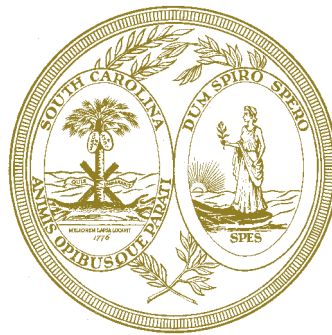


**2014 Data Reference Book
Joint Citizens and Legislative
Committee on Children**



Joint Citizens and Legislative Committee on Children

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STATE OF SOUTH CAROLINA
JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

My Fellow South Carolinians:

On behalf of the Joint Citizens and Legislative Committee on Children and its staff from the Children's Law Center of the USC School of Law, we are pleased to provide you with this 2014 Data Reference Book. Earlier this year, the Committee on Children issued its 2014 Annual Report, which contained findings and recommendations for action on a variety of issues impacting the well-being of South Carolina's children. This document will supply you with much of the research to support the annual report.

The Committee on Children studies issues and makes legislative and policy recommendations designed to improve the well-being of children in South Carolina. Annually, the Committee on Children conducts public hearings and collects data to support its policy and legislative work. The data are reported in this data reference book.

The data contained herein indicates that the children of our state face challenges to their health, safety, and education.

We urge you to put this information to good use as you consider the implications of the data and contemplate policy recommendations for future study and action.

Our thanks to all those who contributed to compiling this report. May it serve our children well.

Handwritten signature of Michael L. Fair in blue ink.

Michael L. Fair
Chair

Handwritten signature of Shannon S. Erickson in black ink.

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Vice Chair

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HOW TO USE THIS DATA REFERENCE BOOK

A number of indicators were selected for inclusion in this report to enhance understanding of the well-being of children in the categories of safety (see page 2), health (page 9), education (page 14), responsibility (page 19), and support (page 23). These indicators were selected based on an extensive review of literature and discussion with leaders of child-serving state agencies to comprehensively address priority areas and measure progress across childhood lifespan. Each year the Data Reference Book evolves to inform child welfare professionals in their efforts to keep children safe, healthy, educated, responsible, and supported.

Definitions: Data are presented in counts, percentages, or rates. The analyses are presented as percent change over two different time periods.

Count: the number of cases identified that year. This measure is most useful for determining the impact, or burden, that a condition places on communities or institutions.

Example: In 2012, 101,938 children sustained non-fatal injuries. In 2006, the earliest year, 104,580 children sustained non-fatal injuries.

Percent: a proportion multiplied by 100. This is a standardized measure that is most useful for comparing across populations, such as other states or at the national level.

Example: In 2011, 70% of children in South Carolina were immunized with the 4313314 vaccination series; or 70 out of every 100 children were vaccinated.

Rate: a proportion multiplied by a relevant constant, typically between 1,000 and 100,000. Like a percent, this is another standardized measure that is most useful for comparing to other states or national level data. A rate is more useful for comparing less-common conditions or when more precise estimates are desired.

Example: In 2010, for every 10,000 individuals in South Carolina, 36.9 of them were victims of family violence.

Tables: There are five summary tables, one for each set of indicators: safety, health, education, responsibility, and support. Data from the earliest year are presented in column 1, and are within the range from 2005 – 2009 depending on the particular indicator. Data from the most recent year are presented in column 2, and are within the range of 2011 to 2013, depending on the indicator.

Graphs: Indicators with data from at least three consecutive years are also presented as line graphs, which are useful for observing trends over time. Bar graphs were used to visualize data with multiple subgroups, such as age-groups or types of abuse. In each graph, the year is on the horizontal axis (x-axis) and the count, percent, or rate is on the vertical axis (y-axis).

Relevance: A brief interpretation of the observed trend in South Carolina and a comparison with national levels is included below each graph.

2014 DATA REFERENCE BOOK
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I. Demographics

In 2013, South Carolina was ranked 45th in the nation on overall child well-being by the Annie E. Casey Foundation in its annual *KIDS COUNT Data Book*.¹ There are nearly 1.1 million children living in South Carolina,² and in 2013:

- More than 57,000 children were born in South Carolina³
- 651 children died in South Carolina⁴
- More than 101,000 children suffered non-fatal injuries requiring a hospital or emergency room visit
- More than 285,000 children lived in poverty, which is 27% of the child population⁵
- Over 675,000 children were enrolled in Medicaid⁶
- Approximately 437,000 children were living in single-parent families, which is 43% of the child population⁷
- 57% of all students received subsidized school meals⁸
- 17,971 children were the subject of a child abuse or neglect investigation⁹
- 6,089 children lived in foster care for some period of time¹⁰
- 16,754 cases of delinquency were referred to the family courts¹¹
- 28,124 children received mental health treatment¹²
- 98,923 children received special education services¹³
- 22.5% of all students who started school did not graduate with their peers¹⁴

¹ <http://datacenter.kidscount.org/publications/databook/2013>

² U.S. Census, Quick Facts 2013 Estimate of Children under 18, <http://quickfacts.census.gov/qfd/states/45000.html> (last visited Feb. 5, 2014)

³ S.C. Department of Health and Environment Control, <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx> (last visited Feb. 5, 2014)

⁴ S.C. Department of Health and Environment Control, <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx> (last visited Feb. 5, 2014)

⁵ U.S. Census, Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipe/data/index.html> (last visited Feb. 5, 2014)

⁶ SC eHealth Medicaid Statistics, Children on Medicaid, <http://www.schealthviz.sc.edu/total-members-and-member-months> (last visited February 5, 2014)

⁷ National KIDS COUNT, <http://datacenter.kidscount.org/data/tables/106-children-in-single-parent-families?loc=42&loct=2#detailed/2/any/false/868.867.133.38.35/any/429.430> (last visited Feb. 5, 2014)

⁸ S.C. Dept. of Education, E-Rate - Free and Reduced Meal Eligibility Data 2012-13, <http://ed.sc.gov/data/erate/> (last visited Feb. 5, 2014)

⁹ Fostering Court Improvement, http://www.fosteringcourtimprovement.org/state_websites.php (last visited Feb. 5, 2014)

¹⁰ Fostering Court Improvement, http://www.fosteringcourtimprovement.org/state_websites.php (last visited Feb. 5, 2014)

¹¹ S.C. Department of Juvenile Justice, Juvenile Charges, <http://www.state.sc.us/djj/pdfs/2012-13%20Annual%20Statistical%20Report.pdf> (last visited, Feb 5, 2014)

¹² S.C. Department of Mental Health, unpublished report, Children Receiving Community Treatment. Generated December 2013

¹³ S.C. Department of Education, unpublished report, Children Receiving Special Education Services. Generated January 2014

¹⁴ S.C. Department of Education, unpublished report, Four Year High School Graduation Rate generated January 2014

II. Safety Indicators of Child Well-Being

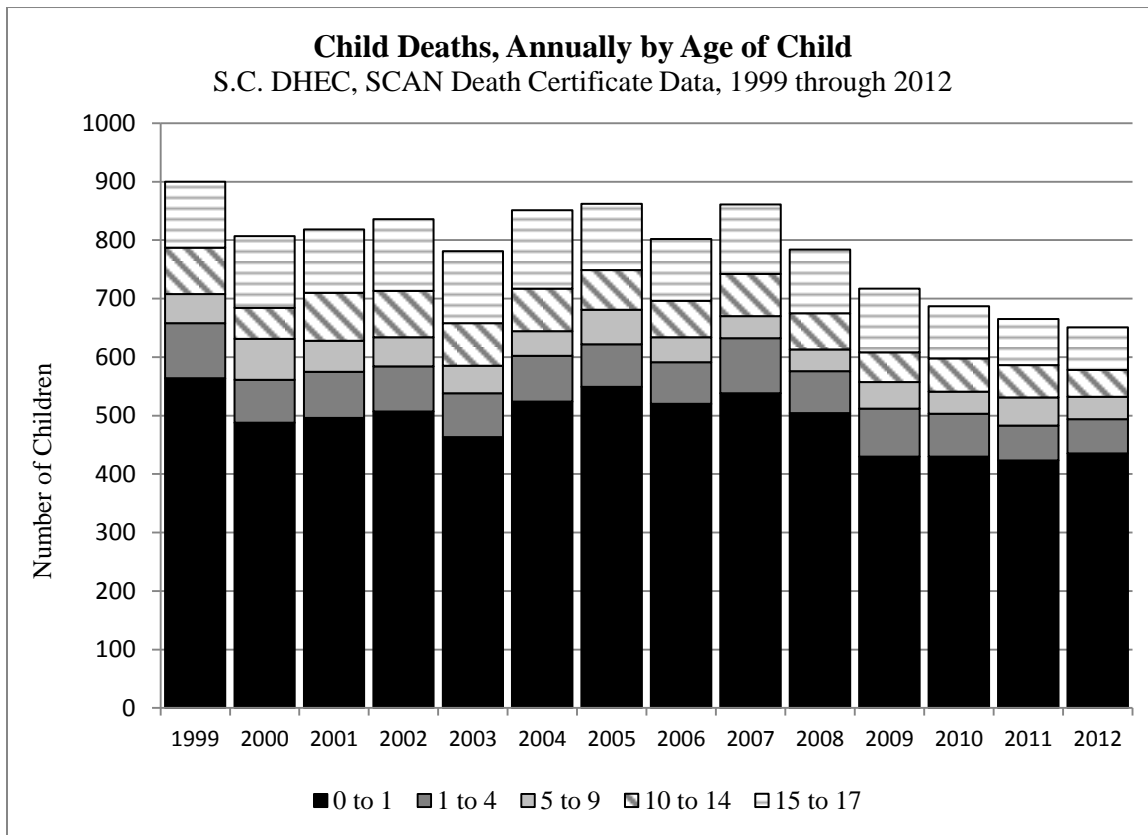
Keeping children safe from physical harm is essential to preventing, or mitigating the effects of, traumatic experiences that can negatively impact a child’s transition to adulthood. Safety indicators include measurements about injury, violence, and abuse and neglect.

Index of Safety Indicators for South Carolina Children				
	2008	2010	2012	Trend
Child Deaths	784	687	651	<i>Decreasing</i>
Child Deaths per 10,000 Children in the Population	6.94 per 10K	5.93 per 10K	5.48 per 10K	<i>Decreasing</i>
Non-fatal Injuries Requiring Hospitalization	100,017	99,900	101,938	<i>No trend</i>
Child Abuse & Neglect				
Children Investigated for Abuse or Neglect	30,2442	28,819	19,364	<i>Decreasing</i>
Children Subject of an Indicated Report (Child Victims)	12,702	11,757	10,375	<i>Decreasing</i>
Children Referred to a Community Based Prevention Services Organization	---	---	23,673	<i>No trend</i>
Percent of Child Victims Revictimized within 6 Months of Initial Report of Abuse or Neglect	2.5%	3.1%	2.8%	<i>No trend</i>

A. Child Deaths

Child deaths include the number of children who die due to illness, accident, or maltreatment.¹⁵ In South Carolina, there were 651 child deaths in 2012, which is a 2% decrease from 2011, and a 24% decrease from 2007. As the chart below reflects, infants (children from birth to age one) represent the largest number of child fatalities, consistently comprising over half of all child fatalities.

¹⁵ S.C. Department of Health and Environment Control, Death Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx> (last visited, February 24, 2014).



In 2012, the primary causes of death for infants were a result of conditions originating in the prenatal period, congenital malformations, deformations and chromosomal abnormalities, and unintentional injuries. For all other children, motor vehicle accidents, suicide, cancer, and homicide were the leading causes of deaths.¹⁶

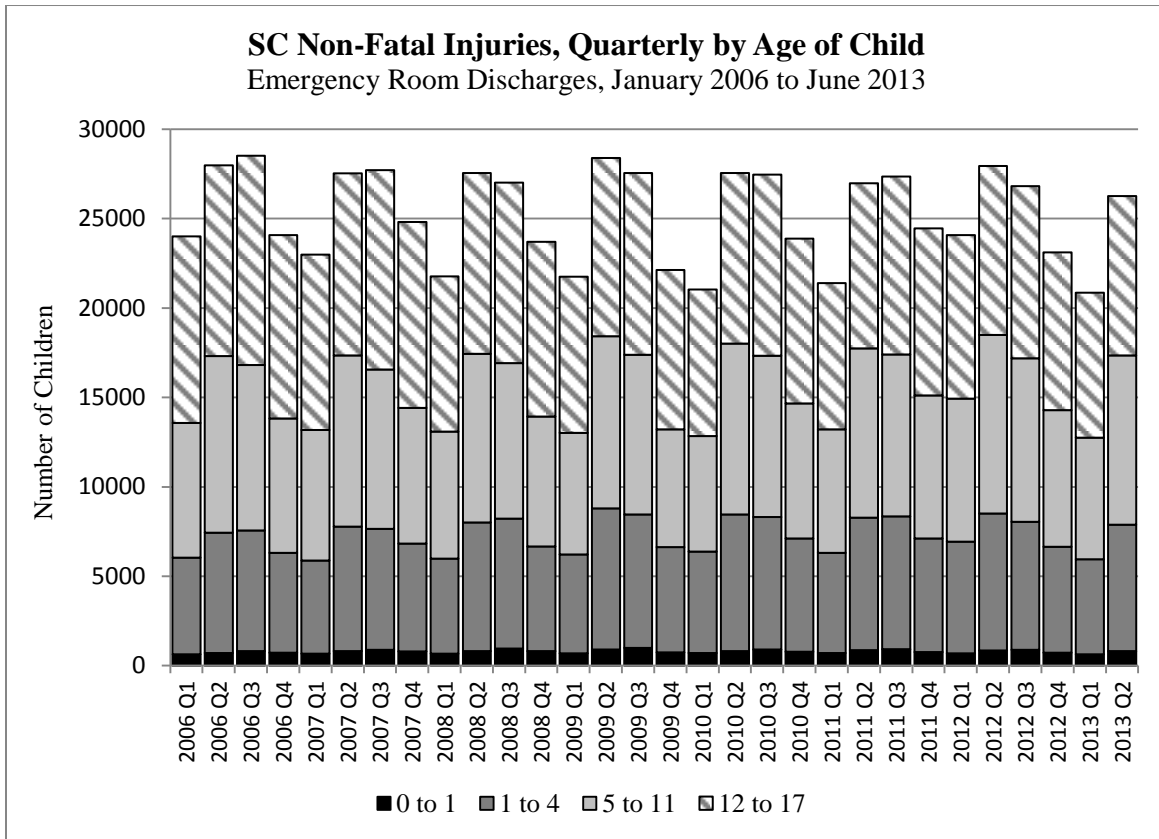
B. Non-fatal Injuries Reported by Hospitals

Non-fatal injuries include accidental and intentional injuries that do not result in death, but require a hospital or emergency room visit.¹⁷ In 2012, there were 101,938 non-fatal injuries to children in South Carolina, a 2% increase from 2011 and a 3% decrease from 2006. In 2012, children between the ages of 12 and 17 experienced the highest number of non-fatal injuries requiring hospitalization (36%), followed by children between the ages of 5 and 11 years (34%), and between 1 and 4 years (26%). Infants had the least non-fatal injuries (3%).¹⁸

¹⁶ S.C. Department of Health and Environment Control, Death Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx> (last visited, February 24, 2014).

¹⁷ S.C. Office Research and Statistics. South Carolina Emergency Department Discharges. Unpublished report generated in December, 2013. Data included those admitted as inpatients.

¹⁸ S.C. Office Research and Statistics. South Carolina Emergency Department Discharges. Unpublished report generated in December, 2013. Data included those admitted as inpatients.



There appears to be a consistent seasonal trend in non-fatal childhood injuries requiring hospitalization, with more children experiencing such injuries during the summer months.

Nationally, there were more than 8 million non-fatal injuries to children in 2012, a 2% decrease from 2011. The three leading causes of childhood injuries nationwide are falls, being struck by/against a person or object or caught in or between objects,¹⁹ and overexertion.^{20,21}

C. Adult and Child Victims of Domestic Violence

Domestic violence is defined as murder, negligent homicide, rape, forcible sodomy, sexual assault with an object, forcible fondling, robbery, aggravated assault, simple assault or intimidation where the victim was married or had previously been married to the offender, where

¹⁹ Struck by / against or crushed includes injury resulting from being struck by (hit) or crushed by a human, animal, or inanimate object or force other than a vehicle or machinery; injury caused by striking (hitting) against a human, animal, or inanimate object or force other than a vehicle or machinery.

²⁰ Overexertion refers to working the body or a body part too hard, causing damage to muscle, tendon, ligament, cartilage, joint, or peripheral nerve (e.g., common cause of strains, sprains, and twisted ankles). This category includes overexertion from lifting, pushing, or pulling or from excessive force.

²¹ National Center for Injury Prevention and Control, WISQARS Nonfatal Injury Reports, <http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html> (last visited, February 24, 2014).

the victim was related by blood or marriage to the offender, or was romantically involved with the offender.²²

In South Carolina, there were more than 50,000 victims of domestic violence in 2011, as identified through perpetrator charges. From 2007 to 2011:²³

- approximately two thirds of the offenses were simple assaults (68.4%),
- 16.5% were aggravated assaults,
- 12.4% were crimes of intimidation,
- 2.4% were crimes of sexual violence,
- 0.2% were homicides, and
- 0.2% were robberies.

Nationally, there were nearly 5.9 million victims of violent crime²⁴ in 2011, which is an 18% increase from 2010. In 2011, the primary crimes of violent crime were simple assault (68%), aggravated assault (18%), robbery (10%), and rape/sexual assault (4%).²⁵

According to the U.S. Department of Justice, in 2010, violent crime was most prevalent in households with children with an annual income of less than \$15,000 and in urban areas. Living in a single parent household, particularly those with just one child, was a risk factor for the occurrence of violent crime.²⁶

D. Children Experiencing Abuse or Neglect²⁷

When DSS receives a report of suspected child abuse or neglect, intake staff conducts a safety and risk assessment to determine whether a formal investigation is required, a referral to a Community Based Prevention Services organization is appropriate, or if no abuse is alleged, legally the report should be screened out.²⁸ If investigated, Child Protective Services staff at DSS will conclude the report is “indicated” whenever the evidence supports a decision that it is more likely than not that a child has been abused or neglected; otherwise, the report is “unfounded.”²⁹

²² S.C. Department of Public Safety Office of Justice Programs, Rule of Thumb: A Five Year Overview of Domestic Violence in South Carolina 2007-2011, report generated in December, 2013.

²³ S.C. Department of Public Safety Office of Justice Programs, Rule of Thumb: A Five Year Overview of Domestic Violence in South Carolina 2007-2011, report generated in December, 2013.

²⁴ The federal definition of violent crime mirrors the state indicator of domestic violence, but it does not include murder or negligent homicide.

²⁵ Bureau of Justice Statistics. Generated using the NCVS Victimization Analysis Tool <http://www.bjs.gov/> (last visited, February 24, 2014).

²⁶ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Prevalence of Violence among Households with Children, 1993-2010, <http://www.bjs.gov/content/pub/pdf/pvchc9310.pdf> (last visited, February 24, 2014).

²⁷ Abuse or neglect includes harm that children experience at the hands of a parent, guardian, or other person responsible for the child’s welfare.

²⁸ DSS investigates all reports that identify either actual harm or risk factors that place the child at substantial risk of abuse or neglect. Referrals to Community Based Prevention Services are appropriate when the report does not allege actual harm, but the safety and risk assessments raise a moderate or low risk of abuse or neglect. All other reports are screened out, with no further action taken.

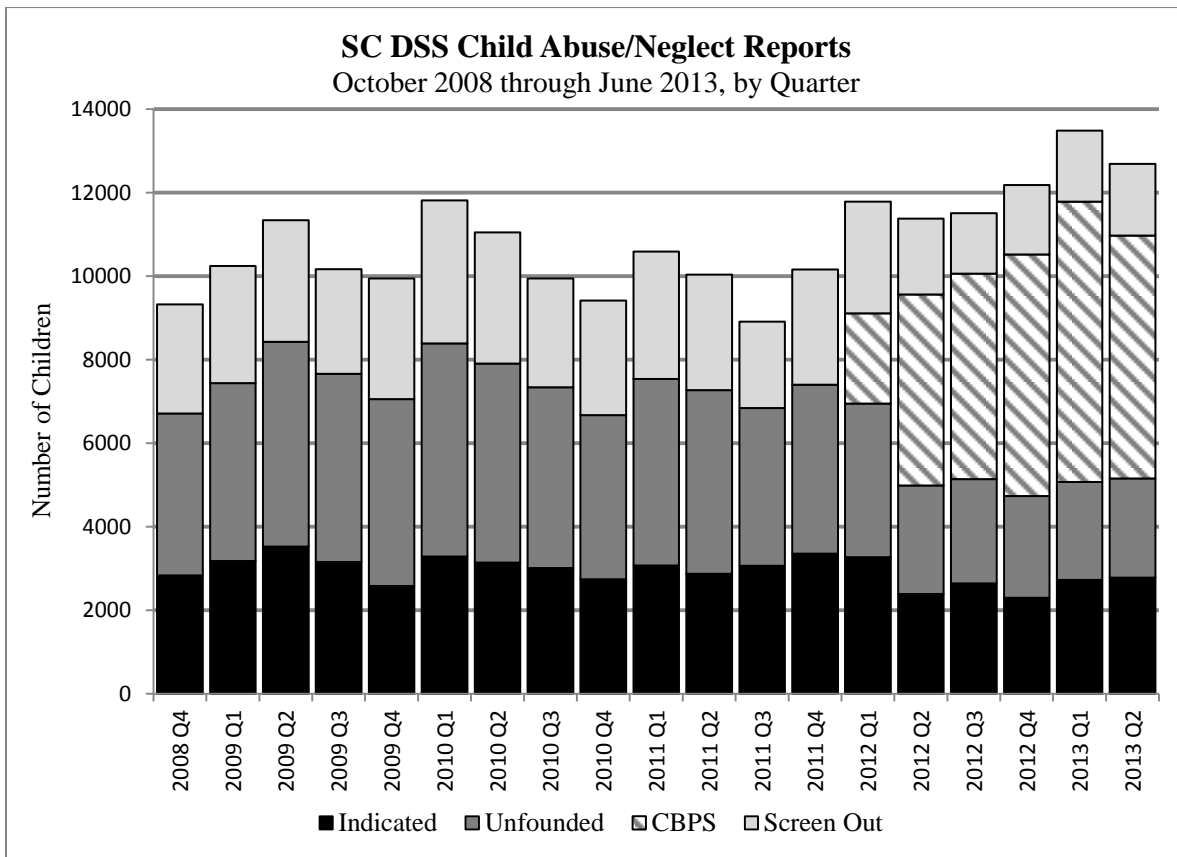
²⁹ See S.C. Code Ann. § 63-7-20.

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In South Carolina, DSS received nearly 50,000 reported allegations of suspected child abuse or neglect from October 2012 to September 2013. Of those reports:

- Nearly 18,000 were investigated
 - 9,569 of the investigated cases were indicated
 - 8,402 of the investigated cases were unfounded
- More than 23,000 were referred to Community Based Prevention Services, an intake response implemented in South Carolina in 2012 to comply with federal law

The chart below reflects the number of child abuse or neglect reports by quarter, broken down by the type of DSS intake response or disposition.

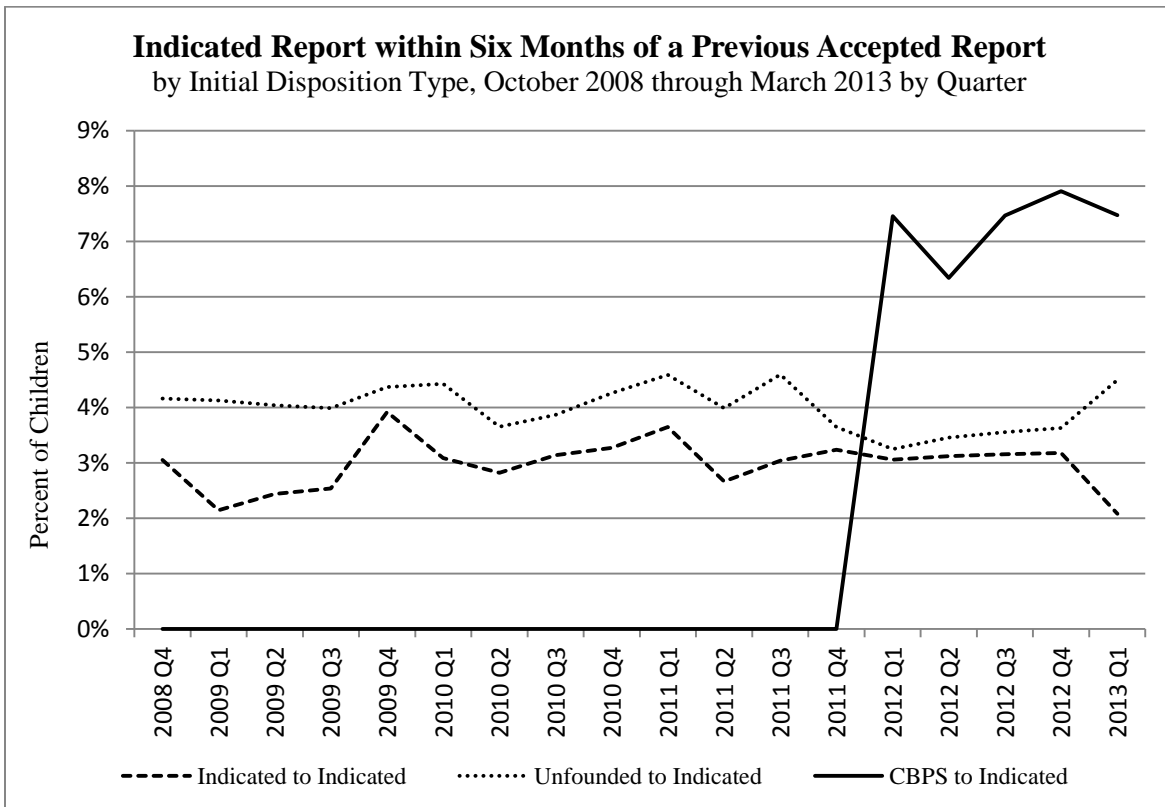


The most commonly accepted indicator of our state’s ability to protect children from abuse or neglect is the recurrence rate. This indicator examines the number of children who are the subject of an indicated report within six months of a previously accepted report to DSS. The prior report may have been either investigated or referred to Community Based Prevention Services, but the subsequent report is indicated. Children who are the subject of an indicated report within six

months of a previous accepted report are experiencing ongoing abuse or neglect, and are at increased risk for poor outcomes as they transition to adulthood.³⁰

In South Carolina, from October 2012 to September 2013:

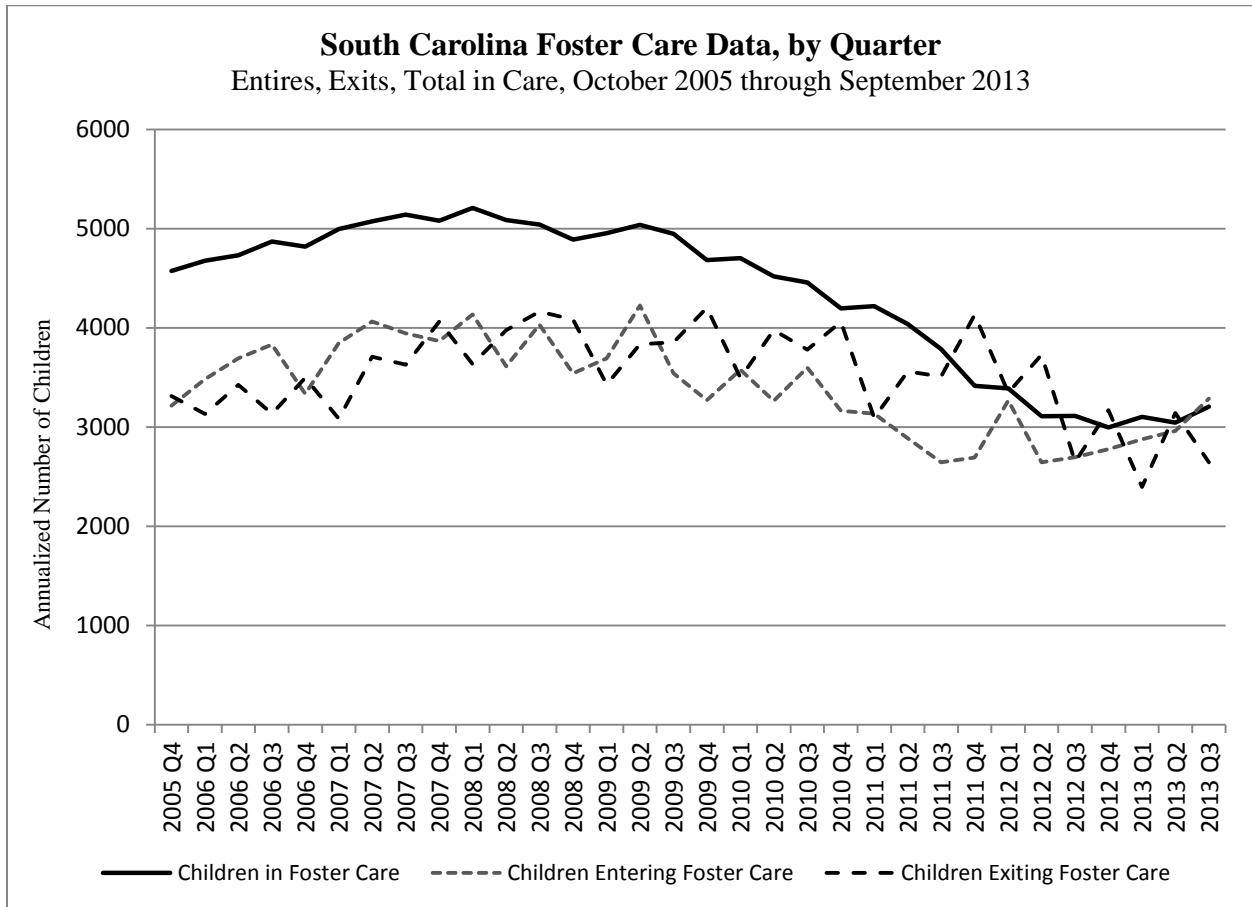
- 2.9% of children who were the subject of an indicated report of abuse or neglect had been the subject of a previous indicated report of abuse or neglect during the past 6 months, which is below comparable national rates;
- 3.7% of children who were the subject of an indicated report of abuse or neglect had been the subject of a previous unfounded report of abuse or neglect during the past 6 months; and
- 7.3% of children who were the subject of an indicated report of abuse or neglect had been the subject of a previous referral to Community Based Prevention Services within the past 6 months.



³⁰ Centers for Disease Control and Prevention, Understanding Child Maltreatment: Fact Sheet. www.cdc.gov/violenceprevention/pdf/cmfactshee2012-a.pdf (last visited February 24, 2014).

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Ordinarily, children who are victims of abuse or neglect receive services in their home, with their family. However, when children are unable to safely remain in their home, they may be removed from the physical custody of their caretaker, and placed in foster care.



The number of children in foster care represents the number of children in the legal custody of DSS who have been removed from the custody of parents or guardians and placed outside the home. The solid line represents the number of children in foster care on the last day of the reporting period. These children may be placed with foster care families, in group homes, with relatives, or other placements. The dotted line in the chart above represents the annualized number of children entering care during the reporting period. The dashed line represents the annualized number of children exiting care during the reporting period.

On September 30, 2013, there were 3,207 children in foster care in South Carolina, which is a 3% increase from the number of children in care on September 30, 2012. The chart reflects a 42% decrease in the number of children in care from the first quarter of 2008 to the last quarter of 2012.

Nationally, there were nearly 400,000 children in foster care during the 2012 federal fiscal year, which is a 14% decrease from 2008.

III. Health Indicators of Well-Being

Healthy children generally miss fewer days of school, exhibit good eating and exercise habits, and live free from chronic conditions such as diabetes, cancer, and heart disease. Early and effective health interventions help children and their families avoid or lessen expensive medical costs. Health indicators include information on low birth weight babies, immunizations, mental health diagnoses and treatment, access to primary health care, overweight and obese youth, and dental visits.

Index of Health Indicators for South Carolina Children					
		2009	2011	2013	Trend
Children Born with Moderately Low Birth Weight		4,946	4,590	4,430 (2012)	<i>Decreasing</i>
Children Born with Very Low Birth Weight		1,111	1,064	1,023 (2012)	<i>No trend</i>
Children Receiving Community Based Mental Health Treatment	ADD/ADHD	14,887	13,926	12,510	<i>Decreasing</i>
	All Other	18,174	16,688	15,614	<i>No trend</i>
Children Receiving Services for Drug and Alcohol Abuse		5,364	4,219	4,678	<i>No trend</i>
Percent of Children on Medicaid with Access to Primary Care Practitioners	0-4 years	---	81.5%	78.8% (2012)	<i>No trend</i>
	5-11 years	---	75.5%	72.7% (2012)	<i>No trend</i>
	12-17 years	---	75.6%	70.7% (2012)	<i>No trend</i>

A. Low Birth Weight Babies

Low birth weight is divided into two categories: moderately low and very low. Moderately low birth weight babies weigh between 1,500 grams (three pounds, four ounces) and 2,499 grams (five pounds, eight ounces) at birth. Very low birth weight babies weigh less than 1,500 grams (three pounds, four ounces) at birth.³¹ This indicator represents the moderately low and very low birth weight babies born to women in South Carolina hospitals.³²

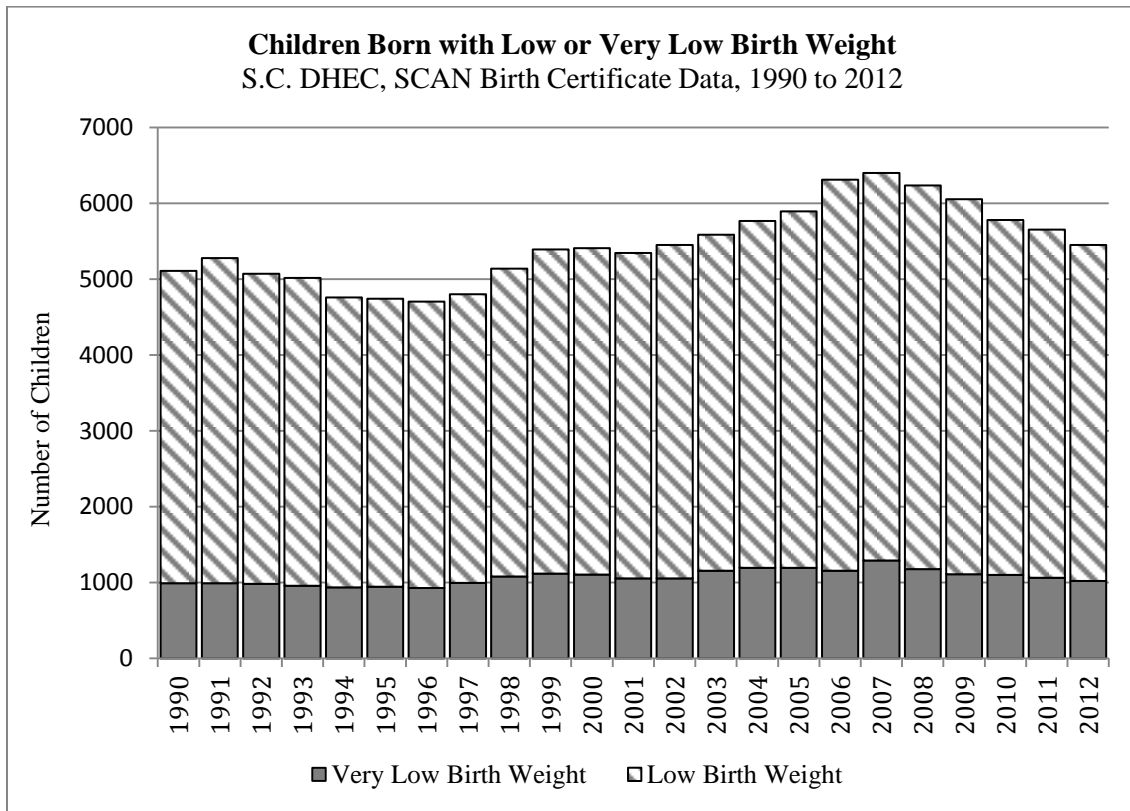
³¹ Child Trends, Low and Very Low Birth Weight Infants. <http://www.childtrends.org/?indicators=low-and-very-low-birthweight-infants> (last visited, February 24, 2014).

³² S.C. Department of Health and Environmental Control. <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx> (last visited, February 24, 2014).

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In South Carolina, 4,430 children were born in 2012 with a moderately low birth weight, which is a 3% decrease from 2011, and a 13% decrease from 2007. There were 1,023 children born in South Carolina with a very low birth weight in 2012, which is a 4% decrease from 2011, and a 21% decrease from 2007.

Nearly 1 in 4 children born with a very low birth weight die during infancy.³³ This is a much higher mortality rate than those children born with a low birth weight (1%), or those born weighing 2500 grams or more (.25%).³⁴



B. Immunizations

The Centers for Disease Control and Prevention (CDC) provides a thorough immunization schedule for children, beginning at birth and continuing into early adolescence.³⁵ The National Immunization survey estimates that in 2012, 71.8% of children in South Carolina between the

³³ Child Trends. Low and Very Low Birthweight Infants. <http://www.childtrends.org/?indicators=low-and-very-low-birthweight-infants> (last visited February 24, 2014).

³⁴ Child Trends. Low and Very Low Birthweight Infants. <http://www.childtrends.org/?indicators=low-and-very-low-birthweight-infants> (last visited February 24, 2014).

³⁵ Centers for Disease Control and Prevention, Immunization Schedules. www.cdc.gov/vaccines/schedules.htm (last visited March 4, 2014).

ages of 19 and 35 months were on schedule with the recommended immunizations.³⁶ This is slightly above the national rate of 68.4%.³⁷ Children living in families with incomes below the federal poverty level had lower coverage than children living in families at or above the poverty level in some types of vaccination.³⁸

Vaccination rates vary across states. Recent budget cuts to state and local health departments, differences between immunization program activities, vaccination requirements for childcare centers, and vaccine financing policies by states contributed to the variances.³⁹

C. Children Receiving Mental Health Services

The Department of Mental Health provides its treatment services for people with mental illnesses. In South Carolina, 413 children received inpatient mental health treatment in 2013, which is a 23% decrease from 2006 and a 6% decrease from 2012.

The majority of children receiving mental health services have access to outpatient treatment in their community.⁴⁰ Community-based mental health treatment includes mental health centers, mental health clinics, forensic facilities, and telemedicine services. In 2013, over 28,000 children received community-based mental health treatment, which is similar to the number of children in 2012. More than half (56%) of children receiving outpatient treatment were aged 12 to 17. Children aged 5 to 11 accounted for 41% of children receiving outpatient treatment. Children under 4 represented only 3% of outpatient clients. The primary mental health diagnoses in community centers were ADD and ADHD (44%), mood disorder (14%) and disruptive behavior (11%).

According to the 2012 National Survey of Children's Health, one in two children (49.9%) in South Carolina who needed mental health services did not receive them. This is well above the national rate of 39%. This unmet need is particularly pronounced among young children (aged 2 to 5) living in low-income families and children who are currently uninsured. South Carolina was ranked the 4th highest among all the states in unmet mental health needs of children. These data make clear that efforts are needed to promote the adequacy, availability, and accessibility of mental health services to children in South Carolina.⁴¹

³⁶ U.S. Vaccination Coverage Reported via National Immunization Survey (NIS). <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm> (last visited February 24, 2014). The recommended combination of vaccines is commonly referred to as the 4313314 combination (4 DTaP, 3 Polio, 1 MMR, 3 Hep B, 3 Hib, 1 Var, and 4 PCV).

³⁷ U.S. Vaccination Coverage Reported via National Immunization Survey (NIS). <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm>

³⁸ Those types of vaccination include 4 doses of DTaP, the full Hib series, 4 doses of PCV, 2 doses of HepA, and rotavirus vaccine.

³⁹ Morbidity and Mortality Weekly Report (MMWR), National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2012, September 13, 2013 / 62(36);733-740. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a1.htm> (last visited February 24, 2014).

⁴⁰ S.C. Department of Mental Health. Children Receiving Mental Health Treatment. Unpublished report generated in January 2014.

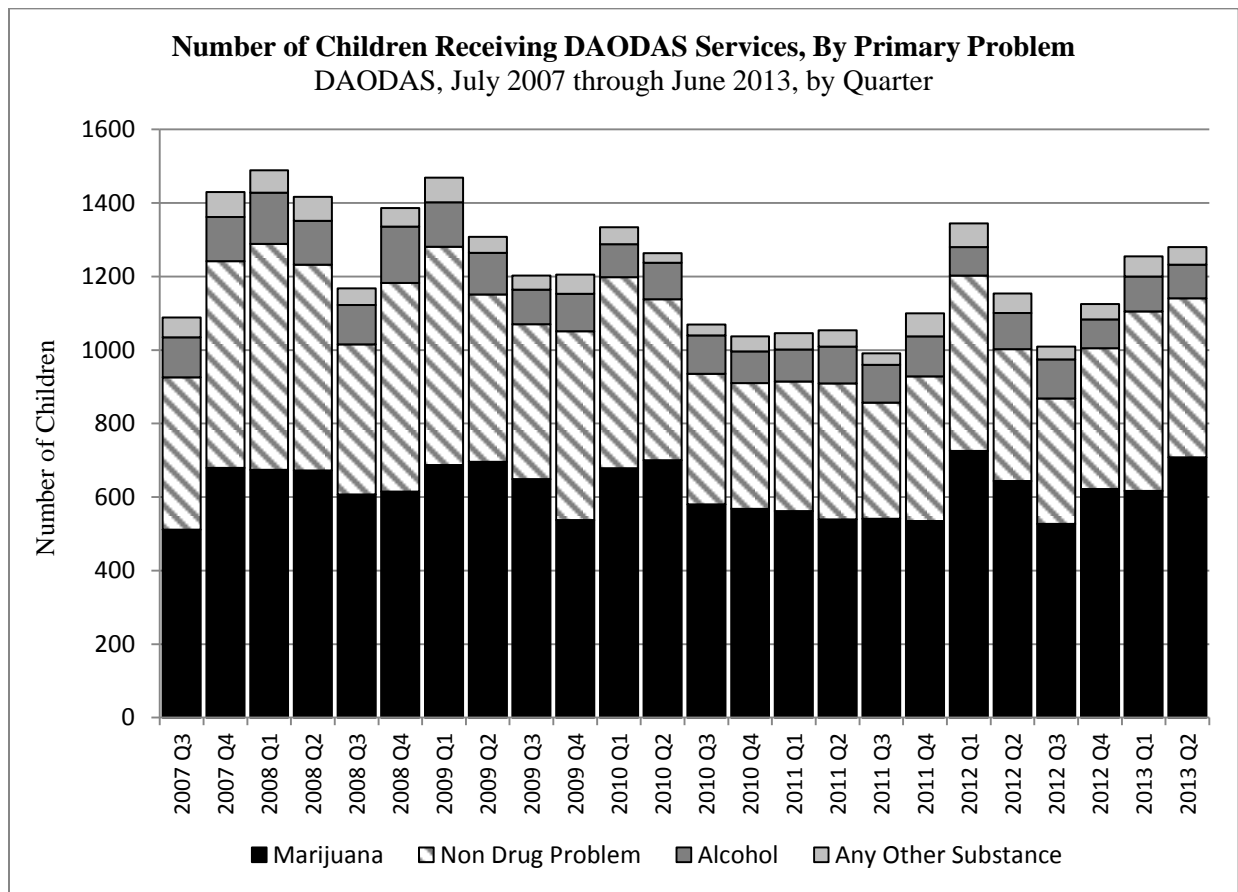
⁴¹ Data Resource Center for Child & Adolescent Health, 2011/12 National Survey of Children's Health, <http://www.childhealthdata.org/browse/survey/results?q=2504&r=1> (last visited February 24, 2014).

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D. Children in Treatment for Drug and Alcohol Abuse

This indicator represents the number of children under the age of 18 who received inpatient, residential, or outpatient treatment for drug and alcohol abuse.⁴² In South Carolina, children also receive services for “non-drug problems.” These are most commonly related to children receiving services for parent or caregiver dependency issues.

In South Carolina, there were over 4,500 child admissions for treatment of drug and alcohol abuse in 2013. More than half (53%) were due to a primary problem of marijuana abuse. Nationally, there were 137,868 admissions for treatment of substance and alcohol abuse in 2011 for children age 12 or older. Approximately 75% were for treatment of marijuana abuse and nearly 18% were related to alcohol abuse.⁴³



Childhood alcohol use is associated with risky behaviors such as unprotected sexual intercourse, vulnerability to coerced sexual activity, the use of marijuana, traffic fatalities, and increased risk

⁴² S.C. Department of Alcohol and Other Drug Addiction Services, unpublished reports generated in January 2014.

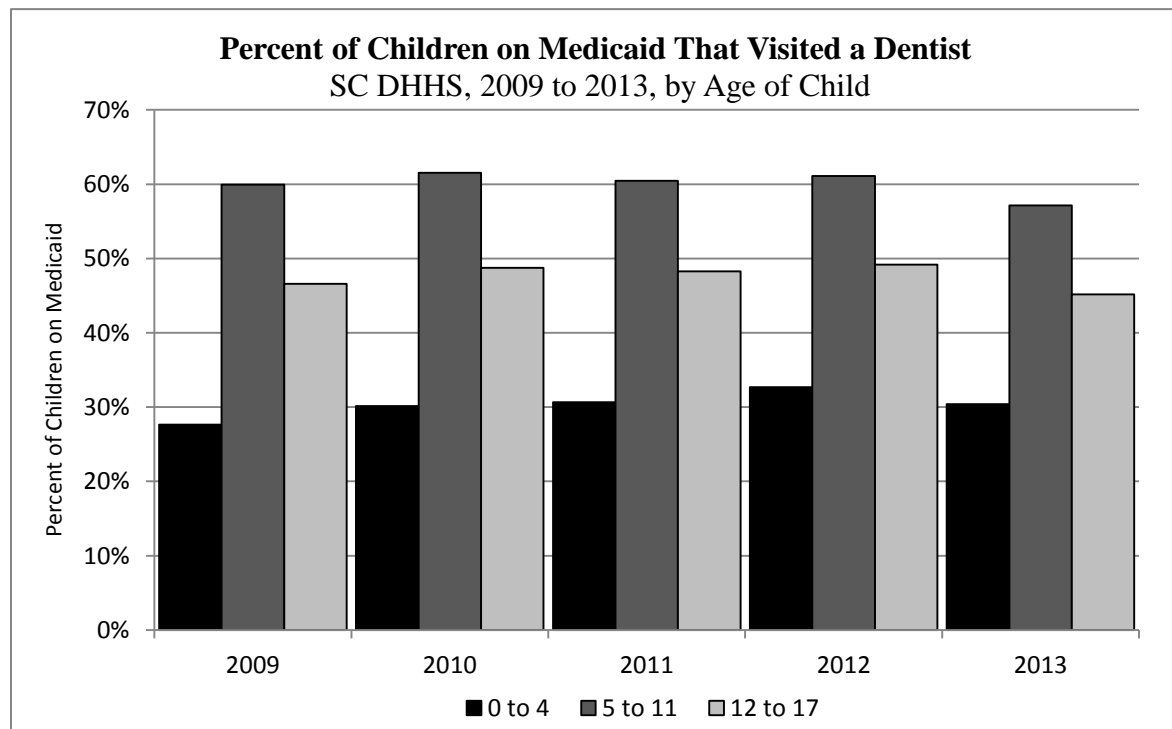
⁴³ Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS) Data received through 10-15-2012. <http://www.samhsa.gov/data/2k13/TEDS2011/TEDS2011NTbl3.1a.htm> (last visited Feb. 24, 2014).

of alcohol dependence in adulthood. Risk factors of alcohol use among teenagers include alcoholic parents, lack of parental support, and associating with peers who consume alcohol.⁴⁴

E. Children on Medicaid who have Visited a Dentist

Nationally, the percentage of children who have not seen a dentist within the past year has been decreasing. In 2011, four million children (6%) aged two to 17 had unmet dental needs in the past year because their families could not afford dental care.⁴⁵ The percentage was 27% in 1997.⁴⁶ Children in single-mother families, uninsured children, and black and Hispanic children were more likely to have unmet dental needs.⁴⁷

Tooth decay (cavities) is the single most common childhood disease. Hundreds of thousands of children nationwide go untreated each year.⁴⁸ Untreated oral diseases are associated with eating, speaking, and sleeping problems. Children with poor oral health may have difficulty concentrating, poor self-image, and problems completing schoolwork, all of which may lead to poor performance in school and poor social relationships. Unmet dental needs of children may be due to inadequate insurance coverage, lack of sufficient providers, or anxiety about dental care.⁴⁹



⁴⁴ Child Trends. Binge Drinking. <http://www.childtrends.org/?indicators=binge-drinking> (last visited Feb. 24, 2014).

⁴⁵ Centers for Disease Control and Prevention. National Center for Health Statistics. Vital and Health Statistics. http://www.cdc.gov/nchs/data/series/sr_10/sr10_258.pdf (last visited, February 24, 2014).

⁴⁶ Child Trends. Unmet Dental Needs. <http://www.childtrends.org/?indicators=unmet-dental-needs> (last visited, February 24, 2014).

⁴⁷ Centers for Disease Control and Prevention. National Center for Health Statistics. http://www.cdc.gov/nchs/data/series/sr_10/sr10_258.pdf (last visited, February 24, 2014).

⁴⁸ American Academy of Pediatric Dentistry. Every Child Deserves a Dental Home. <http://www.aapd.org/foundation> (last visited, Feb. 24, 2014).

⁴⁹ Child Trends. Unmet Dental Needs. <http://www.childtrends.org/?indicators=unmet-dental-needs> (last visited, February 24, 2014).

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IV. Education Indicators of Child Well-Being

Education affects many areas of child well-being and future success as an adult. Educational indicators can reflect how well the state is preparing children for success later in school and training its future workforce. Education indicators include information on publicly funded pre-K, children with identified special education needs, and standardized test scores.

Index of Education Indicators for South Carolina Children				
	2009	2011	2013	Trend
Children Enrolled in Public Pre-K	24,441	24,954	26,851	<i>Increasing</i>
Children with Identified Special Education Needs	94,743	93,317	98,923	<i>No trend</i>
High School Graduation Rate ⁵⁰	73.7%	73.6%	77.5%	<i>Increasing</i>
3rd Grade PASS Scores				
Percent of Students Scoring “Not Met” for English and Language Arts	22%	20%	17.1%	<i>Decreasing</i>
Percent of Students Scoring “Not Met” for Math	32.9%	29.6%	30.2%	<i>No trend</i>
8th Grade PASS Scores				
Percent of Students Scoring “Not Met” for English and Language Arts	32.5%	32.2%	32.6%	<i>No trend</i>
Percent of Students Scoring “Not Met” for Math	37.3%	30.5%	29.8%	<i>No trend</i>
Average NAEP Scores				
Average 4 th Grade NAEP Reading Score	216	215	214	<i>No trend</i>
Average 4 th Grade NAEP Math Score	236	237	237	<i>No trend</i>
Average 8 th Grade NAEP Reading Score	257	260	261	<i>No trend</i>
Average 8 th Grade NAEP Math Score	280	281	280	<i>No trend</i>

⁵⁰ Percent of students receiving a regular high school diploma within 4 years of entering high school.

A. Children Enrolled in Publicly Funded Pre-Kindergarten

Children participating in public three- and four-year-old pre-kindergarten are included in this indicator.⁵¹ In South Carolina, 26,851 children enrolled in publicly funded pre-K programs in 2013, which is a 16% increase from 2008, and a 4% increase from 2012. This number includes children attending private pre-kindergarten programs only if those programs are paid for using CDEPP funds.

Nationally, 2.7 million children aged 3 to 5 enrolled in public nursery school in 2012, a 13% increase from 2005 and a 6% decrease from 2011.⁵² Research shows that children participating in high-quality center-based care, preschool, and pre-kindergarten programs have better pre-academic skills and language performance at age 4 1/2 years, perform better in math and reading in the early grades of elementary school,⁵³ were more likely to attend a four-year college, and were less likely to have a teen pregnancy.⁵⁴ An increase in the recognition of the importance of early childhood education and funding for public pre-kindergarten programs is needed to improve school readiness, especially among children in low-income families.⁵⁵

B. Children with Identified Special Education Needs

Children with disabilities may be eligible for special education services through an individual education program (IEP). Special education eligibility categories include autism, deaf and hard of hearing, deaf and blind, developmental delays, emotional disability, intellectual disabilities, multiple disabilities, orthopedic impairments, other health impairments, specific learning disabilities, speech and language impairment, traumatic brain injury, and visual impairments.⁵⁶

In South Carolina, there were 98,923 children in 2013 with an Individualized Education Plan (IEP) to address their special education needs, a 4% decrease from 2007. Of these children:

- 41% had specific learning disabilities;
- 21% had a speech or language impairment;
- 8% had a developmental delay;
- 6% had autism; and,
- 6% had an intellectual disability.

⁵¹ S.C. Department of Education. Children Enrolled in 3 and 4 Year Old Pre-Kindergarten. Unpublished report generated in February, 2014.

⁵² U.S. Department of Education. National Center for Educational Statistics. http://nces.ed.gov/programs/digest/d13/tables/dt13_202.10.asp (last visited, February 24, 2014).

⁵³ NICHD Early Child Care Research Network. (2002). *Early child care and children's development prior to school entry: Results from the NICHD study of early child care*. American Educational Research Journal, 39(1): 133-164. <http://www.jstor.org/stable/10.2307/3202474> (last visited, February 24, 2014).

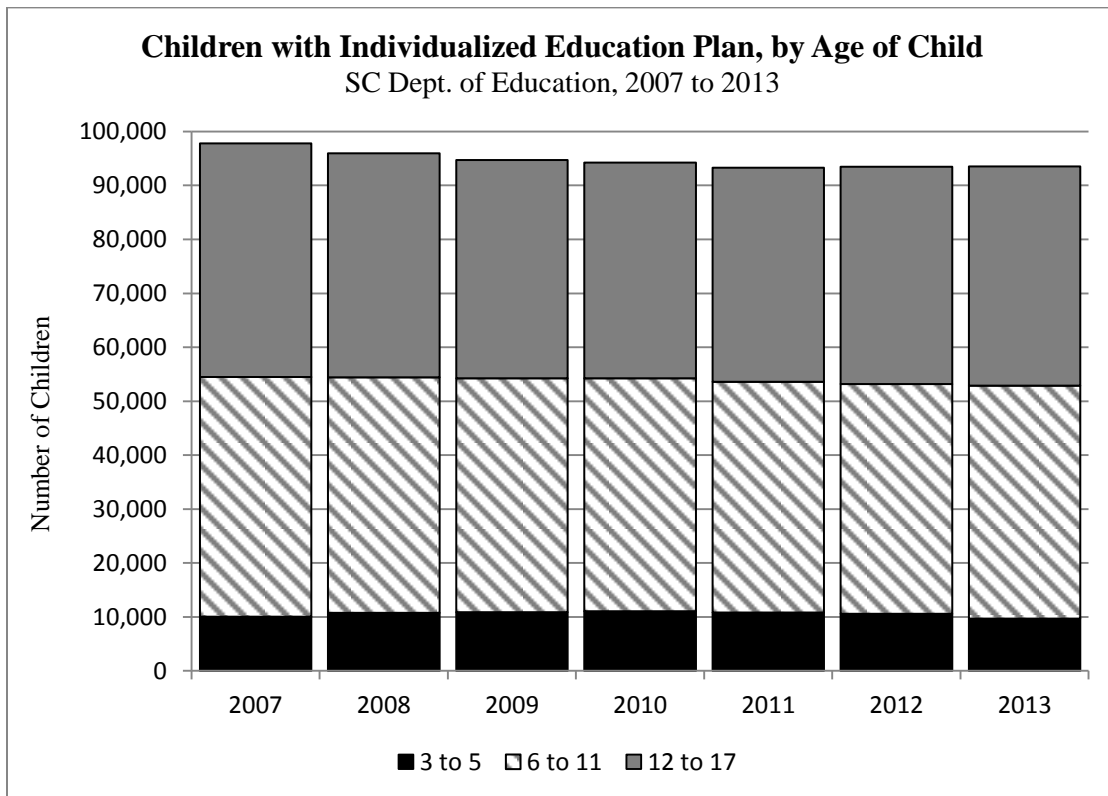
⁵⁴ Campbell, F., Ramey, C. T., Pungello, E., Miller-Johnson, S., & Sparling, J. J. (2002). Early childhood education: Young adult outcomes from the Abecedarian Project. <http://larrycuban.files.wordpress.com/2011/03/campbell-et-al.pdf>

⁵⁵ Child Trends. Preschool and Prekindergarten <http://www.childtrends.org/?indicators=preschool-and-prekindergarten> (last visited Feb. 24, 2014).

⁵⁶ S.C. Department of Education. Children Receiving Special Education Services. Unpublished report generated in February 2014.

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Nationally, 4.9 million children aged 3 to 17 were diagnosed in 2012 as having a learning disability, which represents 8% of children enrolled in public school. Boys (10%) were more likely to have an identified learning disability than girls (6%). Children at a higher risk of having learning disabilities include children in families with an income of less than \$35,000, children in single-mother families, and children with a poor health status.⁵⁷



⁵⁷ Centers for Disease Control and Prevention. National Center for Health Statistics. http://www.cdc.gov/nchs/data/series/sr_10/sr10_258.pdf (last visited, February 24, 2014).

C. Average NAEP Scores⁵⁸

The National Assessment of Educational Progress (NAEP) reports comprehensive information regarding what fourth-grade and eighth-grade students have learned and their performance levels in various subject areas. This indicator shows the average math and reading scale scores that fourth-grade and eighth-grade students in South Carolina earned on the NAEP, compared to the national average.

- **Fourth Grade Reading**

In 2013, the average score of fourth-grade students in South Carolina was 214. This was lower than the average score of 221 for public school students nationwide. The average between higher performing students (those at or above the 75th percentile) and lower performing students (those at or below the 25th percentile) was 49 points. Students eligible for free or reduced lunch had an average score 29 points lower than those not eligible for free or reduced lunch. Compared to all states and territories, South Carolina ranked 38th on the fourth-grade NAEP reading test.

- **Eighth Grade Reading**

In 2013, the average score of eighth-grade students in South Carolina was 261. This was lower than the average score of 266 for public school students nationwide. The average gap between higher performing and lower performing students was 43 points. Students eligible for free or reduced lunch had an average score 25 points lower than students not eligible for free or reduced lunch. Compared to all states and territories, South Carolina ranked 35th on the eighth-grade NAEP reading test.

- **Fourth Grade Math**

In 2013, the average score of fourth-grade students in South Carolina was 237. This was lower than the average score of 241 for public school students nationwide. The average between higher-performing and lower-performing students was 39 points. Students eligible for free or reduced lunch had an average score 25 points lower than students not eligible for free or reduced lunch. Compared to all states and territories, South Carolina was ranked 38th on the fourth-grade NAEP math test.

- **Eighth Grade Math**

In 2013, the average score of eighth-grade students in South Carolina was 280. This was four points below the average score for public school students nationwide. The average between higher-performing and lower-performing students was 51 points. Students

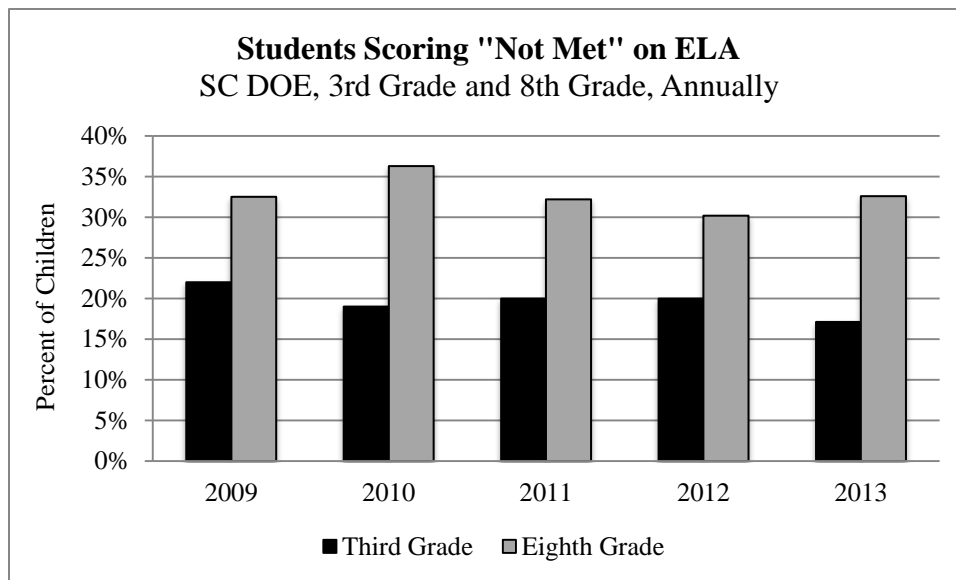
⁵⁸ National Center for Education Statistics. Institute of Education Sciences. <http://nces.ed.gov/nationsreportcard/states/> (last visited, February 24, 2014).

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eligible for free or reduced lunch had an average score 30 points lower than students not eligible for free or reduced lunch. Compared to all states and territories, South Carolina was ranked 30th on the eighth-grade NAEP math test.

D. Third and Eighth Grade PASS Scores⁵⁹

The Palmetto Assessment of State Standards (PASS) is administered to public school students in the third and eighth grades to assess knowledge and mastery of state standards. Scores are reported in three categories: met, unmet, and exemplary. This indicator is comprised of English and Language Arts and Math scores for third-grade and eighth-grade students.



Compared to 2012, the percentage of third-grade students scoring “not met” on English and Language Arts and eighth-grade students scoring “not met” on Math both decreased in 2013.

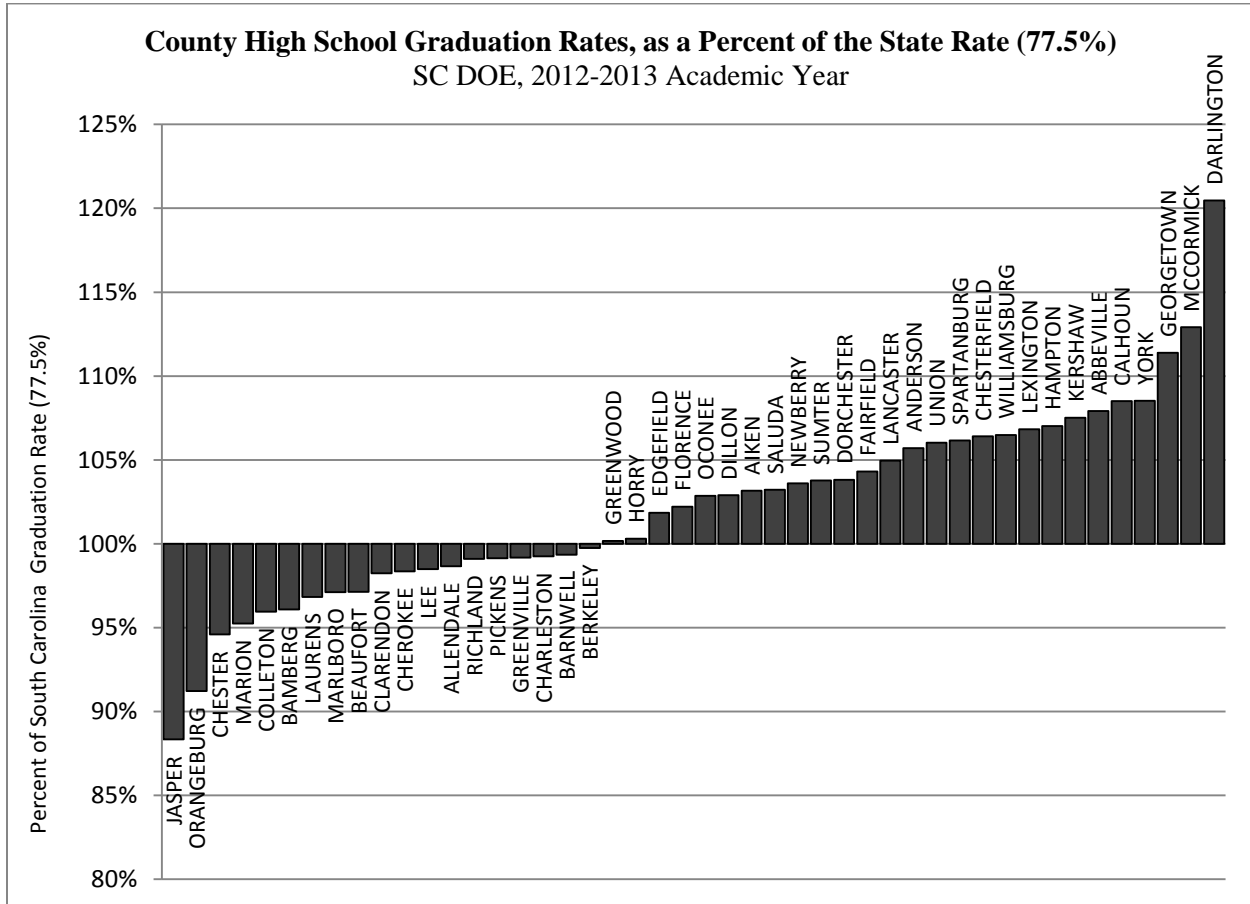
E. High School Graduation Rates

The graduation rate for South Carolina students in public schools was calculated using data provided by the Department of Education. This indicator reflects the percentage of eligible students who graduated on time with their age group.⁶⁰ Since 2002, the statewide high school graduation rate has remained relatively stable, with the 2013 rate at 77.5%. The 2007 state graduation rate was reported as 71%, which is the lowest rate since 2002. The following chart reflects the high school graduation rate at the county level, shown as a percentage of the state

⁵⁹ S.C. Department of Education. Palmetto Assessment of State Standards (PASS) Test Scores. http://ed.sc.gov/data/pass/2013/show_school_pass_scores_grade.cfm?ID=9999999 (last visited, February 24, 2014).

⁶⁰ S.C. Department of Education. Four Year High School Graduation Rate. Unpublished report generated in February, 2014.

rate. The county high school graduation rate is as low as 68.5% in Jasper County and as high as 93.4% in Darlington County.



Nationally, the high school graduation rate was 79% in 2012.

V. Responsibility Indicators of Child Well-Being

When children are responsible, contributing members of a community, they are less likely to commit crimes and more likely to stay in school and have positive social interactions. Responsibility in children is nurtured by participation in constructive activities, connections with helpful adults, and the encouragement of positive interests. Involved children are more likely to contribute their input and ideas into programs, policies, and practices that affect them.⁶¹ Meaningful opportunities to participate actively in society give children the life skills (living, learning, and working skills) to prepare them for future success. There are many ways to measure responsibility in children; however, very little of this data are currently captured in

⁶¹ Sullivan, Theresa K. and Rebecca N. Saito, University of Minnesota Extension, Center for Youth Development, Rings of Engagement, August 2008, <http://www1.extension.umn.edu/youth/docs/Rings.pdf>.

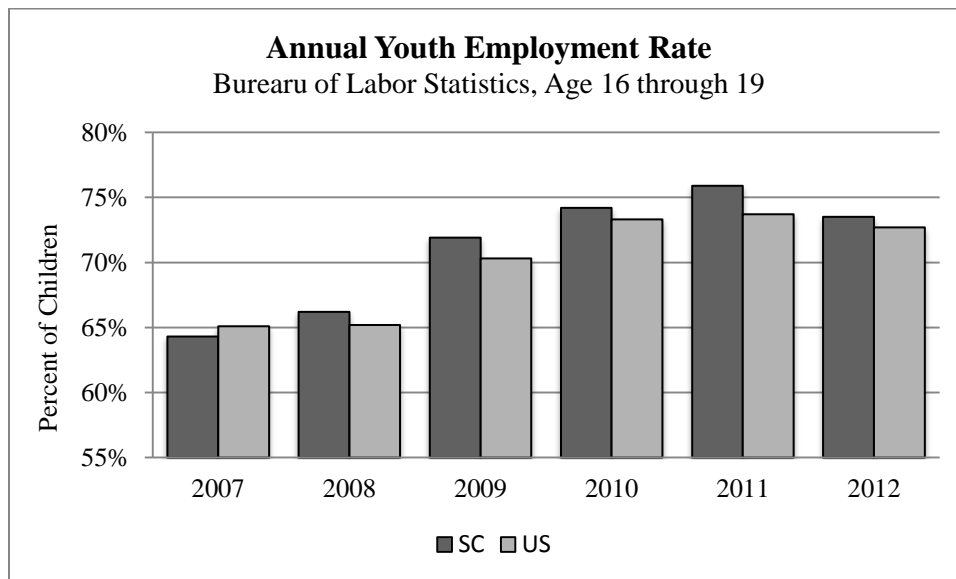
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South Carolina. Responsibility indicators include information on school attendance, employment, births to teens, and juvenile crime.

A. Youth Employment

This measure represents the number of youth aged 16 through 19 who are gainfully employed outside the home, other than in the military, as reported by the Bureau of Labor and Statistics.⁶²

In South Carolina, 53,000 youth ages 16 through 19 were employed in 2012, which is a 16% decrease from the previous years of 2011, and a 24% decrease from 2005.⁶³ In 2012, the youth unemployment rate (31.7%) in South Carolina was slightly higher than the national rate (24%).⁶⁴



High school graduates not enrolled in college were more likely than graduates enrolled in college to be working or looking for work (69.6% compared with 38.2%, nationally). According to the U.S. Bureau of Labor Statistics, 66.2% of 2012 high school graduates were enrolled in colleges or universities in October 2012.⁶⁵

⁶² Bureau of Labor and Statistics, Geographic Profiles of Employment and Unemployment by Year. http://www.bls.gov/opub/gp/pdf/gp12_14.pdf (last visited, February 24, 2014).

⁶³ Bureau of Labor and Statistics, Geographic Profiles of Employment and Unemployment by Year. http://www.bls.gov/opub/gp/pdf/gp12_14.pdf (last visited, February 24, 2014).

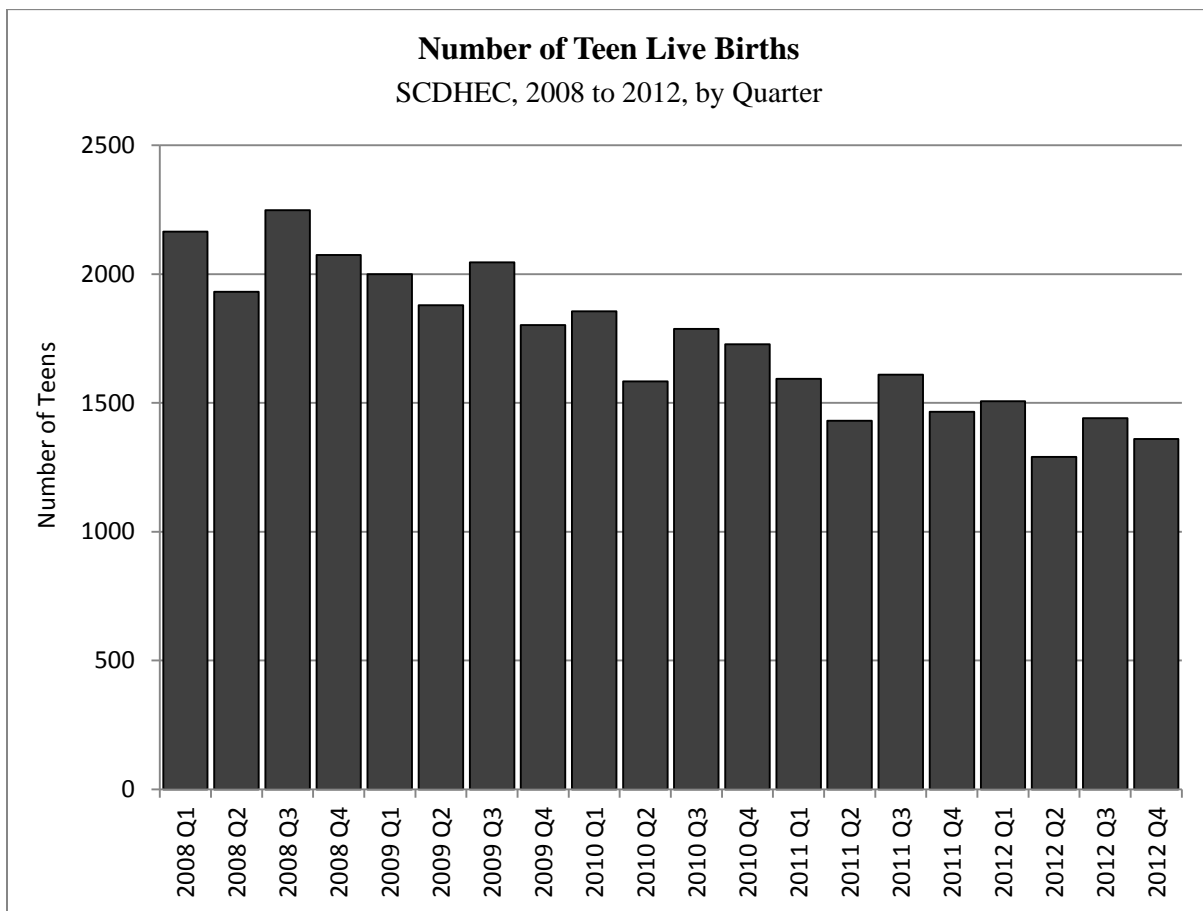
⁶⁴ Kids Count Data Center. <http://datacenter.kidscount.org/data/tables/5051-unemployed-teens-age-16-to-19?loc=1&loc=2#ranking/2/any/true/133/any/11462>.

⁶⁵ Bureau of Statistics, U.S. Department of Labor. College Enrollment and Work Activity of 2012 High School Graduates. http://www.bls.gov/news.release/archives/hsgcc_04172013.pdf (last visited, February 24, 2014).

B. Births to Teens

This indicator reflects the number of live births to children aged 10 to 19. In South Carolina, there were 1,560 births to teens in 2012, which is an 11% decrease from 2011, and a 45% decrease from 2006. The birth rate was higher among black teens aged 15 to 17 years (21.6 per 1,000 teens) than white teens (13.9 per 1,000 teens).

Nationally, the birth rate for teens continued to decrease in 2012, marking a nationwide low. For teenage girls 15 to 17 years old, the teen birth rate was 14.1 per 1,000 in 2012, which is a 63% decrease from 1991.⁶⁶



⁶⁶ National Vital Statistics Reports, Vol.62, No.3, September 6, 2013. http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_03.pdf (last visited, February 24, 2014).

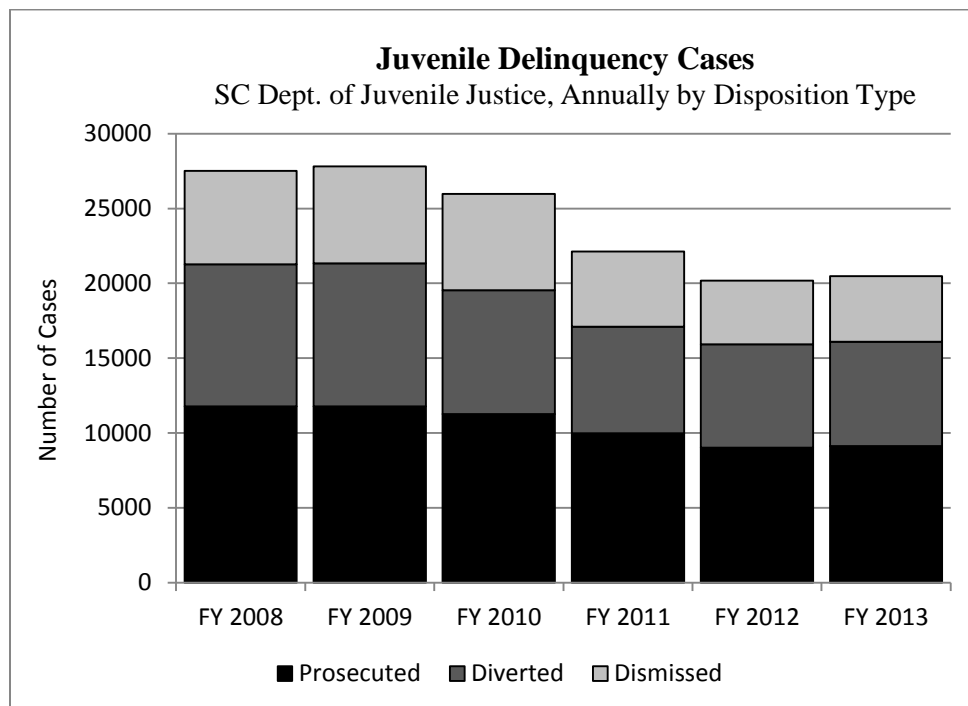
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C. Juvenile Offenses⁶⁷

This indicator shows the number of juvenile delinquency cases involving the Department of Juvenile Justice, by final disposition. A child referred to DJJ may be formally prosecuted by the solicitor in a family or circuit court, diverted to an alternative program, or the charge may be dismissed. A juvenile may have multiple charges over the course of an annual reporting period.

In South Carolina, there were 16,754 juvenile offenses in 2013, which is a 2% decrease from the previous year of 2012, and a 32% decrease from 2007. Of all the juvenile offenses, there were 1,394 violent offenses in 2013, which is a 1% increase from the previous year of 2012, and a 41% decrease from 2007. A total of 1,409 status offenses occurred in 2013, which is a 7% increase from the previous year of 2012, and a 38% decrease from 2007.

Nationally, in 2010, courts with juvenile jurisdiction handled an estimated 1,368,200 delinquency cases. The number of delinquency cases processed by juvenile courts increased 17% between 1985 and 2010. Between its peak year 1997 and 2010, the delinquency caseload declined 27%. Public order offense cases and person offense cases accounted for most of the growth in the delinquency caseload between 1985 and 2010.⁶⁸



⁶⁷ S.C. Department of Juvenile Justice, <http://www.state.sc.us/djj/pdfs/2012-13%20Annual%20Statistical%20Report.pdf> (last visited, February 24, 2014).

⁶⁸ Puzanchara, Charles, and Sarah Hockenberry. 2013. Juvenile Court Statistics 2010. Pittsburgh, PA: National Center for Juvenile Justice. <http://www.ncjj.org/pdf/jcsreports/jcs2010.pdf> (last visited, February 24, 2014).

VI. Support Indicators of Child Well-Being

Support indicators measure a child’s emotional and financial support.

Index of Support Indicators for South Carolina Children				
	2008	2010	2012	Trend
Percent of Children Leaving Foster Care to Live with a Family	87.9%	88.8%	92.5%	<i>Increasing</i>
Percent of Children Living in Poverty	21.7%	26%	26.8%	<i>Increasing</i>
Percent of Students Receiving Free and Reduced Meals	52%	56%	57%	<i>Increasing</i>
Children Participating in WIC	260,354	288,945	286,986	<i>No trend</i>
Children on Medicaid	557,925 (2009)	(591,636)	676,668	<i>Increasing</i>

A. Children Leaving Foster Care to Live with a Family⁶⁹

When a child cannot safely remain in their home because of abuse or neglect, DSS is given legal custody, and the child is placed in foster care. Foster care is meant to be a temporary placement, lasting only until the child can safely return to their parent/caretaker or, in some instances, until a new family can be found. This indicator represents the percent of children who leave DSS custody and who are either returned to their original caregiver or are adopted, appointed a guardian, or placed permanently with a relative.

During the 2013 Federal Fiscal Year, 91% of children who left foster care were either reunified with their family or placed with a new family through adoption or guardianship. This is slightly above comparable national rates.⁷⁰

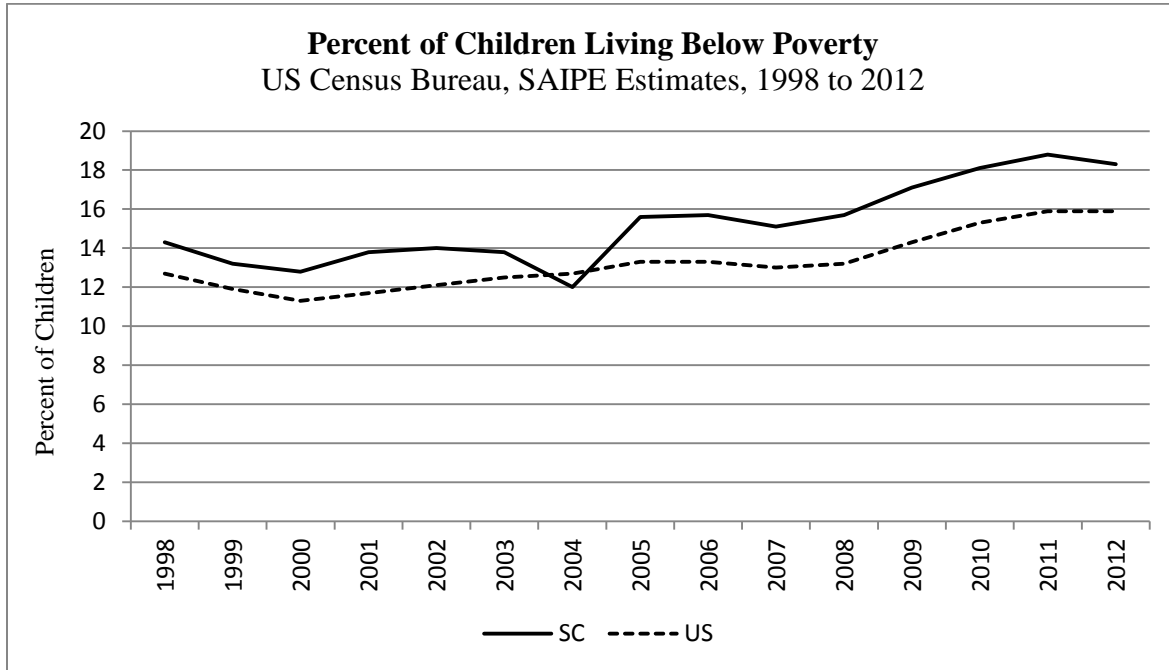
B. Children in Poverty

This indicator is a Census Bureau estimate of the number of persons whose household income falls below the poverty threshold. In 2012, the poverty threshold for a family of two parents and two children was \$23,283.⁷¹

⁶⁹ S.C. Department of Social Services, unpublished report generated March 2013. Children Leaving Foster Care for Positive Closure Reason

⁷⁰ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. The AFCARS Report, Preliminary FY’2012 Estimates as of November 2013. <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport20.pdf> (last visited, February 24, 2014).

⁷¹ U.S. Census, Poverty thresholds by Size of Family and Number of Children. <http://www.census.gov/hhes/www/poverty/data/threshld/> (last visited, February 24, 2014).



In South Carolina, there were 285,674 children (26.8%) in poverty in 2012. This is a 29% increase from 2007 and a 2% decrease from the previous year of 2011. Nationally, there were 16,396,863 children (22.6%) in poverty in 2012, a 25% increase from 2007 and a 0.1% increase from the previous year of 2011.⁷²

Family economic hardship has been consistently associated with academic failure, poor health, and maladaptive behavior. Other risk factors such as living in a single-parent family or low parent education level can significantly increase children’s chances of adverse outcomes, especially when combined with poverty.⁷³ According to 2011/2012 National Survey of Children’s Health, socioeconomic hardship and divorce/parental separation were the primary adverse childhood experiences faced by South Carolina children.⁷⁴

C. Children Receiving Free and Reduced Meals

The percent of students receiving free and reduced meals is collected by the Department of Education.⁷⁵

⁷² U.S. Census, Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipe/data/index.html> (last visited, February 24, 2014).

⁷³ National Center for Children in Poverty, http://www.nccp.org/publications/pub_1073.html (last visited, February 24, 2014).

⁷⁴ Data Resource Center for Child & Adolescent Health, <http://www.childhealthdata.org/browse/survey/results?q=2257&r=42&r2=1> (last visited, February 24, 2014).

⁷⁵ S.C. Department of Education, Children Receiving Free and Reduced, <http://ed.sc.gov/data/erate/> (last visited, February 24, 2014).

In South Carolina, 57% of children were receiving free and reduced meals in 2013. Nationally, 30.6 million children (70.5% of children enrolled in public schools) participated in National School Lunch Program as of January 10, 2014, a 10.5% increase from 2008 and a 2.3% increase from the previous year of 2012.⁷⁶

According to the National School Lunch Program, for lunch, schools must offer students all five required food components in at least the minimum required amounts. The components include meats/meat alternates; grains; fruit; vegetables; and fluid milk.⁷⁷ Children from families with incomes at or below 130% of the poverty level are eligible for free meals. Those with incomes between 130% and 185% of the poverty level are eligible for reduced-price meals, for which students can be charged no more than 40 cents. For the period of July 1, 2013, through June 30, 2014, 130% of the poverty level is \$30,615 for a family of four; 185% is \$43,568.⁷⁸

D. Children Participating in WIC

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is a nutrition program that provides nutritious foods, nutrition education, and access to health care to low-income pregnant women, new mothers, and infants and children at nutritional risk.⁷⁹ This indicator reflects the number of children participating in WIC through the Department of Health and Environmental Control county offices in the Women, Infants and Children program.⁸⁰

⁷⁶ Food and Nutrition Service, United States Department of Agriculture. National Level Annual Summary Tables, <http://www.fns.usda.gov/pd/s/summar.htm> (last visited, February 24, 2014).

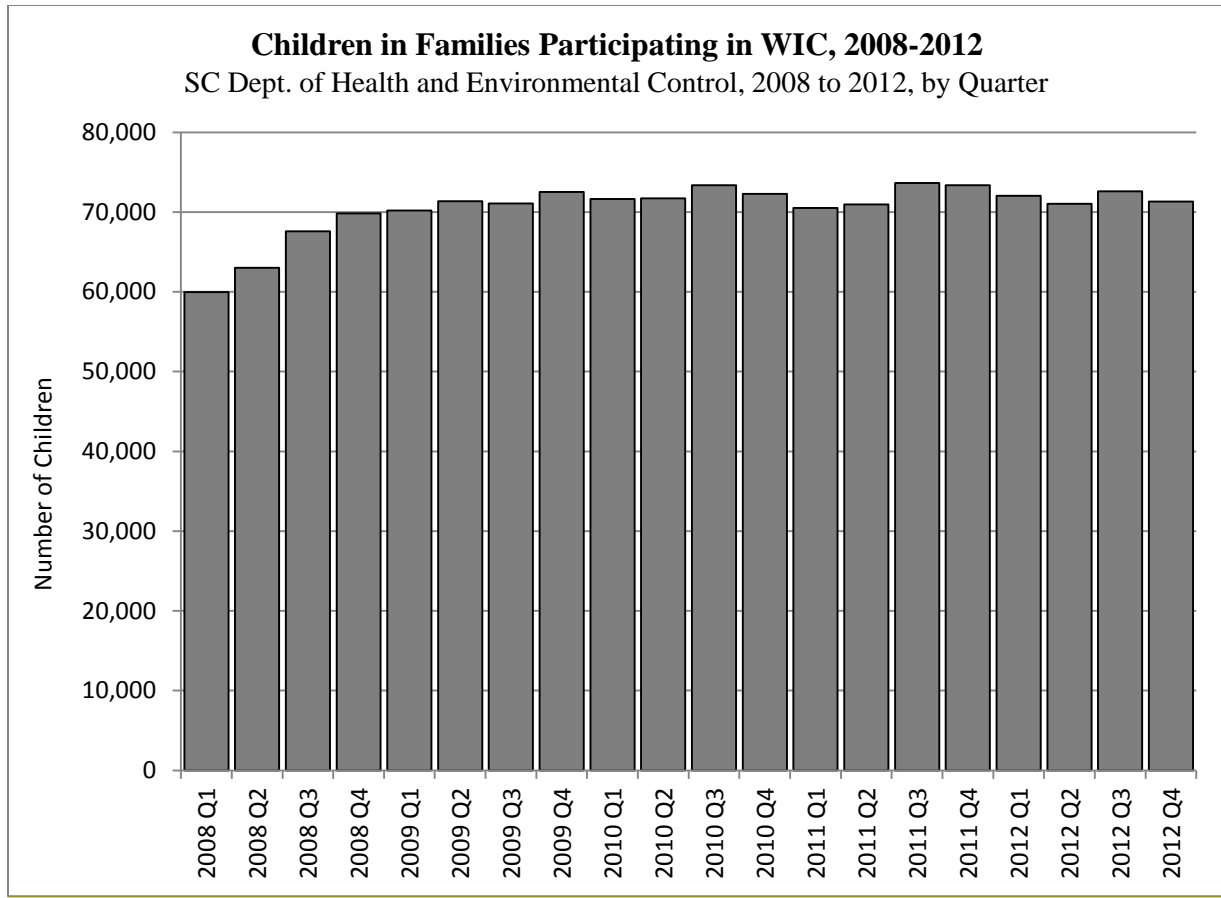
⁷⁷ Food and Nutrition Service, United States Department of Agriculture. <http://www.fns.usda.gov/sites/default/files/SP45-2013os.pdf> (last visited, February 24, 2014).

⁷⁸ Food and Nutrition Service, United States Department of Agriculture. <http://www.fns.usda.gov/sites/default/files/NSLPFactSheet.pdf> (last visited, February 24, 2014).

⁷⁹ USDA, WIC's Mission, <http://www.fns.usda.gov/wic/aboutwic/mission.htm>, (last visited, February 24, 2014).

⁸⁰ Women are eligible during pregnancy, postpartum, and while breastfeeding. Infants are eligible up until the infant's first birthday and children are eligible up to the child's fifth birthday. Applicants must be classified by a health professional as a "nutrition risk." This means the individual must have a condition such as anemia, underweight, history of poor pregnancy outcomes, or a dietary based condition such as a poor diet. U.S. Department of Agriculture, Food and Nutrition Service, WIC Eligibility Requirements <http://www.fns.usda.gov/wic/howtoapply/eligibilityrequirements.htm>. (last visited, February 24, 2014).

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In South Carolina, there were 286,986 child participants in WIC in 2012, a 10% increase from 2008 and a 1% decrease from the previous year of 2011.⁸¹

Nationally, there were 8,663,000 total participants in 2013, which is a 5% decrease from 2009 and a 3% increase from the previous year of 2012. The average monthly food cost per person was 43.5 dollars.⁸² To be eligible on the basis of income, applicants' income must fall at or below 185% of the U.S. Poverty Income Guidelines (currently \$42,643 for a family of four). A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.⁸³

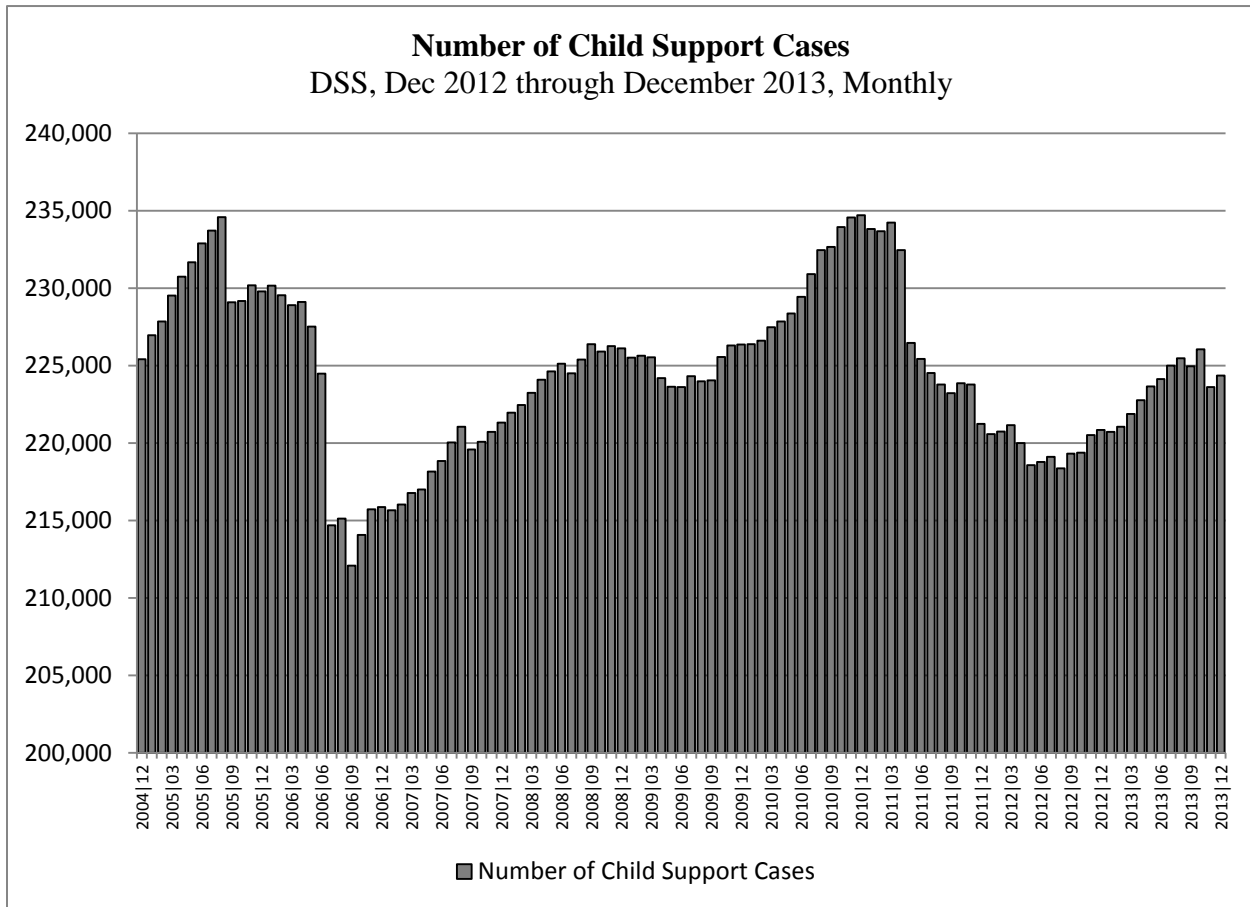
⁸¹ Public Health Statistics and Information Services, Division of Biostatistics, S.C. South Carolina Department of Health and Environmental Control. Unpublished reported generated in February, 2014.

⁸² U.S. Department of Agriculture, Food and Nutrition Service, <http://www.fns.usda.gov/pd/wisummary.htm> (last visited, February 24, 2014).

⁸³ U.S. Department of Agriculture, Food and Nutrition Service, <http://www.fns.usda.gov/sites/default/files/WIC-Fact-Sheet.pdf> (last visited, February 24, 2014).

E. Child Support

This indicator reflects the monthly caseload for all DSS child support cases.⁸⁴



Nationally, in 2011, there were an estimated 14.4 million parents living with children under 21 years while the other parent(s) lived somewhere else. About half (48.9%) of all custodial parents had either legal or informal child support agreements. Custodial mothers were more likely to have agreements (53.4%) than custodial fathers (28.8%). About 62.3% of the \$37.9 billion in child support due in 2011 was reported as received, averaging \$3,770 per year per custodial parent who was due support. The average child support payment accounted for two-thirds of the mean annual personal income for custodial parents below poverty who received full child support.⁸⁵

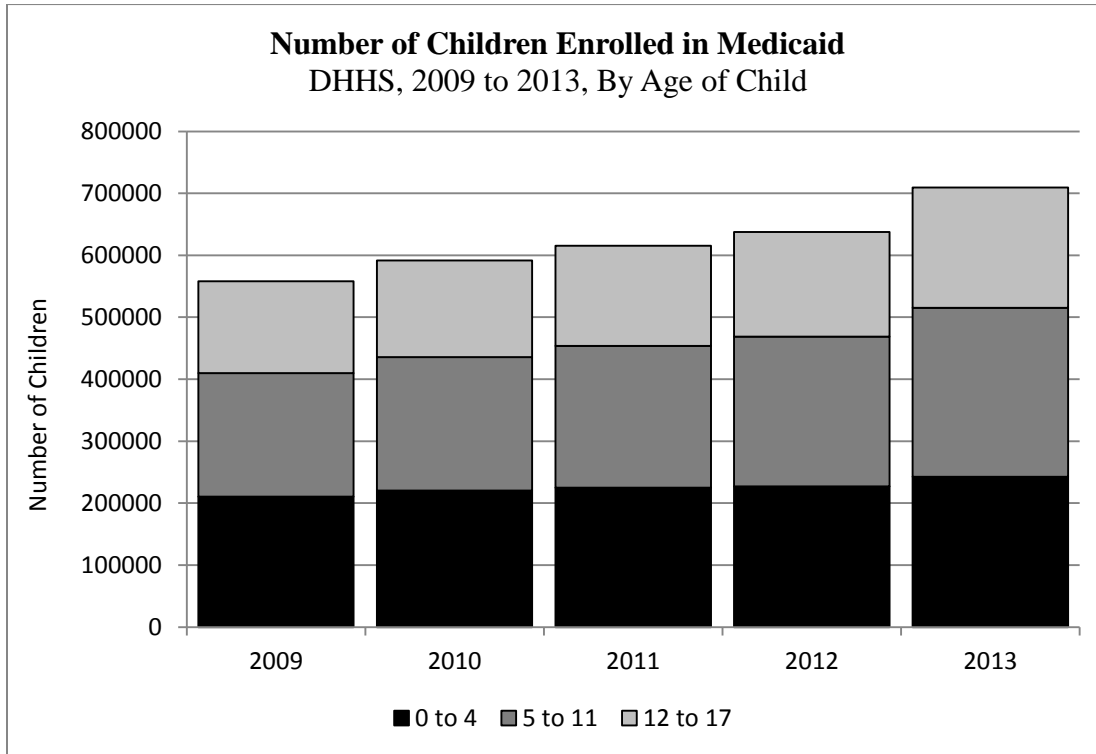
⁸⁴ S.C. Department of Social Services, Court Ordered Child Support Program Fact Sheets 2006-2010. Unpublished report, Court Ordered Child Support 2013. Generated January 2014.

⁸⁵ U.S. Department of Commerce, Economics and Statistics Administration U.S. Census Bureau. Custodial Mothers and Fathers and Their Child Support: 2011 (issued October 2013). <http://www.census.gov/prod/2013pubs/p60-246.pdf> (last visited, February 24, 2014).

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F. Children on Medicaid

This indicator reports an unduplicated number of children enrolled in Medicaid as reported by DHHS using claims data.⁸⁶



All children from birth to age 6 with family incomes up to 133% of the federal poverty rate (\$29,700 for a family of four in 2011) and children age 6-18 with family incomes up to 100% of the federal poverty rate (\$22,350 for a family of four in 2011) are eligible for Medicaid. Other eligible children include infants born to women covered by Medicaid, certain children in foster care or an adoption assistance program and certain children with disabilities. All children enrolled in Medicaid are entitled to the comprehensive set of health care services known as Early, Periodic Screening, Diagnosis and Treatment (EPSDT).⁸⁷

⁸⁶ The Institute for Families in Society, Division of Medicaid Policy Research, University of South Carolina, South Carolina. Unpublished report, Children on Medicaid 2008-2013 by County and Unduplicated State Total, unpublished report generated February 2014.

⁸⁷ Medicaid.gov Keeping America Healthy, Children on Medicaid, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/Children/Children.html> (last visited, February 24, 2014).