

I. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) PLAN

The CAPTA Reauthorization Act of 2010, Public Law (P.L.) 111-320 was signed into law on December 20, 2010. The law reauthorized and amends the Child Abuse Prevention and Treatment Act, the Family Violence Prevention and Services Act, the Child Abuse Prevention and Treatment, and Adoption Reform Act of 1978. Grants to States for child abuse or neglect prevention and treatment (CAPTA State Grants), grants to States for programs relating to investigation and prosecution of child abuse and neglect (Children's Justice Act grants), community-based grants for the prevention of child abuse and neglect (CBCAP), CAPTA discretionary research and demonstration grants, the Adoption Opportunities program and the Abandoned Infants Assistance program are reauthorized with no increase in the amount of existing authorizations through fiscal year 2015.

As required by the amended CAPTA, South Carolina affirms that it will:

1. Periodically review and revise the state plan to reflect any changes in the State's strategies or programs under the grant program (section 106(b)(1)(B)(ii);
2. Provide notice to HHS of any substantive changes relating to the prevention of child abuse and neglect that may affect the State's eligibility for the grant program (including statutory and regulatory changes (section 106(b)(1)(C)(i);
3. Continue to prepare and submit to HHS an annual report describing how the funds provided under CAPTA were used to address the purposes and achieve the objectives of the grant program (section 108(e).

In this submission dated May 2013, South Carolina is reporting significant changes in how the state is using grant funds that differ from those described in the state's current state plan which was submitted FFY 2011.

Child Abuse Prevention and Treatment Act (CAPTA) funds are used to improve the child protective services program in South Carolina. In accordance with section 106(b)(1)(A) of CAPTA, the State plan must specify which of the 14 program areas described in sections 106(a) the State will address with grant funds. The following are the four program areas chosen by South Carolina to fund with CAPTA:

Program Area #2: A. Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations

Program Area #4 Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response

Program Area #11: Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level

Program Area #14: Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies

DETAILED OUTLINE OF PROGRAM AREAS SELECTED FOR IMPROVEMENT:

(2) creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations

South Carolina Child Fatality Review Teams/Children's Health and Safety Councils:

DSS uses CAPTA funds through a contract with SC Department of Health and Environmental Control (DHEC) to hire a child fatality and injury prevention program specialist to coordinate and facilitate child fatality review processes at

the state and local levels through an established State Child Fatality Advisory Committee (SCFAC). The purpose of the SCFAC is to decrease child deaths in South Carolina. The goal is to use a multidisciplinary approach to investigate the causes of death of children from birth to 18 years old to gain a better understanding of the circumstances surrounding each death. Recognizing risk factors for child death will enable the better use of existing resources and the creation of new practices to protect our children in South Carolina.

DSS has collaborated with DHEC and the State Law Enforcement Division (SLED) for a number of years to support local child death and near death review teams through the specialist located at the (DHEC). The specialist has direct responsibility for working with existing local review teams and developing new local child fatality review teams building on the initiative originally developed through a collaborative effort of the SCDSS, SLED, and DHEC. Defined objectives of the local councils are to form Multidisciplinary teams and develop interagency protocols to examine the circumstances around child deaths and near deaths for the purpose of improving existing local services, improving coordination with local law enforcement and CPS investigations, developing new services, and implementing public awareness measures that are designed to increase the counties' capacity to protect children. The efforts of the local teams are expected to enhance law enforcement and child protection investigations of child deaths.

SCDSS completes an internal review on every case in which a child dies while either in foster care, receiving in-home treatment services or an active investigation. The purpose of the agency's internal review is to assess quality of casework in an effort to change practice and policy, when needed, to prevent future such deaths and to ensure workers have adequate training to investigate child abuse and to provide safety services once abuse is identified.

Local child fatality and near fatality review teams were established through a collaborative effort of the State Law Enforcement Division (SLED), the South Carolina Department of Social Services, Department of Disabilities and Special Needs and the Department of Health and Environmental Control (DHEC). The State Child Fatality Advisory Committee has statewide impact, serving all citizens of South Carolina. The Child Death Review coordinator, a position funded by CAPTA, reports that currently there are local child death review teams in 11 of the 46 South Carolina counties. There are ten Children's Health and Safety Councils and one child death review team associated with the Safe Kids county organization. Local child death reviews take place in Richland, Charleston, Greenville, Greenwood, Dillon, Horry, Lancaster, Kershaw, Marion, York, and Hampton counties.

The State Child Fatality Committee meets six times per year to review all children's deaths that were not the result of natural causes. The State Fatality Committee reviewed 152 children's deaths in FY 2011 and 84 children's deaths in the first half of FY 2012. In FY 2012, there were 78 children who died due to unsafe sleep issues, 12 suicide deaths and six child deaths due to child abuse and neglect (CAN). From October 1, 2011 to March 31, 2012, there were 36 unsafe sleep fatalities, 6 suicides and three child deaths due to CAN. Unsafe sleep seems to be on the rise, and educational efforts will need to be added to public awareness to improve parents' understanding of such practices.

SCDSS reviews all cases where the child or family may have been known to the agency prior to and since the child's death and participates in the state review. The review also determines if practice needs to be enhanced or changed as a result of the lessons learned from the child's death.

A summary review is completed when a child in the custody of DSS or in an open treatment case dies of medical reasons. A full review is conducted when the child's death is believed to be a result of child abuse or neglect. Both are completed by the Office of General Counsel and the Division of Investigation. Each review evaluates the circumstances surrounding the child's death and evaluates if any actions could have been taken differently by the agency to prevent the child's death or serious injury.

The State does contract with Department of Health and Environmental Control (DHEC) to complete a report of child deaths based upon death certificates and cause of death. This report is currently late, and steps have been taken to address the contract compliance with DHEC. DHEC has informed SCDSS that the committee is meeting mid June 2013 to finalize the report. SCDSS anticipates receiving a final report by July 15, 2013.

The following needs and core recommendations have been identified by SCDSS, SCDHEC and SCFAC, and if fully implemented, could reduce the number of child fatalities in our state. Many children in our state die from preventable causes. The goal to prevent child deaths and promote the overall wellbeing of children depends on continued support from the legislature and participation of state agencies and nonprofit organizations

- Need for State Legislation to Support Local Child Death Review Teams

Support for creation, maintenance and participation of county level child death review teams and use of a statewide uniform data system will allow local teams' findings, recommendations and actions to be communicated to the SCFAC. This will allow the SCFAC to focus on its charge to make recommendations to the governor, legislature and state systems for improvement of children's health and safety.

The SCDSS and SCFAC recognize that a major challenge facing child death review (CDR) in South Carolina is the lack of local child death review teams. There is no formalized communication between state and the few existing local teams. The "best practice" model in place in South Carolina and 36 other states is one consisting of a state and several local (usually county level) teams. Local teams conduct intensive case reviews and the state team reviews the findings of local teams. Local teams are able to review deaths within days or weeks of the incident. The knowledge of the incident, community, environment and services available is known to local team members and is critical to collecting meaningful data and implementing preventable measures. SCDSS and SCFAC plan to expand the state's capacity to review child deaths more timely and plan to establish three additional child death review teams in the next three years.

- Statewide Safe Sleeping Education- unsafe sleeping practices contribute to the deaths of many of South Carolina's children each year. The increase of unsafe sleep deaths will be addressed in 2013. The agency hopes to work with media and public service announcements to continue to emphasize the importance of safe sleep habits. Collaboration with state and non-profit agencies will help to educate new mothers about the use of cribs versus allowing the infant to sleep in the same bed with adults or other children, not placing infants on soft surfaces or comforters and not placing toys in bed with infants. Through partnering with numerous state and local agencies and organizations, the SCFAC is committed to promoting effective education and methods for caregivers, childcare professionals and the general public. Only through partnership and cooperation will the number of deaths associated with unsafe sleeping environments decrease.

(4) Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response

CAPTA Reauthorization Act of 2010 (Section 105(2)) requires that states establish a triage system that:

- Accepts, screens, and assesses reports received to determine which such reports require an intensive intervention and which require voluntary referral to another agency, program, or project;
- Provides, either directly or through referral, a variety of community-linked services to assist families in preventing child abuse and neglect; and
- Provides further investigation and intensive intervention where the child's safety is in jeopardy.

In accordance with assurances in CAPTA Reauthorization Act of 2010 (Section 106(b)(2)(b)(iv)(v)), procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports along with triage procedures, including the use of differential response, for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventative service will be addressed with CAPTA funds.

The purpose would be for state and local systems to implement an alternative response approach in preventing child abuse and neglect and to protecting children from harm. This approach should demonstrate collaborative partnerships between the State child protective services agency and other community social service agencies, schools, mental health, churches, etc. To fulfill SCDSS responsibility to protect and promote the safety, permanency, and well-being of South Carolina's children and families, SCDSS formed partnerships to establish a program known in South Carolina as Appropriate Response (AR). These partnerships work to enhance protective factors in families and communities, allowing SCDSS to provide the most appropriate, efficient, and effective response possible to the families brought to the attention of SCDSS. The initial goal for SCDSS was to fully implement (AR) statewide and to ensure all reports are assessed and routed to the best possible agency for a family assessment for safety and risk factors for children who are reported as possible CAN victims. The families who are assigned for a full investigation of the alleged abuse or neglect are referred to the appropriate SCDSS staff, and the investigation is initiated timely according to the level of safety. CPS reports that indicate low or moderate risk to the child are referred to a contract community-based agency for assessment and services. The agency's goal is to assist the family in meeting their needs and protecting the child from further abuse or neglect in the least intrusive manner and in a manner that will provide them with a support network for the future. SCDSS implemented a staggered rollout of Appropriate Response in January 2012 beginning in the upstate of S.C. and full implementation was completed as of May 23, 2012. Ongoing goals for CAPTA funded Appropriate Response will be:

- Through continued guidance and collaboration with NRC-CPS, SCDSS on-call and intake workers, supervisory and leadership staff will continue to receive training on the comprehensive safety questions and risk matrix to enhance consistent utilization of the tool across the state
- Address risk factors through contracted community-based organizations that provide Voluntary Case management (VCM) and/or Family Strengthening Services (FSS) which include the following array of services: counseling, parenting classes, mentoring, domestic violence intervention, family group decision-making services, educational support, developmental services, early interventions services, forensic interviewing, etc.
- Tracking of effectiveness of AR through regularly scheduled implementation phone calls with the counties across the state to discuss the Intake Assessment Data report. County Directors, Supervisors and state leaders examine the following data which includes number of intake decisions, Supervisor intakes, Supervisor overrides, worker decisions with no Supervisor decision, preventable services, individual rate of providers' first assessment, referrals to FSS or VCM that are 30 days or older with no provider assessment, provider closed or return, providers' return of high/moderate risk, and unable to locate clients. Counties receive coaching where needed based upon outcomes of the Intake Assessment Data Report.
- Expand use of AR concepts to in-home cases and open referral process to AR providers.

(11) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parent and professionals to prevent and treat child abuse and neglect at the neighborhood level

As part of the purpose and authority under CAPTA Reauthorization Act of 2010 (Section 201[a]), funds can support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities, to better strengthen and support families to reduce the likelihood of child abuse and neglect. CAPTA funds are utilized in collaboration with the state's prevention organization to enhance the capacity of community-based programs, with an emphasis on involving parents and professionals, to prevent child abuse and neglect at the local level.

For FFY 2011, CAPTA funds were used for spreading the message of Child Abuse Prevention Month through the Children's Trust of South Carolina. Children's Trust hosted training in all counties except Chesterfield, Clarendon, Dillon, Marion, and Marlboro; an annual total of 65 trainings, 1261 non discrete participants. These trainings focused on prevention content and strategies for professionals who support and strengthen families and were based on two curricula for content:

- *Strengthening Families with Protective Factors*, a research-based, cost-effective strategy to increase family stability, enhance child development, and reduce child abuse and neglect. It builds five protective factors are proven to reduce child maltreatment; parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and the healthy social and emotional development of children; and
- *Preventing Child Abuse and Neglect through Parent-Provider Partnerships (PCAN)*, a training series that goes beyond typical mandated reporter training to offer concepts, information and practice focused on helping those involved in child care to recognize the importance of their relationships with very young children and their parents in reducing some of the risk factors associated with abuse and neglect. PCAN consists of ten units focused on three overarching areas, 1) Building effective relationships with parents and their very young children; 2) Understanding the impact of abuse and neglect on infants and toddlers; and 3) Helping directors build workplaces that support staff in reducing the risk for child maltreatment.
- Children's Trust also began training Parent Café Hosts (facilitators), with a total of 16 trained in this period. Parent Cafes are a series of structured small group conversations that bring parents together to discuss issues important to them. The goal is to directly engage parents in building the protective factors needed to prevent maltreatment and promote healthy outcomes for their children.
- Children's Trust also hosted its biennial Prevention Conference in September 2011 with a total of 32 sessions, 232 participants.

CAPTA funds will be used in an ongoing contract with Children's Trust of SC to provide prevention of child abuse and neglect services in South Carolina. The CAPTA funds will supplement the CBCAP funds that the Children's Trust administers. For 2011-2012, the contract provides for prevention training to DSS child protection staff.

Community training related to the reduction of child abuse and neglect with special emphasis placed on research related to the protective factors that help reduce incidents. Children's Trust of South Carolina (CTSC) will consult with SCDSS training unit to assure focus is relevant, useful, and high quality. All training will include an evaluation and will be shared within DSS on the automated training system.

- Community Prevention Resource guides will be developed, printed and distributed to DSS county offices throughout the year as well as online updates.
- Child Abuse Prevention (CAP) month activities will occur specifically in April 2012 but will be coordinated throughout the year as described in APSR.
- Each year, SCDSS and Children's Trust conduct the "Pinwheels for Prevention" promotion in Child Abuse Prevention Month (April), which features multiple media events across the state to promote awareness of child abuse. During April, the state's media networks are asked to feature public service announcements on the awareness of child abuse and neglect. A statewide media campaign (radio, print, television and online) is used to increase awareness of proven protective factors that keep children safe from abuse and neglect. Additionally, Children's Trust planned to build on an inaugural pinwheel city model in Greenville County and expand to a second metro area. Children's Trust will assist grass-roots community organizers in finding and promoting multiple pinwheel gardens, promote local organizations working within the protective factor framework, host a media event around the

planting of pinwheels, and seek local government support through proclamations. Children's Trust will also offer messaging tools, tips and technical assistance for communities and non-profits to help them talk about Child Abuse Prevent Month and prevention throughout the year.

For FFY 2012, CAPTA funds are being used for education and training, spreading the message of Child Abuse Prevention Month through the Children's Trust of South Carolina, in the first half of FFY 2012, Children's Trust continued to work within the above curricula and added an online presence, *elearning.scchildren.org*, an open-source site for computer-based training.

During this period Children's Trust reached personnel in all counties except Cherokee, Chester, and Fairfield via 16 trainings and 210 non-discrete participants. An additional 32 additional Parent Café Hosts were trained, with four café hosts having conducted at least one series of parent cafes in Greenville, Aiken, Pickens, and Darlington counties. The first computer-based training module went live in March 2012, *Keeping Families Safe From Fire: Fire Safety for Parents*, and six people have participated in the course to date. Promotion to the professional community will roll out summer 2012.

SCDSS will continue to utilize CAPTA funds to support Children's Trust of S.C. activities such as education and training and awareness. Also, activities for child abuse prevention and neglect during Child Abuse Prevention Month and activities throughout the year which includes the expansion of more pinwheels to urban areas with a larger populace, website outreach, and prevention guides.

(14) Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies

Support of CAPTA Citizen Review Panels:

The goal for CRP is to work collaboratively with DSS to effect change wherever is possible and to lay the ground work for future improvements to the Child Protective Service system at the state and local levels. This is achieved by submitting recommendations from each area panel chairperson and the collaboration with other community partners who share in community's responsibility to protect some of our most vulnerable citizens-the children of South Carolina.

South Carolina has three Citizen Review Panels (CRP) representing the Lowcountry, Midlands, and Upstate regions of the state. The 2012 CRP Annual Report and the state's response are Attachments A and B.

The Center for Child and family Studies Department in the College of Social work at the University of South Carolina assist the South Carolina Department of Social Services (DSS) with facilitation of the three South Carolina Citizen Review Panel (CRP) .Those services are funded by The Child Abuse Prevention and Treatment Act (CAPTA). While the establishment of CRP is required under CAPTA, the state recognizes that the panels provide a unique opportunity for collaboration and community support, voices full support for the panels, and values their input. The facilitator works directly with all three Panels to coordinate and provide training and logistical support to each individual Panel for their monthly meetings, recruitment and public awareness efforts, research and statistical analysis, and report writing. Assistance and collaboration with the children's Bureau, Administration for Children and Families (ACF) and National Resource Centers are obtained, as needed, to promote best practices for the Panel.

During the past year, the SCCRP and SCDSS have worked to strengthen their collaborative work. An updated Memorandum of Understanding was signed by the DSS State Director, Child Welfare Director, SCCRP chairs and representatives from the University of South Carolina, College of Social Work, Center for Child and Family Studies. The document laid the foundation for guiding the work of all the parties involved. As part of the agreement, the group holds regular meetings to facilitate their work. The three SCCRP panel chairpersons, the State Deputy Director, the Child Welfare Director and the USC panel facilitator meet monthly for information-sharing and to discuss current SCCRP projects. SCCRP and SCDSS will utilize the information and data from the discussions in these monthly

meetings to modify, enhance or create at least five substantive procedures that impact the child protective service system.

ELIGIBILITY REQUIREMENTS

As required by the CAPTA Reauthorization Act of 2010 (section 106(b) (2) (D)), the plan must also include a description of:

- **The services to be provided under the grant to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect.**
 - Court Appointed Special Advocates (CASA) which provide training for volunteers to advocate for the youth in court cases to prevent reoccurrence of abuse/neglect.
 - Citizens Review Panels (CRP) which review agencies policies and procedures and make recommendations for improvements.
 - The Children’s Trust organization works in collaboration with SCDSS to encourage child safety and well-being through multiple media venues, training, public speaking, drafting of legislation to improve child safety and well-being.
 - The Children’s Law Center facilitates training for mandated reporting and recognizing abuse and neglect to families and community agencies.
 - Media events across the state to promote awareness of child abuse. During the month of April, the state’s media networks are asked to feature public service announcements on the awareness of child abuse and neglect which include radio, print, television and online to increase awareness of protective factors that keep children safe from abuse and neglect.
 - The Batterer Intervention Program (BIP) program provides therapeutic treatment services to persons convicted of criminal domestic violence throughout the state. This program is designed to provide support for crisis intervention and prevention services to victims of family violence, their children and abusers through a network of community-based nonprofit and private service providers.
 - The South Carolina Coalition Against Domestic Violence and Sexual Abuse (SCCADVASA) offer four one day trainings on domestic violence
 - SCDSS and community providers offer one-day statewide training conference on domestic violence, including dating and sexual assault.
 - University of South Carolina related training “The War Behind Closed Doors”
 - Understanding The Effects of Domestic Violence- Training for Child Day Care Staff to recognize and respond appropriately to children who may be experiencing domestic violence in the home
 - Distribution of information(such as brochures on shelter services, legal options, etc.) on an as needed basis to the agency
 - The Liaison Project provides annual communication with county director and supervisors, assist in developing safety plans and will participate on case staffing teams as requested

- **The training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision making and referral for investigating suspected instances of child abuse and neglect.**
 - Conferences to include speakers from a state and national level
 - The 4 Key Concepts training on how to identify safety threats.
 - The Intake Screening Tool
 - Child Protective Service Mandated Reporting in basic training
 - Physical Abuse Investigation Training

- **The training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect**
 - Children’s Law Center(CLC) training to professionals on statutorily required reporting
 - Online Mandated Reporter Training
 - In service training to schools, medical facilities
 - Regional Mandated Reporter Training
 - Summer Institute for School Counselors

- **Policies and procedures encouraging the appropriate involvement of families in decision making pertaining to children who experienced child abuse or neglect;**

Policies and procedures that encourage family involvement include:

- **Section 825.03** – Involving Families in Decision Making

This section encompasses the important of involving family in the decision making process. It ensures that services provided the time frame and frequency for services are in accordance with any team decision making recommendations and agreements are made with the family as part of the overall treatment plan.

- **Section 810.01.02** – Development of the Initial Case Plan

This section defines the development of the initial case plan and the collaboration with other entities and family involvement. Joint decision making should occur when developing a treatment plan. The plan is developed with the parents and child unless contra-indicated by individual circumstances to forego reasonable efforts. The direct supervisor, if possible the Guardian Ad Litem and other members at the parent’s requests are involved in the family meeting. As a part of **joint decision making**, staff determines: if based on family conditions, or identified supports whether an in-home reunification plan can be put in place to control the safety threats identified and the recommendation be made to the court that the **child be returned home** at the removal hearing; and additional conditions/issues that must be addressed in order for DSS to close the case”

- **Section 810** – Family Engagement and Family Meetings/Conferencing

This section defines what is included in a family meeting. Family meetings provide opportunities for the parents and the child (ran) to be engaged in case planning process and for identifying and including individuals who will support/assist the parents in changing the behaviors that resulted in the child being placed in to foster care. The child participates according to the child's age and development unless the child's participation is contra-indicated by case circumstances (i.e. recommendation of a therapist, a court order). If the child chooses not to participate, the child's views are presented by an individual (i.e. the Guardian ad Litem for a child in foster care, an individual as requested by the child. The child's views may also be presented by a letter written by the child.

- **Policies and procedures that promote and enhance appropriate collaboration among child protective service agencies, domestic violence service agencies, substance abuse treatment agencies, and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families affected by child abuse or neglect, including children exposed to domestic violence, where appropriate; and policies including collaboration.**

Polices including collaboration:

- **Section 810** – Basic Requirements during foster placement

This section states the agency goal is to work with families and communities to protect children from abuse and neglect and to promote their safety so that they may grow into adulthood as healthy and positive individuals.”

- **Section 810.01.02** - Collaboration with other agencies to develop Initial Case Plan

This section defines the development of the initial case plan and the collaboration with other entities and family involvement. Joint decision making should occur when developing a treatment plan. The plan is developed with the parents and child unless contra-indicated by individual circumstances to forego reasonable efforts. The direct supervisor, if possible the Guardian Ad Litem and other members at the members at the parent’s requests are involved in the family meeting. As a part of joint decision making, staff determines: if based on family conditions, or identified supports whether an in-home reunification plan can be put in place to control the safety threats identified and the recommendation be made to the court that the child be returned home at the removal hearing; and additional conditions/issues that must be addressed in order for DSS to close the case”

- **Section 710** – Intake Process

This section includes Appropriate Response and the use of collaboration with Appropriate Response. It states “To more comprehensively serve families, to prevent child abuse and/or neglect, and to encourage family participation in services, DSS will utilize an Appropriate Response System. Appropriate Response (AR) is a method of service delivery which allows families referred to the agency for possible child abuse and/or neglect to be assessed for supportive services without threat of a child protective services investigation. Policy stresses that collaborative efforts with community-based prevention services have been shown to increase the families’ engagement with services. This method also involves the community’s assistance in meeting families’ service needs resulting in long-term improvement in the safety, stability and well-being of children.

- **Section 721** – OHAN (Out of Home Abuse and Neglect)

This section includes using collaboration and working with other entities such as law enforcement, group homes and institutional managers/owners to ensure the protection of not only the victim child, but to ensure that steps are taken to alleviate any concerns for other children in the facility/institution during the investigation.

- **Section 719.02** – Safety Planning

This section on safety planning states that the parent, guardian, or custodian of the child should be a part of the safety planning process.

- **Section 750** – S.C. Code Section 63-7-10(A)(9)

“The Department of Social Services shall collaborate with the community to identify, support, and treat families in a nonthreatening manner, in both investigative and family assessment situations.”

- **Section 710.01.15** - Criteria for Acceptance of Referrals on Drug Addicted/ Drug Exposed Children and Viable Fetus

This section addresses when a report involves drug or alcohol exposed infants the intake typologies that should be used when the report alleges the facts described. This list does not preclude intake for these and other typologies when the facts related by the reporter support them.

- i. **physical abuse** when there is evidence at birth that a meconium (the excrement in the fetal intestinal tract that is discharged at birth), blood or urine test of the child shows the presence of any amount of a controlled substance or a metabolite of a controlled substance unless the presence of the substance or the metabolite is the result of medical treatment administered to the mother of the infant or the infant. This relates to evidence of the direct delivery of a toxic material to the fetus by the mother.
- ii. **substantial risk of physical abuse** when the mother tests positive for any amount of a controlled substance or a metabolite of a controlled substance unless the presence of the substance or the metabolite is the result of medical treatment administered to the mother of the infant or the infant but the child does not test positive. This relates to the presence of a toxic material in the mother but no direct evidence of delivery to the child at this point.
- iii. **physical neglect** when the child at birth exhibits withdrawal symptoms or other physical problems associated with fetal drug exposure or fetal alcohol spectrum disorders diagnosis but does not have a positive drug screen. This relates to indirect evidence of delivery of a toxic material to the unborn child.

- **Policies and procedures regarding the use of differential response, (appropriate response) as applicable”.**

Policies regarding Appropriate Response:

- **Section 710-** Intake Procedures

This section addresses the intake process and determining if the referral is referred to (AR) Appropriate Response. “Assessment of child safety and imminent risk of abuse and/or neglect are the two main focuses of Child Protective Services. The Department of Social Services is charged with a thorough gathering of all reported allegations of potential abuse and/or neglect or risk of abuse and/or neglect. The agency assesses each call or referral and makes a determination regarding the imminence of danger alleged in the referral. The Intake Worker and Intake Supervisor will complete the screening tools and obtain information that allows them to make a determination of the urgency of the situation. Upon acceptance of a report, the case will be assigned for investigation by a child protective services worker. Families are referred to an **Appropriate Response (AR)** agency for preventive services when the information, analyzed through an evidence-based screening tool, determines that the alleged problems affect family life but do not rise to the level of abuse and/or neglect. This screening tool is completed independently by the Intake worker who will analyze the level of safety or risk to the child (ran). The Intake Worker will make a recommendation of the response the agency should take based on the information that was reported. The Intake Supervisor will make an independent decision about the recommendation made by the Intake Worker. If the referral is referred to an **Appropriate Response** agency, the AR agency will complete a safety and risk assessment and will provide services as needed to eliminate or reduce the risks of abuse and/or neglect. When a person contacts the agency to convey a concern about the safety and well-being of a child, the person is a reporter and protections, provided by law for the reporter, apply whether it results in an investigation or a referral to an Alternative Response agency. As per statute, DSS will provide intake screening services 24 hours a day.”

The State’s current CAPTA coordinator (State Liaison Officer):

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Legislative Changes that Impact CAPTA

There were no legislative changes affecting the state’s CAPTA eligibility.