elements that provide information on the adopted child's gender, race, birth date, ethnicity and prior relationship with the adoptive parents. The date the adoption was finalized, as well as dates parental rights were terminated, characteristics of birth and adoptive parents, and whether the child was placed from within the United States or from another country are also captured. The foster care data files contain 66 elements that provide information on child demographics including gender, birth date, race, and ethnicity. Information about the number of previous stays in foster care, service goals, availability for adoption, dates of removal and discharge, funding sources, and the biological and foster parents is also included in the foster care files.

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OVERVIEW

Background

In 1982 the Department of Health and Human Services Administration on Children, Youth and Families, through a grant to the American Public Welfare Association, implemented the Voluntary Cooperative Information System (VCIS) which collected national data on foster care and adoption. The VCIS system had a number of weaknesses including variation from state to state in reporting periods, a lack of common definitions for data elements and services, and inconsistent methodologies in reporting. In addition, the aggregate nature of the data limited both the analyses that could be performed and the data's usefulness for purposes of planning or policy development at the federal and state levels. Due to these weaknesses in the VCIS system, the U.S. Congress set forth to establish an improved, mandatory national reporting system.

In 1986 Congress approved an amendment to Title IV-E of the Social Security Act (Section 479) requiring that an advisory committee be established to prepare a report to Congress and the Department of Health and Human Services (HHS) with recommendations for establishing, administering, and financing a system for collecting data on adoption and foster care in the United States. The advisory committee submitted a final report detailing recommendations for a mandatory system that would collect data on all children covered by the protections of Title IV-B of the Social Security Act (Section 427). On September 27, 1990, HHS published proposed federal regulations to implement the data collection system, which has become known as the Adoption and Foster Care Analysis and Reporting System (AFCARS). On December 22, 1993, the final rule implementing AFCARS appeared in the Federal Register.

Purpose of AFCARS

The purpose of AFCARS is twofold. First, AFCARS is designed to address policy development and program management issues at both the state and federal levels. Second, the data are useful for research aimed at analyzing such characteristics of the United States' foster care and adoption programs as timing, trends, and populations. It is important to keep in mind, however, that AFCARS was developed as an ongoing data collection system and does not conform to rigorous criteria for scientific research design. Specific objectives of AFCARS include creation of the following:

- Reliable and consistent data through the use of uniform definitions, methodologies, and data standards.
- Statewide and national information on the number and characteristics of adoptive and foster care children and their parents (biological parents, adoptive parents, and foster care parents).
- Statewide and national information on the status of the foster care population (i.e., type of placement, length of placement, availability for adoption, and goals for ending or continuing care).
- Information on the extent and nature of assistance provided by federal, state, and local adoption and foster care programs.

- Information on the characteristics of the children to whom varying levels of assistance are provided.
- Information on the number and characteristics of children placed in foster care outside of the state that has responsibility.

Data Collection

Under the final AFCARS rule, states are required to collect case specific data on all adopted children who were placed by the state child welfare agency, by private agencies under contract with the public child welfare agency, or by private adoptions voluntarily reported during the given reporting period. States are also required to collect data on all children in foster care for whom the state child welfare agency has responsibility for placement, care, or supervision, regardless of eligibility for Title IV-E funds. For the states that participated, each fiscal year's AFCARS data provide case-level information for children served by the foster care system and children whose adoptions were finalized from October 1 to September 30 of the following year.

States are required to submit all of their adoption and foster care data electronically to the Children's Bureau at the close of each of two semi-annual reporting periods. The first semi-annual reporting period extends from October 1 through March 31, the second from April 1 to September 30. States submit 37 adoption data elements and 66 foster care data elements. The Children's Bureau combines the state files from the two periods into a single annual database. The Children's Bureau recodes all dates as separate day, month, and year variables with the result that 37 adoption elements and 66 foster care elements are represented by 60 and 104 variables respectively. The data elements are described in detail in the *Codebook* that follows this *User's Guide*. State specific footnotes are presented in the *User's Guide Annual Supplements*.

Prior to 1998, data submissions were required; however, fiscal penalties were not applicable, while many states brought their information systems online. Therefore, pre-1998 fiscal year datasets are not as complete or reliable as subsequent datasets. Dramatic improvements in data quality and completeness occurred between 1995 and 1998 and continue to occur as states further develop their electronic information systems and financial penalties are levied for poor quality data. Federal Regulations published on January 25, 2000 (65 FR 4019-4093) made technical changes to the race and ethnicity data elements in AFCARS. Under the previous system, race categories were mutually exclusive, with child's race being restricted to an individual racial category. Beginning with AFCARS 2000, a child may be classified as being of a single race or multiple races, or may receive a categorization of "unable to determine" if the child is very young or severely disabled and no other person is available to identify the child's race.

Creation of the Adoption Files

Adoptions such as the following **must** be reported to AFCARS and are included in the adoption files:

- Children placed for adoption by the public child welfare agency.
- Children who have been in the public foster care system and were placed for adoption by a private agency under contract with the public child welfare agency.

□ Children in whose adoption the public child welfare agency was involved but who had not been in the public foster care system (e.g., children who received Title IV-E funds for non-recurring costs of adoption).

Other adoptions, such as those involving children who were not in the public foster care system and were placed for adoption by tribal or private agencies, are voluntarily reported to AFCARS. These adoptions do not involve a state agency and are not included in the publicly available version of the data.

States submit data for each child with a finalized adoption. Duplicate records are removed and the remaining records are sorted by the year that the adoption was finalized. Please note that the actual electronic data transmission for many adoptions finalized in a fiscal year may not occur until a subsequent year. Consequently, data submissions in subsequent years may contain data from a number of earlier adoptions. To the extent possible, such transmissions are included in the data file for the year in which the adoption was finalized, but the adoption count should not be considered an absolute, final count. These late submissions will lead to small increases in the final count of adoptions in a state. Releases of new versions of the datasets include the updated data.

A matching program is used to remove duplicate records. However, the adoption file does not contain geographic Federal Information Processing Standard (FIPS) code information or the child's day of birth, and consequently it can be difficult to discriminate between records that are truly duplicates and those that are merely very similar. Duplicate records are not distributed evenly among states; researchers interested in state-specific analyses may wish to request the duplicated adoption file from NDACAN to review the records that were dropped by the matching program.

Creation of the Foster Care Files

As long as a child is in foster care, the state must submit an AFCARS record for every report period during which the child is in care. When the child is discharged from foster care, the state submits the child's record for that report period, along with the discharge information. Only one record per foster care child is included in the annual database. TMhe database includes only the most recent record received for each child served. If a child has a record in both periods, the record from the second period will be retained. A child who is in care or comes into care at the start of the year, exits care, and then later returns to care in the second half of the year, will have one record in the annual database, the one submitted in the second report period when the child returned to care. It is possible that foster care entries and discharges for the fiscal year under review may not be submitted by a state until after the close of the fiscal year. To minimize an undercount of entries and discharges, these records are identified in the data from the first period of the subsequent fiscal year and included in the dataset for the period in which they belong.

To produce the annual database of foster care records, the Children's Bureau first compares the information sent by states for the October through March and the April through September reporting periods in that fiscal year. On a state-by-state basis, the Children's Bureau creates interim extract files by matching case records across the two

reporting periods. Through matching and extraction, an unduplicated annual file is created for each state. The state files are then combined to create the annual database.

Confidentiality Protections for Children in the AFCARS

Before distributing the AFCARS data, NDACAN makes two manipulations to the foster care data to protect the privacy of the children in foster care. First, geographic FIPS codes for the children from counties with fewer than 1,000 records in the annual database are recoded 8 to indicate *Not provided for reasons of confidentiality*. Second, each child's day of birth is recoded as the first day of the week of birth. For example, children born from the eighth through the fourteenth day of May in 2000 will all have a birth date of 5/08/2000. Adopted children's county FIPS codes and days of birth are not reported to AFCARS. Therefore, no adjustments are necessary to assure the confidentiality of the adoption file data.

NDACAN Data Versions

Each NDACAN version of the files contains the most complete and accurate data that are available at the time of release. Version 1 data are drawn from the annual database, the creation of which is described above. Under certain circumstances, however, states have the option of submitting corrected data to the Children's Bureau after a required reporting date. In such cases subsequent versions of the data will contain more accurate information.

State Footnotes

In addition to the required data elements states are encouraged (but not required) to include footnotes with their data submissions. The footnotes allow states to provide additional information they deem vital to the interpretation of their data. Footnotes may include the following:

- General characteristics of the state's adoption and foster care system.
 - Characteristics of the population, such as whether certain types of placements are included.
 - State definitions that vary from federal AFCARS definitions.
 - Explanations for data counts such as the number of deaths in foster care, the number of children with disabilities, or the number of children in types of institutional settings.
- More information about the technical implementation of AFCARS can be found at: www.acf.hhs.gov/programs/cb/dis/afcars/index.html.

DESCRIPTION OF THE DATA FILES

NDACAN distributes these data as SAS transport or SPSS portable files. Other file formats and data subsets can be prepared by special request. Please contact NDACAN for more information.

File Characteristics

NDACAN distributes two files for each fiscal year of data collection. Brief descriptions of the data files are provided below. For information regarding variables, please refer to

the codebook information sections of this guide. In each file the child is the unit of analysis.

Adoption files

Files containing adoption data are named *AD<year>v<version number>* where *<year>* is the 4-digit fiscal year in which the data were collected and *<version number>* is the NDACAN file version number. The file named *AD2000v2* would therefore contain the second version of fiscal year 2000's adoption data. Each adoption data file contains 60 variables (representing 37 elements) and a varying number of cases from a varying number of reporting states each year. Specific variable and case counts can be found in the *AFCARS User's Guide Annual Supplements*. The file contains information on child demographics, including gender, birth, race, and ethnicity, as well as some information on disability or special needs of the child, funding sources, dates parental rights were terminated, and information on the adoptive parents.

Foster Care files

Files containing foster care data are named *FC<year>v<version number>* where *<year>* is the 4-digit fiscal year in which the data were collected and *<version number>* is the NDACAN file version number. The file named *FC2000v2* would therefore contain the second version of fiscal year 2000's foster care data. The foster care data files contain 104 variables (representing 66 elements) and a varying number of cases from a varying number of reporting states each year. Specific variable and case counts can be found in the *AFCARS User's Guide Annual Supplements*. Variables include child demographics such as gender, birth, race, and ethnicity, as well as the number of previous stays in foster care, service goals, availability for adoption, dates of removal and discharge, funding sources and information on the biological and foster parents.

The data included are those for the most recent removal. As illustrated in the *Timeline of Entrance and Exits from Foster Care* which follows, REM1, the date of the first removal, will not change regardless of how many times the child enters and exits care. LATREM, the latest removal date and DLSTFC, the discharge date for the last episode, will change with each episode. DODFC, the date of discharge from foster care, will be missing if the child is in care at the end of the reporting period. DODFC discharge information entered at the conclusion of earlier stays in care are reset to missing if a child re-enters care.

Timeline of Entrances and Exits from Foster Care

REMI
LATREM DODFC missing
in care
out of care
REMI
LATREM DODFC
in care
out of care
REMI DLSTFC LATREM DODFC
in care
out of care
REMI DLSTFC LATREM DODFC
in care
out of care

REM1 DLSTFC LATREM DODFC missing

in care

out of care

REM1 = first removal date

LATREM = latest removal date

DLSTFC = discharge date for previous episode

DODFC = discharge date from foster care

Notes Regarding the Data Files

In using these data, one should be aware of the following:

- In the unduplicated adoption data files, each record should represent a unique child whose adoption was finalized during that fiscal year. Upon request NDACAN will provide a file containing duplicated data. There is some duplication in the foster care files, primarily among the discharge records; however, it is estimated to be less than 2%.
- While every effort has been made to create the cleanest, most reliable and up-to-date AFCARS datasets as possible, anomalies still exist in the data. Users are encouraged to examine overall and by state frequencies of the data elements they are using in their analyses.
- The state footnotes associated with each state should always be taken into account when utilizing a state's data. Footnotes for elements arranged by state can be found in the *AFCARS User's Guide Annual Supplements*.
- Differing state policies have an impact on how information is categorized and reported and any attempt to compare states should be sensitive to these differences. Differences in ethnic and racial classifications are an important example.

Please contact NDACAN directly if you have questions or encounter problems using these datasets.

BIBLIOGRAPHY

The following references are not meant to be an exhaustive or representative list of documents produced from and related to the dataset. They are meant to provide the researcher with a starting point from which to begin an investigation of relevant aspects of the data.

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Related Web Site Information

For methodological and statistical information on AFCARS, see the Data and Information Systems section of the Children's Bureau Web site, at www.acf.hhs.gov/programs/cb/dis/index.htm.
National Clearinghouse on Child Abuse and Neglect Information database search page: www.calib.com/nccanch/database/index.cfm.

CODEBOOK: AFCARS VARIABLE INFORMATION

The Codebook consists of six sections. The first two sections are lists of the variables in the adoption files, which are first listed in alphabetical order and then in the order in which they appear in the data files. The third section contains a detailed description of the adoption variables arranged in the order in which they appear in the AFCARS adoption files. This three-part sequence is repeated for the foster care variables in sections four through six. In the descriptive sections for both the adoption and foster care files variable names, variable labels, and variable formats are provided on the first line. Variable values and their corresponding labels are listed as appropriate.

Variables in AFCARS Adoption Files - Sorted Alphabetically

Name Element Label Page

ADDADYR 24 Adoptive Father Year Of Birth 29
ADMOMYR 23 Adoptive Mother Year Of Birth 29
ADPFAMST 22 Adoptive Family Structure 28
AGNYINVL 04 State Agency Involvement 23
AGYSPNDS 09 Child Special Needs 26
AMIAKN 07a Child American Indian/AK Native 24
AMIAKND 27a Adoptive Dad American Indian/AK Native 30
AMIAKNM 25a Adoptive Mom American Indian/AK Native 29
ASIAN 07b Child Asian 24
ASIAND 27b Adoptive Dad Asian 31
ASIANM 25b Adoptive Mom Asian 29
BASSPNDS 10 Special Needs Basis 26

BLAFRAMD 27c	Adoptive Dad Black/African American	31
BLAFRAMM 25c	Adoptive Mom Black/African American	29
BLKAFRAM 07c	Child Black/African American	24
CHPLDBY 34	Agency/Individual Placing Child	33
CHPLDFRM 33	Location Of Custodial Agency/Individual	33
DOBMO 05m	Child Date Of Birth, Month	23
DOBYR 05y	Child Date Of Birth, Year	23
DOBYRDAD 17	Father Year Of Birth	27
DOBYRMOM 16	Mother Year Of Birth	27
DSMIII 14	Emotionally Disturbed	27
FINADPDA 21d	Date Adoption Legalized, Day	28
FINADPMO 21m	Date Adoption Legalized, Month	28
FINADPYR 21y	Date Adoption Legalized, Year	28
FOSPARCH 31	Pre-Adoptive Relation: Foster Parent	32
HAWAIPI 07d	Child Hawaiian/Pacific Islander	24
HAWIIPID 27d	Adoptive Dad Hawaiian/Pacific Islander	31
HAWIIPIM 25d	Adoptive Mom Hawaiian/Pacific Islander	30
HISORGIN 08	Child Hispanic Origin	25
HODAD 28	Adoptive Father Hispanic Origin	32
HOMOM 26	Adoptive Mother Hispanic Origin	30
IVEAA 37	IV-E Assistance Claimed	33
MOMARRD 18	Mother Married	28
MONAMNT 36	Amount of Subsidy	33
MONSUBSY 35	Receiving Subsidy	33
MR 11	Mental Retardation	26
NONREL 32	Pre-Adoptive Relation: Non-Relative	32
OTHEREL 30	Pre-Adoptive Relation: Other Relative	32
OTHRMED 15	Other Diagnosed Condition	27
PHYDIS 13	Physically Disabled	27
Name Element Label Page		
RECNUM 03	Record Number	23
REPDATMO 02m	Report End Date, Month	23
REPDATYR 02y	Report End Date, Year	23
SEX 06	Child Sex	24
STATE 01	State	23
STPARENT 29	Pre-Adoptive Relation: Stepparent	32
TPRDADDA 20d	TPR Father, Day	28
TPRDADMO 20m	TPR Father, Month	28
TPRDADYR 20y	TPR Father, Year	28
TPRMOMDA 19d	TPR Mother, Day	28
TPRMOMO 19m	TPR Mother, Month	28
TPRMOMYR 19y	TPR Mother, Year	28
UNTODEMD 27f	Adoptive Dad Unable To Determine Race	32
UNTODEMM 25f	Adoptive Mom Unable To Determine Race	30
UNTODETM 07f	Child Unable To Determine Race	25
VISHEAR 12	Visually Or Hearing Impaired	26

WHITE 07e Child White	25
WHITED 27e Adoptive Dad White	31
WHITEM 25e Adoptive Mom White	30
Variables in AFCARS Adoption Files - Sorted by Element	
Name Element Label Page	
STATE 01 State	23
REPDATYR 02y Report End Date, Year	23
REPDATMO 02m Report End Date, Month	23
RECNUM 03 Record Number	23
AGNYINVL 04 State Agency Involvement	23
DOBYR 05y Child Date Of Birth, Year	23
DOBMO 05m Child Date Of Birth, Month	23
SEX 06 Child Sex	24
AMIAKN 07a Child American Indian/AK Native	24
ASIAN 07b Child Asian	24
BLKAFRAM 07c Child Black/African American	24
HAWAIPI 07d Child Hawaiian/Pacific Islander	24
WHITE 07e Child White	25
UNTODETM 07f Child Unable To Determine Race	25
HISORGIN 08 Child Hispanic Origin	25
AGYSPNDS 09 Child Special Needs	26
BASSPNDS 10 Special Needs Basis	26
MR 11 Mental Retardation	26
VISHEAR 12 Visually Or Hearing Impaired	26
PHYDIS 13 Physically Disabled	27
DSMIII 14 Emotionally Disturbed	27
OTHRMED 15 Other Diagnosed Condition	27
DOBYRMOM 16 Mother Year Of Birth	27
DOBYRDAD 17 Father Year Of Birth	27
MOMARRD 18 Mother Married	28
TPRMOMYR 19y TPR Mother, Year	28
TPRMOMO 19m TPR Mother, Month	28
TPRMOMDA 19d TPR Mother, Day	28
TPRDADYR 20y TPR Father, Year	28
TPRDADMO 20m TPR Father, Month	28
TPRDADDA 20d TPR Father, Day	28
FINADPYR 21y Date Adoption Legalized, Year	28
FINADPMO 21m Date Adoption Legalized, Month	28
FINADPDA 21d Date Adoption Legalized, Day	28
ADPFAMST 22 Adoptive Family Structure	28
ADMOMYR 23 Adoptive Mother Year Of Birth	29
ADDADYR 24 Adoptive Father Year Of Birth	29
AMIAKNM 25a Adoptive Mom American Indian/AK Native	29
ASIANM 25b Adoptive Mom Asian	29
BLAFRAMM 25c Adoptive Mom Black/African American	29
HAWIIPIM 25d Adoptive Mom Hawaiian/Pacific Islander	30

WHITEM 25e Adoptive Mom White 30
UNTODEMM 25f Adoptive Mom Unable To Determine Race 30
HOMOM 26 Adoptive Mother Hispanic Origin 30
AMIAKND 27a Adoptive Dad American Indian/AK Native 30
ASIAN 27b Adoptive Dad Asian 31
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Variable Information for AFCARS Adoption Files

The variables below are arranged in the order in which they appear in the data file. The first line in the description of each variable contains the name in capital letters, the position in the file, and the variable label. The data type is listed in italics below the variable name. When applicable, explanatory text or value labels follow.

ELEMENT NAME VARIABLE INFORMATION

01 STATE State

NUM Identity of the state reporting on the record. Use the two-digit Federal Information Processing Standards (FIPS) code for the state.

02y REPDATYR Report End Date, Year

NUM The last year for the reporting period.

02m REPDATMO Report End Date, Month

NUM The last month for the reporting period.

03 RECNUM Record Number

CHAR The sequential number that the state uses to transmit data to the Department of Health and Human Services (HHS) or a unique (encrypted) number that follows the child as long as he or she is in foster care. Encrypted values may appear garbled in the data file; this is not an error. The record number cannot be linked to the child's case ID number except at the state or local level.

04 AGNYINVL State Agency Involvement

NUM Indicate whether the state Title IV-B/IV-E agency had any involvement in the adoption, that is, whether the adopted child belongs to one of the following categories: (1) a child who had been in foster care under the

responsibility and care of the state child welfare agency and who was subsequently adopted whether special needs or not and whether a subsidy was provided or not; (2) a special needs child who was adopted in the state, whether or not he/she was in the public foster care system prior to his/her adoption and for whom non-recurring expenses were reimbursed; or (3) a child for whom an adoption assistance payment or service is being provided based on arrangement made by or through the state agency.

Value Label

1 Yes (Publicly available data contain only adoptions through state)

2 No

05y DOBYR Child Date Of Birth, Year

NUM Year of the child's birth. If the child is abandoned or the date of birth is otherwise unknown, enter an approximate date of birth.

05m DOBMO Child Date Of Birth, Month

NUM Month of the child's birth. If the child is abandoned or the date of birth is otherwise unknown, enter an approximate date of birth.

06 SEX Child Sex

NUM The gender of the person.

Value Label

1 Male

2 Female

07a AMIAKN Child American Indian/AK Native

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

American Indian or Alaska Native – A person having origins in any of the original peoples of North America or South America (including Central America), and who maintains tribal affiliation or community attachment.

Value Label

0 No

1 Yes

07b ASIAN Child Asian

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Value Label

0 No

1 Yes

07c BLKAFRAM Child Black/African American

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

Black or African American – A person having origins in any of the black racial groups of Africa.

Value Label

0 No

1 Yes

07d HAWAIIPI Child Hawaiian/Pacific Islander

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Value Label

0 No

1 Yes

07e WHITE Child White

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Value Label

0 No

1 Yes

07f UNTODETM Child Unable To Determine Race

NUM Unable to determine – The specific race category is "unable to determine" because the child is very young or is severely disabled and no person is available to identify the child's race. "Unable to determine" is also used if the parent, relative or guardian is unwilling to identify the child's race.

Value Label

0 No

1 Yes

08 HISORGIN Child Hispanic Origin

NUM Answer *yes* if the child is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them. In the case of young children, parents determine the ethnicity of the child. "Unable to determine" is used because the child is very young or is severely disabled and no other person is available to determine whether or not the child is Hispanic or Latino. "Unable to determine" is also used if the parent, relative or guardian is unwilling to identify the child's ethnicity.

Value Label

0 Not applicable

1 Yes

2 No

3 Unable to determine (The child is very young or is severely

disabled and no person is available to determine whether or not he child is Hispanic or Latino.)

09 AGYSPNDS Child Special Needs

NUM Use the state definition of *special needs* as it pertains to a child eligible for an adoption subsidy under Title IV-E.

Value Label

0 Not applicable

1 Yes

2 No

3 Unable to determine

10 BASSPNDS Special Needs Basis

NUM Indicate only the primary factor or condition for categorization as special needs and only as it is defined by the state. If category “4” is selected, data are to be entered in elements 11-15.

Value Label

0 Not applicable

1 Racial/original background (The primary condition or factor for special needs is racial/original background as defined by the state.)

2 Age (The primary factor or condition for special needs is age of the child as defined by the state.)

3 Sibling group member (The primary factor or condition for special needs is membership in a sibling group as defined by the state, to be placed for adoption together.)

4 Medical condition or disabilities (The disability may be mental, physical, or emotional. The primary factor or condition for special needs is the child's medical condition as defined by the state, but clinically diagnosed by a qualified professional.)

5 Other

11 MR Mental Retardation

NUM Significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect a child/youth's socialization and learning. (Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

12 VISHEAR Visually Or Hearing Impaired

NUM Having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance. (Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

13 PHYDIS Physically Disabled

NUM A physical condition that adversely affects the child's day-to-day motor

functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments and other physical disabilities. (Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

14 DSMIII Emotionally Disturbed

NUM A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. The diagnosis is based the *Diagnostic and Statistical Manual of Mental Disorders (DSM III)*, Third Edition, or the most recent edition.

(Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

15 OTHRMED Other Diagnosed Condition

NUM Conditions other than those noted in AFCARS under types of medical conditions or disabilities (mental retardation, visually or hearing impaired, physically disabled, emotionally disturbed) which require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS. (Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

16 DOBYRMOM Mother Year Of Birth

NUM Year that birth mother was born. AFCARS adoption data elements ask for these data on the birth parent(s) and adoptive parent(s). If the child was abandoned and no information was available on either one or both parents, leave blank for the parent(s) for which no information was available.

17 DOBYRDAD Father Year Of Birth

NUM Year that birth father was born. AFCARS adoption data elements ask for these data on the birth parent(s) and adoptive parent(s). If the child was abandoned and no information was available on either one or both parents, leave blank for the parent(s) for which no information was available.

18 MOMARRD Mother Married

NUM For adoption data, indicate whether the birth mother was married at time of child's birth; include common law marriage if legal in the state.

Value Label

0 Not applicable

1 Yes

2 No

3 Unable to determine (The child was abandoned and no information was available on the mother.)

19y TPRMOMYR TPR Mother, Year

NUM The year that the court terminated the mother's parental rights. If the mother is known to be deceased, enter the date of death.

19m TPRMOMO TPR Mother, Month

NUM The month that the court terminated the mother's parental rights. If the mother is known to be deceased, enter the date of death.

19d TPRMOMDA TPR Mother, Day

NUM The day that the court terminated the mother's parental rights. If the mother is known to be deceased, enter the date of death.

20y TPRDADYR TPR Father, Year

NUM The year that the court terminated the father's parental rights. If the father is known to be deceased, enter the date of death.

20m TPRDADMO TPR Father, Month

NUM The month that the court terminated the father's parental rights. If the father is known to be deceased, enter the date of death.

20d TPRDADDA TPR Father, Day

NUM The day that the court terminated the father's parental rights. If the father is known to be deceased, enter the date of death.

21y FINADPYR Date Adoption Legalized, Year

NUM The year the court issued the final adoption decree.

21m FINADPMO Date Adoption Legalized, Month

NUM The month the court issued the final adoption decree.

21d FINADPDA Date Adoption Legalized, Day

NUM The day the court issued the final adoption decree.

22 ADPFAMST Adoptive Family Structure

NUM Select from the four alternatives -- married couple, unmarried couple, single female, single male -- the category which best describes the nature of the adoptive parent(s) family structure. If response is "1" or "2," enter data in both elements 23 and 24. If response is "3" or "4," enter data only for the appropriate parent in elements 23 and 24.

Value Label

0 Not applicable

1 Married couple

2 Unmarried couple

3 Single female

4 Single male

5 Unable to determine

23 ADMOMYR Adoptive Mother Year Of Birth

NUM Year that adoptive mother was born. AFCARS Adoption data elements ask for these data on the birth parent(s) and adoptive parent(s).

24 ADDADYR Adoptive Father Year Of Birth

NUM Year that adoptive father was born. AFCARS Adoption data elements ask for these data on the birth parent(s) and adoptive parent(s).

25a AMIAKNM Adoptive Mom American Indian/AK Native

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1."

American Indian or Alaska Native – A person having origins in any of the original peoples of North America or South America (including Central America), and who maintains tribal affiliation or community attachment.

Value Label

0 No

1 Yes

25b ASIANM Adoptive Mom Asian

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1."

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Value Label

0 No

1 Yes

25c BLAFRAMM Adoptive Mom Black/African American

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1."

Black or African American – A person having origins in any of the black racial groups of Africa.

Value Label

0 No

1 Yes

25d HAWIIPIM Adoptive Mom Hawaiian/Pacific Islander

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1."

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Value Label

0 No

1 Yes

25e WHITEM Adoptive Mom White

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1."

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Value Label

0 No

1 Yes

25f UNTODEMM Adoptive Mom Unable To Determine Race

NUM Indicate *yes* only when a parent is unwilling to identify his or her race or ethnicity.

Value Label

0 No

1 Yes

26 HOMOM Adoptive Mother Hispanic Origin

NUM Indicate *yes* if adoptive mother is Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them.

Value Label

0 Not applicable

1 Yes

2 No

3 Unable to determine

27a AMIAKND Adoptive Dad American Indian/AK Native

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1." American Indian or Alaska Native – A person having origins in any of the original peoples of North America or South America (including Central America), and who maintains tribal affiliation or community attachment.

Value Label

0 No

1 Yes

27b ASIAND Adoptive Dad Asian

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1." Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Value Label

0 No

1 Yes

27c BLAFRAMD Adoptive Dad Black/African American

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1." Black or African American – A person having origins in any of the black racial groups of Africa.

Value Label

0 No

1 Yes

27d HAWIIPID Adoptive Dad Hawaiian/Pacific Islander

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1." Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Value Label

0 No

1 Yes

27e WHITED Adoptive Dad White

NUM In general, a person's race is determined by how others define them or by how they define themselves. Indicate all races (a-e) that apply with a "1."

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Value Label

0 No

1 Yes

27f UNTODEMD Adoptive Dad Unable To Determine Race

NUM Indicate *yes* only when a parent is unwilling to identify his or her race or ethnicity.

Value Label

0 No

1 Yes

28 HODAD Adoptive Father Hispanic Origin

NUM Indicate *yes* if adoptive father is Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them.

Value Label

0 Not applicable

1 Yes

2 No

3 Unable to determine

29 STPARENT Pre-Adoptive Relation: Stepparent

NUM Indicate if adoptive parent's prior relationship with the child was as a spouse of the child's birth mother or birth father.

Value Label

0 No

1 Yes

30 OTHEREL Pre-Adoptive Relation: Other Relative

NUM Indicate if adoptive parent's prior relationship with child was as a relative through the birth parents by blood or marriage.

Value Label

0 No

1 Yes

31 FOSPARCH Pre-Adoptive Relation: Foster Parent

NUM Indicate if child was placed in a non-relative foster family home with a family which later adopted him or her. The initial placement could have been for the purpose of adoption or for the purpose of foster care.

Value Label

0 No

1 Yes

32 NONREL Pre-Adoptive Relation: Non Relative

NUM Indicate if adoptive parent's prior relationship to child fits into none of the categories listed (stepparent, other relative of child by birth or marriage, foster parent of child).

Value Label

0 No

1 Yes

33 CHPLDFRM Location Of Custodial Agency/Individual

NUM Indicate the location of the individual or agency that had custody or responsibility for the child at the time of initiation of adoption proceedings (placed from within state, another state, or another country).

Value Label

1 Within state (Responsibility for the child resided with an individual or agency within the state filing the report.)

2 Another state (Responsibility for the child resided with an individual or agency in another state or territory of the United States.)

3 Another country (Immediately prior to the adoptive placement, the child was residing in another country and was not a citizen of the United States.)

34 CHPLDBY Agency/Individual Placing Child

NUM Indicate the individual or agency that placed the child for adoption.

Value Label

1 Public agency (unit of state or local government)

2 Private agency (for-profit or non-profit agency or institution)

3 Tribal agency (unit within one of the federally recognized Indian Tribes or Indian Tribal Organizations)

4 Independent person (doctor, lawyer, or some other individual)

5 Birth parent (parent(s) placed the child directly with the adoptive parent(s))

35 MONSUBSY Receiving Subsidy

NUM Enter *yes* if the child was adopted with an adoption assistance agreement under which: (1) regular subsidies (federal or state) are paid; (2) the child is eligible for services under titles XIX or XX; or (3) federal or state funds are made available for other types of assistance or services (including the nonrecurring costs of adoption).

Value Label

0 No applicable

1 Yes

2 No

3 Unable to determine

36 MONAMNT Amount of Subsidy

NUM Indicate the monthly amount of the adoption subsidy rounded to the nearest dollar. Indicate *0* if the subsidy includes only benefits under titles XIX or XX of the Social Security Act.

37 IVEAA IV-E Assistance Claimed

NUM If element #35 is *yes*, indicate whether subsidy is claimed by the state for reimbursement under title IV-E. Do not include title IV-E non-recurring costs

in this item.

Value Label

1 Yes

2 No

Variables in AFCARS Foster Care Files - Sorted Alphabetically

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AACHILD	31	Removal Reason: Alcohol Abuse Child	51
AAPARENT	29	Removal Reason: Alcohol Abuse Parent	50
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ASIAN	08b	Child Asian	43
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CASEGOAL	43	Most Recent Case Plan Goal	54
CHBEHPRB	34	Removal Reason: Child Behavior Problem	52
CHILDIS	33	Removal Reason: Child Disability	51
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CTK2YR	46	2 nd Principal Caretaker Year Of Birth	56
CTKFAMST	44	Principal Caretaker Family Structure	55
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CURSETYR	23y	Most Recent Placement Date, Year	49
DACHILD	32	Removal Reason: Drug Abuse Child	51
DAPARENT	30	Removal Reason: Drug Abuse Parent	51
DISREASN	58	Discharge Reason	64
DLSTFCDA	20d	Discharge Date For Previous Removal, Day	47
DLSTFCMO	20m	Discharge Date For Previous Removal, Month	47
DLSTFCYR	20y	Discharge Date For Previous Removal, Year	47
DOBMO	06m	Child Birth Date, Month	42
DOBDA	06d	Child Birth Date, Day	42
DOBYR	06y	Child Birth Date, Year	42
DODFCDA	56d	Discharge Date For Latest Removal, Day	63
DODFCMO	56m	Discharge Date For Latest Removal, Month	63
DODFCYR	56y	Discharge Date For Latest Removal, Year	63
DODTRNDA	57d	Discharge Transaction Day	64
DODTRNMO	57m	Discharge Transaction Month	63
DODTRNYR	57y	Discharge Transaction Year	63
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EVERADPT	16	Child Ever Adopted	46
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FCMNTPAY	66	Monthly Foster Care Payment	65
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HAWAIIPI 08d Child Hawaiian/Pacific Islander	43
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HISORGIN 09 Child Hispanic Origin	44
HOFCKTK1 53 1 st Foster Caretaker Hispanic Origin	60
HOFCKTK2 55 2 nd Foster Caretaker Hispanic Origin	63
HOUSING 40 Removal Reason: Inadequate Housing	53
IVAAFDC 61 Title IV-A AFDC Payment	65
IVDCHSUP 62 Title IV-D Child Support Funds	65
IVEAA 60 Title IV-E Adoption Subsidy	64
IVEFC 59 Title IV-E Foster Care Payments	64
LATREMDA 21d Latest Removal Date, Day	48
LATREMMO 21m Latest Removal Date, Month	48
LATREMYR 21y Latest Removal Date, Year	48
MANREM 25 Removal Manner	49
MR 11 Mental Retardation	45
NEGLECT 28 Removal Reason: Neglect	50
NOA 65 Only State Or Other Support	65
NOCOPE 37 Removal Reason: Caretaker Inability To Cope	52
NUMPLEP 24 Number Of Placement Settings	49
OTHERMED 15 Other Diagnosed Condition	46
PEDREVDA 05d Review Date, Day	42
PEDREVMO 05m Review Date, Month	42
PEDREVYR 05y Review Date, Year	41
PHYABUSE 26 Removal Reason: Physical Abuse	49
PHYDIS 13 Physically Disabled	45
PLACEOUT 42 Out Of State Placement	54
PRTDADDA 48d TPR Father, Day	56
PRTDADMO 48m TPR Father, Month	56
PRTDADYR 48y TPR Father, Year	56
PRTMOMDA 47d TPR Mother, Day	56
PRTMOMMO 47m TPR Mother, Month	56
PRTMOMYR 47y TPR Mother, Year	56
PRTSDIED 35 Removal Reason: Parent Death	52
PRTSJAIL 36 Removal Reason: Parent Incarceration	52
RECNUMBR 04 Record Number	41
RELINQSH 39 Removal Reason: Relinquishment	53
REM1DA 18d First Removal Date, Day	47
REM1MO 18m First Removal Date, Month	47
REM1YR 18y First Removal Date, Year	47
REMTRNDA 22d Removal Transaction Date, Day	49
REMTRNMO 22m Removal Transaction Date, Month	48
REMTRNYR 22y Removal Transaction Date, Year	48
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RF1ASIAN 52b 1st Foster Caretaker Asian 58
RF1BLKAA 52c 1st Foster Caretaker Black/African American 58
RF1NHOP 52d 1st Foster Caretaker Hawaiian/Pacific Islander 59
RF1WHITE 52e 1st Foster Caretaker White 59
RF1UTOD 52f 1st Foster Caretaker Unable To Determine Race 59
RF2AMAKN 54a 2nd Foster Caretaker American Indian/AK Native 60
RF2ASIAN 54b 2nd Foster Caretaker Asian 61
RF2BLKAA 54c 2nd Foster Caretaker Black/African American 61
RF2NHOP 54d 2nd Foster Caretaker Hawaiian/Pacific Islander 61
RF2WHITE 54e 2nd Foster Caretaker White 62
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SEXABUSE 27 Removal Reason: Sexual Abuse 50
SSIOOTHER 64 SSI Or Social Security Benefits 65
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TOTALREM 19 Total Number of Removals 47
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XIXMEDCD 63 Title XIX 65

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REPDATMO 02m Report End Date, Month 41
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RECNUMBR 04 Record Number 41
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PEDREVMO 05m Review Date, Month 42
PEDREVDA 05d Review Date, Day 42
DOBYR 06y Child Birth Date, Year 42
DOBMO 06m Child Birth Date, Month 42
DOBDA 06d Child Birth Date, Day 42
SEX 07 Child Sex 42
AMIAKN 08a Child American Indian/AK Native 43
ASIAN 08b Child Asian 43
BLKAFRAM 08c Child Black/African American 43
HAWAIIPI 08d Child Hawaiian/Pacific Islander 43
WHITE 08e Child White 44
UNTODETM 08f Child Unable To Determine Race 44
HISORGIN 09 Child Hispanic Origin 44
CLINDIS 10 Diagnosed Disability 44
MR 11 Mental Retardation 45
VISHEAR 12 Visually Or Hearing Impaired 45
PHYDIS 13 Physically Disabled 45
DSMIII 14 Emotionally Disturbed 45

OTHERMED 15 Other Diagnosed Condition 46
EVERADPT 16 Child Ever Adopted 46
AGEADOPT 17 Age At Adoption 46
REM1YR 18y First Removal Date, Year 47
REM1MO 18m First Removal Date, Month 47
REM1DA 18d First Removal Date, Day 47
TOTALREM 19 Total Number of Removals 47
DLSTFCYR 20y Discharge Date For Previous Removal, Year 47
DLSTFCMO 20m Discharge Date For Previous Removal, Month 47
DLSTFCDA 20d Discharge Date For Previous Removal, Day 47
LATREMYR 21y Latest Removal Date, Year 48
LATREMMO 21m Latest Removal Date, Month 48
LATREMDA 21d Latest Removal Date, Day 48
REMTRNYR 22y Removal Transaction Date, Year 48
REMTRNMO 22m Removal Transaction Date, Month 48
REMTRNDA 22d Removal Transaction Date, Day 49
CURSETYR 23y Most Recent Placement Date, Year 49
Name Element Label Page
CURSETMO 23m Most Recent Placement Date, Month 49
CURSETDA 23d Most Recent Placement Date, Day 49
NUMPLEP 24 Number Of Placement Settings 49
MANREM 25 Removal Manner 49
PHYABUSE 26 Removal Reason: Physical Abuse 49
SEXABUSE 27 Removal Reason: Sexual Abuse 50
NEGLECT 28 Removal Reason: Neglect 50
AAPARENT 29 Removal Reason: Alcohol Abuse Parent 50
DAPARENT 30 Removal Reason: Drug Abuse Parent 51
AACHILD 31 Removal Reason: Alcohol Abuse Child 51
DACHILD 32 Removal Reason: Drug Abuse Child 51
CHILDIS 33 Removal Reason: Child Disability 51
CHBEHPRB 34 Removal Reason: Child Behavior Problem 52
PRTSDIED 35 Removal Reason: Parent Death 52
PRTSJAIL 36 Removal Reason: Parent Incarceration 52
NOCOPE 37 Removal Reason: Caretaker Inability To Cope 52
ABANDMNT 38 Removal Reason: Abandonment 53
RELINQSH 39 Removal Reason: Relinquishment 53
HOUSING 40 Removal Reason: Inadequate Housing 53
CURPLSET 41 Current Placement Setting 53
PLACEOUT 42 Out Of State Placement 54
CASEGOAL 43 Most Recent Case Plan Goal 54
CTKFAMST 44 Principal Caretaker Family Structure 55
CTK1YR 45 1st Principal Caretaker Year Of Birth 55
CTK2YR 46 2nd Principal Caretaker Year Of Birth 56
PRTMOMYR 47y TPR Mother, Year 56
PRTMOMMO 47m TPR Mother, Month 56
PRTMOMDA 47d TPR Mother, Day 56

PRTDADYR 48y TPR Father, Year 56
 PRTDADMO 48m TPR Father, Month 56
 PRTDADDA 48d TPR Father, Day 56
 FOSFAMST 49 Foster Family Structure 57
 FCCTK1YR 50 1st Foster Caretaker Year Of Birth 57
 FCCTK2YR 51 2nd Foster Caretaker Year Of Birth 57
 RF1AMAKN 52a 1st Foster Caretaker American Indian/AK Native 57
 RF1ASIAN 52b 1st Foster Caretaker Asian 58
 RF1BLKAA 52c 1st Foster Caretaker Black/African American 58
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Variable Information for AFCARS Foster Care Files

The variables below are arranged in the order in which they appear in the data files. The first line in the description of each variable contains the name in capital letters, the position in the file, and the variable label. The data type is listed in italics below the variable name. When applicable, explanatory text or value labels follow.

ELEMENT NAME VARIABLE INFORMATION

01 STATE State

NUM Identity of the state reporting on the record. The 2-digit Federal Information Processing Standards (FIPS) code for the state is used.

02y REPDATYR Report End Date, Year

NUM The last year for the reporting period.

02m REPDATMO Report End Date, Month

NUM The last month for the reporting period. 03 and 09 are the only allowable values.

03 FIPSCODE Local Agency FIPS Code

NUM Identity of the county or equivalent unit that has responsibility for the case. The 5-digit Federal Information Processing Standard (FIPS) must be used. To protect the privacy of the children in regions with fewer than 1,000 records in the annual database, the FIPS code in such cases has been replaced with a value of 8.

Value Label

8 Not provided for reasons of confidentiality

9 Missing

04 RECNUMBR Record Number

CHAR The sequential number that the state uses to transmit data to the Department of Health and Human Services (HHS) or a unique (encrypted) number which follows the child as long as he or she is in foster care. Encrypted values may appear garbled in the data file; this is not an error. The record number cannot be linked to the child's case ID number except at the state or local level.

05y PEDREVYR Review Date, Year

NUM If Date of Latest Removal From Home (element 21) is less than nine months prior to the Report Period Ending Date (element 2), then the Review Date may be left blank.

If Date of Latest Removal From Home (element 21) is greater than nine months from Report Date (element 2) then the Review Date must not be more than nine months prior to the Report Date (element 2).

05m PEDREVMO Review Date, Month

NUM If Date of Latest Removal From Home (element 21) is less than nine months prior to the Report Period Ending Date (element 2), then the Review Date may be left blank.

If Date of Latest Removal From Home (element 21) is greater than nine months from Report Date (element 2) then the Review Date must not be more than nine months prior to the Report Date (element 2).

05d PEDREVDA Review Date, Day

NUM If Date of Latest Removal From Home (element 21) is less than nine months prior to the Report Period Ending Date (element 2), then the Review Date may be left blank.

If Date of Latest Removal From Home (element 21) is greater than nine months from Report Date (element 2) then the Review Date must not be more than nine months prior to the Report Date (element 2).

06y DOBYR Child Birth Date, Year

NUM Year of child's birth. If the child is abandoned or the date of birth is

otherwise unknown, an approximate date of birth is entered.

06m DOBMO Child Birth Date, Month

NUM Month of child's birth. If the child is abandoned or the date of birth is otherwise unknown, an approximate date of birth is entered.

06d DOBDA Child Birth Date, Day

NUM Day of child's birth. If the child is abandoned or the date of birth is otherwise unknown, the 15th day of the month is used. To protect the confidentiality of children in foster care, this variable has been recoded so that all possible days are collapsed into 4 values. The first day of each week in a month (1, 8, 15, 22) has been preserved so that month/day/year birth variables may be combined into a single variable with a date format.

Value Label

1 1st through the 7th day

8 8th through the 14th day

15 15th through the 21st day

22 22nd through the 31st day

07 SEX Child Sex

NUM The sex of the child.

Value Label

1 Male

2 Female

08a AMIAKN Child American Indian/AK Native

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

American Indian or Alaska Native – A person having origins in any of the original peoples of North America or South America (including Central America), and who maintains tribal affiliation or community attachment.

Value Label

0 No

1 Yes

08b ASIAN Child Asian

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Value Label

0 No

1 Yes

08c BLKAFRAM Child Black/African American

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

Black or African American – A person having origins in any of the black racial groups of Africa.

Value Label

0 No

1 Yes

08d HAWAIPI Child Hawaiian/Pacific Islander

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Value Label

0 No

1 Yes

08e WHITE Child White

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Value Label

0 No

1 Yes

08f UNTODETM Child Unable To Determine Race

NUM Unable to determine – The specific race category is "unable to determine" because the child is very young or is severely disabled and no person is available to identify the child's race. "Unable to determine" is also used if the parent, relative or guardian is unwilling to identify the child's race.

Value Label

0 No

1 Yes

09 HISORGIN Child Hispanic Origin

NUM Answer is *Yes* if the child is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin, regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them. In the case of young children, parents determine the race of the child.

Value Label

0 Not applicable

1 Yes

2 No

3 Unable to determine (the child is very young or is severely disabled and no person is available to determine whether or not the child is Hispanic or Latino).

10 CLINDIS Diagnosed Disability

NUM Has the child been clinically diagnosed by a qualified professional as having one or more of the following: mental retardation; emotional disturbance; specific learning disability; hearing, speech or sight impairment; physical disability; or other clinically diagnosed handicap. Included whether or not the disability(ies) was one of the factors that led to the child's removal.

If *yes* is indicated for Diagnosed Disability then at least one type of disability condition (elements 11-15) must be indicated.

Value Label

1 Yes (A qualified professional has clinically diagnosed the child as having at least one of the disabilities listed in the definition above).

2 No (A qualified professional has conducted a clinical assessment of the child and has determined that the child has no disabilities).

3 Not yet determined (A clinical assessment of the child by a qualified professional has not been conducted).

11 MR Mental Retardation

NUM Significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect a child's/youth's socialization and learning. (Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

12 VISHEAR Visually Or Hearing Impaired

NUM Having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance. (Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

13 PHYDIS Physically Disabled

NUM A physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities. (Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

14 DSMIII Emotionally Disturbed

NUM A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. The diagnosis is based on the *Diagnostic and Statistical Manual of Mental Disorders (DSM III)*, Third Edition, or the most recent edition. (Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

15 OTHERMED Other Diagnosed Condition

NUM Conditions other than those noted in AFCARS under types of disabilities (mental retardation, visually or hearing impaired, physically disabled, emotionally disturbed) that require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS. (Clinical diagnosis by a qualified professional).

Value Label

0 No

1 Yes

16 EVERADPT Child Ever Adopted

NUM Has child ever been legally adopted.

Value Label

0 Not applicable

1 Yes

2 No

3 Unable to determine (Child has been abandoned or the child's parents are otherwise not available to provide the information).

17 AGEADOPT Age At Adoption

NUM If a child in foster care system has previously been adopted, the child's age in years, actual or estimated, at the time of the legalized adoption.

If Child Ever Adopted (element 16) is *yes* then Age At Adoption (element 17) field must have a value of 1 through 5.

Value Label

0 Not applicable

1 Less than 2 years old

2 2-5 years old

3 6-12 years old

4 13 years or older

5 Unable to determine

18y REM1YR First Removal Date, Year

NUM Year the child was removed from home for the first time for purpose of placement in a foster care setting. If the current removal is the first removal, the date of the current removal is entered.

18m REM1MO First Removal Date, Month

NUM Month the child was removed from home for the first time for purpose of placement in a foster care setting. If the current removal is the first removal, the date of the current removal is entered.

18d REM1DA First Removal Date, Day

NUM Day the child was removed from home for the first time for purpose of placement in a foster care setting. If the current removal is the first removal, the date of the current removal is entered.

19 TOTALREM Total Number Of Removals

NUM The number of times the child was removed from home, including the current removal.

If the Total Number of Removals from home to date (element 19) is “1” then the Discharge Date for Previous Removal (element 20) must be blank. If the Total Number of Removals from home to date (element 19) is two or more, then the Discharge Date for Previous Removal (element 20) must not be blank.

20y DLSTFCYR Discharge Date For Previous Removal, Year

NUM For children with prior removals, the year they were discharged from care for the episode immediately prior to the current episode. For children with no prior removals, the field is left blank.

If Discharge Date for Previous Removal (element 20) exists, then the Discharge Date for Previous Removal must be a date prior to the Latest Removal Date (element 21).

20m DLSTFCMO Discharge Date For Previous Removal, Month

NUM For children with prior removals, the month they were discharged from care for the episode immediately prior to the current episode. For children with no prior removals, the field is left blank.

If Discharge Date for Previous Removal (element 20) exists, then the Discharge Date for Previous Removal must be a date prior to the Latest Removal Date (element 21).

20d DLSTFCDA Discharge Date for Previous Removal, Day

NUM For children with prior removals, the day they were discharged from care for the episode immediately prior to the current episode. For children with no prior removals, the field is left blank.

If Discharge Date for Previous Removal (element 20) exists, then the Discharge Date for Previous Removal must be a date prior to the Latest Removal Date (element 21).

21y LATREMYR Latest Removal Date, Year

NUM Year the child was last removed from his/her home for the purpose of being placed in foster care. This would be the year of the current episode

or, if the child has exited foster care, the year of removal for the most recent removal.

The Latest Removal Date (element 21) must be prior to the Most Recent Placement Date (element 23).

21m LATREMMO Latest Removal Date, Month

NUM Month the child was last removed from his/her home for the purpose of being placed in foster care. This would be the month of the current episode or, if the child has exited foster care, the month of removal for the most recent removal.

The Latest Removal Date (element 21) must be prior to the Most Recent Placement Date (element 23).

21d LATREMDA Latest Removal Date, Day

NUM Day the child was last removed from his/her home for the purpose of being placed in foster care. This would be the day of the current episode or, if the child has exited foster care, the day of removal for the most recent removal.

The Latest Removal Date (element 21) must be prior to the Most Recent Placement Date (element 23).

22y REMTRNYR Removal Transaction Date, Year

NUM A computer-generated date that accurately indicates the year the response to Latest Removal Date, Year was entered into the information system.

Removal Transaction Date (element 22) must be later than or equal to the date entered in Latest Removal Date (element 21).

22m REMTRNMO Removal Transaction Date, Month

NUM A computer-generated date that accurately indicates the month the response to Latest Removal Date, Month was entered into the information system.

Removal Transaction Date (element 22) must be later than or equal to the date entered in Latest Removal Date (element 21).

22d REMTRNDA Removal Transaction Date, Day

NUM A computer-generated date that accurately indicates the day the response to Latest Removal Date, Day was entered into the information system.

Removal Transaction Date (element 22) must be later than or equal to the date entered in Latest Removal Date (element 21).

23y CURSETYR Most Recent Placement Date, Year

NUM Year the child moved into the current foster home, facility, residence, shelter, institution, etc., for purposes of continued foster care.

23m CURSETMO Most Recent Placement Date, Month

NUM Month the child moved into the current foster home, facility, residence, shelter, institution, etc., for purposes of continued foster care.

23d CURSETDA Most Recent Placement Date, Day

NUM Day the child moved into the current foster home, facility, residence, shelter, institution, etc., for purposes of continued foster care.

24 NUMPLEP Number of Placement Settings

NUM The number of places the child has lived, including the current setting, during the current removal episode. Do not include trial home visits as a

placement setting.

25 MANREM Removal Manner

NUM For the current placement episode for children in foster care, indicate whether the current placement agreement was voluntary, court ordered, or not yet determined.

If Date of Most Recent Periodic Review (element 5) is not blank then Removal Manner (element 25) cannot have a value of "3."

Value Label

1 Voluntary (An official voluntary placement agreement has been executed between the caretaker and the agency. The placement remains voluntary even if a subsequent court order is issued to continue the child in foster care).

2 Court ordered (The court has issued an order which is the basis of the child's removal).

3 Not yet determined (A voluntary placement agreement has not been signed or a court order has not been issued. This will mostly occur in very short-term cases. When either a voluntary placement agreement is signed or a court order issued, the record should be updated to reflect the manner of removal at that time).

26 PHYABUSE Reason for Removal: Physical Abuse

NUM As a condition associated with a child's removal from home and contact with the foster care system, alleged or substantiated physical abuse, injury or maltreatment of the child by a person responsible for the child's welfare.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

27 SEXABUSE Reason for Removal: Sexual Abuse

NUM As a condition associated with a child's removal from home and contact with the foster care system, alleged or substantiated sexual abuse or exploitation of a child by a person who is responsible for the child's welfare.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

28 NEGLECT Reason for Removal: Neglect

NUM As a condition associated with a child's removal from home and contact with the foster care system, alleged or substantiated negligent treatment or maltreatment, including failure to provide adequate food, clothing, shelter or care.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

29 AAPARENT Reason for Removal: Alcohol Abuse Parent

NUM As a condition associated with a child's removal from home and contact with the foster care system, the principal caretaker's compulsive use of alcohol that is not of a temporary nature.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

30 DAPARENT Reason for Removal: Drug Abuse Parent

NUM As a condition associated with a child's removal from home and contact with the foster care system, the principal caretaker's compulsive use of drugs that is not of a temporary nature.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

31 AACHILD Reason for Removal: Alcohol Abuse Child

NUM As a condition associated with a child's removal from home and contact with the foster care system, the child's compulsive use of or need for alcohol. This element should include infants addicted at birth.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

32 DACHILD Reason for Removal: Drug Abuse Child

NUM As a condition associated with a child's removal from home and contact with the foster care system, the child's compulsive use of or need for narcotics. This element should include infants addicted at birth.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

33 CHILDIS Reason for Removal: Child Disability

NUM As a condition associated with a child's removal from home and contact with the foster care system, a clinical diagnosis by a qualified professional of one or more of the following: mental retardation; emotional disturbance; specific learning disability; hearing, speech or sight impairment; physical disability; or other clinically diagnosed handicap. Include only if the disability(ies) was at least one of the factors

which led to the child's removal.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

34 CHBEHPRB Reason for Removal: Child Behavior Problem

NUM As a condition associated with a child's removal from home and contact with the foster care system, child's behavior in the school and/or community that adversely affects socialization, learning, growth and moral development. These may include adjudicated or non-adjudicated child behavior problems. This would include the child's running away from home or other placement.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

35 PRTSDIED Reason for Removal: Parent Death

NUM As a condition associated with a child's removal from home and contact with the foster care system, family stress or inability to care for child due to death of a parent or caretaker.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

36 PRTSJAIL Reason for Removal: Parent Incarceration

NUM As a condition associated with a child's removal from home and contact with the foster care system, temporary or permanent placement of a parent or caretaker in jail that adversely affects care for the child.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

37 NOCOPE Reason for Removal: Caretaker Inability To Cope

NUM As a condition associated with a child's removal from home and contact with the foster care system, physical or emotional illness or disabling condition adversely affecting the caretaker's ability to care for the child.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

38 ABANDMNT Reason for Removal: Abandonment

NUM As a condition associated with a child's removal from home and contact with the foster care system, the child has been left alone or with others; caretaker did not return or make whereabouts known.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

39 RELINQSH Reason for Removal: Relinquishment

NUM As a condition associated with a child's removal from home and contact with the foster care system, parent(s), in writing, assigned the physical and legal custody of the child to the agency for the purpose of having the child adopted.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

40 HOUSING Reason for Removal: Inadequate Housing

NUM As a condition associated with a child's removal from home and contact with the foster care system, housing facilities were substandard, overcrowded, unsafe or otherwise inadequate resulting in their not being appropriate for the parents and child to reside together. Also includes homelessness.

At least one Reason for Removal (elements 26 through 40) must have a value of "1."

Value Label

0 No

1 Yes

41 CURPLSET Current Placement Setting

NUM Identify the type of setting in which the child currently lives. Types of settings include: pre-adoptive home, foster family home (relative), foster family home (non-relative), group home, institution, supervised independent living, runaway, trial home visit.

If Current Placement Setting (element 41) is a value that indicates that the child is not in a foster family or a pre-adoptive home, then elements 49 through 55 must be "0."

Value Label

1 Pre-adoptive home (A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child).

2 Foster family home, relative (A licensed or unlicensed home of the child's relatives regarded by the state as a foster care living arrangement for the child).

3 Foster family home, non-relative (A licensed foster family home regarded by the state as a foster care living arrangement).

4 Group home (A licensed or approved home providing 24-hour care for children in a small group setting that generally has from seven to twelve children).

5 Institution (A child care facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include: child care institutions; residential treatment facilities; maternity homes; etc.)

6 Supervised independent living (An alternative traditional living arrangement where the child is under the supervision of the agency but without 24-hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting which provides the opportunity for increased responsibility for self care).

7 Runaway (The child has run away from the foster care setting).

8 Trial home visit (The child has been in a foster care placement but, under state agency supervision, has been returned to the principal caretaker for a limited and specified period of time).

42 PLACEOUT Out Of State Placement

NUM The type of setting in which the child currently lives is located in another state. Note: Only the state with the placement and care responsibility for the child should include the child in the AFCARS reporting system.

Value Label

0 Not applicable

1 Yes (The current placement setting is located outside of the state making the report).

2 No (The child continues to reside within the state making the report).

3 Unable to determine

43 CASEGOAL Most Recent Case Plan Goal

NUM Indicate the most recent case plan goal for the child based on the latest review of the child's case plan -- whether a court review or an administrative review. If the child has been in care less than six months, enter the goal in the case record as determined by the caseworker.

Value Label

1 Reunify with parent, principal caretaker (The goal is to keep the child in foster care for a limited time to enable the agency to work with the family with whom the child had been living prior to entering foster care in order to reestablish a stable family environment).

2 Live with other relatives (The goal is to have the child live permanently with a relative or relatives other than the ones from whom the child was removed. This could include guardianship by a relative(s)).

3 Adoption (The goal is to facilitate the child's adoption by relatives, foster parents or other unrelated individuals).

4 Long-term foster care (Because of specific factors or conditions, it is not appropriate or possible to return the child home or place her or him for adoption, and the goal is to maintain the child in a long term foster care placement).

5 Emancipation (Because of specific factors or conditions, it is not appropriate or possible to return the child home, have a child live permanently with a relative or have the child adopted; therefore, the goal is to maintain the child in a foster care setting until the child reaches the age of majority).

6 Guardianship (The goal is to facilitate the child's placement with an agency or unrelated caretaker, with whom he or she was not living prior to entering foster care, and whom a court of competent jurisdiction has designated as legal guardian).

7 Case plan goal not yet established (No case plan goal has been established other than the care and protection of the child).

44 CTKFAMST Principal Caretaker Family Structure

NUM Select from the four alternatives -- married couple, unmarried couple, single female, single male -- the category which best describes the type of adult caretaker(s) from whom the child was removed for the current foster care episode.

Value Label

0 Not applicable

1 Married couple

2 Unmarried couple

3 Single female

4 Single male

5 Unable to determine

45 CTK1YR 1st Principal Caretaker Year Of Birth

NUM Year that the first principal caretaker was born. If the exact year of birth is unknown, enter an estimated year of birth.

46 CTK2YR 2nd Principal Caretaker Year Of Birth

NUM Year that the second principal caretaker was born. If the exact year of birth is unknown, enter an estimated year of birth.

47y PRTMOMYR TPR Mother, Year

NUM Year that the court terminated the mother's parental rights. If the mother is known to be deceased, enter the date of death.

This field must not be blank if Discharge Reason (element 58) equals "3."

47m PRTMOMMO TPR Mother, Month

NUM Month that the court terminated the mother's parental rights. If the mother is known to be deceased, enter the date of death.

This field must not be blank if Discharge Reason (element 58) equals "3."

47d PRTMOMDA TPR Mother, Day

NUM Day that the court terminated the mother's parental rights. If the mother is known to be deceased, enter the date of death.

This field must not be blank if Discharge Reason (element 58) equals “3.”

48y PRTDADYR TPR Father, Year

NUM Year that the court terminated the father's parental rights. If the father is known to be deceased, enter the date of death.

This field must not be blank if Discharge Reason (element 58) equals “3.”

48m PRTDADMO TPR Father, Month

NUM Month that the court terminated the father's parental rights. If the father is known to be deceased, enter the date of death.

This field must not be blank if Discharge Reason (element 58) equals “3.”

48d PRTDADDA TPR Father, Day

NUM Day that the court terminated the father's parental rights. If the father is known to be deceased, enter the date of death.

This field must not be blank if Discharge Reason (element 58) equals “3.”

49 FOSFAMST Foster Family Structure

NUM Select from the four alternatives -- married couple, unmarried couple, single female, single male --the category which best describes the nature of the foster parents with whom the child is living in the current foster care episode.

If Current Placement Setting (element 41) has a value of “4,” “5,” “6,” “7,” or “8” (indicating that the child is not in a foster family or preadoptive home) then Foster Family Structure (element 49) should be blank.

Value Label

0 Not applicable

1 Married couple

2 Unmarried couple

3 Single female

4 Single male

5 Unable to determine

50 FCCTK1YR 1st Foster Caretaker Year Of Birth

NUM Year that the first foster caretaker was born. If the exact year of birth is unknown, enter an estimated year of birth.

If Current Placement Setting (element 41) has a value of “4,” “5,” “6,” “7,” or “8” (indicating that the child is not in a foster family or preadoptive home) then Years of Birth of First/Second Foster Caretaker (elements 50 and 51) should be blank.

51 FCCTK2YR 2nd Foster Caretaker Year Of Birth

NUM Year that the second foster caretaker was born. If the exact year of birth is unknown, enter an estimated year of birth.

If Current Placement Setting (element 41) has a value of “4,” “5,” “6,” “7,” or “8” (indicating that the child is not in a foster family or preadoptive home) then Years of Birth of First/Second Foster Caretaker

(elements 50 and 51) should be blank.

52a RF1AMAKN 1st Foster Caretaker American Indian/AK Native

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

If Current Placement Setting (element 41) has a value of "4," "5," "6," "7," or "8," (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be "0."

American Indian or Alaska Native – A person having origins in any of the original peoples of North America or South America (including Central America), and who maintains tribal affiliation or community attachment.

Value Label

0 No

1 Yes

52b RF1ASIAN 1st Foster Caretaker Asian

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

If Current Placement Setting (element 41) has a value of "4," "5," "6," "7," or "8," (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be "0."

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Value Label

0 No

1 Yes

52c RF1BLKAA 1st Foster Caretaker Black/African American

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

If Current Placement Setting (element 41) has a value of "4," "5," "6," "7," or "8," (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be "0."

Black or African American – A person having origins in any of the black

racial groups of Africa.

Value Label

0 No

1 Yes

52d RF1NHOPI 1st Foster Caretaker Hawaiian/Pacific Islander

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

If Current Placement Setting (element 41) has a value of "4," "5," "6," "7," or "8," (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be "0."

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Value Label

0 No

1 Yes

52e RF1WHITE 1st Foster Caretaker White

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

If Current Placement Setting (element 41) has a value of "4," "5," "6," "7," or "8," (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be "0."

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Value Label

0 No

1 Yes

52f RF1UTOD 1st Foster Caretaker Unable To Determine Race

NUM Unable to determine – The specific race category is "unable to determine" because the child is very young or is severely disabled and no person is available to identify the child's race. "Unable to determine" is also used if the parent, relative or guardian is unwilling to identify the child's race.

If Current Placement Setting (element 41) has a value of "4," "5," "6," "7," or "8," (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be "0."

Value Label

0 No

1 Yes

53 HOFCKT1 1st Foster Caretaker Hispanic Origin

NUM Answer *yes* if the first foster caretaker is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them.

If Current Placement Setting (element 41) has a value of “4,” “5,” “6,” “7,” or “8,” (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be “0.”

Value Label

0 Not applicable

1 Yes

2 No

3 Unable to determine

54a RF2AMAKN 2nd Foster Caretaker American Indian/AK Native

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a “1.”

If Current Placement Setting (element 41) has a value of “4,” “5,” “6,” “7,” or “8,” (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be “0.”

American Indian or Alaska Native – A person having origins in any of the original peoples of North America or South America (including Central America), and who maintains tribal affiliation or community attachment.

Value Label

0 No

1 Yes

54b RF2ASIAN 2nd Foster Caretaker Asian

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a “1.”

If Current Placement Setting (element 41) has a value of “4,” “5,” “6,” “7,” or “8,” (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be “0.”

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Value Label

0 No

1 Yes

54c RF2BLKAA 2nd Foster Caretaker Black/African American

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

If Current Placement Setting (element 41) has a value of "4," "5," "6," "7," or "8," (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be "0."

Black or African American – A person having origins in any of the black racial groups of Africa.

Value Label

0 No

1 Yes

54d RF2NHOPI 2nd Foster Caretaker Hawaiian/Pacific Islander

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

If Current Placement Setting (element 41) has a value of "4," "5," "6," "7," or "8," (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be "0."

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Value Label

0 No

1 Yes

54e RF2WHITE 2nd Foster Caretaker White

NUM In general, a person's race is determined by how others define them or by how they define themselves. In the case of young children, parents determine the race of the child. Indicate all races (a-f) that apply with a "1."

If Current Placement Setting (element 41) has a value of "4," "5," "6," "7," or "8," (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should

be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be “0.”

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Value Label

0 No

1 Yes

54f RF2UTOD 2nd Foster Caretaker Unable To Determine Race

NUM Unable to determine – The specific race category is “unable to determine” because the child is very young or is severely disabled and no person is available to identify the child’s race. “Unable to determine” is also used if the parent, relative or guardian is unwilling to identify the child’s race.

If Current Placement Setting (element 41) has a value of “4,” “5,” “6,” “7,” or “8,” (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be “0.”

Value Label

0 No

1 Yes

55 HOFCK2 2nd Second Foster Caretaker Hispanic Origin

NUM Answer *yes* if the first foster caretaker is a Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them.

If Current Placement Setting (element 41) has a value of “4,” “5,” “6,” “7,” or “8,” (indicating that the child is not in a foster family or preadoptive home) then Foster Caretaker Race (elements 52 and 54) should be blank and Foster Caretaker Hispanic Origin (elements 53 and 55) should be “0.”

Value Label

0 Not applicable

1 Yes

2 No

3 Unable to determine

56y DODFCYR Discharge Date for Latest Removal, Year

NUM Year the child was discharged from foster care. If the child has not been discharged from care, leave blank. If this foster care element is applicable, the date entered must be later than the Latest Removal Date (element 21).

56m DODFCMO Discharge Date for Latest Removal, Month

NUM Month the child was discharged from foster care. If the child has not been discharged from care, leave blank. If this foster care element is applicable, the date entered must be later than the Latest Removal Date

(element 21).

56d DODFCDA Discharge Date for Latest Removal, Day

NUM Day the child was discharged from foster care. If the child has not been discharged from care, leave blank. If this foster care element is applicable, the date entered must be later than the Latest Removal Date (element 21).

57y DODTRNYR Discharge Transaction Year

NUM A computer generated date that accurately indicates the year the response to Discharge Date for Latest Removal (element 56) was entered into the information system. If Discharge Date for Latest Removal (element 56) is present this element must not be blank and must be later than or equal to the date entered in Discharge Date for Latest Removal.

57m DODTRNMO Discharge Transaction Month

NUM A computer generated date that accurately indicates the year the response to Discharge Date for Latest Removal (element 56) was entered into the information system. If Discharge Date for Latest Removal (element 56) is present this element must not be blank and must be later than or equal to the date entered in Discharge Date for Latest Removal.

57d DODTRNDA Discharge Transaction Day

NUM A computer generated date that accurately indicates the year the response to Discharge Date for Latest Removal (element 56) was entered into the information system. If Discharge Date for Latest Removal (element 56) is present this element must not be blank and must be later than or equal to the date entered in Discharge Date for Latest Removal.

58 DISREASN Discharge Reason

NUM For child(ren) no longer in foster care, indicate outcome or reason for discharge.

Value Label

0 Not applicable (The child has not been discharged as of the end of the reporting period).

1 Reunified with parent, primary caretaker (The child was returned to his or her principal caretaker's or caretakers' home).

2 Living with other relatives (The child went to live with a relative other than the one from whose home he or she was removed).

3 Adoption (The child was legally adopted).

4 Emancipation (The child reached majority according to state law by virtue of age, marriage, etc.).

5 Guardianship (Permanent custody of the child was awarded to an individual).

6 Transfer to another agency (Responsibility for the care of the child was awarded to another agency -- either inside or outside of the state).

7 Runaway (The child ran away from the foster care placement).

8 Death of child (The child died while in foster care).

59 IVEFC Title IV-E Foster Care Payments

NUM Title IV-E foster care maintenance payments are being paid on behalf of

the child. At least one of elements 59 through 65 must have a value of “1.”

Value Label

0 No

1 Yes

60 IVEAA Title IV-E Adoption Subsidy

NUM Title IV-E adoption subsidy is being paid on behalf of the child who is in an adoptive home, but the adoption has not been legalized. At least one of elements 59 through 65 must have a value of “1.”

Value Label

0 No

1 Yes

61 IVAAFDC Title IV-A AFDC Payment

NUM Child is living with relative(s) whose source of support is an AFDC payment for the child. At least one of elements 59 through 65 must have a value of “1.”

Value Label

0 No

1 Yes

62 IVDCHSUP Title IV-D Child Support Funds

NUM Child support funds are being paid to the state agency on behalf of the child by assignment from the receiving parent. At least one of elements 59 through 65 must have a value of “1.”

Value Label

0 No

1 Yes

63 XIXMEDCD Title XIX

NUM Child is eligible for and may be receiving assistance under title XIX. At least one of elements 59 through 65 must have a value of “1.”

Value Label

0 No

1 Yes

64 SSIOTHER SSI Or Social Security Act Benefits

NUM Child is receiving support under title XVI or other Social Security Act titles not included in elements 59-63. At least one of elements 59 through 65 must have a value of “1.”

Value Label

0 No

1 Yes

65 NOA Only State Or Other Support

NUM The child is receiving support only from the state or from some other source (federal or non-federal) that is not included in elements 59-64. At least one of elements 59 through 65 must have a value of “1.”

Value Label

0 No

1 Yes

66 FCMNTPAY Monthly Foster Care Payment

NUM Enter the monthly foster care payment (regardless of sources) - Enter the monthly payment paid on behalf of the child regardless of source (i.e., federal, state, county, municipality, tribal, and private payments). If Title IV-E is paid on behalf of the child, the amount indicated should be the total computable amount. If the payment made on behalf of the child is not the same each month, indicate the amount of the last full monthly payment made during the reporting period. If no monthly payment has been made during the period, enter all zeros. A blank in this field indicates that the State does not have the information for this element.

Appendix B.

**AFCARS User's Guide
Foster Care File
Annual Supplement, 2006
NDACAN Dataset Number 137
Version 1**

National Data Archive on Child Abuse and Neglect

Family Life Development Center

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**AFCARS User's Guide
Foster Care File
Annual Supplement, 2006
NDACAN Dataset Number 137
Version 1**

Data Provided by

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Administration on Children, Youth and Families

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Children’s Bureau
NDACAN Dataset #137 AFCARS Foster Care File

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PREFACE

The year 2006 data for the *Adoption and Foster Care Analysis and Reporting System (AFCARS)* have been given to the National Data Archive on Child Abuse and Neglect for public distribution by the Children’s Bureau. Funding for the project was provided by the Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. This user’s guide supplement orients the user to the AFCARS Foster Care data for the year 2006, and should not be confused with the supplements detailing AFCARS data from earlier releases.
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ACKNOWLEDGEMENT OF SOURCE

Authors should acknowledge the National Data Archive on Child Abuse and Neglect and the original collector of the data when they publish manuscripts that use data provided by NDACAN. Users of these data are urged to follow some adaptation of the statement below.

The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from the *Adoption and Foster Care Analysis and Reporting System (AFCARS)* were originally collected by the Children’s Bureau. Funding for the project was provided by the Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human

Services. The collector of the original data, the funder, NDACAN, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

PUBLICATIONS SUBMISSION REQUIREMENTS

In accordance with the *Terms of Use Agreement* for these datasets, users of these data are required to deposit a copy of any published work or report based wholly or in part on these data

with NDACAN. A copy of any completed manuscript, thesis abstract, or reprint should be sent

to the National Data Archive on Child Abuse and Neglect, Cornell University, Family Life

Development Center, Beebe Hall, Ithaca, New York 14853. Such copies will be used to provide

funding agencies with essential information about the use of NDACAN resources and to facilitate the exchange of information about research activities among data users and contributors.

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PURPOSE OF THE 2006 USER'S GUIDE SUPPLEMENT

The AFCARS User's Guide Annual Supplement, 2006 is intended for use with the Adoption and

Foster Care Analysis and Reporting System (AFCARS) User's Guide and Codebook. The User's Guide contains a general overview of the AFCARS project and detailed descriptions of

the variables contained in the adoption and foster care files. This Supplement contains information specific to the 2006 AFCARS Foster Care dataset, FC2006v1. This document

contains

- a table specifying which states submitted data in the years 1995 through 2006
- a count of the number of records submitted by each state for the 2006 files
- counts of the number of non-missing values for each variable in the 2006 files
- a listing of the geographic FIPS codes included in the 2006 v1 foster care dataset
- explanatory footnotes provided by the states

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PART 2

AFCARS

Foster Care Database

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HISTORY OF STATE FOSTER CARE SUBMISSIONS TO AFCARS

By AFCARS regulation, states were required to submit AFCARS data beginning in 1995. It was

not until 1998, however, that penalties established by the same regulation became applicable.

Data submitted prior to 1998 were often incomplete. The table below indicates the years in which individual states submitted data. Please note that a black dot in a cell below does not

imply that a state's data file was complete; some state files contained very few records.

The number of records in each state's files is contained in the *State Records Counts Table* for the

year. 2001 was the first year that all states (including Puerto Rico and the District of Columbia)

submitted data. Since then, all states have submitted data each year.

STATES THAT SUBMITTED FOSTER CARE DATA

STATE 1995 1996 1997 1998 1999 2000 2001+

Alabama	●	●	●	●			
Alaska	●	●	●	●	●	●	●
Arizona	●	●	●	●	●		
Arkansas	●	●	●	●	●		
California	●	●	●	●	●	●	●
Colorado	●	●	●	●	●	●	
Connecticut	●	●	●	●			
Delaware	●	●	●	●			
District of Columbia	●	●	●	●	●	●	
Florida	●	●	●	●	●	●	
Georgia	●	●	●	●	●		
Hawaii	●	●	●	●	●		
Idaho	●	●	●	●	●		
Illinois	●	●	●	●	●	●	●
Indiana	●	●	●	●			
Iowa	●	●	●	●			
Kansas	●	●	●	●			
Kentucky	●	●	●	●			
Louisiana	●	●	●	●	●	●	
Maine	●	●	●	●	●	●	
Maryland	●	●	●	●	●	●	
Massachusetts	●	●	●	●	●	●	●
Michigan	●	●	●	●			
Minnesota	●	●	●	●			
Mississippi	●	●	●	●	●	●	
Missouri	●	●	●	●			
Montana	●	●	●	●	●		
Nebraska	●	●	●				
Nevada	●	●					

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STATE 1995 1996 1997 1998 1999 2000 2001+

New Hampshire ● ● ●
New Jersey ● ● ● ● ● ● ● ●
New Mexico ● ● ● ● ● ●
New York ● ● ● ● ●
North Carolina ● ● ● ● ● ● ● ●
North Dakota ● ● ● ● ● ●
Ohio ● ● ● ● ●
Oklahoma ● ● ● ● ● ●
Oregon ● ● ● ● ●
Pennsylvania ● ● ● ● ● ●
Rhode Island ● ● ● ● ● ● ● ●
South Carolina ● ● ● ● ● ● ● ●
South Dakota ● ● ● ● ●
Tennessee ● ● ● ● ●
Texas ● ● ● ● ● ●
Utah ● ● ● ● ● ● ● ●
Vermont ● ● ● ● ● ● ● ● ● ●
Virginia ● ● ● ● ● ●
Washington ● ● ● ● ● ● ● ● ● ●
West Virginia ● ● ● ● ● ●
Wisconsin ● ● ● ● ● ●
Wyoming ● ● ● ● ● ●
Puerto Rico ● ● ● ● ●

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2006 FOSTER CARE UNDUPLICATED RECORD COUNTS

States submit data to AFCARS twice a year; the first reporting period ends April 30 and the second September 30. Prior to each annual release, the Children’s Bureau combines submissions for the two reporting periods and removes duplicate records. The table that follows lists the number of records contained in the unduplicated annual 2006 files by state.

2006 v1 STATE FOSTER CARE RECORD COUNTS

Code State Records

AL	Alabama	10,631
AK	Alaska	2,706
AZ	Arizona	16,902
AR	Arkansas	7,055
CA	California	118,517
CO	Colorado	15,035
CT	Connecticut	9,418
DE	Delaware	1,865
DC	District of Columbia	3,309
FL	Florida	50,467
GA	Georgia	23,688
HI	Hawaii	4,363
ID	Idaho	3,321
IL	Illinois	23,904

IN Indiana 18,100
IA Iowa 14,319
KS Kansas 9,045
KY Kentucky 13,296
LA Louisiana 8,599
ME Maine 3,043
MD Maryland 12,834
MA Massachusetts 18,246
MI Michigan 28,837
MN Minnesota 14,404
MS Mississippi 5,146
MO Missouri 16,557
MT Montana 3,250
Code State Records
NE Nebraska 9,845
NV Nevada 8,515
NH New Hampshire 1,703
NJ New Jersey 17,591
NM New Mexico 4,418
NY New York 43,262
NC North Carolina 16,692
ND North Dakota 2,212
OH Ohio 27,916
OK Oklahoma 18,129
OR Oregon 16,136
PA Pennsylvania 34,442
PR Puerto Rico 8,182
RI Rhode Island 4,424
SC South Carolina 8,179
SD South Dakota 3,007
TN Tennessee 15,459
TX Texas 45,543
UT Utah 4,383
VT Vermont 2,108
VA Virginia 10,887
WA Washington 16,620
WV West Virginia 6,807
WI Wisconsin 12,917
WY Wyoming 2,346

Total Records 798,580

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2006 v1 FOSTER CARE VARIABLE COUNTS BY STATE

The first column in the following table contains the names of the variables in the foster care file.

Please refer to the *AFCARS User's Guide and Codebook* for more information about specific variables. Subsequent columns contain the number of records with non-missing values for the variable in the state identified in the column heading. A complete set of a state's variables spans three pages. The first row in the set indicates the total number of records for the state. Reviewing

the table before attempting an AFCARS analysis can be useful for identifying which states

cannot provide data for a particular variable.

2006 v1 Foster Care Variable Counts by State

Alaska through Delaware

AK AL AR AZ CA CO CT DC DE

NRecords 2,706 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
REPDATYR 2,706 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
REPDATMO 2,706 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
FIPSCODE 2,706 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
RECNUMBR 2,706 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
PEDREVYR 960 8,350 6,296 10,764 102,191 8,321 8,034 3,141 1,490
PEDREVMO 960 8,350 6,296 10,764 102,191 8,321 8,034 3,141 1,490
PEDREVDVA 960 8,350 6,296 10,764 102,191 8,321 8,034 3,141 1,490
DOBYR 2,706 10,631 7,055 16,902 117,717 15,035 9,418 3,306 1,865
DOBMO 2,706 10,631 7,055 16,902 117,717 15,035 9,418 3,306 1,865
DOBDA 2,706 10,631 7,055 16,902 117,717 15,035 9,418 3,306 1,865
SEX 2,706 10,631 7,055 16,896 118,504 15,035 9,418 3,308 1,865
AMIAKN 2,669 10,631 7,055 16,902 81,822 15,035 9,379 3,221 1,865
ASIAN 2,669 10,631 7,055 16,902 81,822 15,035 9,379 3,221 1,865
BLKAFRAM 2,669 10,631 7,055 16,902 81,822 15,035 9,379 3,221 1,865
HAWAIIPI 2,669 10,631 7,055 16,902 81,822 15,035 9,379 3,221 1,865
WHITE 2,669 10,631 7,055 16,902 81,822 15,035 9,379 3,221 1,865
UNTODETM 2,669 10,631 7,055 16,902 81,822 15,035 9,379 3,221 1,865
HISORGIN 2,568 10,631 7,055 16,902 118,499 15,034 9,418 3,183 1,865
CLINDIS 2,647 10,629 6,676 16,902 118,517 15,035 8,947 3,235 1,846
MR 2,706 10,631 6,654 16,902 118,517 15,035 9,102 3,238 1,846
VISHEAR 2,706 10,631 6,654 16,902 118,517 15,035 9,102 3,238 1,846
PHYDIS 2,706 10,631 6,654 16,902 118,517 15,035 9,102 3,238 1,846
DSMIII 2,706 10,631 6,654 16,902 118,517 15,035 9,102 3,238 1,865
OTHERMED 2,706 10,631 6,654 16,902 118,517 15,035 9,102 3,238 1,846
EVERADPT 2,231 10,631 7,050 16,902 118,517 15,035 9,418 3,159 1,848
AGEADOPT 64 83 7,055 16,902 118,517 15,035 9,418 2,278 53
REM1YR 2,706 10,631 7,055 16,902 118,510 15,035 9,418 3,309 1,865
REM1MO 2,706 10,631 7,055 16,902 118,510 15,035 9,418 3,309 1,865
REM1DA 2,706 10,631 7,055 16,902 118,510 15,035 9,418 3,309 1,865
TOTALREM 2,683 10,630 7,055 16,902 118,516 14,436 9,418 3,258 1,862
DLSTFCYR 506 2,318 1,481 3,238 29,513 5,121 1,696 978 531
DLSTFCMO 506 2,318 1,481 3,238 29,513 5,121 1,696 978 531
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Alaska through Delaware

AK AL AR AZ CA CO CT DC DE

DLSTFCDA 506 2,318 1,481 3,238 29,513 5,121 1,696 978 531
LATREMYR 2,695 10,631 7,055 16,902 118,514 15,035 9,418 3,309 1,864
LATREMMO 2,695 10,631 7,055 16,902 118,514 15,035 9,418 3,309 1,864
LATREMDA 2,695 10,631 7,055 16,902 118,514 15,035 9,418 3,309 1,864
REMTRNYR 2,695 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,864
REMTRNMO 2,695 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,864
REMTRNDA 2,695 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,864
CURSETYR 2,706 10,631 7,044 16,499 118,491 14,775 8,729 3,180 1,865
CURSETMO 2,706 10,631 7,044 16,499 118,491 14,775 8,729 3,180 1,865
CURSETDA 2,706 10,631 7,044 16,499 118,491 14,775 8,729 3,180 1,865

NUMPLEP 2,706 10,631 7,035 16,785 118,385 14,645 8,725 3,249 1,865
MANREM 2,692 10,627 7,055 16,902 118,517 15,035 9,114 3,286 1,865
PHYABUSE 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
SEXABUSE 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
NEGLECT 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
AAPARENT 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
DAPARENT 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
AACHILD 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
DACHILD 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
CHILDIS 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
CHBEHPRB 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
PRTSDIED 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
PRTSJAIL 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
NOCOPE 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
ABANDMNT 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
RELINQSH 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
HOUSING 2,706 10,631 7,055 16,902 116,159 15,035 9,418 3,272 1,865
CURPLSET 2,706 10,467 7,043 16,569 118,517 14,759 8,725 3,180 1,861
PLACEOUT 2,706 10,631 7,044 16,567 118,517 14,775 8,729 3,179 1,865
CASEGOAL 2,702 10,631 6,929 16,902 118,517 13,408 6,866 3,117 1,795
CTKFAMST 2,657 10,075 7,053 16,902 79,839 15,035 9,106 3,309 1,861
CTK1YR 2,256 7,786 6,484 16,675 61,569 14,211 8,960 2,925 1,751
CTK2YR 708 1,396 1,659 4,490 9,202 5,618 5,882 696 462
PRTMOMYR 692 1,644 1,324 5,417 27,371 2,601 1,411 388 266
PRTMOMMO 692 1,644 1,324 5,417 27,371 2,601 1,411 388 266
PRTMOMDA 692 1,644 1,324 5,417 27,371 2,601 1,411 388 266
PRTDADYR 709 1,644 1,096 5,442 26,965 2,464 1,370 309 265
PRTDADMO 709 1,644 1,096 5,442 26,965 2,464 1,370 309 265
PRTDADDA 709 1,644 1,096 5,442 26,965 2,464 1,370 309 265
FOSFAMST 1,713 10,631 6,219 11,830 111,640 15,035 5,385 2,352 1,855
FCCTK1YR 1,773 7,241 4,896 11,752 53,974 9,155 5,686 1,541 1,197
FCCTK2YR 1,227 4,520 3,332 7,653 26,402 6,932 3,851 612 527
RF1AMAKN 1,739 7,257 6,222 11,830 40,504 9,198 4,080 1,692 1,176
RF1ASIAN 1,739 7,257 6,222 11,830 40,504 9,198 4,080 1,692 1,176
RF1BLKAA 1,739 7,257 6,222 11,830 40,504 9,198 4,080 1,692 1,176
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Alaska through Delaware

AK AL AR AZ CA CO CT DC DE

RF1NHOPI 1,739 7,257 6,222 11,830 40,504 9,198 4,080 1,692 1,176
RF1WHITE 1,739 7,257 6,222 11,830 40,504 9,198 4,080 1,692 1,176
RF1UTOD 1,739 7,257 6,222 11,830 40,504 9,198 4,080 1,692 1,176
HOFCKTK1 1,705 10,631 6,177 11,730 116,947 14,097 5,686 1,332 1,197
RF2AMAKN 1,204 7,257 4,613 7,655 18,291 6,948 2,562 657 521
RF2ASIAN 1,204 7,257 4,613 7,655 18,291 6,948 2,562 657 521
RF2BLKAA 1,204 7,257 4,613 7,655 18,291 6,948 2,562 657 521
RF2NHOPI 1,204 7,257 4,613 7,655 18,291 6,948 2,562 657 521
RF2WHITE 1,204 7,257 4,613 7,655 18,291 6,948 2,562 657 521
RF2UTOD 1,204 7,257 4,613 7,655 21,829 6,948 2,562 657 521
HOFCKTK2 1,171 10,631 4,611 7,655 71,193 11,851 3,851 569 527
DODFCYR 695 3,750 3,632 7,171 40,296 6,922 2,055 952 792
DODFCMO 695 3,750 3,632 7,171 40,296 6,922 2,055 952 792
DODFCDA 695 3,750 3,632 7,171 40,296 6,922 2,055 952 792
DODTRNYR 695 3,750 3,632 7,171 39,804 6,920 2,033 948 792

DODTRNMO 695 3,750 3,632 7,171 39,804 6,920 2,033 948 792
DODTRNDA 695 3,750 3,632 7,171 39,804 6,920 2,033 948 792
DISREASN 695 10,630 3,632 7,171 39,879 15,019 2,057 952 1,865
IVEFC 2,706 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
IVEAA 2,706 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
IVAAFDC 0 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
IVDCHSUP 2,706 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
XIXMEDCD 2,706 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
SSIOTHER 0 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
NOA 0 10,631 7,055 16,902 118,517 15,035 9,418 3,309 1,865
FCMNTPAY 2,706 10,631 7,055 16,902 118,507 15,035 9,418 3,309 1,865
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2006 v1 Foster Care Variable Counts by State

Florida through Kentucky

FL GA HI IA ID IL IN KS KY

NRecords 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
REPDATYR 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
REPDATMO 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
FIPSCODE 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
RECNUMBR 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
PEDREVYR 37,157 17,635 3,282 10,048 2,092 19,585 15,992 8,975 7,859
PEDREVMO 37,157 17,635 3,282 10,048 2,092 19,585 15,992 8,975 7,859
PEDREVDA 37,157 17,635 3,282 10,048 2,092 19,585 15,992 8,975 7,859
DOBYR 50,467 23,688 4,363 14,319 3,321 23,904 18,099 9,045 13,296
DOBMO 50,467 23,688 4,363 14,319 3,321 23,904 18,099 9,045 13,296
DOBDA 50,467 23,688 4,363 14,319 3,321 23,904 18,099 9,045 13,296
SEX 50,467 23,688 4,360 14,319 3,321 23,904 18,097 9,045 13,290
AMIAKN 50,467 23,688 4,256 14,192 3,321 23,904 18,100 9,045 13,296
ASIAN 50,467 23,688 4,256 14,192 3,321 23,904 18,100 9,045 13,296
BLKAFRAM 50,467 23,688 4,256 14,192 3,321 23,904 18,100 9,045 13,296
HAWAIIPI 50,467 23,688 4,256 14,192 3,321 23,904 18,100 9,045 13,296
WHITE 50,467 23,688 4,256 14,192 3,321 23,904 18,100 9,045 13,296
UNTODETM 50,467 23,688 4,256 14,192 3,321 23,904 18,100 9,045 13,296
HISORGIN 50,446 23,688 4,254 13,201 3,321 23,904 18,100 9,045 13,296
CLINDIS 50,382 23,688 4,336 14,039 3,187 23,738 18,100 9,045 13,296
MR 50,405 23,688 4,336 14,006 3,187 23,904 18,100 9,045 13,296
VISHEAR 50,404 23,688 4,336 14,006 3,187 23,904 18,100 9,045 13,296
PHYDIS 50,407 23,688 4,336 14,006 3,187 23,904 18,100 9,045 13,296
DSMIII 50,409 23,688 4,336 14,039 3,187 23,904 18,100 9,045 13,296
OTHERMED 50,407 23,688 4,336 14,006 3,187 23,904 18,100 9,045 13,296
EVERADPT 50,340 23,688 4,333 14,319 3,321 23,904 18,093 9,045 13,288
AGEADOPT 48,345 23,688 4,333 14,319 3,321 23,904 18,100 383 13,296
REM1YR 50,245 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
REM1MO 50,245 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
REM1DA 50,245 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
TOTALREM 50,235 23,688 4,363 14,319 3,321 23,902 18,082 9,028 13,293
DLSTFCYR 9,133 3,844 1,194 2,969 710 4,275 3,639 1,010 2,886
DLSTFCMO 9,133 3,844 1,194 2,969 710 4,275 3,639 1,010 2,886
DLSTFCDA 9,133 3,844 1,194 2,969 710 4,275 3,639 1,010 2,886
LATREMYR 50,467 23,688 4,363 14,319 3,321 23,903 18,100 9,045 13,296
LATREMMO 50,467 23,688 4,363 14,319 3,321 23,903 18,100 9,045 13,296
LATREMDA 50,467 23,688 4,363 14,319 3,321 23,903 18,100 9,045 13,296
REMTRNYR 50,464 23,688 4,363 14,319 3,321 23,903 17,784 9,045 13,296
REMTRNMO 50,464 23,688 4,363 14,319 3,321 23,903 17,784 9,045 13,296

REMTRNDA 50,464 23,688 4,363 14,319 3,321 23,903 17,784 9,045 13,296
CURSETYR 50,409 23,688 4,363 14,319 3,313 23,900 18,100 9,042 13,296
CURSETMO 50,409 23,688 4,363 14,319 3,313 23,900 18,100 9,042 13,296
CURSETDA 50,409 23,688 4,363 14,319 3,313 23,900 18,100 9,042 13,296
NUMPLEP 50,144 23,688 4,329 14,319 3,313 23,904 18,093 8,885 13,284
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Florida through Kentucky

FL GA HI IA ID IL IN KS KY

MANREM 50,429 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
PHYABUSE 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
SEXABUSE 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
NEGLECT 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
AAPARENT 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
DAPARENT 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
AACHILD 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
DACHILD 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
CHILDIS 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
CHBEHPRB 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
PRTSDIED 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
PRTSJAIL 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
NOCOPE 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
ABANDMNT 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
RELINQSH 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
HOUSING 50,467 23,688 4,264 14,319 3,321 23,904 18,100 9,045 13,296
CURPLSET 50,353 23,688 4,331 14,319 3,321 23,900 18,098 9,042 13,296
PLACEOUT 50,405 23,688 4,363 14,319 3,321 23,819 18,100 9,044 13,296
CASEGOAL 50,334 23,688 4,097 12,830 3,167 23,904 18,100 9,045 13,296
CTKFAMST 50,437 23,688 4,352 11,684 3,301 23,904 18,037 9,024 13,296
CTK1YR 50,083 22,209 4,323 11,157 3,301 18,893 18,059 9,001 2,939
CTK2YR 18,287 7,338 2,331 4,319 1,467 6,953 6,438 3,267 1,023
PRTMOMYR 7,949 3,331 1,771 2,297 693 5,519 3,279 2,278 2,367
PRTMOMMO 7,949 3,331 1,771 2,297 693 5,519 3,279 2,278 2,367
PRTMOMDA 7,949 3,331 1,771 2,297 693 5,519 3,279 2,278 2,367
PRTDADYR 7,765 3,150 1,671 2,283 709 5,530 3,314 2,231 2,331
PRTDADMO 7,765 3,150 1,671 2,283 709 5,530 3,314 2,231 2,331
PRTDADDA 7,765 3,150 1,671 2,283 709 5,530 3,314 2,231 2,331
FOSFAMST 50,255 23,688 4,284 13,886 2,371 12,203 17,912 8,819 13,106
FCCTK1YR 43,505 15,901 3,833 5,538 2,371 12,112 12,389 6,086 5,857
FCCTK2YR 22,027 9,117 656 3,649 1,853 5,206 8,434 4,348 4,345
RF1AMAKN 50,187 23,688 3,860 6,201 2,371 23,904 16,610 6,366 5,912
RF1ASIAN 50,187 23,688 3,860 6,201 2,371 23,904 16,610 6,366 5,852
RF1BLKAA 50,187 23,688 3,860 6,201 2,371 23,904 16,610 6,366 5,852
RF1NHOPI 50,187 23,688 3,860 6,201 2,371 23,904 16,610 6,366 5,852
RF1WHITE 50,187 23,688 3,860 6,201 2,371 23,904 16,610 6,366 5,852
RF1UTOD 50,033 23,688 3,860 6,201 2,371 23,904 16,610 6,366 5,852
HOFCKTK1 50,033 23,688 3,898 3,978 2,371 12,234 16,205 8,359 13,034
RF2AMAKN 28,662 23,688 3,758 3,796 1,853 23,904 16,122 4,635 4,403
RF2ASIAN 28,662 23,688 3,758 3,796 1,853 23,904 16,122 4,635 4,343
RF2BLKAA 28,662 23,688 3,758 3,796 1,853 23,904 16,122 4,635 4,343
RF2NHOPI 28,662 23,688 3,758 3,796 1,853 23,904 16,122 4,635 4,343
RF2WHITE 28,662 23,688 3,758 3,796 1,853 23,904 16,122 4,635 4,343
RF2UTOD 28,509 23,688 3,758 3,796 1,853 23,904 16,122 4,635 4,343
HOFCKTK2 50,187 23,688 3,757 2,538 1,853 5,213 15,768 6,611 11,717

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Florida through Kentucky

FL GA HI IA ID IL IN KS KY

DODFCYR 21,321 10,613 2,027 5,310 1,473 5,572 6,731 2,800 5,768
DODFCMO 21,321 10,613 2,027 5,310 1,473 5,572 6,731 2,800 5,768
DODFCDA 21,321 10,613 2,027 5,310 1,473 5,572 6,731 2,800 5,768
DODTRNYR 21,321 10,613 2,027 5,309 1,473 5,572 6,731 2,796 5,768
DODTRNMO 21,321 10,613 2,027 5,309 1,473 5,572 6,731 2,796 5,768
DODTRNDA 21,321 10,613 2,027 5,309 1,473 5,572 6,731 2,796 5,768
DISREASN 50,458 23,688 2,018 14,319 3,320 5,493 6,758 8,804 6,024
IVEFC 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
IVEAA 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
IVAAFDC 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
IVDCHSUP 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
XIXMEDCD 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
SSIOTHER 50,467 23,688 4,363 14,319 3,321 23,904 18,086 9,045 13,296
NOA 50,467 23,688 4,363 14,319 3,321 23,904 18,100 9,045 13,296
FCMNTPAY 50,467 23,688 4,363 14,319 3,321 23,904 18,092 9,045 13,296

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Louisiana through Montana

LA MA MD ME MI MN MO MS MT

NRecords 8,599 18,246 12,834 3,043 28,837 14,404 16,557 5,146 3,250
REPDATYR 8,599 18,246 12,834 3,043 28,837 14,404 16,557 5,146 3,250
REPDATMO 8,599 18,246 12,834 3,043 28,837 14,404 16,557 5,146 3,250
FIPSCODE 8,599 18,246 5,796 3,043 28,837 14,404 16,557 5,146 3,250
RECNUMBR 8,599 18,246 12,834 3,043 28,837 14,404 16,557 5,146 3,250
PEDREVYR 5,830 13,082 11,318 2,511 27,443 9,879 15,042 4,355 2,230
PEDREVMO 5,830 13,082 11,318 2,511 27,443 9,879 15,042 4,355 2,230
PEDREVDA 5,830 13,082 11,318 2,511 27,443 9,879 15,042 4,355 2,230
DOBYR 8,599 18,246 12,833 3,043 28,837 14,403 16,556 5,146 3,249
DOBMO 8,599 18,246 12,833 3,043 28,837 14,403 16,556 5,146 3,249
DOBDA 8,599 18,246 12,833 3,043 28,837 14,403 16,556 5,146 3,249
SEX 8,599 18,239 12,834 3,041 28,837 14,404 16,557 5,146 3,219
AMIAKN 8,599 18,139 12,834 3,043 28,837 14,267 16,557 5,145 3,249
ASIAN 8,599 18,139 12,834 3,043 28,837 14,267 16,557 5,145 3,249
BLKAFRAM 8,599 18,139 12,834 3,043 28,837 14,267 16,557 5,145 3,249
HAWAIIPI 8,599 18,139 12,834 3,043 28,837 14,267 16,557 5,145 3,249
WHITE 8,599 18,139 12,834 3,043 28,837 14,267 16,557 5,145 3,249
UNTODETM 8,599 18,139 12,834 3,043 28,837 14,267 16,557 5,145 3,249
HISORGIN 8,599 18,084 12,830 2,949 28,837 14,294 16,557 5,142 3,249
CLINDIS 8,599 18,246 4,690 3,043 28,837 14,019 16,557 5,144 3,250
MR 8,599 18,246 2,477 3,043 28,837 14,019 16,557 5,144 3,250
VISHEAR 8,599 18,246 2,419 3,043 28,837 14,019 16,557 5,144 3,250
PHYDIS 8,599 18,246 2,386 3,043 28,837 14,019 16,557 5,144 3,250
DSMIII 8,599 18,246 3,944 3,043 28,837 14,019 16,557 5,144 3,250
OTHERMED 8,599 18,246 2,712 3,043 28,837 14,019 16,557 5,144 3,250
EVERADPT 8,599 17,613 12,834 2,882 28,837 13,345 16,444 5,119 3,250
AGEADOPT 8,599 17,613 12,611 2,857 28,837 13,345 16,557 4,864 3,250
REM1YR 8,599 18,246 12,834 3,043 28,836 14,404 16,557 5,146 3,250
REM1MO 8,599 18,246 12,834 3,043 28,836 14,404 16,557 5,146 3,250
REM1DA 8,599 18,246 12,834 3,043 28,836 14,404 16,557 5,146 3,250

TOTALREM 8,599 18,246 12,819 3,043 28,818 14,379 16,372 5,146 3,250
DLSTFCYR 1,394 4,775 1,660 363 1,724 4,839 4,121 500 876
DLSTFCMO 1,394 4,775 1,660 363 1,724 4,839 4,121 500 876
DLSTFCDA 1,394 4,775 1,660 363 1,724 4,839 4,121 500 876
LATREMYR 8,599 18,246 12,834 3,043 28,836 14,404 16,557 5,146 3,250
LATREMMO 8,599 18,246 12,834 3,043 28,836 14,404 16,557 5,146 3,250
LATREMDA 8,599 18,246 12,834 3,043 28,836 14,404 16,557 5,146 3,250
REMTRNYR 8,599 18,246 5,794 3,043 28,837 14,404 15,593 5,146 3,250
REMTRNMO 8,599 18,246 5,794 3,043 28,837 14,404 15,593 5,146 3,250
REMTRNDA 8,599 18,246 5,794 3,043 28,837 14,404 15,593 5,146 3,250
CURSETYR 8,508 18,222 5,796 3,032 28,836 14,404 16,557 5,096 3,250
CURSETMO 8,508 18,222 5,796 3,032 28,836 14,404 16,557 5,096 3,250
CURSETDA 8,508 18,222 5,796 3,032 28,836 14,404 16,557 5,096 3,250
NUMPLEP 8,505 18,235 5,796 3,028 28,837 14,401 16,557 5,096 3,250
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Louisiana through Montana

LA MA MD ME MI MN MO MS MT

MANREM 8,599 18,242 5,789 3,043 28,837 14,034 16,557 5,146 3,250
PHYABUSE 8,599 17,576 12,834 2,878 28,837 14,404 16,557 5,143 3,250
SEXABUSE 8,599 17,576 12,834 2,876 28,837 14,404 16,557 5,143 3,250
NEGLECT 8,599 17,576 12,834 2,878 28,837 14,404 16,557 5,143 3,250
AAPARENT 8,599 17,576 12,834 2,877 28,837 14,404 16,557 5,143 3,250
DAPARENT 8,599 17,576 12,834 2,878 28,837 14,404 16,557 5,143 3,250
AACHILD 8,599 17,576 12,834 2,874 28,837 14,404 16,557 5,143 3,250
DACHILD 8,599 17,576 12,834 2,874 28,837 14,404 16,557 5,143 3,250
CHILDIS 8,599 17,576 12,834 2,863 28,837 14,404 16,557 5,143 3,250
CHBEHPRB 8,599 17,576 12,834 2,865 28,837 14,404 16,557 5,143 3,250
PRTSDIED 8,599 17,576 12,834 2,863 28,837 14,404 16,557 5,143 3,250
PRTSJAIL 8,599 17,576 12,834 2,863 28,837 14,404 16,557 5,143 3,250
NOCOPE 8,599 17,576 12,834 2,872 28,837 14,404 16,557 5,143 3,250
ABANDMNT 8,599 17,576 12,834 2,865 28,837 14,404 16,557 5,143 3,250
RELINQSH 8,599 17,576 12,834 2,864 28,837 14,404 16,557 5,143 3,250
HOUSING 8,599 17,576 12,834 2,863 28,837 14,404 16,557 5,143 3,250
CURPLSET 8,597 18,214 4,449 3,007 28,837 14,394 16,557 5,096 3,250
PLACEOUT 8,599 18,246 1,170 3,023 28,837 14,387 16,557 5,096 3,250
CASEGOAL 8,599 18,082 7,223 2,844 28,837 13,655 15,646 5,142 3,246
CTKFAMST 8,599 18,215 5,431 2,810 28,613 14,132 16,503 5,146 3,250
CTK1YR 8,456 17,982 4,767 3,025 28,606 14,068 16,339 5,050 3,097
CTK2YR 3,431 2,662 550 950 8,125 4,461 7,125 1,525 2,371
PRTMOMYR 1,445 2,978 1,122 1,053 9,727 2,257 3,620 703 972
PRTMOMMO 1,445 2,978 1,122 1,053 9,727 2,257 3,620 703 972
PRTMOMDA 1,445 2,978 1,122 1,053 9,727 2,257 3,620 703 972
PRTDADYR 1,317 2,779 610 991 9,723 2,061 3,620 658 973
PRTDADMO 1,317 2,779 610 991 9,723 2,061 3,620 658 973
PRTDADDA 1,317 2,779 610 991 9,723 2,061 3,620 658 973
FOSFAMST 8,599 18,246 1,507 1,997 28,837 9,423 9,916 4,982 2,972
FCCTK1YR 5,338 9,813 2,592 1,640 15,726 8,758 8,923 3,777 2,166
FCCTK2YR 3,604 6,056 1,125 1,289 7,884 5,581 6,147 2,038 1,470
RF1AMAKN 8,599 8,633 12,119 1,556 28,837 8,675 8,923 3,765 2,789
RF1ASIAN 8,599 8,633 12,119 1,555 28,837 8,675 8,923 3,765 2,789
RF1BLKAA 8,599 8,633 12,119 1,555 28,837 8,675 8,923 3,765 2,789
RF1NHOPI 8,599 8,633 12,119 1,555 28,837 8,675 8,805 3,765 2,789
RF1WHITE 8,599 8,633 12,119 1,618 28,837 8,675 8,923 3,765 2,789

RF1UTOD 8,599 8,633 12,119 1,618 28,837 8,675 8,805 3,765 2,789
HOFCKTK1 8,599 16,879 455 1,306 28,837 13,748 8,923 4,951 2,922
RF2AMAKN 8,599 5,249 11,900 1,210 28,837 5,533 6,147 2,012 2,161
RF2ASIAN 8,599 5,249 11,900 1,209 28,837 5,533 6,147 2,012 2,161
RF2BLKAA 8,599 5,249 11,900 1,209 28,837 5,533 6,147 2,012 2,161
RF2NHOPI 8,599 5,249 11,900 1,210 28,837 5,533 6,029 2,012 2,161
RF2WHITE 8,599 5,249 11,900 1,272 28,837 5,533 6,147 2,012 2,161
RF2UTOD 8,599 5,249 11,900 1,275 28,837 5,533 6,029 2,012 2,161
HOFCKTK2 8,599 13,596 455 1,151 28,837 10,640 6,147 3,184 3,076
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Louisiana through Montana

LA MA MD ME MI MN MO MS MT

DODFCYR 3,397 6,786 2,216 975 8,756 7,371 8,870 1,977 1,291
DODFCMO 3,397 6,786 2,216 975 8,756 7,371 8,870 1,977 1,291
DODFCDA 3,397 6,786 2,216 975 8,756 7,371 8,870 1,977 1,291
DODTRNYR 3,397 6,786 2,216 966 8,756 7,371 8,870 1,977 1,287
DODTRNMO 3,397 6,786 2,216 966 8,756 7,371 8,870 1,977 1,287
DODTRNDA 3,397 6,786 2,216 966 8,756 7,371 8,870 1,977 1,287
DISREASN 8,599 18,246 12,188 965 28,770 7,371 16,547 1,969 3,196
IVEFC 8,599 18,246 12,834 3,043 28,837 14,404 16,557 5,146 3,250
IVEAA 8,599 18,246 12,834 3,043 28,837 14,404 16,557 5,146 3,250
IVAAFDC 8,599 18,246 12,834 3,043 28,837 14,404 16,557 5,146 3,250
IVDCHSUP 8,599 18,246 12,834 3,043 28,837 14,404 16,557 5,146 3,250
XIXMEDCD 8,599 18,246 12,834 3,043 28,837 14,404 16,557 5,146 3,250
SSIOOTHER 8,599 18,246 12,834 3,043 28,837 13,011 16,557 5,146 3,250
NOA 8,599 18,246 12,834 3,043 28,837 13,771 16,557 5,146 3,250
FCMNTPAY 8,599 18,213 12,702 3,043 28,837 11,404 16,557 5,146 3,250
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2006 v1 Foster Care Variable Counts by State

North Carolina through Ohio

NC ND NE NH NJ NM NV NY OH

NRecords 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
REPDATYR 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
REPDATMO 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
FIPSCODE 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
RECNUMBR 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
PEDREYR 12,234 1,993 6,818 1,488 17,457 2,635 5,762 40,681 26,957
PEDREVMO 12,234 1,993 6,818 1,488 17,457 2,635 5,762 40,681 26,957
PEDREVDA 12,234 1,993 6,818 1,488 17,457 2,635 5,762 40,681 26,957
DOBYR 16,691 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,902
DOBMO 16,691 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,902
DOBDA 16,691 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,902
SEX 16,692 2,211 9,845 1,703 17,591 4,417 8,515 43,262 27,910
AMIAKN 16,692 2,212 9,845 1,648 17,591 4,281 8,468 43,262 27,916
ASIAN 16,692 2,212 9,845 1,648 17,591 4,281 8,468 43,262 27,916
BLKAFRAM 16,692 2,212 9,845 1,648 17,591 4,281 8,468 43,262 27,916
HAWAIIPI 16,692 2,212 9,845 1,648 17,591 4,281 8,468 43,262 27,916
WHITE 16,692 2,212 9,845 1,648 17,591 4,281 8,468 43,262 27,916
UNTODETM 16,692 2,212 9,845 1,648 17,591 4,281 8,468 43,262 27,916
HISORGIN 16,692 2,212 9,845 1,703 17,589 4,245 8,514 43,262 27,916
CLINDIS 16,692 2,212 9,845 1,703 17,591 4,414 8,515 0 27,916
MR 16,692 2,212 9,002 1,703 17,591 3,895 8,515 0 27,916

VISHEAR 16,692 2,212 9,002 1,703 17,591 3,895 8,515 0 27,916
PHYDIS 16,692 2,212 9,002 1,703 17,591 3,895 8,515 0 27,916
DSMIII 16,692 2,212 9,002 1,703 17,591 3,895 8,515 0 27,916
OTHERMED 16,692 2,212 9,002 1,703 17,591 3,895 8,515 0 27,916
EVERADPT 16,692 2,212 9,845 1,697 17,591 3,771 8,479 0 27,915
AGEADOPT 16,691 2,212 9,845 1,703 17,591 4,418 8,479 0 27,915
REM1YR 16,692 2,212 9,845 1,703 17,555 4,417 8,515 42,980 27,916
REM1MO 16,692 2,212 9,845 1,703 17,555 4,417 8,515 42,980 27,916
REM1DA 16,692 2,212 9,845 1,703 17,555 4,417 8,515 42,980 27,916
TOTALREM 16,692 2,212 9,845 1,690 17,523 4,417 8,512 43,140 27,916
DLSTFCYR 632 564 1,926 321 3,134 889 1,359 11,097 8,979
DLSTFCMO 632 564 1,926 321 3,134 889 1,359 11,097 8,979
DLSTFCDA 632 564 1,926 321 3,134 889 1,359 11,097 8,979
LATREMYR 16,692 2,212 9,845 1,703 17,555 4,417 8,515 43,191 27,916
LATREMMO 16,692 2,212 9,845 1,703 17,555 4,417 8,515 43,191 27,916
LATREMDA 16,692 2,212 9,845 1,703 17,555 4,417 8,515 43,191 27,916
REMTRNYR 16,692 2,212 9,845 1,703 17,555 4,417 8,515 43,191 27,916
REMTRNMO 16,692 2,212 9,845 1,703 17,555 4,417 8,515 43,191 27,916
REMTRNDA 16,692 2,212 9,845 1,703 17,555 4,417 8,515 43,191 27,916
CURSETYR 16,686 2,204 9,843 1,701 17,361 4,417 8,434 43,262 27,827
CURSETMO 16,686 2,204 9,843 1,701 17,361 4,417 8,434 43,262 27,827
CURSETDA 16,686 2,204 9,843 1,701 17,361 4,417 8,434 43,262 27,827
NUMPLEP 16,692 2,212 9,845 1,703 17,363 4,418 8,313 43,140 27,777
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North Carolina through Ohio

NC ND NE NH NJ NM NV NY OH

MANREM 16,682 2,212 9,845 1,703 17,591 4,415 8,515 0 27,916
PHYABUSE 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
SEXABUSE 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
NEGLECT 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
AAPARENT 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
DAPARENT 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
AACHILD 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
DACHILD 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
CHILDIS 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
CHBEHPRB 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
PRTSDIED 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
PRTSJAIL 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
NOCOPE 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
ABANDMNT 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
RELINQSH 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
HOUSING 16,692 2,070 9,845 1,703 17,591 4,418 8,502 0 27,916
CURPLSET 16,403 2,201 9,843 1,703 17,351 4,418 8,430 43,262 27,797
PLACEOUT 16,692 2,201 9,845 1,703 17,351 4,418 8,411 43,136 27,916
CASEGOAL 16,570 2,054 9,329 1,703 17,589 4,377 6,352 42,739 27,901
CTKFAMST 16,692 2,084 9,605 1,703 17,044 4,376 8,207 2,000 27,340
CTK1YR 16,385 2,070 9,601 1,652 13,374 4,178 8,340 1,935 25,974
CTK2YR 6,831 609 4,345 747 2,674 2,256 2,222 699 11,641
PRTMOMYR 3,542 462 1,477 159 7,741 917 1,814 9,002 5,761
PRTMOMMO 3,542 462 1,477 159 7,741 917 1,814 9,002 5,761
PRTMOMDA 3,542 462 1,477 159 7,741 917 1,814 9,002 5,761
PRTDADYR 3,395 420 1,330 159 7,599 907 1,688 9,117 5,716
PRTDADMO 3,395 420 1,330 159 7,599 907 1,688 9,117 5,716

PRTDADDA 3,395 420 1,330 159 7,599 907 1,688 9,117 5,716
FOSFAMST 16,692 1,683 4,870 1,655 17,591 4,253 4,901 0 25,848
FCCTK1YR 8,027 1,064 4,561 867 12,088 3,104 4,694 28,918 19,338
FCCTK2YR 5,246 806 2,874 662 5,114 2,169 3,092 11,704 12,238
RF1AMAKN 16,692 2,212 4,561 1,671 17,591 3,091 4,680 43,262 26,000
RF1ASIAN 16,692 2,212 4,561 1,671 17,591 3,091 4,680 43,262 26,000
RF1BLKAA 16,692 2,212 4,561 1,671 17,591 3,091 4,680 43,262 26,000
RF1NHOPI 16,692 2,212 4,561 1,671 17,591 3,091 4,680 43,262 26,000
RF1WHITE 16,692 2,212 4,561 1,671 17,591 3,091 4,680 43,262 26,000
RF1UTOD 16,692 2,212 4,561 1,671 17,591 3,091 4,680 43,262 26,000
HOFCKTK1 16,692 1,064 4,561 1,648 17,591 4,276 4,693 28,911 19,936
RF2AMAKN 16,692 2,212 2,874 1,446 17,591 2,120 3,080 43,262 27,752
RF2ASIAN 16,692 2,212 2,874 1,446 17,591 2,120 3,080 43,262 27,752
RF2BLKAA 16,692 2,212 2,874 1,446 17,591 2,120 3,080 43,262 27,752
RF2NHOPI 16,692 2,212 2,874 1,446 17,591 2,120 3,080 43,262 27,752
RF2WHITE 16,692 2,212 2,874 1,446 17,591 2,120 3,080 43,262 27,752
RF2UTOD 16,692 2,212 2,874 1,446 17,591 2,120 3,080 43,262 27,752
HOFCKTK2 16,692 810 2,874 1,441 17,591 4,240 3,092 11,698 12,551
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North Carolina through Ohio

NC ND NE NH NJ NM NV NY OH

DODFCYR 5,594 881 3,658 571 13,277 2,061 3,474 13,443 11,366
DODFCMO 5,594 881 3,658 571 13,277 2,061 3,474 13,443 11,366
DODFCDA 5,594 881 3,658 571 13,277 2,061 3,474 13,443 11,366
DODTRNYR 5,594 881 3,658 571 13,277 2,060 3,474 13,443 11,366
DODTRNMO 5,594 881 3,658 571 13,277 2,060 3,474 13,443 11,366
DODTRNDA 5,594 881 3,658 571 13,277 2,060 3,474 13,443 11,366
DISREASN 16,685 874 9,845 1,691 15,427 4,416 8,515 43,046 11,322
IVEFC 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
IVEAA 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
IVAAFDC 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
IVDCHSUP 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
XIXMEDCD 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
SSIOTHER 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
NOA 16,692 2,212 9,845 1,703 17,591 4,418 8,515 43,262 27,916
FCMNTPAY 16,692 2,212 9,845 1,703 17,591 4,418 8,515 35,333 27,916
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Oklahoma through Texas

OK OR PA PR RI SC SD TN TX

NRecords 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
REPDATYR 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
REPDATMO 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
FIPSCODE 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
RECNUMBR 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
PEDREVYR 15,353 13,029 29,814 8,001 3,202 6,661 2,468 13,461 34,331
PEDREVMO 15,353 13,029 29,814 8,001 3,202 6,661 2,468 13,461 34,331
PEDREVDA 15,353 13,029 29,814 8,001 3,202 6,661 2,468 13,461 34,331
DOBYR 18,129 16,136 34,442 8,146 4,424 8,179 3,007 15,459 45,543
DOBMO 18,129 16,136 34,442 8,146 4,424 8,179 3,007 15,459 45,543
DOBDA 18,129 16,136 34,442 8,146 4,424 8,179 3,007 15,459 45,543
SEX 18,129 16,136 34,442 8,182 4,424 8,152 3,007 15,459 45,533

AMIAKN 18,129 16,136 34,442 8,182 4,416 8,179 3,004 15,459 45,543
ASIAN 18,129 16,136 34,442 8,182 4,416 8,179 3,004 15,459 45,543
BLKAFRAM 18,129 16,136 34,442 8,182 4,416 8,179 3,004 15,459 45,543
HAWAIIPI 18,129 16,136 34,442 8,182 4,416 8,179 3,004 15,459 45,543
WHITE 18,129 16,136 34,442 8,182 4,416 8,179 3,004 15,459 45,543
UNTODETM 18,129 16,136 34,442 8,182 4,416 8,179 3,004 15,459 45,543
HISORGIN 18,128 16,136 34,442 8,182 4,404 8,179 3,005 15,459 45,543
CLINDIS 18,043 16,136 34,442 8,182 4,353 8,179 2,621 15,318 45,543
MR 17,911 16,136 34,442 8,182 4,353 8,179 2,600 15,459 45,543
VISHEAR 17,911 16,136 34,442 8,182 4,353 8,179 2,600 15,459 45,543
PHYDIS 17,911 16,136 34,442 8,182 4,353 8,179 2,600 15,459 45,543
DSMIII 17,911 16,136 34,442 8,182 4,353 8,179 2,600 15,459 45,543
OTHERMED 17,911 16,136 34,442 8,182 4,353 8,179 2,600 15,459 45,543
EVERADPT 18,111 15,922 34,442 8,182 4,388 8,178 3,007 15,458 45,543
AGEADOPT 18,082 15,922 34,442 8,182 4,379 8,178 3,007 15,458 45,543
REM1YR 18,129 16,136 34,442 8,149 4,424 8,179 3,007 15,459 45,543
REM1MO 18,129 16,136 34,442 8,149 4,424 8,179 3,007 15,459 45,543
REM1DA 18,129 16,136 34,442 8,149 4,424 8,179 3,007 15,459 45,543
TOTALREM 18,129 16,136 34,442 8,179 4,413 8,179 3,007 15,459 45,515
DLSTFCYR 3,144 3,331 10,597 730 1,392 1,526 775 2,902 4,029
DLSTFCMO 3,144 3,331 10,597 730 1,392 1,526 775 2,902 4,029
DLSTFCDA 3,144 3,331 10,597 730 1,392 1,526 775 2,902 4,029
LATREMYR 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
LATREMMO 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
LATREMDA 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
REMTRNYR 18,129 16,136 34,442 8,182 4,424 8,179 3,001 15,459 44,841
REMTRNMO 18,129 16,136 34,442 8,182 4,424 8,179 3,001 15,459 44,841
REMTRNDA 18,129 16,136 34,442 8,182 4,424 8,179 3,001 15,459 44,841
CURSETYR 18,008 16,107 34,442 8,149 4,424 8,178 3,007 15,439 45,543
CURSETMO 18,008 16,107 34,442 8,149 4,424 8,178 3,007 15,439 45,543
CURSETDA 18,008 16,107 34,442 8,149 4,424 8,178 3,007 15,439 45,543
NUMPLEP 17,994 16,136 34,441 8,179 4,421 8,177 3,007 15,432 45,543
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Oklahoma through Texas

OK OR PA PR RI SC SD TN TX

MANREM 18,129 15,954 34,369 8,182 4,424 8,179 3,004 15,459 45,543
PHYABUSE 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
SEXABUSE 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
NEGLECT 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
AAPARENT 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
DAPARENT 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
AACHILD 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
DACHILD 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
CHILDIS 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
CHBEHPRB 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
PRTSDIED 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
PRTSJAIL 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
NOCOPE 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
ABANDMNT 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
RELINQSH 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
HOUSING 18,126 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
CURPLSET 18,007 16,136 34,442 8,182 4,423 8,178 3,005 15,458 45,241
PLACEOUT 18,007 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,509

CASEGOAL 17,681 16,136 34,442 8,182 4,070 8,179 3,007 15,262 41,203
CTKFAMST 18,129 16,136 34,442 8,168 4,367 8,179 2,910 15,458 45,512
CTK1YR 17,525 16,099 24,176 8,070 4,330 7,133 2,980 13,902 43,947
CTK2YR 9,647 9,541 7,961 4,797 1,388 2,688 1,212 4,417 30,887
PRTMOMYR 4,592 3,327 3,991 244 638 1,545 925 2,269 17,839
PRTMOMMO 4,592 3,327 3,991 244 638 1,545 925 2,269 17,839
PRTMOMDA 4,592 3,327 3,991 244 638 1,545 925 2,269 17,839
PRTDADYR 4,675 2,845 3,906 219 640 1,421 894 2,073 17,667
PRTDADMO 4,675 2,845 3,906 219 640 1,421 894 2,073 17,667
PRTDADDA 4,675 2,845 3,906 219 640 1,421 894 2,073 17,667
FOSFAMST 17,766 16,075 33,414 8,182 4,084 7,807 2,950 15,459 29,495
FCCTK1YR 11,436 8,442 18,217 5,432 2,461 5,521 1,530 9,456 7,287
FCCTK2YR 7,840 6,357 11,909 2,842 1,480 3,165 1,137 5,507 5,233
RF1AMAKN 10,036 16,136 33,777 8,182 4,372 5,534 1,556 9,472 7,303
RF1ASIAN 10,036 16,136 33,777 8,182 4,372 5,534 1,556 9,472 7,303
RF1BLKAA 10,036 16,136 33,777 8,182 4,372 5,534 1,556 9,472 7,303
RF1NHOPI 10,036 16,136 33,777 8,182 4,372 5,534 1,556 9,472 7,303
RF1WHITE 10,036 16,136 33,797 8,182 4,372 5,534 1,556 9,472 7,303
RF1UTOD 10,036 16,136 33,777 8,182 4,372 5,534 1,515 9,472 7,303
HOFCTK1 10,036 16,075 33,356 8,182 4,257 5,534 2,712 13,661 7,303
RF2AMAKN 6,704 16,136 33,634 8,182 4,401 3,167 1,141 5,750 5,248
RF2ASIAN 6,704 16,136 33,634 8,182 4,401 3,167 1,141 5,750 5,248
RF2BLKAA 6,704 16,136 33,634 8,182 4,401 3,167 1,141 5,750 5,248
RF2NHOPI 6,704 16,136 33,634 8,182 4,401 3,167 1,141 5,750 5,248
RF2WHITE 6,704 16,136 33,659 8,182 4,401 3,167 1,141 5,750 5,248
RF2UTOD 6,704 16,136 33,634 8,181 4,401 3,167 319 5,750 5,248
HOFCTK2 6,704 15,996 33,423 8,181 4,304 3,167 2,308 12,839 5,248

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2006 v1 Foster Care Variable Counts by State

Oklahoma through Texas

OK OR PA PR RI SC SD TN TX

DODFCYR 6,335 5,475 13,551 1,634 1,617 3,263 1,359 7,468 14,717
DODFCMO 6,335 5,475 13,551 1,634 1,617 3,263 1,359 7,468 14,717
DODFCDA 6,335 5,475 13,551 1,634 1,617 3,263 1,359 7,468 14,717
DODTRNYR 6,335 5,475 13,550 1,519 1,616 3,263 1,359 7,468 14,717
DODTRNMO 6,335 5,475 13,550 1,519 1,616 3,263 1,359 7,468 14,717
DODTRNDA 6,335 5,475 13,550 1,519 1,616 3,263 1,359 7,468 14,717
DISREASN 18,128 16,021 34,437 8,164 4,424 3,266 3,005 15,459 14,621
IVEFC 18,129 16,136 34,442 8,173 4,424 8,179 3,007 15,459 45,543
IVEAA 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
IVAAFDC 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
IVDCHSUP 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
XIXMEDCD 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
SSIOTHER 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
NOA 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,459 45,543
FCMNTPAY 18,129 16,136 34,442 8,182 4,424 8,179 3,007 15,454 45,543

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2006 v1 Foster Care Variable Counts by State

Utah through Wyoming

UT VA VT WA WI WV WY

NRecords 4,383 10,887 2,108 16,620 12,917 6,807 2,346
REPDATYR 4,383 10,887 2,108 16,620 12,917 6,807 2,346
REPDATMO 4,383 10,887 2,108 16,620 12,917 6,807 2,346

FIPSCODE 4,383 10,887 2,108 16,620 12,915 6,807 2,346
RECNUMBR 4,383 10,887 2,108 16,620 12,917 6,807 2,346
PEDREVYR 2,882 7,968 1,568 11,982 8,324 5,560 1,196
PEDREVMO 2,882 7,968 1,568 11,982 8,324 5,560 1,196
PEDREVDA 2,882 7,968 1,568 11,982 8,324 5,560 1,196
DOBYR 4,383 10,887 2,108 16,620 12,917 6,807 2,346
DOBMO 4,383 10,887 2,108 16,620 12,917 6,807 2,346
DOBDA 4,383 10,887 2,108 16,620 12,917 6,807 2,346
SEX 4,375 10,886 2,108 16,620 12,916 6,806 2,344
AMIAKN 4,383 10,887 2,087 16,410 12,866 6,807 2,346
ASIAN 4,383 10,887 2,087 16,410 12,866 6,807 2,346
BLKAFRAM 4,383 10,887 2,087 16,410 12,866 6,807 2,346
HAWAIIPI 4,383 10,887 2,087 16,410 12,866 6,807 2,346
WHITE 4,383 10,887 2,087 16,410 12,866 6,807 2,346
UNTODETM 4,383 10,887 2,087 16,410 12,866 6,807 2,346
HISORGIN 4,376 10,887 2,040 16,145 12,702 6,409 2,346
CLINDIS 4,365 10,887 2,089 615 12,651 6,807 2,346
MR 4,125 10,887 2,089 615 12,917 6,807 2,346
VISHEAR 4,125 10,887 2,089 615 12,917 6,807 2,346
PHYDIS 4,125 10,887 2,089 615 12,917 6,807 2,346
DSMIII 4,125 10,887 2,089 615 12,917 6,807 2,346
OTHERMED 4,124 10,887 2,089 615 12,917 6,807 2,346
EVERADPT 4,336 10,887 1,922 15,412 12,916 6,807 2,346
AGEADOPT 4,335 10,887 1,922 16,620 12,916 6,807 2,346
REM1YR 4,364 10,887 2,106 16,619 12,788 6,807 2,346
REM1MO 4,364 10,887 2,106 16,619 12,788 6,807 2,346
REM1DA 4,364 10,887 2,106 16,619 12,788 6,807 2,346
TOTALREM 4,351 10,887 2,108 16,620 12,733 6,807 2,346
DLSTFCYR 1,160 1,008 445 3,919 3,242 1,192 618
DLSTFCMO 1,160 1,008 445 3,919 3,242 1,192 618
DLSTFCDA 1,160 1,008 445 3,919 3,242 1,192 618
LATREMYR 4,383 10,887 2,106 16,620 12,832 6,807 2,346
LATREMMO 4,383 10,887 2,106 16,620 12,832 6,807 2,346
LATREMDA 4,383 10,887 2,106 16,620 12,832 6,807 2,346
REMTRNYR 4,383 10,887 2,010 16,620 12,832 6,807 2,346
REMTRNMO 4,383 10,887 2,010 16,620 12,832 6,807 2,346
REMTRNDA 4,383 10,887 2,010 16,620 12,832 6,807 2,346
CURSETYR 4,382 10,878 2,108 16,620 12,917 6,769 2,346
CURSETMO 4,382 10,878 2,108 16,620 12,917 6,769 2,346
CURSETDA 4,382 10,878 2,108 16,620 12,917 6,769 2,346
NUMPLEP 4,357 10,862 2,106 16,620 12,832 6,768 2,292

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2006 v1 Foster Care Variable Counts by State

Utah through Wyoming

UT VA VT WA WI WV WY

MANREM 4,383 10,887 2,108 0 12,830 6,792 2,346
PHYABUSE 4,383 10,887 2,098 16,617 12,834 6,807 2,346
SEXABUSE 4,383 10,887 2,098 16,617 12,834 6,807 2,346
NEGLECT 4,383 10,887 2,098 16,617 12,834 6,807 2,346
AAPARENT 4,383 10,887 2,098 16,617 12,834 6,807 2,346
DAPARENT 4,383 10,887 2,098 16,617 12,834 6,807 2,346
AACHILD 4,383 10,887 2,098 16,617 12,834 6,807 2,346
DACHILD 4,383 10,887 2,098 16,617 12,834 6,807 2,346
CHILDIS 4,383 10,887 2,098 16,617 12,834 6,807 2,346

CHBEHPRB 4,383 10,887 2,098 16,617 12,834 6,807 2,346
PRTSDIED 4,383 10,887 2,098 16,617 12,834 6,807 2,346
PRTSJAIL 4,383 10,887 2,098 16,617 12,834 6,807 2,346
NOCOPE 4,383 10,887 2,098 16,617 12,834 6,807 2,346
ABANDMNT 4,383 10,887 2,098 16,617 12,834 6,807 2,346
RELINQSH 4,383 10,887 2,098 16,617 12,834 6,807 2,346
HOUSING 4,383 10,887 2,098 16,617 12,834 6,807 2,346
CURPLSET 4,375 10,809 2,108 16,620 12,743 6,737 2,346
PLACEOUT 4,366 10,887 2,108 16,619 12,917 6,807 2,346
CASEGOAL 4,368 10,665 2,108 16,613 12,162 6,199 2,339
CTKFAMST 4,364 10,887 2,030 15,467 12,817 6,807 2,346
CTK1YR 4,199 10,744 2,095 14,565 12,708 6,490 2,223
CTK2YR 2,254 2,930 928 5,064 3,845 2,637 1,253
PRTMOMYR 693 1,965 440 3,484 1,784 1,572 214
PRTMOMMO 693 1,965 440 3,484 1,784 1,572 214
PRTMOMDA 693 1,965 440 3,484 1,784 1,572 214
PRTDADYR 660 1,860 421 3,580 1,810 1,725 209
PRTDADMO 660 1,860 421 3,580 1,810 1,725 209
PRTDADDA 660 1,860 421 3,580 1,810 1,725 209
FOSFAMST 3,237 7,706 1,959 13,317 12,839 6,013 2,315
FCCTK1YR 1,757 5,963 1,202 11,454 10,186 3,165 808
FCCTK2YR 1,515 4,229 992 7,214 6,324 2,577 684
RF1AMAKN 3,755 7,725 1,185 11,017 10,235 6,807 1,148
RF1ASIAN 3,755 7,725 1,185 11,017 10,235 3,165 1,148
RF1BLKAA 3,755 7,725 1,185 11,017 10,235 3,165 1,148
RF1NHOPI 3,755 7,725 1,185 11,017 10,235 3,165 1,148
RF1WHITE 3,755 7,725 1,185 11,017 10,235 3,165 1,148
RF1UTOD 3,755 7,725 1,185 11,017 10,235 3,165 1,148
HOFCKTK1 3,239 9,719 1,057 10,355 12,460 6,782 1,148
RF2AMAKN 4,341 7,725 937 6,876 6,336 5,551 1,018
RF2ASIAN 4,341 7,725 937 6,876 6,336 2,582 1,018
RF2BLKAA 4,341 7,725 937 6,876 6,336 2,582 1,018
RF2NHOPI 4,341 7,725 937 6,876 6,336 2,582 1,018
RF2WHITE 4,341 7,725 937 6,876 6,336 2,582 1,018
RF2UTOD 4,341 7,725 937 6,876 6,336 2,582 1,018
HOFCKTK2 3,000 10,887 882 6,540 8,639 6,772 1,018
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**2006 v1 Foster Care Variable Counts by State
Utah through Wyoming**

UT VA VT WA WI WV WY

DODFCYR 1,971 3,071 732 6,203 5,303 2,636 1,046
DODFCMO 1,971 3,071 732 6,203 5,303 2,636 1,046
DODFCDA 1,971 3,071 732 6,203 5,303 2,636 1,046
DODTRNYR 1,966 3,071 732 6,203 5,203 2,636 1,046
DODTRNMO 1,966 3,071 732 6,203 5,203 2,636 1,046
DODTRNDA 1,966 3,071 732 6,203 5,203 2,636 1,046
DISREASN 4,221 10,781 2,108 6,525 12,916 2,564 1,046
IVEFC 4,383 10,887 2,108 5,060 12,917 6,807 2,346
IVEAA 4,383 10,887 2,108 80 12,917 6,807 2,346
IVAAFDC 4,383 10,887 2,108 16,620 12,917 6,807 2,346
IVDCHSUP 4,383 10,887 2,108 16,620 12,917 6,807 2,346
XIXMEDCD 4,383 10,887 2,108 16,620 12,917 6,807 2,346
SSIOOTHER 4,383 10,887 2,108 16,620 12,917 6,807 2,346
NOA 4,383 10,887 2,108 16,620 12,917 6,807 2,346

FCMNTPAY 4,383 10,887 2,108 16,620 12,917 6,807 2,346
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FIPS CODES USED IN THE 2006 v1 FOSTER CARE FILE

Below is a listing of the geographic Federal Information Processing Standard (FIPS) codes for

"state subdivisions" (usually counties) included in the dataset. The 139 counties listed had 1,000

or more records in the database. For counties with fewer than 1,000 records the FIPS code is not

provided, and a value of 8 (*Not provided for reasons of confidentiality*) is assigned.

FIPS County

01073 Jefferson, AL
01097 Mobile, AL
02020 Anchorage, AK
04013 Maricopa, AZ
04019 Pima, AZ
04021 Pinal, AZ
05119 Pulaski, AR
06001 Alameda, CA
06007 Butte, CA
06013 Contra Costa, CA
06019 Fresno, CA
06029 Kern, CA
06037 Los Angeles, CA
06047 Merced, CA
06059 Orange, CA
06065 Riverside, CA
06067 Sacramento, CA
06071 San Bernardino, CA
06073 San Diego, CA
06075 San Francisco, CA
06077 San Joaquin, CA
06085 Santa Clara, CA
06089 Shasta, CA
06107 Tulare, CA
08001 Adams, CO
08005 Arapahoe, CO
08031 Denver, CO
08041 El Paso, CO
08059 Jefferson, CO
08101 Pueblo, CO
09001 Fairfield, CT
09003 Hartford, CT
09009 New Haven, CT
10003 New Castle, DE
11001 District of Columbia
12009 Brevard, FL
12011 Broward, FL
12025 Dade, FL
12031 Duval, FL

FIPS County

12033 Escambia, FL
12057 Hillsborough, FL
12083 Marion, FL
12095 Orange, FL
12099 Palm Beach, FL
12101 Pasco, FL
12103 Pinellas, FL
12105 Polk, FL
12127 Volusia, FL
13089 De Kalb, GA
13121 Fulton, GA
13135 Gwinnett, GA
15003 Honolulu, HI
17031 Cook, IL
17143 Peoria, IL
17201 Winnebago, IL
18003 Allen, IN
18089 Lake, IN
18097 Marion, IN
19113 Linn, IA
19153 Polk, IA
19193 Woodbury, IA
20173 Sedgwick, KS
21067 Fayette, KY
21111 Jefferson, KY
24510 Baltimore City, MD
25005 Bristol, MA
25009 Essex, MA
25013 Hampden, MA
25017 Middlesex, MA
25023 Plymouth, MA
25025 Suffolk, MA
25027 Worcester, MA
26049 Genesee, MI
26081 Kent, MI
26099 Macomb, MI
26125 Oakland, MI
26163 Wayne, MI
27053 Hennepin, MN

FIPS County

27123 Ramsey, MN
29077 Greene, MO
29095 Jackson, MO
29189 St. Louis, MO
29510 St. Louis City, MO
31055 Douglas, NE
31109 Lancaster, NE
32003 Clark, NV
32031 Washoe, NV
34007 Camden, NJ
34013 Essex, NJ
34017 Hudson, NJ

34021 Mercer, NJ
34023 Middlesex, NJ
34025 Monmouth, NJ
34039 Union, NJ
36029 Erie, NY
36055 Monroe, NY
36061 New York, NY
36103 Suffolk, NY
36119 Westchester, NY
37119 Mecklenburg, NC
39035 Cuyahoga, OH
39049 Franklin, OH
39061 Hamilton, OH
39095 Lucas, OH
39113 Montgomery, OH
39151 Stark, OH
39153 Summit, OH
40109 Oklahoma, OK
40143 Tulsa, OK
41039 Lane, OR
41047 Marion, OR
41051 Multnomah, OR
41067 Washington, OR
42003 Allegheny, PA
42011 Berks, PA
42045 Delaware, PA
42049 Erie, PA
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FIPS County

42079 Luzerne, PA
42101 Philadelphia, PA
42133 York, PA
44007 Providence, RI
45079 Richland, SC
47037 Davidson, TN
47157 Shelby, TN
48029 Bexar, TX
48113 Dallas, TX
48201 Harris, TX
48355 Nueces, TX
48439 Tarrant, TX
48453 Travis, TX
49035 Salt Lake, UT
53011 Clark, WA
53033 King, WA
53053 Pierce, WA
53061 Snohomish, WA
53063 Spokane, WA
53077 Yakima, WA
55079 Milwaukee, WI
72127 San Juan, PR
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2006 FOSTER CARE STATE FOOTNOTES

States are encouraged, but not required, to provide explanatory footnotes along with their data

submissions. The footnotes allow states to provide additional information they consider necessary for proper interpretation of their data. The footnotes may include such information as:

- general characteristics of the state's foster care system
- characteristics of the population, including whether certain types of placements are included
- state definitions that differ from federal AFCARS definitions.

Footnotes for the 2006 versions of the foster care data follow, sorted by element number and

state. General state footnotes that are not specific to an element or period are given an element

number of 00.

NDACAN strongly recommends that users review the 2006 footnotes that follow before

attempting to analyze the AFCARS Foster Care data.

Foster Care Footnotes 2006 version 1

Element State Note

F00 California CA's reported population has decreased due to exclusion of records which don't fit the technical AFCARS definition: children with non-dependent guardian status and youth age 19 and over.

F00 Florida RECORDS ARE SELECTED BASED ON DATE OF REMOVAL PRIOR TO END OF THE PERIOD AND DISCHARGE TRANSACTION DATE DURING THE PERIOD.

F00 Florida DETAILED HISTORIC CONVERSION FROM LEGACY SYSTEMS DID NOT OCCUR. SPECIFIC ELEMENTS RELATED TO AFCARS ARE CAPTURED ON A SUMMARY SCREEN.

F00 Florida LESS THAN 1% OF CASES SUBMITTED REPRESENT CINS/FINS IV-E ELIGIBLE CHILDREN SERVED IN JUVENILE JUSTICE SHELTERS.

F00 Georgia Please make sure that the following corrections are made to our 2006 data files.

F00 Georgia Record Number 004303956103 was deleted because it is boarding county case for 007603956103.

F00 Georgia Record Number 004419262002 was a duplicate so one record was removed on 061306.

F00 Hawaii AFCARS FOSTER CARE DATA IS BEING RETRANSMITTED FOR FFY 1999,2000,2001,2002 TO CORRECT AN ERROR IN THE MAPPING OF THE CIRCUMSTANCE OF REMOVAL FIELDS. IT WAS DISCOVERED THAT THE MAPPING OF ELEMENTS 31 THROUGH 40 HAVE ALWAYS BEEN IN ERROR.

F00 Hawaii THIS WAS DUE TO AN ERROR IN OUR FOSTER CARE EXTRACT PROGRAM THAT INCORRECTLY MAPPED THE CIRCUMSTANCE OF REMOVAL FIELDS IN OUR DATABASE TO THE FIELDS ON THE AFCARS FOSTER CARE EXTRACT RECORD.

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Element State Note

F00 Hawaii THIS CREATED A TOTALLY ERRONEOUS REPORT OF WHAT WERE THE ACTUAL CIRCUMSTANCES LEADING TO THE REMOVAL OF THE CHILD AND

AS SUCH WILL SKEW ANY STATISTICAL ANALYSIS THAT MAY BE DONE USING THESE FIELDS.

F00 Hawaii THESE RETRANSMISSIONS WILL ALSO AFFECT ELEMENTS 18,19,23,24 AND 41 DUE TO A CHANGE TO NO LONGER REPORT ON REMOVALS OR PLACEMENTS OF ONE CALENDAR DAY.

F00 Indiana One explanation for duplication child id is child may appear more than once if the child has been in a case in more than one county during the same reporting period. The other is bad practice by county.

F00 Indiana The discrepancy between foster care placements closed with a reason of adoption and the number of adoptions reported is recognized, the issue has been corrected in the system but older cases still are a problem.

F00 Indiana Some children were JD and IVE FC in the previous report period so were part of the AFCARS pull. During the current report period their status changed (and in some cases retroactively) to Non-IVE therefore they are no longer included in the prior report period child had a valued placement and was part of the AFCARS pull. During the current report period that previous entry was errored out as error in data entry, consequently child has "fallen off" the report.

F00 Indiana Indiana Department of Child Services staff has been reviewing frequency reports and working on data corrections since the AFCARS review conducted by NRC-CWDT/ACF in September, 2006. This subsequent submission for report period 2006B shows s

F00 Indiana Due to changes made in the programming of Trial Home Visits in ICWIS in 2006, Indiana is resubmitting its 06A AFCARS file. These changes were already included in the submission of the 06B AFCARS. The resubmission of 06A AFCARS data will r

F00 Michigan APPROXIMATELY 10% OF THE STATE'S SUBSTITUTE CARE POPULATION INCLUDES CHILDREN IN THE JUVENILE JUSTICE SYSTEM.

F00 Nebraska APPROXIMATELY 14% OF THE STATE'S SUBSTITUTE CARE POPULATION INCLUDES CHILDREN IN THE JUVENILE JUSTICE SYSTEM.

F00 Pennsylvania Number of shared case management with Juvenile Justice System: 2,308.

F00 Pennsylvania Number of shared case management with Juvenile Justice System: 2,459.

F00 Pennsylvania Subsequent file for 2006/09 is due to the addition of missing TPR data for 41 foster care records.

F00 Utah DJJS provided the last 130 FC records.

F00 Utah DJJS provided the last 142 FC records.

F00 Utah DJJS provided the last 129 FC records.

F01 Utah This is a resubmission of the 200603a AFCARS file for Utah. Both DCFS and DJJS have been working on data quality and programming issues identified in our AFCARS review.and many of thos

F01 Utah This is a resubmission of the 200609b AFCARS file for Utah. Both DCFS and DJJS have been working on data quality and programming issues identified in our AFCARS review.and many of thos

F03 Florida THE LOCAL AGENCY (FIPS CODE) REPRESENTS THE COUNTY OF JURISDICTION IN ALL CASES.

F03 Iowa Adoption workers cover more than one county. Therefore, foster children awaiting adoption appear to be from a limited number of counties.

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Element State Note

F03 Nebraska THE FOLLOWING OFFICES DEAL WITH MORE CASES THAN JUST THOSE IN THEIR COUNTY: ALLIANCE, SIDNEY, NORTH PLATTE, MCCOOK, LEXINGTON, BROKEN BOW, O'NEILL, DAKOTA CITY, COLUMBUS, NORFOLK, SEWARD, NEBRASKA CITY.

F04 Florida SYSTEM GENERATED PERSON ID NUMBER IS ENCRYPTED.
F04 Florida THERE IS A RECOGNIZED ISSUE WITH DUPLICATE PERSON RECORDS IN FLORIDA'S SACWIS. A MERGE PROCESS HAS BEEN IMPLEMENTED AND IS SCHEDULED TO RUN REGULARLY.
F04 Florida A PROCESS IS BEING DEVELOPED TO MERGE DUPLICATE PERSONS PRIOR TO AND DURING TRANSITION TO NEW SACWIS SYSTEM.
F04 Iowa Record numbers are encrypted in data submission.
F04 Nebraska RECORD NUMBERS IN DATA SET ARE ENCRYPTED STATE IDENTIFIERS.
F04 Pennsylvania There were approximately 900 record number changes from the previous report period to the 2006/03 report period.
F04 Pennsylvania There were approximately 440 record number changes from the previous report period to the 2006/09 report period.
F04 Pennsylvania There were approximately 444 additional dropped records from the previous report period to the 2006/09 report period.
F05 Florida THIS REPORT MAY NOT INCLUDE DISPOSITIONAL HEARINGS THAT MAY ALSO MEET THE REQUIREMENTS OF A JUDICIAL REVIEW.
F05 Iowa Iowa Citizen Foster Care Review Board Reviews, Court Reviews, and DHS Administrative Reviews are shown in element 5.
F05 Nebraska ANOTHER STATE AGENCY, FOSTER CARE REVIEW BOARD, IS MANDATED BY STATE LAW TO CONDUCT THE PERIODIC REVIEW ON ALL CHILDREN IN OUT OF HOME PLACEMENT FOR 6 MONTHS OR GREATER.
F05 Oklahoma Compliance Utility shows 689 'C' errors yet all the reviewed rows show the data is missing.
F06 Florida FLORIDA LAW ALLOWS FOR SERVICES TO BE PROVIDED TO ELIGIBLE YOUNG ADULTS UP TO THEIR 23RD BIRTHDAY.
F06 Florida FLORIDA LAW EFFECTIVE 10-1-02 SEPARATES SERVICES FOR CHILDREN (UP TO AGE 18) AND YOUNG ADULTS FORMERLY IN FOSTER CARE (18 UP TO 23RD BIRTHDAY). LAW PERMITTED A PHASE IN PERIOD FOR EXISTING ADULT RECIPIENTS UNTIL JUNE 30, 2003.
F06 Florida AFTER JUNE 30, 2003, YOUNG ADULTS SHOULD BE DISCHARGED FROM THEIR REMOVAL EPISODES AND ARE NO LONGER EXPECTED TO BE REPORTED IN THE AFCARS FOSTER CARE POPULATION.
F06 Florida FLORIDA LAW ALLOWS SERVICES TO BE PROVIDED TO ELIGIBLE YOUNG ADULTS UP TO THEIR 23 BIRTHDAY. AFTER 6-30-03 YOUNG ADULTS SHOULD BE DISCHARGED FROM THEIR REMOVAL EPISODES AND ARE NOT EXPECTED TO BE REPORTED IN AFCARS FOSTER CARE POPULATION.
F06 Iowa A date of birth is required. We do not estimate date of birth.
F06 Michigan CHILDREN IDENTIFIED AS 18 YEARS OR OLDER ARE STILL WARDS OF THE STATE AND ARE CONSIDERED DEPENDENT CHILDREN.
F06 Nebraska ESTIMATED BIRTH DATE IS JANUARY 1 OF THE ESTIMATED YEAR.??
F06 Nevada Cleanup effort in place so that children 18 or older who are not in school are not reported.
F08 California 'USED UNABLE TO DETERMINE' FOR RACE OF HISPANIC OR MEXICAN OR CENTRAL AMERICAN OR SOUTH AMERICAN AND 'YES' FOR HISPANIC ORIGIN CODE
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Element State Note
F08 California Missing data mapped to blank per ACF instructions in the AIP.
F08 Nebraska UNABLE TO DETERMINE INCLUDES PERSONS WITH RACE INDICATED AS OTHER.
F10 Iowa A clinical diagnosis is required by a qualified professional.
F10 Nebraska CLINICAL DIAGNOSIS IS REQUIRED.

F13 Nebraska INCLUDES CHILDREN WHO ARE MEDICALLY FRAGILE AND/OR NEEDING MEDICAL EQUIPMENT AND/OR WHEELCHAIR.

F14 Iowa DSM III diagnostic criteria is used in this data element.

F15 Nebraska INCLUDES CHILDREN WITH ATTENTION DEFICIT DISORDER AND/OR IN INFECTIOUS DISEASES.

F16 Nebraska DATE WILL BE KNOWN IF DEPARTMENT HAS BEEN INVOLVED WITH THE ADOPTION.

F17 Nebraska AGE WILL BE KNOWN IF DEPARTMENT HAS BEEN INVOLVED WITH THE ADOPTION.

F17 Oklahoma Compliance Utility shows 21 'L' errors. We were told that when element 16 is '1' (YES) then Element 17 cannot be '5' (Unable to Determine). However, Technical Bullentin #8, page 21 says 17 can be '5' when 16 is '1'.

F18 Hawaii SOME OF THESE WERE NOT ACTUAL REMOVALS BECAUSE THEY WERE LESS THAN 24 HOURS LONG BUT SPANNED TWO CALENDAR DAYS.

F19 Hawaii WE ARE NO LONGER REPORTING ONE CALENDAR DAY EPISODES.

F19 Hawaii SOME OF THESE SHOULD NOT BE COUNTED AS PRIOR REMOVALS BECAUSE THEY WERE LESS THAN 24 HOURS LONG BUT SPANNED TWO CALENDAR DAYS.

F19 Iowa For every foster care service with an exit date and 1)exit reason of return home or 2)exit reason of transfer custody to other parent, or 3) an exit reason of placement with a suitable person, counts as one removal.

F19 Nebraska STATE DID NOT MANDATE THAT HISTORICAL DATA BE CONVERTED. IF A REMOVAL OCCURRED PRIOR TO DECEMBER 1998, IT MAY NOT HAVE BEEN RECORDED IN THE NEW SYSTEM.

F22 Florida DURING CONVERSION TO FLORIDA'S SACWIS, THE REMOVAL TRANSACTION DATE WAS POPULATED WITH THE DATE OF THE AUTOMATED CONVERSION.

F22 Florida DATA PURIFICATION AND RE-ENTRY OF CASES FOLLOWING AUTOMATED CONVERSION SERIOUSLY IMPACTED DATA IN THIS FIELD.

F22 Nebraska STATE HAS CAPACITY TO GENERATE THE TRANSACITON DATE FOR LATEST REMOVAL FROM HOME.

F23 Hawaii PLACEMENT DATES MAY VARY FROM THOSE PREVIOUSLY REPORTED AS WE ARE NO LONGER REPORTING ON ONE CALENDAR PLACEMENTS. RUNAWAY WILL NOW BE REPORTED AS THE DATE THE CHILD RAN AWAY.

F24 Florida FLORIDA COUNTS REPLACEMENT IN A SETTING WHERE A CHILD WAS PREVIOUSLY PLACED AS A NEW AND UNIQUE PLACEMENT.

F24 Florida FLORIDA REPORTS PLACEMENTS BEGINNING AT POINT OF PHYSICAL OR CONSTRUCTIVE REMOVAL REGARDLESS OF INITIAL PLACEMENT SETTING.

F24 Florida FLORIDA DOES NOT EXCLUDE PLACEMENTS OF LESS THAN 24 HOUR DURATION FROM PLACEMENT COUNT UNLESS PLACEMENT TYPE WOULD OTHERWISE BE EXCLUDED FROM THE COUNT.

F24 Georgia Record Number 004418625602 has only six placements instead of nine and the most recent was 052405.

F24 Hawaii WE ARE NO LONGER REPORTING ONE CALENDAR DAY PLACEMENTS NDACAN Dataset #137 AFCARS Foster Care File

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Element State Note

F24 Hawaii SOME OF THESE SHOULD NOT BE COUNTED AS PLACEMENT SETTINGS BECAUSE THEY WERE LESS THAN 24 HOURS LONG BUT SPANNED TWO CALENDAR DAYS.

F24 Iowa Data reflects same day in/out placements, emergency placements respite, day treatment and other short term placements.

F24 Nebraska STATE DID NOT MANDATE THAT HISTORICAL DATA BE CONVERTED. IF PLACEMENTS OCCURRED PRIOR TO DECEMBER 1998, IT MAY NOT HAVE BEEN RECORDED IN THE NEW SYSTEM.

F26 Iowa Iowa defines physical abuse as damage to any bodily tissue that must undergo a healing process or results in death.

F27 Iowa Iowa defines sexual abuse as commission of sexual offenses with or to a child as a result of acts or omissions of a caretaker.

F28 Iowa Failure of caretaker to provide adequate food, shelter, clothing or other care necessary for child's health & welfare when financially able: health/mental health care, emotional needs, proper supervision & response to infant's survival.

F31 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY CHILD BEHAVIORAL PROBLEM (ELEMENT 34).

F31 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY CHILD BEHAVIORAL PROBLEM (ELEMENT 34). THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY RELINQUISHMEN

F32 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY RELINQUISHMENT (ELEMENT 39).

F33 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY INADEQUATE HOUSING (ELEMENT 40).

F34 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY DEATH OF PARENT (ELEMENT 35).

F35 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY INCARCERATION OF PARENT (ELEMENT 36).

F36 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY CARETAKER INABILITY TO COPE (ELEMENT 37).

F37 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY CHILD ALCOHOL ABUSE (ELEMENT 31).

F38 Hawaii 13 YR OLD MALE DIED DUE TO COMPLICATIONS OF POLY-GLANDULAR AUTOIMMUNE SYSTEM AND ACUTE APPENDICITIS. YOUTH WAS ON THE RUN FROM PSYCHIATRIC FACILITY AND STAYING WITH HIS GRANDMOTHER WHO FAILED TO REPORT THAT HE WAS WITH HER. MEDICAL NEGLECT

F38 Hawaii WAS CONFIRMED. CASE #73348 CLIENT #87463

F38 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY CHILD DRUG ABUSE (ELEMENT 32). NDACAN Dataset #137 AFCARS Foster Care File

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Element State Note

F39 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY CHILD DISABILITY (ELEMENT 33).

F40 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY ABANDONMENT (ELEMENT 38).

F40 Hawaii THIS FIELD WAS PREVIOUSLY BEING SET TO '1' ERRONEOUSLY WHEN THE CIRCUMSTANCE OF REMOVAL WAS ACTUALLY ABANDONMENT (ELEMENT 38).

F41 Florida TRIAL HOME VISITS ARE NOT CAPTURED.

F41 Hawaii HAWAII IS NO LONGER REPORTING TRIAL HOME VISITS BECAUSE HAWAII'S CHILD PROTECTIVE ACT HRS 587 DOES NOT ALLOW TRIAL HOME VISITS UP TO 6 MONTHS AS IS ALLOWED FOR AFCARS.

F41 Iowa Juvenile Justice population is included. Categories include: foster family, group care, relative, independent living; psychiatric medical institution for children, shelter, structured juvenile program, & medical institution.

F41 Iowa Juvenile Justice population is included. Categories include: foster family, group care, relative, independent living; psychiatric medical institution for children, shelter, structured juvenile program, & medical institution.

F41 Nebraska GROUP HOME INCLUDES GROUP HOMES FOR CHILDREN, TREATMENT GROUP HOMES, EMERGENCY SHELTER CENTERS, AND GROUP HOME FOR ADULTS.

F41 Nebraska INSTITUTION INCLUDES CENTRES FOR DEVELOPMENTALLY DISABLED, CHILD CARING AGENCIES, RESIDENTIAL TREATMENT FACILITIES, MEDICAL HOSPITALS, PSYCHIATRIC HOSPITALS, JAILS, YOUTH LOCKED FACILITIES, NURSING HOMES, AND SCHOOLS.

F41 Nebraska APPROVED OR UNLICENSED RELATIVE HOMES ARE INCLUDED IN RELATIVE FOSTER HOMES.

F41 Nebraska SUPERVISED INDEPENDENT LIVING INCLUDES BOARDING HOMES, DOMICILLIARY FACILITIES AND INDEPENDENT LIVING SITUATIONS.

F43 Nebraska STATE POLICY DOES NOT DEFINE "LIVE WITH OTHER RELATIVES" AS A CASE PLAN GOAL.

F43 Nebraska REUNIFY WITH PARENT OR PRINCIPAL CARETAKER INCLUDES CASE PLAN GOALS OF FAMILY PRESERVATION AND REUNIFICATION.

F43 Nebraska EMANCIPATION INCLUDES CASE PLAN GOALS OF INDEPENDENT LIVING AND SELF SUFFICIENCY.

F44 California Missing data mapped to blank per ACF instructions in the AIP.

F45 Michigan IN SOME CASES WHEN THE EXACT YEAR OF BIRTH WAS UNKNOWN AN ESTIMATED YEAR WAS ENTERED.

F46 Michigan IN SOME CASES WHEN THE EXACT YEAR OF BIRTH WAS UNKNOWN AN ESTIMATED YEAR WAS ENTERED.

F52 California 'USED UNABLE TO DETERMINE' FOR RACE OF HISPANIC OR MEXICAN OR CENTRAL AMERICAN OR SOUTH AMERICAN AND 'YES' FOR HISPANIC ORGIN CODE

F52 Nebraska UNABLE TO DETERMINE INCLUDES PERSONS WITH RACE INDICATED AS OTHER

F53 Nebraska UNABLE TO DETERMINE INCLUDES PERSONS WITH RACE INDICATED AS OTHER

F54 California 'USED UNABLE TO DETERMINE' FOR RACE OF HISPANIC OR MEXICAN OR CENTRAL AMERICAN OR SOUTH AMERICAN AND 'YES' FOR HISPANIC ORGIN

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Element State Note

CODE

F56 Georgia Record Number 004419279801 is still in care and was erroneously discharged on 120505.

F57 Nebraska STATE HAS CAPACITY TO GENERATE THE TRANSACTION DATE FOR DISCHARGE FROM FOSTER CARE.

F58 Iowa Placement with a suitable person includes placement with a relative, guardian or other suitable person. Iowa does not use emancipation. Clients coded as such have aged out of the system.

F58 Nevada Frequency of children released to a legal relative guardian = 178 number and 74.16 percent of all guardianship.

F58 Nevada Frequency of children released to a legal relative guardian = 202 number and 75.37 percent of all guardianship.

F58 Nevada Frequency of children released to a legal relative guardian = 218 number and 86.50 percent of all guardianship.

F58 Nevada Frequency of children released to a legal relative guardian = 223 number and 1.00 percent of all guardianship.

F58 Nevada Frequency of children released to a legal relative guardian = 181 number and 18100.00 percent of all guardianship.

F58 Nevada Frequency of children released to a legal relative guardian = 198 number and 3960.00 percent of all guardianship.

F58 Nevada Frequency of children released to a legal relative guardian = 166 number and 3320.00 percent of all guardianship.

F58 Pennsylvania Total Number of Deaths: 4. Caused by natural causes (4).

F58 Pennsylvania Total Number of Deaths: 6. Caused by: accidents (4); natural causes (2).

F59 Florida THIS ELEMENT IS CODED BASED ON IV-E ELIGIBILITY OF THE CHILD. IF THE PLACEMENT IS NOT ELIGIBLE, PAYMENTS WILL NOT BE IV-E.

F59 Tennessee This is a subsequent file for AFCARS report period Oct 1,2005 - March 31,2006 that contains a correction for data element 59 IVE where this data element was previously under reported as applies.

F60 Florida THIS ELEMENT IS CODED BASED ON IV-E ELIGIBILITY OF THE CHILD.

F61 Florida THIS ELEMENT IS CODED BASED ON IV-A ELIGIBILITY OF THE CHILD.

F62 Nebraska TITLE IV-D INFORMATION IS CURRENTLY NOT AVAILABLE.

F63 Florida THIS ELEMENT IS CODED BASED ON TITLE XIX ELIGIBILITY OF THE CHILD.

F64 Florida THIS ELEMENT IS CODED BASED ON SSI ELIGIBILITY OF THE CHILD.

F66 Florida INCLUDES ONLY CHILDREN ENTERED IN THE INTERIM CHILD WELFARE SERVICES INFORMATION SYSTEM (ICWSIS) AND SACWIS WITH THE SAME CLIENT IDENTIFICATION NUMBER.

F66 Florida MOST RECENT MONTHLY AMOUNT PAID FOR MAINTENANCE ONLY.

F66 Iowa The receipt of IVD payments is recorded here, however they are not included in the total, since they are applied to the State of Iowa's general fund, not to the child's individual case.

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VITA

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