2016 Annual Report
Joint Citizens and Legislative
Committee on Children

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Committee on Children

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STATE OF SOUTH CAROLINA

JOINT CITIZENS AND LEGISLATIVE COMMITTEE ON CHILDREN

Governor Nikki R. Haley
President *Pro Tempore* Hugh K. Leatherman, Sr.
Speaker James H. Lucas
Members of the General Assembly:

The Joint Citizens and Legislative Committee on Children is pleased to present its 2016 Annual Report. The Committee is charged with the important responsibility of identifying and studying key issues facing the children of South Carolina and making recommendations to the Governor and General Assembly.

The 2016 Annual Report includes topics of concern identified by Committee members, by stakeholder partners, and by constituents. Public hearings conducted by the Committee around the state have also been an important source of information and insight on the citizen concern regarding our state's children. In this year's report, the Committee outlines needed efforts to achieve four critical goals:

- to better protect children in all childcare settings;
- to better protect children riding in both automobiles and off-road vehicles in our state;
- to guard the physical health of our children; and,
- to provide additional protection for children who have been abused or neglected.

As you will read, included are actionable, immediate steps and long term actions in each area that can be taken to improve the lives of South Carolina's children. We are proud to work on their behalf as a Committee; these youngest citizens are most worthy of our time and attention. Thank you for your consideration of the research and recommendations contained in this report.

Mike Fair — Chair

Shannon Erickson — Vice Chair

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www.sccommitteeonchildren.org.

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Executive Summary

This 2016 Annual Report of the Joint Citizens and Legislative Committee on Children provides information to inform the Governor and the General Assembly in the consideration of policy, funding, and legislation which affects children. The Committee looks forward to working with legislators and other elected officials, citizens, and all who serve or who are interested in promoting the well-being of children.

Based on input provided at the Committee's public hearings, and building on the Committee's previous work, this Annual Report gives attention to:

- **Background Checks for Childcare Employees**
- **Afterschool and Summer Camp Safety**
- **Child Passenger Safety**
- **Recreational Off-Road Vehicle Safety**
- **Obesity and Related Health Issues**
- **Kinship Care**

Additionally, continuing its work on 2015 policy initiatives, the Committee supports legislation and policy implementation to address:

- **Safety of Children in Family Childcare Homes**
- **Incarceration of Status Offenders**
- **Placement of Children on the Sex Offender Registry**
- **John de la Howe School**

Finally, the Committee supports new legislation and policy implementation in 2016 to address:

- **Reform of the Disturbing Schools Law**
- **Reauthorization of First Steps**

The Joint Citizens and Legislative Committee on Children has identified a number of issues that affect multiple areas of child development in need of policy and legislative initiatives. The proposed legislation and recommendations will make our state healthier and safer so that children can flourish. It is the priority of the Committee on Children to ensure that our state passes legislation that ensures children can meet their full potential. Please consider these bills and the Committee position on them as you act this legislative session.

Updates on Committee Initiatives and Additional Legislative Priorities

Previous Legislation:

In 2015, the Committee on Children sponsored or endorsed the following bills:

- **Family Childcare Homes**, **S 763/H 4262**: To increase training for family childcare home operators, provide additional authority to the Department of Social Services (DSS) in the registration process, and make changes the to notice process for registrants in various stages of the process.

- **Incarceration of Status Offenders, S 764/H 4261:** To eliminate the exception allowing juveniles who have been waived to general sessions court to be placed in an adult jail for more than 6 hours; reduce the amount of time juveniles in violation of a court order relating to a status offense can be held from 72 to 48 hours; require documentation of counseling or other interventions prior to a referral for incorrigibility; require the Department of Juvenile Justice (DJJ) to make a referral to those intervention services if needed; to prevent commitment to DJJ, a juvenile detention center, or secure evaluation center for status offenses; to provide opportunity for destruction of court records of nonviolent or status offenses beginning at age 17; and to provide for automatic expungement for a status offense in some cases where the status offender has not reoffended.

- **Juvenile Sex Offender Registry, S 762/H 4263:** To provide family court judges discretion whether to require a juvenile 14 or older adjudicated delinquent for a sex offense in family court to be placed on the registry; to prevent children 13 and under from being placed on the sex offender registry; to provide that persons 21 or older previously placed on the registry by family court may petition the court for removal; and to provide that information about adjudication of juveniles for these offenses must only be made available by request to specific parties, including victims, schools and childcare facilities.

Previous Focus Area:

In 2015, the Committee identified an additional priority focus area: **John de la Howe School:**

John de la Howe School is a state agency located near McCormick that operates a congregate care facility (i.e., a group home) and school for younger children. The South Carolina Family Courts, DSS, and DJJ have no involvement with the placement of children at the John de la Howe School. Unwanted or unruly young children are simply placed there by the whim of their parents. The absence of involvement by DSS, DJJ, or the Family Courts means there is no DSS consideration of the possibility of child neglect or abuse or other traumatic events that may be occurring in the child's life. Moreover, there is no permanency planning for the child, no life skills training or planning for independent living and employment, and no external review of standards for John de la Howe's children's services or case management. There is no systemic oversight to resolve the underlying problems faced by the children, and the children have no guardian ad litem and no periodic case review by the Family Court.

The State Department of Education (SDE) has completed a study that concludes the John de la Howe School is not properly and effectively managing or utilizing its programs, facilities, and fiscal resources for the provision of appropriate services to youth. The SDE study recommends the John de la Howe School be operated by a non-profit child-serving organization to provide programs and workforce development for older youth.

South Carolina has a critical need to provide educational, vocational, employment, and life skills training for those older youth who continue to be at risk, are turning 18 years old, and "aging out" of foster care or Family Court supervision without adequate preparation for employment and adult life. The John de la Howe School was established to provide housing and vocational training for youth, and it has previously provided programs for youth supervised by DSS and by DJJ.

In FY 2014-2015, the family courts placed 3,348 children in DSS custody and placed 4,476 children under DJJ supervision or in its institutions. During that year, 184 DSS clients were ultimately emancipated, i.e., they turned 18 and "aged out" of services without achieving permanency. Likewise, DJJ had a similar number of youth "age out" of its services without permanency, stable living arrangements, or employment.

Thus, each year, some 400 children "age out" of state supervision without a home, without a viable support network and without job opportunities for their independence and life success. These children "leave the nest" often without having had the benefits of family-nurtured life skills development, a high school degree, or an employable job skill. Without a proper transition plan and active case follow-up to achieve independent living and employment, these youth will move into the adult world unprepared to succeed – and much more likely to appear in negative statistics for crime, alcoholism, drugs, homelessness, unemployment, poverty, and need for public assistance.

The Committee on Children recommends the existing facilities and budget of John de la Howe be used to contract with an appropriate nonprofit organization to adapt the John de la Howe campus to become a wilderness camp model to operate an educational program, vocational skills training program, and independent living skills program for 17 and 18 year old youth who are unprepared and "aging out" of foster care or juvenile justice programs. This model is already being successfully used by DJJ in sites across the state. John de la Howe would again become a resource for positive life skills programs and great new opportunities to assist these older children. No new state funding would be needed.

Additional Legislative Priorities:

In 2016, the Committee on Children sponsored and endorsed legislation in two additional areas:

- **Reform of the Disturbing Schools Law, S 1140/H 4481:** To restructure the offense of disturbing schools and penalties for its violation and to make the offense applicable only to persons who are not students.

- **Reauthorization of First Steps, S 1038/H 4774:** To reauthorize First Steps until 2021 and provide to automatic reauthorization every five years afterwards.

Child Well-Being in South Carolina

Although South Carolina's Kids Count ranking of 42nd represents an improvement from its previous rank of 45th, significant challenges still must be addressed on behalf of our state's children. Of the more than one million children in South Carolina, over a quarter live in poverty.[1] Further, when taking into account all children eligible for Medicaid, over two-thirds of the children in this state are living in some measured degree of poverty.[2] Children in South Carolina also face a range of significant and complex challenges including mental health needs, abuse and neglect, family instability, lack of health care, and educational problems.

This Committee continues to study and work to address these challenges through legislation and policy recommendations. Please refer to the Committee's website, **sccommitteeonchildren.org**, for additional research and recommendations, including previous Annual Reports and Data Books that have addressed Adverse Childhood Experiences (ACEs) and Childhood Trauma, Childhood Fatalities and Injuries, Childhood Immunizations, Family Dynamics and Status Offenders, Safe Sleeping Practices for Infants, and School Readiness.

Since its inception, the Committee on Children has led a number of successful efforts to improve outcomes for children in our state, including the elimination of shackling of juveniles, strengthening the Child Fatality Advisory Task Force, and supporting First Steps and Read to Succeed.

The Committee has annually conducted statewide public hearings to seek citizen and stakeholder insight on how well our children are faring. During the fall of 2015, a number of speakers presented information to the Committee, and the members are grateful for this important opportunity to receive these insights. Testimony received at the hearings as well as written testimony raised many pressing issues including: Childhood Obesity, Cardiopulmonary Resuscitation Education, Kinship Caregiver Needs, Early Childhood Care, Protection of Children in State Care, School Discipline, and Mental Health and Disability Services for Children, among others. These hearings have significantly informed the work the Committee has undertaken this year.

[1] U.S. Census, Small Area Income and Poverty Estimates, http://www.census.gov/did/www/saipe/data/index.html (Last visited December 17, 2015).
[2] S.C. eHealth Medicaid Statistics, Children on Medicaid, http://www.schealthviz.sc.edu/medicaid-enrollment (Last visited, December 17, 2015).

Data Highlights

In 2014, South Carolina was ranked 42nd in the nation in overall child well-being by the Annie E. Casey Foundation in its annual *KIDS COUNT Data Book*.[3] There are nearly 1.1 million children living in South Carolina, which is 23% of the total population.[4] The most recent available annual data shows that:

- 57,631 children were born in South Carolina.[5] (2014)
- 619 children died in South Carolina.[6] (2014)
- 101,529 children suffered non-fatal injuries requiring a hospital or emergency room visit.[7] (2014)
- 281,738 or 26.4% of children lived in poverty.[8] (2014)
- 721,198 or 66% of children were enrolled in Medicaid.[9] (2015)
- 58% of all students received subsidized school meals to have access to adequate nutrition.[10] (2015)
- 3,757 children lived in foster care for some period of time.[11] (2015)
- 15,697 juvenile delinquency cases were referred to the Department of Juvenile Justice.[12] (2015)
- 1,235 infants were born to females under 18 years old.[13] (2014)
- 3,476 children were in treatment for drug and alcohol abuse.[14] (2015)
- 432,000 or 42% of children lived in single-parent families.[15] (2014)
- 356,000 or 33% of children had parents who lacked secure employment.[16] (2014)

[3] The Annie E. Casey Foundation. The 2015 KIDS COUNT Data Book, http://www.aecf.org/m/resourcedoc/aecf-2015kidscountdatabook-2015.pdf (Last visited, November 23, 2015).
[4] S.C. Department of Health and Environment Control, http://scangis.dhec.sc.gov/scan/bdp/tables/populationtable.aspx (Last visited, November 23, 2015).
[5] S.C. Department of Health and Environment Control, http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx (Last visited, November 23, 2015).
[6] S.C. Department of Health and Environment Control, Death Certificate Data, http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx (Last visited, November 23, 2015).
[7] S.C. Revenue and Fiscal Affairs Office. South Carolina Emergency Department Discharges (Ages 0-17 years). Unpublished report generated in October, 2015. Data included those admitted as inpatients.
[8] U.S. Census, Small Area Income and Poverty Estimates, http://www.census.gov/did/www/saipe/data/index.html (Last visited, January 6, 2016).
[9] South Carolina eHealth Medicaid Statistics, Medicaid Enrollment, http://www.schealthviz.sc.edu/medicaid-enrollment (Last visited, January 6, 2016).
[10] S.C. Department of Education, E-Rate - Free and Reduced Meal Eligibility Data 2014-15, http://ed.sc.gov/data/erate/ (Last visited January 6, 2016).
[11] Fostering Court Improvement, data as of March 31, 2015, http://www.fosteringcourtimprovement.org/state_websites.php (Last visited November 25, 2015).
[12] S.C. Department of Juvenile Justice, Report Card for 2015, http://www.state.sc.us/djj/pdfs/2015-report-card.pdf (Last visited, January 7, 2016).
[13] S.C. Department of Health and Environment Control, Birth Certificate Data, http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx (Last visited, January 5, 2016).
[14] S.C. Department of Alcohol and Other Drug Addiction Services, unpublished reports generated in December 2015.
[15] KIDS COUNT data center. Indicator: Children in single-parent families, http://www.datacenter.kidscount.org/topics (Last visited, January 7, 2016).
[16] KIDS COUNT data center. Indicator: Children whose parents lack secure employment, http://www.datacenter.kidscount.org/topics (Last visited, January 7, 2016).

Protection of Children in All Childcare Settings

The Committee has heard the devastating reports of child deaths in unregulated childcare settings as well as public testimony that was an impassioned call for enhanced protection of children in daycare. Afterschool programs and summer camps are important childcare settings for many families, and children attending those programs need safeguards as well. Strengthening protection of children in all childcare settings is a priority for the Committee and is reflected in its attention to **Background Checks for Childcare Employees** and **Afterschool and Summer Camp Safety.**

Background

State law defines "childcare" as the care, supervision, or guidance of a child, unaccompanied by the parent or guardian for more than two days a week, for a period of more than four hours, but less than 24 hours a day, in a place other than the child's own home.[17] "Childcare facility" is an umbrella term broadly defined by statute to encompass many types of childcare providers.[18] Larger and out-of-home childcare facilities serving seven or more children must be licensed and regulated by DSS. Smaller, in-home childcare facilities serving six or fewer children are required only to register with DSS. Many other afterschool and summer childcare programs are not required to register with DSS and are not subject to any oversight by the Department or required to follow child safety minimum standards. Childcare is a critical need for many families, and parents must be able to trust that their children will be kept safe.

The first step to ensure safe childcare is to mandate that all employees working at the facility pass a criminal background check. The State of South Carolina has a fundamental duty to protect children in childcare and to protect children from known child abusers. Meeting minimum child safety standards requires ensuring that those entrusted with our children are not abusers or predators.

There are some significant legal loopholes that leave children unprotected while they are in settings that may seem safe to their parents. First, there are currently three crimes against children not included in our state statute requiring childcare background checks for employment.[19] These crimes are unlawful conduct toward a child,[20] cruelty to children,[21] and child endangerment.[22] Since child safety is a paramount priority, these omissions need to be corrected.

Another major loophole: facilities that operate fewer than four hours per day, such as afterschool programs, are not required to conduct background checks on their employees.

[17] S.C. Code Ann. § 63-13-20(2).
[18] S.C. Code Ann. § 63-13-20(4).
[19] S.C. Code Ann. § 63-13-40.
[20] S.C. Code Ann. § 63-5-70.
[21] S.C. Code Ann. § 63-5-80.
[22] S.C. Code Ann. § 56-5-2947.

Similarly, facilities that operate for fewer than three weeks in the summer are exempt from employee background check requirements. Typically, parents are not informed that these programs are unregulated.

Simply put, there is no compelling rationale to exempt childcare facilities from basic child safety regulations because they operate less than four hours a day or only during the summer or other school holiday breaks. Eliminating these exemptions would extend basic health and safety protections and improve the quality of care of children during the day.[23]

The National Association for the Education of Young Children (NAEYC) supports requiring background checks of all childcare staff, regardless of the time the facility is open.[24] NAEYC is a nationwide professional membership organization that works to promote high quality early learning for all young children by connecting early childhood practice policy and research.[25] Because a child can be mistreated in less than four hours, the position of NAEYC is reasonable, and this view is aligned with the mission of the Committee on Children to support policies that keep children in South Carolina safe.

Currently, afterschool program directors are responsible for selecting and evaluating potential employees to care for children. While many may use high standards and elect to conduct background checks, the lack of a uniform standard for these programs leaves many children in our state unprotected from child abusers and predators. The South Carolina Law Enforcement Division (SLED) and DSS can efficiently conduct formal background checks and requiring them would promote child safety in afterschool care.

Summer camps and school holiday day camps also provide a valuable service to families in South Carolina. Providing a safe place for children to be supervised, make new friends, and have new experiences is helpful for parents who work. These experiences are so powerful that even parents who do not work over the summer often elect to have children participate in camp. These summer programs vary greatly in the amount of time they serve children - both daily and weekly - and in the types of opportunities offered. Typically, because summer camps are considered recreational activities that operate for fewer than four consecutive months, they are exempt from the oversight and regulation of other childcare facilities.[26]

Like afterschool programs, these camp childcare settings are not required to train employees or counselors in first aid or Cardiopulmonary Resuscitation (CPR) and do not have required staff-to-child ratios. There is no requirement of data reporting on injuries or fatalities at

[23] National Association for the Education of Young Children, Licensing and Public Regulation of Early Childhood Programs, http://www.naeyc.org/files/naeyc/file/policy/LicensingPublicRegulation.pdf (Last visited, January 8, 2016).
[24] National Association for the Education of Young Children, Licensing and Public Regulation of Early Childhood Programs, http://www.naeyc.org/files/naeyc/file/policy/LicensingPublicRegulation.pdf (Last visited, January 8, 2016).
[25] National Association for the Education of Young Children, About NAEYC, http://www.naeyc.org/content/about-naeyc (Last visited, March 14, 2016).
[26] S.C. Department of Social Services, https://dss.sc.gov/content/library/forms/files/2955.pdf (Last visited March 30, 2015).

those camp childcare settings. While some camps do set their own high standards, there is no legal requirement for all camps to adhere to those high standards.

In South Carolina, licensing of summer day camps operating for three consecutive weeks or longer is governed by DSS.[27] Currently only those day camps operating for three weeks or longer are licensed as childcare centers and required to complete state and federal level fingerprint checks on all employees. While the intent of the law is clear, many camps operate currently with two-week sessions that may be "stacked" to avoid licensure.

National oversight groups that compare summer camp licensing requirements across states can advise policymakers on best practice as related to summer camp licensing and regulation. The American Camp Association (ACA) is a national nonprofit organization that supplies model standards for health, safety, and camp program quality. ACA also serves as a voluntary accrediting organization; for example, performance of criminal background checks is mandatory for ACA-accredited camps.[28] ACA notes that South Carolina only requires licensing of camps and background checks when campers stay for three or more weeks.[29]

Summer camps and childcare facilities are similar in that children are under the care of individuals who are trusted to keep them safe. If these individuals are not worthy of the trust families place in them, the length of time a facility or camp is open will not prevent maltreatment or injury to children.

Recommendations

The Committee on Children supports the addition of omitted crimes against children to the statute requiring background checks for all childcare employees. Further, the Committee recommends that background checks be conducted for all employees of childcare facilities, regardless of the amount of time the facility is open. Before employees may begin working at a facility, an official SLED background check complete with fingerprints and a sex offender registry check should be conducted. This important requirement does not guarantee a high-quality early childcare experience, but rather decreases the likelihood of young vulnerable children having unsafe childcare experiences.

Unlicensed and largely unregulated summer camps place children at unnecessary risk. In addition to potentially dangerous employees, unregulated camps may offer activities such as swimming without adequate supervision. In an effort to protect children and keep them safe, the Committee's position is that there should be requirements for these summer camps that essentially operate as childcare facilities to include criminal background checks for employees,

[27] The American Camp Association, http://www.acacamps.org/resource-library/state-laws-regulations/state-regulations-south-carolina (Last visited, January 8, 2016).
[28] The American Camp Association (ACA), State Regulations for South Carolina, http://www.acacamps.org/about (Last visited, March 14, 2015).
[29] The American Camp Association (ACA), State Regulations for South Carolina, http://www.acacamps.org/resource-library/state-laws-regulations/state-regulations-south-carolina (Last visited, March 14, 2015).

as well as adherence to food service requirements and to safety requirements including CPR and first aid training.

The Committee on Children supports the following legislation related to this priority area:

S 189 – Background Checks for Childcare Employment This bill adds unlawful conduct towards a child, cruelty to children, and child endangerment to the list of convictions that prohibit employment in childcare facilities and adds other instances in which childcare employment must be terminated.

S 191 – School Vacation and Holiday Camps for Children This bill requires school vacation and school holiday camps for children to have on premises at least one caregiver to be certified in basic first aid and infant-child CPR, and one certified lifeguard at camps with access to bodies of water.

H 3767 - Childcare Facility and Summer Camp This bill changes the definition of childcare facilities to include afterschool and camp programs that would fall under DSS oversight; provides that DSS may only issue ABC Childcare Program vouchers to childcare facilities that are licensed or registered by DSS and in compliance with DSS regulations; increases the length of time a license or approval of private childcare centers and group childcare homes is valid; and makes changes to the ability of school districts to levy millage on private childcare providers.

Protection of Child Passengers in South Carolina

The Committee continues to be deeply concerned about the dangers posed to our state's children by unsafe use of motor vehicles. Whether a child is riding in a vehicle for transportation or recreation, safety must be a priority. Raising the standard of care for children riding both on-road and off-road is a priority of the Committee reflected in its attention to **Child Passenger Safety** and **Recreational Off-Road Vehicle Safety.**

Child Passenger Safety Background and Recommendations

In South Carolina, child passenger safety restraint law requires drivers to use child safety seats that adhere to the standards of the National Highway Traffic Safety Administration (NHTSA). However, our law does not currently adhere to the recommendations of NHTSA or the American Academy of Pediatrics (AAP) for the ages and stages at which our children should be restrained in those car seats.[30] These national organizations set developmentally-appropriate standards for the use of child restraints to reduce the risk of injury or death to children. According to the Centers for Disease Control, motor vehicle crashes remain the leading cause of death for children from birth to age nineteen (i.e., 4.67 per 100,000 children)[31], and South Carolina's motor vehicle death rate of children (i.e., 8.1 per 100,000 children) is well above the national average.[32]

Specifically, the South Carolina law currently requires that children between the ages of one and six years and who weigh 40-80 pounds ride in a booster seat. In contrast, NHTSA recommends that children up to age eight who are less than 4'9" ride in a booster seat. Further, AAP recommends that children between the ages of eight and twelve who are less than 4'9" continue to ride in a booster seat. The South Carolina Children's Hospital Collaborative also recommends specifically that South Carolina's booster seat law be updated and changed from an age- and weight-based measure to add a height measure. The purpose of a booster seat is to make the adult seatbelt fit properly across the child. In addition to age and weight, height also determines where the seat belt will cross on the child. With the rise in child obesity, many children may meet the weight requirements in South Carolina's current law - while still being too short for the adult seatbelt to fit properly.

The additional specific recommendations and current laws are outlined in the table that follows.

[30] South Carolina's child passenger safety restraint law can be found in S.C. Code Ann. §, 56-5-6410.
[31] Centers for Disease Control and Prevention, Fatal Injury Reports, National and Regional, 1999 – 2014, http://webappa.cdc.gov/sasweb/ncipc/mortrate10_us.html (Last visited, March 14, 2016).
[32] S.C. Department of Health and Environment Control, Death Certificate Data, http://scangis.dhec.sc.gov/scan/bdp/tables/death2table.aspx (Last visited, November 23, 2015).

Child Passenger Safety Best Practices Compared with South Carolina Law:

Age	NHTSA[33]	AAP[34]	Current SC Law[35]
Birth to 12 months	• Always rear-facing • Keep rear facing until reaching top height or weight limit of manufacturer's car seat	• Rear-facing car seat	• Rear-facing child safety seat which meets the standards prescribed by the NHTSA
1 to 3 years	• Keep rear-facing as long as possible until reaching top height or weight limit of manufacturers car seat • Forward-facing car seat with harness and tether • Keep in forward-facing car seat until reaching top height or weight limit of manufacturers car seat	• Rear-facing car seat until age 2 • Forward-facing car seat through age 4	• Forward-facing child seats, booster seats, or adult seat belts for children 1-6 years old, depending on the weight of the child
4 to 7 years	• Keep in forward-facing car seat as long as possible (until reach top height or weight limit of manufacturers car seat) • Booster seat in the back seat	• Belt-positioning booster seats through age 8 in the back seat	
8-12 years	• Booster seat in the back seat until fits in seat belt with lap belt snuggly across the upper thighs not stomach and shoulder belt across shoulder and chest not across neck or face	• Lap and shoulder belts in the back seat	• Children 6 and up may sit in the front passenger seat of a motor vehicle. This restriction does not apply if the motor vehicle does not have rear passenger seats or if all rear passenger seats are occupied by other children less than 6 years of age.

Nineteen states and the District of Columbia have already enacted laws that comply with at least three of the five major AAP recommendations listed above. Another ten states, including South Carolina and Puerto Rico have pending legislation that would strengthen child passenger safety protections. These recommendations represent the proven best practices to keep children

[33] Parents Central, Car Seat Recommendations for Children, http://www.safercar.gov/parents/CarSeats/Right-Seat-Age-And-Size-Recommendations.htm (Last visited, January 8, 2016).
[34] AAP Gateway, Policy Statement—Child Passenger Safety , http://pediatrics.aappublications.org/content/early/2011/03/21/peds.2011-0213.full.pdf+html (Last visited, January 8, 2016).
[35] South Carolina Code of Laws, http://www.scstatehouse.gov/code/t56c005.php (Last visited, September 22, 2015).

safe in motor vehicles at every age and developmental stage. Currently, none of South Carolina's child passenger safety laws comply with these data-driven NHTSA/AAP standards.

The Committee on Children supports the following legislation related to this priority area:

S 464 - Child Passenger Restraint Systems

H 4969 – Child Passenger Restraint Systems

These companion bills amend Sections 56-5-6410 and 56-5-6420 of South Carolina law to increase the age at which a child must be in a rear-facing seat from one to two years; to increase the age at which a child must be secured in a passenger restraint system from five to seven years, to add certain height requirements, to prohibit a child from occupying the front passenger seat until the child is thirteen years old, and make conforming changes.

Recreational Off-Road Vehicles (ROVs) Safety Background and Recommendations

On July 1, 2011, Chandler's Law became effective, providing regulation of All-Terrain Vehicle (ATV) operation including minimum age and training on safety course and equipment requirements. Chandler's Law also provides passenger requirements and penalties for certain violations. While Chandler's Law addresses ATV safety, it does not address Recreational Off-Road Vehicles (ROVs) which pose similar risks to the safety and well-being of those who drive and ride them. Differences in ATVs and ROVs are summarized in the table below.

ATVs	ROVs
are "ridden" and have a handlebar for steering, a throttle controlled by a handlebar lever, and a handlebar brake lever	are "driven" and have a steering wheel, acceleration foot pedal, and a brake foot pedal
are generally designed for one rider and have straddle-style seating; youth-model ATVs may be used by children under close adult supervision	are specifically designed for an operator age 16 or older with a valid driver's license and one or more passengers
are rider-interactive and require the operator to maneuver their body for stability	are equipped with seat belts, rollover protection, and handholds due to the risk of rider ejection

According to the most recently collected data from the U.S. Consumer Product Safety Commission, there were 428 reports of ROV-related incidents that occurred between January 1, 2003 and December 31, 2011. ROV-related incidents can involve more than one injury or fatality because the incidents often involve both a driver and passengers. There were a total of 826 victims involved in the 428 incidents. Of the 428 ROV-related incidents, 18% of the incidents involved drivers under 16 years of age and 53% involved drivers 16 years of age or older. Notably, one-third of the fatalities in these incidents were children.[36]

Deaths and injuries resulting from ROV accidents could have been mitigated with legislation and enforcement of requirements proposed in legislation. Chandler's Law should be revisited to address similar safety problems with ROVs, including the need to provide minimum age and safety requirements for ROV operators.

The Committee endorses the following legislation related to this priority area:

H 3918 - All-Terrain Vehicle and Recreational Off-Highway Vehicle Act This bill modifies the ATV Safety Act, "Chandler's Law," so that it applies to recreational off-highway vehicles to provide that it is unlawful to remove manufacturer warning labels from an ROV or for a parent or guardian to allow minors to operate the vehicle in violation of the manufacturer's warning label. It would require passengers to wear eye protection, a safety helmet, and a seatbelt. Additionally, it would make it unlawful to operate an ROV while carrying a passenger in the cargo bed or while carrying more passengers than recommended by the owner's manual.

[36] Federal Register. Safety Standard for Recreational Off-Highway Vehicles (ROVs). A Proposed Rule by the Consumer Product Safety Commission on 11/19/2014. https://www.federalregister.gov/articles/2014/11/19/2014-26500/safety-standard-for-recreational-off-highway-vehicles-rovs#h-13 (Last visited, December 14, 2015).

Protection of Children's Physical Health and Well-Being

Children in South Carolina are suffering from a variety of negative factors impacting their physical well-being. Childhood obesity continues to plague our state and puts children at risk of serious long-term side effects. Protecting the physical health of children remains a focus area for the Committee as reflected in its attention to **Obesity and Cardiopulmonary Resuscitation Training.**

Obesity Initiative Update and Recommendations

Obesity is a serious public health concern and has been a priority of the Committee on Children since 2011. Every year, public hearing testimony describes the myriad ways childhood obesity continues to be a devastating and costly problem for children:, e.g., *"This generation of children is the first generation to not have a longer life expectancy than their parents!"*[37]

Children are considered to be "obese" if their Body Mass Index (BMI) is at or above the 95th percentile for their age and gender. Adolescents are considered to be overweight (but not obese) if their BMI is at or above the 85th percentile, but below the 95th percentile for their age and gender. Current estimates of the prevalence of obese and overweight children are as high as 30% for high school students in some South Carolina counties, and young children are not faring well either. One in three low-income children ages 2 to 5 years old are overweight or obese in South Carolina.[38]

Obese children have a very difficult time overcoming this challenge as they grow into adulthood; this fact evolves into a major healthcare and economic crisis in our state. Obese adults spend over 40% more on healthcare costs than adults of a healthy weight.[39, 40] The estimated cost of obesity in South Carolina is $8.5 billion per year and growing.[41] More than half of these expenses will be paid by taxpayers through Medicaid or Medicare, or by private insurance costs.

In 2012 when the Committee on Children adopted a statewide initiative on obesity, over one-third of all children in South Carolina were either overweight or obese, and that rate remains unchanged today.[42] The causes of obesity and of overweight children are varied and include lack of education and of food accessibility as well as genetic, behavioral, cultural, and environmental

[37] S.C. Joint Citizens and Legislative Committee on Children, 2011 Public Hearings, http://www.sccommitteeonchildren.org/doc/PublicHearingFinalReport.pdf (Last visited, September 28, 2015).
[38] South Carolina Institute of Medicine & Public Health Scale Down report , http://www.scaledown.org/ (Last visited, October 19, 2015).
[39] The State of Obesity, The Healthcare Costs of Obesity, http://stateofobesity.org/healthcare-costs-obesity/ (Last visited, September 28, 2015).
[40] Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual Medical Spending Attributable to Obesity: Payer-and Service-Specific Estimates. *Health Affairs*, 28(5): w822-831, 2009.
[41] South Carolina Obesity Action Plan 2014-2019, http://www.scdhec.gov/agency/docs/newsreleasedocs/executivesummaryobesityactionplan.pdf (Last visited, March 14, 2016).
[42] Childhood Obesity Action Network, https://www.childhealthdata.org/docs/nsch-docs/southcarolina04_23_508-pdf.pdf?sfvrsn=0 (Last visited, March 14, 2016).

factors.[43] Reducing these obesity trends requires a broad range of strategies engaging many stakeholders and requires long-term focus and commitment at many levels. However, the benefit of continuing to support anti-obesity initiatives will be: lower health care costs for both children and adults; better academic performance; a stronger work/military force; and the opportunity for children to live healthier and more productive lives.

In spite of the significance of childhood obesity in South Carolina, there is still no uniform collection and measurement of child obesity data statewide. Because data is not collected and reported consistently, there is no baseline to determine if policies and practices are effective across the state, or what regions or age groups are most in need of intervention. Despite that gap, the Committee on Children promotes positive programs that can impact the number of children who experience obesity. The Department of Health and Environmental Control (DHEC) leads the state's efforts to reduce obesity in South Carolina through the following efforts:

- The Institute of Medicine and Public Health partners with DHEC to facilitate implementation of the state's Obesity Action Plan through the SCale Down Initiative. The plan promotes comprehensive actions to stimulate across-the-board changes at the environmental, policy and systems level. The SCale Down Initiative engages key partners and stakeholders to achieve the objectives outlined in the Obesity Action Plan.
- DHEC implemented a grant-funded[44] initiative to test and develop the SC FitnessGram fitness education, testing, data management, and reporting system, which will collect BMI and other key health-related fitness indicators for all participating public schools in South Carolina. In 2015, 61 (75%) public school districts began using the system.
- *South Carolina Farm to Institution* expanded programs within childcare centers, public schools, and other institutions such as worksites.
- DHEC continued to provide training and technical assistance to childcare centers to assist in meeting the DSS' ABC Grow Healthy nutrition and physical activity standards. New nutrition and physical activity standards were also piloted with family and group childcare home providers.
- DHEC partnered with DSS to conduct a pilot study with five childcare centers in Florence to implement the Natural Learning Initiative's Preventing Obesity by Design model. Each center received a landscape design of their outdoor space to increase physical activity and engage the children in gardening.
- DHEC worked with the SC Alliance for Health, Physical Education, Recreation, and Dance and the SDE to provide professional development on the updated Physical Education Standards to 280 participants from 52 school districts.

[43] Academic Pediatric Association, Neal Halfon, Kandyce Larson, and Wendy Slusser; Associations Between Obesity and Comorbid Mental Health, Developmental, and Physical Health Conditions in a Nationally Representative Sample of US Children Aged 10 to 17, *Children At Risk*, Vol 13, no 1.

[44] Grant funding for this initiative comes from Blue Cross and Blue Shield of South Carolina Foundation.

- Supplemental Nutrition Assistance Program nutrition education has been provided in eighteen counties (Calhoun, Florence, Kershaw, Lexington, Richland, Orangeburg, Sumter, Bamberg, Fairfield, Williamsburg, Darlington, Marion, Newberry, Hampton, Saluda, Dillon, Dorchester and Lee).

In addition to DHEC's initiatives, *Eat Smart, Move More South Carolina* received a grant from *Voices for Healthy Kids* to promote the United States Department of Agriculture guidelines for snack foods and beverages in schools. *Voices for Healthy Kids* is a national campaign funded by the American Heart Association and the Robert Wood Johnson Foundation focused on strategies to reduce childhood obesity.

Despite the fact that some causes of obesity cannot be resolved through legislation, legislative attention can be a catalyst to change the state's obesity culture. To impact unhealthy eating and physical inactivity, attention is required at all levels: households, public schools, communities and the state as a whole. Positive changes among multiple stakeholders from diverse segments of society are critical for success.[45]

The Committee endorses the following legislation related to this priority area:

S. 484 – Healthy Food in Schools This bill requires that meals and competitive foods offered in public school meet the standards of the United States Department of Agriculture (USDA), and that standards are regularly updated with the USDA guidelines.

H. 3850 – Amending the Healthy Students Act of 2015 This bill requires ninety minutes of physical activity per week for middle and high school students. This bill also requires that meals and competitive foods offered in public school meet the standards of the USDA.

Cardiopulmonary Resuscitation Training in Schools

An almost inevitable outcome of the obesity epidemic in our state is our high rate of cardiovascular disease, which is the leading cause of death and disability in South Carolina and the nation. In 2014, 9,924 South Carolinians died of heart disease.[46] An additional health risk to otherwise healthy adults and students is sudden cardiac arrest, which can happen to anyone at any time. Many cardiac arrest victims appear healthy with no known heart disease or other risk factors. Nationally, nearly 383,000 people have sudden cardiac arrest outside a hospital every year, but less than 12 percent survive, often due to a delay in receiving Cardiopulmonary Resuscitation (CPR).[47]

[45] Preventing Child Obesity: Health in the Balance, Executive Summary, http://www.ncbi.nlm.nih.gov/books/NBK83818/ (Last visited, March 14, 2016).
[46] State of the Heart, Heart Disease in South Carolina, https://www.scdhec.gov/library/ML-002149.pdf (Last visited, March 14, 2016).
[47] American Heart Association, Implementing an AED program, https://www.heart.org/idc/groups/heart-public/@wcm/@ecc/documents/downloadable/ucm_438703.pdf (Last visited, March 14, 2016).

At the 2015 public hearings, extensive testimony was received that advocated for passage of "CPR in Schools" legislation. Although CPR is already a part of public school health curriculum in South Carolina, hands-on instruction, considered best practice, is not currently required. Automatic external defibrillators (AEDs) are required in South Carolina high schools and other public places, also in response to risk to children of cardiac arrest. Training in use of AEDs is often combined with CPR instruction and this combined training takes approximately thirty minutes.

The Committee on Children was extremely pleased to see that H 3265, Comprehensive Health Education Programs, was recently passed by both houses of the General Assembly. This legislation requires CPR training and instruction on the use of AEDs be taught in public schools at least once during grades 9-12 and allows adoption of waiver polices by school districts. We look forward to H 3265 being signed into law.

Providing Support for Children Who Have Been Abused or Neglected

The most vulnerable children in South Carolina are those whom the State has removed from their homes due to maltreatment, and meeting their myriad needs is critical. Improving the multi-system processes and community supports that impact children in danger is a task that many in our state have undertaken and the Committee commends those interdisciplinary efforts. The Children's Policy of South Carolina charges us with cooperatively identifying strategies that maximize all available resources to protect children,[48] and the Committee recognizes that family members caring for children in our state are an important and valuable human resource. Providing support for children who have been abused or neglected has been a priority concern for the Committee since its formation and is the reason the Committee undertakes this new focus initiative on **Kinship Care.**

Background

In a policy report on kinship care, *Stepping Up for Kids,* the Annie E. Casey Foundation defines "kinship care" as: ". . . situations in which children are cared for full time by blood relatives or other adults with whom they have a family-like relationship, such as godparents or close family friends."[49] "Private" or "informal" kinship care is defined as family members or other adults raising children without the involvement of a child welfare agency and "public" kinship care refers to family members or other adults raising children who are involved with a child welfare agency.[50] In South Carolina, approximately 95% of children not living with their parents are in kinship care.[51]

Research shows children who cannot live with their biological parents experience favorable outcomes when placed in kinship care as opposed to foster care by strangers. The Casey report emphasizes the positive effects of kinship care, stating that "children maintain familial and community bonds and [kinship care] provides them with a sense of stability, identity, and belonging, especially during times of crisis."[52] Additionally, kinship care helps to minimize trauma and feelings of loss that children experience when separated from their parents.[53] For children who are living with kinship caregivers due to involvement with a child welfare agency, this placement avoids entry into foster care and can lead to permanency in a safe, stable, nurturing home with a caregiver already familiar with the children, as well as help the children maintain important cultural and community connections. Current research posits that kinship care is the best option when children cannot safely live with their own parents.[54]

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[48] S.C. Code Ann. § 63-1-20(C).
[49] Stepping Up For Kids: What Government and Communities Should Do to Support Kinship Families, The Anne E. Casey Foundation, p. 2
[50] Id.
[51] Annie E. Casey Foundation. Stepping Up for Kids: what Government and Communities Should Do to Support Kinship Families. http://www.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf (Last visited, February 24, 2015).
[52] Stepping Up for Kids: What Government and Communities Should Do to Support Kinship Families, The Annie E. Casey Foundation, p. 2
[53] Id.
[54] Marc Wintour, Amy Houltan, and Deborah Valentine "Kinship Care for the Safety, Permanency, and Well-Being of Children Removed from the Home for Maltreatment" *Campbell Systematic Review* 1 (2009).

Nationally, 104,000 children have been placed with kin as part of state-supervised foster care systems and represent a quarter of all children removed from homes and placed in state custody.[55] DSS began tracking kinship care placement through its automated system in August 2015. In South Carolina, 54,000 or 5% of all children are in some type of kinship care arrangement. However, only 294 of those children, or 7% of all children in foster care, are in state-supervised kinship foster care.[56]

Because kinship caregivers who are not state-supervised – that is, licensed as foster parents – are not eligible for adequate financial supports, the cost of caring for the children in their home can quickly become Challenging and prohibitive. In some cases, kinship caregivers lack the legal authority to make decisions for children in their care.[57] These problems are exacerbated by complex governmental and community systems. The additional financial support alone is very important; approximately 52% of the cost of caring for additional children could be offset for these families. [58]

During public hearings held in 2015, the Committee on Children heard from kinship caregivers who testified about their experiences. These caregivers shared how they became kinship caregivers unexpectedly because of an overwhelming desire to help children whose parents could not care for them. Some kinship caregivers testified that they were not prepared for the financial stress that even just one additional child placed on their household budgets. A large number of kinship caregivers experience poverty or are already low-income earners before agreeing to accept the responsibility of caring for children.[59] Some kinship caregivers testified they were not adequately prepared for the challenges of enrolling children in school or the barriers they faced in accessing health services and childcare.

Recommendations

Since 2014, DSS has partnered with The Annie E. Casey Foundation to assess the Department's kinship care practice and the needs of kinship caregivers. That assessment revealed that South Carolina values the importance of family connections for children; however, limitations on services and supports to kinship caregivers was, and continues to be, of grave concern. Five major areas of support needed to provide care for children were highlighted in the assessment:

- Benefits to Care for Child - including foster care payments, TANF child-only benefits, SNAP, Medicaid and child care;

[55] Annie E. Casey Foundation. Stepping Up for Kids: what Government and Communities Should Do to Support Kinship Families. http://www.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf (Last visited, February 24, 2015).
[56] Annie E. Casey Foundation. Stepping Up for Kids: what Government and Communities Should Do to Support Kinship Families. http://www.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf (Last visited, February 24, 2015).
[57] Annie E. Casey Foundation. Stepping Up for Kids: what Government and Communities Should Do to Support Kinship Families. http://www.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf (Last visited, February 24, 2015).
[58] Annie E. Casey Foundation. Stepping Up for Kids: what Government and Communities Should Do to Support Kinship Families. http://www.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf (Last visited, February 24, 2015).
[59] Id. at p. 4.

- Emotional Supports - including managing their relationship with the children's biological parents and adjusting to changing family roles;
- Legal Supports - including information, advice, and representation;
- Access to Services - including mental health and other services for the child; and
- Navigational Supports - including information about navigating the child welfare system.[60]

DSS has also worked with the Casey Foundation to identify existing services and services gaps, and to make recommendations for closing service gaps. Kinship caregivers consistently expressed a need for basic necessities for the children in their care such as clothing, housing, transportation, and furniture. Kinship caregivers also cited a need for assistance in accessing benefits like Medicaid, TANF, SNAP, SSI, child care, and child support. Kinship caregivers also need access to mental health services, legal services, and educational advocates. Kinship caregivers requested orientation, training, and enrichment to address caregiving roles, to understand DSS expectations, and to care for traumatized or special needs children. Kinship caregivers also lack necessary emotional support to address challenges such as caring for children who have experienced trauma and navigating changing family relationships and roles.

South Carolina is a state that values placing children who cannot be cared for by their parents with kinship caregivers. Kinship care produces favorable outcomes for children. Therefore, communities and government should provide kinship caregivers with better access to existing supports and resources as well as specialized assistance such as navigator services. As a state, South Carolina could also explore the creation of a Title IV-E Guardianship Assistance Program to provide financial support to kinship caregivers who are committed to providing permanent homes for children exiting the foster care system, but who do not wish to pursue adoption. The Fostering Connections to Success Act of 2008 provides states with the option to offer subsidized guardianship to children living in kinship foster care. In essence, kinship caregivers need additional programs, community services, and financial supports to help the children they love thrive.

In addition to working toward these long-term goals, the Committee on Children is also committed to the following actions and next steps: partnering with DSS, Sisters of Charity, and other stakeholders to increase kinship caregiver awareness; soliciting input from other national organizations on the federal policy choices that impact kinship caregivers; and committing Committee on Children staff time to further research best practices and other states' kinship care policies and to return to the Committee with additional recommendations for action.

[60] Annie E. Casey Foundation. Stepping Up for Kids: what Government and Communities Should Do to Support Kinship Families. http://www.aecf.org/m/resourcedoc/AECF-SteppingUpForKids-2012.pdf (Last visited, February 24, 2015).

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