

**Report to**

**The South Carolina  
Joint Citizens and Legislative  
Committee on Children**

November 8, 2013

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## **I. Background and Introduction**

The Joint Citizens and Legislative Committee on Children (Joint Committee) was established to identify and research issues related to children and offer policy and legislative recommendations.<sup>1</sup> As part of its ongoing work, the Joint Committee hosts annual Town Hall meetings to invite members of the public to offer testimony that will assist the Joint Committee in identifying and understanding important issues facing children in South Carolina. On October 4, 2013, a Town Hall meeting was held in Columbia. During the meeting, the Joint Committee heard testimony related to:

- 1) the receipt and response to reports of child abuse or neglect by the Department of Social Services (DSS);
- 2) the utilization of Community Based Prevention Services; and
- 3) child deaths.

The purpose of this report is to provide members of the Joint Committee with an overview of the complex system of child protective and preventative services, supported by state and federal law, agency policies, and statistical analysis of available data. Issues related to fidelity of practice are outside the scope of this report.

## **II. Child Protective Services**

The South Carolina Children’s Code contains a comprehensive framework for the administration of services for the protection of children.<sup>2</sup> An essential component of this framework relates to DSS’ responsibility to provide child protective services, including its duty to respond to reports of abuse or neglect.<sup>3</sup> Additionally, DSS has published an expansive policy to govern the delivery and coordination of child protective services.<sup>4</sup>

The following is an overview of state law and DSS policy governing the administration of child protective services.

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<sup>1</sup> S.C. Code Ann. § 63-1-50(A).

<sup>2</sup> *Id.* at § 63-1-20 *et. seq.*

<sup>3</sup> *Id.* at § 63-7-10 *et. seq.* The term “child abuse or neglect” in this report includes “harm” as defined in the South Carolina Children’s Code. *See* S.C. Code Ann. § 63-7-20(4). The definition is reprinted in Appendix A.

<sup>4</sup> DSS Human Services Policy and Procedure Manual, Chapter 7, Child Protective and Preventative Services, § 710, Intake Policy and Procedures, *available at* [https://dss.sc.gov/content/library/manuals/HS\\_Manuals/ CPPS\\_HS.pdf](https://dss.sc.gov/content/library/manuals/HS_Manuals/ CPPS_HS.pdf) (last visited Oct. 24, 2013) (hereinafter, DSS CPS Policy).

### **A. Reports to DSS of Child Abuse or Neglect**

DSS is the state agency responsible for receiving and responding to reports of known or suspected cases of child abuse or neglect when the suspected perpetrator is the parent, guardian, or person responsible for the child's welfare.<sup>5</sup> Although any person may report suspected abuse or neglect, certain professionals are "mandated reporters" (such as physicians, teachers, counselors, clergy, and child care staff) and they are required to make a report to DSS or law enforcement if they have reason to believe a child has been, or may be, abused or neglected.<sup>6</sup>

### **B. DSS Response to Reports of Child Abuse or Neglect**

Beginning in 2012, DSS implemented "Appropriate Response" to respond to reports of abuse or neglect.<sup>7</sup> Under Appropriate Response, DSS screens all reports to determine whether:

- 1) an investigation is required;
- 2) a referral to a Community Based Prevention Service (CBPS) organization is appropriate; or
- 3) the report should be screened out, with no further action.

Before 2012, DSS had only two options to respond to a report of abuse or neglect: either investigate the report, or screen it out. However, beginning in 2010, federal law required all states to establish programs that include "triage procedures" and referrals to community based prevention services for reports that do not rise to the level of requiring an investigative response.<sup>8</sup> To comply with this federal mandate, DSS expanded its traditional intake process by adding a third option, referral to a CBPS.<sup>9</sup> The addition of CBPS to intake options enables DSS to refer families to voluntary, community based services when a report raises a low or moderate, rather than substantial, risk of child abuse or neglect.

#### **i. DSS Safety and Risk Assessment at Intake**

Upon receipt of a report, DSS conducts a safety and risk assessment to determine whether to investigate the report, to refer the report to CBPS, or to screen the report out.<sup>10</sup> A DSS Intake

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<sup>5</sup> S.C. Code Ann. §§ 63-7-20(4); 63-7-310(B); 63-7-910(A)(1).

<sup>6</sup> *Id.* at § 63-7-310.

<sup>7</sup> DSS CPS Policy § 710.

<sup>8</sup> CAPTA Reauthorization Act of 2010, Pub Law. No. 111-320, 2010 Stat. 3817 (codified at 42 U.S.C. §5101a 5106a (b)(2)(B)(v)).

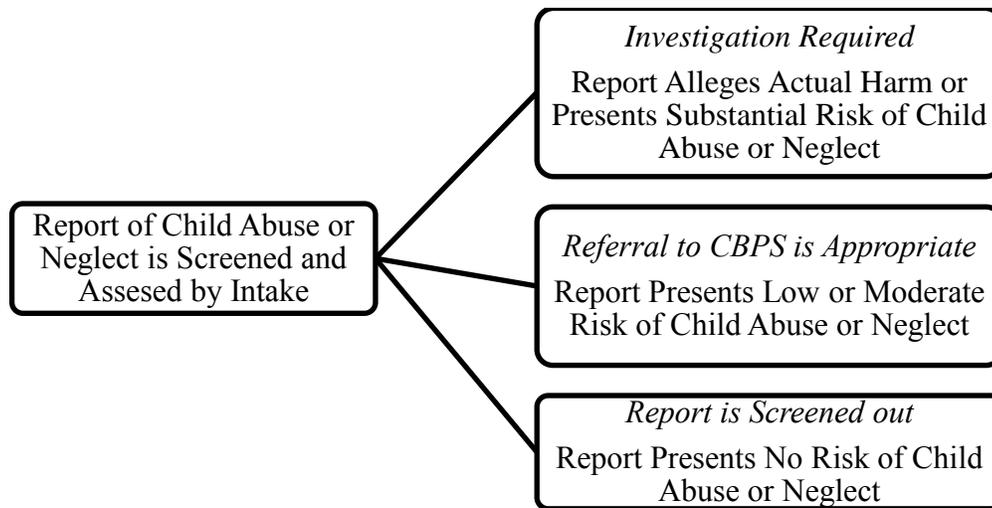
<sup>9</sup> DSS CPS Policy § 710.

<sup>10</sup> *Id.*

Worker and a DSS Intake Supervisor independently conduct a safety and risk assessment<sup>11</sup> to identify the risk factors for the child and the protective capacities for adults.<sup>12</sup> Ultimately, the safety and risk assessment will result in one of three dispositions for the report:

- 1) *Investigate the Report*: if the safety or risk assessment identifies either actual harm or risk factors that place the child at substantial risk of child abuse or neglect, intake will refer the report to child protective services for an investigation.
- 2) *Refer the Family to CBPS for Voluntary Services*: if the safety or risk assessment identifies risk factors that place the child at low or moderate risk of child abuse or neglect, intake will refer the report to CBPS for voluntary services.
- 3) *Screen Out*: if the safety or risk assessment identifies no risk factors, intake will screen the report out.

The chart below illustrates DSS’ decision-making framework for DSS’ response to a report.



**ii. When a Child Protective Service Investigation is Required**

State law requires DSS to conduct an appropriate and thorough investigation of any report that alleges a parent or guardian either unlawfully harmed a child or has placed the child at substantial risk of abuse or neglect.<sup>13</sup> The investigation must be initiated within 24 hours, but may be initiated within hours of receiving the report.<sup>14</sup> The purpose of an investigation is to determine whether the allegation has merit, in which case the report would be indicated.<sup>15</sup> A

<sup>11</sup> The safety and risk assessments are reprinted in Appendix B.

<sup>12</sup> *Id.* at § 710, Appendix IV.

<sup>13</sup> S.C. Code Ann. § 63-7-20(4); *see also* § 63-7-920 (requirement for appropriate and thorough investigation).

<sup>14</sup> *Id.* at § 63-7-920; DSS CPS Policy § 710.013, *Urgency of Response*.

<sup>15</sup> S.C. Code Ann. § 63-7-920(A)(1). A report that is not indicated is unfounded. That is, “there is not a preponderance of evidence to believe that the child is abused or neglect.” *See* S.C. Code Ann. § 63-7-20(24). Unfounded investigations are classified in one of four categories, as prescribed in S.C. Code Ann. § 63-7-930(C).

report is indicated when the allegations are “supported by facts that warrant a finding by a preponderance of evidence that abuse or neglect is more likely than not to have occurred.”<sup>16</sup>

When a report is indicated, DSS is responsible for providing, directing, or coordinating services to children and families.<sup>17</sup> Such services may be provided on a voluntary basis or required by order of the family court.<sup>18</sup> Whenever possible, these services should be provided to the family in their home.<sup>19</sup> However, when a child cannot be safely maintained in the home, the child will be placed with a relative or in a foster care placement.<sup>20</sup> As with other services, placement of a child outside the home may be arranged on a voluntary basis or required on an involuntary basis by order of the family court.<sup>21</sup>

### **iii. When a Referral to CBPS is Appropriate**

When a report does not contain an allegation that the child has been unlawfully harmed or is at a substantial risk of abuse or neglect, DSS is required to refer the call to the appropriate local department or service agency.<sup>22</sup> If the report raises a low or moderate risk of abuse or neglect, DSS refers the report to CBPS for Voluntary Case Management (VCM) or Family Strengthening Services (FSS).<sup>23</sup> CBPS services include an additional safety and risk assessment, the provision and coordination of services, and ongoing monitoring of the family’s progress.<sup>24</sup> CBPS providers are mandated reporters, and thus, they are required by law to report a case back to DSS if they have reason to believe the child has been or may be abused or neglected.<sup>25</sup>

### **C. Child Protective Services Data**

The following chart shows the number of children in South Carolina who were the subject of an abuse or neglect report to DSS, and shows the DSS intake response.<sup>26</sup> The data

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<sup>16</sup> *Id.* at § 63-7-20(11).

<sup>17</sup> *Id.* at § 63-7-960.

<sup>18</sup> Voluntary services are encouraged. *See* S.C. Code Ann. 63-7-900(A). However, upon petition by DSS, a family court may order intervention to provide services if the court finds by a preponderance of the evidence that the child is abused or neglected and the child cannot be protected from further harm without intervention. *See* S.C. Code Ann. § 63-7-1650(A).

<sup>19</sup> S.C. Code Ann. § 63-7-10(A)(1)-(6).

<sup>20</sup> *See Id.* at § 63-7-620(A)(1); 63-7-690; 63-7-1660.

<sup>21</sup> *Id.*

<sup>22</sup> *Id.* at § 63-7-910(A)(2).

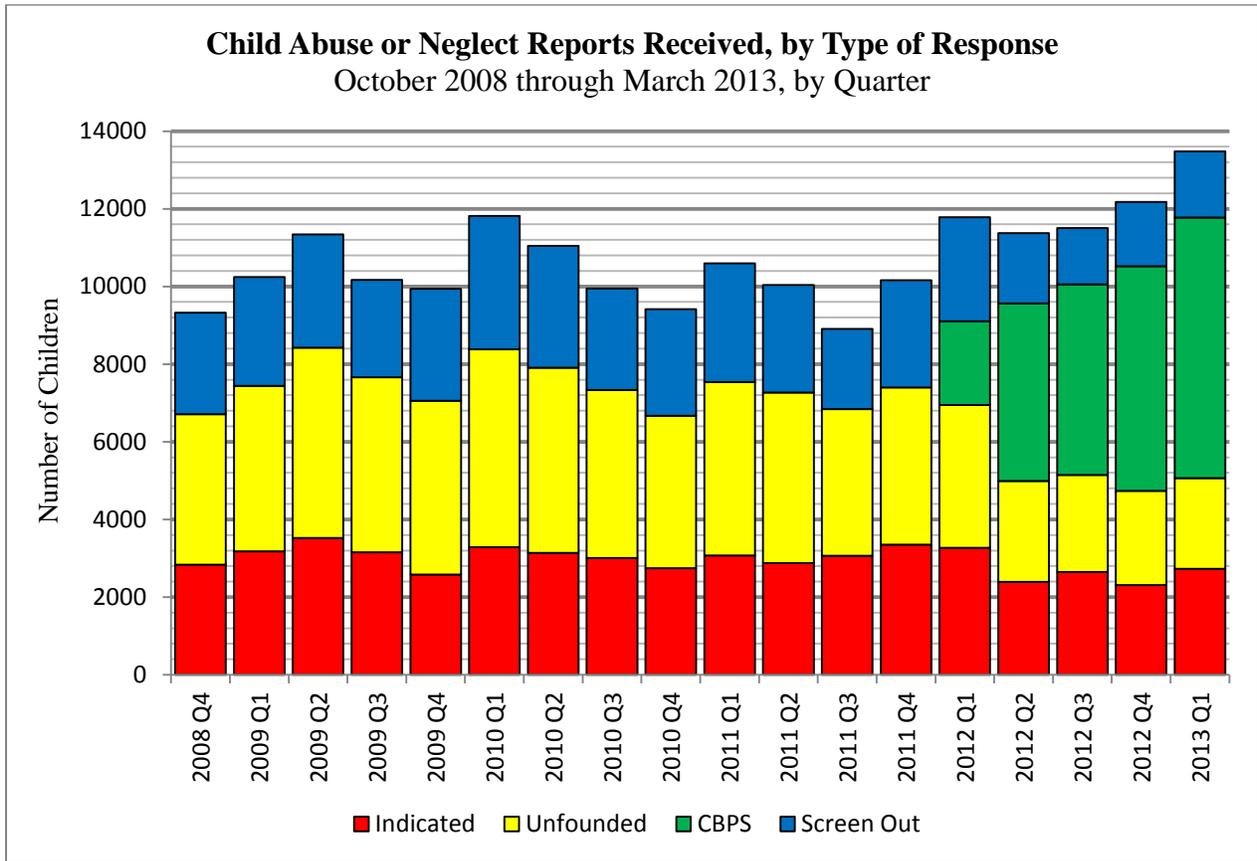
<sup>23</sup> DSS CPS Policy, § 710, Appendix IV.

<sup>24</sup> *Id.*

<sup>25</sup> *Id.*; *see also* S.C. Code Ann. § 63-7-310.

<sup>26</sup> This chart shows the number of cases assigned by response type. It is also informative to look at the proportion of cases assigned by response type. That chart is presented in Appendix C.

include all referrals received by DSS between October 2008 and March 2013, and are presented by quarter.<sup>27</sup>



The chart was prepared using data obtained from the Fostering Court Improvement (FCI)<sup>28</sup> project. The quarterly reports are separated by color to represent the intake response:

- 1) red represents the number of children that were the subject of a report that was investigated by DSS, and the report was determined to be indicated;
- 2) yellow represents the number of children that were the subject of a report that was investigated by DSS, and the report was determined to be unfounded;
- 3) green represents the number of children that were the subject of a report that was referred to CBPS; and

<sup>27</sup> DSS implemented CBPS in 2012. However, these services were not available statewide until June 1, 2012.

<sup>28</sup> Fostering Court Improvement (FCI) is a volunteer, non-profit organization affiliated with the University of North Carolina that partners with state child welfare agencies to process and analyze data routinely collected on children and families involved in the child welfare system. South Carolina participates in FCI by providing the organization with child welfare data, available currently from October 2008 to March 2013. FCI independently analyzes the data and publishes non-identifiable aggregate statistics and data at the statewide and local level. South Carolina's data require a password to access, and DSS has provided that password to Joint Committee staff. More information about FCI is available at [www.fosteringcourtimprovement.org](http://www.fosteringcourtimprovement.org).

- 4) blue represents the number of children that were the subject of a report that was screened out and received no services or response from DSS.

As reflected in the chart, several trends have emerged since the implementation of Appropriate Response in 2012:

- there is an increase in the number of families receiving child protective or preventative services as the result of a report to DSS.
- there is a decrease in the number of investigations DSS conducts;
- there is an increase in the proportion of investigations that are determined to be indicated;<sup>29</sup> and
- there is a decrease in the number of reports screened out, with no further services.

#### **D. Indicators of the Effectiveness of Child Protective Services**

The Joint Committee heard testimony regarding the safety of Appropriate Response (i.e., DSS' intake process), specifically the addition of CBPS. Nationally, the most common way to assess the safety of an intake process is to examine the “recurrence rate.”

The term “recurrence rate” as used in this report is defined simply as the circumstance when a child is the subject of an indicated report of child abuse or neglect, and that child was also the subject of a previous accepted report to DSS within the past six months, regardless of whether the first report was determined to be indicated, unfounded, or referred to CBPS.

A recurrence rate is grounded in the belief that while the community at-large has an obligation to protect children and prevent abuse or neglect,<sup>30</sup> DSS has a special duty to protect children who are the subject of abuse or neglect reports from subsequent abuse or neglect.<sup>31</sup>

The recurrence rate of accepted reports for children in South Carolina is presented in the table on page 9, based on different response types. The rates were calculated from FCI data, using the following criteria:

- 1) identify all children that were the subject of either an investigation or a referral to CBPS between October 2011 and November 2012; and then

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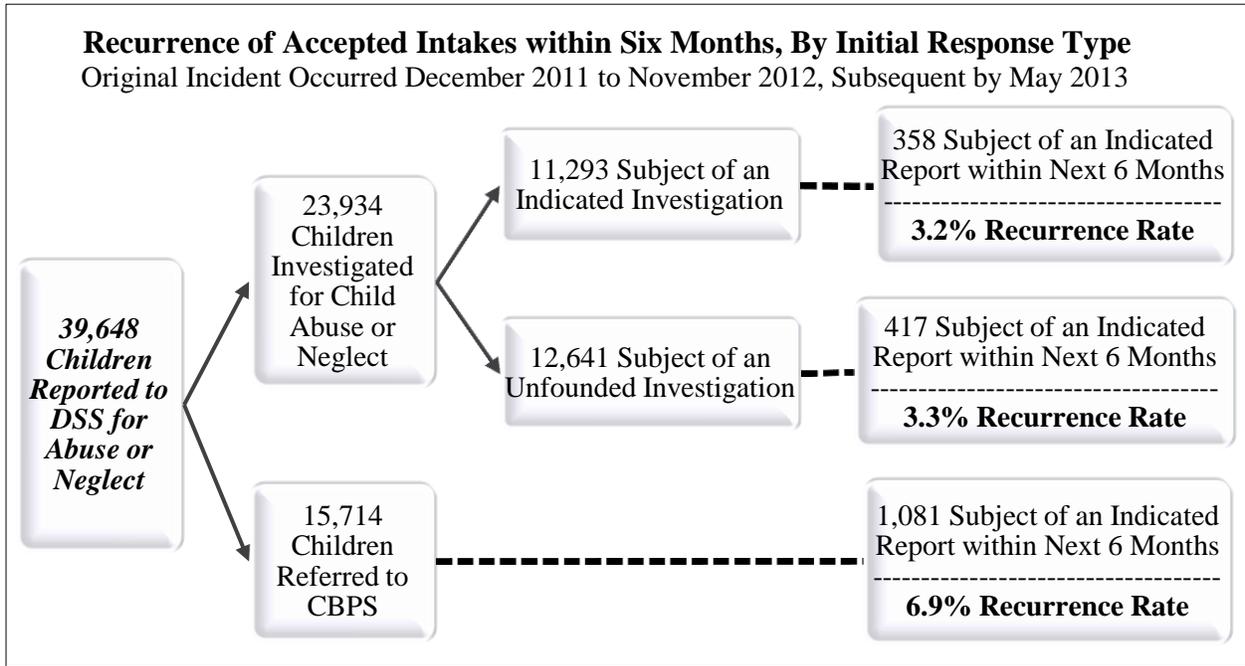
<sup>29</sup> It is worth repeating that although the number of investigations has decreased, the proportion of investigations that are ultimately indicated has increased. See Appendix C. The decrease in total investigations has been driven primarily by a reduction in unfounded investigations. A chart showing the proportion of investigations indicated is presented in Appendix D. During 2013 Q1, 54% of investigations were indicated, the highest rate during the time period for which data are available (October 2008 through March 2013). During the 2011 FFY, the national rate for indicated investigations was 23%.

<sup>30</sup> S.C. Code Ann. § 63-7-10(3) – (4), (8).

<sup>31</sup> *Id.* at 63-7-920(A); *Jensen v. SC DSS*, 297 S. C. 323, 331 (S.C. Ct. App. 1998).

- 2) calculate the number of those children who had a subsequent report within six months of their original report, and the subsequent report was indicated.

The recurrence rate for children whose original reports are investigated is just above 3%, regardless of whether the original report is ultimately indicated or unfounded. The recurrence rate for children referred to CBPS is approximately double the recurrence rate for children whose report is referred to CPS for an investigation.



Because of this variance, additional explanation is provided below.

**i. CBPS Recurrence Rate**

Under Appropriate Response, children and families are referred to CBPS whenever an intake assessment identifies a low or moderate, rather than a substantial, risk of abuse or neglect.<sup>32</sup> When a report is referred to CBPS, DSS policy requires CBPS providers to make face-to-face contact within at least 7 days of the referral, during which time the CBPS provider conducts an independent safety and risk assessment.<sup>33</sup> If the CBPS assessment identifies a substantial risk of abuse or neglect, the CBPS provider, as a mandated reporter, must report the case back to DSS for an investigation.<sup>34</sup>

<sup>32</sup> DSS CPS Policy § 710.

<sup>33</sup> *Id.* at § 710, Appendix IV (certain reports require shorter timeframes based on the level of risk presented).

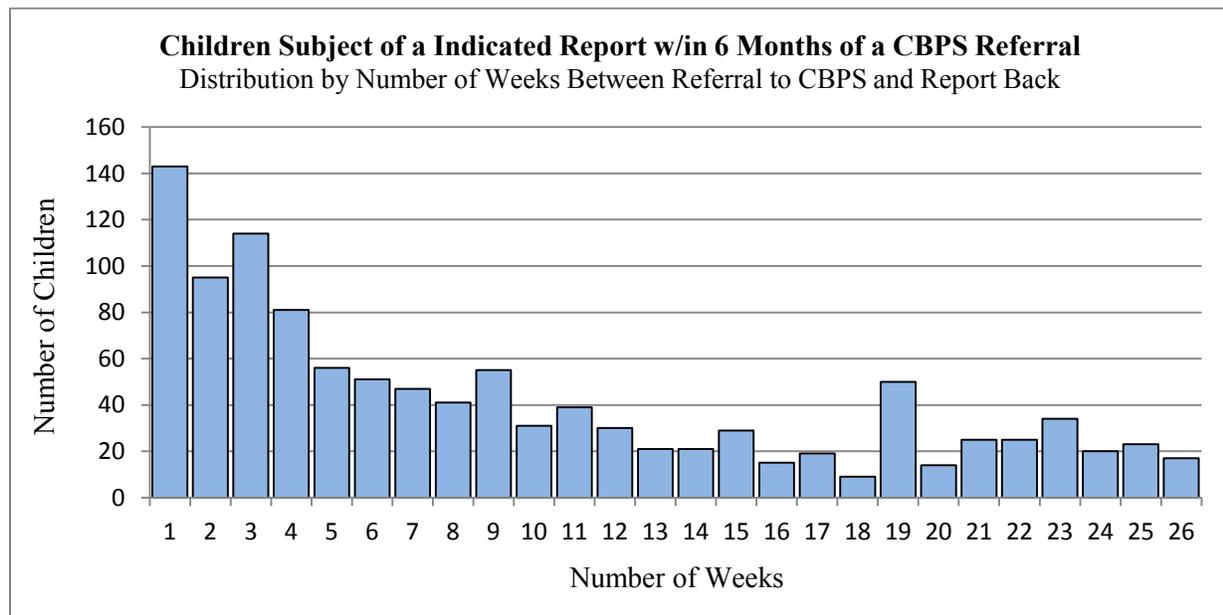
<sup>34</sup> S.C. Code Ann. § 63-7-310; DSS CPS Policy § 710, Appendix IV.

Because of the process described above, the recurrence rate for cases referred to CBPS may be inflated. If a CBPS provider identifies risk factors that place the child at substantial risk of abuse or neglect during their contact, a new report to DSS will be generated and investigated. This CBPS report back to DSS could be counted as a separate report, even if it is based on the same incident that led to the original report.<sup>35</sup>

**ii. Time Between Original Report and Subsequent Indicated Report**

There may not always be a new incident of abuse or neglect when a report is made by a CBPS provider. Rather, during their home visit, the CBPS provider may identify additional risk factors that were not identified at intake. If these risk factors place the child at a substantial risk of abuse or neglect, the CBPS provider will report the case to DSS for an investigation.

One way to explore the possibility that the same incident is being reported is to examine the time between the original referral to CBPS and the subsequent report to DSS. If the subsequent report is received by DSS soon after the referral to CBPS, it is reasonable to assume that it may be a report of the same or original incident.



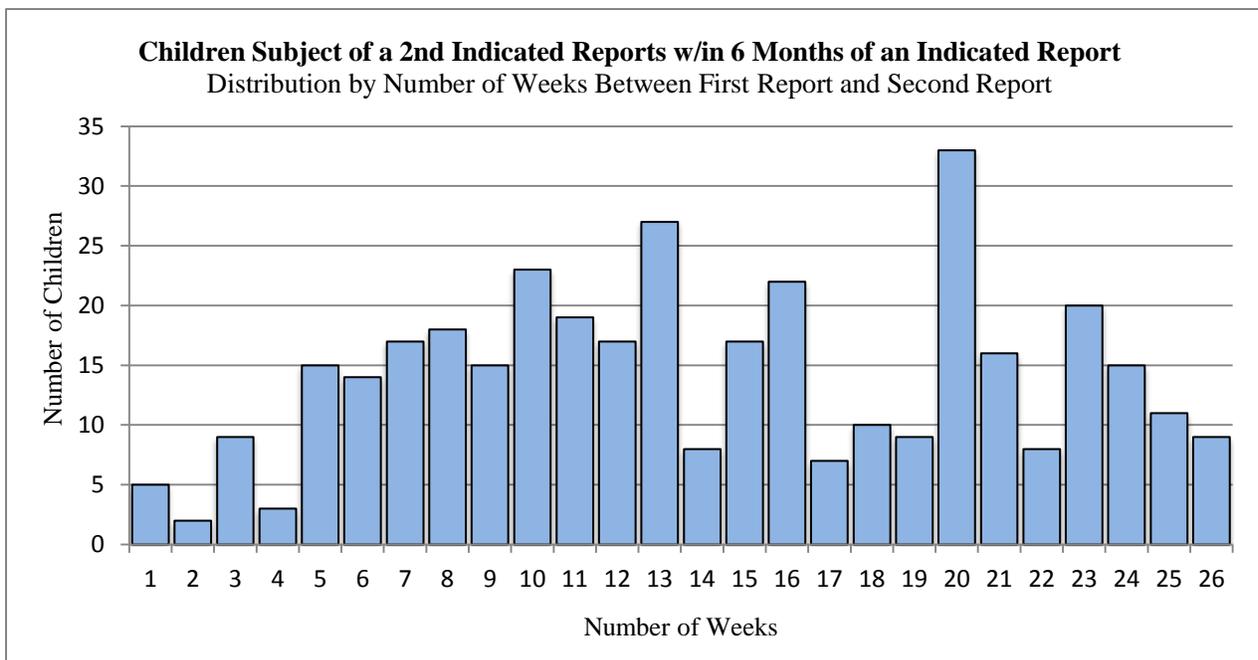
The chart above illustrates the number of children who were subject of an indicated report of child abuse or neglect within six months of a referral to CBPS, based on the number of weeks between the original referral to CBPS and the subsequent report that was indicated.

<sup>35</sup> Ordinarily, multiple reports of a single suspected incident of child abuse or neglect are counted as a single report of child abuse or neglect. See DSS CPS Policy, § 711, *Recurrent Referrals*.

According to these data regarding cases referred to CBPS:

- 1) 12% of the subsequently indicated reports were incidents which were reported within one week of the original referral to CBPS.
- 2) Nearly a third (32%) of the subsequently indicated reports were reported within three weeks of the original referral to CBPS.

More generally, the chart is skewed to the left. The data suggest that when there is a subsequent indicated report following a DSS referral to CBPS, the subsequent report is more likely to happen within the first few weeks of the referral to CBPS. Comparatively, the next chart illustrates the recurrence rate for children subject of a second indicated report within six months of another indicated report.



The distribution in the second chart shows very few subsequent indicated reports of abuse or neglect occurring within the first month of the original indicated report. In comparing the data in the two charts above, it is observed that:

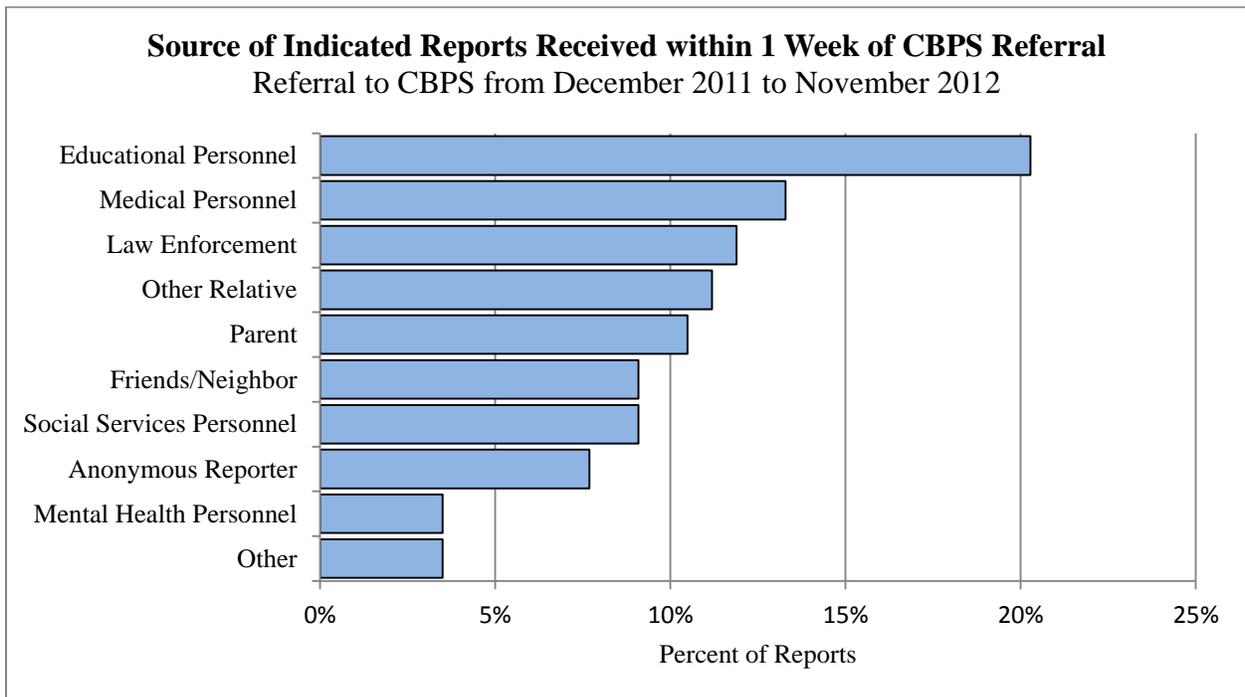
- 39% of the indicated abuse or neglect reports following a referral to CBPS occurred within a month of the referral.
- Only 5% of the indicated abuse or neglect reports following a previous indicated abuse or neglect report occurred within a month of the original indicated report.

### **iii. Source of Indicated Report Following a Referral to CBPS**

The following chart illustrates data regarding the source of a subsequent indicated report following a referral to CBPS. The chart only includes reports that were received

within one week of a referral to CBPS. The purpose of the chart is to examine the hypothesis formulated based on the data in the previous section: that the CBPS mandated reporter may be the source of the subsequent report (which is indicated) after they initiate their face to face contact.

Unexpectedly, nearly three-quarters of the indicated reports that occur within a week of a referral to a CBPS provider are reported by someone other than the CBPS provider, i.e., educational personnel, medical personnel, parent or other relative, friend or neighbor, law enforcement, etc.<sup>36</sup>



Further analysis is necessary to more accurately determine what is driving the recurrence rate of reports referred to CBPS.

### **III. Child Deaths with DSS Involvement**

The South Carolina Law Enforcement Division’s (SLED) Department of Child Fatalities is responsible for investigating unexpected or unexplained child deaths that occur in South Carolina.<sup>37</sup> The Department of Child Fatalities provides the multi-disciplinary State Child Fatality Advisory Committee (SCFAC) with information and findings related to child deaths

<sup>36</sup> Data regarding the individual identify of the reporter are not available.

<sup>37</sup> S.C. Code Ann. § 63-11- 1940.

investigations so that SCFAC may fulfill its obligation of identifying statutory, policy, or practice changes that may decrease the number of preventable child fatalities.<sup>38</sup>

The Joint Committee received testimony concerning the number of child deaths that may be associated in some fashion with DSS. To prepare this report, both SLED and DSS provided the Joint Committee with additional provisional data regarding the number of child deaths that involved a child with a DSS report. Additionally, data were obtained from FCI regarding child deaths that are recorded in child protective services records.

While the FCI data and the SLED data certainly overlap, these datasets are not identical:

- FCI data contain child deaths that are recorded in child protective services records.
  - All such children were the subject of investigated and indicated reports.
  - Prior to April 2013, all such children had an open child protective services case at the time of their death.
  - Beginning in April 2013, the children either had an open child protective services case at the time of their death, or DSS had opened an investigation post-mortem to assist law enforcement with the investigation.
  
- SLED data contain child deaths with DSS involvement:
  - The reports regarding these children may have been screened out, referred to CBPS, or investigated by DSS.
  - The report to DSS may have occurred at any time during the child’s life, or the report to DSS may have occurred post-mortem.

SLED and DSS each provided the Joint Committee with novel data regarding the complex relationship between child deaths and reports of abuse or neglect. However, because there is no standardized definition for “DSS involvement,” it is difficult to analyze the data. Standardization of data and further analysis is needed to better understand the nature of DSS’ involvement in the case of a child death.

With these limitations in mind, the following section contains analysis of the data SLED, DSS and FCI provided to the Joint Committee.

#### **A. SLED Data Regarding Child Deaths**

To prepare this report, SLED provided the Joint Committee with provisional data<sup>39</sup> (which was updated subsequent to the Town Hall meeting) on the number of child deaths that involve a child who was the subject of a DSS report:

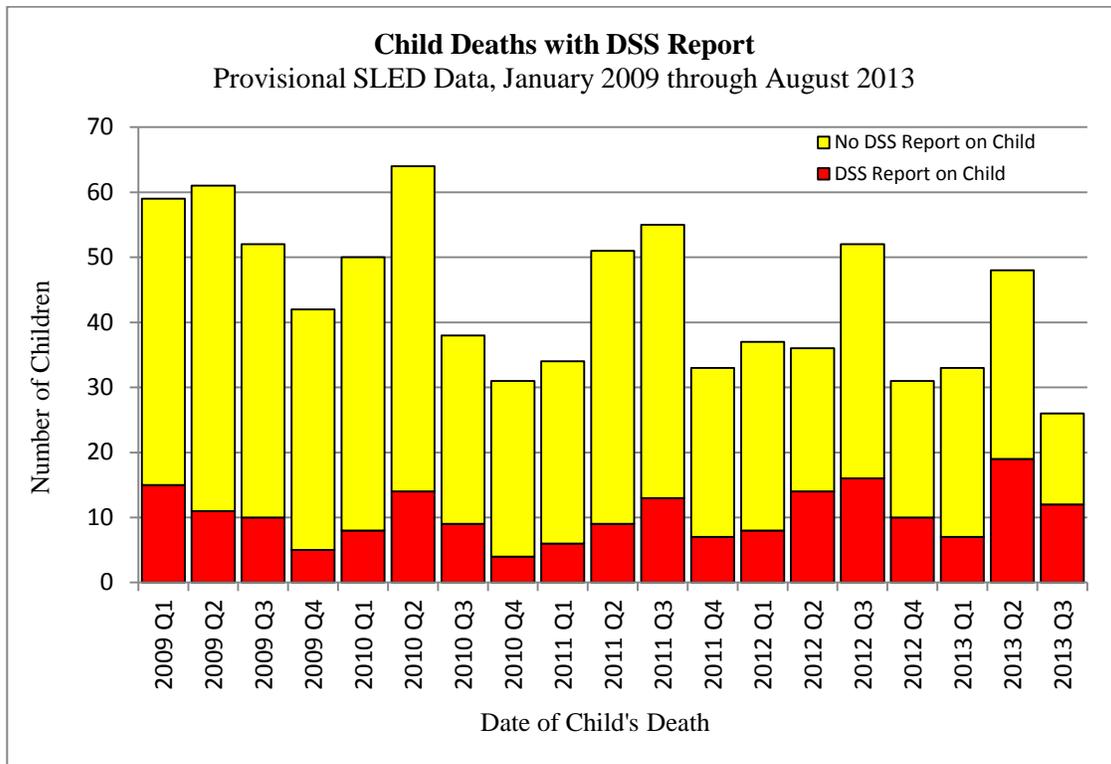
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<sup>38</sup> *Id.* at § 63-11-950(A).

<sup>39</sup> SLED provided these data on short notice, and they have not been verified by the SCFAC.

- Prior to April 2013, the report would have been received by DSS prior to the child's death.
- After April 2013, the report may have been received by DSS prior to the child's death or may have been received post-mortem. In April 2013, DSS updated its policy to allow post-mortem investigations.

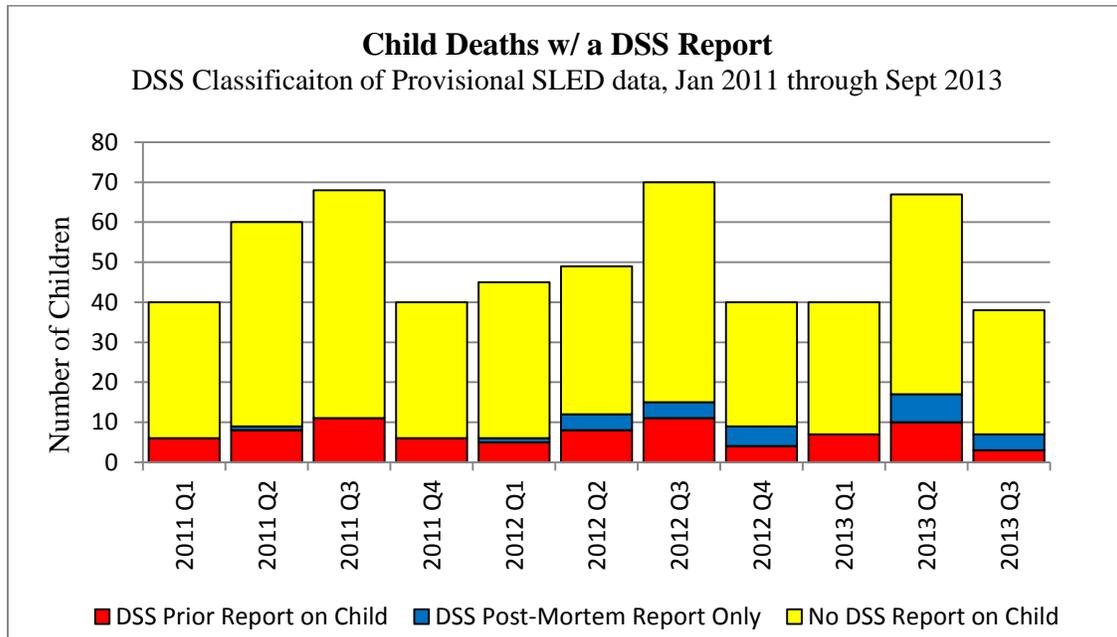
Accordingly, the chart below contains cases of children whose only contact with DSS may have been a post-mortem investigation.



- Red represents child deaths where the child was the subject of a DSS report. This includes reports to DSS that were either investigated, referred to CBPS services, or screened out.
- Yellow represents child deaths where the child had no DSS report.

Child deaths with a DSS report include children with any report to DSS, regardless of the length of time between the date of the original report and the date of the child's death. DSS involvement in child death cases is impacted by the following changes which expand the number of children and families with DSS records: DSS changed its practice in April 2013 to begin accepting reports of abuse or neglect subsequent to the death of a child; and DSS increased the total number of children receiving protective or preventative services by 59% (from 7,403 children in the first quarter of 2012, to 11,775 children in the first quarter of 2013) as the result of the implementation of CBPS.

DSS provided additional data regarding the child deaths that occurred between January 2011 and October 2013, as reported by SLED. DSS classifies their involvement in child deaths as presented in the chart below.



### **B. FCI Data Regarding Child Deaths**

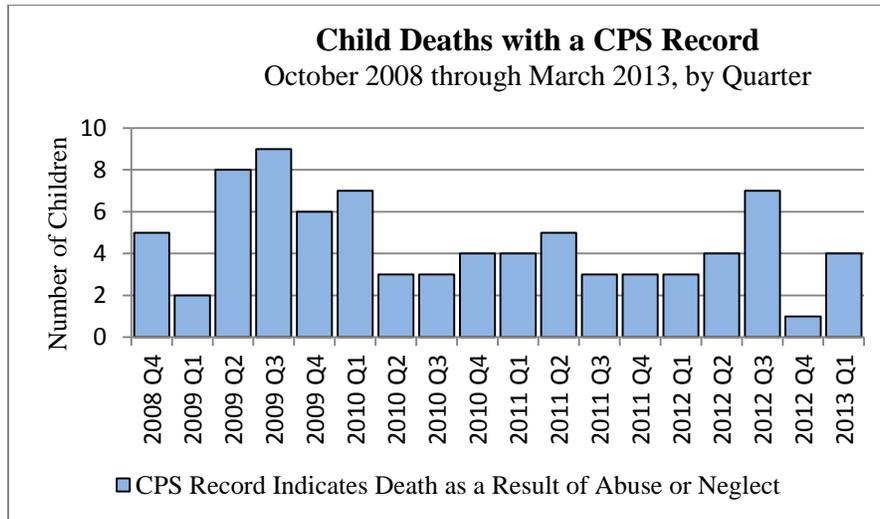
Additional data were obtained from FCI regarding child deaths resulting from abuse or neglect. As illustrated in the chart below, between October 2008 and March 2013, FCI data show 84 deaths resulting from abuse or neglect.<sup>40,41</sup> It is important to note that the FCI data and the SLED data are two different datasets. These two datasets contain some overlap; however, only 10 of the 84 FCI cases were confirmed to appear in the SLED dataset.

The limited information available on the 84 child deaths between October 2008 and March 2013 in child protective service records demonstrates that:

- 1) 82% percent of the children were under the age of three at the time of the child protective services investigation, with more than one-half less than a year old.

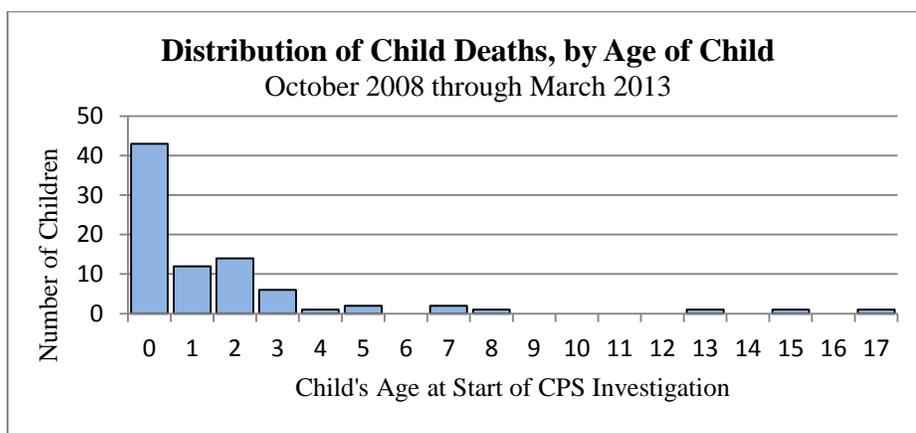
<sup>40</sup> Based on the limitations of the data available from FCI, it is not possible to know the date of the child death. The data only indicate whether there was a child death resulting from abuse or neglect. This field is flagged when an “injury resulting from the abuse or neglect was the cause of death [or] abuse and/or neglect were contributing factors to the cause of death.” See National Child Abuse and Neglect Data System (NCANDS), Child File, FFY 2011, *NDACAN Dataset Number 169 User’s Guide and Codebook*, page 31 (2011), available at [www.ndacan.cornell.edu/datasets/pdfs\\_user\\_guides/169v1user.pdf](http://www.ndacan.cornell.edu/datasets/pdfs_user_guides/169v1user.pdf).

<sup>41</sup> There were 30 foster care records that indicated a child death between October 2008 and March of 2013 while the child was in state custody. Due to limitations in the two datasets, it is unclear whether these 30 children were already included in the CPS records implicating a child death. More than likely, there is some overlap.



- 2) 44% of the children had a previous indicated report of abuse or neglect, although there were no data available on when the previous report was received or indicated. Children without a previous indicated report may have records with DSS only due to post-mortem investigations.
- 3) The primary allegation in the original abuse or neglect report was:
  - physical abuse in 40 cases;
  - neglect or deprivation of necessities in 40 cases; and,
  - medical neglect in the other 4 cases.
- 4) In 70% of the cases, a parent was the primary perpetrator of the original report of abuse or neglect; however, it is unknown whether the parent caused the death of the child.

The majority of child deaths were young children, particularly infants, as the chart below illustrates.<sup>42</sup>



<sup>42</sup> The age is calculated at the time the investigation began. The data do not contain a date of death.

#### **IV. Conclusion**

This report addresses DSS' intake and case assignment processes of reports of abuse or neglect and considers available data regarding child deaths in South Carolina.

In compliance with federal mandates in 2012, DSS implemented Appropriate Response to serve more children and families based on a triage approach to screening reports of abuse and neglect. Since that time:

- More families are receiving services.
- DSS has investigated fewer reports, although investigations of reports are more likely to be indicated.
- Children referred to CBPS are twice as likely to have a subsequent report (which is indicated) than those reports that are originally investigated.

The implementation of Appropriate Response is grounded in federal and state law, and is enabling DSS to provide more services to children and families in South Carolina.

To better understand the nature of the relationship between child deaths and reports of abuse or neglect, the Joint Committee reviewed three sources of information:

- 1) Provisional data collected and provided by SLED, which includes all unexpected and unexplained child deaths in the state;
- 2) Data provided by DSS, which supplements the SLED data; and
- 3) Data provided by FCI, another source of data related to child deaths that result from abuse or neglect.

Child deaths resulting from abuse or neglect are a subset of the number of all unexpected or unexplained deaths reported to SLED. Due to the variances in the collection and reporting practices across organizations, standardized reporting guidelines are needed to quantify the prevalence of child deaths resulting from abuse or neglect. Near-fatal and serious injuries to children should also be investigated and reviewed to better inform South Carolina's efforts to prevent child abuse and neglect.

## Appendix A

### Statutory Definition of Child Abuse or Neglect or Harm

S.C. Code Ann. 63-7-20(4)

(4) “Child abuse or neglect” or “harm” occurs when the parent, guardian, or other person responsible for the child’s welfare:

- (a) inflicts or allows to be inflicted upon the child physical or mental injury or engages in acts or omissions which present a substantial risk of physical or mental injury to the child, including injuries sustained as a result of excessive corporal punishment, but excluding corporal punishment or physical discipline which:
  - (i) is administered by a parent or person in loco parentis;
  - (ii) is perpetrated for the sole purpose of restraining or correcting the child;
  - (iii) is reasonable in manner and moderate in degree;
  - (iv) has not brought about permanency or lasting damage to the child; and
  - (v) is not reckless or grossly negligent behavior by the parents.
- (b) commits or allows to be committed against the child a sexual offense as defined by the laws of this State or engages in acts or omissions that present a substantial risk that a sexual offense as defined in the laws of this State would be committed against the child;
- (c) fails to supply the child with adequate food, clothing, shelter, or education as required under Article 1 of Chapter 65 of Title 59, supervision appropriate to the child’s age and development, or health care through financially able to do so or offered financial or other reasonable means to do so and the failure to do so has caused or presents a substantial risk of causing physical or mental injury. However, a child’s absences from school may not be considered abuse or neglect unless the school has made efforts to bring about the child’s attendance, and those efforts were unsuccessful because of the parents’ refusal to cooperate. For the purpose of this chapter “adequate health care” includes any medical or nonmedical remedial health care permitted or authorized under state law;
- (d) abandons the child;
- (e) encourages, condones, or approves the commission of delinquent acts by the child and the commission of the acts are shown to be the result of the encouragement, condonation, or approval; or
- (f) has committed abuse or neglect as described in subsections (a) through (e) such that a child who subsequently becomes part of the person’s household is at substantial risk of one of those forms of abuse or neglect.

Appendix B  
Safety and Risk Assessment

Safety Questions

1. Behavior of caregiver or others the caregiver has allowed access to the child is violent or threatening violence and/or out of control.
2. Caregiver has not, will not, or cannot provide sufficient supervision to protect the child from present or impending danger.
3. Death of a sibling or other child in the household has occurred due to abuse/neglect or uncertain circumstances.
4. One or more parent/caregiver's behavior is dangerously impulsive or they will not/cannot control their behavior.
5. The current abuse or neglect is severe and suggests that there may be present or impending danger to the child.
6. Caregiver's impairment due to drug or alcohol abuse is seriously affecting his/her ability to supervise, protect, or care for the child
7. There have been reports of harm and the child's whereabouts cannot be ascertained and/or there is a reason to believe that the family is about to flee or refuses access to the child.
8. Child is fearful of being harmed by people living in or frequenting the home.
9. Caregiver has not or is unable to meet the child's immediate needs for food, clothing, shelter, or medical care where the absence of these necessities is creating present or impending danger to the child.
10. The child's physical living conditions are hazardous and present a situation of present or impending danger.
11. Caregiver has a severe or chronic mental or physical illness or disability and current protective factors are not in place to ensure child safety.
12. Child is vulnerable due to lack of self-protection skills or the presence of special needs that caregivers are unable to meet, and these are presenting the threat of present or impending danger.
13. Caregiver describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations given the child's age or level of development and this presents present or impending danger

14. Caregiver lacks the knowledge, skill, or motivation to parent and this presents a threat of present or impending danger.

15. Caregiver and others with access to the child has made credible threats which would result in present or impending danger to the child.

If any of the 15 questions is answered yes, then the case is investigated. If all 15 questions are answered no, then the intake worker completes a risk assessment using the following factors:

Risk

Baseline Risk

Prior History

Exploitation (Non-Sexual)

Injury or Accident

Dangerous Acts

Neglectful Conditions

Sexual Abuse

Developmental/Emotional Harm

Child Risk

Vulnerability

Special Needs/Behavior Problems

Caregiver Risk

Substance Abuse

Mental-Emotional, Intellectual or Physical Impairments

Parenting Skills/Expectations of Child

Empathy, Nurturance, Bonding

History of Violence by or Between Caregivers, Toward Peers and/or children

Protection of Child by Non-Abusive Caregiver

Recognition of Problem/Motivation to Change

Level of Cooperation with Intervention

History of Child Abuse/Neglect as a Child

Family Risk

Social Support for the Family

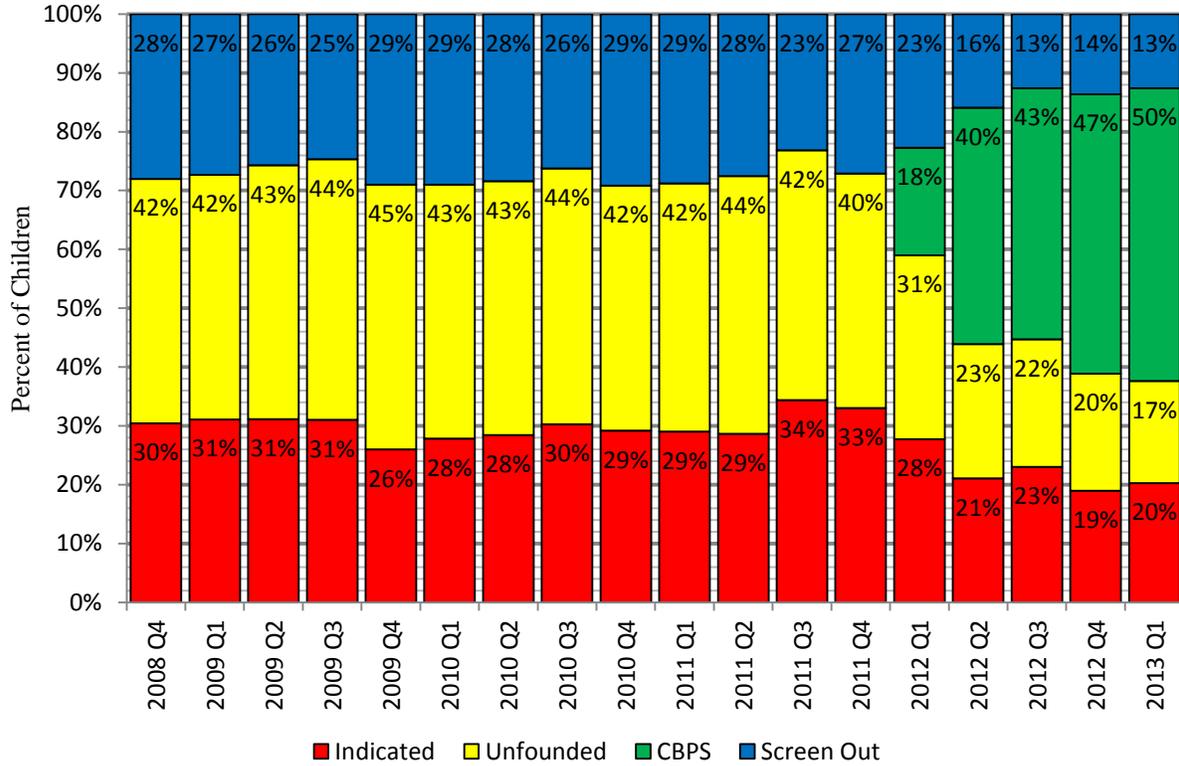
Economic Resources for the family

Domestic Violence

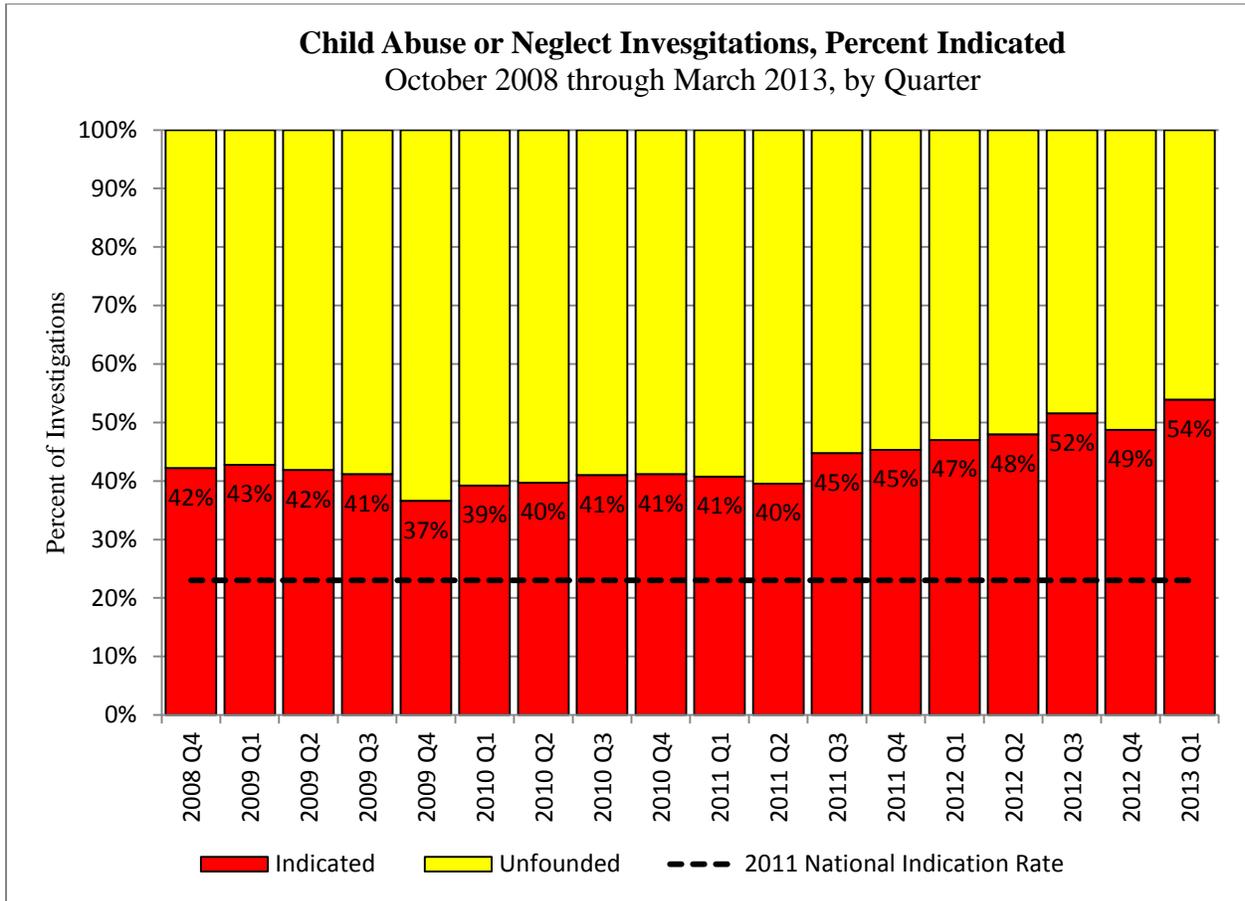
At the conclusion of the risk assessment, the intake worker recommends whether to investigate the report, refer the report to CBPS, or screen the report out.

Appendix C

**Child Abuse or Neglect Reports Received, By Type of Response**  
 October 2008 through March 2013, By Quarter



Appendix D



Appendix E  
DSS' Wildly Important Goals (WIGS)

The Joint Committee received testimony related to DSS policies or practices aimed at reducing the number of children in care, with specific reference to Wildly Important Goals, or WIGS.<sup>43</sup> DSS introduced WIGS, which represent the agency's top priorities, to DSS staff and community partners in 2012. DSS has implemented a number of WIGS, each of which is listed in the table below:

2012 WIG 1	Increase positive permanency by 50% for children in care 17 months or more by June 30, 2012.
2012 WIG 2	Increase FY10 adoptions by 50% by June 30, 2012.
2012 WIG 3	Reduce the number of children who experience maltreatment within six months of an unfounded investigation of abuse and neglect from 4.3% to no more than 2.8% by Sept. 30, 2012.
2013 WIG 1	Improve child safety by increasing the quality of the decisions that control safety and manage risk ("Item 4 in QA Reviews") from the statewide baseline of 64.7% to 75%.
2013 WIG 2	Finalize adoptions for 43% of all children in foster care on January 1, 2013 who were already legally free for adoption or are soon to be legally free for adoption.
2013 WIG 3	Achieve positive permanency or secure a pre-adoptive placement for 25% of all children in foster care on Jan. 1, 2013 who are age 13 to 17 and have been waiting 24 months or longer.

If implemented successfully, four of the six WIGS would likely result in a reduction of the number of children in foster care.

A) The Number of Children in Foster Care

The number of children in foster care is a measure that is primarily influenced by three factors: the number of children placed in foster care, the number of children that exit foster care,

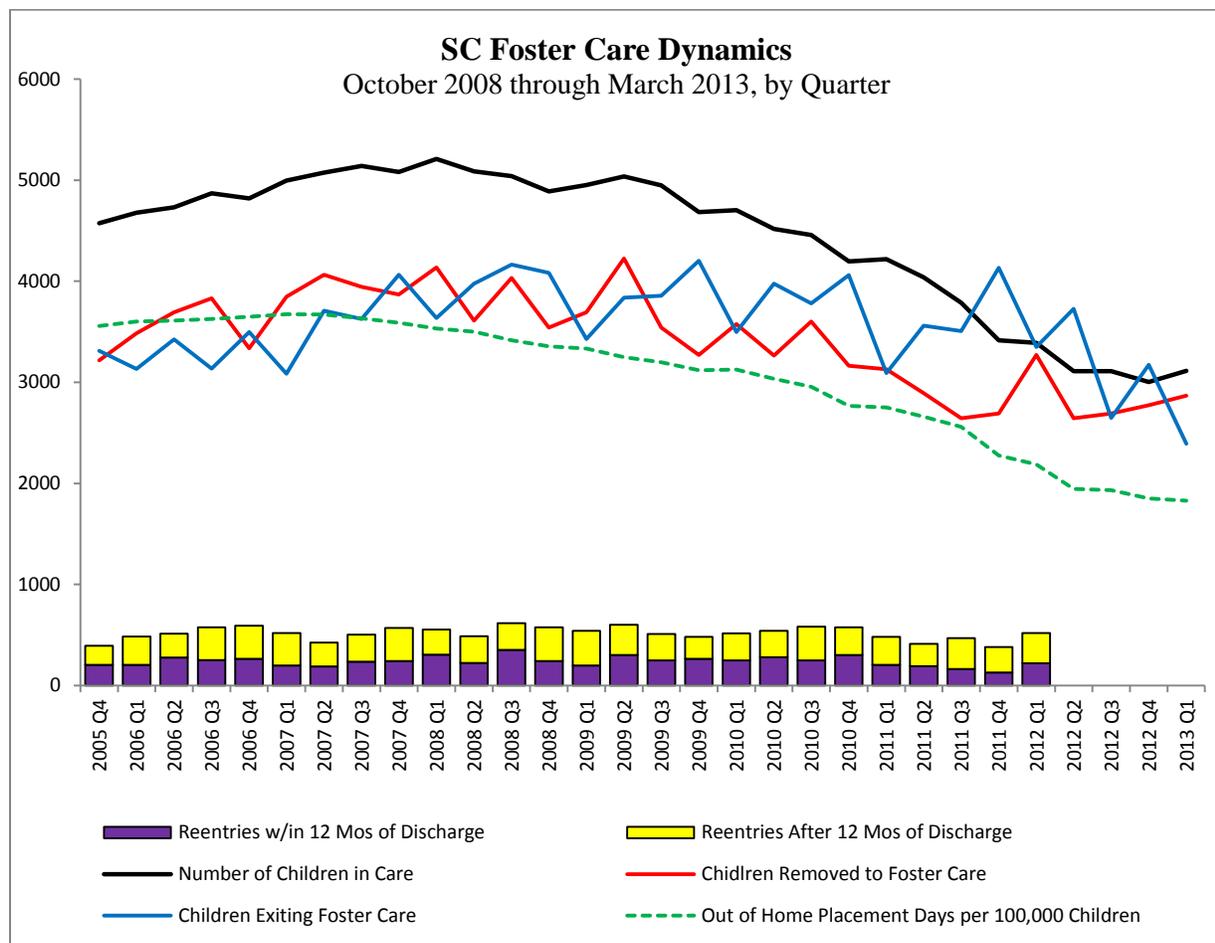
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<sup>43</sup> WIGS are part of a management strategy discussed in the Four Disciplines of Execution. More information is available at [www.the4disciplinesofexecution.com](http://www.the4disciplinesofexecution.com).

and the length of time children spend in foster care. Were the four WIGS implemented successfully, it is likely that the number of children exiting foster care would increase and the length of time children stay in foster care would decrease, resulting in a decrease in the overall number of children in care.<sup>44</sup> The chart below highlights the foster care dynamics that influence the size of our foster care system, including:

- the number of children entering foster care (red line),
- the number of children exiting foster care (blue line), and
- the total number of children in foster care (black line).

These data were obtained from FCI.



From this chart, it should be observed:

<sup>44</sup> None of the WIGS address the number of children removed to foster care.

- The overall number of children in foster care (black line) has reduced from a peak of 5,210 children on March 31, 2008 to 3,004 children on December 31, 2012, a 42% reduction in care.
- As of March 31, 2013, there was a slight increase in the number of children in foster care from December of 2012.

#### A. Placements in and Discharges from Foster Care

It is worth exploring a few dynamics that may have influenced this 42% reduction of children in foster care from 2008 to 2013:

- 1) Between 2005 and 2008, the overall number of children placed in foster care (red line) was consistently greater than the overall number of children exiting foster care (blue line). When more children are placed in foster care than exit foster care, the overall foster care population will likely increase, depending on the median length of stay in foster care.
- 2) Between 2008 and 2009, more children were exiting foster care rather than entering foster care.
- 3) Between 2009 and 2012, there were consistently more children exiting foster care than entering foster care.

These dynamics likely contributed to an overall reduction in the number of children in foster care between 2008 and 2012.

#### B. Length of Stay in Foster Care

Also beginning around 2008, there was a reduction in the length of time children typically would spend in foster care. In the chart above, the dotted green line represents the total number of out-of-home placement days for children in foster care at the end of the quarter.<sup>45</sup> This is one way of looking at how long (literally counting the number of days) children spent in foster care. As the green-dotted line in the chart reflects, the total number of out-of-home placement days has consistently reduced since 2008, even with the occasional increase in overall foster care population (black line). This was likely the result of finding and achieving permanency for children that had spent long periods of time in foster care.

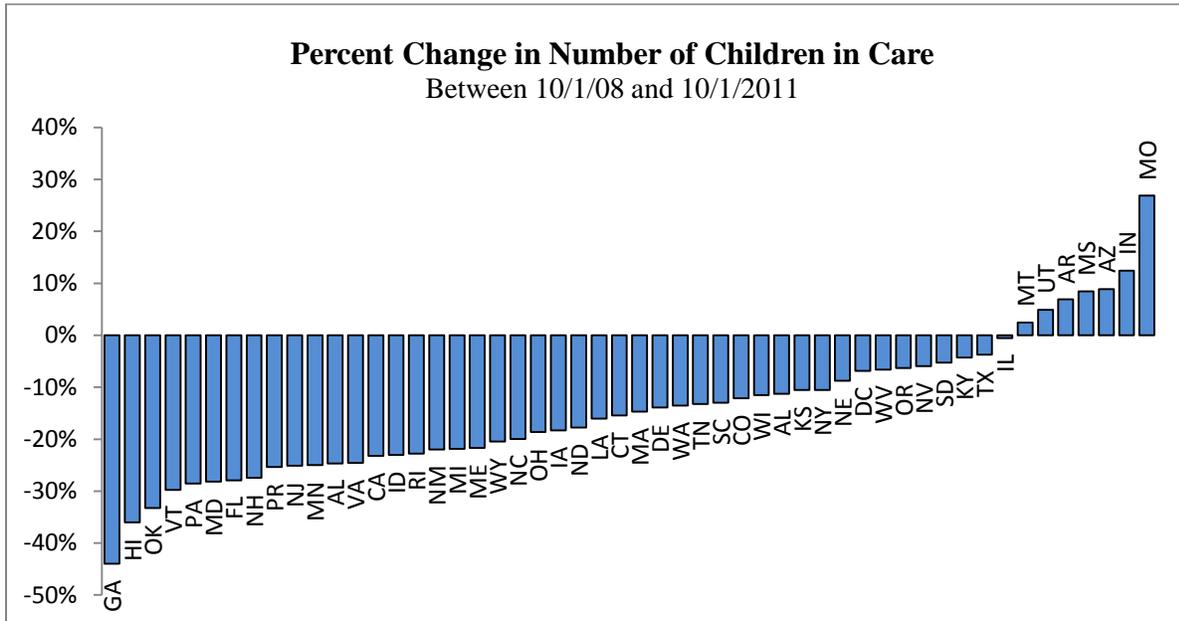
#### C. National Policies Supporting a Reduction in the Number of Children in Foster Care

While there is no DSS policy or priority that expressly addresses a goal of reducing the number of children in care, it is worth mentioning that there are national organizations advocating for the safe reduction of the number of children in foster care. For example, Casey

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<sup>45</sup> This measure is computed as a rate per 100,000 children in the population.

Family Programs, the nation’s largest operating foundation focused entirely on foster care and improving the child welfare system, has a 2020 Strategy to “safely reduce the number of children in foster care by 50% by 2020.”<sup>46</sup> The chart below reflects the percent change in the number of children in foster care between 2008 and 2011.<sup>47</sup>



As the chart illustrates, between 2008 and 2011:

- Nationally, all but seven states saw reductions in the number of children in foster care;
- South Carolina saw a 13% reduction in the number of children in foster care;
- most other southeastern states saw reductions in the number of children in foster care greater than experienced in South Carolina, such as Georgia (44%) and Florida (28%);
- Mississippi, whose number of children in foster care increased by 8% between 2008 and 2011, was the only state in the southeast that did not see a reduction in the number of children in foster care.

These data were obtained from the United States Dept. of Health and Human Services, Administration for Children and Families, Children’s Bureau’s *Child Welfare Outcomes Report*.<sup>48</sup>

<sup>46</sup> See [www.casey.org/AboutUs/2020](http://www.casey.org/AboutUs/2020).

<sup>47</sup> The most recent year for which data are available.

<sup>48</sup> The Child Welfare Outcomes Report custom report builder is available at [www.cwoutcomes.acf.hhs.gov/data/overview](http://www.cwoutcomes.acf.hhs.gov/data/overview).