DEPARTMENT OF
Children &
Family Services

Protecting Louisiana's Children

Senate Select Committee on Women and Children | August 17, 2026

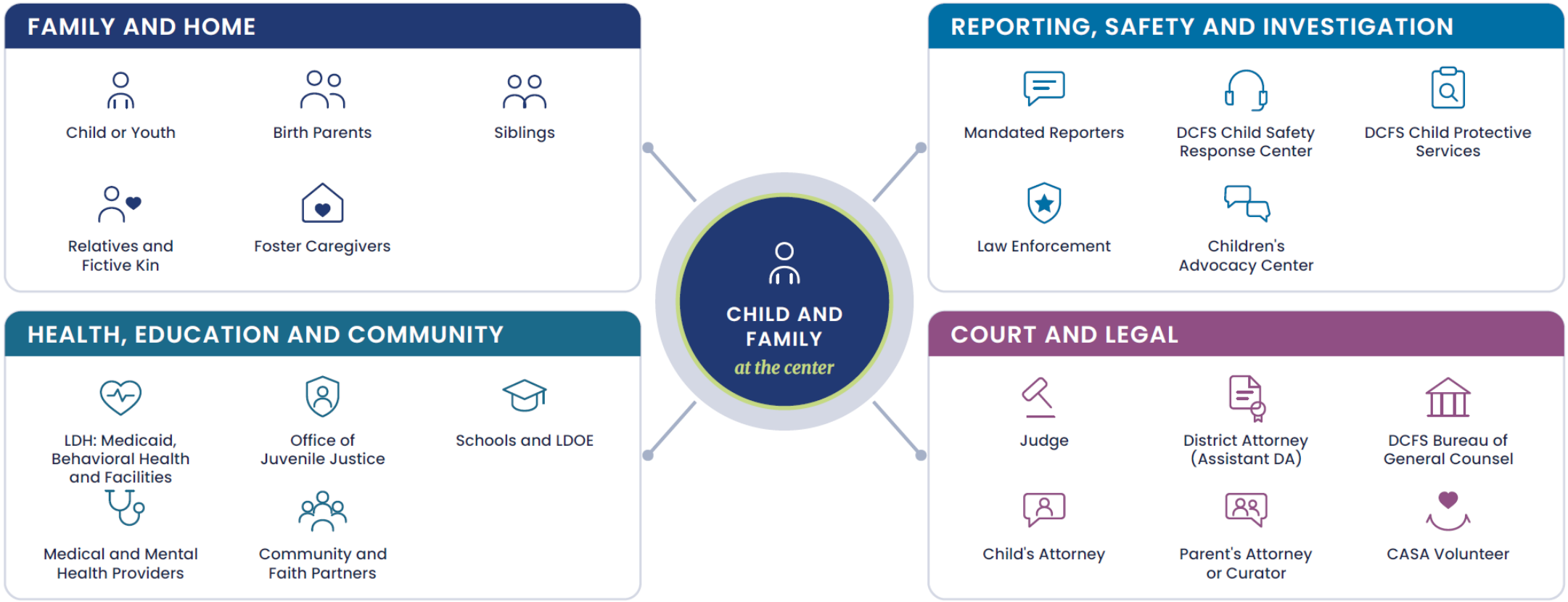
AI tools were used to assist in preparing this document.

DEPARTMENT OF
Children &
Family Services

It is the mission of the department to protect children, empower families, and strengthen communities so every child grows up safe, stable, and strong.

One Accountable Continuum, Many Partners

DEPARTMENT OF Children & Family Services



DCFS is Accountable Across Every Stage

DEPARTMENT OF Children & Family Services

Prevention and community support

Families get help before harm occurs.

WHO IS INVOLVED

- Community and faith partners
- Schools and LDOE
- Health providers
- My Community Cares
- Medicaid
- FITAP
- SNAP
- 988 Parent Support

A report is made

A concern is reported. The level of risk assigned sets the response.

WHO IS INVOLVED

- Mandated reporters
- DCFS Child Safety Response Center
- Law enforcement

Assessment or investigation

Lower risk is assessed. Higher risk is investigated.

WHO IS INVOLVED

- DCFS Child Protective Services
- Law enforcement
- Children's Advocacy Center
- Multidisciplinary team

Safety at home

Services or a court order that keep the child safely at home.

WHO IS INVOLVED

- Birth parents
- Relatives and fictive kin
- Judge
- Parent's attorney
- My Community Cares
- Family Preservation Court

DEPARTMENT OF Children & Family Services

Removal and placement

Only when nothing else keeps the child safe. A judge decides.

WHO IS INVOLVED

- Judge
- Relatives and fictive kin
- Foster caregivers
- Child attorney and Parent Attorney
- Residential care facilities
- Community foster parent supports

Court case and case plan

The court decides the case and approves the family's plan.

WHO IS INVOLVED

- Judge
- District attorney
- DCFS Bureau of General Counsel
- Child's and parent's attorneys
- CASA

Services and reunification

Treatment and visitation work toward a safe return home.

WHO IS INVOLVED

- LDH: Medicaid and behavioral health
- Medical and mental health providers
- Schools and LDOE
- Office of Juvenile Justice
- My Community Cares

Permanency

A permanent home for the child, in the priority order the law sets.

WHO IS INVOLVED

- Judge
- Adoptive and guardianship families
- Relatives and fictive kin
- Unite Ministries
- Wendy's Wonderful Kids

How the DCFS Continuum Serves Children & Families

DEPARTMENT OF Children & Family Services

A

“AMAYA” | AGE 7

A child who needs safety without losing connection to family, school, and community.

THE REPORT

DCFS received a report involving inadequate supervision and her mother’s substance use. The safety assessment identified serious concerns, along with relatives and community supports that could help stabilize the family. A court ordered safety plan was issued.

THE COORDINATED RESPONSE

A maternal aunt joined the court-ordered safety plan as the safety monitor. Community providers connected Amaya’s mother with treatment, parenting support, and transportation. DCFS coordinated the case with the family, school, providers, and court.

PRESERVING CONNECTION

Amaya's mom failed a drug test, and it was determined that Amaya could not remain safely at home. She was temporarily placed with her aunt. She remained connected to family, school, and community while her mother continued working toward reunification.

MOVING TOWARD REUNIFICATION

As safety requirements were met, visits increased and the family prepared for Amaya’s safe return. DCFS continued assessing safety, coordinating the case plan, and determining whether progress could be sustained.

THE CONTINUUM AT WORK

REPORT → SAFETY ASSESSMENT → RELATIVE ENGAGEMENT → KINSHIP PLACEMENT → SERVICES + VISITATION → REUNIFICATION PLANNING

Commitments to this Committee

Measures for today's public updates:

1. **Online and hotline child abuse reporting procedures**
   Report volumes, AHT, ASA, CAB, trends
2. **Reorganization and reclassification of staff**
   Backlog and case counts, turnover rates, vacancies, frontline investment
3. **Child abuse and neglect, fatalities**
   CIRT, investigations, lives lost, public reporting, maltreatment
4. **Act 960 of 2026RLS**
   Implementation progress
5. **Foster care rate increases**
   Listening sessions, rate development, medical

DCFS will provide:

- Accurate data
- Transparent reporting about gaps
- Clear improvement plans
- Regular public updates

Priority Actions Completed and those Underway Now

DEPARTMENT OF Children & Family Services

YEAR 1 | FOUNDATION

- ✓ Strengthened frontline workforce and training
- ✓ Stabilized the Child Safety Response Center
- ✓ Significantly reduced the child welfare investigation backlog, and established practice to prevent backlog
- ✓ Joined NPCS and hosted legislative roundtable
- ✓ Implemented CIRT
- ✓ Implemented Electronic Visit Verification
- ✓ Added Internal Affairs and law enforcement expertise
- ✓ Established a dedicated child welfare clinical team
- ✓ Established a prevention partnership with Woman's Hospital
- ✓ Moved more children to permanency
- ✓ Advanced AH4EC and protected youth benefits
- ✓ Updated foster care board rates
- ✓ Improved Medicaid coordination
- ✓ Modernized foster and kinship family certification
- ✓ Launched a new website to support families

YEAR 2 | PROTECT, EMPOWER, STRENGTHEN

- ❑ Implement partnership with LCTCS for hospital sitters
- ❑ Expand child welfare clinical team statewide
- ❑ Achieve AH4EC
- ❑ Enhance partnership with Geaux 4 Kids
- ❑ Improve investigative integrity with recordings
- ❑ Modernize foster parent certification with HomeReady
- ❑ Implement differentiated response with Right Response
- ❑ Improve foster parent communication with HomePulse
- ❑ Begin child welfare system modernization
- ❑ Implement incentive plan for improved outcomes
- ❑ Stabilize workforce with market-approved salaries
- ❑ Partner with children's museums for family-like visitations
- ❑ Increase trauma-informed parent support with Via Link partnership
- ❑ Enhance community-based care and post-permanency support
- ❑ Promote system-wide improvement with AG CIRT

How Reports are Received

DEPARTMENT OF Children & Family Services

Child protection hotline

1-855-4LA-KIDS, answered 24 hours a day, every day of the year. Use the hotline for anything that needs immediate help, and for any report involving sex trafficking.

Average speed of answer: 39 seconds, July 2026

Mandated Reporter Portal

Online reporting for mandated reporters when the concern is not an emergency.

Training and portal access: dcfs.la.gov/mandated-reporters

In person

Anyone may make a report in person at any child welfare office in the state.

Office locations: dcfs.la.gov/directory

Through law enforcement

Officers call the hotline and choose option 1. A report made to law enforcement that names a parent, caretaker or household member comes to DCFS within twenty-four hours.

Law enforcement: call 1-855-4LA-KIDS, option 1

Email is not a way to report

DCFS does not accept reports of child abuse or neglect by email, and does not recommend it. An emailed concern is not a substitute for calling the hotline.

Not a reporting channel. Call the hotline.

Beginning January 1, 2027, a mandated reporter who calls the hotline will no longer have to send a separate written report afterward.

How Reports are Prioritized

DEPARTMENT OF Children & Family Services

DCFS assigns a level of risk, and the level sets the response

HIGH RISK

Investigated, and the investigation begins promptly.

INTERMEDIATE RISK

Investigated, with the same steps as a high-risk report.

LOW RISK

Assessed rather than investigated. The family is connected to community help.

Elements of an Investigation

Interviews with the child and with the parents or caretaker, interviews with others who have information about the child's care and well-being, the nature and cause of the harm, medical information about the child, and any existing custody or visitation order involving the person named in the report. Medical exams may be conducted as well as a forensic interview in cases alleging sexual abuse, physical abuse, or severe neglect.

DCFS refers to other partners

Children's Advocacy Center and multidisciplinary team

Reports of sexual abuse or severe physical abuse are referred for a forensic interview and reviewed by a team of professionals.

Law enforcement

Reports alleging abuse or neglect by someone other than a caretaker go to law enforcement within twenty-four hours.

Reports involving physical abuse, sexual abuse and severe neglect are co-investigated with DCFS.

Louisiana State Police

Reports involving suspected child sex trafficking are referred as soon as possible.

How Reports are Disposed

DEPARTMENT OF Children & Family Services

1

Removal is necessary

DCFS asks a judge to remove the child. Only a judge can order it.

2

The child can stay home under a court order

DCFS asks a judge for a protective order or a safety plan order. The child remains at home.

3

Substantiated

The report is substantiated. DCFS reports it to the district attorney within thirty days.

4

Inconclusive

The evidence points toward abuse or neglect, but is not enough to substantiate it.

5

Unsubstantiated

The evidence does not support a finding of abuse or neglect.

6

Appears false and knowingly made

The report is referred to the district attorney.

HELP IS NOT LIMITED TO SUBSTANTIATED CASES

Whatever the determination, DCFS may offer information, referrals or services when a family needs medical, mental health, social, basic support or supervision help. Most reports are resolved without a child ever leaving home.

IF THE CASE GOES TO COURT

Before a child can be removed, a judge must find that DCFS first tried to keep the child safely at home. From that point the court, not the department, decides where the child lives and approves the plan for the family.

Reporting Performance & Improvement

DEPARTMENT OF Children & Family Services

CALLS ANSWERED
95.9% July 2026
83.4% in January 2025

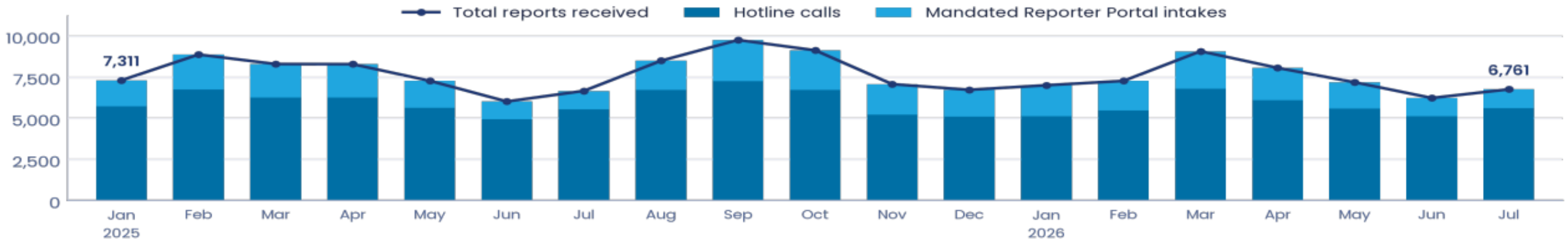
AVERAGE SPEED TO ANSWER
0:39 July 2026
4:42 in January 2025

CALLS ABANDONED
4.1% July 2026
16.6% in January 2025

AVERAGE HANDLE TIME
19:27 July 2026
23:30 in January 2025

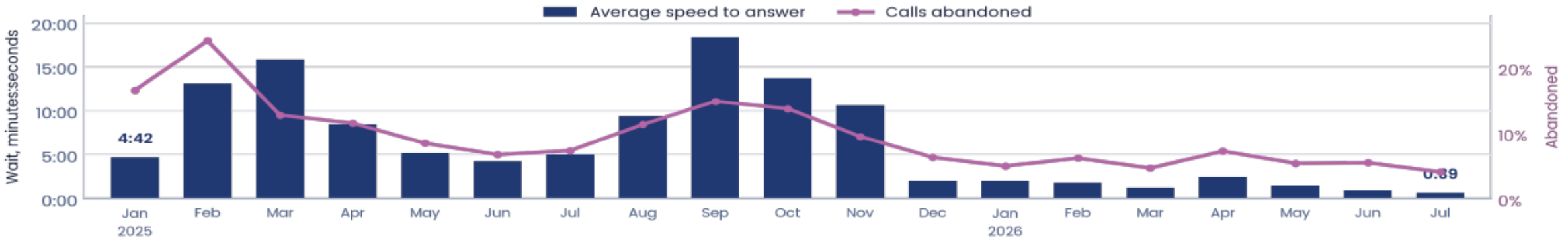
Reports arriving each month

Hotline calls and portal intakes. Volume rises during the school year.



How long callers wait, and how many hang up

Average speed to answer, with the share of callers who abandoned the call



Reorganization & Workforce Changes

DEPARTMENT OF Children & Family Services

DCFS SECRETARY
Rebecca Harris

MANAGEMENT & FINANCE
Christopher Bahm

Office of the Secretary
Communications • Internal Audit • General Counsel • Women's Policy

Administrative, training, and safety services • Budget • Cost allocation • Digital services • Fiscal services • Government affairs • Human resources • Policy and planning • Procurement - Response Center

CHILD WELFARE
Connie Guillory

DIRECT PRACTICE
Leslie Lyons

CPS
Family Services
Foster Care Adoptions
Extended Foster Care

CARE CONNECTIONS
Christy Tate

Licensing & Certification
Matching • Recruitment and Training

MEDICAL OPERATIONS
Dr. Rebecca Hook

Clinical consultation • Medical review • Claims and Compliance • Health Liaison

PLANNING & PROGRAMS
Leslie Calloway

External Affairs • State Activities • Federal Programs

TRAINING & CONTINUOUS QUALITY IMPROVEMENT

CQI • Training

FAMILY SUPPORT
Charles Watkins

Child Support Enforcement

Temporary Assistance for Needy Families (TANF)

Clearer ownership, stronger supervision, faster escalation of high-risk cases, and more consistent statewide practice.

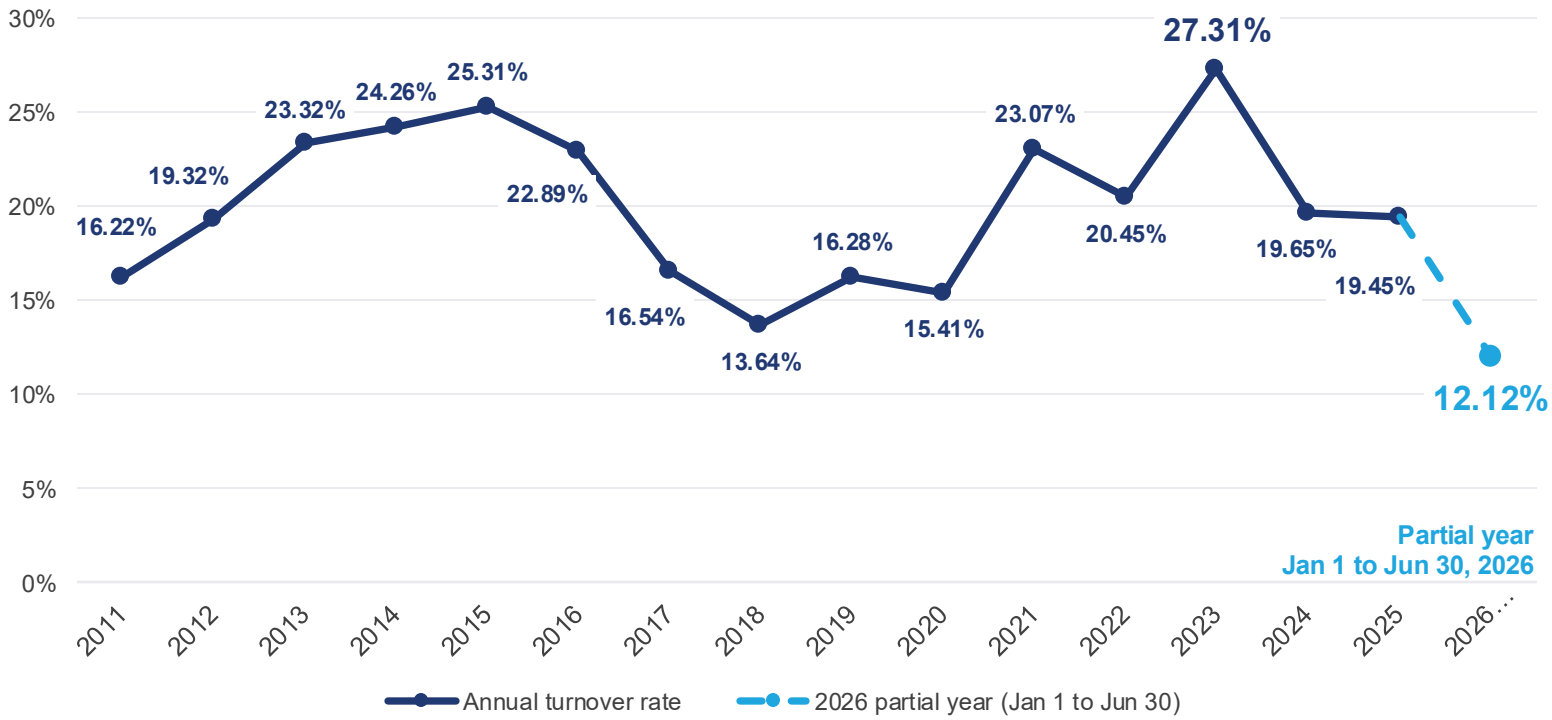
Vacancy Rates in Child Welfare

Authorized T.O. of 1,540. Overall vacancy is 11.2 percent, and 8.3 percent in Direct Practice, which holds 82% of the positions.

PROGRAMMATIC AREA	FILLED	VACANT	AUTHORIZED	VACANCY RATE
Administration	3	0	3	0.0%
Direct Practice	1,165	105	1,270	8.3%
CSRC	52	4	56	7.1%
Care Connections	98	0	98	0.0%
Training & CQI	29	49	78	**62.8%**
Medical Operations	3	5	8	**62.5%**
Planning & Programs	17	10	27	**37.0%**
Total	**1,367**	**173**	**1,540**	**11.2%**

Training & CQI, Medical Operations and Planning & Programs report high vacancy rates largely associated with the recent restructure.

Child Welfare Turnover Down 29% and Below Its 15-Year Average



THE TREND

29% lower

From a 27.31% peak in CY 2023 to 19.45% in 2025, a drop of 7.86 points.

THE BASELINE

20.21%

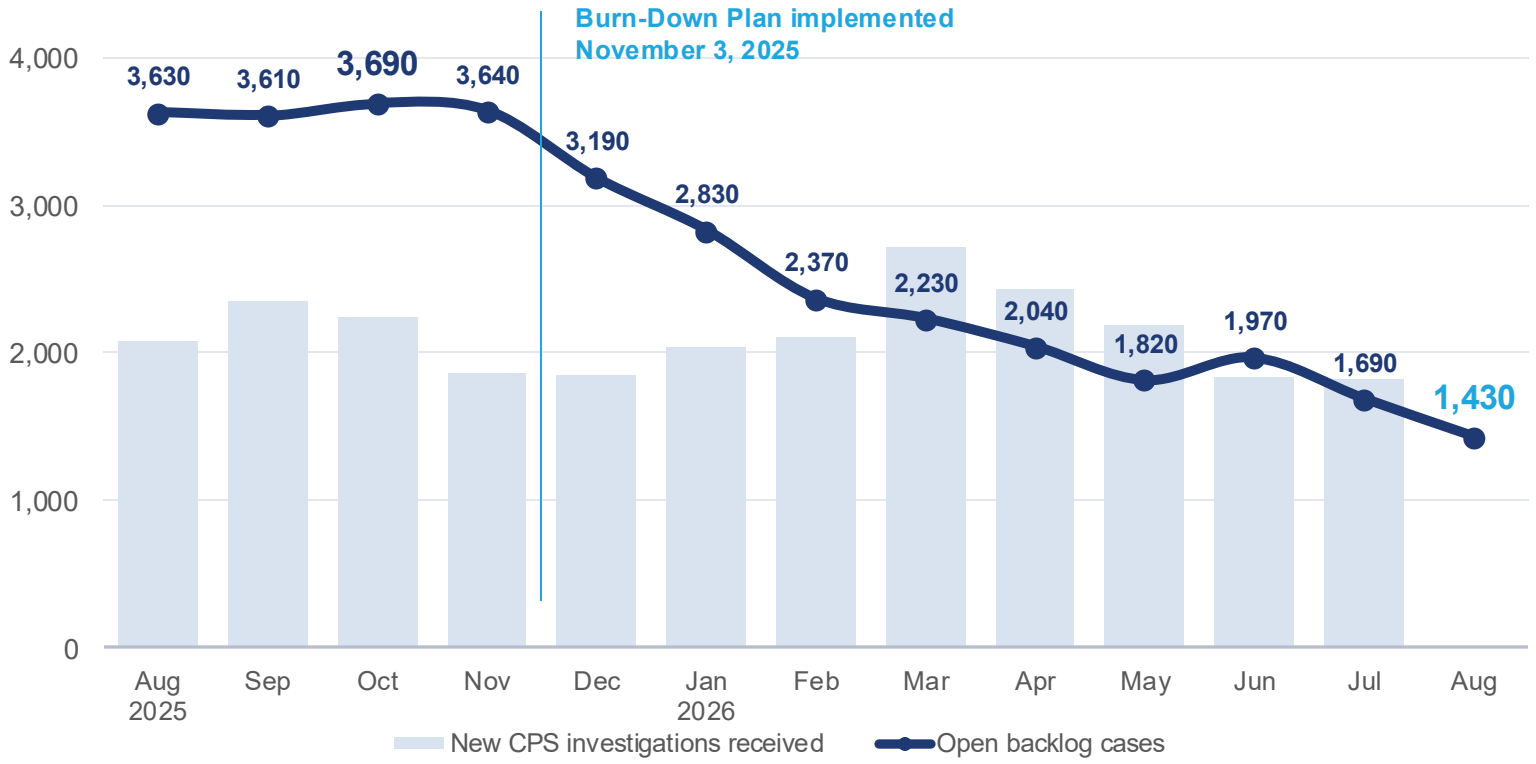
Average turnover across the 15 full calendar years from 2011 through 2025. Both 2024 and 2025 fell below it.

WHY IT MATTERS

Improvements to structure, caseload, training, and recruitment are yielding decreased turnover in staff.

National studies note that workforce stability is a common factor among states with good CFSR outcomes.

Backlog Down 61% While New Investigations Held Steady



THE BACKLOG

61% cleared

From a peak of 3,690 open cases in October 2025 to 1,430 on August 1, 2026.

THE WORKLOAD

25,527

New CPS investigations received over the same twelve months, averaging 2,127 a month and never below 1,824.

WHY IT MATTERS

A persistent backlog can increase risks to child safety and place additional pressure on staff caseloads. The reduction gives staff greater capacity to manage cases effectively, strengthen timely decision-making, and improve services.

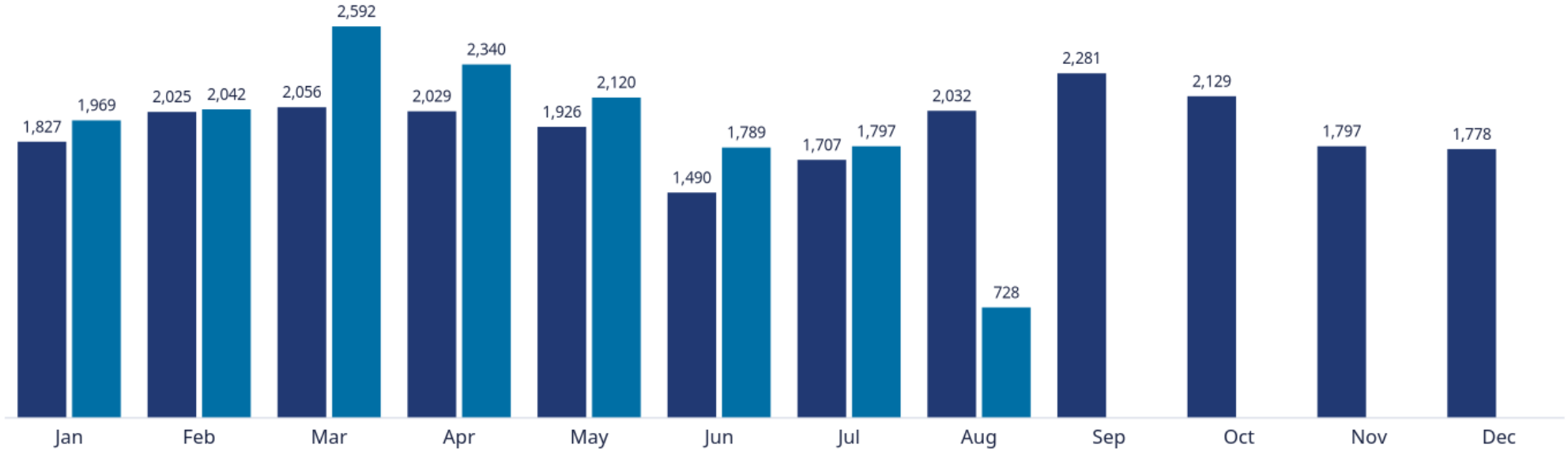
CY 2025 and 2026 Investigation Data and Trends

DEPARTMENT OF Children & Family Services

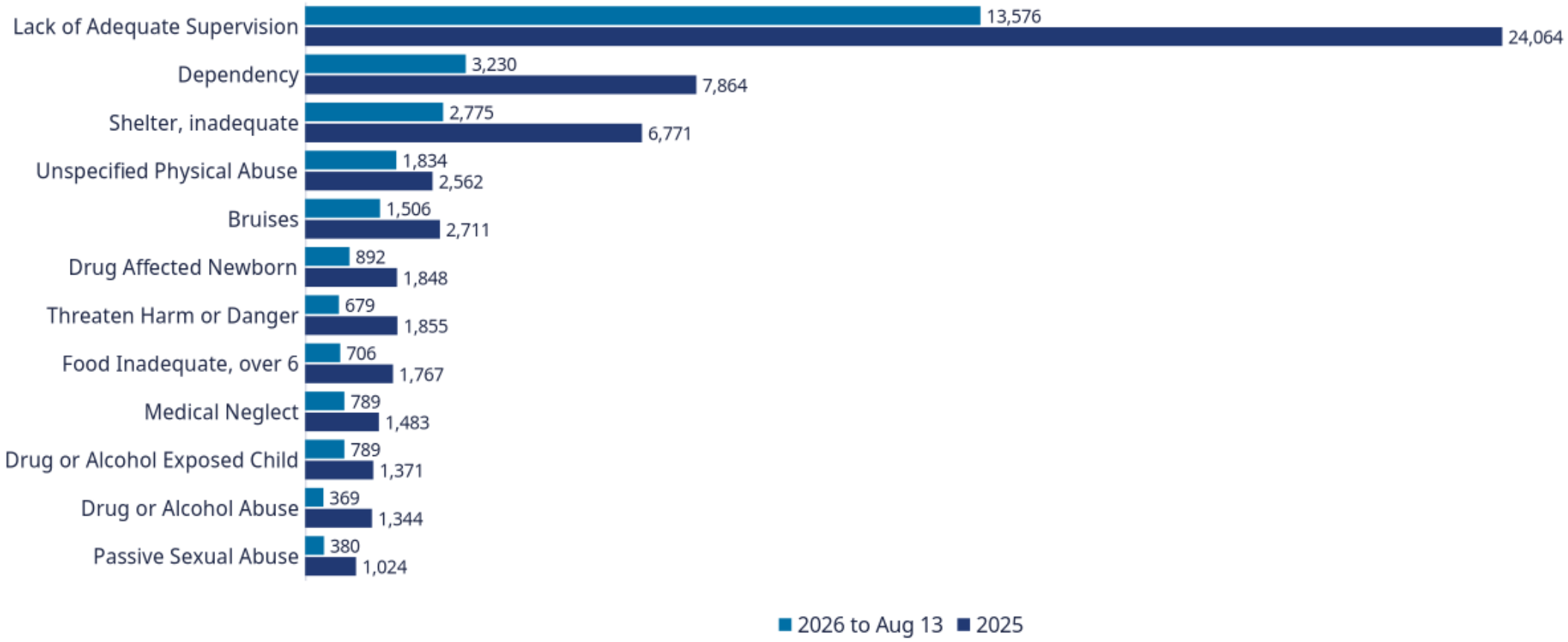
INVESTIGATIONS OPENED	
2025	23,077
2026 to Aug 13	15,377

ALLEGATIONS INVESTIGATED	
2025	66,226
2026 to Aug 13	38,599

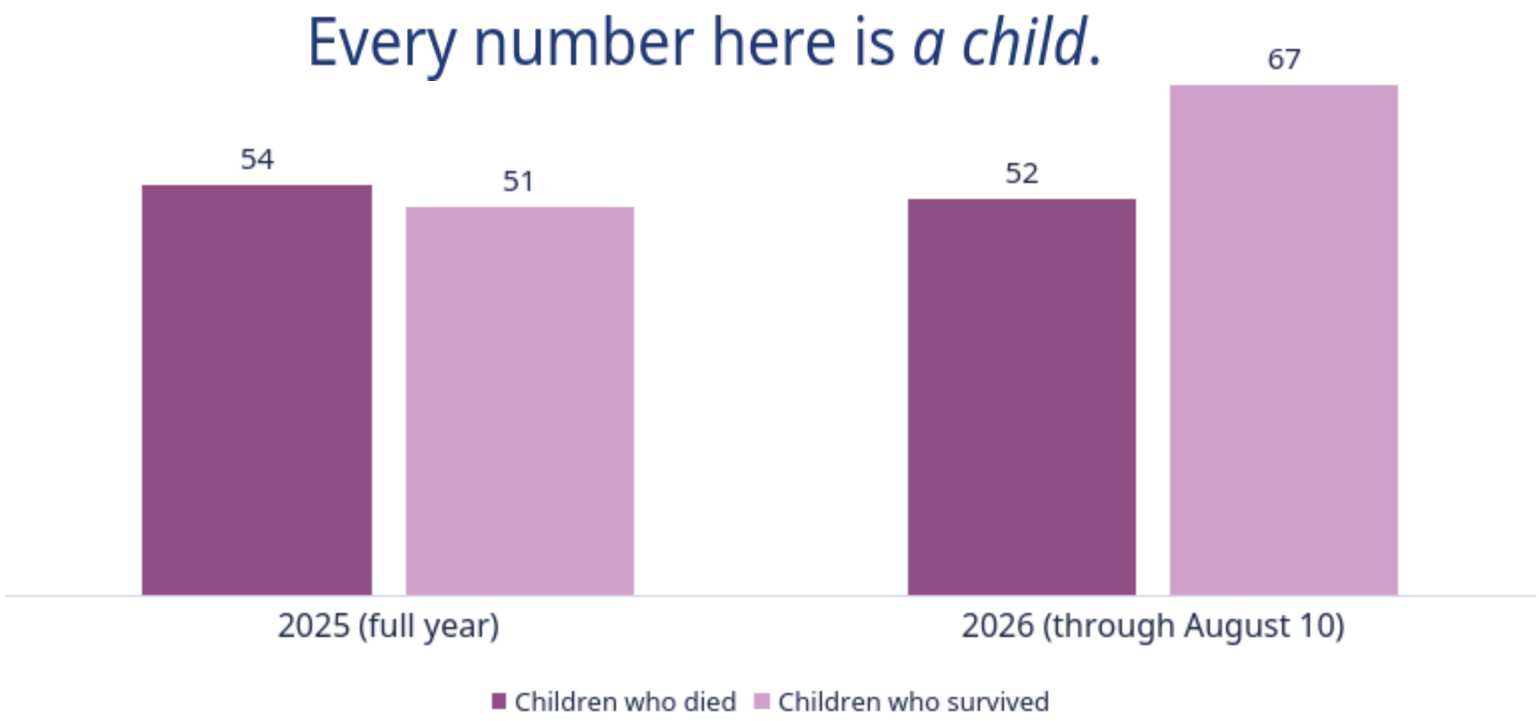
ALLEGATIONS PER INVESTIGATION	
2025	2.87
2026 to Aug 13	2.51



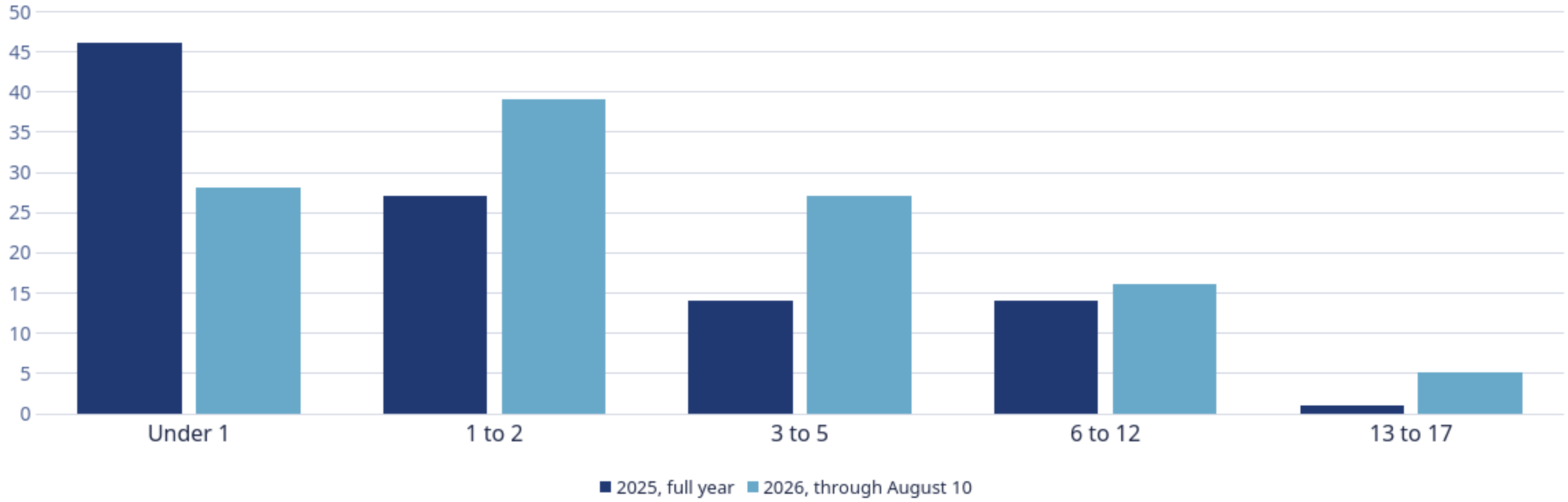
The Twelve Most Common Allegations



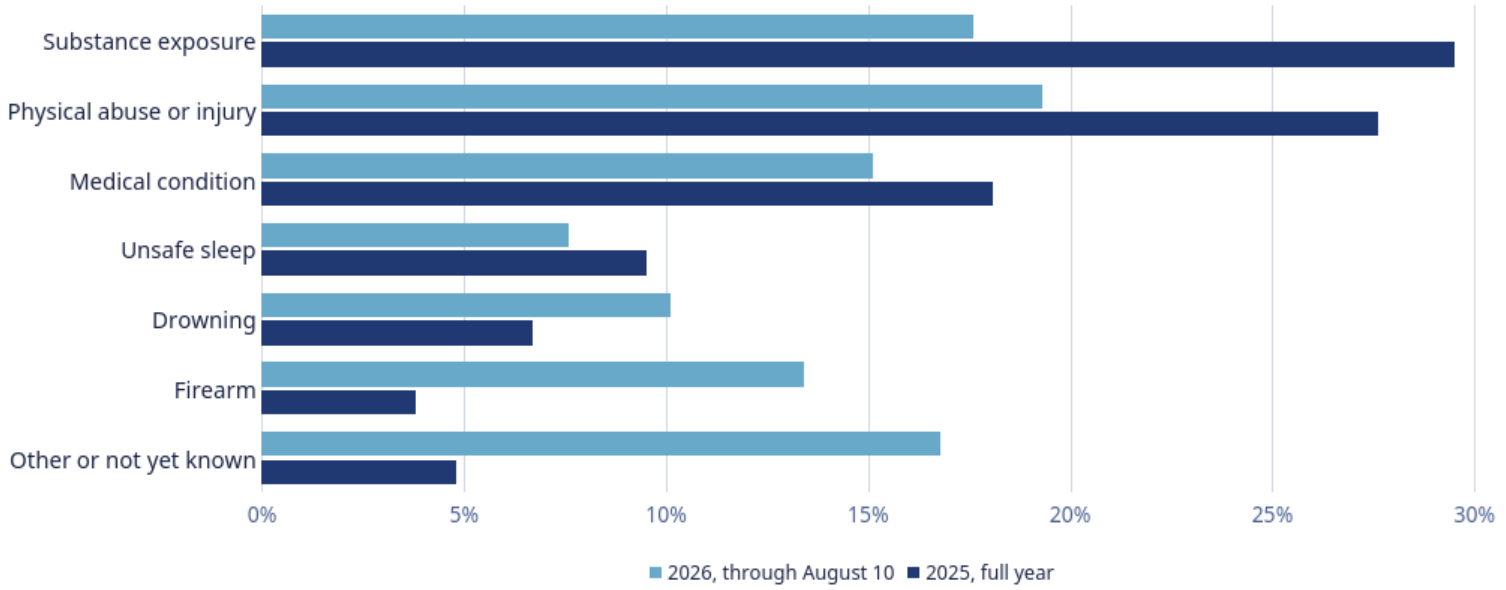
CY 2025 and 2026, Investigations of Child Abuse and Neglect Fatalities (CANF) and Life-Threatening Injury (LTI)



CY 2025 and 2026, Investigations of CANF/LTI by Age



CY 2025 and 2026, Investigations of CANF/LTI by Allegation



FOUR LESSONS FROM THE 2026 RECORDS

Age is the strongest signal.

Infants under 1 are 35.2 percent of fatalities but only 15.9 percent of near fatalities. When the child is an infant, the incident is markedly more likely to be fatal.

Unsafe sleep gives no second chance.

All 8 unsafe sleep or asphyxia records are fatalities, with no near-fatality counterpart. 6 of the 19 infant fatalities fall in this cause.

Substance exposure is a warning we still get.

21 of 22 substance records are near fatalities. The child survives, so these are the cases the Department can still reach.

Firearm access is the largest single cause of death.

More fatality records than any other cause. Prevention at this scale reaches beyond the Department, and it is raised here for the Committee.

Ten-Year Trend by FFY, Substantiated (CANF)

CY 2025 and 2026, Substantiated CANF Patterns and Prevention Priorities

DEPARTMENT OF Children & Family Services

CAUSE OF SUBSTANTIATED FATALITY, SIDE BY SIDE

CAUSE	2025 — FULL YEAR	2026 — THROUGH AUG 8
Firearm	1	10
Inflicted trauma	11	3
Medical or neglect-related medical	4	3
Drowning or submersion	2	3
Unsafe sleep or asphyxia	4	2
Substance exposure or ingestion	2	0
Other injury or accident	5	3
Cause pending or unrecorded	0	1
Total substantiated fatalities	**29**	**25**

WHAT CHANGED BETWEEN THE TWO YEARS

Firearm: 1 → 10

Now the leading substantiated cause. Eight of the ten were children killed in a single Shreveport case.

Inflicted trauma: 11 → 3

The 2025 leader, where physical abuse was the recorded injury in nine of the ten.

PREVENTION PRIORITIES

PRIOR DCFS INVOLVEMENT

16 of 29 → 10 of 25

Involvement is defined as the perpetrator or the victim having a previous case with DCFS.

CHILDREN UNDER 3

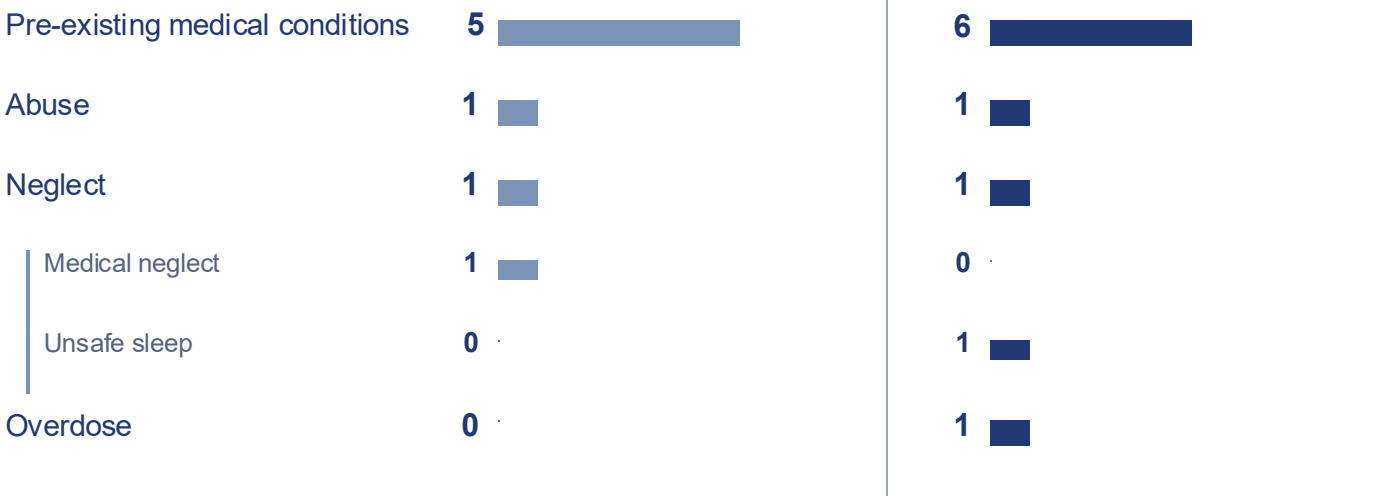
22 of 29 → 9 of 25

The 2026 fatalities reflects the Shreveport case.

CY 2025 and 2026 Deaths of Children in DCFS Custody

CAUSES OF DEATH BY YEAR

CAUSE	2025 — FULL YEAR	2026 — THROUGH AUG 8
Pre-existing medical conditions	5	6
Abuse	1	1
Neglect	1	1
Medical neglect	1	0
Unsafe sleep	0	1
Overdose	0	1
Total deaths in foster care	**7**	**9**



WHAT IS REVIEWED — AND WHAT CHANGES

TODAY
Currently, CIRT review every death involving an allegation of abuse or neglect—two of the eight deaths in each period.

GOING FORWARD
Every death of a child in foster care will be included in CIRT, regardless of whether an abuse or neglect allegation is made.

AGENCY RESPONSE

In 2026, a certified foster caregiver was arrested and charged with second-degree murder and obstruction of justice.

DCFS removed the other child from the home, stopped further placements with the caregiver, and referred the matter to law enforcement and the district attorney's office. This is an ongoing criminal and DCFS investigation.

DEPARTMENT OF
Children & Family Services

Safety science provides a framework and processes for child protection agencies to understand the inherently complex nature of the work and the factors that influence decision-making.

NPCS, on what is safety science, and how is it applied in child welfare

How Reviews Lead to Corrective Action

DEPARTMENT OF Children & Family Services

EVERY REVIEW ASKS THE SAME FIVE QUESTIONS

Weekly on every new case. Monthly on what the cases show together.

Clinical

What the child's health and behavior showed, and whether a medical expert was brought in.

Policy

Whether our written rules gave staff a clear answer for the decision in front of them.

Practice

What staff actually did, and where that differed from what the rules expect.

Personnel

Whether the right staff were in place, with a workable caseload and a supervisor engaged.

Training

What staff were prepared to do, and where preparation fell short.

WHAT THE REVIEWS FOUND, AND WHAT CHANGED

Three examples from the reviews.

WHAT THE REVIEWS SAW

Unsafe sleep kept appearing as a cause of infant deaths.

WHAT CHANGED

Safe sleep became a primary focus. Training was built and delivered to every Area Director and Regional Administrator, and the materials went out to local offices.

WHAT THE REVIEWS SAW

The same situation was being handled differently from one office to another.

WHAT CHANGED

Standing meetings every two weeks on policy and practice, so offices across the state work from the same expectations.

WHAT THE REVIEWS SAW

A drug new to Louisiana began showing up in cases.

WHAT CHANGED

Training on how to recognize it and how to respond was written and delivered to staff in the field.

WHY THE REVIEW IS BUILT THIS WAY

The review asks what in the system allowed this to happen, and what to change. It is not a search for someone to blame. Individual accountability is handled separately.

WHERE THE METHOD COMES FROM

Louisiana is a member of the National Partnership for Child Safety, a national group of agencies applying safety science, the approach hospitals and others use to learn from serious events.

AG Critical Incident Review Team

ONE ACCOUNTABLE CONTINUUM, MANY PARTNERS

The Attorney General will convene and chair the Critical Incident Review Team by January 1, 2027. DCFS has extended NPCS membership to the AG office to support learning and improving. DCFS remains accountable for implementation and results based on CIRT recommendations.

From Today's Report Prioritization to Right Response

DEPARTMENT OF Children & Family Services

Both models start the same way. A report reaches the DCFS Child Safety Response Center, which takes reports 24 hours a day. Right Response changes nothing about how a report is made or received. Intake staff complete new child welfare telecommunicator training.

TODAY	UNDER RIGHT RESPONSE
Intake assigns one of three levels of risk The assignment rests on what the reporter provides, and it decides which of three paths the report takes.	**Intake triages the report to one of five tiers** Published criteria, applied the same way in every region. Safety factors set the clock. Risk factors set the tier.
High or intermediate risk Investigated promptly. No response clock is published in rule.	**At Risk: a referral, with no CPS case** A referral letter goes to the family's nearest Community Pathways Network provider, and the referral is recorded.
Low risk Assessed instead of investigated. The one response time set in rule today is 24 hours to five days.	**Low or Medium: an assessment** A social worker engages the family within 7 or 5 days and connects services before any investigation.
Not accepted The report is closed. The rule contemplates a referral, but names no destination, no record and no follow-up.	**High or Immediate: an investigation** An investigator responds within 24 hours or 2 hours and establishes whether the child is safe.
THE GAP TODAY A family whose report is not accepted leaves with nothing.	**WHAT CHANGES** Every family leaves connected to a response.

Intervene Differently. Protect Decisively.

DEPARTMENT OF Children & Family Services

Referral **At Risk**	7 days **Low Risk**	5 days **Medium Risk**	24 hours **High Risk**	2 hours **Immediate Risk**
A referral to a community provider. No child protection case opens.	A social worker engages the family and connects services.	The same assessment response, on a faster clock.	An investigator responds and establishes whether the child is safe.	An investigator responds the same day. A present danger is indicated.

Referral to a community provider	Assessment track a family assessment, services first	Investigation track a child protection investigation

Three things about a child raise the response on their own

A child age 0 to 3, especially under 1

The youngest children carry the highest maltreatment fatality rate of any age group.

Prenatal drug or alcohol exposure

Triggers a Plan of Safe Care and, at minimum, an assessment response.

A prior child protection report or history

A prior report, even one that was not confirmed, is the strongest single predictor of a young child's injury death.

A report carrying any one of these cannot be routed to At Risk at screening alone. It receives at minimum an assessment response, with supervisory review.

Act 960 Implementation

DEPARTMENT OF Children & Family Services

REQUIREMENT	WHAT THE ACT REQUIRES	OWNER	STATUS	NEXT MILESTONE	EVIDENCE
Designated fatality liaison R.S. 46:51(18)	An employee designated as primarily responsible for overseeing all matters regarding child fatalities and near fatalities, including notification to the state child ombudsman.	**DCFS**	COMPLETED		DCFS designated an employee within Medical Operations
Law enforcement liaison R.S. 46:51(17)	A statewide liaison with previous law enforcement experience, serving as a resource for referrals and to facilitate joint investigations. Must be filled from an existing position.	**DCFS**	COMPLETED		Position filled 05/18/2026
Critical incident review team R.S. 46:52.2	Nine members chaired by the Attorney General's designee, meeting at least quarterly, reviewing every substantiated fatality and near fatality. Members furnish information in thirty days.	**AG chairs; DCFS coordinates**	COORDINATING	Members October 2026 Effective January 2027	Seated roster, first meeting notice
Ombudsman notification R.S. 24:525(E)	Written notice within three business days of receiving a report of a fatality or near fatality under investigation, and again within three business days after it concludes.	**DCFS**	COMPLETED		Workflow built Q4 2026 Notification log with timestamps
Forensic interview referrals Ch.C. Art. 508(C)	Any child reported as suspected of sexual or severe physical abuse must be referred to a child advocacy center, notified within 72 hours, which notifies the team within 24 hours.	**DCFS and law enforcement**	COORDINATING	Procedures with CACs Q4 2026	Executed referral procedures
Investigation timeframes and reporting procedure Ch.C. Arts. 612(A), 610	High-risk reports investigated immediately; for sexual abuse the preliminary interview is limited to immediate safety. Reporter contact notice added and the five-day written report repealed.	**DCFS**	IN PROGRESS	Materials revised Q4 2026	Revised portal screens and scripts

Foster Care Board Rates

DEPARTMENT OF Children & Family Services

Daily board rates by age group. Louisiana ranked fifth or sixth among these seven states before July 1, 2026, and ranks second or third in every group after.

STATE	0 TO <2	2 TO 5	6 TO 12	13 TO 17	LAST UPDATED
Texas	$31.20	$31.20	$31.20	$31.20	09/01/2019
Tennessee	$29.61	$29.61	$30.23	$33.95	07/01/2020
Louisiana as of 07.01.26	**$29.60**	**$29.19**	**$30.84**	**$31.73**	**07/01/2026**
Mississippi	$26.83	$26.83	$29.16	$32.04	02/01/2020
Alabama	$20.27	$20.72	$21.39	$21.96	10/01/2019
Louisiana prior to 07.01.26	$19.47	$16.95	$18.69	$20.86	07/01/2021
Florida	$17.61	$17.61	$18.06	$21.14	01/01/2021
Arkansas	$14.92	$14.92	$16.17	$17.76	01/01/2021

FOSTER PARENTS INFORMED THE RATES

508 responses

Of the 1,678 caregivers surveyed, 508 responded, a 30% response rate at 95% confidence. 42% of the responses were for the age group 0 to 2.

THE RATE IMPACT

95% increase

Under the tightest buffer tested, 1,627 of 1,709 caregivers with a rate on file recognize an increase. Some foster parents receiving a special board will continue receiving the payment and it will be individually reviewed.