

2013 Data Reference Book
**Joint Citizens and Legislative
Committee on Children**



Joint Citizens and Legislative Committee on Children

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State of South Carolina

**Joint Citizens and Legislative
Committee on Children**

**Data Reference Book
A Supplement of the 2013 Annual Report**



STATE OF SOUTH CAROLINA
JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

July 1, 2013

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My Fellow South Carolinians:

Earlier this year, the Joint Citizens and Legislative Committee on Children issued its Annual Report which contained findings and recommendations for action on a variety of issues impacting the well-being of South Carolina's children.

On behalf of the Committee and its staff from the Children's Law Center of the USC School of Law, I am pleased to provide you with this Data Reference Book. This document will supply you with much of the research sources used to compile the annual report.

We believe the data contained herein indicates that the youth of our state face growing challenges to their health, safety, and educational foundation.

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

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

A handwritten signature in black ink that reads "Mike Fair".

Michael L. Fair

Chairman

Table of Contents

Introduction 4

Safety Indicators6

Health Indicators 16

Education Indicators..... 27

Responsibility Indicators 32

Support Indicators40

Acknowledgements 47

County Data Tables..... 48

Introduction

INDICATORS OF CHILD WELL-BEING

The Joint Citizens and Legislative Committee on Children has published an Annual Report on the status of children since 2011. This annual report is grounded in research and data on child well-being and is drafted to convey an urgent call to arms for both members of the legislature and concerned citizens. The Committee on Children endorses legislation and policy designed to enhance the positive development of children in South Carolina. The data collected to support the Annual Report and legislative work of the Committee on Children are reported in this supplemental Data Reference Book.

Forty-nine indicators were used to report the status of children in the following categories: safety, health, education, responsibility, and support. Indicators of child well-being were selected based on an extensive review of literature and discussion with leaders of child-serving state agencies. These indicators were selected to address all priority areas and measure across childhood lifespan. When possible, indicator data were broken into three age groups: 1) early childhood - ages birth through five, 2) middle childhood - ages six through eleven, and 3) adolescence - ages twelve through seventeen. The data presented are for children under the age of eighteen for the past five fiscal years, when available.

Each indicator is defined and analyzed. If five consecutive years of statewide¹ data were available, an arrow with the percentage of change from the first year to the fifth year is used to illustrate whether the number of children affected is increasing, decreasing, or unchanged. Changes greater than 5% from earliest to most recent year are indicated with an upward or downward arrow. A change between +4% and -4% is considered unchanged and no arrow is depicted. If fewer than five years of historical data were available, interpretation of trends cannot be made with certainty.

County level data for the most recently available year can be found at the end of this book and county trends and fact sheets are available on the Committee on Children website at www.sccommitteeonchildren.org.

USING THE DATA REFERENCE BOOK

Data and analyses for the selected safety, health, education, responsibility, and support indicators for children in South Carolina have been compiled in this reference book.

Definitions

Data are presented in counts, percentages, or rates, and the analyses are presented as a percent change over two different time periods.

- **Count:** the number of cases identified that year. This measure is most useful for determining the impact or burden that a condition places on communities or institutions.
Example: In the most recent year of available data (2011), 105,496 children sustained non-fatal injuries; and in the earliest year (2006), 111,448 children sustained non-fatal injuries. ['Non-Fatal Injuries' from the safety indicators table].
- **Percent:** a proportion multiplied by 100. This is a standardized measure that is most useful for comparing across populations, such as other states or at the national level.
Example: In the most recent year of available data (2011), 70% of children in

¹ Information at the county level is available on the Committee on Children website at <http://www.sccommitteeonchildren.org/>.

South Carolina were immunized with the 4313314 vaccination series. [‘Immunizations for Children Ages 19-35 Months’ from the health indicators table].

- **Rate:** a proportion multiplied by a relevant constant, typically between 1,000 and 100,000. Like a percent, this is another standardized measure that is most useful for comparing to other states or national level data. A rate is more useful for comparing less-common conditions or when more precise estimates are desired.
Example: In the most recent year of available data (2010), for every 10,000 individuals in South Carolina, 36.9 of them were victims of family violence [‘Family Violence’ from the safety indicators table].
- **Percent Change:** the data from the most recent year minus the data from an earlier year, divided by the data from the earlier year. This measure is a relative change which treats the earlier year as a baseline measure and is useful for comparing trends over time. However, this only compares two time-points and does not account for variations during the years between those two time-points. A percent change is most useful when the overall trend appears to be somewhat consistent or linear.
Example: Between the earliest year (2006) and the most recent year (2010) of available data, the rate of family violence decreased by 6%; $((\text{rate in 2006} - \text{rate in 2010}) / \text{rate in 2006}) = ((39.2 - 36.9) / 39.2) = 0.06$; $0.06 \times 100 = 6\%$ [‘Family Violence’ from the safety indicators table].

Tables

There are five summary tables, one for each of the following sets of indicators: safety, health, education, responsibility, and support. Data from the earliest year are presented in column 1 and are from 2005 to 2008 depending on the indicator. Data from the most recent year are presented in column 2 and are from 2010 to 2012, depending on the indicator. The percent change between the earliest year and the most recent year is presented in column 3, and the percent change between the most recent year and the previous year is presented in column 4.

Graphs

Indicators with data from at least three consecutive years are also presented as line graphs, which are useful for observing trends over time. Bar graphs were used to present data with multiple subgroups, such as age-groups or types of abuse. In each graph, the year is shown on the horizontal axis (x-axis) and the count, percent, or rate is shown on the vertical axis (y-axis). An arrow with the percentage of change from the first year to the most recent year is used to illustrate whether the number of children affected is increasing, decreasing, or unchanged.

Relevance

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

I. Safety Indicators of Child Well-Being

Keeping children safe from physical harm is essential to prevent traumatic experiences that can negatively impact a person’s childhood and adult life. Safety indicators include measurements about injury, violence, and abuse and neglect.

Index of Safety Indicators					
Indicator	Data from Earliest Year	Data from Latest Available Year	^A Percent Change from Earliest to Latest Available Year	^B Percent Change during Last Year	
Total Child Deaths	862	665	-23%	-3%	
Non-fatal Injuries Reported by Hospitals	111,823	106,917	-4%	0.3%	
Children on Medicaid Who Have Been Treated for Injuries in Doctor’s Office or Hospital	106,027	141,173	33%	5%	
^C Family Violence Rates	39.2 per 10K	36.9 per 10K	-6%	-2%	
^D Maltreatment					
Children with Founded Maltreatment	12,549	11,709	-7%	-4%	
Selected Founded Maltreatment Types	Neglect	8,127	6,825	-16%	1%
	Physical Abuse	1,680	1,592	-5%	6%
	Sexual Abuse	411	363	-12%	0%
No Maltreatment Within 6 Months	Children	5,051	5,473	8%	-2%
	Percent	97.2%	96.7%	-0.5%	-0.1%
Live in Foster Care	Children	3,936	2,911	-26%	-0%

A Summary measure of the overall change relative to the first year’s data. Percent change was calculated as the difference between the most recent year’s data and the first year’s data, divided by the first year’s data.

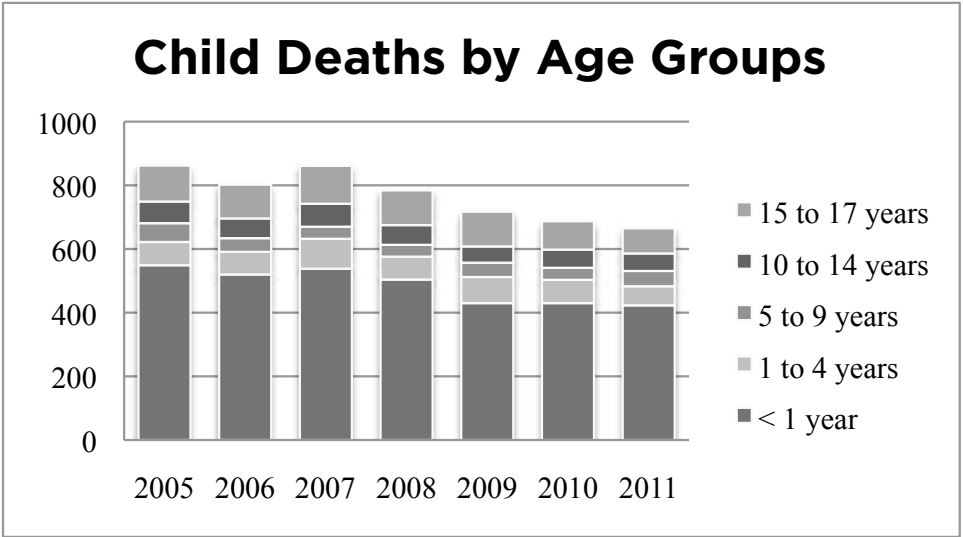
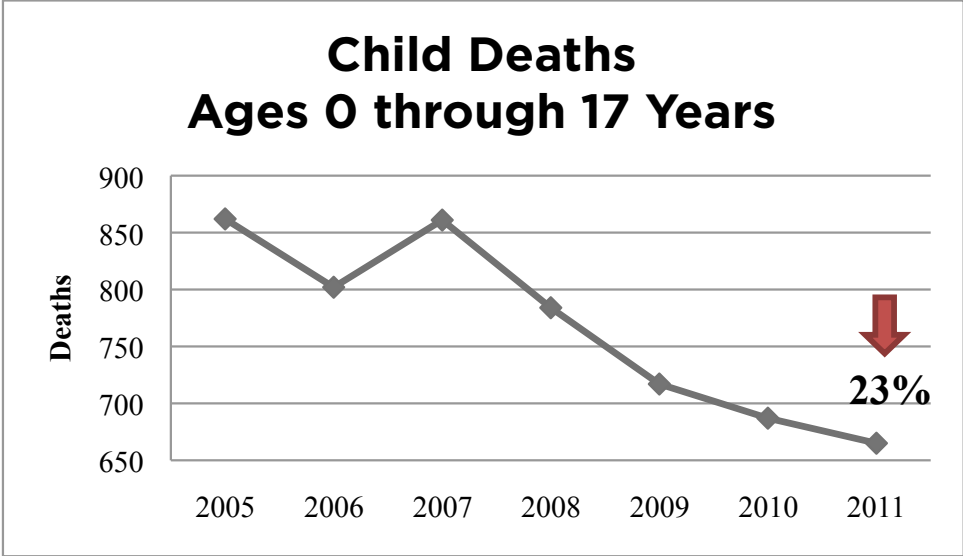
B Summary measure of the recent change relative to the previous year’s data. Percent change was calculated as the difference between the most recent year’s data and the previous year’s data, divided by the previous year’s data.

C Family violence is presented as a rate “per 10,000” individuals and is different than a percentage which is always “per 100” individuals.

D Maltreatment and Foster Care data at the state level are reported from the Children’s Bureau reports that are built from NCANDS data supplied by SC DSS. County level data are not available from this source and is used from the Fostering Court Improvement website that is generated using the same data source, but is formatted slightly differently, and for that reason, state level trend data may differ from the state level total in the county data tables.

Child Deaths:

Child fatalities are the number of children who died due to illness, accident, or maltreatment.²



- In South Carolina, there was a 23% decrease in child deaths among children 0 through 17 from 2007-2011. The national numbers of child deaths have also decreased.
- Nationally, there were 33,523 child deaths among children 0 through 14 in 2011, a 2% decrease from the previous year of 2010, and a 16% decrease from 2007.³
- In South Carolina, children less than one year old are at the greatest risk of death. The top causes of death to this group are illnesses. Despite high numbers, the number of deaths of South Carolina children less than one year old has declined.

² S.C. Department of Health and Environmental Control, unpublished report generated December 2011, Child Fatalities by Age Group.
³ Centers for Disease Control and Prevention. National Vital Statistics System, http://www.cdc.gov/nchs/nvss/new_mortality.htm

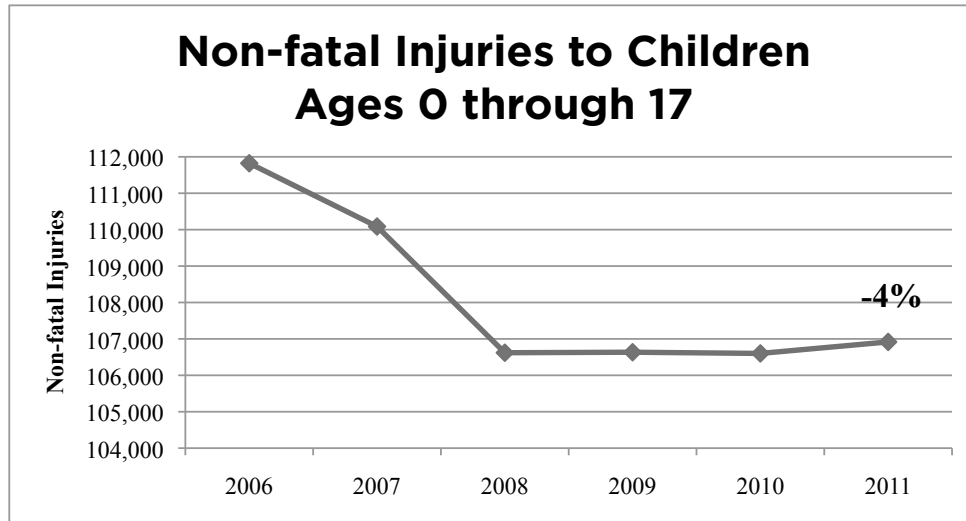
Joint Citizens and Legislative Committee on Children

- Nationally, there were 23,910 infant deaths among children 0 to 1 in 2011, a 3% decrease from the previous year and an 18% decrease from 2007.⁴ Adolescents ages 15 through 17 are the second most vulnerable group. Motor vehicle accidents, homicide, and suicide are the leading causes of death.
- Because the causes of child deaths vary greatly and because the same cause of death can have different solutions depending on a child's age, a multifaceted approach is needed to reduce the state's number of child deaths.
- Over the past six years, motor vehicle accidents, homicides, suicides, accidental drownings, and other and nonspecified transport accidents and accompanying consequences have been the leading causes of injury death to children in South Carolina.

⁴ Centers for Disease Control and Prevention. National Vital Statistics System, http://www.cdc.gov/nchs/nvss/new_mortality.htm

Non-Fatal Injuries Reported by Hospitals:

Non-fatal injuries include accidental and intentional injuries that do not result in death but do require a hospital or emergency room visit.⁵ Injuries vary in severity and cause.



- In South Carolina, there were 106,917 non-fatal injuries among children ages 0 through 17 in 2011.
- The total charges for medical care for non-fatal injuries in 2011 were \$224 million.
- Falls were the leading cause of non-fatal injuries, followed by injuries resulted from being struck by/against a person or object or caught in or between objects,⁶ and motor vehicle crashes.⁷
- Nationally, there were 8,446,216 non-fatal injuries to children among children ages 0 through 17 in 2011, a 4% increase from 2007. The three leading causes were falls, being struck by/against a person or object or caught in or between objects, and overexertion.^{8,9}
- Although many injuries are predictable, preventable, and controllable, injuries are still one of the most under-recognized public health problems facing the United States.¹⁰

5 S.C. Department of Health and Environmental Control, data cube analysis, Child Injuries by Age Group as reported by Hospital and Emergency Rooms.

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

7 S.C. Office Research and Statistics, Analysis of Emergency Room Discharges by Selected Characteristics, <http://ors.sc.gov/hd/erquerya.php> (last visited January 4, 2013).

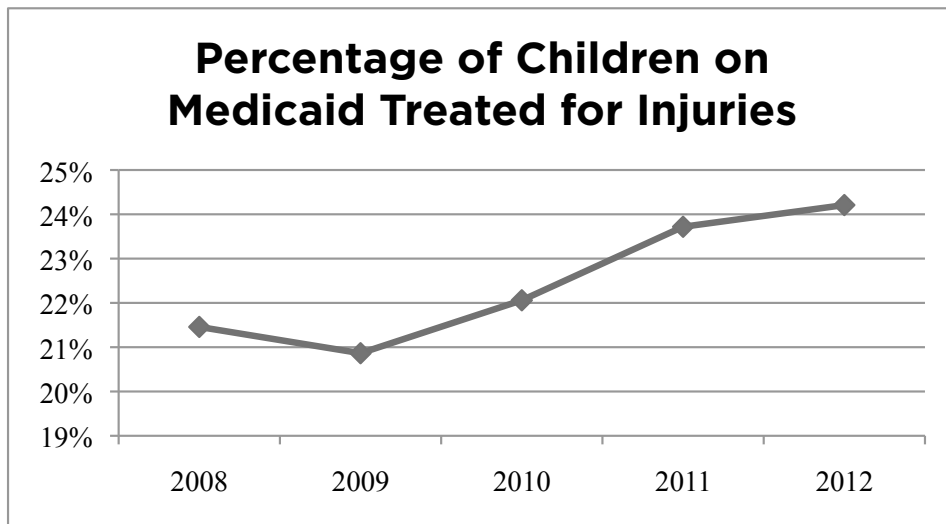
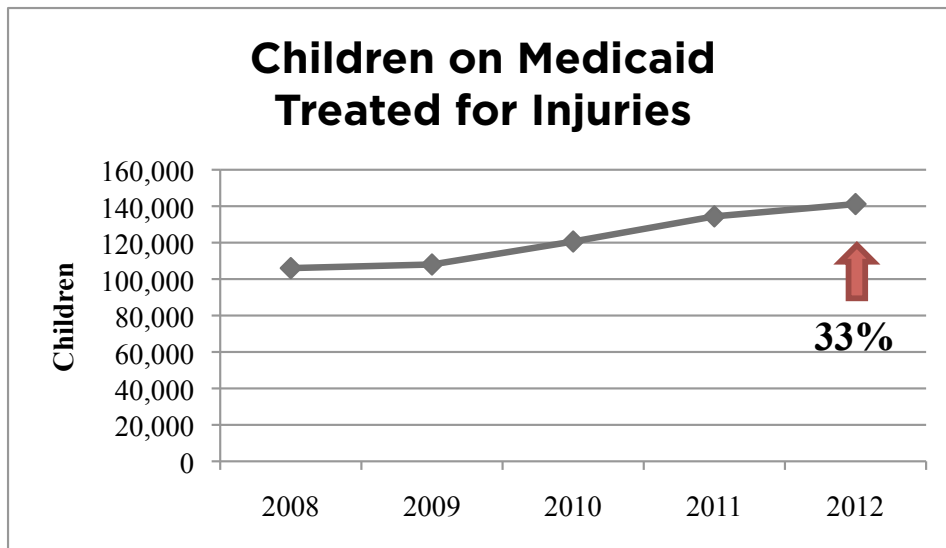
8 Overexertion refers to working the body or a body part too hard, causing damage to muscle, tendon, ligament, cartilage, joint, or peripheral nerve (e.g., common cause of strains, sprains, and twisted ankles). This category includes overexertion from lifting, pushing, or pulling or from excessive force.

9 National Center for Injury Prevention and Control, WISQARS Nonfatal Injury Reports, <http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html> (last visited, January 4, 2013).

10 CDC Childhood Injury Report: Patterns of Unintentional Injuries among 0-19 Year Olds in the United States, 2000-2006, <http://www.cdc.gov/safefchild/images/CDC-ChildhoodInjury.pdf> (last visited January 4, 2013).

Children on Medicaid Who Have Been Treated for Injuries:¹¹

This indicator includes children ages 0 through 17 who have been treated in emergency rooms, hospitals, or doctors' offices for injuries using codes extracted from Medicaid billing claims. Because practitioners are not required to code the injury cause, these numbers may not represent all children on Medicaid treated for injuries.

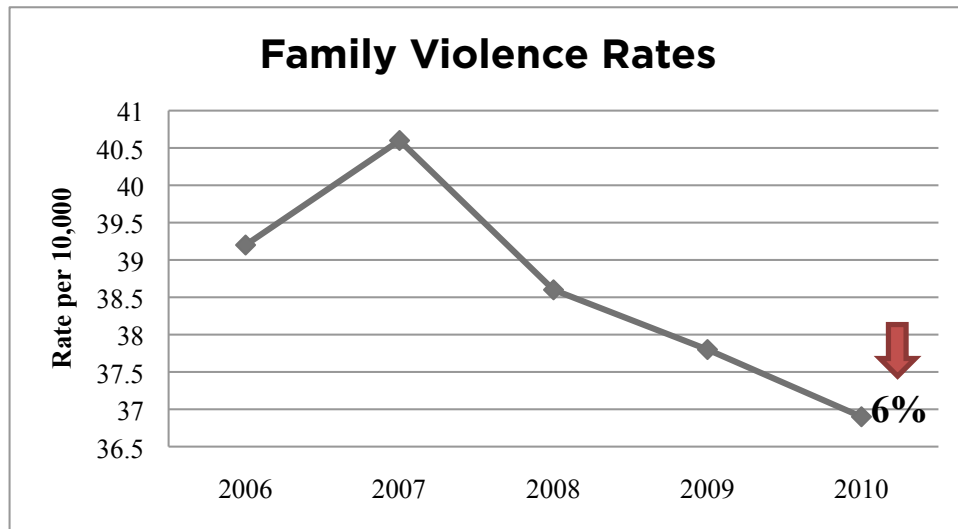


- Since 2008, the number of recorded children on Medicaid who have been treated for injuries has increased 33%.
- This increase reflects a slight increase in the percentage of children on Medicaid treated for injuries, but also reflects an increase in the total number of children on Medicaid.

¹¹ The Institute for Families in Society, Policy and Research Unit on Medicaid and Medicare, University of South Carolina, South Carolina, unpublished report, Children on Medicaid Who Have Been Treated for Injuries, report generated November 2012.

Victims of Family Violence:¹²

Family violence is defined as the number of individuals who were victims of murder, negligent manslaughter, rape, forcible sodomy, sexual assault with an object, forcible fondling, aggravated assault, simple assault, intimidation, and robbery. The victims included in this graph represent both adult and juvenile victims. Family relationships were defined as where the victim and the offender were related to each other, such as child, stepchild, grandchild, sibling, stepsibling, parent, stepparent, grandparent, in-law, or other family member. The South Carolina Incident-Based Reporting System was used to calculate these rates on the basis of population per 10,000.¹³



- In South Carolina, the rate of family violence decreased 6% in the past five years.
- Nationally, in 2010, an estimated 2.8 million children lived in a household in which at least one member age 12 or older experienced violent crime. This represents 3.9% of all children age 17 or younger living in U.S. households.
- Across the nation, violent crime was most prevalent in households consisting of one adult with one child and households headed by a non-married adult.
- Nationally, violent crime was greatest among households in urban areas that had children and an annual income of less than \$15,000.¹⁴
- Witnessing violence between parents or caretakers is one of the most powerful risk factors of transmitting violent behavior from one generation to the next.¹⁵

¹² Department of Public Safety, unpublished report, Prevalence of Family Violence in South Carolina, report generated October 2012.

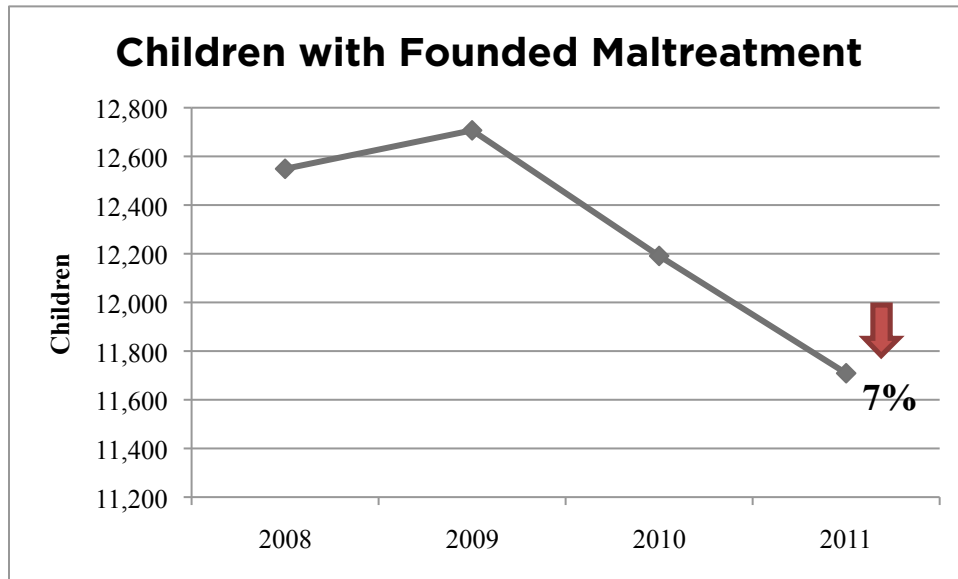
¹³ In the 2013 Annual Report of the Committee on Children, family violence is studied instead of domestic violence to portray a more complete picture of this problem. For this reason, the numbers from the 2012 reports will not match those from 2013 reports.

¹⁴ U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Prevalence of Violence among Households with Children, 1993-2010, <http://www.bjs.gov/content/pub/pdf/pvchc9310.pdf> (last visited January 4, 2013).

¹⁵ National Coalition against Domestic Violence, Domestic Violence Facts, [http://www.ncadv.org/files/DomesticViolenceFactSheet\(National\).pdf](http://www.ncadv.org/files/DomesticViolenceFactSheet(National).pdf) (last visited January 4, 2013).

Children with Founded Maltreatment:^{16 17}

When a report of child abuse or neglect is made to the Department of Social Services (DSS), an investigation determines whether the allegation is founded.¹⁸ Maltreatment includes abuse, neglect, and other categories.¹⁹ Children may be counted more than once if they experience multiple, separate maltreatments in the recording period.²⁰



- In South Carolina, the number of children with founded maltreatments has decreased steadily since 2009.
- Nationally, there were 688,251 child victims of maltreatment in 2010, a 1% decrease from the previous year and a 0.4% decrease from 2007.²¹

¹⁶ Department of Health and Human Services, South Carolina Context Data, <http://cwoutcomes.acf.hhs.gov/data/downloads/pdfs/south%20carolina.pdf> (last visited January 15, 2013).

¹⁷ "Maltreatment" includes abuse, neglect, and other types of harm that children experience at the hands of a parent, guardian, or other person responsible for the child's welfare. The Department of Social Services categorizes maltreatment into the following types of cases: abandonment, contributing to the delinquency of a minor, educational neglect, medical neglect, mental injury, neglect, other, physical abuse, sexual abuse, threat of harm abandonment, threat of harm contributing to the delinquency of a minor, threat of harm educational neglect, threat of harm medical neglect, threat of harm mental injury, threat of harm physical abuse, threat of harm sexual abuse.

¹⁸ S.C. Department of Social Services, unpublished report: Children in Founded CPS Investigations during SFYs based on determination date. Generated December 2011. In order to have consistent format, data from CAPSS on November 2011 was used to compile reports for SFY 2007 through 2011.

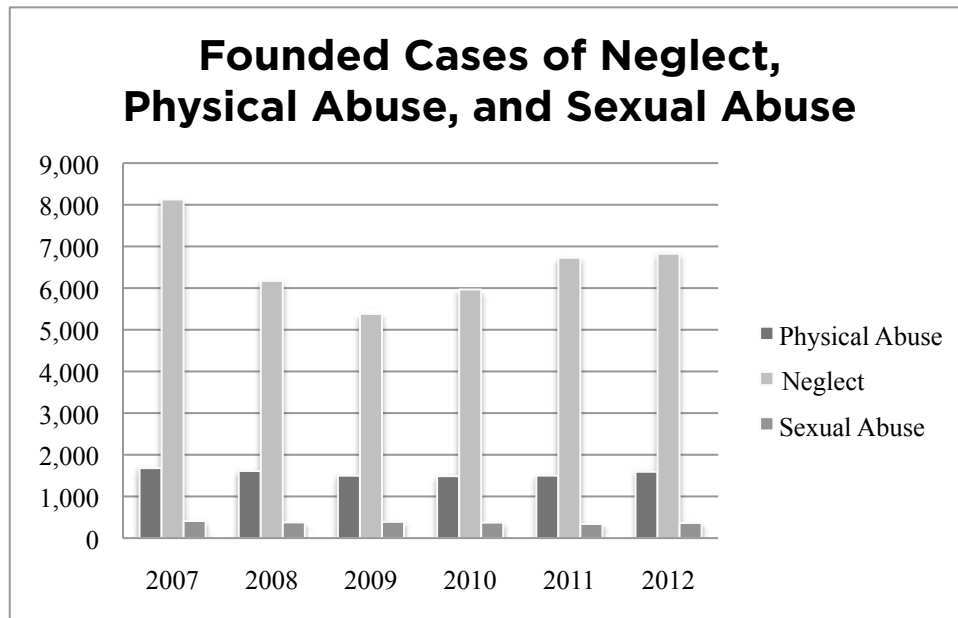
¹⁹ CFR 2005-2010. Categories include abandonment, contributing to the delinquency of a minor, educational neglect, medical neglect, mental injury, neglect, other, physical abuse, sexual abuse, threat of harm abandonment, threat of harm contributing to the delinquency of a minor, threat of harm educational neglect, threat of harm medical neglect, threat of harm mental injury, threat of harm physical abuse, threat of harm sexual abuse.

²⁰ Department of Health and Human Services, South Carolina Context Data, <http://cwoutcomes.acf.hhs.gov/data/downloads/pdfs/south%20carolina.pdf> (last visited January 15, 2013).

²¹ U.S. Department of Health and Human Services, Children's Bureau. Child Maltreatment, <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

Founded Maltreatment Types:²²

Founded maltreatment that children experience has been broken into three broad categories: physical abuse, neglect, and sexual abuse.²³ These numbers are unduplicated. Other types of abuse are not included here.



- In South Carolina, neglect is consistently the most common type of maltreatment.
- Most recently in South Carolina:²⁴
 - a) More than 60% of founded cases involved neglect;
 - b) More than 33% of founded cases involved physical abuse; and
 - c) Less than 5% of founded cases involved sexual abuse.
- The most recent available national data²⁵parallel this state level trend, and in 2010:
 - a) More than 75% of founded cases involved neglect;
 - b) More than 15% of founded cases involved physical abuse; and
 - c) Less than 10% of founded cases involved sexual abuse.

²² S.C. Department of Social Services, CPSI Maltreatment Types Founded for Fiscal Years 2008-2011, <https://dss.sc.gov/content/library/statistics/cw/subcatdesc.aspx?ID=8> (last visited January 23, 2012).

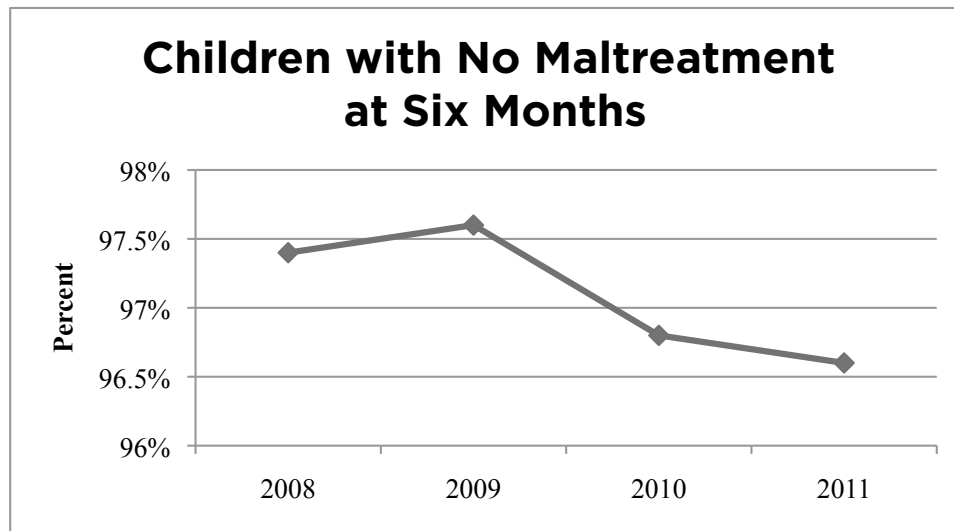
²³ S.C. Department of Social Services, South Carolina Child and Family Services Review Data Profiles: 2005-2010.

²⁴ S. C. Department of Social Services, Child Maltreatment types, <https://dss.sc.gov/content/library/statistics/cw/reports.aspx?ID=117> (last visited March 7, 2013). Calculation of percent includes threat of harm and neglect includes abandonment, educational and medical neglect, and all categories TOH.

²⁵ Children's Bureau, Maltreatment 2010, <http://archive.acf.hhs.gov/programs/cb/pubs/cm10/cm10.pdf>.

No Maltreatment Recurrence at Six Months²⁶

This indicator examines the recurrence of maltreatment within six months of a child being the subject of a substantiated report of child abuse or neglect.²⁷ Once a child's case is closed, if no further abuse or neglect occurs within six months, there is absence of a recurrence of maltreatment.



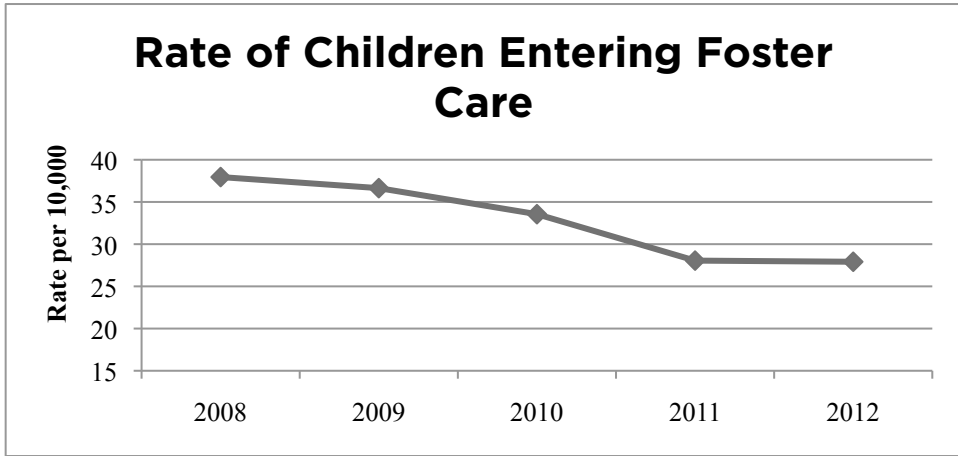
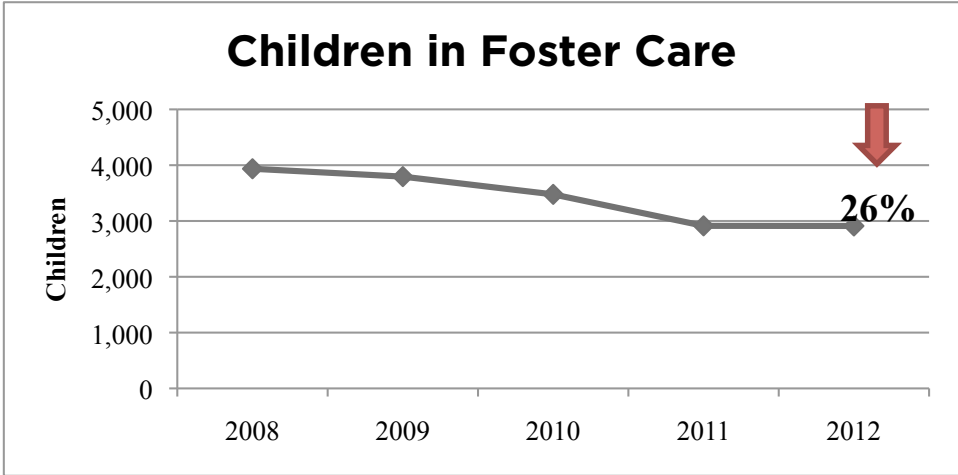
- Since 2008, the number of children in South Carolina who have experienced maltreatment within six months of case closure has increased from 2.5% to 3.5%.
- In 2010, 96.8% of children in South Carolina had no maltreatment six months after case closure. The national median was 95.4%.

²⁶ <http://cwoutcomes.acf.hhs.gov/data/downloads/pdfs/south%20carolina.pdf> (last visited January 16, 2013).

²⁷ S.C. Department of Social Services, unpublished report generated November 2011. Foster Children Who Returned Home During the Previous SFY (SFY 06-07) Showing the Number and Percent of Children Who Re-Entered Foster Care During the 12 Months Following their Return Home. In order to have consistent format, data from CAPSS on November 1, 2011, was used to compile the reports for SFY 06-07 through SFY 10-11.

Children in Foster Care:

Children in foster care represents the number of children in the custodial care of the Department of Social Services who have been removed from the custody of parents or guardians and placed outside the home.^{28 29} These children may be in the care of foster families, group homes, or other placements.



- In South Carolina, the number of children in foster care has decreased.
- This reduction is attributed to a concerted effort by the current administration to reduce the number of children in foster care while increasing safety by providing services before a child must be removed from the home and placed in foster care.
- There has been a decrease in the number of children in foster care nationally.³⁰

²⁸ U.S. Department of Health and Human Services Administration for Children and Families, South Carolina Context Data, <http://cwoutcomes.acf.hhs.gov/data/downloads/pdfs/south%20carolina.pdf> (last visited February 19, 2013).
²⁹ 2007 data from US Department of Health and Human Services, Administration for Children and Families, Child Welfare Outcomes 2007-2010 Report to Congress <http://archive.acf.hhs.gov/programs/cb/pubs/cwo07-10/cwo07-10.pdf> (last visited February 21, 2013).
³⁰ U.S. Department of Health and Human Services Administration for Children and Families, http://www.acf.hhs.gov/sites/default/files/cb/trends_fostercare_adoption.pdf (last visited March 7, 2013).

II. Health Indicators of Well-Being

Healthy children generally miss fewer days from school, exhibit good eating and exercise habits, and live free from chronic conditions such as diabetes, cancer, and heart disease. Early and effective health interventions reduce expensive medical costs when children reach adulthood. Health indicators include information on low and very low birth weight babies, immunization, mental health diagnoses and treatment, access to primary care, overweight and obese youth, and dental visits.

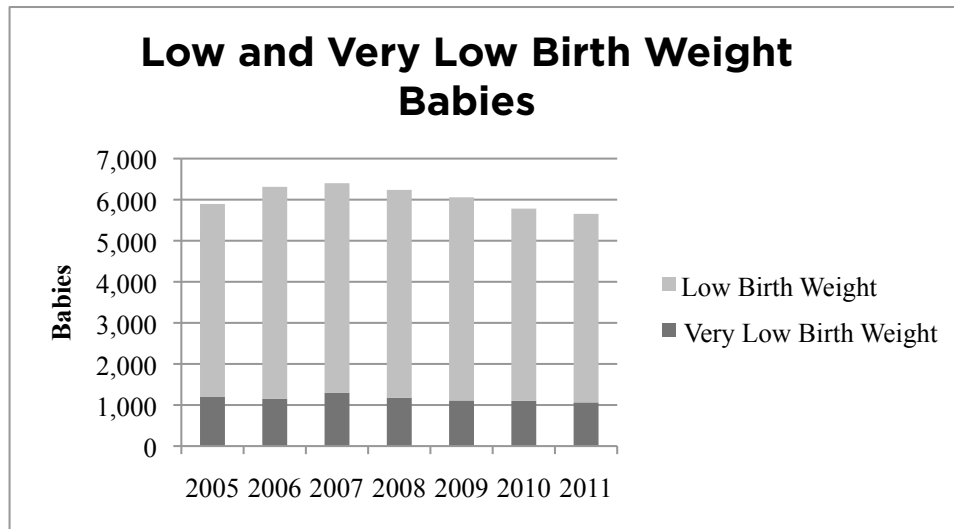
Index of Health Indicators						
Indicator		Data from Earliest Available Year	Data from Latest Available Year	^A Percent Change from Earliest to Latest Available Year	^B Percent Change during Last Year	
Birth Weight	Low	4,700	4,590	-2%	-2%	
	Very Low	1,195	1,064	-11%	-4%	
	Born to Mothers on Medicaid	Low	1,600	2,618	64%	5%
		Very Low	301	490	63%	9%
Immunizations of Children 19-35 Months		75%	70%	-7%	-5%	
Children Receiving Mental Health Treatment by Delivery Location	Community Center	34,102	28,787	-16%	-6%	
	Inpatient and Residential	533	440	-17%	-3%	
Children in Treatment for Drug and Alcohol Abuse		4,643	4,003	-14%	8%	
Medicaid						
Children on Medicaid with Access to Primary Care Practitioners	0-4 years	92%	92%	-	-	
	5-11 years	86%	86%	-	-	
	12-17 years	86%	86%	-	-	
Children on Medicaid who are	Overweight	922	3,183	245%	18%	
	Obese	6,307	11,163	77%	8%	
Children on Medicaid Who Have Visited a Dentist		220,015	300,728	37%	7%	

A Summary measure of the overall change relative to the first year's data. Percent change was calculated as the difference between the most recent year's data and the first year's data, divided by the first year's data.

B Summary measure of the recent change relative to the previous year's data. Percent change was calculated as the difference between the most recent year's data and the previous year's data, divided by the previous year's data.

Low and Very Low Birth Weight Babies:

Low birth weight is divided into two categories: low and very low birth weight. Low birth weight babies weigh between 1,500 grams (three pounds, four ounces) and 2,499 grams (five pounds, eight ounces) at birth.³¹ Very low birth weight babies weigh less than 1,500 grams (three pounds, four ounces) at birth. The category of “extremely low birth weight” of babies under 1,000 grams is included in the very low birth weight category. Data were collected using the Department of Health and Environmental Control interactive table SCANGIS. This indicator measures the number of low and very low birth weight babies born to all women in South Carolina hospitals.³²



- Since 2005 in South Carolina, there was an 11% decrease in very low birth weight babies and a 2% decrease in the number of low birth weight babies.
- Nationally, the percent of babies who were low birth weight increased to 8.1% of all newborns in 2011. This is only slightly below the highest percent on record of 8.3% in 2006. The percent of very low birth weight babies remained at 1.4%, the same percentage as in the year 2000.³³
- Research indicates that the overall increase in low birth weight rates is due in part to an increase in multiple births (more than one fetus carried to term).³⁴
- Babies born at a lower birth weight have an increased likelihood of long-term disability, impaired development, lower IQ, and dropping out of high school. The risk for many of these outcomes increases substantially as birth weight decreases, with very low birth weight babies being most at risk.³⁵

³¹ Child Trends DataBank, <http://www.childtrendsdatabank.org/?q=node/67>, (last visited January 11, 2012).

³² S. C. Department of Health and Environmental Control, <http://scangis.dhec.sc.gov/scan/CommunityProfile/input.aspx> (last visited January 9, 2012).

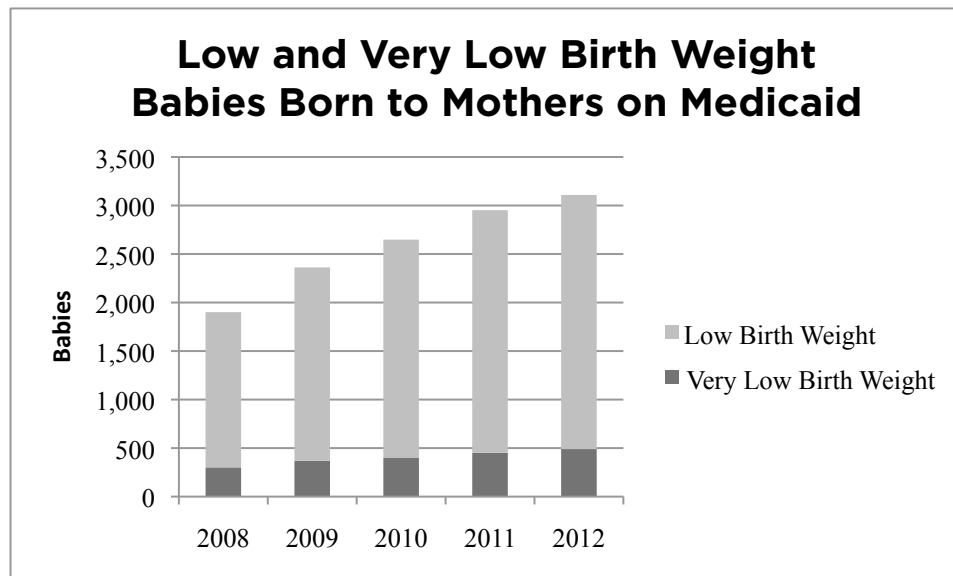
³³ Child Trends, Low and Very Low Birth Weight Infants, www.childtrendsdatabank.org/alphalist?q=node/67 (last visited January 4, 2013).

³⁴ Child Trends, Low and Very Low Birth Weight Infants, www.childtrendsdatabank.org/alphalist?q=node/67 (last visited January 4, 2013).

³⁵ Child Trends, Low and Very Low Birth Weight Infants, www.childtrendsdatabank.org/alphalist?q=node/67 (last visited January 4, 2013).

Low Birth Weight Babies Born to Mothers on Medicaid:

Low and very low birth weight babies³⁶ born to mothers on Medicaid are a subset of all low birth weight babies.³⁷ Extremely low birth weight babies are included in the very low birth weight numbers.



- In South Carolina, the number of low and very low birth weight babies born to mothers on Medicaid has increased. This increase can be attributed in part to the increase of mothers on Medicaid.
- The South Carolina Birth Outcomes Initiative (BOI) is working to reduce the prevalence of low birth weight births, a leading cause of infant mortality in South Carolina.³⁸ The Department of Health Environmental Control, the Department of Health and Human Services, the South Carolina Chapter of the March of Dimes, and the South Carolina Hospital Association are involved in this collaboration.

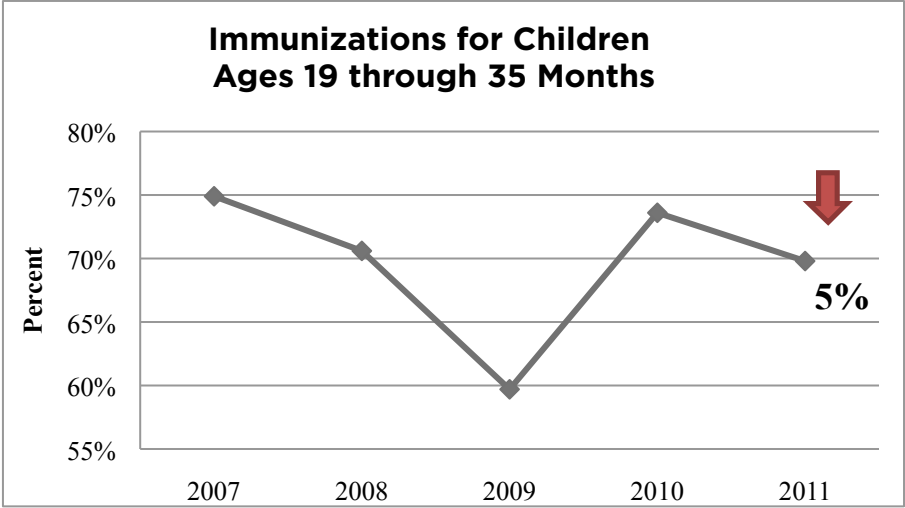
³⁶ Low birth weight is divided into two categories: low and very low birth weight. Low birth weight babies weigh between 1,500 (three pounds, four ounces) and 2,499 grams (five pounds, eight ounces) at birth. Very low birth weight babies weigh less than 1,500 grams (three pounds, four ounces). Extremely low birth weight - babies under 1,000 grams - is included in the "very low birth weight" category.

³⁷ The Institute for Families in Society, Policy and Research Unit on Medicaid and Medicare, University of South Carolina, South Carolina. Unpublished report, Low and Very Low Birth Weight Babies Born to Mothers on Medicaid. Generated November 2012.

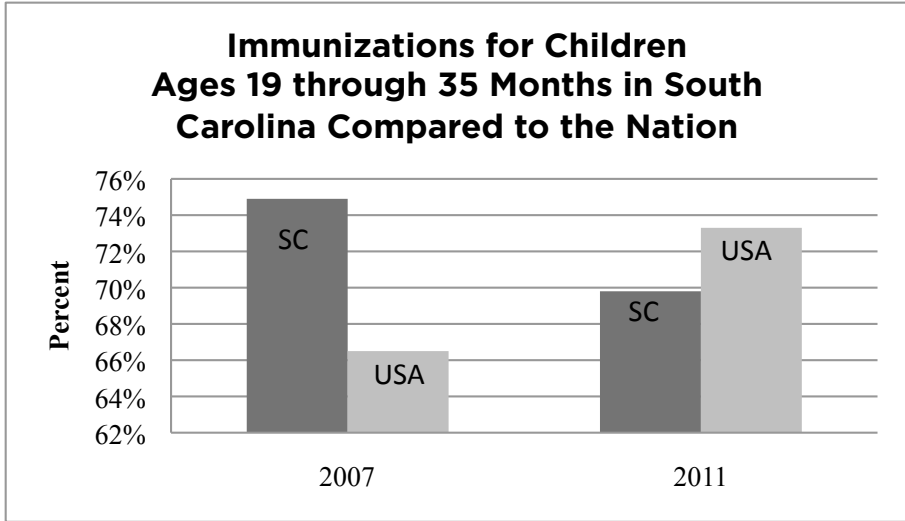
³⁸ State Title IV Block Grant Narrative SC 2013, <https://mchdata.hrsa.gov/TVISReports/Documents/2013/Narratives/SC-Narratives.html> (last visited March 7, 2013).

Immunizations:

The Centers for Disease Control and Prevention recommends children be vaccinated close to age two. The below estimate of the number of children who have completed the combination of recommended vaccines between 19 and 35 months has been compiled using the National Immunization Survey.^{39 40 41}



- In South Carolina, between 2007 and 2011, the rate of immunizations for children ages 19 through 35 months declined by 5% from 75% to 70%.

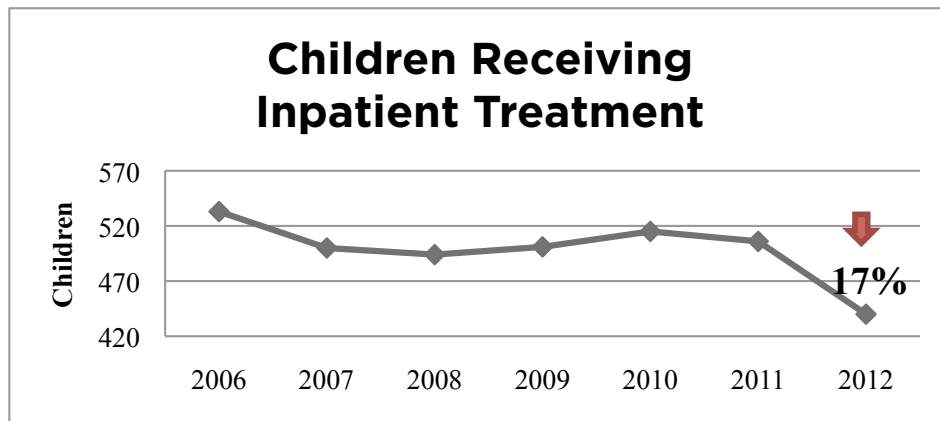
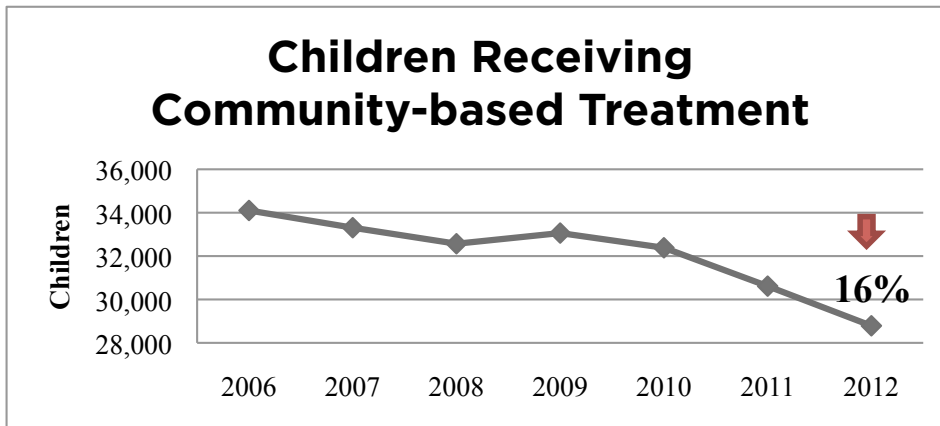


- Nationally, 73% of children ages 19 to 35 months were immunized in 2011,⁴² a 3% increase from 2010 and a 7% increase from 2007.⁴³
- South Carolina was well above the national rate in 2007, but has recently fallen below the national rate.

39 S.C. Department of Health and Environmental Control. Immunization Coverage for Children in South Carolina FY 2006-2010. Unpublished report generated January 2012.
40 The recommended combination of vaccines is commonly referred to as the 4313314 combination (4 DTaP, 3 Polio, 1 MMR, 3 Hep B, 3 Hib, 1 Var, and 4 PCV). Data reported in the 2012 Annual Report reflects the 431331 series, so this data will be different from that reported last year.
41 The vaccine series reported here is 4313314.
42 The 19-35 month immunization coverage refers to as the 4313314 combination (4DTaP,3Polio,1MMR, 3HIB (any HIB), 3HepB,1Var, 4PCV).
43 Centers for Disease Control and Prevention, U.S. Vaccination Coverage Reported via NIS, <http://www.cdc.gov/vaccines/stats-surv/nis/default.htm#nis> (last visited, January 4, 2013).

Children Receiving Mental Health Services:

This indicator illustrates the number of children receiving inpatient or residential treatment and community mental health treatment, including in school based services, through the Department of Mental Health.⁴⁴ Because children may receive services in multiple locations throughout a fiscal year, these delivery locations are not mutually exclusive.



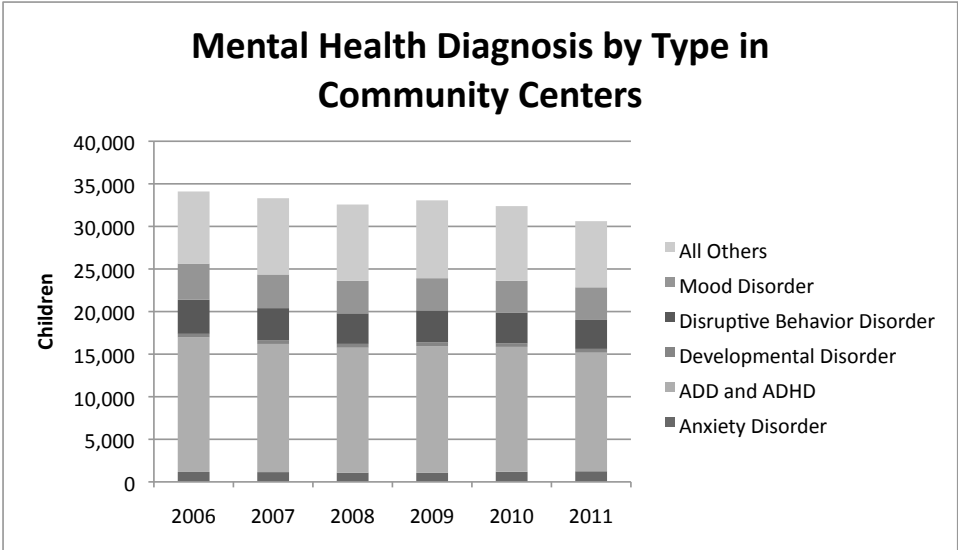
- In South Carolina, 28,787 children received community-based mental health treatment in 2012, an 11% decrease from 2010. Between 11,500 and 12,000 of these children received treatment in a school setting.
- In South Carolina, 440 children received inpatient mental health treatment in 2012, a 15% decrease from 2010.
- In 2007 in South Carolina, 15% of children ages 2 through 17 had a parent who reported that a doctor told them their child has autism, developmental delays, depression or anxiety, ADD/ADHD, or behavioral/conduct problems. The percent was the same nationally in 2007.⁴⁵

⁴⁴ S.C. Department of Mental Health, Children Receiving Mental Health Treatment by Service Delivery Location. Unpublished report generated December 2012.

⁴⁵ Children Mental Health: Facts and Figures, <http://www.cwla.org/programs/bhd/mhfacts.htm#FACTSHEETS> (last visited January 4, 2013).

Children with a Mental Health Diagnosis in Community Treatment Centers:

Good mental health is central to positive relationships, appropriate behavior, and academic success. This indicator illustrates the number of children treated in Department of Mental Health community mental health centers with a diagnosis of attention deficit hyperactivity disorder (ADHD), disruptive behavior disorder, mood disorders, developmental disorder, anxiety disorder and other types of mental health diagnoses.⁴⁶

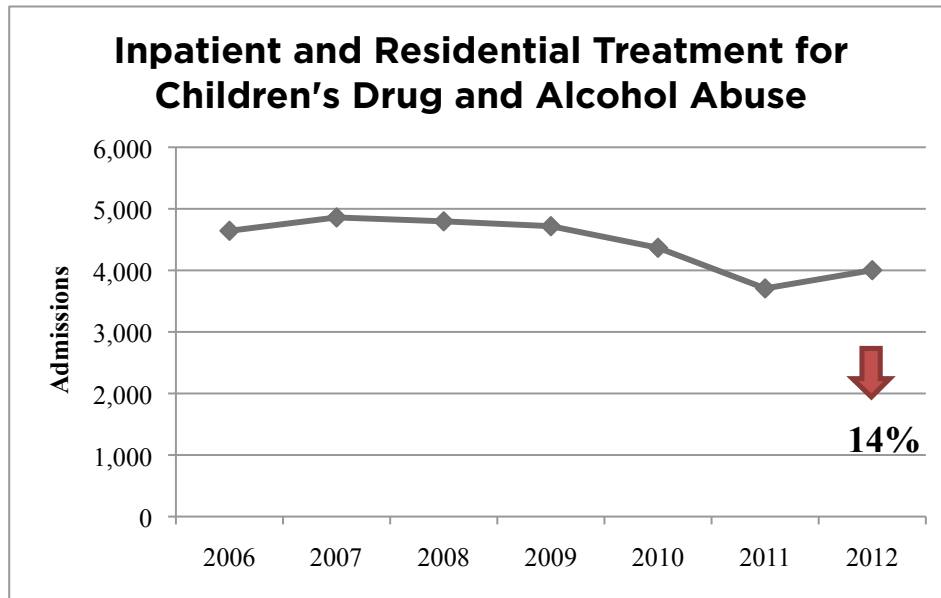


- Since 2006 the number of children treated in community centers for Developmental disorders and Anxiety Disorders have increased slightly, while the number of children treated for ADD and ADHD, Disruptive Behavior Disorder and Mood Disorders have decreased.
- The total number of children treated in community centers has decreased slightly since 2006.

⁴⁶ S.C. Department of Mental Health, Unpublished report generated October 2012, Mental Health Diagnoses in Children Served in Community Centers. Psychotic Disorder is included in All Others.

Children in Treatment for Drug and Alcohol Abuse:

This indicator presents the number of unique clients under the age of 18 who received inpatient, residential, or outpatient treatment for drug and alcohol abuse.⁴⁷

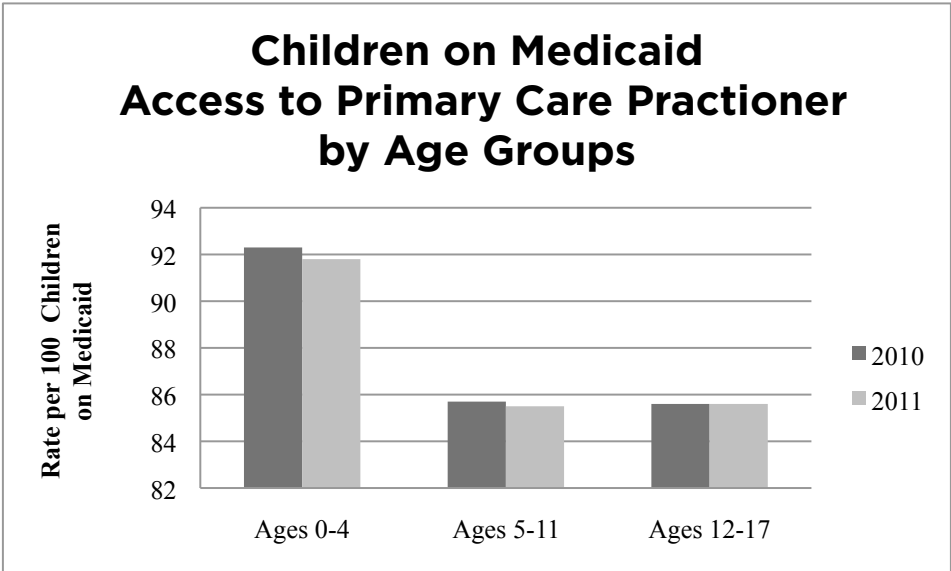
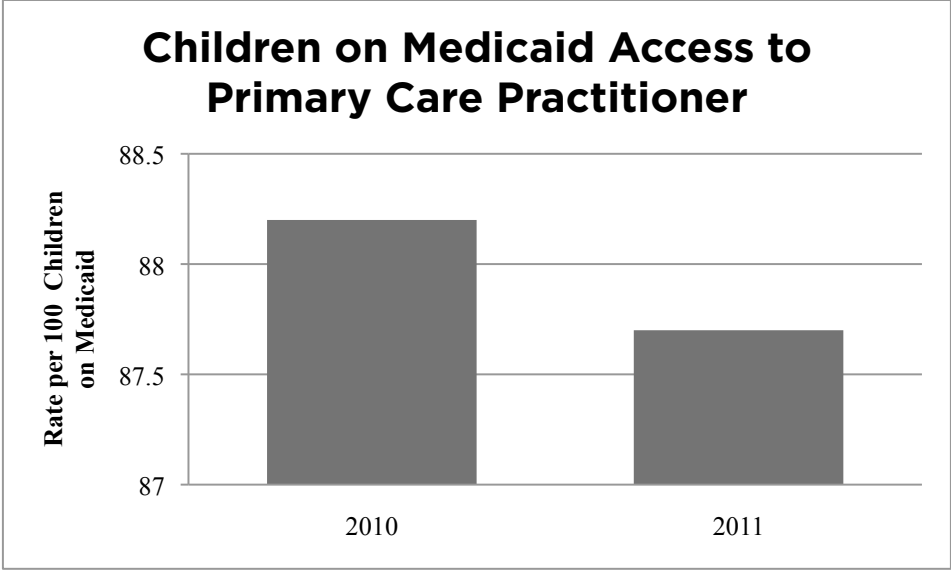


- While the total number of children ages 12 through 17 treated for drug and alcohol abuse in South Carolina has decreased 14% since 2006, the number of children requiring residential treatment in this group has increased 56%.
- Adult pregnant women are not reflected in this number; however, pregnant women represent an average of 6% of all adult and child entries for treatment during this time frame - an average of 556 women each year.

⁴⁷ S.C. Department of Alcohol and Other Drug Addiction Services, unpublished report, "Inpatient Treatment for Drug Abuse," generated January 2013.

Children on Medicaid Access to Primary Care Practitioner:

Access to primary care can increase the number of ambulatory health services, which makes treatment timely and less costly.⁴⁸ This indicator is based on the state health plan’s eligible population for each age group. Because the number of children eligible for Medicaid can fluctuate, a rate provides more useful information than a total number of children.

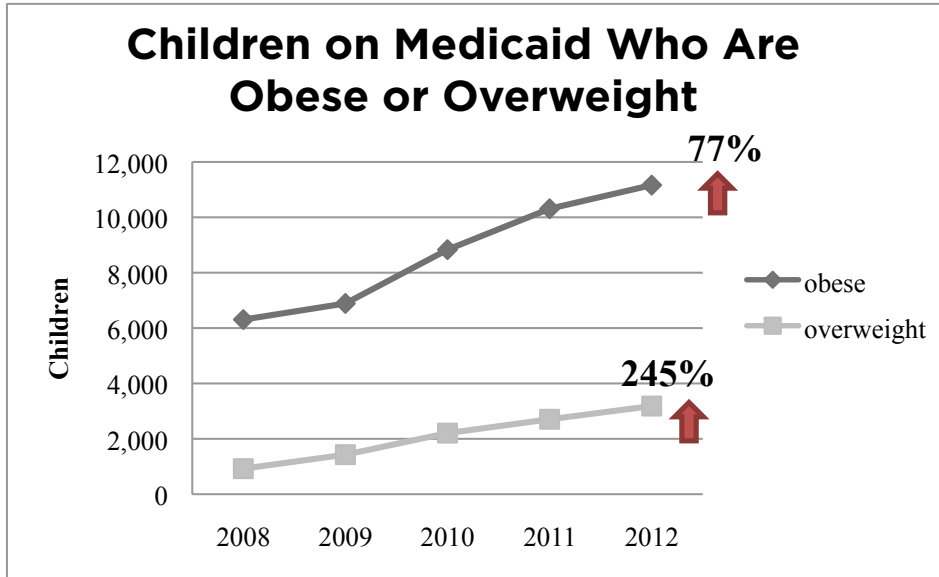


- In South Carolina, data show children ages 0 through 4 have higher rates of access to primary care practitioners than children ages 5 through 17. The rate of access to primary care has decreased slightly from 2010 to 2011, but because limited data are available, drawing conclusions from these data is not recommended.

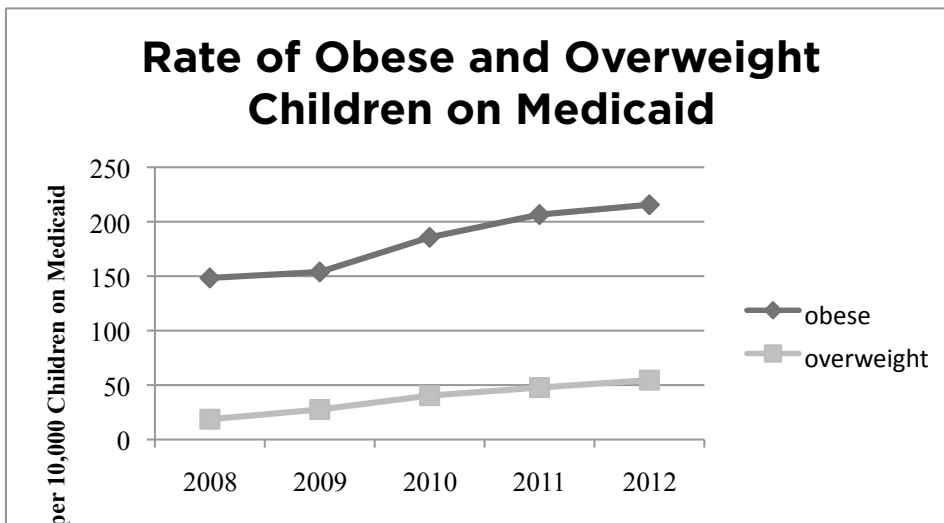
48 The Institute for Families in Society, Policy and Research Unit on Medicaid and Medicare, University of South Carolina, South Carolina Medicaid Health Care Performance CY 2010: A Report on Quality, Access to Care, and Customer Experience and Satisfaction. September 2011.

Children on Medicaid Who Are Obese or Overweight:⁴⁹

This indicator reflects the number of children on Medicaid who are obese or overweight as recorded by Medicaid claims. Children considered “morbidly obese” are included in the obese category. Because practitioners are not required to code obesity in the claims data, this is an estimation based on information provided in claims, and the numbers of children on Medicaid who are obese or overweight are likely higher than those represented here.



- In South Carolina, the number of children on Medicaid who are obese increased by 77% from 2008 through 2012 and the number of children on Medicaid who are overweight increased by 245%.

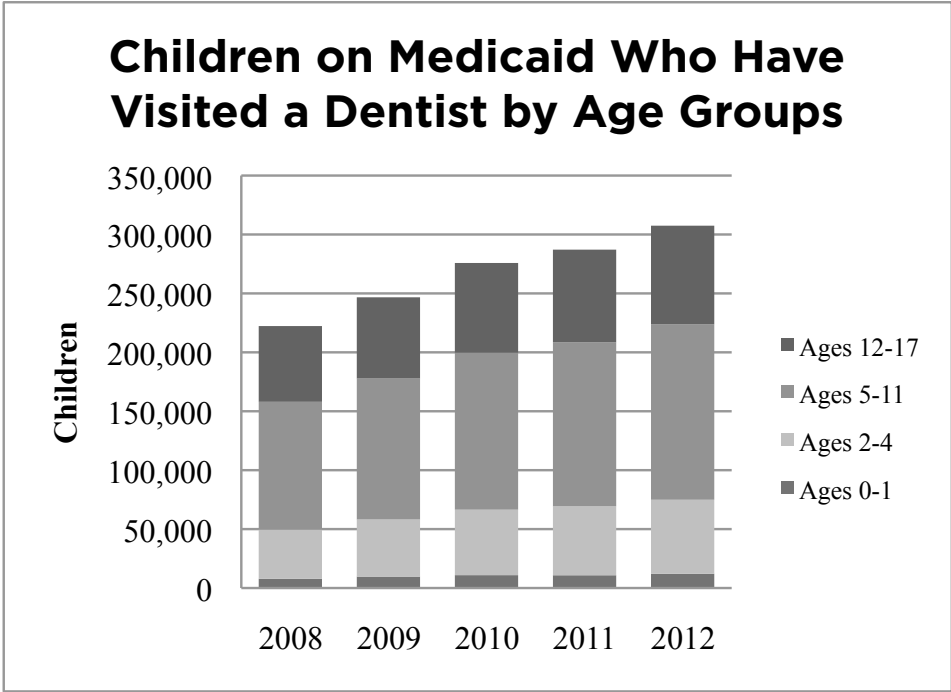
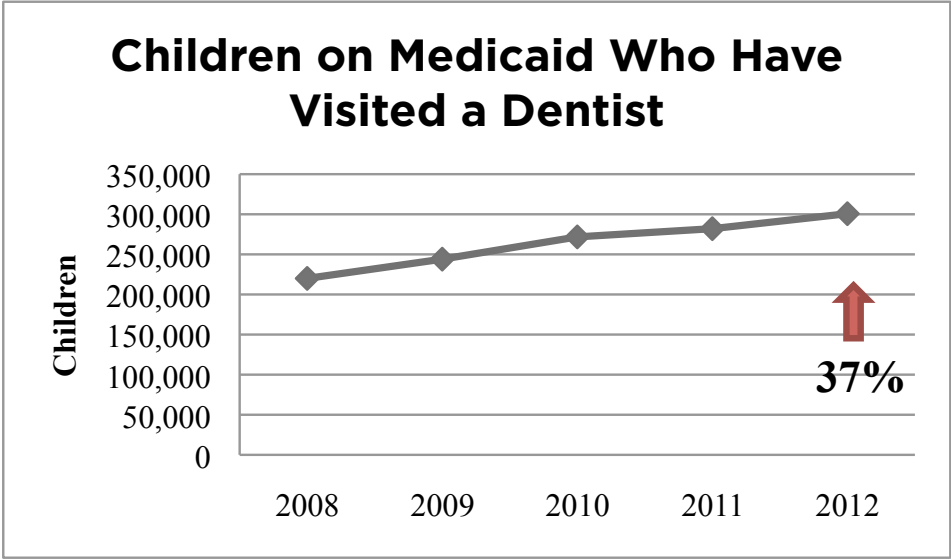


- When controlling for the increasing number of children on Medicaid, it becomes apparent that obesity is an increasing problem for children on Medicaid.

⁴⁹ The Institute for Families in Society, Policy and Research Unit on Medicaid and Medicare, University of South Carolina, South Carolina. Unpublished report, “Children on Medicaid who are Obese or Overweight”, report generated November 2012.

Children on Medicaid Who Have Visited a Dentist:⁵⁰

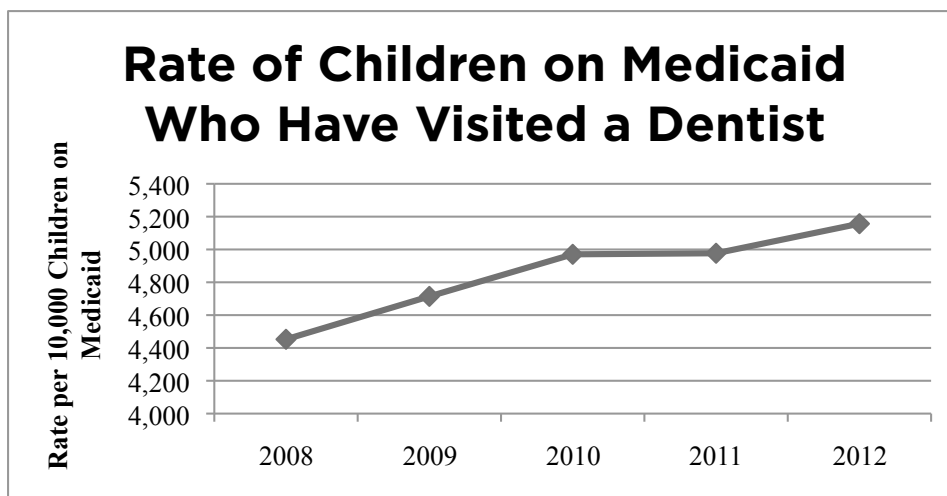
This indicator reflects the number of children on Medicaid ages 0 through 17 who have visited a dentist as recorded by Medicaid claims data.



- The number of children on Medicaid in South Carolina who have visited a dentist has increased 37% in the past five years.

⁵⁰ The Institute for Families in Society, Policy and Research Unit on Medicaid and Medicare, University of South Carolina, South Carolina. Unpublished report, "Children on Medicaid who Have Visited a Dentist," report generated January 2012.

- This increase is the result of an increase in the number of children on Medicaid and a focus to improve the dental health of school-aged children.
- Dental disease is the most common chronic illness for children in the United States, with more than 25% of children suffering from tooth decay before entering kindergarten.⁵¹



- When controlling for the increase in child Medicaid participants, the rate of children on Medicaid who have visited a dentist has increased 16% over the past five years.
- Nationally, the rate of untreated dental problems for children in families living below the federal poverty level is double that of children who are not living below the federal poverty level.⁵²
- Poor oral health detracts from children's quality of life and can cause pain, discomfort, disfigurement, acute and chronic infections, eating and sleep disruption, higher risk of hospitalization, high treatment costs, and absences from school with the consequently diminished ability to learn. Oral health also affects nutrition, growth, and weight gain.⁵³

51 National Conference of State Legislatures, Children's Oral Health Policy Issues Overview, <http://www.ncsl.org/issues-research/health/childrens-oral-health-policy-issues-overview.aspx> (last visited January 15, 2013).

52 National Conference of State Legislatures, Children's Oral Health Policy Issues Overview, <http://www.ncsl.org/issues-research/health/childrens-oral-health-policy-issues-overview.aspx> (last visited January 15, 2013).

53 Locker D. Concepts of oral health, disease and the quality of life. In: Slade GD, editor. Measuring oral health and quality of life. Chapel Hill: University of North Carolina, Dental Ecology; 1997, pp. 11-23.

III. Education Indicators of Child Well-Being

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

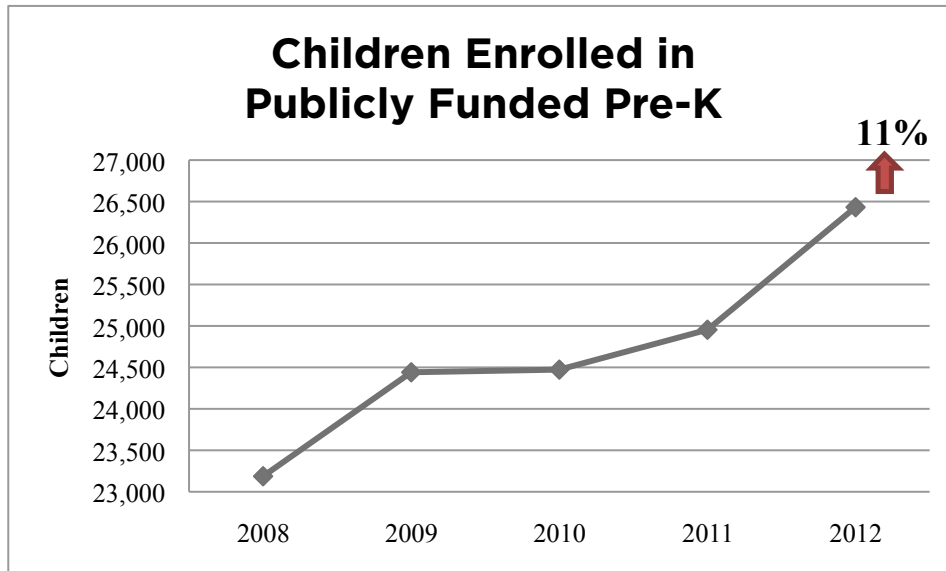
Index of Education Indicators				
Indicator	Data from Earliest Available Year	Data from Latest Available Year	^A Percent Change from Earliest to Latest Available Year	^B Percent Change from Last Year
Children Enrolled in Public Pre-K	23,187	25,849	11%	4%
^C Children with Identified Special Education Needs	97,783	93,317	-5%	-1%
Third Grade PASS Scores				
Percent of Students Scoring “Not Met” for English and Language Arts	22%	19.7%	-9%	-2%
Percent of Students Scoring “Not Met” for Math	32.9%	27.4%	-18%	-7%
Eighth Grade PASS Scores				
Percent of Students Scoring “Not Met” for English and Language Arts	32.5%	30.2%	-6%	-6%
Percent of Students Scoring “Not Met” for Math	37.3%	31.4%	-16%	3%
High School Graduation Rate ⁵⁴	74.9%	74.9%	0%	1%

- A Summary measure of the overall change relative to the first year’s data. Percent change was calculated as the difference between the most recent year’s data and the first year’s data, divided by the first year’s data.
- B Summary measure of the recent change relative to the previous year’s data. Percent change was calculated as the difference between the most recent year’s data and the previous year’s data, divided by the previous year’s data.
- C For this indicator only, the state level and county level will not match. State-level data only include children aged 0-17, whereas the county-level data include children aged 0-21. Thus, totals for county-level indicators will equal a greater value than the state level presented here.

⁵⁴ Percent of students receiving a regular high school diploma within four years of entering high school.

Children Enrolled in Publicly Funded Pre-K:

Children participating in public three- and four-year-old pre-kindergarten are included in this indicator.⁵⁵ This group includes children attending private pre-kindergarten programs only if paid for using CDEPP funds.



- In South Carolina, the number of children attending public pre-K programs has steadily increased by 11% since 2008. South Carolina is following a national trend.
- Nationally, 384,370 children participated in public three- and four-year-old pre-kindergarten in 2010. This is a 21% increase from 2009 and a 43% increase from 2005.⁵⁶
- Involvement in high-quality center-based care, preschool, and pre-kindergarten programs can improve academic and behavioral outcomes for children in kindergarten.
- Nationally, children who attend high-quality center-based child care, pre-kindergarten, or preschool programs tend to have better pre-academic and language skills than other children.
- Children who spend more hours in high-quality center-based care perform better in math and reading in the early grades of elementary school.⁵⁷
- Children in families living at or above the poverty threshold are more likely to be in high-quality center-based programs than those children living in poverty.⁵⁸

55 S.C. Department of Education, unpublished report, Children Enrolled in 3 and 4 Year Old Pre-Kindergarten. Generated December 2011.

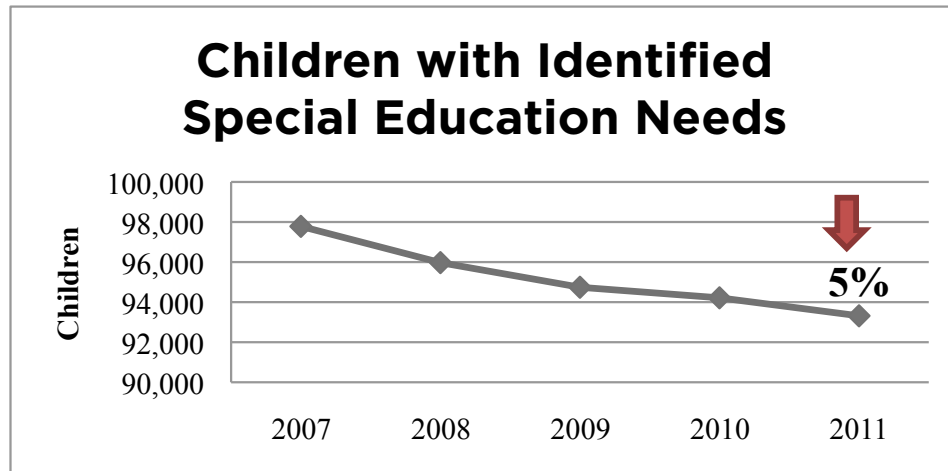
56 U.S. Department of Education, National Center for Education Statistics, National Household Education Survey (NHES), http://nces.ed.gov/programs/digest/d11/tables/dt11_053.asp (last visited January 4, 2013)

57 Child Trends, Preschool and Prekindergarten Programs, <http://www.childtrendsdatabank.org/alphalist?q=node/103> (last visited January 4, 2013).

58 Child Trends, Preschool and Prekindergarten Programs, <http://www.childtrendsdatabank.org/alphalist?q=node/103> (last visited January 4, 2013).

Children with Identified Special Education Needs:

Children with disabilities may be eligible for special education services through an Individual Education Plan (IEP). Special education eligibility categories include autism, deaf and hard of hearing, deaf and blind, developmental delays, emotional disabilities, intellectual disabilities, multiple disabilities, orthopedic impairments, other health impairments, specific learning disabilities, speech and language impairment, traumatic brain injury, and visual impairments.⁵⁹



- Since 2007, the number of children with identified special education needs has decreased 5% in public schools in South Carolina. This number reflects the number of children identified as disabled and served in public school, not the prevalence of disabilities.
- Nationally, between 1997 and 2011, the proportion of children identified by a school official or health professional as having a learning disability varied only slightly in the range of 7% and 8%.⁶⁰
- Boys are more likely than girls to be identified as having a learning disability. Over five million children ages 3 through 17 had attention deficit hyperactivity disorder (ADHD). Boys were about twice as likely as girls to have ADHD.
- In families with an income of less than \$35,000, the percent of children with a learning disability was at least twice that of children in families with an income of \$100,000 or more. Children in single-mother families were more likely to have learning disabilities and ADHD than children in two-parent families.
- When compared to children with an excellent or very good health status, children with a fair or poor health status were almost seven times as likely to have a learning disability and almost four times as likely to have ADHD.⁶¹

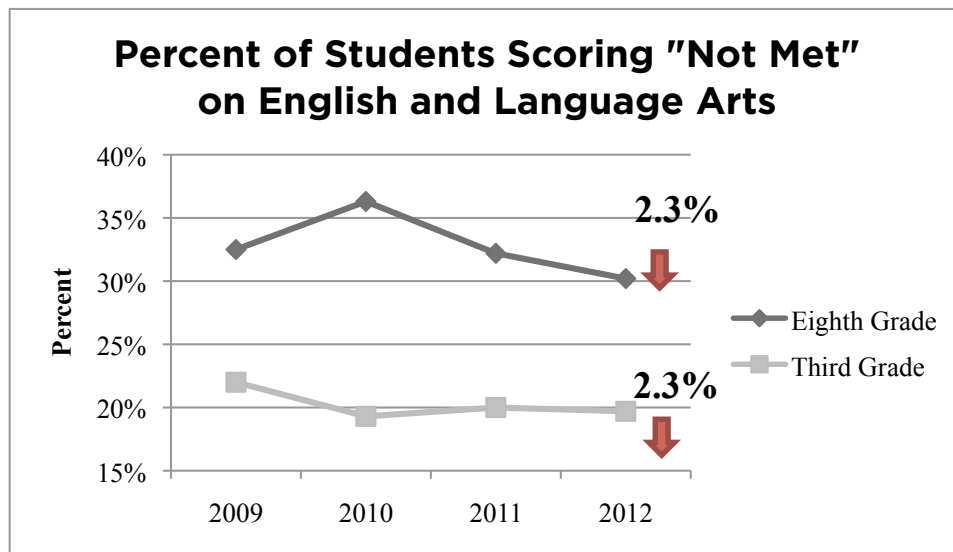
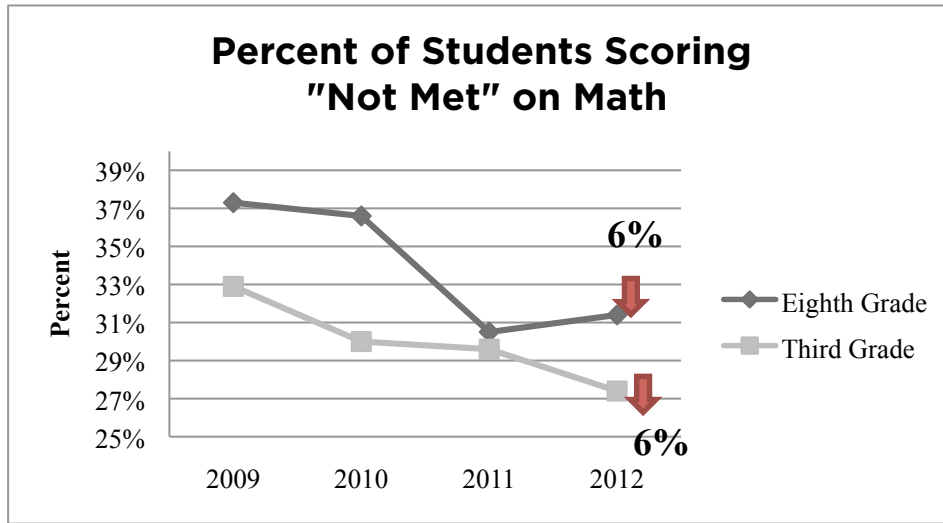
59 S.C. Department of Education, unpublished report, Children Receiving Special Education Services. Generated December 2012.

60 Child Trends, Learning Disabilities, <http://www.childtrendsdatabank.org/alphalist?q=node/90> (last visited January 4, 2012).

61 Child Trends, Learning Disabilities, <http://www.childtrendsdatabank.org/alphalist?q=node/90> (last visited January 4, 2012).

Third and Eighth Grade PASS Scores:

The Palmetto Assessment of State Standards (PASS) is administered to students to assess knowledge and mastery of state academic standards. Scores are broken into three categories: met, not met, and exemplary. This indicator is comprised of English and Language Arts and Math scores for third and eighth grade students.⁶²

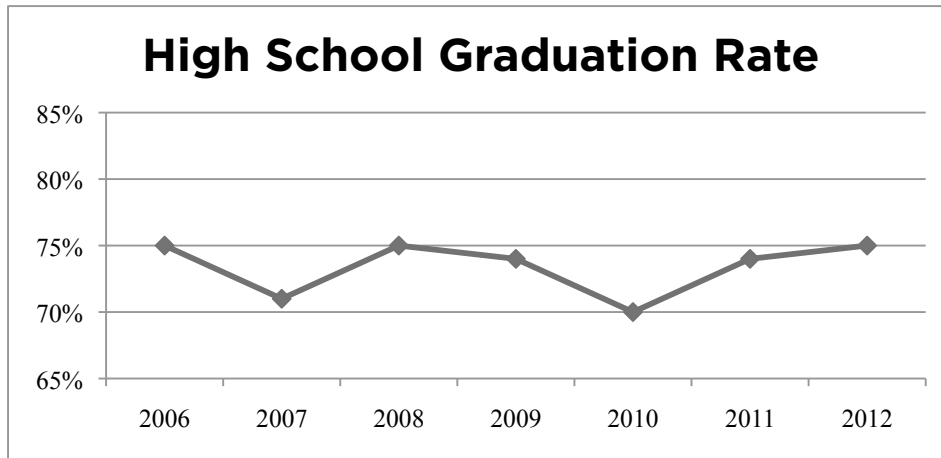


- Scores on the PASS have improved as the number of students scoring “not met” in English and Math in both third and eighth grade is decreasing.
- Improvements in Math scores are greater than those in English and Language Arts.
- Eighth grade students are more likely to score “not met” than are third grade students.

⁶² S.C. Department of Education, unpublished report, PASS Scores. Generated December 2012.

High School Graduation Rates:

The graduation rate for South Carolina students in public schools was calculated using data provided by the State Department of Education. This indicator reflects the percentage of eligible students who graduated on time with their age group.⁶³



- In South Carolina, the on-time graduation rate improved from 73.6% in 2011 to 74.9% in 2012.⁶⁴
- The state graduation rate is at its highest level since 2008. However, the state's graduation rate is still below the 78.0% achieved in 2003, the high water mark during the past 11 years.⁶⁵
- The state graduation rate fluctuates. In 2009, a federal methodology for defining the graduation rate was adopted using a four-year cohort. Comparisons made across years must take that into account.
- The national high school graduation rate was 75% in 2011, a 2.4% decrease from 2002.

⁶³ S.C. Department of Education, unpublished report, Four Year High School Graduation Rate. Generated December 2011.

⁶⁴ SC Department of Education, November 13, 2012 Gains Made in Graduation Rates, State Report Card Ratings <http://ed.sc.gov/agency/news/?nid=1838> (last visited January 15, 2013).

⁶⁵ SC Department of Education, November 13, 2012 Gains Made in Graduation Rates, State Report Card Ratings <http://ed.sc.gov/agency/news/?nid=1838> (last visited January 15, 2013).

IV. Responsibility Indicators of Child Well-Being

When youth are responsible, contributing members of a community, they are less likely to commit crimes and more likely to stay in school and have positive social interactions. Youth responsibility is nurtured by participation in constructive activities, connections with helpful adults, and the encouragement of positive interests. Involved youth are more likely to contribute their input and ideas into programs, policies, and practices that affect them.⁶⁶ Meaningful opportunities to participate actively in society give youth life skills such as living, learning, and working skills to prepare them for future success. There are many ways to measure youth responsibility; however, very little data are currently captured in South Carolina. Responsibility indicators include information on school attendance, employment, births to teens, and juvenile crime.

Index of Responsibility Indicators					
Indicator	Data from Earliest Available Year	Data from Latest Available Year	^A Percent Change from Earliest to Latest Available Years	^B Percent Change from Last Year	
Attendance Rate in Public School	96%	96%	0%	0%	
Truant Students	47,908	30,809	-36%	-42%	
Youth Employment	70,000	63,000	-10%	21%	
Births to Teens	2,825	1,761	-38%	-17%	
Juveniles Charged with an Offense	19,115	13,049	-32%	-5%	
Type of Offenses	Violent Offenses	2,367	1,378	-42%	-11%
	Status Offenses	2,284	1,313	-43%	-11%
	Other Offenses	20,048	14,489	-28%	-4%
	Total Offenses	24,699	17,180	-30%	-5%
Juvenile Recidivism	14%	15%	-	-	

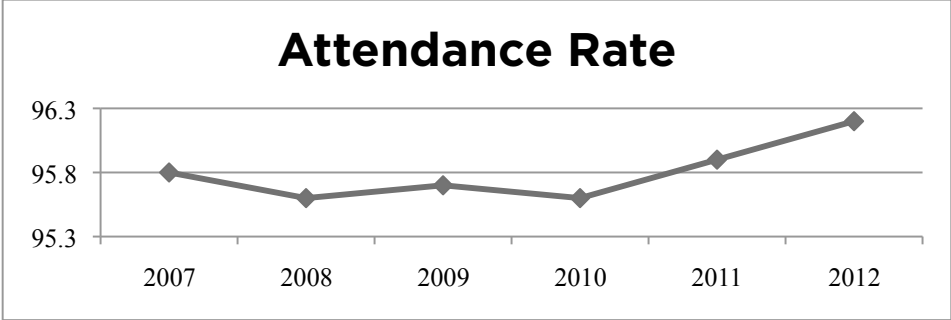
^A Summary measure of the overall change relative to the first year's data. Percent change was calculated as the difference between the most recent year's data and the first year's data, divided by the first year's data.

^B Summary measure of the recent change relative to the previous year's data. Percent change was calculated as the difference between the most recent year's data and the previous year's data, divided by the previous year's data.

⁶⁶ Sullivan, Theresa K. and Rebecca N. Saito, University of Minnesota Extension, Center for Youth Development, Rings of Engagement, August 2008, <http://www1.extension.umn.edu/youth/docs/Rings.pdf> (last visited January 13, 2012).

Attendance Rate in Public Schools:

School attendance is defined as the average percent attendance for children enrolled in public school settings.⁶⁷ School attendance provides children with a network of positive peers and a connection to protective adults.



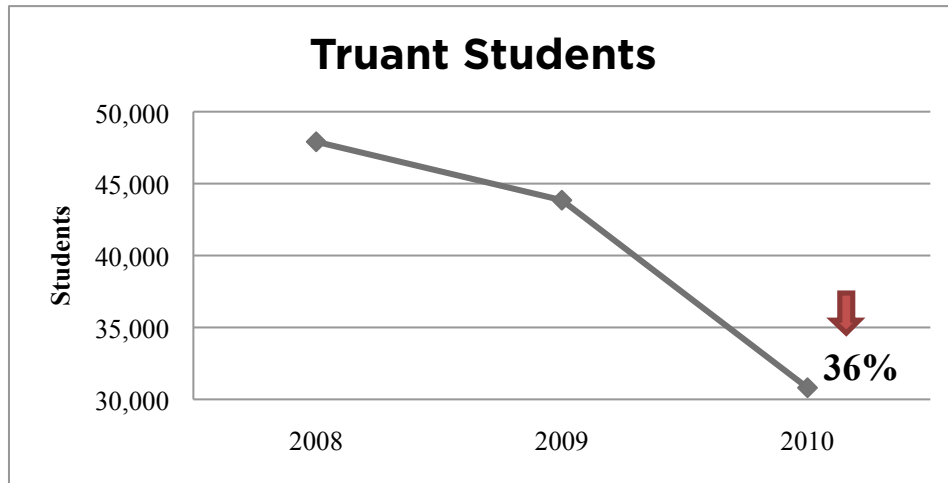
- In South Carolina, the attendance rate for students has remained consistently high over the past five school years. From 2010 to 2012, the attendance rate increased from 95.6% to 96.2%.
- Nationally, the attendance rate increased slightly from 92% in 2002 to 93% in 2008, when the most recent national data are available.⁶⁸

⁶⁷ S.C. Department of Education, unpublished report, Attendance Rate for Public School 2007-2011. Generated December 2012.

⁶⁸ The National Center for Education Statistics, Average daily attendance (ADA) as a percentage of total enrollment, school day length, and school year length in public schools, by school level and state: 2003-04 and 2007-08. http://nces.ed.gov/programs/digest/d11/tables/dt11_043.asp (last visited January 15, 2013).

Truant Students:

Truant students are defined as students ages 6 through 17 with three consecutive unexcused absences or a minimum of five unexcused absences in a school year.⁶⁹



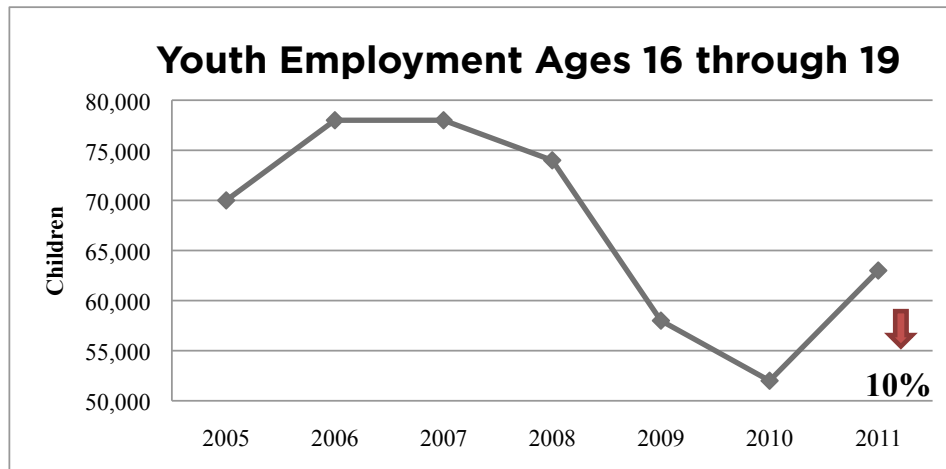
- In South Carolina, there has been a decrease in the past three years of truant students.
- Truancy has been clearly identified as one of the early warning signs of potential delinquent activity, social isolation, or educational failure via suspension, expulsion, or school dropout.
- Lack of commitment to school has been established by several studies as a risk factor for substance abuse, delinquency, teen pregnancy, and school dropout.⁷⁰

⁶⁹ S.C. Department of Education, unpublished report, Truant Students for Public School 2008-2010. Generated December 2012.

⁷⁰ National Center for School Engagement, Truancy, <http://www.schoolengagement.org/TruancypreventionRegistry/Admin/Resources/Resources/40.pdf> (last visited January 4, 2013).

Youth Employment:

The number of youth ages 16 through 19 who are gainfully employed outside the home, other than in the military, as reported by the Bureau of Labor and Statistics.⁷¹



- In South Carolina, the rate of unemployed teens ages 16 through 19 in 2011 was 25.5%, a 6.6% increase from 2010.⁷²
- Nationally, the unemployment rate was 24.4% for teens ages 16 through 19 in 2011, a 1.5% decrease from 2010.⁷³
- High school dropouts were less likely to have ever been employed than were youth with more education. Also, more of the jobs held by dropouts were likely to end within one year.⁷⁴
- Employment can provide valuable life experience for youth. It teaches responsibility, develops organizational and time management skills, and can help youth save money for post-secondary education. Jobs can help youth form good work habits, gain valuable work experiences, and become financially independent.
- Youth (especially those who are black, Hispanic, or economically disadvantaged) who have some employment experience while in school, are less likely to drop out than those who do not work during high school.⁷⁵

71 Bureau of Labor and Statistics, Geographic Profiles of Employment and Unemployment by Year. <http://www.bls.gov/opub/gp/laugp.htm> (last visited January 19, 2012).

72 Bureau of Labor and Statistics, Geographic Profiles of Employment and Unemployment by Year. <http://www.bls.gov/opub/gp/laugp.htm> (last visited January 19, 2012).

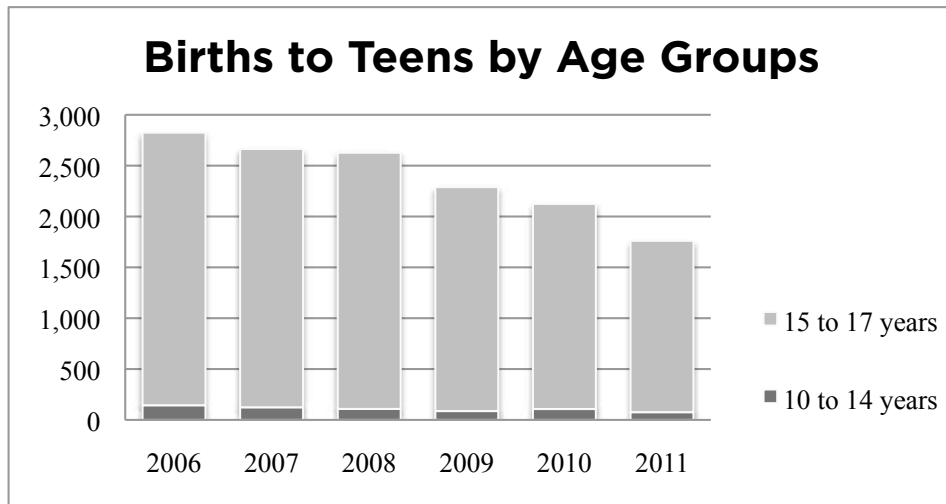
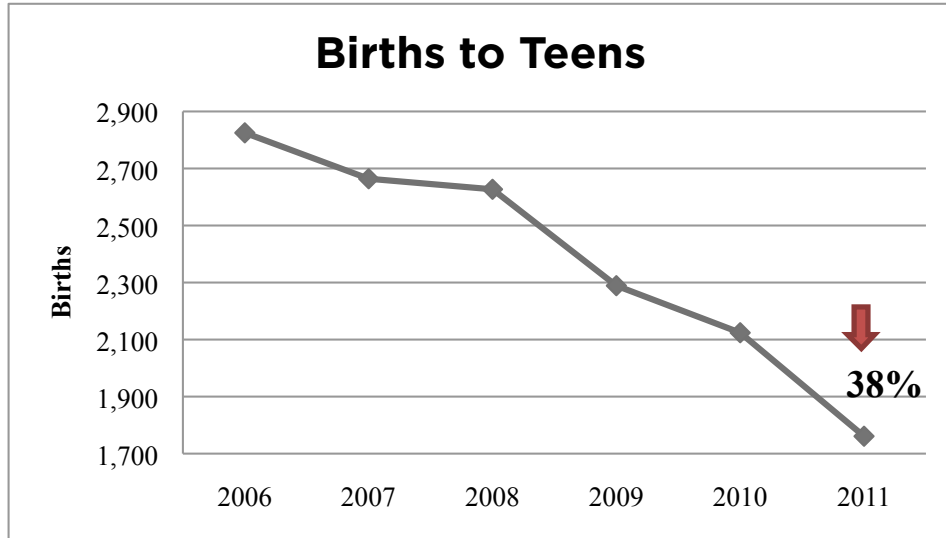
73 The Annie E. Casey Foundation, Unemployed Teens Ages 16 to 19, <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?loct=2&by=a&order=a&ind=5051&dtm=11462&tf=133> (last visited February 12, 2013).

74 Child Trends, Youth Employment, <http://www.childtrendsdatbank.org/?q=node/373> (last visited January 4, 2013).

75 Child Trends, Youth Employment, <http://www.childtrendsdatbank.org/?q=node/373> (last visited January 4, 2013).

Births to Teens:

This indicator reflects the number of live births to teens under the age of 18.⁷⁶



- South Carolina generally follows a national decreasing trend in births to teens.⁷⁷ While in South Carolina, the number of teen births has declined by 38%. South Carolina has the 11th highest birth to teens rate in the nation.⁷⁸
- In South Carolina, the rate of births to females ages 10 through 14 has decreased,⁷⁹ following a national trend of fewer births to younger girls.⁸⁰
- In South Carolina, births to females ages 15 through 19 declined from 42.6 to 39.1 per 1,000 women in 2011. Nationally, births to this age group have reached a historic low rate of 31.3 per 1,000 women.⁸¹

76 S.C. Department of Health and Environmental Control, unpublished report, Births to Teens. Generated December 2011.

77 Child Trends, Teen Births, <http://www.childtrendsdatbank.org/?q=node/52> (last visited January 8, 2013).

78 Live Science, Teen Pregnancy Rates by State, <http://www.livescience.com/27417-teen-pregnancy-rates-by-state.html> (last visited March 7, 2013)

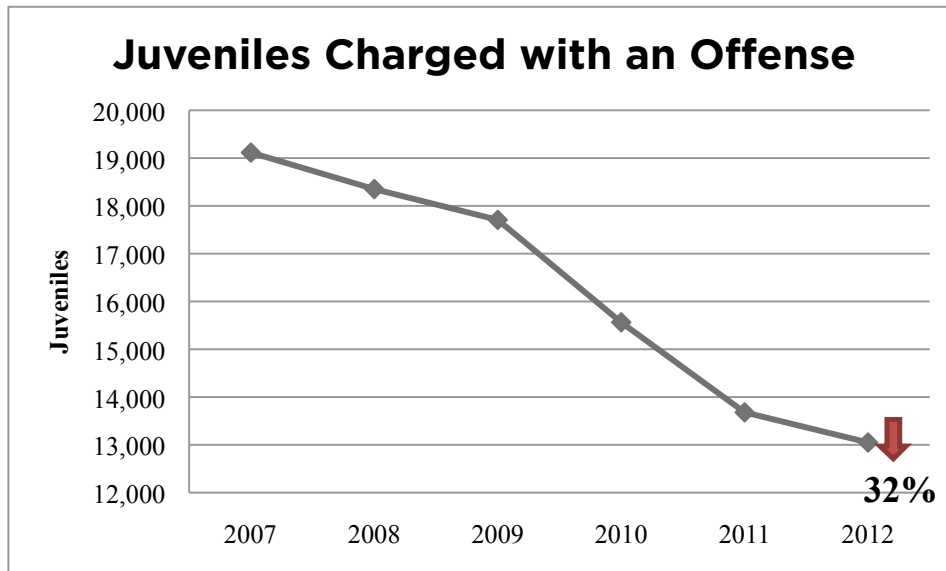
79 S.C. Department of Health and Environmental Control, Birth Certificate Data, <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx> (last visited January 8, 2013).

80 Child Trends, Teen Births, <http://www.childtrendsdatbank.org/?q=node/52> (last visited January 8, 2013).

81 Child Trends, Teen Births, <http://www.childtrendsdatbank.org/?q=node/52> (last visited January 8, 2013).

Juveniles Charged with an Offense:

This indicator shows juveniles charged with crimes and status offenses. Status offenses are those offenses which, if committed by an adult, would not be a crime. Status offenses include offenses such as truancy, running away, and incorrigibility.⁸²



- In South Carolina, the number of juveniles charged in family court has decreased 32% since 2007. In South Carolina, the most frequently charged status offenses are truancy, incorrigibility, and running away.⁸³
- Nationally, more than 31 million youth were under juvenile court jurisdiction in 2009. Of these youth, 79% were between the ages of 10 and 15, 12% were age 16, and 9% were age 17. The small proportion of 16 and 17 year olds among the juvenile court population is related to the upper age of jurisdiction, which varies by state.⁸⁴
- In South Carolina, children charged with a crime or status offense who are under age 17 are generally treated as juveniles and tried in family court. However, sixteen year olds charged with certain serious offenses are treated as adults for the purposes of prosecution.
- Between 1997 and 2009, the national delinquency caseload decreased for all race groups. The decrease in total delinquency cases since 1997 has been driven by the decrease in property cases. During the same time period, person, drug, and public order offense cases have increased.⁸⁵

82 S.C. Department of Juvenile Justice, unpublished report, Number of Juveniles Charged with a Crime FY 2007-2011. Generated December 2011.

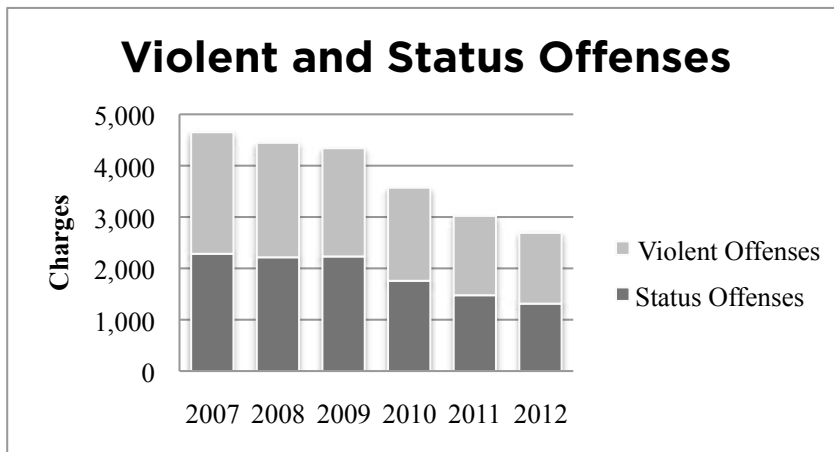
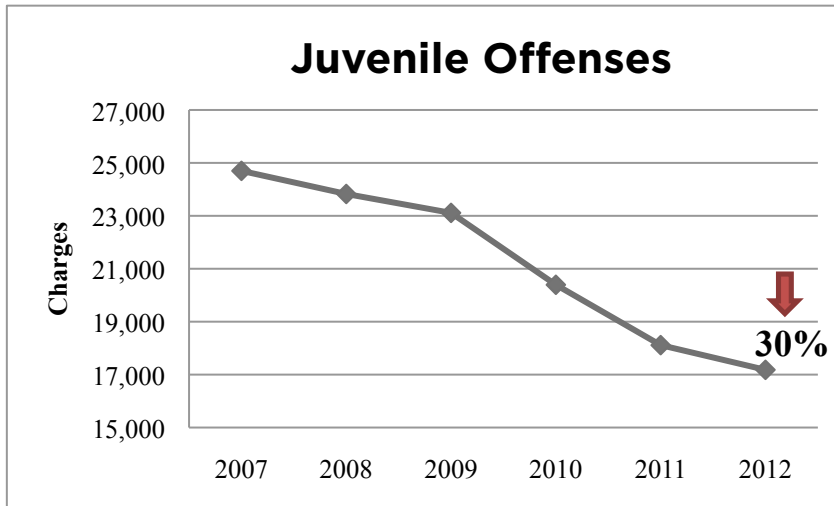
83 S.C. Department of Juvenile Justice, unpublished report, Number of Juveniles Charged with a Crime FY 2007-2011. Generated December 2011.

84 U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, National Center for Juvenile Justice, Juvenile Court Statistics 2009, <http://staging.ncjj.org/pdf/jcsreports/jcs2009.pdf> (last visited January 8, 2013).

85 U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, National Center for Juvenile Justice, Juvenile Court Statistics 2009, <http://staging.ncjj.org/pdf/jcsreports/jcs2009.pdf> (last visited January 8, 2013).

Juvenile Offenses:

This indicator shows the number of delinquency charges processed by the juvenile justice and family court system. An individual juvenile may have multiple charges over the course of an annual reporting period.⁸⁶



***Other offenses not included**

- In South Carolina, the most frequent offenses referred to family court in FY 11-12 were: assault and battery third degree, with 2,816 cases; shoplifting, with 1,279 cases; and disturbing schools, with 1,204 cases. The fourth and fifth most frequent referrals were for public disorderly conduct and simple possession of marijuana.⁸⁷
- Nationally, in 2009, juvenile courts handled an estimated 1,504,100 delinquency cases. Between the peak years of 1997 and 2009, the national delinquency caseload declined 20%.⁸⁸ South Carolina has seen a greater decrease than the nation during this period.

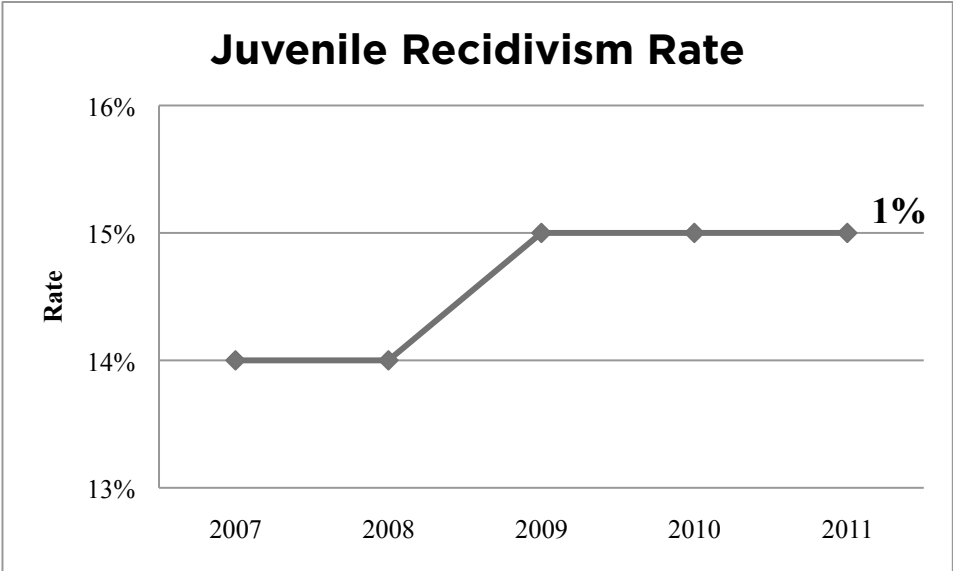
⁸⁶ S.C. Department of Juvenile Justice, Juvenile Charges, <http://www.state.sc.us/djj/fact-sheets.php#Reports and Plans> (last visited January 13, 2012).

⁸⁷ S.C. Department of Juvenile Justice, 2011-2012 Annual Statistical Report, <http://www.state.sc.us/djj/pdfs/2011-12%20Annual%20Statistical%20Report.pdf> (last visited January 8, 2013).

⁸⁸ U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, National Center for Juvenile Justice, Juvenile Court Statistics 2009, <http://staging.ncjj.org/pdf/jcsreports/jcs2009.pdf> (last visited January 8, 2013).

Recidivism:

The Department of Juvenile Justice defines juvenile recidivism as the rate of juveniles who reoffend while on probation, on parole, or in an arbitration program.⁸⁹



- Of the 8,243 cases closed in South Carolina during FY 2010-11, 85% of offenders on probation, on parole, or in a juvenile arbitration program did not reoffend while under supervision.
- The Department of Juvenile Justice provides intensive supervision officers, with caseloads of less than 20 juveniles, for an average of 1,200 juveniles a year. Offenders receiving DJJ's intensive supervision services were 37.5% less likely to re-offend than those under standard supervision.⁹⁰
- The national recidivism rate for juveniles is not measured or reported. Variance in state juvenile justice system data does not yield meaningful comparisons.⁹¹

⁸⁹ S.C. Department of Juvenile Justice, Juvenile Recidivism Rate, <http://www.state.sc.us/djj/fact-sheets.php#Reports and Plans> (last visited, January 13, 2012).

⁹⁰ S.C. Department of Juvenile Justice, Report Card for 2011, <http://www.state.sc.us/djj/pdfs/2011-report-card.pdf> (last visited January 8, 2013).

⁹¹ U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Juvenile Offenders and Victims: 2006 National Report, <http://www.ojjdp.gov/ojstatbb/nr2006/downloads/NR2006.pdf> (last visited January 8, 2013).

V. Support Indicators of Child Well-Being

When children have adequate emotional and financial support throughout their childhood, they have a better opportunity to reach their full potential. Support indicators measure children leaving foster care to live with a family and financial assistance to children in poverty or cases of court ordered child support.

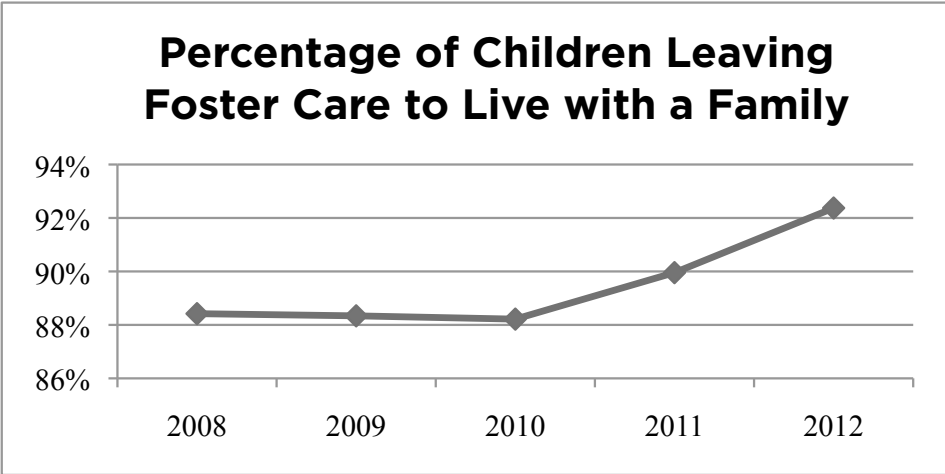
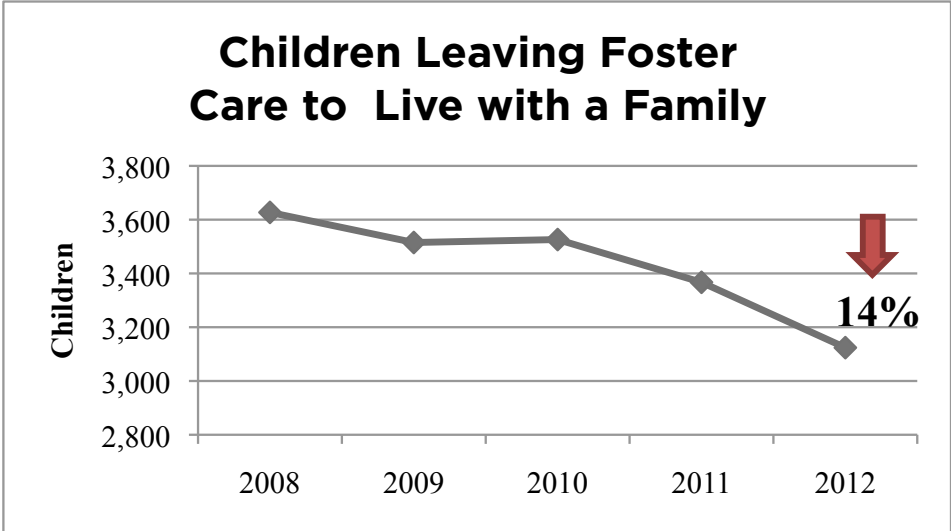
Index of Support Indicators				
Indicator	Data from Earliest Year	Data from Latest Available Year	^A Percent Change from Earliest to Latest Available Year	^B Percent Change from Last Year
Children Leaving Foster Care to Live with a Family	3,627	3,124	-14%	-7%
Children Living in Poverty	220,854	292,835	33%	6%
Children Receiving Free and Reduced Meals	52%	57%	5%	2%
Children Participating in WIC	84,181	104,972	25%	1%
Child Support Cases	212,085	219,308	3%	-2%
Children on Medicaid	494,120	583,147	18%	3%

A Summary measure of the overall change relative to the first year's data. Percent change was calculated as the difference between the most recent year's data and the first year's data, divided by the first year's data.

B Summary measure of the recent change relative to the previous year's data. Percent change was calculated as the difference between the most recent year's data and the previous year's data, divided by the previous year's data.

Children Leaving Foster Care to Live with a Family:⁹²

When a child leaves foster care with a resolution to the abuse or neglect case and is placed with a family, the child’s case is closed.⁹³ These data include the number of children with closed cases who were returned to an original caregiver, adopted, appointed a guardian, or living with a relative.



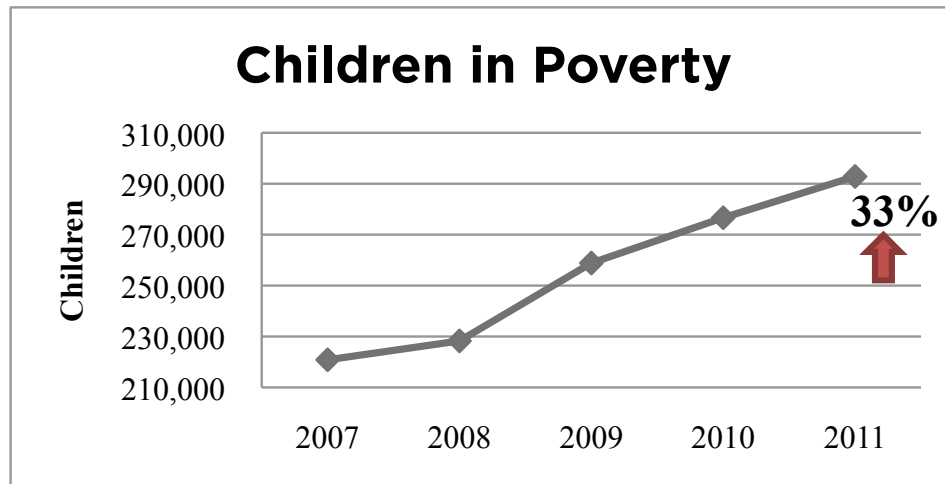
- The percentage of children leaving foster care to live with a permanent family has increased 4% over the past five years.
- From 2008 to 2011, in South Carolina:
 - a) adoptions increased from 13.5% to 16.6%,
 - b) guardianships increased from 1.2% to 2.0%, and
 - c) reunifications decreased from 73.5% to 70.3%.

⁹² S.C. Department of Social Services, unpublished report generated March 2013. Children Leaving Foster Care for Positive Closure Reasons.

⁹³ S.C. Department of Social Services, unpublished report generated November 2011. Children Leaving Foster Care for Positive Closure Reasons. In order to have consistent format, data from CAPSS on November 1, 2011, was used to compile the reports for SFY 06-07 through SFY 10-11.

Children in Poverty:⁹⁴

Children living in families with an annual income less than 100% of the federal poverty threshold are categorized as being in poverty. Children living in families with an annual income less than 200% of the federal poverty threshold are categorized as being in low income families.⁹⁵ This indicator is a Census Bureau estimate of the number of persons whose household income falls below the poverty threshold. In 2011, the poverty threshold for a family of two parents and two children was \$22,811.



- In South Carolina, there were 292,835 children (27.5%) in poverty in 2011. This is a 6% increase from 2010 and a 33% increase from 2007.⁹⁶
- Nationally, there were 16,386,500 children (22.5%) in poverty in 2011. This is a 4% increase from 2010 and a 25% increase from 2007.⁹⁷
- Poverty can impede a child's ability to learn and contribute to social, emotional, and behavioral problems. Poverty can contribute to poor physical and mental health. Risks of poor outcomes associated with poverty are greatest for children who experience poverty when they are young and/or experience deep and persistent poverty.⁹⁸
- Children under age five are more likely than children ages five to 17 to live in poverty. Hispanic and black children are more likely to live in poor families than are white and Asian children. Children are much more likely to be poor if they live in single-mother families than if they live in married-couple families.⁹⁹

94 U.S. Census Bureau, Children in Poverty in South Carolina, <http://www.census.gov/did/www/saipe/data/interactive/#> (last visited January 10, 2013).

95 The National Center for Children in Poverty, South Carolina Children at 100% and 200% of the Federal Poverty Level, <http://nccp.org/topics/childpoverty.html> (last visited January 12, 2012).

96 U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipe/data/interactive/#> (last visited January 8, 2013).

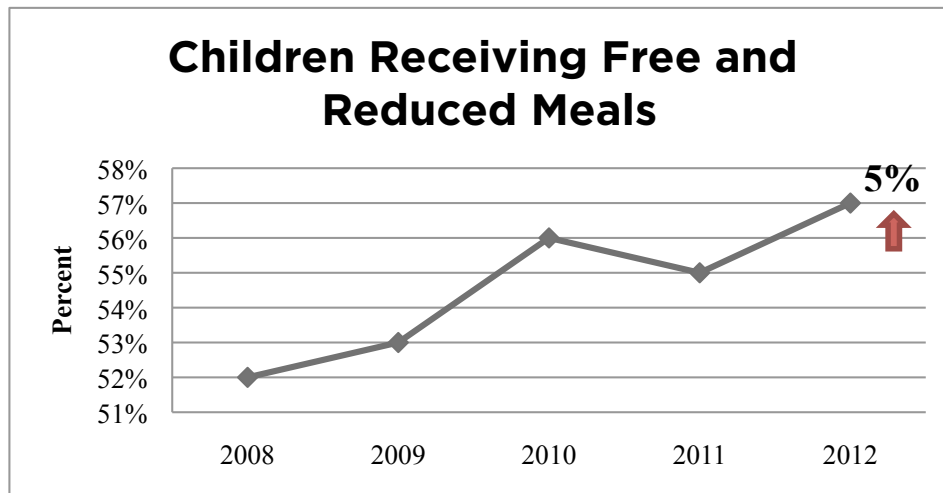
97 U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipe/data/interactive/#> (last visited January 8, 2013).

98 The National Center for Children in Poverty, Children at 100% and 200% of the Federal Poverty Level, <http://nccp.org/topics/childpoverty.html> (last visited January 8, 2013).

99 Child Trends, Children in Poverty, <http://www.childtrendsdatabank.org/alphalist?q=node/221> (last visited January 8, 2013).

Children Receiving Free and Reduced Meals:

The percent of students receiving free and reduced meals is collected by the Department of Education.¹⁰⁰



- In South Carolina, children receiving free and reduced meals increased 5% over the past four years.
- Nationally, during the 2011-12 school year, 33.8 million children in more than 99,695 schools and residential child care institutions participated in the National School Lunch Program. On a typical school day, 22.4 million or 66% of the total children received free and reduced lunches in 2012.¹⁰¹ There was a 33% increase from 1990.¹⁰²
- Household income determines if a child is eligible to receive free or reduced priced meals or must pay most of the cost. During the 2011-2012 school year, for a family of three (a couple and 1 child or 1 parent and 2 children), the qualifying income was \$24,089 or less per year for free lunch and \$34,281 per year for reduced price lunch.¹⁰³
- Research shows that when a child's nutritional needs are met, the child is more attentive in class, has better attendance, and presents fewer disciplinary problems. The National School Lunch Program meets the nutritional needs of children by providing a nutritionally balanced meal that contains one third or more of the nutrients they need each day.¹⁰⁴

100 S.C. Department of Education, Children Receiving Free and Reduced Lunch 2008-2011, generated December 2012 using e-rate data. <http://ed.sc.gov/data/erate/index.cfm> (last visited January 12, 2012). 2007 Children Receiving Free and Reduced Lunch, generated October 2011 using e-rate data. <http://ed.sc.gov/topics/researchhandstats/reports/tech/erate/> (last visited October 2011).

101 Food Research and Action Center. Child Nutrition Fact Sheet, National School Lunch Program, <http://frac.org/newsite/wp-content/uploads/2009/09/cnslp.pdf>.

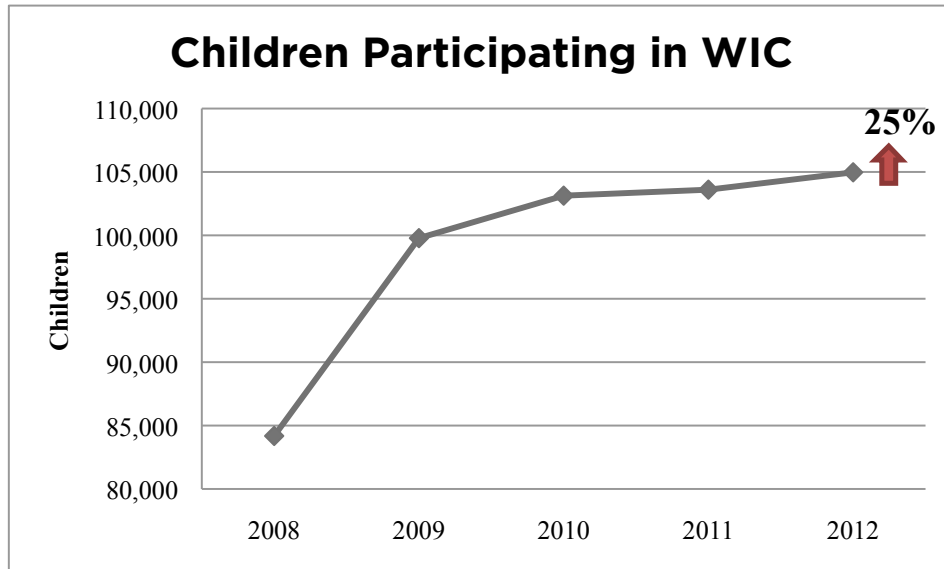
102 U.S. Department of Agriculture, Food and Nutrition Service. National School Lunch Program, <http://www.fns.usda.gov/cnd/lunch/AboutLunch/NSLPFactSheet.pdf> (last visited January 8, 2013).

103 U.S. Department of Agriculture, Food and Nutrition Service. National School Lunch Program, <http://www.fns.usda.gov/cnd/lunch/AboutLunch/NSLPFactSheet.pdf> (last visited January 8, 2013).

104 U.S. Department of Agriculture, Food and Nutrition Service. National School Lunch Program, <http://www.fns.usda.gov/cnd/lunch/AboutLunch/NSLPFactSheet.pdf> (last visited January 8, 2013).

Children Participating in WIC:

The Special Supplemental Food Program for Women, Infants, and Children (WIC) is a nutrition program that provides nutritious foods, nutrition education, and access to health care to low-income pregnant women, new mothers, and infants and children at nutritional risk.¹⁰⁵ This indicator reflects the number of children participating in WIC through the Department of Health and Environmental Control county offices in the WIC program.¹⁰⁶



- In South Carolina, the number of children participating in WIC increased 25% since 2008, of which 20% occurred in 2009 and 5% occurred from 2009 to 2012.
- Nationally, more than 9.1 million women, infants, and children relied on the WIC program every month in 2010, a 14% increase from 2006.¹⁰⁷
- Nationally, WIC provided nutritious food to 4.8 million children, 2.2 million infants, and 2.1 million women every month.
- It is estimated that every dollar spent on WIC results in savings of between \$1.77 and \$3.13 in Medicaid costs for newborns and their mothers.¹⁰⁸

¹⁰⁵ USDA, WIC's Mission, <http://www.fns.usda.gov/wic/aboutwic/mission.htm>, (last visited March 7, 2013).

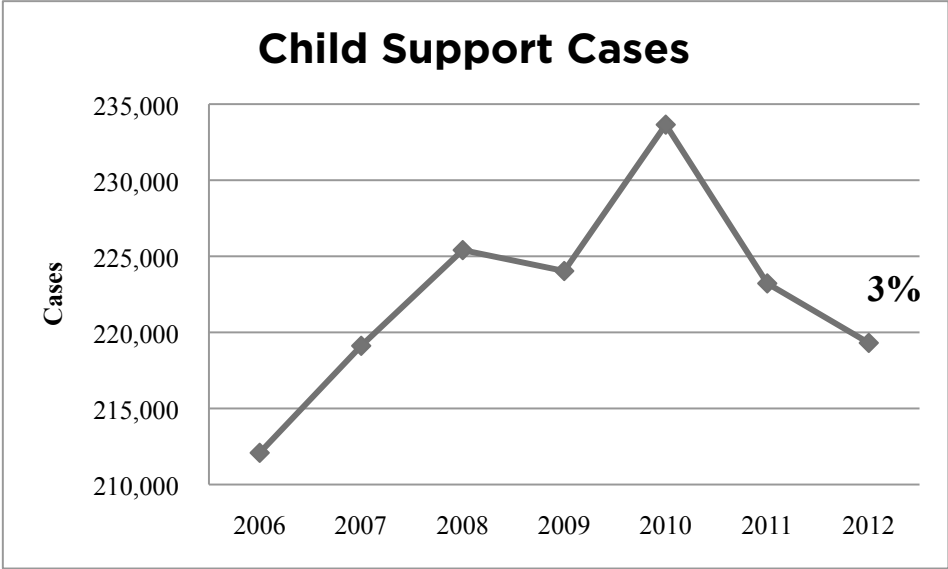
¹⁰⁶ Women are eligible during pregnancy, postpartum, and while breastfeeding. Infants are eligible up until the infant's first birthday, and children are eligible up to the child's fifth birthday. Applicants must be classified by a health professional as a "nutrition risk." This means the individual must have a condition such as anemia, underweight, history of poor pregnancy outcomes, or a dietary-based condition such as a poor diet. U.S. Department of Agriculture, Food and Nutrition Service, WIC Eligibility Requirements <http://www.fns.usda.gov/wic/howtoapply/eligibilityrequirements.htm> (last visited January 20, 2012).

¹⁰⁷ Food Research and Action Center. Child Nutrition Fact Sheet, Women, Infants and Children (WIC), <http://frac.org/newsite/wp-content/uploads/2009/09/wicfactsheet07.pdf> (last visited November 8, 2012).

¹⁰⁸ Food Research and Action Center. Child Nutrition Fact Sheet, Women, Infants and Children (WIC), <http://frac.org/newsite/wp-content/uploads/2009/09/wicfactsheet07.pdf> (last visited November 8, 2012).

Child Support:

This indicator reflects the caseload numbers for all DSS child support cases.¹⁰⁹



- In South Carolina, the number of court ordered child support cases has increased since 2006, before the recession began, but decreased sharply from 2010 to 2012.
- This sharp decrease is the result of a diligent effort by the Department of Social Services to close cases that no longer needed assistance.
- Between February and December 2011, over 25,000 cases were closed. Without this administrative change, the child support caseload would have increased to over 246,000 cases.¹¹⁰
- Nationally, teen parents are not likely to receive full child support payments. As the age of a parent increases, so does the likelihood that the parent will receive full payment.¹¹¹

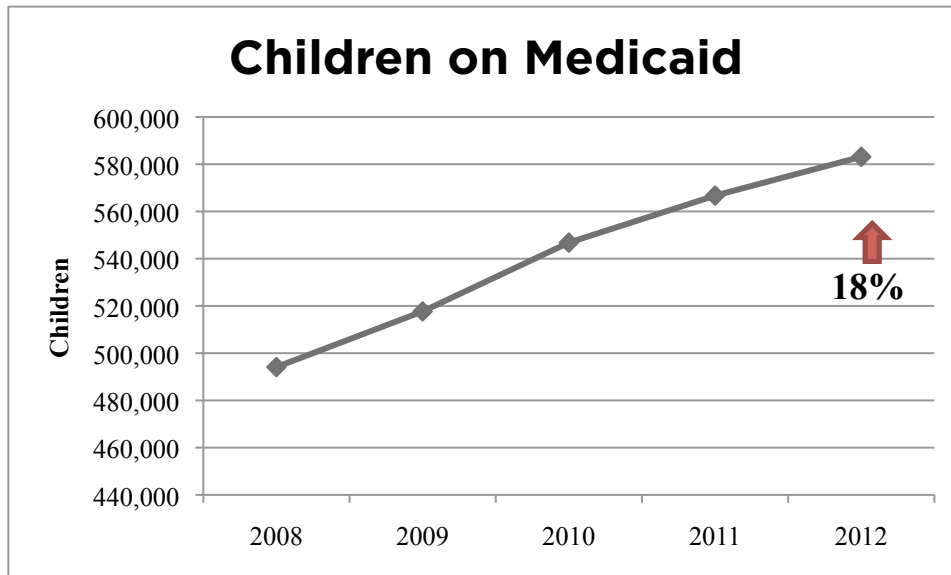
109 S.C. Department of Social Services, Court Ordered Child Support Program Fact Sheets 2006-2010. Unpublished report, Court Ordered Child Support 2011. Generated December 2011.

110 Id. Follow up conversation with child support enforcement staff at S.C. Department of Social Services on January 30, 2012.

111 Child Trends, Child Support Receipt, <http://www.childtrendsdatabank.org/?q=node/226> (last visited, January 8, 2013).

Children on Medicaid:¹¹²

This indicator reports an unduplicated number of child members on Medicaid as reported by claims data.



- In South Carolina, the number of children on Medicaid has increased 18% since 2008.
- In 2012, roughly half (583,147) of the children in South Carolina were covered by Medicaid.
- Nationally, Medicaid and the Children’s Health Insurance Program (CHIP) provide health coverage to more than 43 million children, including half of all low-income children in the United States.¹¹³

¹¹² The Institute for Families in Society, Policy and Research Unit on Medicaid and Medicare, University of South Carolina, South Carolina. Unpublished report, Children on Medicaid 2008-2012 by County and Unduplicated State Total, unpublished report generated November 2012.

¹¹³ Medicaid.gov Keeping America Healthy, Children on Medicaid, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/Children/Children.html> (last visited January 15, 2013).

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Safety Indicators										
Indicators	Total Child Deaths (2011)	Non-Fatal Injuries Reported by Hospitals (2011)	Family Violence Rates (2010)	Children with Founded Maltreatment (2011)	Selected Founded Maltreatment Types (2011)			No Maltreatment Recurrence at 6 Months (2011)		Children in Foster Care (2012)
					Physical Abuse	Neglect	Sexual Abuse	Children	Percent	
State	665	105,496	36.9	10,474	3,368	6,593	441	5,473	96.7%	3,120
Abbeville	*	793	33.0	43	12	30	*	20	87.0%	18
Aiken	18	2,035	29.7	358	105	245	8	186	96.4%	83
Allendale	*	428	45.1	20	10	9	*	16	100.0%	*
Anderson	32	2,503	53.1	739	204	510	22	423	97.5%	230
Bamberg	*	435	55.7	43	17	25	*	14	93.3%	14
Barnwell	*	610	61.4	35	11	23	*	16	100.0%	8
Beaufort	17	2,651	44.8	93	25	62	*	61	100.0%	49
Berkeley	22	4,119	43.1	495	243	216	*	304	98.7%	65
Calhoun	*	309	41.5	29	8	19	*	24	100.0%	7
Charleston	45	7,127	32.5	1,062	362	661	37	575	100.0%	337
Cherokee	11	2,178	23.9	274	90	166	16	139	92.7%	67
Chester	*	1,205	70.6	96	22	68	*	47	87.0%	11
Chesterfield	9	873	40.4	80	8	72	*	48	96.0%	24
Clarendon	*	787	56.3	91	24	67	*	45	100.0%	18
Colleton	12	1,426	66.9	123	6	115	*	75	100.0%	32
Darlington	10	1,315	58.1	228	40	182	*	117	99.2%	99
Dillon	8	895	61.8	127	24	103	*	80	100.0%	34
Dorchester	20	3,422	40.2	303	73	215	14	156	98.7%	49
Edgefield	*	385	24.5	26	*	11	8	10	100.0%	6
Fairfield	*	775	60.5	44	12	31	*	29	96.7%	16
Florence	35	3,001	28.9	350	50	296	*	169	99.4%	123
Georgetown	9	1,814	54.0	77	28	46	*	48	98.0%	16
Greenville	64	10,082	29.9	1,315	631	588	89	593	90.3%	322
Greenwood	11	1,558	62.6	85	20	62	*	52	98.1%	43
Hampton	*	1,066	55.0	68	21	45	*	39	100.0%	9
Horry	29	6,954	36.1	311	50	243	17	159	97.5%	143
Jasper	*	659	23.8	64	*	56	*	21	95.5%	9
Kershaw	9	1,514	35.8	72	18	50	*	33	97.1%	38
Lancaster	15	1,710	36.8	157	54	97	*	71	89.9%	31
Laurens	8	1,503	57.9	161	109	43	8	68	88.3%	71
Lee	*	396	38.5	65	11	52	*	27	100.0%	7
Lexington	38	3,725	29.2	421	147	249	17	235	97.1%	121
McCormick	*	126	22.5	*	*	*	*	*	100.0%	*
Marion	7	1,021	63.2	120	16	101	*	74	100.0%	52
Marlboro	10	833	62.9	88	11	77	*	53	100.0%	52
Newberry	*	1,025	27.5	86	62	23	*	51	100.0%	30
Oconee	*	1,743	29.8	207	153	40	14	128	99.2%	42
Orangeburg	17	2,338	59.7	96	23	68	*	41	89.1%	44
Pickens	13	3,727	35.1	503	115	352	23	260	95.9%	111
Richland	57	6,531	27.1	594	129	432	24	313	95.1%	280
Saluda	*	212	22.6	18	*	13	*	9	100.0%	*
Spartanburg	39	7,435	20.2	588	182	373	31	297	99.0%	203
Sumter	15	2,696	27.9	204	91	111	*	96	100.0%	56
Union	*	928	31.8	55	12	37	6	24	96.0%	21
Williamsburg	7	926	37.5	52	13	37	*	17	94.4%	16
York	21	2,535	40.8	403	117	269	14	207	98.1%	105

*Value ≤ 5

For more data about your county visit www.sccommitteeonchildren.org

Health Indicators

Indicators	Low Birthweight Babies (2011)	Very Low Birthweight Babies (2011)	Low Birthweight Babies born to Mothers Medicaid (2012)	Very Low Birthweight Babies born to Mothers Medicaid (2012)	Children on Medicaid with Access to Primary Care Practitioners by Rate (2011)	Children Receiving Mental Health Treatment (2012)		Children on Medicaid Dentist Visits (2012)
						Community Center	Inpatient and Residential Setting	
State	4,590	1,064	2,618	490	88	28,787	440	300,728
Abbeville	17	9	16	*	83	151	*	1,659
Aiken	139	35	140	23	87	1,270	7	9,521
Allendale	10	*	10	*	66	83	*	1,106
Anderson	168	39	89	10	91	934	20	12,772
Bamberg	9	*	11	9	66	156	*	1,493
Barnwell	22	*	28	8	71	321	*	2,089
Beaufort	150	29	78	16	86	573	*	7,339
Berkeley	190	35	108	7	89	645	*	11,112
Calhoun	13	*	9	6	84	120	*	1,086
Charleston	341	69	246	15	89	1,760	12	22,396
Cherokee	56	14	41	*	79	372	10	3,930
Chester	40	8	10	*	90	183	*	2,373
Chesterfield	40	15	38	*	89	329	*	3,525
Clarendon	31	11	22	*	84	249	6	3,187
Colleton	39	18	38	*	76	152	*	3,930
Darlington	91	17	40	*	90	388	13	5,345
Dillon	39	11	19	*	87	148	6	3,132
Dorchester	139	34	54	*	91	689	*	6,860
Edgefield	16	*	13	*	82	145	*	1,503
Fairfield	27	*	19	*	80	167	*	2,030
Florence	168	51	70	9	87	1,091	18	10,550
Georgetown	54	18	46	9	80	766	10	4,627
Greenville	444	81	390	29	90	3,953	30	27,954
Greenwood	84	21	65	11	88	663	7	5,030
Hampton	27	*	26	*	74	164	*	1,836
Horry	260	42	118	*	92	1,520	40	16,932
Jasper	24	16	30	*	82	194	*	2,236
Kershaw	48	9	38	12	94	291	*	4,326
Lancaster	89	16	24	*	93	289	9	4,708
Laurens	64	16	68	7	75	439	10	4,573
Lee	16	6	10	*	86	146	*	2,170
Lexington	212	60	76	52	93	1,894	56	15,423
McCormick	*	*	*	*	82	72	*	532
Marion	42	14	27	*	77	296	*	3,659
Marlboro	27	17	24	*	90	205	*	2,863
Newberry	40	7	34	12	91	110	*	2,839
Oconee	58	14	12	*	90	333	7	4,940
Orangeburg	133	29	67	27	84	739	*	8,733
Pickens	107	22	53	*	90	437	20	6,747
Richland	452	90	153	92	90	1,758	19	23,659
Saluda	12	10	14	*	83	69	*	1,663
Spartanburg	286	58	191	50	88	1,386	36	19,309
Sumter	116	33	87	26	88	423	15	9,190
Union	27	6	15	*	90	253	*	2,314
Williamsburg	34	13	20	*	75	289	*	3,233
York	182	45	46	18	91	2,028	36	11,027

*Value ≤ 5

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**State total for dental visits is larger than the sum of the counties because some children are served in more than one county.

Education Indicators							
Indicators	Children Enrolled in Public Pre-K (2012)	Children Ages 3 to 21 Years Old with Identified Special Education Needs (2012)	PASS Scores(2012): % of Third Grade Students Scoring "Not Met" for		PASS Scores(2012): % of Eighth Grade Students Scoring "Not Met" for		Graduation Rate (2012)
			English and Language Arts	Math	English and Language Arts	Math	
State	25,849	99,611	19.7	27.4	30.2	31.4	75.2
Abbeville	113	498	10.5	13.2	22.9	22.8	76.8
Aiken	974	2,932	20.8	30.7	28.8	30.9	75.5
Allendale	58	172	54.7	71.3	68.6	80.2	71.2
Anderson	872	4,450	15.1	21.6	24.6	25.4	78.8
Bamberg	115	374	37.7	47.9	37.3	44.5	76.9
Barnwell	110	677	36.5	49.4	43.5	49.4	73.4
Beaufort	891	2,192	20.2	28.2	29.8	33.2	75.4
Berkeley	1,042	4,313	14.8	24.0	28.1	30.3	74.4
Calhoun	101	247	16.0	25.2	29.9	22.4	85.4
Charleston	1,835	4,487	18.5	26.0	27.3	32.1	76.2
Cherokee	494	999	30.7	38.0	37.5	37.6	79.9
Chester	91	734	28.1	41.9	47.6	41.6	70.8
Chesterfield	174	778	24.4	27.0	33.4	36.0	78.4
Clarendon	245	908	17.0	19.8	29.8	32.7	78.1
Colleton	330	1,028	28.3	32.8	39.7	42.9	76.3
Darlington	*	1,636	18.1	24.3	30.0	27.3	91.7
Dillon	280	638	31.4	37.6	41.4	35.2	63.8
Dorchester	708	3,039	13.2	16.3	23.7	22.5	76.2
Edgefield	178	708	26.2	35.5	27.3	24.5	73.6
Fairfield	309	507	24.7	37.4	37.8	43.8	76.9
Florence	1,003	4,011	20.8	32.3	35.4	38.1	80.7
Georgetown	379	1,171	19.4	27.9	34.3	32.2	86.1
Greenville	1,855	9,747	16.7	22.7	28.2	29.9	74.3
Greenwood	570	1,615	20.0	24.9	32.2	31.6	78.0
Hampton	213	514	27.9	41.8	46.3	52.9	72.1
Horry	1,474	6,000	15.3	20.4	26.9	24.3	77.6
Jasper	229	411	40.2	61.2	50.0	59.9	65.2
Kershaw	201	1,319	20.1	31.1	24.6	30.0	79.9
Lancaster	202	1,618	21.5	29.1	36.5	34.3	79.7
Laurens	533	1,783	22.4	30.9	31.2	34.3	71.0
Lee	102	357	43.4	70.1	66.9	71.7	79.0
Lexington	1,712	7,445	17.8	24.5	24.8	23.8	81.7
McCormick	44	92	24.2	45.5	43.3	68.3	74.7
Marion	284	870	34.0	54.4	51.6	61.0	71.9
Marlboro	211	784	40.3	47.8	43.4	47.5	64.8
Newberry	210	868	22.7	22.2	36.1	31.9	75.5
Oconee	325	1,745	19.9	30.9	29.6	25.6	81.7
Orangeburg	859	2,033	35.3	44.9	43.1	48.7	75.4
Pickens	475	6,809	12.0	20.8	28.6	28.5	75.2
Richland	1,850	307	23.8	34.3	33.9	39.4	74.1
Saluda	73	2,053	22.5	27.2	34.9	21.9	81.4
Spartanburg	2,018	6,212	0.2	0.2	26.8	25.6	80.1
Sumter	699	2,384	20.5	28.9	36.2	39.1	81.5
Union	*	732	18.1	29.4	39.0	31.7	79.3
Williamsburg	219	864	32.1	49.5	45.4	56.1	76.2
York	1,144	4,754	14.7	19.1	21.8	19.1	82.5

*Value ≤ 5

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Responsibility Indicators						
Indicators	Attendance Rate (2012)	Juveniles Charged with a Crime or Status Offense (2012)	Number of Juvenile Charges (2012)			Births to Teens (2011)
			Violent Offenses	Status Offenses	Total Charges	
State		13,049	1,378	1,313	17,180	1,761
Abbeville	96.4%	43	*	10	59	11
Aiken	96.2%	425	28	9	561	63
Allendale	95.3%	35	7	7	46	7
Anderson	95.8%	441	36	33	556	65
Bamberg	97.7%	26	*	*	38	*
Barnwell	95.9%	100	10	16	140	14
Beaufort	96.8%	400	41	66	536	56
Berkeley	96.7%	824	53	99	1,104	66
Calhoun	97.4%	15	6	*	18	7
Charleston	95.8%	1,255	98	67	1,791	100
Cherokee	96.7%	103	14	31	134	46
Chester	95.1%	111	11	*	143	25
Chesterfield	95.9%	78	12	*	90	15
Clarendon	95.9%	58	8	*	68	10
Colleton	96.1%	88	14	18	115	16
Darlington	95.4%	153	17	23	196	33
Dillon	96.2%	125	19	24	179	22
Dorchester	96.2%	373	39	64	461	49
Edgefield	96.0%	57	6	*	67	6
Fairfield	96.2%	77	14	7	90	8
Florence	96.3%	387	45	6	496	52
Georgetown	95.9%	206	30	13	254	23
Greenville	95.9%	1,104	107	73	1,452	160
Greenwood	96.5%	363	52	104	578	47
Hampton	95.2%	94	13	10	116	7
Horry	96.2%	1,125	78	163	1,404	76
Jasper	97.1%	105	18	18	132	13
Kershaw	96.3%	121	20	12	152	21
Lancaster	95.7%	202	23	*	250	25
Laurens	96.1%	132	10	22	173	35
Lee	95.7%	40	19	*	63	10
Lexington	96.4%	662	55	25	821	94
McCormick	97.0%	27	6	*	35	*
Marion	95.7%	155	30	9	210	29
Marlboro	95.9%	113	23	29	152	17
Newberry	96.2%	161	8	41	209	9
Oconee	95.7%	118	15	10	149	29
Orangeburg	95.3%	336	70	37	463	41
Pickens	95.6%	243	26	17	327	46
Richland	96.5%	918	81	62	1,227	125
Saluda	96.4%	52	6	7	59	11
Spartanburg	96.1%	380	58	21	471	129
Sumter	95.0%	275	48	11	324	43
Union	94.9%	145	6	*	192	11
Williamsburg	96.2%	88	18	25	126	12
York	96.4%	710	74	100	953	70

*Value ≤ 5

**Other juvenile offenses are not listed by county.

For more data about your county visit www.sccommitteeonchildren.org

Support Indicators

Indicators	Children Living in Poverty (2011)		Children Receiving Free and Reduced Meals (2012)	Children Participating in WIC (2012)	Children on Medicaid (2012)	Children Leaving Foster Care to Live with a Family (2012)
	Number	Percent				
State	292,835	27.5%	56.9%	104,972	583,147	3,203
Abbeville	1,634	29.4%	65.5%	535	3,708	12
Aiken	11,126	31.6%	58.7%	3,072	22,540	51
Allendale	1,068	48.9%	91.7%	372	2,094	6
Anderson	10,612	24.1%	51.0%	3,337	25,305	170
Bamberg	1,295	37.4%	73.8%	549	2,870	12
Barnwell	1,978	35.4%	71.7%	880	4,578	18
Beaufort	7,711	22.8%	51.0%	2,865	17,336	43
Berkeley	10,551	23.4%	56.7%	3,169	22,581	73
Calhoun	974	30.0%	84.6%	420	2,132	11
Charleston	18,860	25.7%	51.6%	7,873	43,514	270
Cherokee	4,324	32.4%	69.0%	1,655	9,017	54
Chester	3,498	45.7%	68.8%	904	6,260	15
Chesterfield	3,606	32.5%	67.1%	1,135	7,927	36
Clarendon	2,766	37.2%	72.6%	1,216	6,099	19
Colleton	3,663	40.1%	75.6%	1,299	8,211	32
Darlington	5,646	35.1%	72.2%	1,816	11,977	79
Dillon	3,932	47.7%	83.0%	1,164	7,507	25
Dorchester	7,063	19.1%	43.7%	2,838	15,492	47
Edgefield	1,521	27.8%	61.2%	365	3,213	*
Fairfield	1,632	31.7%	88.5%	673	4,046	8
Florence	10,362	31.0%	65.9%	3,975	24,428	235
Georgetown	4,639	37.0%	65.2%	1,528	9,268	12
Greenville	27,354	24.8%	48.2%	9,482	56,179	376
Greenwood	4,678	28.8%	61.3%	1,700	11,476	31
Hampton	1,895	39.1%	77.6%	731	4,020	21
Horry	17,174	31.6%	63.1%	6,540	39,082	151
Jasper	2,376	38.8%	65.7%	*	5,068	21
Kershaw	4,032	27.0%	52.1%	1,409	9,088	44
Lancaster	4,817	27.5%	55.6%	1,666	10,863	55
Laurens	5,473	36.6%	69.7%	1,492	10,330	71
Lee	1,687	40.4%	85.2%	641	3,992	12
Lexington	13,683	21.4%	44.0%	4,633	31,948	161
McCormick	460	34.1%	69.3%	199	1,054	*
Marion	3,327	42.4%	83.8%	1,199	7,451	24
Marlboro	2,620	43.8%	78.6%	981	5,778	28
Newberry	2,756	32.7%	65.4%	1,067	6,315	59
Oconee	4,275	28.4%	57.1%	1,561	10,096	35
Orangeburg	7,096	34.0%	81.7%	3,113	17,099	57
Pickens	5,522	23.5%	46.6%	1,891	14,083	136
Richland	20,701	23.9%	55.8%	7,046	50,214	335
Saluda	1,271	28.2%	67.3%	624	3,600	*
Spartanburg	18,357	26.9%	55.0%	6,449	40,949	185
Sumter	7,461	27.9%	71.2%	3,809	18,829	12
Union	1,951	31.2%	67.1%	653	4,605	12
Williamsburg	3,275	42.1%	90.1%	939	6,663	6
York	12,134	21.1%	42.6%	3,402	25,807	134

*Value ≤ 5

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South Carolina

Joint Citizens and Legislative Committee on Children

The Joint Citizens and Legislative Committee on Children was created by the General Assembly to conduct research, hold public hearings, prepare and publish Annual Reports, draft proposed legislation, develop policy recommendations, and prepare other reports and information as requested by the members of the General Assembly on matters relating to the children of South Carolina.

Over the years of its existence, the Committee on Children has produced legislative recommendations on a broad array of subjects which, in turn, have enabled the General Assembly to remain in the forefront of advocacy of child well-being. Members of the Committee on Children include the legislative branch with three Senate and three House members, three gubernatorial appointed members, the State Superintendent of Education, and the directors of the State's child health, welfare, and juvenile justice agencies. The Committee on Children is staffed by the Children's Law Center of the USC School of Law.

The Committee on Children investigates the needs of the one million children in South Carolina and recommends actions to address these issues. Many of these children live in poverty, have learning disabilities, suffer abuse and neglect, drop out of school, live in foster care, suffer mental or physical disabilities, experience teen pregnancies, join gangs, or are referred to the courts for delinquent behavior.

Given these extraordinary problems and the state's limited resources, the Committee on Children seeks to improve the lives of all the children and to contribute to the development of healthy, educated, and productive citizens. That is the mission of the Committee on Children, and its members are fully committed to promoting the best opportunities for the rising generations of South Carolina to lead successful and productive lives.

Joint Citizens and Legislative Committee on Children



For more information, visit
www.sccommitteeonchildren.org

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