



COMMITTEE *on* CHILDREN

2021 Annual Report



TABLE OF CONTENTS

Welcome Letter 1

Committee Membership 2

2020: Year in Review 2

The Issues

I. Child Welfare

» Kinship Care & Fictive Kin 4

» Statewide Child Abuse Protocol 6

» Extension of Foster Care 8

II. Crimes Against Children

» Trafficking and Exploitation of Minors 10

» Intimate Partner Violence 12

III. Responsible Decision Making/Juvenile Justice

» Status Offenders 14

» Juvenile Sex Offender Registry 16

» Prohibiting Juvenile Life Without Parole 18

IV. Physical/Mental Health

» Child Hunger 20

» Tobacco Access 22

» Youth Homelessness 24

V. Well-being

» Childcare 26

» Supported Decision Making 28

Looking Ahead

» COVID-19 30

» Family First Prevention Services Act 32

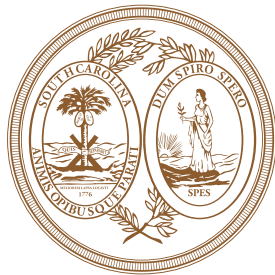
» Reauthorization of the Joint Citizens & Legislative Committee on Children 34

References 36

Acknowledgments 44

Children’s Law Center
1300 Pickens Street
Columbia, SC 29201
803.777.1646

CHILDLAW.SC.EDU
SCCOMMITTEEONCHILDREN.ORG



Governor Henry D. McMaster
President Harvey S. Peeler, Jr.
Speaker James H. Lucas
Members of the General Assembly,

We believe how we treat children is the most accurate indicator of our state’s future.

The Joint Citizens and Legislative Committee on Children is a forum of appointed citizens, legislators, and agency directors charged with the critical responsibility of identifying and studying key issues facing South Carolina’s children, then promoting sound strategies for the development of children’s policy. The Committee makes recommendations to the Governor and General Assembly to use in consideration of policy, funding, and legislation to benefit our children’s future.

As reflected in this 2021 Annual Report, the Committee on Children continues to work toward policy and legislative reforms and best practices for the well-being and positive long-term trajectory of children and youth in South Carolina. Issues covered in the report include: child welfare, crimes against children, responsible decision making/juvenile justice, physical/mental health, and well-being.

To make navigating the Committee’s recommendations easier, we have changed the report format to highlight executive summaries of each issue comprising our body of work. This streamlined presentation is intended to guide your evaluation of proposed legislation and policy change; additional detail, background, and research are available upon request.

Thank you for your consideration of the research and recommendations contained within the 2021 Annual Report.

Beth E. Bernstein

Beth Bernstein, Chair

Brad Hutto

Brad Hutto, Vice-Chair

Committee Membership

APPOINTED BY THE PRESIDENT OF THE SENATE

- » **Senator Brad Hutto**, Orangeburg
- » **Senator Darrell Jackson**, Columbia
- » **Senator Katrina F. Shealy**, Lexington

APPOINTED BY THE SPEAKER OF THE HOUSE

- » **Representative Beth E. Bernstein**, Columbia
- » **Representative Neal A. Collins**, Easley
- » **Representative Mandy W. Kimmons**, Ridgeville

APPOINTED BY THE GOVERNOR

- » **Ms. Marie M. Land**, Manning
- » **Mr. W. Derek Lewis**, Greenville
- » **Dr. Kay W. Phillips**, Summerville

EX OFFICIO

- » **Michael Leach**, Director - *Department of Social Services*
- » **Mary Poole**, Director - *Department of Disabilities and Special Needs*
- » **Freddie Pough**, Director - *Department of Juvenile Justice*
- » **Kenneth Rogers, MD**, Director - *Department of Mental Health*
- » **Molly M. Spearman**, State Superintendent of Education

COMMITTEE STAFF

- » **Amanda Adler**, Senior Resource Attorney
amandaadler@sc.edu
- » **Morgan Maxwell**, Child Law Fellow
morganmmaxwell@sc.edu
- » **Ashley Blas**, Resource Attorney
ashleyblas@sc.edu

CHILDREN’S LAW CENTER LEADERSHIP, UNIVERSITY OF SOUTH CAROLINA SCHOOL OF LAW

- » **L. Michelle Dhunjishah**, Director
- » **Carolyn S. Morris**, Assistant Director

2020: Year in Review

JCLCC LEGISLATION ENACTED

During the second year of the 2019–2020 session, the Committee on Children continued to work toward legislative and policy reforms to improve protections for children and more effectively use limited public resources. The Committee sponsored or endorsed the following bills that ultimately passed:

ACT NO. 140 (S 601)

- » Requires group home employees undergo the same **background checks** as foster home and adoptive home employees and defines ‘residential facility’ for the section to ensure the appropriate care settings are included.

ACT NO. 144 (S 181)

- » Provides a process by which a child’s **medical history** may be provided and preserved during the process of their becoming eligible for adoption and disclosed to adoptive parents and adoptee.

During the COVID-shortened session, a number of other committee bills received hearings and prompted important discussion, public debate, and study of key children’s issues, including the child abuse protocol, childcare safety, and access to school meals.

2020 PUBLIC HEARINGS

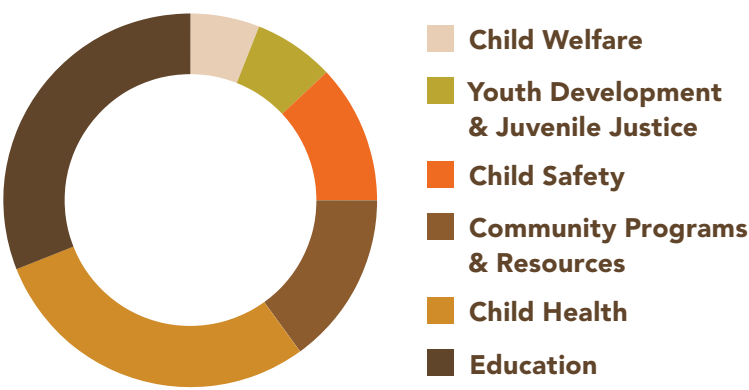
Each fall, the Committee on Children holds annual public hearings across South Carolina to encourage input from parents, local stakeholders, and other children’s advocates. These open-forum, town hall-style hearings allow committee members to hear directly from participants about children in local communities and yield vital information to guide future decisions.

Despite the pandemic, five regular public hearings were held in 2020 — two in Columbia and one each in Charleston, Greenville, and Florence. Those testifying were able to do so virtually or safely in-person adhering to appropriate health protocols. The Committee heard more than 10 hours of testimony on a range of topics: how COVID-19 is impacting students and teachers, the need for universal pre-k in our state, the dangers of easy access to tobacco products for young people, and much more. Additionally, the Committee received more than 25 pieces of written testimony.

COMPENDIUM

The Committee on Children maintains a database and annually produces a compendium of all child-related legislation introduced in session that year. We share that information with members to keep them updated about additional bills that may warrant their attention and support. At the close of each legislative year, the compendium is also shared with stakeholders interested in following the work for children at the S.C. Statehouse.

2020 PUBLIC HEARING TESTIMONY TOPICS



I. CHILD WELFARE

Kinship Care & Fictive Kin

THE ISSUE

Kinship care is the term for a child being raised by someone familiar who is not the child’s parent. It includes grandparents, older siblings, other relatives, and **fictive kin** – people known to the child but not related by blood, marriage, or adoption, like a non-related godparent, close family friend, neighbor, or clergy member. Fictive kin have a substantial and positive relationship with the child and are willing to provide a suitable home.

The face of South Carolina families is changing: **6 percent of the state’s children (69,000 children) are living in kinship care.**¹ Kinship care can be very positive: public formal kinship care placements are approximately two-and-a-half times more stable than traditional foster placements.² Kinship care allows children to maintain ties to extended family and minimizes trauma.³ Children are able to remain with people they know and continue their cultural practices,⁴ and they are more likely to be placed with their siblings.⁵ They’re often able to have more contact with their parents than in traditional foster care, and more contact improves family reunification rates.^{6,7} These children are less likely to suffer from depression than those in group homes or in traditional foster care.⁸

Kinship caregivers tend to be older, less educated, and poorer than their non-relative foster parent counterparts.⁹ Further, **most kinship care placements in our state have limited eligibility and access to traditional social support services.** They **need access to benefits and services** to support the children in their care, and they **need legal documentation** to get necessary medical care for the children and enroll them in school. And, fictive kinship caregivers are even more limited in the support they can receive. For all kinship caregivers, a case closure without resolution means that access to financial help for the children in the home is cut off.

OUR RECOMMENDATIONS

Becoming a licensed foster home allows kinship caregivers of the children in DSS custody access to financial support¹⁰ and other benefits. **Support S 224 and H 3214**, legislation that:

- » Creates a **definition of fictive kin in the S.C. Code.**
- » **Adds fictive kin to DSS Kinship Foster Care Program statutes;** provides **legal status and eligibility** for payments and services to kin and fictive kin placements during licensure process.

PUBLIC HEARING INPUT

“It went downhill when the judge gave me legal custody of my two grandchildren. I received little support from DSS and other agencies to properly care for them ... I was 51 years old and had not had any kids in my home for 10 years ... I didn’t know about Pampers or daycare or what any of it cost. I had to financially do it all alone since I wasn’t a foster parent.”

“It would be helpful to have someone with a good understanding of kinship care to answer questions for new families. We had questions, like what resources are available to us and what are our responsibilities versus those of the birth mother. At first, we couldn’t get any answers. Then, we ended up getting conflicting answers. It created confusion.”

“Common themes while interviewing kinship care providers are financial instability and lack of support, but above all else a sense of love and understanding that their role is not a choice but a needed step to maintain permanency for these children. If we can expand the use of our licensed kinship foster homes, I believe our children will be safer, their placements will be more stable, and our entire system will be stronger.”

LEGAL FRAMEWORK

- » *SC Sec. 63-7-2320* – Does not include fictive kin as an eligible foster care placement.
- » *The Family First Prevention Services Act* – provides opportunities for Title IV-E funding to be used for services for children and families in the areas of prevention and treatment, kinship navigator systems, and assistance with identifying barriers and best models for licensing kinship care families.
- » **Kinship caregiving can be established** pursuant to a DSS court case or investigation (public formal kinship care), by a private court case (private formal kinship care), or through an informal arrangement between parents and caregivers (private informal kinship care).
- » *The Preventing Sex Trafficking and Strengthening Families Act* allows for waiver of non-safety requirements in foster care licensing of kinship caregivers,¹¹ and DSS regulations also give the department this discretion.¹²

Statewide Child Abuse Protocol

OVERVIEW

When a report is made of a child being physically or sexually abused, different state agencies respond in order to address the abuse through their respective channels, such as social services placing the child into foster care and law enforcement seeking to prosecute the perpetrator. This **investigation of abuse is essential** to confront child abuse in South Carolina. Statistically, **one in 10 children** will be sexually abused in their lifetime.¹ In 2018, South Carolina was ranked 11th nationally for reported cases of child abuse according to the U.S. Department of Health & Human Services’ Child Maltreatment Report.²

Investigation of serious child abuse cases is complex and difficult, and different localities in South Carolina have developed local protocol on how to respond. The response to the crime involves both civil and criminal investigations, and state agencies that become involved each have a different role to play. Investigations must be handled in ways that don’t further traumatize, but rather support healing, and protect a victim and other children from abusers.

To reduce trauma for victims and their families and to achieve better outcomes for the investigative process, many states have adopted uniform child abuse protocols.³ The protocol is a guide to coordinate the response among multiple collaborators and to clearly define roles and responsibilities. Investigative procedures, case prosecution, and service coordination are outlined to lessen trauma, improve agency coordination, and reduce the number of times a child has to relive the abuse.

South Carolina developed a statewide Child Abuse Response Protocol in 2019 with involvement of all state-level child abuse response agencies, but the protocol hasn’t yet been adopted into state law.⁴ Until the protocol is passed into law, South Carolina cannot achieve continuity statewide in how child abuse cases are handled by investigative agencies, meaning responses will continue to vary by county. As a result, many children will not have consistent access to the coordinated child abuse processes outlined in the Child Abuse Response Protocol.

Beyond providing the protocol with legislative recognition and code enshrinement, the law should also establish a review process for the protocol. As research and best practices evolve, the protocol should also have the flexibility to evolve so it continues to reflect the most recent and updated practices in handling child abuse cases.

OUR RECOMMENDATIONS

Pass H 3209 and S 229 which mandates use of the statewide child abuse model protocol during the investigation and prosecution of a known or suspected crime against a child. This legislation:

- » Provides for an annual process of review and revision of the protocol by an advisory committee representative of those responsible for carrying it out, including, at a minimum, representatives of the South Carolina Network of Children’s Advocacy Centers, law enforcement, prosecution, Department of Social Services, medical, guardian ad litem, and schools.
- » Ensures that training is available to multi-disciplinary team (MDT) members across the state as they prepare for implementation and on an ongoing basis.

PUBLIC HEARING INPUT

“There is no standardized protocol in some counties for children receiving services from multidisciplinary teams and children’s advocacy centers. In some counties, children may be interviewed in the back of a police car and then be interviewed multiple times subsequently. Professionals are doing the best they can, but children are not receiving the best services possible.”

“The written version of protocols exists in some counties but not others; are stored on someone’s computer or file folder in a drawer; are available on some agency websites but not others; and can leave uncertainty about who has ‘adopted’ the protocol and who has not. This can lead to uncertainty about whether the reader is even seeing the most current version.”

“Crimes against children are investigated much differently than crimes against adults or property and having a protocol to refer to these cases would be beneficial to both the victim and the investigators.”

DEVELOPMENT OF SOUTH CAROLINA’S CHILD ABUSE RESPONSE PROTOCOL

South Carolina’s **Child Abuse Response Protocol** was completed in 2019 with involvement and input from the Statewide Child Abuse Protocol Advisory Group, which consisted of professionals from multiple agencies involved in the multidisciplinary team response including, investigators and prosecutors of child abuse, child neglect, and sexual exploitation in South Carolina. Professionals within the group included law enforcement, child protective services, prosecution, medical, mental health, and victim advocacy, together with local Children’s Advocacy Center staff. The Advisory Group also met with the South Carolina Office of the Attorney General, statewide law enforcement organizations, South Carolina Department of Social Services, South Carolina Department of Children’s Advocacy, National Children’s Alliance, and other stakeholders to seek input on the protocol. The protocol was modeled after those utilized in many other states to set minimal standards of practice and is currently available to the public.

I. CHILD WELFARE

Extension of Foster Care

THE ISSUE

Every year, more than 20,000 American youth age out of the foster care system when they turn 18 or 21, or when they finish high school.¹ In the South Carolina foster care system, the majority of foster youth over the age of 14 (57 percent) leave foster care due to emancipation or aging-out, at a higher rate than the national average (51 percent).²

Children that age out of foster care face harsh odds:³

- » 20 percent are instantly homeless (38 percent in South Carolina)⁴
- » 25 percent will suffer from Post-Traumatic Stress Disorder (PTSD)
- » 25 percent will not graduate from high school
- » 50 percent do not have gainful employment by the age of 24
- » 70 percent of girls will become pregnant before the age of 21
- » 97 percent will not earn a college degree in their lifetime

Their challenges can also place financial burdens on communities — greater dependence on public benefits and increased risk for incarceration and unintended pregnancy. **Extended foster care gives young people a better chance to develop the relationships, skills, and resources they need to become thriving adults.**⁵

NATIONAL LANDSCAPE

The *Fostering Connections to Success and Increasing Adoptions Act of 2008* (P.L. 110-351) grants states the authority to continue providing Title IV-E reimbursable foster care, adoption, or guardianship assistance payments to children up to the age of 19, 20, or 21.⁶

In 31 states, youth who leave foster care when they reach the age of majority (age 18) may request, at any time prior to their 21st birthday, to return to foster care.⁷

South Carolina foster youth who have reached age 18 while in foster care and have not yet reached age 21 are able to receive placement support through Voluntary Placement.⁸ Through Voluntary Placement, the South Carolina Department of Social Services (DSS) will provide board payment to support the youth while transitioning into adulthood.⁹ Youth in Voluntary Placement may continue to receive these services until their 21st birthday.¹⁰

The *California Youth Transitions to Adulthood Study* (CalYOUTH) was preformed over an eight-year period, concluding in 2020, to determine how extending foster care beyond age 18 influenced youths’ outcomes during the transition to adulthood (e.g., education, employment, health, housing, parenting, and general well-being).¹¹ These findings show that remaining in care past age 18 helps to meet youths’ basic needs, allows them to further their education and gain additional work experience, to save money, and to reduce the likelihood of becoming a parent at a young age and having contact with the criminal justice system.¹²

OUR RECOMMENDATIONS

Enact H 3509 and S 221, legislation that establishes procedures for a child who is or was in the legal custody of the Department of Social Services on their 18th birthday and outlines a plan for the youth that provides for:

- » housing options
- » health insurance
- » educational goals
- » local opportunities for mentors and support services
- » workforce supports
- » employment services
- » services to support the child’s transition to living independently

Trafficking and Exploitation of Minors

THE ISSUE

Human trafficking is a form of modern-day slavery that occurs in every state, including South Carolina, with children at particular risk.¹ This crime encompasses both forced labor and trafficking for commercial sexual exploitation (e.g. prostitution, adult dancing, pornography, and other sexual acts).² System-involved youth, children with disabilities, LGBTQ+ youth, immigrant children, as well as runaway and homeless youth face increased vulnerability to exploitation by predatory traffickers who may be a family member, intimate partner, acquaintance, or stranger.³

Unfortunately, even once discovered, many trafficking victims may still be criminalized rather than provided with rehabilitation. This is why in recent years, state-level safe harbor laws have been enacted.⁴ Safe harbor laws are policies aimed at preventing survivors of trafficking from entering the criminal justice system.⁵ While the protections vary by statute, a majority of states have implemented laws that provide prosecutorial immunity for certain crimes (such as prostitution) as well as opportunities to seek services through diversion programs.⁶

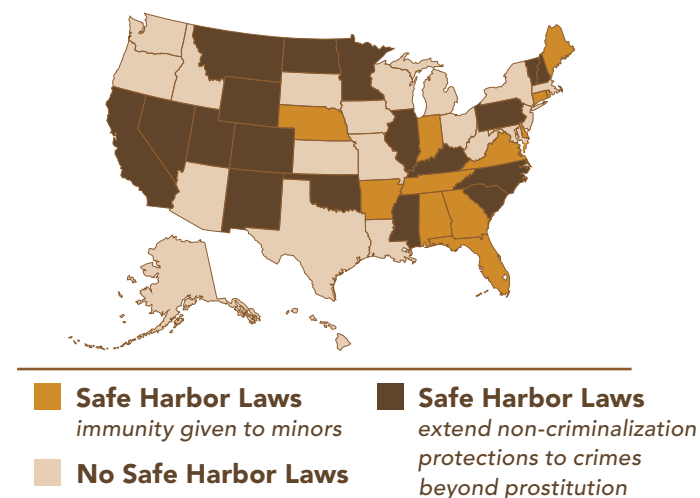
Where safe harbor laws can fall short is in helping youth overcome the effects of a childhood rife with trauma from emotional, physical, and sexual abuse. It is estimated that up to 70–90 percent of commercially sexually exploited children have endured some form of childhood sexual abuse in their past.⁷ Moreover, children who experience sexual abuse are 28 times more likely to be exploited by sex buyers and become victims of sex trafficking.⁸ Since many safe harbor laws tend to only focus on decriminalization rather than providing evidence-based, trauma-focused rehabilitative services, it is clear South Carolina and the rest of the nation must step up in order to fill the service gap and meet the pressing needs of child trafficking survivors.

Beyond being regarded as criminal perpetrators, exploited children suffer immediate and long-term health effects associated with

trauma such as violence-inflicted injuries, depression, and substance or alcohol use.⁹ Because they are often first arrested and charged with a crime, only to be identified later as a victim, they frequently experience re-traumatization and a decreased trust in law enforcement.¹⁰ Furthermore, the associated complications of being entangled in the legal system can prevent survivors from realizing their future potential due to hampered employment, housing, and educational opportunities if their cases are not properly resolved.¹¹

POLICY & LEGAL LANDSCAPE

Thirty states and Washington, D.C., have enacted immunization safe harbor laws prohibiting the criminalization of minors for prostitution.¹² Eighteen of those states extend non-criminalization to other offenses.¹³ Some states do not immunize minors from being prosecuted for prostitution, instead they allow affirmative defenses, diversion programs, allow for vacation/expungement, or have no protection.¹⁴



Our state is one of 30 that offers minors safe harbor protection under the law. **South Carolina's human trafficking statute** reads, "[i]f the victim was a minor at the time of the offense, the victim of trafficking in persons may not be prosecuted in court pursuant to this article or a prostitution offense, if it is determined after investigation that the victim committed the offense as a direct result of, or incidental or related to, trafficking."¹⁵ Though this statute affords immunity to minors regarding prostitution charges, broader coverage for other nonviolent crimes committed under duress or were coerced into committing may be beneficial in helping child trafficking victims.

South Carolina's trafficking statute reflects the federal human trafficking statute in that force, fraud, or coercion is *not necessary* if the victim is under the age of 18 years and

anything of value is given, promised to, or received, directly or indirectly, by any person.¹⁶

However, while South Carolina remains committed to assisting survivors of child trafficking, it still lags behind most of the nation in penalizing the perpetrators who directly influence the underground economy of child sexual exploitation. The size of the prostituted population for both adults and children directly correlates to the revenue sex buyers generate, which subsequently sustains this economy. **Therefore, increasing the penalties on sex buyers may help diminish the size of the prostitution population and reduce the demand of prostitution** by deterring sex buyers from purchasing commercial sex. Currently, the penalty for those soliciting sex is a marginal fine of up to \$200 in our state.¹⁷ Only three other states have lower fines.¹⁸

OUR RECOMMENDATIONS

Expand safe harbor protections for victims of human trafficking in South Carolina. **Support S 230 and companion House legislation** to:

- » Establish legal precedent that minors under the age of 18 who are engaged in criminal sexual acts or sex trafficking are presumed to be doing so under coercion or a reasonable fear of a threat and therefore have an affirmative defense from criminal and civil liability from nonviolent offenses they committed under duress or were coerced into committing.

Increase penalties for sex buyers. **Sponsor H 3224 and S 224**, legislation to:

- » Increase penalties for solicitation.
- » Establish an affirmative defense of human trafficking.
- » Ban prostitution charges for minors.
- » Expand the definition of procurement and increase penalties, with higher penalties when the prostitute is severely or profoundly mentally disabled.

PUBLIC HEARING INPUT

"If we can reduce demand by deterring the sex buyers from purchasing commercial sex, we will diminish the size of the prostituted population in South Carolina. Today, the penalty for solicitation of commercial sex is a fine of up to \$200...[this] sends a terrible message to law enforcement saying that this is a low priority crime, yet it's the root cause of sex trafficking and prostitution which we all recognize is a plague upon our state."

II. CRIMES AGAINST CHILDREN

Intimate Partner Violence

THE ISSUE

Teen dating violence encompasses sexual, physical, emotional, or psychological aggression such as stalking within a dating relationship. It’s threatening or even deadly behavior that millions of American teens experience.¹

According to the Centers for Disease Control and Prevention (CDC):

- » **Nearly one in 11 female teens** and **one in 15 male teens** reported experiencing physical dating violence in the last 12 months.²
- » **Approximately one in nine female teens** and **one in 36 male teens** reported experiencing sexual dating violence within the last year.³

Unhealthy relationships at such a formative age can have tragic repercussions. Along with disrupting emotional development, other long-term negative consequences can arise, the effects of which can last a lifetime. For example, teens who experience dating violence are more likely to exhibit antisocial behaviors, engage in unhealthy behaviors such as tobacco, drug, or alcohol use, experience depression and anxiety, as well as contemplate suicide.⁴ Experiencing relationship violence at an early age also increases the likelihood they will experience problems in future relationships.⁵

From 2008 to 2018, South Carolina officials recorded an average of about 32,563 cases of intimate partner violence per year.⁶ Our state is consistently ranked among the top 10 worst states for incidents of domestic violence.⁷ In 2020, the numbers have **increased by about 5 percent**, even as other crimes have fallen consistently since the pandemic began.⁸

Currently, people of all ages in romantic relationships have little to no protection against intimate partner violence. South Carolina’s domestic abuse definition does not extend to individuals that have engaged in a dating relationship but did not live or have a child together.⁹ Rather, the law only provides protections to those defined as a “household member,” meaning “(i) a spouse; (ii) a former spouse; (iii) persons who have a child in common; [or] (iv) a male and female who are cohabiting or formerly have cohabited.”¹⁰ While teens 16 years of age and older can have their parents file for a protective or restraining order on their behalf, it’s an unlikely real-world scenario.¹¹

POLICY & LEGAL LANDSCAPE

Sierra Landry was a Lancaster, South Carolina, teenager who was violently murdered by her ex-boyfriend. Her case has inspired multistate efforts toward stronger protections for survivors of abuse. It was confirmed at trial that she was murdered after attempting to end the relationship. **Under South Carolina law, Sierra – like all minors and those in dating relationships – could not access protective orders.**¹² Twenty-one other states, including Florida, Mississippi, Tennessee, and West Virginia, have already passed legislation regarding teen dating violence and victims’ access to protective orders, many calling the reforms *Sierra’s Law*.

OUR RECOMMENDATIONS

Support legislation in the Senate and the House (H 3210) to revise the definition of household member in the Domestic Violence Code to:

- » Include former and current dating relationships.
- » Further define a ‘dating relationship’ as a romantic, courtship, or engagement relationship between two individuals that need not include sexual involvement.

PUBLIC HEARING INPUT

“These changes would be a major improvement to the laws regarding teen dating violence in our state and it could truly save the lives of countless teenagers like us, like your children, and your nieces and nephews, and brothers and sisters, and cousins, and the kids of your friends, and the kids in our towns and our cities and in our schools. The children and teens across our state deserve protection.”

“Every day that we don’t pass this law is another teenager that could lose their life.”

Status Offenders

THE ISSUE

A status offense is an act that would not be considered a crime if it were committed by an adult. Common status offenses include truancy, running away from home, incorrigibility, and curfew violations. In 2019, status offenses made up 10 percent of juvenile delinquency cases in South Carolina. Approximately 1,500 out of 15,000 cases referred through the Department of Juvenile Justice (DJJ) and to the family court were status offenses. **Status offenders are not criminal offenders.**

Although these actions would not be considered legal violations for adults, under South Carolina law, a child charged with a status offense¹ may be locked up in a pre-trial detention center² for up to 24 hours and in some instances, up to 72 hours.³ If convicted of a status offense, a child may be committed to DJJ for a 45-day evaluation⁴ and then may be committed to DJJ for up to 90 days.⁵ **This means a child could be jailed for typical adolescent misbehaviors like running away from home or skipping school.**

However, status-offending behavior is often a sign that a child is experiencing underlying personal, family, or community problems, and incarceration does not solve these problems.⁶ The best way to assist these youth is through diversion programs that utilize intervention approaches that redirect youths away from formal processing in the juvenile justice system, while still holding them accountable for their actions. Community-based diversion programs provide services such as mental health and addiction treatment, rehabilitative programs that help youth mature into responsible adults, while decreasing the negative impact on the youth and costing less than confinement.⁷ Such programs achieve the desired outcomes of keeping children at home with their families, attending school, and reducing future offenses.

Examples:

- » Waccamaw Center for Mental Health, Horry County Department of Juvenile Justice, law enforcement, and family court provide crisis de-escalation services to juveniles and their families and connect them with community resources. After launching the program, incarcerations for status offenses and misdemeanors decreased by 72 percent (October 2010 to September 2012).⁸
- » The York County Solicitor’s Office, local school districts, and the local DJJ office provide a pre-trial diversion program for truant children. In year one, 69 percent of children referred to the solicitor for truancy began attending school again with no further involvement in the family court.⁹

- » Georgia’s Clayton County Family Court refers status offenders to a team of child-serving professionals that works with the family, evaluates each child, and develops a tailored treatment plan. After eight years, Clayton County realized a 73 percent reduction in the number of children referred to juvenile court by schools, and its high school graduation rate rose by 24 percent.¹⁰

Research has consistently demonstrated that confinement in correctional facilities does not reduce reoffending; rather it may increase it for certain youths. Moreover, **incarceration may jeopardize a child’s safety and well-being, possibly increasing future involvement with the justice system.**¹¹

POLICY & LEGAL LANDSCAPE

The Juvenile Justice and Delinquency Prevention Act (1974) is a federal law that prohibits the detention of status offenders for more than 24 hours, except pursuant to a valid court order. Yet, along with approximately 25 other states, South Carolina maintains the legal ability to detain (jail) status offenders, which results in a loss of federal juvenile justice grant funds.

The Coalition for Juvenile Justice recommended eliminating secure confinement for non-criminal juvenile offenders in its *National Standards for the Care of Youth Charged with Status Offenses* (2011).¹²

OUR RECOMMENDATIONS

Support H 3213 and S 22, legislation to:

- » **Bring us into compliance with federal law**, which prohibits the detention of status offenders for more than 24 hours except pursuant to a valid court order.
- » **Prohibit children from being placed in an adult jail for more than six hours.** In addition, any child who is placed in an adult jail must be separated by sight and sound from adults who are similarly confined.
- » Require the person or entity seeking a request for incorrigibility **make reasonable efforts to resolve the issue through community-based services** like family counseling, parenting improvement classes, or therapy.
- » Ensure that **no child 17 or under is committed or sentenced to any adult correctional institute.** Children 12 and under may be placed in a suitable corrective environment other than institutional confinement. Children 17 and under may be committed to the DJJ.
- » **Require all children to receive a community evaluation** or secured evaluation lasting no longer than 45 days, before being committed as delinquent.
- » Allow for the **automatic expungement of status offenses** once the child has reached age 17.

PUBLIC HEARING INPUT

“These kids are not criminal offenders; these aren’t even crimes if an adult commits them ... Many of these kids are reacting to physical or sexual abuse. They have underlying mental health issues and special needs that aren’t being addressed.”

Juvenile Sex Offender Registry

THE ISSUE

Juvenile sex offenders are different from adult offenders; but in South Carolina they have the same lifetime registration requirements as adults, even if not tried as an adult (S.C. Code § 23-3-430). A child of any age may be placed on the sex offender registry where he or she will remain for life, regardless of whether the offense included violence or threat of force.

Yet:

- » Children placed on the sex offender registry rarely grow up to be adult rapists or pedophiles.¹
- » Recidivism rates as an adult significantly decrease when provided with treatment and education.²
- » Research has shown that reconviction rates for juvenile sex offenders are actually much lower than other juvenile offenders.^{3,4}

Further, the purpose of maintaining a sex offender registry is not achieved by juvenile offender registration. Sex offender registries are created to protect the public from sexual predators that have a high likelihood of reoffending.⁵ **Research indicates that not only are juvenile sex offenders unlikely to reoffend, and the threat of registration does not deter juveniles from engaging in sex offenses.**⁶ One study of 14- to 17-year-old sex offenders in South Carolina found that the overall rate of sex offenses did not decrease subsequent to the sex offender registry law in 1995, or after the registry went online in 1999.⁷

The current registration laws are harming South Carolina courts and victims. An unintended consequence of the juvenile sex offender registry has been a 40 percent reduction in the prosecution of juvenile sex crimes in South Carolina.⁸ Juvenile sex offenders may greatly benefit from treatment and rehabilitative services, but judges and prosecutors may be hesitant to subject a child to lifetime registration requirements, leaving the parties at a stalemate. This means that offenders are not getting the treatment they need, and victims are not getting the justice they deserve.

LEGAL FRAMEWORK

Federal sex offender registry laws do not limit states from expanding registry requirements beyond federal parameters, however, South Carolina is one of only 17 states that requires lifelong registration for all sexual offenders regardless of age. In South Carolina, the sex offender registry does not differentiate between violent or nonviolent sex offenses nor for age at time of offense. This approach severely disadvantages youth offenders, and a discretionary response to minor offenses would not be out of compliance with federal requirements.

OUR RECOMMENDATIONS

Hold juvenile offenders appropriately accountable for their actions without permanently inhibiting them from successful reentry into society.

Enact H 3215 and S 225, legislation to:

- » **Ensure no child under 14** is placed on the sex offender registry.
- » **Give family court judges the discretion** to place children 14 and older on the registry. Judges can be aided by testimony from experts like the Department of Juvenile Justice, which routinely does pre-sentencing psychosexual evaluations for juveniles adjudicated of offenses involving sexual misconduct.
 - Judges can order juveniles to register on the public registry.
 - Judges can order juveniles to register on the existing private registry.
 - Judges can order no registration.
- » **Once 21 years old and having completed any parole or probation requirements**, an individual previously adjudicated in the family court for a sex offense may be allowed to petition the family court for removal from the sex offender registry. If deemed no continued risk to the community, the individual would be removed from the registry.

Legislation would not impact juveniles who are waived into general sessions court.

PUBLIC HEARING INPUT

“When we put young people on the registry today, they will be denied educational, housing and work opportunities for the rest of their lives. They will be ostracized and held in suspicion by neighbors, classmates and even churches. They’ll sometimes be prohibited from fulfilling parental roles and will continue to have hateful labels like predator and pedophile hurled at them even 30 or 40 years after their offense. We’ve seen cases where people have been subjected to assault and even killed just because they’re on the registry.”

“Adolescents and teens are notoriously rash and impulsive. They routinely exhibit poor judgement and an inability to associate consequences with their actions. They’re not mentally equipped to make behavioral decisions that could impact the rest of their lives. The bottom line: we’re giving life sentences for youthful offenders and denying them the opportunity to ever live a normal adult life, just for being stupid, irresponsible, normal kids.”

III. RESPONSIBLE DECISION-MAKING/JUVENILE JUSTICE

Prohibiting Juvenile Life Without Parole

THE ISSUE

Children are developmentally, emotionally, and constitutionally different than adults and therefore deserve different sentencing options.¹ Those who commit serious crimes must be held accountable with age-appropriate measures that focus on rehabilitation and redemption instead of being given extreme and disproportionate punishments.

Juvenile sentencing has changed significantly over the last 15 years due to a series of United States Supreme Court rulings.² A sentence of life without parole (LWOP) is now unconstitutional for children who have not committed a homicide crime, yet still remains an option for some youth offenders.³ The court mandated LWOP be reserved for only the rarest homicidal offender whose crime reflects “irreparable corruption” because most children are capable of change.⁴ Although the Supreme Court did not ban LWOP for all children, it did direct courts to strike a balance between holding youthful offenders accountable and ending disproportionately harsh punishments. The watershed ruling, *Miller v. Alabama* (2012), calls for age-appropriate, individualized sentencing, meaning that various mitigating factors (commonly referred to as *Miller* factors), such as the child’s chronological age and hallmark features (e.g., immaturity, impetuosity, and failure to appreciate risks and consequences), family and home environment, surrounding circumstances of the offense, and the child’s potential for rehabilitative reform must be taken into consideration before any minor can receive a life term.⁵ However, since life imprisonment stifles the possibility of rehabilitation, it is clear this sentence is too severe for most children.

Also problematic is the use of excessive mandatory minimum sentences that create the **functional equivalent of LWOP** for youth. When children are issued lifetime terms of incarceration, it is plausible to think their life expectancies may be lessened due to prolonged exposure to dangerous, stressful or harmful situations. Similarly, harsh sentencing schemes (e.g. 30-, 40-, 50- year sentences, etc.) that well exceed the average life span of individuals incarcerated as minors can be viewed as **de facto life sentences** and go against the redemptive spirit of the rulings articulated by the Supreme Court.

Repeated denial of parole without consideration of demonstrated maturity and rehabilitation effectively serves as a functional equivalent of LWOP as well. This practice conflicts with the *Miller* decision ordering that juveniles whose crimes reflect transient immaturity, rather than irreparable corruption, must be provided with **meaningful opportunities for release**.⁶ Although eliminating the possibility of life incarceration for children ensures they are not precluded from having chances at rehabilitation, it does not suggest the guaranteed release of youthful offenders. Instead, this practice allows those who have been incarcerated for a reasonable period of time the opportunity for review of parole eligibility.

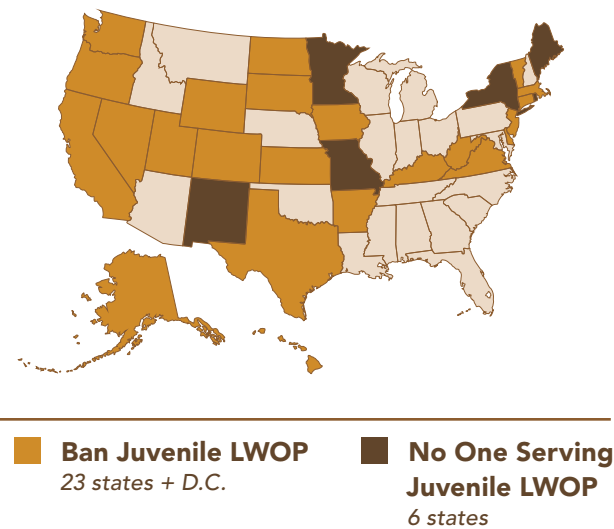
PRECEDENT

The United States Supreme Court has distanced itself from the extreme punishment of children over the last 15 years.

- » *Roper v. Simmons* (2005) – banned the death penalty for children⁷
- » *Graham v. Florida* (2010) – banned LWOP for children convicted of nonhomicide offenses⁸
- » *Miller v. Alabama* (2012) – banned mandatory LWOP for children⁹
- » *Montgomery v. Louisiana* (2016) – mandated all children with life terms must be given the opportunity for release¹⁰

Two years before the U.S. Supreme Court decided *Montgomery*, the Supreme Court of South Carolina took a progressive stance ruling that **all children previously sentenced to life without parole in South Carolina must be given a meaningful opportunity for release** in *Aiken v. Byars* (2014).¹¹

Currently, **23 states and the District of Columbia ban juvenile LWOP,¹² and six states have no one serving a juvenile LWOP sentence.¹⁰** Since the *Montgomery* ruling in 2016, 10 states and the District of Columbia have eliminated juvenile LWOP sentencing through legislative reform.



OUR RECOMMENDATIONS

End life without parole as a sentencing option for our youth and **lend your support to H 3212 and Senate legislation.**

- » Join the majority of states that give children a chance at redemption by **banning LWOP in South Carolina.**
- » Create age-appropriate, individualized sentencing that considers various mitigating factors (commonly referred to as the *Miller* factors).
- » Prohibit excessive, long-term mandatory minimum sentences. Allow youth who commit serious crimes the opportunity for release after 25 years.
- » Encourage providing meaningful opportunities for review to those who were previously sentenced to LWOP as children.

PUBLIC HEARING INPUT

“The U.S. Supreme Court has issued a series of opinions in which it has held that life without the possibility of parole for kids is unconstitutional, except in the rarest of cases where there is what they call ‘irreparable corruption,’ some permanent incorrigibility ... You can’t say that 15- or 16- or 17-year-olds are irreparably corrupt.”

IV. PHYSICAL/MENTAL HEALTH

Child Hunger

THE ISSUE

Children who experience hunger begin life at a disadvantage. They’re more likely to be hospitalized and face higher risks of health conditions like anemia and asthma.¹ As they get older, they are more likely to repeat a grade in elementary school, experience developmental impairments, and have more social and behavioral problems.²

In 2019, **hunger affected 178,710 of South Carolina’s children.**³ Statewide, that’s one in six children.⁴ When families do not have money for their next meal, that is referred to as **food insecurity** – that is, homes where adults are worried that the food they bought will run out, or where the adults ate less than they should or skipped a meal.⁵ In the most severely food-insecure homes, children are eating less than they should as well.⁶ **Sixteen percent of our state’s children** live in a food-insecure home, and post-pandemic numbers will be assuredly worse.^{7,8}

One of the most important tools we have to combat child hunger is the National School Lunch Program (NSLP). NSLP is a federally assisted meal program operating in public and non-profit private schools and residential childcare institutions that can provide nutritionally balanced, low-cost or free breakfast and lunch to children each school day.⁹ Despite the effectiveness of the program, **too many students in our state experience barriers to these much-needed meals** on a regular basis.

Currently, special USDA waivers related to the pandemic are helping districts feed all students.¹⁰ Still, many parents are unable to pick up the meals offered due to work schedules and lack of transportation. And, when schools return to regular schedules, additional barriers such as limited program access, long lines, short meal periods, and “lunch shaming” will mean children cannot access what is in many cases their most secure source of food for the day.¹¹

Students are ‘shamed’ at school lunchtime when they are served alternative meals, required to do chores to pay for meals, issued physical indicators like wristbands or stamps to identify that they are unable to pay for meals, or when their meal is thrown away because of inability to pay. Further, the use of debt collection agencies by districts to collect meal debt embarrasses students and parents to the point they will not — or cannot — seek out assistance.

Many states have developed legislation to ban practices such as school lunch shaming and preventing the use of debt collection agencies against students and families. Such initiatives are notable because they address the intersection between student nutrition, emotional well-being and safety, and ability to learn. We can help address child hunger as a state by adopting a handful of **common-sense, compassionate practices.**

OUR RECOMMENDATIONS

Support legislation to help ensure children in South Carolina are not food insecure and do not experience childhood hunger. Prepare for students’ return to school by:

- » **Requiring proactive strategies by school districts to ensure uninterrupted school meal access for all eligible students** and to avoid accrual of school meal debt.
- » Prohibiting school districts from using debt collection services to collect or attempt to collect unpaid meal debts for school lunch or breakfast.
- » Eliminating the practices of “lunch shaming.”

PUBLIC HEARING INPUT

“In 2017, Feeding America reported that more than 200,000 children in South Carolina were identified as food insecure. In 2020, the pandemic has brought the issue to light and caused an increased number of children reporting as food insecure. Preliminary reports indicate one in four children may be food insecure, and we’ve heard it really may be worse in rural communities.”

“As a nutrition services director, I can see all the cameras in the district at every school. I had to investigate an incident that happened at a school last year, so I’m pulling up the school footage and at 6 a.m. the day before, I see two little figures at the back dock of the school. When I called the manager to ask, the manager said they know I’m going to be here and they’re hungry. That’s the picture of the insecurity. Not the percentage of eligible students, but those two children standing at that back door, waiting on breakfast.”

“Measures have been taken by school districts, as well as many organizations, to provide temporary solutions to childhood hunger, especially in these last seven months. While the efforts were genuine and really helped many children, they are simply not sustainable. For example, bus stop meals. They’re a really good solution for a few days, but long-term we seen that it’s not. Really, it boils down to: What are parents to do when they’re having to make choices that are so difficult – leaving a minimum wage job to try to pick up a meal, or losing that job, feeding their children, paying transportation costs.”

THE INTERSECTION OF FEDERAL/STATE POLICIES & PRACTICES

Children may be determined categorically eligible for free meals through participation in certain federal assistance programs, such as the **Supplemental Nutrition Assistance Program (SNAP)**, or based on their status as a homeless, migrant, runaway, or foster child.¹²

The South Carolina Department of Education also permits categorical eligibility – a simplified method for school districts to determine eligibility – for the **Community Eligibility Program (CEP)**. Adopting CEP makes an entire school district or group of schools across school district lines able to serve free breakfast and lunch to *all* students and reduces paperwork and processing by district and school personnel.¹³

Tobacco Access

THE ISSUE

Tobacco use is the leading cause of preventable death and disease in the United States,¹ responsible for 480,000 deaths annually.² Every day, at least 1,600 youths will try their first cigarette, and nearly 200 will become daily cigarette smokers.³ In fact, 99 percent of adults with tobacco addiction and dependence started smoking before age 26. Tobacco use most certainly has **negative effects on the developing lungs and brains of our youth.**

Since 2014, e-cigarettes have been the most commonly used tobacco product among youth.⁴ More than **half of South Carolina high school students report using a tobacco product** — including smoked, smokeless, or electronic — at least once.⁵ In alignment with the national trend, the **most common tobacco product amongst South Carolina teens is e-cigarettes,** with nearly four of every 10 high school students (39.5 percent) trying them at least once.⁶

National, state, and local actions have been shown to reduce and prevent youth tobacco product use when implemented together.⁷ These activities include mass media campaigns, higher tobacco prices, smoke-free laws and policies, evidence-based school programs, and sustained community-wide efforts that lower tobacco advertising, promotions, and help make tobacco products less easily available.⁸ Additionally, **strong retail licensure requirements are an effective policy tool** to limit youth initiation of tobacco products, as well as to prevent access and continued usage of these products.⁹

OUR RECOMMENDATIONS

Create legislation to restrict tobacco from South Carolina youth by:

- » Establishing and requiring a **tobacco retail license for sellers,** with stricter penalties for selling to minors.
- » Supporting **enforcement activities** to lower the number of children readily able to purchase tobacco products.

PUBLIC HEARING INPUT

“The best way to prevent tobacco addiction in both youth and adults is to prevent them from ever starting its use in the first place.”

“Teachers are experiencing an epidemic of teens using e-cigarettes and other vaping devices in school ... High school teachers say they’re constantly dealing with students bringing these devices into the classroom—they’re hiding them in hoodies, bookbags, hats, shoes, and using them right in the middle of class.”

“E-cigarettes are really a gateway drug for our young patients.”

NATIONAL LANDSCAPE

In the U.S., **39 states, including the District of Columbia, require a license for retail sales of tobacco products,** including e-cigarettes.¹⁰ South Carolina currently does not.¹¹

A **2019 study evaluating the impact of California’s local tobacco retail licensing ordinances on youth smoking rates** found that youth and young adults that reside in jurisdictions with strong tobacco retail licensing ordinances had lower rates of e-cigarette and cigarette use compared to those who live in jurisdictions with poor tobacco retail licensing policies.¹²

A **study conducted in Philadelphia, Pennsylvania,** found a significant decline – 20.3 percent decline after three years – in tobacco retailer density after implementation of strong tobacco retail regulations. Further, there was a 12 percent decrease in the number of retailers near schools.¹³

Multi-state studies have found these elements essential for tobacco retail licensure to be effective:¹⁴

1. An annual license fee that is high enough to cover the cost of enforcement and compliance.
2. Clear process to establish requirements to apply for a license.
3. Minimum of one compliance check per store per year, with a mandatory recheck for compliance failures.
4. Escalating monetary compliance check failure penalties paid by the retailer.
5. No criminal or monetary penalties for youth use and possession.
6. Penalty for selling tobacco products without a license.

IV. PHYSICAL/MENTAL HEALTH

Youth Homelessness

THE ISSUE

Youth homelessness rates are rising across the state; 12,660 students were experiencing homelessness during the 2017–18 school year.¹

The estimated number of unidentified homeless students in South Carolina is 34,335.²

Youth homelessness poses a risk to a child’s education, health, and overall well-being.³ Homeless youth have lower graduation rates and higher dropout rates.⁴ In South Carolina, the 2016-2017 graduation rate for students experiencing homelessness was 63 percent, significantly lower than the state’s graduation rate for all students of 84 percent.⁵ Additionally, the dropout rate jumped from 2.4 to 8.1 percent for our state’s homeless youth.⁶

Further, **youth homelessness severely impacts health outcomes**, including physical and mental health conditions.⁷ Since children and youth are still developing, the risks and trauma they experience at this stage can produce long-lasting effects.⁸ Youth sleeping on the streets are more likely to neglect personal hygiene, engage in illegal drug use or high-risk sex, and contract infections or other illnesses.⁹ Since these young people often lack healthcare coverage, they have **inadequate access to care. This is particularly dangerous during the COVID-19 pandemic.**

Connecting young people experiencing homelessness with needed services requires defining the population to be served. In South Carolina, there is no codified definition of ‘youth’ which could establish some measure of protection as well as eligibility for publicly funded programs even beyond age 18. Currently, to be considered **chronically homeless** in South Carolina a person must have a long-term disability and have experienced homelessness for at least one year. Most youth experiencing homelessness are excluded because they do not meet the definition of chronically homeless.

OUR RECOMMENDATIONS

Children and youth experiencing homelessness should be a continued priority for the state. The Committee on Children is researching potential legislation to:

- » **Expand the definition of “homelessness” and “chronically homeless”** to include language supported by the Runaway and Homeless Youth Act and the U.S. Department of Housing and Urban Development.
- » **Shorten time restrictions** to be considered chronically homeless.
- » **Allow youth experiencing homelessness to qualify for healthcare coverage.**
- » Better support South Carolina’s youth, **including those who age out of the foster care system.**

Also, our state needs a **statewide, centralized taskforce** of legislators, advocates, providers, state officials, youth, and other stakeholders to:

- » Identify the true impacts of homelessness on South Carolina’s youth and the long-term consequences.
- » Examine the barriers created by youth homelessness.
- » Devise a plan to end youth homelessness in South Carolina.

Additionally, the Committee is researching how our state might increase **additional emergency shelter beds** as well as longer-term **supportive housing**, including reserved housing at post-secondary institutions for enrolled students experiencing homelessness.

PUBLIC HEARING INPUT

“Homelessness during COVID-19 presents additional risks, as many providers are operating at limited or no capacity, leaving homeless individuals to find safe havens wherever they can. Law enforcement is dispatched to disperse these groups, but they cannot keep up with the calls.”

“Youth homelessness is a public health crisis. Homelessness worsens health outcomes. It increases costs to hospital systems. It exacerbates chronic physical and mental health conditions and increases the likelihood of death prior to age 25 by 11 times.”

“2020 has been a wild year. As author Karen Russell said, ‘This season is unrelentingly grim.’ It’s even more so for those who are unsure of where they’ll sleep tonight, where they’ll get their next meal, or how they’ll pay for their healthcare.”

MODEL DEFINITIONS

The federal *Runaway and Homeless Youth Act* defines homeless youth as individuals who are “not more than 21 years of age ... for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement.”¹⁰

Both the U.S. Department of Education (ED) and the Department of Housing and Urban Development (HUD) define homeless as people who lack “fixed, regular, and adequate nighttime residence.”¹¹

The *McKinney-Vento Homeless Assistance Act* defines “unaccompanied youth” as a child’s living arrangement that meets the Act’s definition of homeless and the child is not in the physical custody of a parent or guardian.¹² This definition is used to bridge the gap between ED and HUD to identify homeless school-aged children. The McKinney-Vento Act defines homeless as: lacking a fixed, regular, and adequate nighttime residence; using a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; living in a shelter; facing imminent loss of housing or leaving one of the above situations; unaccompanied youth.¹³

Childcare

THE ISSUE

Childcare is a critical need for many South Carolina families. It bridges educational and supervision gaps at home, increasing children’s readiness for school. Yet, parents face challenges in securing safe, quality childcare during their children’s early developmental years when these programs can have profound impact on development, personality, and intelligence.¹

South Carolina law defines childcare as the care, supervision, or guidance of a child, unaccompanied by the parent or guardian for more than two days a week, for a period of four to 24 hours a day, in a place other than the child’s own home.² Childcare facility is an umbrella term encompassing many types of childcare providers,³ including:

- » **Licensed facilities:** *childcare centers and group childcare homes* with the highest level of regulation.
- » **Registered facilities:** *family childcare homes and some church-based childcare* with some level of regulation, but not full licensure.
- » **Facilities exempt from oversight:** childcare programs that are unlicensed, unregistered, and unregulated. These programs are generally those that provide care for less than four hours a day, and summer day camps that operate for fewer than three weeks.

Many parents rely on part-time afterschool programs and summer camps to provide supervision for their children while they are working. With so many South Carolinians depending on this type of care, they must be able to trust their children are safe. **Yet these settings have no oversight.**

Further complicating the issue, it is estimated that 42 percent of South Carolinians live in childcare deserts,⁴ a term used to describe any Census tract with more than 50 children under the age of five containing either no childcare providers or so few options that there are more than **three times as many children as licensed childcare slots.**⁵ This means families may have no option, or only unlicensed options.

Additionally, the cost of childcare is high. A median-income South Carolina family with an infant and a four-year-old would have to spend 25 percent of their income on childcare.⁶ Those who earn minimum wage could spend nearly 43 percent of their income on childcare for just one infant.⁷ And the inability of some parents to access dependable childcare costs our state economy \$900 million in foregone wages and absenteeism.⁸

All of these issues have only been made worse by the pandemic, which has created new childcare demands for families dealing with school closures at the same time that childcare providers – critical small businesses in communities – struggle to stay financially viable and open. The U.S. Chamber of Commerce and business leaders around the country have identified shoring up childcare infrastructure as **essential to full recovery from the pandemic.**⁹

OUR RECOMMENDATIONS

Access to safe, quality childcare is crucial to the success and well-being of South Carolina’s children, families and communities. Families must be able trust that while adults are working, the care setting they have selected for their children is safe – whether that is in a daycare, church, afterschool center or in a home childcare business. **Support legislation to:**

- » Establish a baseline of safety standards in all childcare settings, without placing a burden on those providers already offering quality care.
- » Develop a plan with providers, families, the business community and other stakeholders for long-term solutions addressing the lack of high-quality and safe childcare in South Carolina communities. That plan should also address our state’s early education workforce.

PUBLIC HEARING INPUT

“Access to quality, affordable childcare is one of the top barriers to obtaining and maintaining employment in the state. Some parents take the chance of leaving children in substandard conditions and sometimes without supervision at all. No parent should be forced to make these decisions when trying to support their family.”

“We hear horror stories from caregivers all across the state about afterschool programs. One example – a 16-year-old was caring for 23 afterschool children, and she didn’t know what to do with them. She was being paid as a caregiver in a recreational program that was exempt from childcare licensing.”

“During the COVID-19 pandemic, many South Carolina families have relied on unpaid childcare including family, friends, relatives and neighbors. Many childcare options that were available before March 13th aren’t in existence anymore. And sadly, we’re seeing many more centers unable to meet needs and demands. This is a huge crisis for South Carolina families, as well as our economy, businesses and workforce.”

INTERSECTION OF PROGRAMS & POLICY

The **SC Child Care Voucher Program** provides financial assistance to pay for childcare for eligible low-income families.¹⁰ Childcare centers must be willing to accept those vouchers, and family income requirements are very low.¹¹

The National Association for the Education of Young Children (NAEYC), which connects early childhood practice policy and research to promote high quality early learning, recommends states adopt requirements to establish a basic floor of protection **below which no childcare facility can operate.**¹²

V. WELL-BEING

Supported Decision Making

THE ISSUE

For young people with disabilities, the transition from public education to post-secondary education, adult services, or the early years of employment is pivotal. As they leave the structure of school and venture into the opportunities and risks of adult life, many have a guardian appointed to assist them.

What well-intentioned families may fail to realize is that a guardianship agreement strips most or all rights and freedoms from the youth, and **our state lacks a rigorous process to determine if guardianship is appropriate.** Not only is a person under full guardianship unable to make any decisions for him or herself,¹ but judges may approve guardianship petitions without asking many questions. Once created, guardianships can be almost impossible to undo.²

Historically, guardianship has been used to protect vulnerable individuals, but a one-size-fits-all approach does not allow the flexibility to support some decision-making situations while maintaining autonomy in others. Despite studies showing a positive correlation between high levels of self-determination, employment and independent living among students with learning and cognitive disabilities at one and three years after high school, those under guardianship cannot make choices about where they live or work, their medical care, nutrition, or who they spend time with or marry.³

Supported decision making is an alternative to guardianship that allows a person with a disability to use supports to make their own decisions.⁴ In this model, the individual and their supporters may sign a supported decision-making agreement — a formal or informal written plan developed by the decision-maker and their team — that provides information about who the supporters will be, what kind of decisions will be supported, and what kind of support is requested.

Experts in disability and the law in South Carolina and around the country have been working to develop a legal framework for supported decision making. The framework has been endorsed and promoted by the American Bar Association, the National Guardianship Association, and federal advisory bodies and agencies such as the Department of Education, Department of Health and Human Services, and National Council on Disability.⁵

OUR RECOMMENDATIONS

Conduct further research and consider potential legislation to establish supported decision making in code as an alternative to guardianship to help young South Carolinians with disabilities:

- » Maintain independence and control over their life decisions.
- » Receive support during pivotal transition periods in life.

PUBLIC HEARING INPUT

“The nature of a disability may mean an adult will always require some level of support in making big choices in life though they may not meet the definition of incapacitated or it may not be an appropriate label for them. Right now, in South Carolina, we don’t have any type of arrangement that meets this need.”

“Supported decision-making agreements allow an individual to retain their autonomy while still receiving support they need. The great thing about supported decision-making is that it’s very flexible. Each individual’s plans will be tailored to their needs.”

“In counseling parents and children, I often find that parents don’t truly want their children to be in a guardianship, but feel they have no other choice. A guardianship lasts for life and parents may have set up a guardianship for their child or they are the guardians. However, when those parents pass away, someone else — often a stranger — will be appointed to be an adult’s guardian.”

LEGAL LANDSCAPE

Eleven states — Delaware, Indiana, Maine, Maryland, Massachusetts, Michigan, New York, North Carolina, Texas, Wisconsin and Virginia — have begun implementing or examining supported decision-making as an alternative to guardianship for people with disabilities.⁶

In 2020 alone, at least 37 other states enacted changes to their guardianship, conservatorship, or related code or regulatory sections; most focused on improvements to systems specifically to better protect individual rights and freedoms of people with disabilities.⁷

LOOKING AHEAD

COVID-19

THE ISSUE

The COVID-19 pandemic has resulted in wide-spread illness and disruption, producing unique challenges within all aspects of society. Children’s physical, social, and mental well-being is particularly affected due to the closures of schools, day cares, and social programs.

The pandemic has created **record numbers of children and adolescents with anxiety, depression, eating disorders, and suicidality.**¹ Racial injustice and social movements amidst the pandemic have created further emotional turmoil for students resulting in fear, stress, loss, and anxiety in the face of uncertainty and violence. Emotions like these can impede children’s academic achievement, work ethic, and social mobility.²

There’s been a **considerable rise in the risk for child maltreatment** as a result of exacerbating factors caused by the pandemic, such as poverty, overcrowded housing, social isolation, intimate partner violence, and parental substance abuse.³ School closures and shelter-in-place measures heighten the risk of children witnessing or suffering violence and abuse — as violence is more likely to occur during home confinement and during times of intense stress and anxiety.⁴

The outbreak has also severely compromised child protection systems that help children experiencing maltreatment. **Child maltreatment reports and child welfare interventions have decreased significantly** since the initial shutdowns.⁵ Office closures and restrictions have reduced face-to-face contacts between mandated reporters and children, resulting in an increased chance that abuse will go undetected.⁶ Nationally, child maltreatment reports dropped by 29 percent in March 2020 and by 50 percent in April and May 2020.⁷ An estimated 250,000 cases of abuse or neglect may have gone unreported nationally since the pandemic began.⁸

While the risk of contracting the virus seems low for children,⁹ the broader impacts are significant. Poorer **families are forced to cut back on essential health and food expenditures** resulting in children facing **food insecurity** and **poor nutrition.**¹⁰ In the U.S., nearly 29.6 million children who normally rely on school meals for a reliable source of daily nutrition must find other sources as result of many schools utilizing an online or hybrid format in attempt to contain the spread.¹¹

There is a short supply of childcare centers, workers, and caregivers. Due to school closures, children are forced to stay at home, and working parents are struggling to find available childcare. Moreover, 40 percent of childcare programs nationwide say they will have to close permanently without outside help.¹² This has resulted in a significant need for childcare that is difficult to fulfill because childcare workers disparately earn low wages, do not receive benefits, and are not classified as “essential workers” making them ineligible for hazard pay.¹³

Schools are struggling to provide quality education through virtual learning. Many students lack access to the resources they need and do not receive the extra educational support that can be provided in schools.¹⁴ The result is that the **number of students failing classes has risen by as many as two or three times** — with English language learners and disabled and disadvantaged

students suffering the most.¹⁵ Additionally, the lack of funding to address these issues has teachers leaving the profession in droves, schools struggling with teacher shortages, and a lack of resources to keep students safe.¹⁶

Well-child pediatric visits and immunizations are down. In South Carolina, there was a 35.4 percent decrease in immunization rates from April 2019 to April 2020.¹⁷ This renders our state’s population below the immunization levels needed for herd immunity against communicable diseases such as measles and whooping cough. As a result, the entire state’s population, not just children, is susceptible to additional outbreaks of disease.

OUR RECOMMENDATIONS

The Joint Citizens and Legislative Committee on Children commits to further study of the many issues related to COVID-19 to determine the best policies and practice solutions to help South Carolina’s children, and supports the following recommendations:

1. Direct additional funding to support children, families, and care-givers in the welfare system during the COVID-19 pandemic.
2. Fund emergency low-barrier shelters for homeless youth at higher risk of COVID-19.
3. Require up-to-date annual student vaccinations whether attending in-person or virtually.
4. Support the increased needs of teachers during the COVID-19 pandemic.
5. Provide targeted school funding in order to accommodate students’ supportive services lost during the pandemic, virtual technology access, child nutritional requirements, mental health services to students, and ensure schools have proper personal protective equipment (PPE).

PUBLIC HEARING INPUT

“We know immunization levels have dropped so low that we are susceptible to disease outbreaks among the entire population of the state, not just among children. If that happens, it will be devastating for the health and economy of South Carolina.”

“By 8:30 in the morning, I’ve done the tasks of 10 different jobs. I know I’m an effective educator, but what I’m doing each day is not teaching. In a time when we know our children need our attention the most, they’re getting the least of us. Teachers are working around the clock to try to make up for all the holes in education where resources should have been spent but weren’t.”

LOOKING AHEAD

Family First Prevention Services Act

OVERVIEW

Family First Prevention Services Act (FFPSA), passed in February 2018 by the federal government, provides federal funding to states with the goal to promote services that keep families together by incentivizing preventative measures for children who are at-risk of entering foster care. Currently, South Carolina does not receive federal funding for preventative services and instead prioritizes available funding for foster care placements.

Title IV-E funding from FFPSA will provide time-limited prevention services for families with children at risk of placement in foster care, kinship caregivers, and pregnant and parenting youth. The availability of this funding allows state child welfare agencies to work with families to address problems such as mental health or substance abuse, without immediately placing the child into foster care unless absolutely necessary for the child’s safety.

Another goal of FFPSA is for the vast majority of children in the foster care system to be placed with relatives or in foster family homes, and children that need special services and treatment to be placed temporarily into Qualified Residential Treatment Programs (QRTPs). Title IV-E funding would only be reimbursable for children placed in a QRTP if specific requirements are met.

In order to receive additional Title IV-E funding under FFPSA, states must implement specific requirements. Presently, South Carolina lacks the necessary legislation and DSS practices to meet the requirements for receiving Title IV-E funding.

OUR RECOMMENDATIONS

Support H 3567 and S 441 to enact the requirements of the Family First Prevention Services Act within the Department of Social Services, including processes for:

- » Implementation of Qualified Residential Treatment Programs (QRTPs) for foster youth.
- » Placement of children in QRTPs to receive functional assessments; determination for family member or foster placement or appropriate setting; child-specific goals for mental and behavioral health; and a child and family team.

- » Case plan documentation including qualified family members; contact information for members of the child and family team as well as family members and fictive kin; evidence of child and family team meetings; evidence showing involvement of a parent from whom a child was removed if reunification is the goal; placement preference recommendations of the child and family team; and justification for placement if different from recommendations made by child and family team.
- » Implementation of judicial review requirements for children placed in QRTPs.

H 3567 will establish the processes for implementation needed to ensure that South Carolina receives Federal Title IV-E funding for preventative services that will help keep children at home instead of in foster care.

PUBLIC HEARING INPUT

“We can protect, nurture and grow resilience, stabilizing our families in a way that makes our neighborhoods, our cities, our state, our nation, our world stronger now, and exponentially more so with generations. Why wait? The Families First Protective Services Act is here.”

“With the Families First Prevention Services Act, we can bring these resources to parents with in-home parenting skills training, parent education and counseling, and these are critical resources that we know work. With programming policy that supports an outgoing campaign of protective factors, parents and caregivers can mitigate the impact of their own responses to trauma on their parenting.”

“SC must get ready for these changes (of FFPSA), and at best, we have two legislative sessions to do so. DSS is charged with leading this effort, but it is truly going to take all of us planning and communicating together to create a child welfare system that best serves our most vulnerable citizens: the children and families.”

LOOKING AHEAD

Reauthorization of the Joint Citizens and Legislative Committee on Children

OVERVIEW

The Joint Citizens and Legislative Committee on Children was enacted to research and report on children’s issues and make recommendations to the Governor and the General Assembly. Made up of legislators, agency heads, and citizen appointees, this multi-disciplinary group identifies problems, collects information, studies issues, and coordinates efforts to best address problems for South Carolina’s children.



Each year tens of thousands of children in our state live in poverty, are abused and neglected, drop out of school, are placed in foster care, suffer mental illness or physical disability, and face other barriers to a healthy, productive future. Only this Committee is charged with looking comprehensively at children’s needs and coordinating legislative efforts on their behalf. The Committee works closely with citizens, legislators, state agencies, and stakeholders to develop and implement child-centered policies, best practices, and legislation to benefit the future of all South Carolina’s children. Ours is a holistic approach that leads to informed recommendations on policy and legislation.

BRIEF HISTORY

The Joint Citizens and Legislative Committee on Children was first assembled 50 years ago. In its first decades, the Committee worked on development of the Family Court system and the Children’s Code, signed into law in 1981. The Committee was the first home of the Guardian Ad Litem Program.

Once enshrined in law in 2008, the Committee was statutorily charged to research and report on children’s issues and make recommendations to South Carolina’s Governor and General Assembly. Since its inception, the Committee has had members from the House and Senate, as well as gubernatorial appointees. Five child-serving agencies were added as ex-officio members in the 2008 statute, further facilitating conversation and insight on children’s issues: Department of Social Services (DSS), Department of Mental Health (DMH), Department of Juvenile Justice (DJJ), Department of Disabilities and Special Needs (DDSN), and the State Department of Education (SDE). In 2014, the Committee was reauthorized. In 2018, the Committee’s responsibilities were expanded significantly to include identifying candidates for the role of State Child Advocate, selected by the Governor from the Committee’s three recommended finalists.

ONGOING WORK

In the last 10 years alone, the Committee has introduced or endorsed 21 pieces of legislation that were enacted into law on behalf of South Carolina’s children.

The Committee’s initiatives fall into several broad categories:

- » Supporting children to thrive and lead healthy lives.
- » Protecting children from abuse and neglect.
- » Guarding children’s physical and mental well-being.
- » Supporting responsible decision making and the transition of older youth to adulthood.

Many of our most important initiatives have their impetus in the public hearings held by the Committee around the state each fall. Some of these include legislation to require CPR instruction in schools after members heard from survivors of cardiac events as well as those who have saved lives using CPR; legislation to better support kinship families after members heard from kinship caregivers describing the challenges attendant to caring for young children and teens while dealing with advanced age and related issues; and legislation to require alternatives to incarceration and other lifelong consequences for youthful misbehavior that does not rise to the level of dangerous criminality after hearing from impacted families and young people.

The Committee produces four reports annually.

- » **Annual Report** – presents pressing child-related issues and recommendations for consideration to the Governor, General Assembly, and public
- » **Data Reference Book** – includes more than 160 data points on safety, child welfare, health, juvenile justice, and education
- » **Compendium** – a listing of all child-related legislation introduced each year
- » **Public Hearings Testimony Report** – a summary record of all of the children’s issues presented to the Committee at its annual hearings

RECOMMENDATION

Enact H 3211 and S 226 to extend the life of the Joint Citizens and Legislative Committee on Children to December 31, 2030.

The Joint Citizens and Legislative Committee on Children provides a consistent focus on children in our state, year after year, and is an effective vehicle for receiving citizen input and bringing various interest groups together to work more effectively. Structured as a bi-partisan group that includes non-legislative members, the Committee has accomplished a great deal for the children of South Carolina.

The Committee works year-round to ensure that key data about our state’s children, national and international trends in emerging children’s policy and practice, federal law changes, relevant court decisions, emergent issues within child-serving agencies and communities, input of stakeholders, and members’ priorities to improve children’s lives are fully integrated into the work we do.



References

I. CHILD WELFARE

Kinship and Fictive Kin

¹ See S.C. Code Ann. § 63-7-2320 (1976, as amended); S.C. Code Ann. § 63-7-1700(G)(1976, as amended).

² *The 2020 KIDS COUNT Data Book*, THE ANNIE E. CASEY FOUND. (2020), <https://datacenter.kidscount.org/data/tables/10455-children-in-kinship-care?loc=42&loct=2#detailed/2/42/false/1985,1757/any/20160,20161> (last visited Jan. 5, 2021).

³ Joshua Gupta-Kagan, *The New Permanency*, 19 U.C. DAVIS J. OF JUV. LAW AND POL’Y 81 (2015), citing 2013 D.C. *Child & Fam. Servs. Agency Ann. Pub. Rep.* 25 (2014). See also Sandra Bass, Margie K. Shield & Richard E. Behrman, *Child., Fam., and Foster Care: Analysis and Recommendations*, 14 FUTURE OF CHILDREN 17 (2004).

⁴ Bass et al., *supra* note 3.

⁵ MaryLee Allen et al., *Making it Work: Using the Guardianship Assistance Program (GAP) to Close the Permanency Gap for Child. in Foster Care* 8 CHILD. DEFENSE FUND (2012), <http://www.childrensdefense.org/library/data/making-it-work-using-the.pdf> (last visited Jan. 26, 2021).

⁶ *Id.*

⁷ *How Can Frequent, Quality Family Time Promote Relationships And Permanency?* CASEY FAMILY PROGRAMS (2020), <https://www.casey.org/family-time/> (last visited Jan. 27, 2021).

⁸ Brea L. Perry, *Social Network Disruption: The Case of Youth in Foster Care*, 53 SOCIAL PROBLEMS 371,371-75 (2006).

⁹ *Id.*

¹⁰ While states can extend foster care benefits to non-licensed foster homes, federal financial participation is not available for those homes. See 45 C.F.R. § 1355.20: “Anything less than full licensure or approval is insufficient for meeting title IV-E eligibility requirements.” South Carolina has not extended foster care payments to non-licensed foster homes. See S.C. Code Regs. 114-550.

¹¹ 42 U.S.C. 671§471(a)(10)(D): “a waiver of any standards established pursuant to subparagraph (A) may be made only on a case- by-case basis for nonsafety standards (as determined by the State) in relative foster family homes for specific children in care.”

¹² S.C. Code Regs. 114-550(L)(1): “Per federal policy, relatives being licensed must be licensed in accordance with the same requirements as non-relative applicants. SCDSS may waive, on a case by case basis, for relatives or non-relatives, non-safety elements as SCDSS deems appropriate. Safety elements such as history of child abuse/neglect, state and/ or federal criminal history checks must not be waived. SCDSS must note on the standard license if there was a waiver of non-safety element and identify the element being waived.”

Statewide Child Abuse Protocol

¹ Catherine Townsend & Alyssa A. Rheingold, *Estimating a Child Sexual Abuse Prevalence Rate for Practitioners: A Review of Child Sexual Abuse Prevalence Studies*, DARKNESS TO LIGHT (2013), <https://www.d2l.org/wp-content/uploads/2017/02/PREVALENCE-RATE-WHITE-PAPER-D2L.pdf> (last visited Jan. 26, 2021).

² *Child Maltreatment 2018*, U.S. DEP’T OF HEALTH & HUMAN SERV. CHILD. BUREAU (2020), <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment> (last visited Jan. 26, 2021).

³ *Standards for Accredited Members: 2017 Edition*, NAT’L CHILD. ALLIANCE (2017), <https://www.nationalchildrensalliance.org/wp-content/uploads/2015/06/NCA-Standards-for-Accredited-Members-2017.pdf> (last visited Jan. 26, 2021).

⁴ *S.C. Child Abuse Response Protocol*, S.C. NETWORK OF CHILD. ADVOCACY CTR., <https://www.cac-sc.org/protocol> (last visited Jan. 26, 2021).

Extension of Foster Care

¹ *About the Child.*, ADOPTUSKIDS (2021), <https://www.adoptuskids.org/meet-the-children/children-in-foster-care/about-the-children> (last visited Jan. 6, 2021).

² *2018 S.C. Profile: Transition-Age Youth in Foster Care*, THE ANNIE E. CASEY FOUND. (2018), <https://www.aecf.org/m/resourcedoc/southcarolina-fosteringyouthtransitions-2018.pdf> (last visited Jan. 26, 2021).

³ Cyndi Sorrell, *51 Useful Aging Out of Foster Care Stat.*, NAT’L FOSTER YOUTH INS. (2017), <https://nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/>(last visited Jan. 26, 2021).

⁴ Misaela A. Bailey et al., *Disparate Experiences: Highlighting the Health and Well-Being of Youth Exiting the Foster Care System in SC*, S.C. NAT’ YOUTH IN TRANSITION DATABASE (2019), https://www.nytdstayconnected.com/media/1031/bm-rt-nytd2019_clyburnposter_final.pdf (last visited Jan. 6, 2021).

⁵ Rachel Rosenberg & Samuel Abbott, *Supporting Older Youth Beyond Age 18: Examining Data and Trends in Extended Foster Care*, CHILD TRENDS (2019), https://www.childtrends.org/wp-content/uploads/2019/06/ExtendedFosterCare_ChildTrends_June2019.pdf. (last visited Jan. 27, 2021).

⁶ *Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)*, CHILD WELFARE INFORMATION GATEWAY, <https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/fosteringconnections/>(last visited Jan. 26, 2021).

⁷ The following States permit a return to foster care: Alabama, Alaska, Arizona, California, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana (to age 20), Iowa (to age 20 and only for the purpose of completing high school or an equivalent program), Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont (up to age 22), Virginia, Washington, West Virginia, and Wisconsin.

⁸ *Planning for the Future*, S.C. DEP’T. OF SOC. SERV. (2021), <https://dss.sc.gov/foster-care/chafeeetv-program/planning-for-the-future/> (last visited Jan. 6, 2021).

⁹ *Id.*

¹⁰ *Id.*

¹¹ Mark E. Courtney, Nathanael J. Okpych & Sunggeun (Ethan) Park, *Improved Outcomes at Age 21 for Youth in Extended Foster Care*, CHAPIN HALL AT THE U. OF CHICAGO (2018), <https://www.chapinhall.org/research/improved-outcomes-at-age-21-for-youth-in-extended-foster-care/> (last visited Jan. 6, 2021).

¹² *Id.*

II. CRIMES AGAINST CHILDREN

Trafficking & Exploitation of Minors

¹ See *S.C. Human Trafficking Task Force 2019 Annual Report*, S.C. ATTY. GEN. (2020), <http://humantrafficking.scag.gov/wp-content/uploads/2020/01/02184897.pdf> (last visited Jan. 5, 2021); *Guidance to States and Serv. on Addressing Human Trafficking of Child. and Youth in the U.S.*, U.S. DEP’T OF HEALTH & HUMAN SERV., 2, <https://goo.gl/JBQjpe> (last visited Jan. 5, 2021).

² *Guidance to States*, *supra* note 1.

³ *How Can Child Protection Agencies Identify and Support Youth Involved in or At Risk of Comm. Child Sexual Exploitation?*, CASEY FAMILY PROGRAMS (2020), <https://www.casey.org/sex-trafficking/> (last visited Jan. 7, 2021). See also *2017 Trafficking in Persons Report*, U.S. DEP’T OF STATE (2017) 22, <https://www.state.gov/wp-content/uploads/2019/02/271339.pdf> (last visited Jan. 5, 2021).

⁴ *Safe Harbor: State Efforts to Combat Child Trafficking*, NAT’L CONF. OF STATE LEGISLATURES (2017), https://www.ncsl.org/Portals/1/Documents/cj/SafeHarbor_v06.pdf (last visited Jan. 7, 2021).

⁵ *Id.*

⁶ *Id.* at 4.

⁷ *A Guide to Human Trafficking for State Courts*, HUMAN TRAFFICKING & THE STATE CT. COLLABORATIVE (2014) 91, http://www.htcourts.org/wp-content/uploads/00_EntireGuide_140726_v02.pdf (last visited Jan. 7, 2021).

⁸ *Id.* See also *Safe Harbor: State Efforts to Combat Child Trafficking*, *supra* note 4 at 4.

⁹ *Guidance to States*, *supra* note 1 at 5-6.

¹⁰ Amanda Peters, *Reconsidering Fed. and State Obstacles to Human Trafficking Victim Status and Entitlements*, 2016 UTAH L. REV. 535, 538 (2016); 2017 *Trafficking in Persons Report*, *supra* note 3.

¹¹ See *Safe Harbor: State Efforts to Combat Child Trafficking*, *supra* note 4 at 4.

¹² Nat’l State Law Survey: Non-Criminalization of Juv. Sex Trafficking Victims, SHARED HOPE INT’L (2019), https://sharedhope.org/PICframe9/statesurveycharts/NSL_Survey_Non-CriminalizationofJuvenileSexTraffickingVictims.pdf (last visited Jan. 8, 2021).

¹³ *Id.*

¹⁴ *Id.*

¹⁵ S.C. Code Ann. § 16-3-2020(G).

¹⁶ S.C. Code Ann. § 16-3-2010(7); 18 U.S.C. § 1591(a)(2).

¹⁷ S.C. Code Ann. § 16-15-110.

¹⁸ Only Mississippi, Vermont, and West Virginia have lower fines than South Carolina. See MS Code § 97-29-51; 13 V.S.A. § 2632; W.V. § 61-8-5(b)).

Intimate Partner Violence

¹ *Teen Dating Violence*, NAT’L CONF. OF STATE LEGISLATURES (2018), <https://www.ncsl.org/research/health/teen-dating-violence.aspx> (last visited Jan. 4, 2021).

² *Preventing Teen Dating Violence*, CTRS. FOR DISEASE CONTROL & PREVENTION (2020), <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.html> (last visited Jan. 4, 2021).

³ *Id.*

⁴ *Id.*

⁵ *Id.*

⁶ Sara Coello, *Dip and Surge in Domestic Violence Reports Leave S.C. Experts Worried About Abuse Amid Pandemic*, THE POST & COURIER (Nov. 27, 2020), https://www.postandcourier.com/health/covid19/dip-and-surge-in-domestic-violence-reports-leave-sc-experts-worried-about-abuse-amid-pandemic/article_c2d07750-acf2-11ea-8e49-3316710ffb2c.html (last visited Jan. 4, 2021).

⁷ Glenn Smith, *Despite Reforms, S.C. Still Ranks Among Nation’s Deadliest States for Women* (Sept. 30, 2018), THE POST AND COURIER, https://www.postandcourier.com/news/despite-reforms-sc-still-ranks-among-nation-s-deadliest-states/article_8ba80818-c31c-11e8-86ae-7f181e23e903.html (last visited Dec. 29, 2020).

⁸ Coello, *supra* note 6.

⁹ S.C. Code Ann. § 20-4-20(b).

¹⁰ S.C. Code Ann. § 20-4-40(b).

¹¹ Andrew Klein et al., *An Exploratory Study of Juv. Orders of Protection as a Remedy for Dating Violence*, NAT’L CRIMINAL JUSTICE REFERENCE SERVICE (2013), <https://www.ncjrs.gov/pdffiles1/nij/grants/242131.pdf> (last visted Jan. 27, 2021).

¹² See S.C. Code Ann. § 20-4-40.

III. RESPONSIBLE DECISION MAKING/JUVENILE JUSTICE

Status Offenders

1 See S.C. Code Ann. § 63-19-20(9). “‘Status offense’ means an offense which would not be a misdemeanor or felony if committed by an adult including, but not limited to, incorrigibility or beyond the control of parents, truancy, running away, playing or loitering in a billiard room, playing a pinball machine, or gaining admission to a theater by false identification.”

2 S.C. Code Ann. § 63-19-820.

³ See S.C. Code Ann. § 63-19-820(E). “Children may be locked up for up to 24 hours except for cases involving violation of a valid court order, where detention may be up to seventy-two hours excluding weekends and holidays.”

⁴ S.C. Code Ann. § 63-19-1440(C).

⁵ S.C. Code Ann. § 63-19-1440(F).

⁶ See Patricia J. Arthur & Regina Waugh, *Status Offenses and the Juv. Justice and Delinquency Prevention Act: The Exception that Swallowed the Rule*, 7 SEATTLE J. OF SOC. JUST. 555, 557-58 (2009). “Punitive programs that remove youth from their homes and their communities make it harder to address the problems that led to the out of-home placement in the first place.”

⁷ Richard A. Mendel, *No Place for Kids: The Case for Reducing Juv. Incarceration*, THE ANNIE E. CASEY FOUND. (2011), <https://www.aecf.org/resources/no-place-for-kids-full-report/> (last visited Jan. 26, 2021).

⁸ Presentation: “*Direction: A Successful Community-Based Program Addressing Alternatives to Juv. Justice Detention*,” DMH/DJJ HORRY COUNTY DETENTION INITIATIVE, Advancing School Mental Health Conference. October 4, 2013. For more information, please contact Waccamaw Center for Mental Health, Conway, SC, Lori Chappelle, Director of Children’s Services, and Eryn Bergeron, Children’s Services Supervisor.

⁹ Whitney Payne, York County Solicitor’s Office, e-mail message, January 9, 2015.

¹⁰ *Juv. Ct. of Clayton County, Georgia: Annual Report FY20*, CLAYTON COUNTY YOUTH DEV. & JUV. JUST. CTR. (2020), <https://www.claytoncountygga.gov/home/showdocument?id=154> (last visited Jan. 26, 2021).

¹¹ See Anna Aizer & Joseph Doyle, *Juv. Incarceration, Human Capital and Future Crime: Evidence from Randomly-Assigned Judges*, NAT’L BUREAU OF ECON. RESEARCH (2013), https://www.nber.org/system/files/working_papers/w19102/w19102.pdf. (last visited Jan. 27, 2021); See generally Elizabeth S. Barnert et al., *How Does Incarcerating Young People Affect Their Adult Health Outcomes?*, 139(2) PEDIATRICS (2017), <https://pediatrics.aappublications.org/content/early/2017/01/19/peds.2016-2624> (last visited Jan. 27, 2021).

¹² *Nat’l Standards for the Care of Youth Charged with Status Offenses*, COALITION FOR JUV. JUSTICE (2018), [http://www.juvjustice.org/sites/default/files/ckfinder/files/National%20Standards%20for%20the%20Care%20of%20Youth%20Charged%20with%20Status%20Offenses%20FINAL\(1\).pdf](http://www.juvjustice.org/sites/default/files/ckfinder/files/National%20Standards%20for%20the%20Care%20of%20Youth%20Charged%20with%20Status%20Offenses%20FINAL(1).pdf) (last visited Jan. 27, 2021).

Juvenile Sex Offender Registry

¹ *Raised On The Registry: The Irreparable Harm of Placing Child. on Sex Offender Registries in the U.S.*, HUMAN RIGHTS WATCH (2013), https://www.hrw.org/sites/default/files/reports/us0513_ForUpload_1.pdf (last visited Jan. 26, 2021).

² *The Negative Impact of Registries on Youth: Why Are Youth Different From Adults?*, JUSTICE POLICY INST., http://www.justicepolicy.org/uploads/justicepolicy/documents/08-08_fac_sornakidsaredifferent_jj.pdf (last visited Jan. 6, 2021).

³ Elizabeth J. Letourneau et al., *The Influence of Sex Offender Registration on Juv. Sexual Recidivism*, 20 CRIM. JUST. POL’Y REV. 136 (2009).

⁴ *S.C. Dep’t of Juv. Just. Report Card For 2014*, S.C. DEP’T OF JUV. JUST. (2014) <http://www.state.sc.us/djj/pdfs/2014-report-card.pdf> (last visited Jan. 26, 2021).

⁵ See *Raised On The Registry*, *supra* note 1.

⁶ Elizabeth J. Letourneau et al., *Do Sex Offender Registration and Notification Requirements Deter Juv. Sex Crimes?*, 37 CRIM. JUST. & BEHAV. 553 (2010).

⁷ *Id.*

⁸ Elizabeth J. Letourneau, *Affidavit of Elizabeth J. Letourneau* (2013), <https://olis.leg.state.or.us/liz/201311/Downloads/CommitteeMeetingDocument/30208> (last visited Jan. 26, 2021).

Juvenile Life Without Parole

¹ *Miller v. Alabama*, 567 U.S. 460, 471; 479-80 (2012) (quoting *Roper*, 543 U.S., at 573; *Graham*, 560 U.S., at 68).

² See *Roper v. Simmons*, 543 U.S. 551 (2005); *Graham v. Florida*, 560 U.S. 48 (2010); *Miller v. Alabama*, 567 U.S. 460 (2012); *Montgomery v. Louisiana*, 136 S. Ct. 718, (2016).

³ *Miller*, 567 U.S. at 465.

⁴ *Id.* at 479-80.

⁵ *Id.* at 465, 477-78.

⁶ *Id.* at 479-80; *Graham*, 560 U.S. at 75.

⁷ *Roper*, 543 U.S. 551.

⁸ *Graham*, 560 U.S. 48.

⁹ *Miller*, 567 U.S. 460.

¹⁰ *Montgomery*, 136 S. Ct. 718.

¹¹ *Aiken v. Byars*, 765 S.E. 2d 572 (2014).

¹² Alaska, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Iowa, Kansas, Kentucky, Massachusetts, Nevada, New Jersey, North Dakota, Oregon, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia and Wyoming have banned juvenile life without parole. Maine, Missouri, Minnesota, New Mexico, New York and Rhode Island have no one serving a juvenile life without parole sentence.

IV. PHYSICAL/MENTAL HEALTH

Child Hunger

¹ *Hunger in America*, FEEDING AM. (2021), <https://www.feedingamerica.org/hunger-in-america/child-hunger-facts> (last visited Jan. 6, 2021).

² *Id.*

³ *Hunger in S.C.*, FEEDING AM. (2021), <https://www.feedingamerica.org/hunger-in-america/south-carolina> (last visited Jan. 6, 2021).

⁴ *Hunger in The United States*, FEEDING AM. (2021), <https://www.feedingamerica.org/hunger-in-america/the-united-states> (last visited Jan. 6, 2021).

⁵ *What is Food Insecurity?*, FEEDING AM. (2021), <https://hungerandhealth.feedingamerica.org/understand-food-insecurity/> (last visited Jan. 6, 2021).

⁶ *Id.*

⁷ Craig Gundersen et al., *Map the Meal Gap 2019: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2017*, FEEDING AM. (2019), <https://map.feedingamerica.org/county/2018/child/south-carolina> (last visited Jan. 26, 2021).

⁸ *The Impact of Coronavirus on Food Insecurity*, FEEDING AM. (2020), <https://www.feedingamerica.org/research/coronavirus-hunger-research#:~:text=The%20Impact%20of%20the%20Coronavirus%20on%20Food%20INSECURITY%20IN%202020&text=Combining%20analyses%20at%20the%20national,million%2C%20including%2017%20million%20children> (last visited Jan. 26, 2021).

⁹ *Nat'l School Lunch Program*, USDA FOOD & NUTRITION SERV., <https://www.fns.usda.gov/nslp> (last visited Jan. 6, 2021).

¹⁰ *Child Nutrition Covid-19 Waivers*, USDA FOOD & NUTRITION SERV. (2021), <https://www.fns.usda.gov/programs/fns-disaster-assistance/fns-responds-covid-19/child-nutrition-covid-19-waivers> (last visited Jan. 6, 2021)

¹¹ See Diane Girouard & Crystal FitzSimons, *Reducing Barriers To Consuming School Meals*, FOOD RESEARCH & ACTION CTR. (2019), <https://frac.org/wp-content/uploads/reducing-barriers-to-consuming-school-meals.pdf> / (last visited Jan. 6, 2021).

¹² *Ensuring Access to Free & Reduced Price School Meals For Low-Income Students - Revised*, USDA FOOD & NUTRITION SERV. (2016), <https://www.fns.usda.gov/cn/ensuring-access-free-and-reduced-price-school-meals-low-income-students> (last visited Jan.6, 2021).

¹³ *The Community Eligibility Provision: What Does It Mean For Your School or Local Educational Agency?*, USDA FOOD & NUTRITION SERV. (2015), <https://fns-prod.azureedge.net/sites/default/files/cn/CEPfactsheet.pdf> (last visited Jan. 6, 2021).

Tobacco Access

¹ *Tobacco Use*, CTRS. FOR DISEASE CONTROL & PREVENTION (2020), <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/tobacco.htm> (last visited Jan. 7, 2021).

² *Fast Facts*, CTRS. FOR DISEASE CONTROL & PREVENTION (2020), https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm (last visited Jan. 7, 2021).

³ *Tobacco Use*, *supra* note 1.

⁴ *Youth & Tobacco Use*, CTRS. FOR DISEASE CONTROL & PREVENTION (2020), https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/ (last visited Jan. 7, 2021).

⁵ *2019 S.C. Youth Tobacco Survey Results*, S.C. DEP'T OF HEALTH & ENV'T CONTROL (2019), https://scdhec.gov/sites/default/files/media/document/2019_South_Carolina_Youth_Tobacco_Survey_Results.pdf

⁶ *Id.*

⁷ *Youth & Tobacco Use*, *supra* note 4.

⁸ *Preventing Tobacco Use Among Youths, Surgeon General Fact Sheet*, U.S. DEP'T OF HEALTH & HUMAN SERV. OFFICE OF THE SURGEON GEN. (2017), <https://www.hhs.gov/surgeongeneral/reports-and-publications/tobacco/preventing-youth-tobacco-use-factsheet/index.html> (last visited Jan. 7, 2021).

⁹ *Tobacco Retail Licensure*, AM. HEART ASS'N (2020), <https://www.heart.org/-/media/files/about-us/policy-research/fact-sheets/tobacco-and-clean-air/tobacco-retail-licensure-fact-sheet-2020.pdf?la=en> (last visited Jan. 7, 2021).

¹⁰ *State Tobacco Activities Tracking & Evaluation (STATE) System: Custom Reports*, CTRS. FOR DISEASE CONTROL & PREVENTION, https://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_State.CustomReports&rdAgReset=True&rdShowModes=showResults&rdShowWait=true&rdPaging=Interactive&islMeasure=640LOC (last visited Jan. 7, 2021).

¹¹ *Id.*

¹² *Tobacco Retail Licensure*, *supra* note 9.

¹³ *Id.*

¹⁴ *Id.*

Youth Homelessness

¹ *2019 S.C. State of Homelessness Report*, S.C. INTERAGENCY COUNCIL ON HOMELESSNESS, 31 (2019), <https://www.schomeless.org/media/1163/scich-report-731-final-draft-electronic.pdf> (last visited Jan. 7, 2021).

² *Id.* at 33.

³ *Youth Homelessness Overview*, NAT'L CONF. OF STATE LEGISLATURES (2019), <https://www.ncsl.org/research/human-services/homeless-and-runaway-youth.aspx#:~:text=On%20any%20given%20night%2C%20approximately,ages%2013%2D25%20experience%20homelessness.&text=29%25%20of%20homeless%20youth%20report,of%20the%20foster%20care%20system> (last visited Jan. 27, 2021).

⁴ *2019 S.C. State of Homelessness Report*, *supra* note 1.

⁵ *Id.*

⁶ *Id.* at 35.

⁷ “Homelessness takes an enormous toll -- both physically and mentally -- on young people, and every year, thousands of youth experiencing homelessness die on the streets due to illness, assault, or suicide.” *The Issues: Physical and Mental Health*, COVENANT HOUSE (2021), <https://www.covenanthouse.org/homeless-teen-issues/healthcare> (last visited Jan. 7, 2021).

⁸ *Id.*

⁹ *Id.*

¹⁰ 34 U.S.C. § 11201 et seq.

¹¹ *Laws & Guidance/ Elementary & Secondary Education*, U.S. DEP’T OF EDUC. (2004), <https://www2.ed.gov/policy/elsec/leg/esea02/pg116.html> (last visited Jan. 27, 2021).

¹² *Supporting the Education of Unaccompanied Students Experiencing Homelessness*, NAT’L CTR. FOR HOMELESS EDUC. (2017), <https://nche.ed.gov/wp-content/uploads/2018/10/youth.pdf> (last visited Jan. 27, 2021).

¹³ 42 U.S.C. § 11302(a)(1)-(6).

V. WELL-BEING

Childcare

¹ Elaine A. Donoghue, *Quality Early Educ. and Child Care from Birth to Kindergarten*, 140 AM. ACAD. OF PEDIATRICS 1, 1 (2017).

² S.C. Code Ann. § 63-13-20(2).

³ S.C. Code Ann. § 63-13-20(4).

⁴ *Child Care Access in the U.S.*, CTR. FOR AM. PROGRESS, <https://childcaresdeserts.org/index.html> (last visited Jan. 7, 2021); See also Rasheed Malik et al., *America’s Child Care Deserts in 2018* (2018), <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/06/461643/americas-child-care-deserts-2018/> (last visited Jan. 7, 2021).

⁵ *Child Care Access in the United States*, *supra* note 4.

⁶ *The Cost of Child Care in S.C.*, ECON. POL’Y INST. (2019), <https://www.epi.org/child-care-costs-in-the-united-states/#/SC> (last visited Jan. 7, 2021).

⁷ *Id.*

⁸ Kate O’Donnell, *The Economic Impact of Early Care and Education in S.C.*, THE INST. FOR CHILD SUCCESS (2015), <https://healthpolicy.unm.edu/sites/default/files/The%20Economic%20Impact%20of%20Early%20Care%20and%20Education%20in%20South%20Carolina%202015.pdf> (last visited Jan. 7, 2021).

⁹ *Piecing Together Solutions: The Importance of Childcare to U.S. Families and Businesses*, U.S. CHAMBER OF COMMERCE FOUND. (2020), https://www.uschamberfoundation.org/sites/default/files/EarlyEd_Minis_Report6_121420_Final.pdf (last visited, Jan. 7, 2021).

¹⁰ S.C. *Voucher Program*, DEP’T OF SOCIAL SERVICES: S.C. CHILD CARE EARLY CARE & EDUC. (2019), <http://www.scchildcare.org/departments/sc-voucher.aspx> (last visited Jan. 7, 2021).

¹¹ Income for a family of four must be below \$39,300 (150% of poverty) to qualify. *Federal Poverty Level (FPL)*, U.S. CTRS. FOR MEDICARE & MEDICAID SERV., <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/> (last visited Jan. 7, 2021).

¹² *Licensing and Public Regulation of Early Childhood Programs*, NAT’L ASS’N FOR THE EDUC. OF YOUNG CHILD., <https://www.naeyc.org/resources/position-statements> (last visited Jan. 7, 2021).

Supported Decision Making

¹ *The Supported Decision Making Model Manual For Individuals And Families*, THE S.C. SUPPORTED DECISION MAKING PROJECT (2019), <https://transitionalliancesc.org/wp-content/uploads/2019/03/TheSupportedDecisionMakingModelManu.pdf> (last visited Jan. 26, 2021).

² *Supported Decision Making & The Problems of Guardianship*, AM. CIVIL LIBERTIES UNION (2021), <https://www.aclu.org/issues/disability-rights/integration-and-autonomy-people-disabilities/supported-decision-making> (last visited Jan. 6, 2021).

³ Richard P. Hastings & Alexandra Beck, *Practitioner Review: Stress Intervention for Parents of Children with Intellectual Disabilities*, 45(8) J. OF CHILD PSYCHOLOGY & PSYCHIATRY 1338-1349 (2008).

⁴ *Supported Decision Making: An Alternative to Guardianship*, INCLUDENYC (2021), <https://www.includenyc.org/resources/tip-sheet/supported-decision-making-an-alternative-to-guardianship> (last visited Jan. 6, 2021).

⁵ *Supported Decision-Making: A User’s Guide for People with Disabilities & Their Supporters*, DISABILITY RIGHTS M.E (2019), <http://supportmydecision.org/assets/tools/DRM-SDM-Handbook-Rev-7.19.19.pdf> (last visited Jan. 26, 2021).

⁶ L. VanPuymbrouck, *Supported Decision Making In The U.S.: A White Paper* By CQL, THE COUNCIL ON QUALITY AND LEADERSHIP (2017), <https://www.c-q-l.org/wp-content/uploads/2019/12/CQL-2017-White-Paper-Supported-Decision-Making-In-The-US.pdf> (last visited Jan. 26, 2021).

⁷ *Directions of Reform: 2020 Adult Guardianship Legislation Summary*, AM. BAR ASS’N COMMISSION ON LAW & AGING (2020), https://www.americanbar.org/content/dam/aba/administrative/law_aging/2020-guardianship-leg-summry.pdf (last visited Jan. 7, 2021).

LOOKING AHEAD

COVID-19

¹ Mark E. Czeisler et al., *Mental Health, Substance Use, & Suicidal Ideation During the COVID-19 Pandemic – U.S., June 24–30, 2020*, 69(32) CTRS. FOR DISEASE CONTROL & PREVENTION 1049-57 (2020), <http://dx.doi.org/10.15585/mmwr.mm6932a1> (last visited Jan. 26, 2021).

² Tim Walker, *Helping Students & Educators Recover From COVID-19 Trauma*, NAT’L EDUC. ASS’N (2020), nea.org/advocating-for-change/new-from-nea/helping-students-and-educators-recover-covid-19-trauma (last visited Jan. 26, 2021).

³ *Combatting COVID-19’s Effect on Child.*, OECD (2020), https://read.oecd-ilibrary.org/view/?ref=132_132643-m91j2scsyh&title=Combatting-COVID-19-s-effect-on-children (last visited Jan. 26, 2021).

⁴ *The Impact of COVID-19 on Child.*, UNITED NATIONS (2020), https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf (last visited Jan. 26, 2021).

⁵ Eli Rapoport et al., *Reporting of Child Maltreatment During the SARS-CoV-2 Pandemic in New York City from March to May 2020*, CHILD ABUSE & NEGLECT (2020), <https://doi.org/10.1016/j.chiabu.2020.104719> (last visited Jan. 26, 2021).

⁶ *Combatting COVID-19’s Effect on Child.*, *supra* note 3.

⁷ Rapoport et al., *supra* note 5.

⁸ Dr. Sanchari Sinha Dutta, *250,000 Cases Of Child Abuse or Neglect May Have Gone Unreported in U.S. COVID Pandemic*, NEWS MEDICAL (Nov. 12, 2020), <https://www.news-medical.net/news/20201112/250000-cases-of-child-abuse-or-neglect-may-have-gone-unreported-in-US-COVID-pandemic.aspx> (last visited Jan. 26, 2021).

⁹ *Combatting COVID-19’s Effect on Child.*, *supra* note 3.

¹⁰ *Id.*

¹¹ *Nat’l School Lunch Program: Participation & Lunches Served*, USDA FOOD & NUTRITION SERV. (2020), <https://fns-prod.azureedge.net/sites/default/files/resource-files/slsummar-7.pdf> (last visited Jan. 26, 2021).

¹² *Holding On Until Help Comes: A Survey Reveals Child Care’s Fight to Survive*, NAT’L ASS’N FOR THE EDUC. OF YOUNG CHILDREN (2020), https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding_on_until_help_comes.survey_analysis_july_2020.pdf (last visited Jan. 27, 2021).

¹³ *COVID-19: Essential Workers in the States*, NAT’L CONF. OF STATE LEGISLATURES (2020), <https://www.ncsl.org/research/labor-and-employment/covid-19-essential-workers-in-the-states.aspx#Childcare> (last visited Jan. 26, 2021).

¹⁴ Walker, *supra* note 2.

¹⁵ Carolyn Thompson, *Schools Confront ‘Off the Rails’ Numbers of Failing Grades*, AP NEWS (Dec. 6, 2020), <https://apnews.com/article/distance-learning-coronavirus-pandemic-oregon-7fde612c3dbfd2e21fab9673ca49ad89> (last visited Jan. 26, 2021).

¹⁶ Kate Rogers & Betsy Spring, *A Shortage of Teachers and Covid-19 Create a Perfect Storm for the Education System*, CNBC (Oct. 9, 2020), <https://www.cnbc.com/2020/10/09/teacher-shortage-and-covid-19-create-challenge-for-education-system.html> (last visited Jan. 26, 2021).

¹⁷ Jason Raven, *DHEC Concerned Fewer S.C. Children Have Been Vaccinated This Year*, WIS NEWS (Aug. 18, 2020), <https://www.wistv.com/2020/08/18/dhec-sc-saw-reduction-pediatric-vaccine-orders-administered-doses-march-april/#:~:text=THE%20LATEST%20%7C%20Coronavirus%20updates%20on,administered%20108%2C245%20in%20April%202019> (last visited Jan. 26, 2021).

Acknowledgments

The 2021 Annual Report of the Joint Citizens and Legislative Committee on Children is the result of countless hours of hard work and the cooperation of many agencies and individuals. Much assistance was provided to the Committee with its data collection, analysis, research, policy review, and editing to ensure that issues affecting children in South Carolina are accurately and clearly presented.

The Committee thanks the many citizens who took time to attend the public hearings and present testimony to the Committee. The Committee relies heavily on the concerns and recommendations offered by those who address children’s issues on a daily basis.

Additionally, the Committee expresses its appreciation to the many stakeholders and agency staff whose work contributed indirectly to this 2021 Annual Report, as well as those agency staff who assisted in its preparation. The Joint Citizens and Legislative Committee on Children extends its appreciation to the staff at the Children’s Law Center, USC School of Law for compilation of the 2021 Annual Report. In particular, we thank Michelle Dhunjishah, Director; Carolyn S. Morris, Assistant Director; Amanda Adler, Senior Resource Attorney to the Committee; Morgan Maxwell, Child Law Fellow; Ashley Blas, Resource Attorney; Liyun Zhang, Data Scientist; and Brittany Roberts, Law Clerk.



Nurturing our state's future.

SC JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

Children's Law Center
1300 Pickens Street
Columbia, SC 29201
T 803.777.1646

CHILD.LAW.SC.EDU
SCCOMMITTEEONCHILDREN.ORG