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South Carolina CHILD FATALITIES

The Report of the Child Fatalities Review Committee

Joseph J. Casper, Chairman



Commissioned by:
SOUTH CAROLINA
DEPARTMENT OF
SOCIAL SERVICES

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South Carolina Child Fatalities
The Report of the
Child Fatalities Review Committee

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CHILD FATALITIES REVIEW COMMITTEE MEMBERS

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3. Sandra Conradi, M.D., Forensic Pathologist, Medical
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4. The Honorable Judy Bridges, Family Court Judge, Charleston
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5. The Honorable Parker Evatt, S. C. House of Representatives
6. Shirley Fitz-Ritson, Director, Child Protective and
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7. Jeff Fuller, Investigator, Richland County Sheriff's Office
8. Chun Kim, M. D., Pediatrician
9. C. L. Lorick, Pastor, Rehoboth United Apostolic Church
10. Barbara Lyles, Director, Greenwood County Department
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13. Henry M. Moody, Jr., Pastor, Pisgah Lutheran Church
14. The Honorable Elizabeth Patterson, S. C. Senate
15. Mary Piepenbring, MSW, ACSW, Director of Social Work Services,
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16. Michelle Rajas, M.D., Family Practitioner

17. Louise Ravenel, Executive Director, S. C. Protection and Advocacy
18. Jules Riley, Executive Director, Council on Child Abuse and Neglect
19. Frank Rogers, Governor's Office
20. Sarah Shingler, S. C. Medical Auxiliary
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INTRODUCTION

INTRODUCTION

BACKGROUND

During the third quarter of calendar year 1985, there was a significant increase in the number of child fatalities related to parental abuse and neglect. By the end of 1985, the number of fatalities had more than doubled that of the previous two years (ten (10) in 1983 and six (6) in 1984). Not only was there an increase in the number of deaths, but also as Table 1 depicts, there was a significant increase over the three year period in the percentage of deaths resulting from physical abuse with a corresponding decrease in the percentage of deaths due to neglect.

Table 1 Infant Deaths by Calendar Year and Typology

CALENDAR YEAR	PHYSICAL ABUSE		PHYSICAL NEGLECT		<u>Totals</u>
	Actual †	% of Total	Actual †	% of Total	
1983	3	30	7	70	10
1984	3	59	3	50	6
1985	<u>15</u>	71	<u>6</u>	29	<u>21</u>
TOTAL	21		16		37

Recognizing that fatalities from abuse and neglect are an interagency and community responsibility, the Commissioner of the South Carolina Department of Social Services (DSS) with the approval of the South Carolina Board of Social Services, appointed a twenty-one member, independent, multidisciplinary committee, to study this emotionally laden, complex social problem.

The multidisciplinary committee was comprised of representatives of the various disciplines within the child welfare system of South Carolina. The expertise and knowledge of the committee members was available during the identification of system problems and the development of recommendations for change. This multidisciplinary approach ensured an unbiased study and presentation of facts and findings.

In order to develop the study approach, staff of the DSS Child Protective and Preventive Services (CPPS) Division reviewed information on child fatality studies conducted in New York, Maine, Illinois and Louisiana.

The South Carolina Fatalities Review was patterned after the 1983 Illinois/Louisiana Demonstration Project. This project demonstrated the development and use of independent, multidisciplinary review committees to examine child fatalities. Three (3) committees were formed in Illinois and one (1) in Louisiana. The committees were mandated to review and analyze

cases, identify problems and issues in the child protective services system's response to these cases, and make specific recommendations to the state child protective services agency.

In order to prepare the South Carolina Child Fatalities Review Committee for its difficult task, each member was provided an orientation package which included:

1. The 1978 Child Protective Services (CPS) section of the Children and Family Services Policy Manual which was in force and in effect through July 15, 1985;
2. The 1985 CPPS section of Children and Family Services Policy Manual. The CPPS policy had an effective date of July 16, 1985 (The CPPS section of the Children and Family Services Policy Manual continued current policy on the Death of a Child, (see Appendix A)
3. The case summary format developed for the study (see Appendix B);
4. The Case Review Protocol (see Appendix C); and
5. Applicable sections of the Children's Code (see Appendix D).

The materials listed above provided the knowledge base from which the committee would work. Committee members were to have reviewed the material prior to the first meeting. Prior to the presentation of the first case for review, committee members were required to sign a confidentiality statement. The case review process for each meeting is set forth as follows:

1. Oral presentation of case involvement by the local CPS representative;
2. County agency representatives questioned by the committee;
3. Oral presentations by other involved professionals;
4. Other professionals questioned by the committee;
5. Case discussion by committee; and
6. Case Review Protocol completed.

OVERVIEW OF THE SOUTH CAROLINA CHILD PROTECTIVE SERVICES SYSTEM

The DSS is the agency mandated to provide child protective and preventive services to abused and neglected children. The DSS carries out its mandate through the Division of CPPS, Office of Children and Family Services and the forty-six (46) local county offices. The CPPS program is a state supervised, county administered system. The Division of CPPS has responsibility for: (1) assigning and monitoring initial child protection responsibility through periodic review of services offered throughout the State; (2) assisting in the diagnosis of child abuse and neglect; (3) coordinating referrals of known or suspected child abuse and neglect; (4) measuring the effectiveness of existing child protection programs and facilitating research, planning and program development; and (5) establishing and monitoring a statewide central registry for

child abuse and neglect. The county DSS has the responsibility for local efforts to strengthen, improve and coordinate the appropriate and timely delivery of services to children who are abused or neglected by their caretakers.

When the Child Fatalities Review Committee initiated the review process, the DSS had in place a policy which outlined the activities required of the staff in the handling of child deaths. The policy which had been in place since June 9, 1982 was updated in the 1985 revision of the CPPS section of the Children and Family Services Manual, and required county staff, in all cases where a child's death was directly or indirectly related to abuse/neglect, to:

1. Schedule an immediate meeting with law enforcement to clarify roles and establish a common channel of communication. The coroner may need to be involved in this meeting;
2. Inform law enforcement that the Child Protection Act mandates that the county department of the DSS determine whether any surviving children are at risk;
3. Review all child welfare and public assistance records to determine if the county DSS has had any prior involvement with the family;
4. Inform the coroner of the death, if the coroner has not been notified, and request that an investigation

- be initiated. The worker must also share case information, encourage the completion of an autopsy, ask to be kept informed of the preliminary and final reports from the pathologist and offer assistance in obtaining any court orders necessary to prevent the burial of the child prior to an autopsy;
5. Contact law enforcement and the coroner to determine if it is necessary to involve the solicitor's office;
 6. Contact the state CPS Unit by telephone within twenty-four (24) hours to share case information, family data, and actions taken by the county DSS and other professionals involved in the case;
 7. Notify law enforcement, if the initial report is made by a source other than law enforcement, that a case has been referred for CPS investigation and asking that the worker be kept informed as to the progress of the law enforcement investigation;
 8. Provide the state CPS Division with copies of the thirty (30) day written report for the Office of the General Counsel, the autopsy and/or coroner's report, and the case decision;
 9. Document in the case file the rationale for law enforcement's and/or the solicitor's office decision, if they decide not to pursue the matter

criminally; and

10. Inform the coroner that the county DSS is required to report to law enforcement, if the initial report was from a source other than a coroner.

If there are no surviving children in the home, the county CPS Unit defers to the coroner's investigation after the completion of the steps noted above.

If the county CPS Unit determines there are surviving children in the home, the additional following steps must be completed by the worker:

1. Initiate an investigation to assess the status of those children and the degree of risk to them;
2. Effect the removal of the children, if sufficient risk is established, through the use of Emergency Protective Custody or Ex Parte Order;
3. Contact the coroner, if the coroner has not already been notified, to clarify the county DSS' plans for continued involvement; and
4. Provide the state CPPS Division with the case decision regarding the county's investigation.

When the state CPPS Division is notified of a death by the county DSS, a brief memorandum is prepared containing the county of residence, name of deceased, cause of death and prior agency involvement. This memorandum is then submitted to the Commissioner as notification of the death. Copies of memorandums are kept on file in the CPPS Division.

The South Carolina DSS Directive Memorandum D81-1 gives additional instructions on responding to the reported death of a child from abuse or neglect. It states that the death of a child must be reported by the county DSS to the Office of the General Counsel if the following conditions are met:

1. The child is in the custody of the DSS; or
2. The DSS has planning responsibilities for the child; or
3. The child is a member of a family receiving Life Skills Services from DSS.

Law enforcement also plays a major role in the protection of children from abuse and neglect. The statute provides for the removal of children by law enforcement if they are found to be in imminent danger and the caretakers are not available or do not consent to the placement of the children. In addition, any criminal aspects of a CPS case are to be reported by the county DSS to law enforcement for investigation. Furthermore, law enforcement officers are mandated to report or cause a report to be made to the county DSS if they have reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect. Other professionals mandated to report are: physicians; nurses; dentists; optometrists; medical examiners/coroners; other medical, mental health or allied health professionals; Christian science practitioners; religious healers; school teachers or counselors; social or public assistance workers; child care worker in any day care center or child caring institutions and any judge.

These professionals are also required to report a suspected death from abuse or neglect to the appropriate medical examiner or coroner. All other persons not cited above may report in accordance with the statute.

The mandated reporters have a twofold function within the child welfare system. Not only are they mandated reporters, but also they are service providers to abused and neglected children. Both of these functions require that these professionals and the agencies they represent work with the DSS.

The Child Protection Act requires that the Family Court be notified of all indicated reports of physical abuse, sexual abuse and mental injury. The Family Court determines whether the county department had reasonable cause to initiate services and whether the services are reasonable. Through an Ex Parte action the Family Court also has the authority to remove a child when imminent danger appears to be present.

When an emergency removal is effected by Ex Parte or law enforcement, the court must determine if probable cause existed for the removal. The Court also conducts hearings to determine if non-emergency removals are necessary. An additional responsibility of the Court is to review and approve placement plans and treatment plans for children and their families.

The Family Court is also responsible for ordering the appointment of a Guardian Ad Litem (GAL). This individual is to represent the interest of the child in any Family Court

proceedings. In some counties, the GAL is appointed from the county bar association. Other counties have established a volunteer GAL Program which provides a list of volunteers from which the court may appoint a Guardian Ad Litem for the child.

The medical examiner and/or coroner (an elected official) plays a crucial role in the investigation of deaths alleged to have resulted from abuse or neglect. When a report is made to the medical examiner or coroner, Section 20-7-520, S. C. Code of Laws, mandates that the report be accepted for investigation. It further requires these individuals to report their findings to the appropriate law enforcement agency, circuit solicitor's office, the county CPS Unit or county DSS and, if the institution making a report is a hospital, to the hospital.

In South Carolina only two (2) counties have medical examiners who are physicians, Charleston and Greenville. The forty-four (44) other counties have a coroner system.

In Section 20-7-110(c), S. C. Code of Laws, the circuit solicitor (an elected official) or his representative is mandated to represent the interests of the state and county CPS department in any judicial proceeding initiating from this statute.

In order to determine ways in which the deaths of children resulting from abuse and neglect can be prevented, the Child Fatalities Review Committee has attempted to examine all of the child welfare agencies/organizations which provided services to children and families in the cases presented before it. The

committee believes that the protection of children from injury and death from abuse or neglect is the responsibility, not just of the DSS, but of all agencies, organizations and individuals that comprise the child welfare system. It is also the responsibility of every community in which "at-risk" children are found.

METHODOLOGY

METHODOLOGY

CASE SELECTION

Based upon the review of the fatality studies conducted in other states, the decision was made by committee staff to use a combination of case reviews and interviews to capture data on the population to be studied. In order to meet the criteria for study, the following conditions had to be present within the case:

1. The death had to have been reported to the South Carolina DSS during calendar year 1983, 1984, or 1985; and
2. Either the DSS or law enforcement must have determined that the death was a result of abuse or neglect by a caretaker.

A preliminary list of possible fatalities was extracted from a search of fatality files maintained by the CPPS Division, the Office of General Counsel, the Office of the Deputy Commissioner for Children and Family Services, and the Office of the Commissioner of the DSS. The list was inclusive of cases in which the fatality was known to have resulted from abuse or neglect and cases in which the cause of death was uncertain. The forty-six (46) counties were then contacted to make a determination on the questionable cases. They were also asked if there were any deaths which occurred within the study time frame

that were not reported to State Office. Through the use of this process, thirty-six cases (37 fatalities) were identified for the study.

DATA COLLECTION

The data collection instruments utilized were modified from those used in the Illinois/Louisiana project. These instruments were changed for consistency with the South Carolina DSS organizational structure. The instruments used were the Case Summary Format and the Case Review Protocol.

The Case Summary Format was designed to capture the following case information:

1. Preparation Data (2 data elements);
2. Overview and Synopsis Narrative;
3. Profile of each individual within the family (16 data elements with descriptive narrative);
4. Family Data for the Deceased Child (11 data elements with descriptive narrative);
5. Case Summary (6 data elements with narrative); and
6. Fatality Data (6 data elements with narrative).

This form was completed for each of the thirty-seven (37) fatalities reviewed. The Case Summary Format was initially completed from information contained in the CPS file. In some cases, this included relevant information from hospitals, health departments, private physicians, autopsies, coroner's reports and police reports. When not available in the record, these

additional reports were sought and obtained when possible. The CPS workers for each case were contacted to supplement the information found in the records. Attached to the case summary was the Child Fatalities Review Checklist. This form was used in verifying policy compliance.

To supplement the case summary information, further data was collected through interviews conducted by the committee with the caseworker, supervisor or county DSS representative for each case reviewed. The interviews consisted of chronological presentations of agency involvement with the case, followed by questions from the committee. Interviews were also held with various representatives of the following disciplines: assistant solicitors; pediatrician; forensic pathologist/coroner; law enforcement; directors of the county DSS and contract solicitors.

The purpose of the Case Review Protocol was to keep the committee focused on the identification of structural problems within the child welfare system and to generate recommendations for change. This form was used to guide discussion immediately following the presentation of each case. It captured information regarding the Children's Code, DSS policies and procedures, CPS practice, court response, cooperation and communication among the agencies and organizations that comprise the child welfare system and community response. The following five major review questions were utilized in the protocol:

1. Could the fatality have been prevented?

2. Was the CPS intervention provided in accordance with statutes and policy?
3. Are the statutes and DSS policy, regulations and procedures adequate?
4. Was the worker adequately prepared to provide protective services?
5. Was there adequate communication among social services agencies and other agencies, such as, law enforcement, courts, and coroner's office?

Following each major category were specific questions. When answered, the response identified distinct areas where problems could exist within the system.

The information collected was used to identify problems and recommendations made by the members. Frequency counts were then tabulated of the responses to the questions contained in the Case Review Protocol. The problems and recommendations were categorized and reviewed by the committee for accuracy. The categories include: Reporting; Procedures; Practice; Policy; Staffing; Training; Interagency Communication/Coordination; Resources; Legal Issues/Legislation; and Organizational Structure. These categories were developed based on the findings and recommendations of the committee. In order to develop the high risk profile, frequency counts were made of the data elements contained in the Case Summary Format (excluding preparation elements). Through the use of this procedure, a

description was developed of the families in South Carolina in which abuse or neglect led to the death of a child.

STATISTICAL ANALYSIS

CASE REVIEW PROTOCOL FREQUENCY COUNTS

A frequency count was conducted on the committee's responses to the five questions on the Case Review Protocol. Table 2 is a presentation of the results.

Table 2
Case Review Protocol
Frequency Counts

Question	Yes	No	Unknown
Could the fatality have been prevented?	18	18	
Was the CPS intervention provided in accordance with statutes and policy?	28	8	
Are the statutes, DSS policy, regulations and procedures adequate?	18	18	
Was the worker adequately prepared to provide protective services?	24	11	1
Was there adequate communication between DSS and other agencies (i.e., law enforcement, court, coroner's office)?	11	25	

The committee concluded that in 50% of the 36 cases reviewed, the fatality could have been prevented as there were prior warning signals. The CPS intervention was provided in accordance

with policy in 78% of the 36 cases reviewed. The statute, DSS policy, regulations and procedures were found to be adequate in 50% of the cases reviewed. In 67% of the cases reviewed, the worker handling the case was found to be adequately prepared to provide CPS services. Communication among the major child welfare agencies was found to be inadequate in 69% of the cases reviewed.

Table 3
Case Review Protocol
Frequency Counts for Previous
Involvement with
Child Protective Services (DSS)

Questions	Yes	No
Could the fatality have been prevented?	9	4
Was the CPS intervention provided in accordance with statutes and policy?	7	6
Are the statutes and Department of Social Services policy, regulations and procedures adequate?	7	6
Was the worker adequately prepared to provide protective services?	11	2
Was there adequate communication between social service agencies and other agencies, such as law enforcement, courts, coroners' offices, etc.	4	9

In 36% (13 cases) of the 36 cases reviewed by the committee, the family had had previous involvement with CPS. In 69% (9

cases) of these 13 cases, the committee found that the death could have been prevented. In 54% (7 cases) of these cases, the CPS intervention was provided in accordance with statutes and policy. The CPS caseworkers were found to be adequately prepared to provide protective services to 85% (11 cases) of the 13 cases. Inadequate communication among agencies (DSS, law enforcement, courts, coroner, etc.) was found to be a problem in 69% of the cases where there was prior CPS involvement.

CASE SUMMARY PROFILE FREQUENCY COUNTS

The following section of the statistical analysis provides a description of the families studied utilizing frequency counts of the responses to the Case Summary Profiles. Eighty-eight percent (88%) of the victims were under 2 years of age. It is significant that 62% were less than 1 year old while 24% were between 1 and 2 years old. These findings suggest that child fatalities related to abuse and neglect are most likely to occur to children prior to their third year of life.

Table 4
Race and Sex of
Victims by Age

Age of Child	Black		White		Bi-racial	
	M	F	M	F	M	F
0-11 mos	11	6	0	5	0	1
1-2	1	5	1	2	0	0
3-5	1	1	1	0	0	0
6-10	0	1	0	0	0	0
11-17	1	0	0	0	0	0

Black children represented 73% (27 children) of the fatalities while 24% (9 children) were white and 3% (1 child) was bi-racial. Black children comprised 74% of the victims for ages 0-11 months and 67% for ages 1-5 years. Twenty-four percent (24%) of the children 0-11 months were white and 33% of the children from ages 1-5 .

Fifty-seven percent (57%) of the victims were females while 43% were males. Table 5 shows that the age category 20-24 has the largest number (15) of perpetrators which is 30% for the 47 perpetrators. Fifty-seven percent (57%) of the perpetrators fall between the ages of 15-24, while 43% are between the ages of 25-49. The table also indicates that 62% of the perpetrators were female and 38% were male.

Table 5
Age and Sex of Perpetrator
by Age of Child

Age of Child	15-19		20-24		25-29		30-39		40-49	
	M	F	M	F	M	F	M	F	M	F
0-11 mos	0	7	5	5	1	3	3	4	0	1
1-2	0	*4	2	2	1	0	2	0	0	1
3-5	0	*1	1	0	0	0	0	0	0	0
6-10	0	0	0	0	1	1	0	0	0	0
11-17	0	0	0	0	1	0	0	1	0	0
Total	0	12	8	7	4	4	5	5	0	2

* One perpetrator killed two victims

NOTE: Two female and two male perpetrators were not included as their ages were unknown.

Perpetrators' education and employment history are presented in Tables 7 and 8. Forty-two percent (42%) of the female perpetrators attended high school while only 13% actually graduated. Only two women (6%) pursued formal education beyond high school. For the male perpetrators, 26% attended high school as compared to 16% who graduated. There is no significant difference between the percentage of male and female perpetrators completing secondary education.

An important difference between males and females is noted in the employment table. While only 19% of the females were

employed, 42% of the males held full-time jobs. The percentage of unemployed females and males were 48 and 32 respectively.

Table 6
Education by
Sex of Perpetrator

Education	Female		Male	
a. Some grade school	1	3%	0	
b. Completed grade school	1	3%	0	
c. Some high school	13	42%	5	26%
d. Completed high school	4	13%	3	16%
e. Some college	1	3%	2	11%
f. Other	1	3%	0	
g. Unknown	10	33%	9	

Table 7
Employment by Sex of
Perpetrator

Employment	SEX	
	Female	Male
a. Homemaker	2	0
b. Part-time employment	0	0
c. Full-time employment	6	8
d. Sporadic employment	1	2
e. Never employed	5	0
f. Unemployed	15	6
g. Unknown	3	3

*NOTE: Some perpetrators are counted in more than one category.

The descriptive data on the 36 families studied revealed that 54% of the perpetrators lived in families where there were two adults in the home, but only 27% were married. Eight percent (8%) of the perpetrators lived in families where there was only one adult in the home, while 18% had three or more adults in the home. The number of children in the home of the perpetrators varied. Thirty-five percent (35%) of the homes had one child, 27% had two children, 22% had four or more. Geographical location (rural, suburban, urban) was not found to be

significant. The data collected on type of family dwelling revealed that 58% of the perpetrators lived in single unit homes, 16% lived in apartments and 10% in trailers. Eighty-six percent (86%) of the homes were described by the caseworker as clean, orderly and adequately furnished. The other 14% were described as filthy or messy. Caseworkers categorized 50% of the perpetrators as poor and 34% as having adequate income.

For perpetrators for whom this information was known, 16% had no known mental health problem. The other 84% had problems such as: a history of drug and alcohol abuse; a history of mental illness; and emotional immaturity.

Behavioral information was unavailable for 16 of the 48 perpetrators. One perpetrator was described as being stable. The analysis of the information on the behavior of the remaining 31 perpetrators identified the following problematic behaviors: inappropriate or bizarre behavior, 30%; impulsivity, 32%; and violent, antisocial behavior, 16%. In addition to the above descriptive data, five female perpetrators were described as having a flat affect, three as passive, two as emotionally detached, three as having poor insight, and four as failing to consider consequences of behavior.

Fifty-two percent (52%) of the perpetrators had a history of either being abused or abusing others, while 24% had no history of abuse. Fifty-nine percent (59%) of the victims had a history of abuse or neglect.

History of involvement with law enforcement and the court system was also studied. For those perpetrators for whom a history was available, 48% had prior involvement with the courts.

Data was gathered to describe adult relationships for perpetrators. Sixty percent (60%) had relationships characterized by marital discord, hostility, fighting, assaultive behavior and over dependency on other adults. Adult/Child relationships were also considered. For 58% of the perpetrators, their relationships with their children were characterized by role reversal, bonding difficulties, a high level of frustration and unrealistic expectations.

The last area for consideration is human service system related information. Fifty-four percent (54%) of the perpetrators and 62% of the victims had a history of involvement with various human service agencies.

PROBLEMS AND RECOMMENDATIONS

PROBLEMS AND RECOMMENDATIONS

South Carolina's child welfare system (which includes all of the agencies and organizations which provided services to these families) has a number of problems which impact upon child fatalities caused by abuse and neglect. The Child Fatalities Review Committee identified a number of problems related to reporting, the procedures and practices of DSS and various other human services and legal agencies, the medical community and the general public.

PROBLEMS RELATED TO REPORTING

Reporting problems would be categorized as those related to professionals mandated to make a report and the general public. In 23% (9 cases) of the cases reviewed, hospital personnel failed to make a report of suspected child abuse and neglect. In 19% (7 cases) of the cases, the DHEC failed to report the case prior to the death of the victim.

In 11% (4 cases) of the cases, family physicians were unwilling to make a report to the DSS. In 17% (6 cases) of the cases, the coroner and pathologist failed to report the death in a timely manner. In one of the cases, there were surviving children for which an assessment of risk needed to be completed by the DSS.

The general public was not aware of reporting procedures and knowledge of indicators (warning signals) of child abuse and

neglect. In 288 (9 cases) of the cases reviewed, the persons in the general public either failed to report or did not recognize obvious signs of abuse and/or neglect. In one of the cases, a community was uncertain of the DSS's ability to intervene effectively.

RECOMMENDATIONS RELATED TO REPORTING

1. The language in Section 20-7-510(A) of the Child Protection Act should be amended deleting "or cause a report to be made" to eliminate a failure to report by delegating the responsibility to someone else (see Appendix D).
2. DSS should conduct a comprehensive statewide multidisciplinary campaign to increase community awareness of indicators of abuse and neglect and appropriate reporting procedures.
3. Mandatory reporters should be provided adequate training in identifying and reporting child abuse and neglect.
4. Individuals pursuing careers in the medical field should receive training in identifying and reporting abuse and neglect as part of their professional training.
5. Solicitors should be more aggressive in pursuing the prosecution of mandatory reporters who fail to report.

PROBLEMS RELATED TO PROCEDURES

DSS procedures were found to be inadequate or nonexistent in 178 (6 cases) of the cases reviewed. The specific procedures which led to concern were: the absence of a mechanism whereby the Office of the General Counsel can intervene when a county solicitor is not representing to the court the DSS' position on a case; the flow of information when cases are transferred from CPS to permanency planning; the frequency with which cases are transferred; the timely identification of cases which are being handled inappropriately by the CPS supervisor and workers; the lack of case control by the CPS supervisor; and the absence of mandatory guidelines for cases to be reviewed by the Multidisciplinary Case Advisory Teams.

The appointment of an attorney GAL by Family Court was found not to facilitate the best interest of the child in two cases, as evidenced by inadequate preparation.

Law enforcement experiences a high turnover rate and, in some cases, information provided to them is not given to the new officer assigned to the case at the time the case is transferred.

RECOMMENDATIONS RELATED TO PROCEDURES

1. The DSS' Office of General Counsel should make every effort to secure the cooperation of the county solicitor to more effectively represent the DSS' position in the case; but when this fails, the General Counsel should communicate with the Attorney General to secure assistance in mediating a solution.

2. The Department's CPPS Manual should include a mandated internal staffing when the case is transferred from Assessment to Treatment.
3. The Multidisciplinary Case Advisory Teams should meet regularly to staff cases. A procedure for case selection for presentation before the team should be developed.
4. All death cases should be reviewed by the Multidisciplinary Case Advisory Team in each county.
5. A system should be established to ensure better communication within DSS, specifically between the state and county offices.
6. Volunteer GAL should be appointed by the Family Court in all counties where volunteer GAL projects exist. The state GAL project should be expanded as soon as possible.
7. The DSS mechanism (CPS Program Reviews, county CPS Internal Review and Program Certification) for assuring compliance with policy needs to be assessed.
8. A state DSS' audit team should conduct an on-site, systematic, unannounced audit of each county's CPS Unit annually. When counties are found not to be in compliance with policy, there should be an established mechanism for handling these situations.

PROBLEMS RELATED TO PRACTICE

Family Court

In 88 (3 cases) of the cases reviewed, Family Court practices were found to not serve the best interest of the victim children. Specifically, the Court returned children home against the recommendations of the child protection agency and without reading the assessment summary. The Court was found to be reluctant to remove children unless there is physical evidence, even when other indicators are present.

Criminal Court

In those cases heard in criminal court, there is a disparity between the crime and the sentences meted out to perpetrators of abuse/neglect which has resulted in a child's death.

Coroners

In 178 (6 cases) of the cases, the practices of the coroner's office were identified as problematic. The problem areas include: refusal to share information with DSS; delays in sharing information with law enforcement; refusing to have autopsies done upon request and refusing the requests by law enforcement that the autopsy be done by a forensic pathologist; and rulings of certain deaths as accidental when parental neglect was involved or when signs of suicide are present.

Department of Social Services

In 228 (8 cases) of the cases, DSS failed to comply with policy. This failure to comply with policy involved: the

In two cases, the DSS based its case decision on the coroner's findings rather than its own investigation.

Solicitors

The solicitors' practices were found to be problematic in 31% (11 cases) of the cases reviewed. The problems identified include: failure to prosecute accomplices (a hospital social worker for failure to report, and one perpetrator) even when urged to do so by a family court judge; not representing the DSS position in court; not being available for staffings prior to court hearings; and solicitors making case decisions without input from the DSS.

Department of Health and Environmental Control (DHEC)

The following problems were identified in four cases which were directly related to practices of the DHEC: the DHEC program for high risk pregnant women does not cover expenses for initial examinations of newborns; DHEC instructed a mother to change the infant formula for her child without a visit to the clinic; a physician's request for a particular DHEC service was denied and another substituted which did not meet the child's service needs as perceived by the DSS caseworkers and the involved physician; DHEC failed to provide home health services to infants of normal birth weight although a sibling had died as the result of non-organic Failure to Thrive Syndrome.

failure to accept an appropriate referral for neglect of a surviving child; an incorrect case determination in three cases where there had been previous reports; and failure to act on early warning signals.

The CPS investigation/intervention was found to be inadequate in 36% (13 cases) of the cases reviewed. Risk was not adequately assessed in 17% (6 cases) of the cases reviewed. The lack of an adequate assessment is reflected in one case by the absence of an assessment of risk for a surviving child and failure to obtain essential information.

In 17% (6 cases) of the cases, the DSS violated or failed to comply with legal mandate and/or policy. Specifically, in one case, protective services was offered after a legitimate report was not accepted for investigation; and in at least one case the initial response was not made within 24 hours and a child did not receive a needed medical examination.

In two cases, supervision was found to be inadequate as the supervisor did not insure compliance with policy.

The services offered by DSS were found to be inadequate in 19% (7 cases) of the cases reviewed. The services offered were not based on individual and family dynamics.

In one case the State Office failed to give clear and consistent directions to county staff regarding necessary case action. Also, it was noted that there are problems in the dissemination of information to the counties on program changes.

Medical Community

In 198 (7 cases) of the cases reviewed, the medical communities' practices were found to be problematic. The problem areas included: failure to request an autopsy in a suspicious death because of a lack of funding; an unwillingness to become involved in the criminal court process as an expert witness; premature diagnosis of cause of death as Sudden Infant Death Syndrome (SIDS); failure to recognize signs of abuse/neglect; failure to recognize infants who because of their physical conditions or family circumstances are at high risk for being abused or neglected; and an unwillingness to talk with CPS case work staff directly.

Law Enforcement

The practices of law enforcement were found to be inadequate in 238 (8 cases) of the cases reviewed. The inadequacies related to the timeliness, thoroughness, and aggressiveness with which the cases were investigated. The unwillingness of law enforcement to participate in staffings and cross-training, and their refusal to adhere to their legal mandate for affecting emergency removal were also identified as problematic.

RECOMMENDATIONS RELATED TO PRACTICE

Family Court

1. Family Court judges should receive specialized training in child protection issues.

Criminal Court

1. The penalties set forth in the law and handed down by the courts for the murder of a child by a parent should be made more equitable in light of the seriousness of the crime committed.
2. The Parole Board should be required to develop and institute procedures for notifying the DSS when a parent convicted of murder or abuse is released from prison and DSS has primary responsibility for supervising and/or custody of the surviving children.

Coroner

1. Coroners should have standardized procedures, rules and regulations for conducting investigations.
2. Coroners should conduct autopsies whenever a child has died under questionable circumstances.
3. All suspected homicides of children should be autopsied. In child abuse and neglect cases the autopsy should be performed by a forensic pathologist unless the cause of death is obvious (i.e., gunshots, stabbings). When the cause of death is clear, the autopsy can be performed by a pathologist with forensic training.
4. Section 20-7-520, S. C. Code of Laws, should be amended to require that the coroner or medical examiner must have an autopsy performed by a pathologist or a forensic pathologist at the request of the DSS. When the Act is so amended, the

Attorney General's Office, in conjunction with the Coroners Association, the DSS and all other appropriate entities, should develop guidelines on which the DSS request for an autopsy should be based.

Department of Social Services

1. The DSS should be more aggressive in its investigative process, particularly in child death cases.
2. The DSS should assist law enforcement in the successful investigation of death cases.
3. The supervision of workers should be increased to ensure compliance with the law and policy during the intake process.
4. Each county's Multidisciplinary Case Advisory Team should review cases on a minimum of once a month to assist county staff in making appropriate case determinations.
5. The Office of the Chief Justice should be contacted by the DSS Office of the General Counsel to request that legal and program staff be included on their Continuing Legal Education (CLE) agenda to make a presentation on child abuse and neglect (CAN).
6. The CPS casework staff should be given clear guidelines for assessing risk to surviving children while the criminal investigation is being conducted.
7. Workers and supervisors need to receive periodic training on existing policy and procedures.

Solicitors

1. The solicitors need to be educated on DSS policies and procedures and applicable laws.
2. A conflict resolution mechanism needs to be developed between the DSS and the solicitors for periodic review of problem case situations.
3. All cases should be staffed by the solicitor or his designee with the DSS prior to the court hearing.
4. Counties need legal representatives who are trained in the prosecution of child abuse and neglect.
5. The Attorney General's office and the DSS Office of the General Counsel should sponsor a statewide conference for solicitors on prosecution of child abuse and neglect cases.

Department of Health and Environmental Control (DHEC)

1. The DHEC should make a report to the DSS when an infant, who because of their physical condition or family circumstances, is at high risk of being abused/neglected if the child misses medically essential appointments. In cases where the child is being seen at a clinic or county health department, the home health nurse or a DHEC social worker should make a home visit within 24 hours to do a medical assessment. The DSS should be notified if parents fail to bring the child in during the next working day or immediately if the DHEC staff determines that the baby needs immediate medical attention. The DSS should be notified immediately if the child is suspected of being abused and/or neglected.

2. High risk infants should not have formula changed by DHEC staff without the infant being seen within 48 hours of the request for change of the formula.
3. DHEC should establish a tracking system to ensure that infants who, because of the physical condition or family circumstances, are at high risk of being abused/neglected or of dying, are easily identified when they have missed appointments for services essential to life.
4. DHEC policy and procedures should be changed to allow home health nurses to provide services to infants of normal birth weight when an older sibling has been diagnosed as non-organic failure to thrive.

Medical Community

1. Protocols should be developed which can be used for identifying children at risk of abuse/neglect and for medical examinations for children suspected of being abused/neglected. Hospital personnel should use this protocol to identify infants and children who, because of their physical conditions or family circumstances, are at high risk of being abused/neglected. A referral to DSS for Family Management Counseling or Preventive Services should be made for services designed to reduce the level of risk to the child.
2. Case records should be maintained in such a manner that historical information related to risk of abuse/neglect can be easily accessed by staff.

3. Hospital staff should routinely provide mothers with instruction on caring for an infant and warning signals which alert parents to the need for infants to receive medical attention.
4. The South Carolina Medical Association should emphasize with its membership the need for physicians to be involved in the area of abuse/neglect and the responsibilities they have under the law.

Law Enforcement

1. Law enforcement and DSS should utilize a team approach when investigating death cases. The team members should receive specialized training for these investigations.
2. Law enforcement agencies should have juvenile officers specifically trained in investigating child abuse and neglect.
3. Law enforcement and DSS should enter into an agreement to have uniform handling of cases (i.e., staffing requirements, roles and responsibilities).

PROBLEMS RELATED TO POLICY

Department of Social Services

In 22% of the cases reviewed, DSS policy was found not to give guidance which was specific enough to assist casework staff in practice.

The Department's current Death Policy provides for DSS to defer to the law enforcement investigation. This has resulted in

an absence of coordination, a delay in or failure to assess risk to surviving children, the failure by DSS to take any action other than the sharing of information with law enforcement, and delays in the investigation of fatalities by DSS and law enforcement.

Existing policy does not provide for the development of interagency agreements to ensure that the necessary case coordination occurs. The CPPS Policy Manual does not provide instruction for inputting information on child fatalities into the Central Registry. Policy does not require an investigation into cases where the victim has no surviving siblings.

In 118 (4 cases) of the cases reviewed, the policies for handling cases which cross county lines were found to be unclear and inadequate.

Policies regarding standards for training to maintain certification were found to be inadequate as there is no set curriculum to which staff must adhere.

RECOMMENDATIONS RELATED TO POLICY

Department of Social Services

1. The CPPS manual should be revised as follows:
 - a. The listing of situations of imminent danger should be expanded and more specific.
 - b. A committee whose membership is representative of the state's child protection system, which involves law enforcement, should be established to review each death

case after prosecution and make recommendations back to the involved agencies. The committee should be legally mandated and have the power to ensure that its recommendations are adhered to by the various agencies involved in death cases.

- c. The procedural section of the CPPS section of the Children and Family Services Manual should provide specific direction for all typologies of abuse and neglect.
- d. DSS should develop a preventive services program which focuses on early identification and treatment of high risk families with children who, because of physical condition or family circumstances, are placed at high risk of being abused, can receive services prior to an abusive or neglectful incident.

2. The CPPS Manual, July 1985, section on Intercounty Investigations, 704.11.01-.04, should be expanded to more clearly define the legal, investigative, and treatment roles and responsibilities of the county receiving the report and the county of the child's legal residence.

3. Section 710, Death of a Child, of the CPPS section of the Children and Family Services Manual of July 1985 should be revised to:

- a. Provide that DSS staff does not have to defer to the criminal investigation when there are other surviving children in the home.

- b. Set clear parameters which define the extent of the DSS responsibility in death cases where there are surviving children. These parameters should clearly indicate the point at which the DSS responsibility terminates.
 - c. Provide that DSS follow-up with the solicitor regarding prosecution of perpetrators and that appropriate written documentation of the follow-up be maintained.
 - d. Provide that information on perpetrators of child homicides related to abuse/neglect be entered into the Central Registry.
4. Policy should be developed which establishes a specified curriculum for maintenance of certification by CPPS and Permanency Planning supervisory and casework staff.

PROBLEMS RELATED TO STAFFING

Department of Social Services

Personnel issues within DSS were identified as key factors in 23% (9 cases) of the cases reviewed. The problem areas included: excessively high caseloads; shortage of qualified entry level staff; low pay; inadequate promotional practices for supervisors; staff turnover; and a probationary period which is insufficient to determine the capacity of new staff to perform adequately on the job. In relation to the personnel issues identified above, 11% of the cases staffed identified workers who were inadequately prepared to provide child protective services.

RECOMMENDATIONS RELATED TO STAFFING

State Legislature

Funds must be provided to the DSS for hiring sufficient staff to provide for a caseload ratio that is manageable as recommended by the OMNI Staffing Study.

Department of Social Services

When the county staffing levels are adequate to manage the caseload size, each county should have specialized investigative and treatment units or staff.

Human Resource Management Division

1. The probationary period for all human services workers for all appropriate state agencies, including CPS staff, should be expanded to one year.
2. The entry level requirement for a CPS worker should be a bachelor's degree in social work or a related field.
3. CPS workers should, because of the nature of their jobs, be compensated at a higher rate of pay than current salary schedules provide.

PROBLEMS RELATED TO TRAINING

Department of Social Services

In 148 of the cases reviewed, the casework staff's professional knowledge of CPS was found to be inadequate. In one case, staff was not knowledgeable of existing policy. In two cases, staff lacked knowledge of the correct way to collect and preserve evidence. The county offices are not provided with

sufficient funds to provide training opportunities for staff. Workers are also not trained in self protection techniques.

Law Enforcement

In 8% (3 cases) of the cases reviewed, it was found that law enforcement professionals need additional training on identification of abuse/neglect, understanding the dual role of CPS in providing investigative and treatment services, and the requirement and procedures for emergency removal of abused and neglected children.

Medical Professionals

The need for training on medical indicators of abuse/neglect was identified in two of the cases reviewed. Training is also needed on mechanisms of injury and how the mechanisms relate to the legal system.

Coroner

As the coroner is an elected official, there are no standard qualifications for an individual elected to that office.

RECOMMENDATIONS RELATED TO TRAINING

Medical Professionals

1. South Carolina's medical professional associations/ organizations need to provide their members with information on the identification, reporting and assessment of abuse/neglect while maintaining confidentiality and a positive relationship with their clients or others needing their services.

2. The benefits of breastfeeding should be explained to expectant mothers as a preventive measure for some health problems and to increase mother-child bonding, which can reduce risk to infants/children.
3. Training on the mechanisms of injury and how this relates to the legal system should be offered by agencies or organizations providing continuing education to medical professionals.

Community

1. Health care education should be taught in elementary school, beginning in the third grade.
2. Individuals employing baby-sitters should be notified that the DSS can, with a signed release of information, check to see if the prospective employee is listed in the Child Abuse and Neglect Central Registry.
3. Parenting skills classes should be made more available.

Department of Social Services

1. Supervisors and workers should receive additional training in investigative procedures including: intervention; high risk indicators; medical and mental health problems which should alert them to potential risk to children; neglect; the identification of dynamics; and the formulation of treatment plans based on dynamics. DSS should require that workers and supervisors who have not been through the basic training in the past five years go back through the program.

2. Economic services workers and other human services workers should receive training on indicators of abuse and neglect.
3. Training on the various CPPS forms should be conducted periodically and should include an explanation of the rationale for each form.
4. CPS workers should receive training on self protection.
5. The DSS basic certification training conducted by the Division of CPPS should be expanded to two weeks in order for workers to receive sufficient training in the basics of child abuse/neglect.
6. DSS and SLED should develop an investigative training curriculum designed to insure that the DSS worker does not compromise evidence needed for criminal prosecution.

Coroner

Coroners should be required to have a minimal level of expertise in the investigation of deaths, either through mandated in-service training or through professional training.

Law Enforcement

At least one officer in each law enforcement agency should receive specialized training in the investigation of child abuse and neglect.

PROBLEMS RELATED TO INTERAGENCY COMMUNICATION AND COORDINATION

Coroner

In 8% (3 cases) of the cases reviewed, communication among the coroner's offices, DSS, and law enforcement was found to be

inadequate. Specifically, the coroner's office failed to have an autopsy conducted in a suspicious death, a copy of the autopsy report in one case was not made available to DSS, and in one case DSS experienced difficulty in getting the coroner's office to release any information on the case.

Law Enforcement

Communication between law enforcement and DSS was found to be inadequate in 11% (4 cases) of the cases reviewed. For example, in one case, law enforcement was unwilling to share certain reports with the DSS and in another case, numerous contacts by DSS were required in order to get law enforcement to request an autopsy.

Courts

Magistrates do not, as standard practice, notify law enforcement or DSS when perpetrators are released on bond.

Department of Social Services

Interagency communication problems were identified in 14% (5 cases) of the cases reviewed. In one case, DSS staff failed to notify law enforcement of a possible criminal neglect case. In three (3) cases, there was inadequate communication between DSS and the solicitor's office. In one case, DSS was found to be unresponsive to communication from other involved agencies.

Medical Community

Communication from the medical community to DSS was found to be inadequate in 11% (4 cases) of the cases reviewed.

Specifically, DSS was not notified in a timely and appropriate manner by the medical community.

General

The lack of effective communication among the involved agencies resulted in at least one case not being adjudicated.

Resources

The resources available to families experiencing abuse and neglect problems were found to be inadequate in two cases.

RECOMMENDATIONS RELATED TO INTERAGENCY COMMUNICATION COORDINATION

1. The DSS Office, law enforcement and the solicitors office should develop interagency agreements to address the following areas:
 - a. Roles and responsibilities in the handling of death cases;
 - b. Procedures for interagency referrals and staffings;
 - c. Sharing of information, including but not limited to, assessment summaries, investigative reports, and autopsy results.
 - d. Aggressive investigation and prosecution of the child fatality cases related to abuse and/or neglect.
2. An interagency agreement should be developed between the DSS, law enforcement and the magistrate's office which provides for:

- a. DSS and law enforcement being notified when a perpetrator is released on bond.
 - b. A mechanism whereby DSS and law enforcement advises the magistrate of their interest prior to the bond being set for a perpetrator, so that if the perpetrator is to be released certain protective actions can be instituted.
3. The feasibility of development of an interagency Child Fatalities Tracking System should be studied.
 4. Interagency written agreements specifying roles and responsibilities should be developed between DSS and all other relevant agencies (i.e., hospitals, schools).
 5. The DSS and the DHEC should meet at least monthly to staff high risk abuse/neglect cases because of the need for medical treatment or where there is a potential of abuse/neglect.

PROBLEMS RELATED TO LEGAL ISSUES AND LEGISLATION

The Child Protection Act, as amended in 1985, does not address the critical issues of risk to unborn children and services to parents.

RECOMMENDATIONS RELATED TO LEGAL ISSUES AND LEGISLATION

1. The Child Protection Act should be amended to address: risk to unborn children; services to parents who have severely abused or killed their children but have no surviving children; and the review by Family Court of severe physical neglect cases.

2. Legislation should be passed which establishes the South Carolina Forensic Death Investigation Center. The Center should be available to the solicitors and coroners to have a team of forensic pathologists conduct autopsies of victims of abuse and neglect.
3. The law should provide for the ability of the DSS State Office, after a joint review of the case circumstances, to direct counties to reinvestigate a report if a previous investigation was not thorough.

PROBLEMS RELATED TO ORGANIZATIONAL STRUCTURE

Department of Social Services

The CPPS program is not centrally administered and therefore, policies, laws and regulations were not interpreted and implemented with any degree of consistency in eight percent (3 cases) of the cases reviewed.

General

The state's child protection system (which includes DSS, law enforcement, Department of Mental Health, the legal community, DHEC, the medical community, and the judicial system) is disjointed.

RECOMMENDATIONS RELATED TO ORGANIZATIONAL STRUCTURE

Department of Social Services

Based on cases reviewed, it appears that the CPPS programs could be more effectively and efficiently run by a state administered and supervised agency.

Resources

DSS should be provided with funds to contract with at least one physician in each county who has specialized training in medical assessment of abuse and neglect who would handle referrals of suspected abuse and neglect and provide expert witness testimony in court when necessary.

APPENDICES

APPENDIX A

APPENDIX A

SOUTH CAROLINA
DEPARTMENT OF SOCIAL SERVICES
DIRECTIVE MEMO D81-1 and D82-72

South Carolina Department of Social Services

DIRECTIVE MEMO
D81-1

Release Date: January 8, 1981

Effective Date: January 8, 1981

To: Executive Staff
County Administrative Staff

From: *Vir*
Virgil L. Conrad, Commissioner

Subject: Reporting a Child's Death

The death of a child:

- 1) who is in the custody of the Department; or
- 2) for whom the Department has planning responsibilities; or
- 3) who is a member of a family receiving life skills

must be promptly reported to Vinton D. Lide, General Counsel, 758-5852. This includes children who are in substitute care, children in AFDC families receiving Living Skills Services, children in day care facilities and children whose parent(s) is receiving any other supportive social service from the Department. This does not include children in families who receive only food stamps.

This initial telephoned report must be followed up in writing within 30 days. This written report is sent to Mr. Lide and includes:

- 1) the name of the child;
- 2) the county;
- 3) the Department program from which the child or family was receiving services;
- 4) the date of death;
- 5) the cause of death;
- 6) if an autopsy will be or has been performed;
- 7) if an inquest will be or has been held; and
- 8) if abuse/neglect is suspected.

This memo replaces Circular Letter No. 2735 dated January 14, 1980. Refer any questions to Mr. Lide.

South Carolina Department of Social Services

DIRECTIVE MEMO
D82-72

Release Date: June 9, 1982

Effective Date: June 9, 1982

To: County Directors
County Administrative Staff

From: Virgil L. Conrad, Commissioner

Subject: Procedures To Be Followed When The Death Of A Child Is Alleged To Be Directly Or Indirectly Related To Child Abuse And Neglect

Regrettably from time to time, the Department becomes involved with a family because the death of a child is believed to be directly or indirectly related to child abuse or neglect. Because of the number of individuals that must be involved in this sort of investigation, guidelines have been developed to insure their timely and appropriate involvement. These procedures are attached as part of this memo.

The guidelines have been divided into three sections, based upon the source of the initial report to the local department, as follows:

- (1) Initial Report From Law Enforcement;
- (2) Initial Report From A Source Other Than Law Enforcement;
- (3) Follow-up.

Please share this information with Child Protective Services staff. Refer questions to your liaison with the State Child Protective Services Unit or Shirley Fitz-Ritson, Director, State Child Protective Services Unit, 758-8593.

Attachment

Death Of A Child Alleged
To Be Directly Or Indirectly
Related To Child Abuse And Neglect

I. INITIAL REPORT FROM LAW ENFORCEMENT

1. Schedule an immediate meeting with law enforcement to clarify roles and establish a common channel of communication, particularly if the intake information indicates other children are present in the household. Individuals who may be included in the meeting are the Sheriff (Chief of Police), the law enforcement officer to be involved in the initial investigation, the child protective services worker, the child protective services supervisor, and if needed, the Program Administrator or County Director. The coroner may also need to be involved (see step 4 below). Issues to be raised include the identification of individuals to be involved in the investigation and their respective roles and responsibilities, and the sharing of information. Law enforcement must understand that the Child Protection Act mandates that the Department determine whether any surviving children are at risk.
2. Determine if DSS has had any prior involvement with the family. Specifically check prior protective service records, other child welfare records, and public assistance and food stamp files.
3. If there are any surviving children in the same setting, initiate an investigation to assess the status of those children and their degree of risk.
 - This investigation may include a complete medical and developmental evaluation of each child, along with photographs and x-rays as is appropriate.
 - If sufficient risk is established, effect removal of the children via Emergency Protective Custody or the use of an Ex Parte Order (Section 20-7-610, South Carolina Children's Code).
4. Determine if the coroner has been notified as required by the South Carolina Children's Code, Section 20-7-520. If this has not occurred, notify the coroner and request that an investigation be initiated.
 - Share appropriate case information on the current situation and the Department's past involvement with the family, if any.
 - Encourage having an autopsy completed. If an autopsy has been initiated, ask to be kept informed of the preliminary, interim (if any), and final reports from the pathologist.
 - Offer to assist in obtaining any court orders that may be necessary to prevent a burial.
 - If there are no other children in the family, DSS defers to the coroner's investigation.
 - If there are children in the home and the coroner has already been notified by another source, DSS should make contact with the coroner to outline DSS' responsibilities and degree of current and planned involvement in the home.

5. Make contact with the law enforcement and the coroner to determine if it is necessary to involve the Solicitor's office. (See Children and Family Services Manual, Section 712.5).
6. Do not become involved in any dialogue with the press regarding the case. See South Carolina Children's Code, Section 20-7-690 regarding confidentiality. Refer inquires to the County Director.
7. Contact State Child Protective Services Unit within twenty-four (24) hours by telephone.

In reference to the information available, be prepared to share the following:

- (a) Name of investigating worker and his/her supervisor;
 - (b) The information received at intake;
 - (c) Identifying information on the family;
 - (d) Action taken to date and the nature of those contacts, especially as they relate to DSS and law enforcement, the solicitor, the coroner, the press, and any medical professionals, especially the pathologist, any presiding/primary physicians, or health department personnel.
 - (e) The nature and quality of any contact with the family, including the location and legal status of any surviving children;
 - (f) Physical, behavioral and family dynamics that relate to the current assessment;
 - (g) Any prior DSS involvement with the family, especially with child protective services;
 - (h) Any criminal action planned or taken against the alleged perpetrator and/or parents.
8. Notify State Legal Services (758-5852) of the death in accordance with Directive Memorandum D81-1 dated January 8, 1981.

II. INITIAL REPORT FROM A SOURCE OTHER THAN LAW ENFORCEMENT

1. If the initial report is made by the coroner:

- Determine if law enforcement has been notified. If not, notify law enforcement (Section 20-7-650, Sub-Section K of the South Carolina Children's Code) that the coroner has referred a case for Child Protective Services investigation. Be sure to tell the coroner that DSS will be making this referral.
- Follow steps 1-8 as outlined in Part I

2. If the initial report is received from another source (includes referrals initiated by DSS);
 - Notify the coroner as outlined in Part I step 3. Inform the coroner DSS will be contacting law enforcement as required by the South Carolina's Children's Code.
 - Notify law enforcement as required by Section 20-7-650, South Carolina Children's Code, specifically that a case has been referred to the coroner for investigation that is possibly related to child abuse and neglect.
 - Follow steps 1 - 8 in Part I, as already outlined.

III. FOLLOW-UP

1. Ask to be kept informed as to the progress of the law enforcement and coroner's investigations. Child Protective Services should be cooperative, but should not usurp the roles of law enforcement or the coroner or interfere with their respective investigations.
2. Notify the State Child Protective Services Unit of any significant developments regarding the investigation, any criminal proceedings, and shifts in the attitude of the community or sister agencies regarding the case.
3. If any surviving children have been placed in Substitute Care as a result of being at risk, follow established Permanency Planning procedures (Children and Family Services Manual, Volume IV-A, Chapter 08). If the county staff wishes to consider the Termination of Parental Rights in the behalf of the surviving children, the State Permanency Planning Unit should be contacted for a staffing prior to the thirty (30) day Merits Hearing.
4. The State Child Protective Services Unit should be provided with copies of the following information as they become available:
 - The thirty (30) day written report for Legal Services as required by Directive Memorandum DB1-1
 - The autopsy and/or coroner's report;
 - The case decision regarding the county's investigation.
5. When an indicated case involves a child's death and the decision of law enforcement and/or the Solicitor's office is not to pursue the matter criminally, the rationale for this decision should be documented in the case record. Minimally, this should take the form of a letter from the county department to the Solicitor and/or the appropriate Chief Law enforcement officer which confirms the local department's understanding of the decision and the rationale for that decision. A carbon copy of the letter should be forwarded to the State Child Protective Services Unit.

APPENDIX B

APPENDIX B

SOUTH CAROLINA
DEPARTMENT OF SOCIAL SERVICES
CHILD FATALITIES REVIEW COMMITTEE
CASE SUMMARY FORMAT

FATALITY SUMMARY

Fatality Summary Prepared By: _____

Date: _____

NOTICE: ALL INFORMATION CONTAINED IN THIS FORM AND/OR RELATED TO THIS INQUIRY IS COMPLETELY CONFIDENTIAL. IT MAY NOT BE DIVULGED, REVIEWED, SHARED, DISCUSSED, OR GIVEN TO ANYONE NOT FORMALLY ASSOCIATED WITH THE CHILD FATALITY REVIEW COMMITTEE.

SECTION I - Overview and Synopsis

Case Identifier: _____
Profile Number _____ of a Total of _____

NOTICE: ALL INFORMATION ON THIS FORM AND/OR RELATED TO THIS INQUIRY IS COMPLETELY CONFIDENTIAL. IT MAY NOT BE DIVULGED, REVIEWED, SHARED, DISCUSSED, OR GIVEN TO ANYONE NOT FORMALLY ASSOCIATED WITH THE CHILD FATALITY REVIEW COMMITTEE.

SECTION II - Profile Data (Note: All Information is Keyed to the Date of the Death).

PROFILE IDENTITY: _____

1. Age: _____ Date of birth: _____ Unknown: _____

2. Sex:

- _____ a. Male
_____ b. Female

3. Ethnic Identity:

- _____ a. Asian/Oriental
_____ b. Black
_____ c. Hispanic South American
_____ d. Hispanic Cuban
_____ e. Hispanic Puerto Rican
_____ f. Hispanic (Other)
_____ g. Hispanic Spanish Descent
_____ h. American Indian/Eskimo
_____ i. White
_____ j. Other
_____ k. Not Reported/Unknown

4. Relationship to Victim:

- _____ a. Mother
_____ b. Father
_____ c. Victim
_____ d. Sister
_____ e. Brother
_____ f. Half-sister
_____ g. Half-brother
_____ h. Step-sister
_____ i. Step-brother
_____ j. Foster-sister
_____ k. Foster-brother
_____ l. Step-mother
_____ m. Step-father
_____ n. Foster-mother
_____ o. Foster-father
_____ p. Grandmother
_____ q. Grandfather
_____ r. Aunt

- _____ s. Uncle
- _____ t. Niece
- _____ u. Nephew
- _____ v. Mothers Paramour
- _____ w. Fathers Paramour
- _____ x. Family Friend
- _____ y. Personal Friend
- _____ z. School/Day Care
- _____ Employee
- _____ aa. Neighbor
- _____ bb. Stranger
- _____ cc. Perpetrator
- _____ dd. Unknown

5. Educational Background:

- _____ a. Never in School
- _____ b. Day Care
- _____ c. Some Grade School
- _____ d. Completed Grade School
- _____ e. Some High School
- _____ f. Completed High School
- _____ g. Some College
- _____ h. Completed College
- _____ i. Other
- _____ j. Unknown
- _____ k. Descriptive Data: _____

6. Employment Background:

- _____ a. Homemaker
- _____ b. Part-time Employment
- _____ c. Full-time Employment
- _____ d. Sporadic Employment
- _____ e. Never Employed
- _____ f. Unemployed
- _____ g. Length of Employment
- _____ h. Length of Time Since Last Time Worked
- _____ i. Does Not Apply
- _____ j. Unknown
- _____ k. Descriptive Data: _____

7. Marital Status:

- _____ a. Never married/single
- _____ b. Married
- _____ c. Separated
- _____ d. Divorced
- _____ e. Does Not Apply
- _____ f. Other
- _____ g. Unknown

8. Physical Disability/Abnormality:

- _____ a. No
- _____ b. Yes
- _____ c. Unknown
- _____ d. Descriptive Data : _____
- _____
- _____
- _____

9. Mental Health:

- _____ a. No Problem
- _____ b. Mental Retardation
- _____ c. Drug Use History
- _____ d. Alcohol Abuse History
- _____ e. Mental Illness History
- _____ f. Emotionally Mature
- _____ g. Emotional Immaturity
- _____ h. Currently In Treatment
- _____ i. Previously Treated
- _____ j. Does Not Apply
- _____ k. Other
- _____ l. Unknown
- _____ m. Descriptive Data: _____
- _____
- _____

10. Physical Health:

- _____ a. No Problem
- _____ b. Chronic Illness
- _____ c. Permanent Medical Disability
- _____ d. Other
- _____ e. Does Not Apply
- _____ f. Unknown
- _____ g. Descriptive Data: _____
- _____
- _____
- _____

11. Behavioral Information:

- _____ a. Able to communicate
- _____ b. Understands reason for agency involvement
- _____ c. Delusional
- _____ d. Having hallucinations
- _____ e. Behavior inappropriate, bizarre, or out of place

- f. Volatile - unable to control impulses
 - g. Overwhelmed or immobilized
 - h. No problem/behaviorally stable
 - i. Withdrawn
 - j. History of violent/aberrant/anti-social behavior
 - k. Does not apply
 - l. Other
 - m. Unknown
 - n. Descriptive Data: _____
- _____
- _____
- _____

12. Abuse-related Information:

- a. No Problem
 - b. History of Being Abused
 - c. History of Abusing Others
 - d. History of Abusing Victim
 - e. Does Not Apply
 - f. Other
 - g. Unknown
 - h. Descriptive Data: _____
- _____
- _____

13. Law Enforcement Related Information:

- a. No Problem
 - b. History of involvement with law enforcement
 - c. Does Not Apply
 - d. Unknown
 - f. Descriptive Data: _____
- _____
- _____

14. Court System-Related Information:

- a. No involvement
 - b. History of involvement with court system
 - c. Does Not Apply
 - d. Unknown
 - e. Descriptive Data: _____
- _____
- _____

15. Human Service System-Related Information:

- _____ a. No involvement
 - _____ b. History of involvement with Human Services
 - _____ c. Does Not Apply
 - _____ d. Unknown
 - _____ e. Descriptive Data: _____
- _____
- _____

16. Human Service Agency Information:

- _____ a. Department of Mental Health
 - _____ b. Department of Health and Environmental Control
 - _____ c. S. C. Commission of Alcohol and Drug Abuse
 - _____ d. Department of Youth Services
 - _____ e. Employment Security Commission
 - _____ f. Foster Care Review Board
 - _____ g. Council on Child Abuse and Neglect
 - _____ h. Child Welfare Services
 - _____ i. Child Protective Services
 - _____ j. Department of Mental Retardation
 - _____ k. Community Hospital
 - _____ l. Other
 - _____ m. Other
 - _____ n. Descriptive Data: _____
- _____
- _____
- _____

SECTION III - Family Data For Deceased Child

17. Adult Relationships:

- _____ a. No Problem
 - _____ b. Marital Discord
 - _____ c. Hostility
 - _____ d. Fighting
 - _____ e. Angry/Hostile to other adults
 - _____ f. Assaultive behavior towards
 - _____ g. Defiant/Resistant to authority
 - _____ h. Over dependency on other adults
 - _____ i. Descriptive Data: _____
- _____
- _____
- _____

18. Number of Adults Living in Home:

- _____ a. One
 - _____ b. Two
 - _____ c. Three
 - _____ d. Four
 - _____ e. Other
 - _____ f. Unknown
 - _____ g. Descriptive Data: _____
- _____
- _____
- _____

19. Child to Child Relationships:

- _____ a. No Problem
 - _____ b. Severe Sibling Rivalry
 - _____ c. Hostility
 - _____ d. Severe Physical Aggression
 - _____ e. Other
 - _____ f. Unknown
 - _____ g. Descriptive Data: _____
- _____
- _____
- _____

20. Child Social Relationships:

- _____ a. Authority relations poor
 - _____ b. Behavior juvenile/babyish
 - _____ c. Bullies/Physically aggressive
 - _____ d. Cruelty to animals
 - _____ e. Fire setting
 - _____ f. Gang involvement
 - _____ g. Juvenile offenses
 - _____ h. Lies/Withholds information
 - _____ i. Manipulates adults
 - _____ j. No friends
 - _____ k. Reckless behavior
 - _____ l. Self-esteem low
 - _____ m. Sexually acting out
 - _____ n. Stealing
 - _____ o. Vandalism
 - _____ p. Other (specify): _____
 - _____ q. No Problems
 - _____ r. Descriptive Data: _____
- _____
- _____
- _____

21. Number of Children Living in Home:

- _____ a. One
 - _____ b. Two
 - _____ c. Three
 - _____ d. Four
 - _____ e. Five
 - _____ f. Six
 - _____ g. Seven
 - _____ h. Eight
 - _____ i. Nine
 - _____ j. Ten
 - _____ k. Other
 - _____ l. Unknown
 - _____ m. Descriptive Data: _____
- _____
- _____
- _____

22. Adult/Child Relationships:

- _____ a. Anger/Hostile to Parents or other adults in home
 - _____ b. Assaultive behavior towards parents or other adult in home
 - _____ c. Defiant/Parental authority resisted
 - _____ d. Fearful of adults in home
 - _____ e. Over dependency on parents
 - _____ f. Rejects or indifferent to parent's attention
 - _____ g. Runaway from home
 - _____ h. Scapegoated/Unliked child
 - _____ i. Role Reversal
 - _____ j. Other (specify)
 - _____ k. NO PROBLEM
 - _____ l. Unknown
 - _____ m. Descriptive Data _____
- _____
- _____

23. Family Home Location:

- _____ a. Rural
 - _____ b. Urban
 - _____ c. Suburban
 - _____ d. Unknown.
 - _____ e. Descriptive Data _____
- _____
- _____

24. Family Home Type:

- _____ a. House
 - _____ b. Apartment
 - _____ c. Trailer
 - _____ d. Hotel
 - _____ e. Condominium
 - _____ f. Townhouse
 - _____ g. Other
 - _____ h. Unknown
 - _____ i. Descriptive Data: _____
- _____
- _____
- _____

25. Family Home Environment:

- _____ a. Clean
 - _____ b. Orderly
 - _____ c. Adequately Furnished
 - _____ d. Filthy
 - _____ e. Chaotic/Messy
 - _____ f. Barren
 - _____ g. Other
 - _____ h. Unknown
 - _____ i. Descriptive Data: _____
- _____
- _____
- _____

26. Family Home Socio-economic Status:

- _____ a. Adequate
 - _____ b. Wealthy
 - _____ c. Poverty
 - _____ d. Other
 - _____ e. Unknown
 - _____ f. Descriptive Data: _____
- _____
- _____

27. Neighborhood Relationships:

- _____ a. Neutral
- _____ b. Friendly
- _____ c. Unfriendly
- _____ d. Unknown

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CHILD FATALITIES REVIEW COMMITTEE

SECTION IV - Case Summary

27. Child's age at death: _____ years and _____ months

28. Official cause of death:

29. Circumstances leading up to death:

30. Description of death incident:

31. Follow-up:

32. Pertinent information:

SECTION V - Fatality Data

33. Nature or Type Of Abuse: _____

34. Alleged Perpetrator Identity: _____

35. Others Involved in Death (Identify): _____

36. Nature of Involvement Of Others: _____

37. Response to Fatality: Yes No

a. Reported to Hospital/Medical Center----- () ()

b. Reported to Coroner----- () ()

c. Reported to Medical Examiner----- () ()

d. Reported to Police----- () ()

e. Reported to Division of Child
Protective and Preventive Services----- () ()

f. Referred to Legal Services----- () ()

g. Referred to Solicitor----- () ()

h. Referred to Family/Criminal Court----- () ()

i. Other: _____

j. Outcome for (a): _____

k. Outcome for (b): _____

l. Outcome for (c): _____

m. Outcome for (d): _____

n. Outcome for (e): _____

o. Outcome for (f): _____

p. Outcome for (g): _____

q. Outcome for (h): _____

r. Outcome for (i): _____

38. Other Pertinent Information: _____

-A
South Carolina Department Of Social services
CHILD FATALITIES CASE REVIEW CHECK LIST

I. INTAKE

_____ Report Received/DSS 3026 Completed
_____ Report Logged in on DSS 3009
_____ Records Checked For Prior Agency Involvement
_____ Supervisory Consultation, If Necessary

II. INITIAL ASSESSMENT

_____ Initial Contact Effected Within 24 Hours
_____ Client Provided Written Notification Of
Investigation
_____ Assessment of Harm to Children
_____ Provision of Emergency Services, As Necessary
_____ Involvement of Family Court, As Necessary
_____ Case Determination
_____ Child Protective Services Documentation
Completed
_____ Client Notified of Case Decision
_____ Feedback to Appropriate Sources
_____ Determination Logged In on DSS 2009
_____ Documentation in the Record

III. ASSESSMENT

_____ Assessment of Individual Family Members
_____ Assessment Summary Completed
_____ Diagnostic Statement
_____ Prognosis

IV. TREATMENT

- _____ Service Contract(s) Completed
- _____ Non-Direct Services Arranged and Coordinated
- _____ Provision of Direct Services Documented
- _____ Client Progress Documented
- _____ Judicial Review Scheduled

V. CASE PLAN EVALUATION

- _____ Progress Evaluated
 - _____ Assessment Updated
- DECISION:
1. Continue Plan
 2. Revise Plan
 3. Case Closure

VI. TREATMENT (Closure)

- _____ Goal Attainment Evaluated
- _____ Potential for Stability Analyzed
- _____ Need for Referral Assessed
- _____ Client Prepared for Closure
- _____ Involved Agencies Advised of Case Closure
- _____ Rationale For Closure Documented
- _____ Necessary Court Action Completed for Closure

APPENDIX C

CASE REVIEW PROTOCOL

In order to accomplish the goal of the committee, a review process will be utilized for each case to be studied. Through the use of the case summary, Child Protective and Preventive Services Policy Manual, South Carolina Children's Code, Case Review Committee Protocol, and other information deemed necessary, the committee is mandated to complete the following tasks:

1. To discover facts surrounding each fatality manner and cause of death, perpetrator, etc.;
2. To determine the history of the case and the family/child's involvement with Child Protective Services;
3. To determine how the case was handled by Child Protective Services and other agencies (e.g. Who were the key decision makers? What actions were taken by which agencies?);
4. To identify current statutes, agency and administrative/personnel policies and procedures relevant to handling of fatality and abuse/neglect cases; and
5. To apply knowledge gained in (1) through (4) in addressing the basic questions listed below regarding the efficiency of the community's response.

Review Questions

1. Could the fatality have been prevented?

a. What were the prior warning signals, if any?

b. To what extent was the community sensitized to warning signals?

c. To what extent was the community aware of appropriate reporting mechanisms?

d. How adequate was the Child Protective Services' response?

e. How adequate was the court system's response?

f. How adequate were the community resources available to assist the family.

2. Was the Child Protective Services intervention provided in accordance with statutes and policy?

a. How thorough was the investigation?

b. Was the response timely?

c. Was the risk to the child assessed appropriately?

d. How adequate were the services offered by Child Protective Services?

3. Are the statutes and Department of Social Services policy, regulations, and procedures adequate?

a. Are there flaws in the assessment mechanism? How might the mechanism be improved?

b. Are there gaps in the law which allow service cases not to be adjudicated? How might the gaps be closed?

c. To what extent do statutes, rules, and regulations provide sufficient guidance to workers in decision making?

d. Are there adequate emergency intervention procedures? How might these be improved?

e. To what extent are laws, rules, regulations, and procedures fragmented, thereby leading to a less than holistic approach to protective services?

4. Was the worker adequately prepared to provide protective services?

a. Was the worker's educational background adequate?

b. To what extent did the Department of Social Services' training program adequately prepare the worker?

c. To what extent were workers psychologically prepared for the rigors and challenges of protective services work?

d. What kinds of supportive expertise were available to the worker (e.g. medical investigating expertise)?

e. Were workers able to assess risk appropriately?

5. Was there adequate communication between social services agencies and other agencies such as law enforcement, courts, coroner's office, etc.

a. To what extent do effective communication linkages exist among the relevant agencies?

b. To what extent did agencies work cooperatively on the case?

c. To what extent were all relevant community agencies knowledgeable of the signs of potential severe abuse?

d. To what extent were agencies concerned with only a limited number of aspects of the child's welfare or development?

APPENDIX D

CHILD PROTECTION ACT

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780 Child Protection Act of 1984

Section

- 20-7-110. Legal Representation.
- 20-7-480. Purpose.
- 20-7-490. Definitions.
- 20-7-500. Persons or Families Needing Assistance Encouraged to Seek It.
- 20-7-510. Persons to Report.
- 20-7-520. Mandatory Reporting to Medical Examiner or Coroner; Postmortem Examinations.
- 20-7-530. Photographs and X-rays.
- 20-7-540. Immunity from Liability.
- 20-7-550. Abrogation of Privileged Communication.
- 20-7-560. Penalties.
- 20-7-610. Emergency Protective Custody.
- 20-7-640. Duties of State Department of Social Services.
- 20-7-650. Duties of Local Child Protective Agency.
- 20-7-660. Information, Training and Publicity.
- 20-7-670. Institutional Abuse and Neglect.
- 20-7-680. Central Registry.
- 20-7-690. Confidentiality of Reports and Records; Penalties.
- 20-7-736. Jurisdiction of Family Court Under Article; Removal Proceedings; Procedures.
- 20-7-762. Family Court to Review and Approve Treatment Plan; Review Hearings and Termination of Protective Services.
- 20-7-764. Approval of Plan for Placement of Child After Removal.
- 20-7-766. Review by Family Court of Status of Child Removal; Who May Initiate Review; Timeliness.

§ 20-7-110. Legal Representative

In all child abuse and neglect proceedings:

(A) Children shall be appointed legal counsel and a guardian ad litem by the Family court. Counsel for the child shall in no case be the same as counsel for the parent, guardian or other person subject to the proceeding or any governmental or social agency involved in the proceeding.

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(B) Parents, guardians or other persons subject to any judicial proceeding shall be entitled to legal counsel. Those persons unable to afford legal representation shall be appointed counsel by the Family Court.

(C) The interests of the State and the local child protective services agency shall be represented by the circuit solicitor or his representative in the appropriate judicial circuit in any judicial proceeding.

§ 20-7-480. Purpose.

Recognizing that abused and neglected children in South Carolina need protection, it is the purpose of this article to save them from injury and harm by establishing an effective reporting system and encouraging the reporting of children in need of protection; by establishing an effective system of services throughout the State to safeguard the well-being and development of endangered children and to preserve and stabilize family life, whenever appropriate; by establishing fair and equitable procedures, compatible with due process of law to intervene in family life with due regard to the safety and welfare of all family members and by establishing an effective system of protection of children from injury and harm while living in public and private residential agencies and institutions meant to serve them.

§ 20-7-490. Definitions.

When used in this article and unless the specific context indicates otherwise:

(A) "Child" means a person under the age of eighteen.

(B) "Abused or neglected child" means a child whose physical or mental health or welfare is harmed or threatened with harm, as defined by items (C) and (D) of this section, by the acts or omissions of his parent, guardian or other person responsible for his welfare.

(C) "Harm" to a child's health or welfare can occur when the parent, guardian or other person responsible for his welfare:

(1) Inflicts or allows to be inflicted upon the child physical or mental injury, including injuries sustained as a result of excessive corporal punishment, but excluding corporal punishment or physical discipline which meets each of the following guidelines:

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(a) The physical aggression must be administered by a parent or person in loco parentis.

(b) It must be perpetrated for the sole purpose of restraining or correcting the child.

(c) The force or violence of the discipline must be reasonable in manner and moderate in degree.

(d) The force and violence of the discipline must not have brought about permanent or lasting damage to the child.

(e) The behavior of the parent must not be reckless or grossly negligent.

(2) Commits or allows to be committed against the child a sexual offense as defined by the laws of this State.

(3) Fails to supply the child with adequate food, clothing, shelter, education as required under Article 1 of Chapter 65 of Title 59, or health care though financially able to do so or offered financial or other reasonable means to do so. For the purpose of this chapter "adequate health care" includes any medical or nonmedical remedial health care permitted or authorized under state law.

(4) Abandons the child, as defined by § 20-7-1570.

(5) Encourages, condones or approves the commission of delinquent acts by the child and the commission of the acts are shown to be the result of the encouragements, condonation or approval.

(D) "Threatened harm" means a substantial risk of harm, as defined by item (C).

(E) "A person responsible for a child's welfare" includes the child's parent, guardian, foster parent, an employee of a public or private residential home, institution or agency, or other person legally responsible for the child's welfare in a residential setting.

(F) "Physical injury" means death, disfigurement or impairment of any bodily organ.

(G) "Mental injury" means a substantial impairment of the intellectual, psychological or emotional capacity of a child as evidenced by inhumane, or unconscionable acts and conduct. Provided, nothing herein shall be construed as prohibiting a person responsible for a child's welfare from imposing reasonable restrictions deemed necessary by such person for the intellectual, psychological or emotional well-being of the child by any of the following means or methods:

(1) Restrictions relating to attendance at amusements, concerts, social events or activities, or theaters;

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(2) Restrictions on amount of exposure to secular activities such as television, extra-curricular school activities or community recreational activities;

(3) Instructions, directions, or mandates relating to public or private elementary and secondary education or attendance at churches or other places of religious worship.

(H) "Institutional child abuse and neglect" means situations of known or suspected child abuse or neglect where the person responsible for the child's welfare is the employee of a public or private residential home, institution or agency.

(I) "Protective Services Unit" means the unit established within the Department of Social Services which shall have prime responsibility for state efforts to strengthen and improve the prevention, identification and treatment of child abuse and neglect.

(J) "Subject of the report" means any person reported under this chapter, including any child or parent, guardian or other person responsible for the child's welfare.

(K) "Suspected report" means all initial reports of child abuse or neglect received pursuant to this article.

(L) "Unfounded report" means a report made pursuant to this chapter for which there is no probable cause to believe that the child is abused or neglected. For the purposes of this article, it is presumed that all reports are unfounded unless the local child protective service agency determines otherwise.

(M) "Indicated report" means a report of child abuse or neglect supported by facts which warrant a finding that abuse or neglect is more likely than not to have occurred.

(N) "Probable cause" means facts and circumstances based upon accurate and reliable information, including hearsay, that would justify a reasonable person to believe that a child subject to a report under this article is abused or neglected.

(O) "Local child protective service agency" means the agency in a county or contiguous counties have prime responsibility for local efforts to strengthen and improve the prevention, identification and treatment of child abuse and neglect.

(P) "Child protective investigation" means any inquiry conducted by the local child protective service agency in response to a report of child abuse or neglect made pursuant to this article.

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§ 20-7-500. Persons or families needing assistance encouraged to seek it.

Any person seeking assistance in meeting child care responsibilities may use the services and facilities established by this article, including the single statewide telephone number and local child protective services where available. Such persons shall be referred to appropriate community resources or agencies, notwithstanding whether the problem presented involves child abuse or neglect as defined by this article.

§ 20-7-510. Persons to report.

(A) Any physician, nurse, dentist, optometrist, medical examiner or coroner, or any other medical, mental health or allied health professional, Christian Science practitioner, religious healer, school teacher or counselor, social or public assistance worker, child care worker in any day care center or child caring institution, police or law enforcement officer or any judge having reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect is required to report or cause a report to be made in accordance with this section.

(B) Except as provided in (A) of this section, any other person who has reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse and neglect may report in accordance with this section.

(C) Reports of child abuse or neglect made pursuant to this section may be made orally by telephone or otherwise to the county department of social services, or in the alternative, to a law enforcement agency in the county where the child resides or is found.

(1) Where reports are made pursuant to this section to a law enforcement agency, it shall notify the county department of social services of its response to the report at the earliest possible time.

(2) Where a county or contiguous counties have established local child protective services, pursuant to § 20-7-650, county department of social services shall immediately transfer reports pursuant to this section to the service.

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§ 20-7-520. Mandatory reporting to medical examiner or coroner; postmortem examinations.

Any person required under subsection (A) of § 20-7-510 to report cases of suspected child abuse or neglect, including workers of the local child protective service agency, who has reason to believe a child has died as the result of child abuse or neglect, shall report that fact to the appropriate medical examiner or coroner. Any other person who has reason to believe that a child has died as a result of child abuse or neglect may report that fact to the appropriate medical examiner or coroner. The medical examiner or coroner shall accept the report for investigation and shall report his findings to the appropriate law enforcement agency, circuit solicitor's office, the local child protective service agency or county department of social services and, if the institution making a report is a hospital, to the hospital.

§ 20-7-530. Photographs and x-rays.

Any person required to report under § 20-7-510 may take, or cause to be taken color photographs of the areas of trauma visible on a child who is the subject of a report and, if medically indicated, cause to be performed a radiological examination of the child without the consent of the child's parents or guardians. All photographs, negatives, and copies of them shall be sent to the appropriate local child protective service agency or county department of social services at the time a report pursuant to § 20-7-510 is made, or as soon thereafter as possible.

§ 20-7-540. Immunity from liability.

Any person required or permitted to report pursuant to this article or who participates in judicial proceedings resulting therefrom, acting in good faith, shall be immune from civil and criminal liability which might otherwise result by reason of such actions. In all such civil or criminal proceedings good faith shall be rebuttably presumed.

§ 20-7-550. Abrogation of privileged communication.

The privileged quality of communication between husband and wife and professional person and his patient or client, except that between attorney and client or priest and penitent, is abrogated and shall not constitute grounds for failure to report or the exclusion of evidence in any civil protective proceeding resulting from a report pursuant to this article.

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§ 20-7-560. Penalties.

Any person required to report a case of child abuse or neglect, or any person required to perform any other function under this article, who knowingly fails to do so, or any person who threatens or attempts to intimidate a witness shall be deemed guilty of a misdemeanor and upon conviction shall be fined not more than five hundred dollars or be imprisoned for not more than six months, or both.

§ 20-7-610. Emergency protective custody.

(A) A law enforcement officer may take a child into protective custody without the consent of parents, guardians or others exercising temporary or permanent control over the child if:

(1) He has probable cause to believe that by reason of abuse or neglect there exists an imminent danger to the child's life or physical safety.

(2) Parents, guardians or others exercising temporary or permanent control over the child are unavailable or do not consent to the child's removal from their custody.

(3) There is not time to apply for a court order pursuant to § 20-7-736.

(B) When an officer takes custody of a child under this section he shall transport the child to a place previously designated for this purpose by the Family Court of the appropriate judicial circuit. In no case shall the place designated be a facility for the detention of criminal or juvenile offenders.

(C) When an officer takes custody of a child under this section he shall immediately notify the appropriate local child protective service agency and Family Court of the circuit and shall make every reasonable effort to notify the parent, guardian or other person exercising temporary or permanent control over the child of the place of custody. The notification shall be in writing and shall include notice of the right to a hearing and right to counsel pursuant to this chapter.

(D) The local child protective service agency shall, upon such notification, commence a child protective investigation, including immediate attention to the protection of other children in the home, or other setting where the child was found. The agency shall then initiate a removal proceeding pursuant to § 20-7-736 on or before the next working day in the appropriate Family Court.

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The Family Court shall schedule a pretrial hearing pursuant to the provisions of § 20-7-736 to be held within ten days of the initiation of the proceedings. At the pretrial hearing, the Court shall undertake to fulfill the requirements of § 20-7-110 shall consider such matters as will promote a fair and expeditious trial, including a prima facie review of any emergency action taken or initiated in behalf of the child. The hearing to determine whether removal of custody is needed, pursuant to § 20-7-736, shall be held within thirty days of the date of receipt of the removal petition.

(E) The Family Court may order ex parte that a child be taken into emergency protective custody without the consent of parents, guardians or others exercising temporary or permanent control over the child if:

(1) The Family Court judge determines there is probable cause to believe that by reason of abuse or neglect there exists an imminent danger to the child's life or physical safety; and

(2) Parents, guardians or others exercising temporary or permanent control over the child are unavailable or do not consent to the child's removal from their custody.

(F) If the court issues such an order it shall schedule a pretrial hearing pursuant to the provisions of § 20-7-736 and pursuant to the requirements of subsection (D) within ten days after the child was placed in custody.

(G) During the pendency of the removal proceeding, any child placed pursuant to this section shall remain in such placement until removal proceedings have been concluded.

§ 20-7-640. Duties of State Department of Social Services.

(A) The Department of Social Services may maintain a toll-free number available to persons throughout the State for the referral of family-related problems, including:

(1) The reporting of known or suspected cases of child abuse or neglect.

(2) Other problems of a nature which may affect the stability of family life.

Such telephone service shall operate continuously:

Upon receipt of a call involving suspected abuse or neglect, the Department of Social Services shall transmit the full contents of the report to the appropriate local child protective service agency. Immediately upon transmitting the report the Department of Social Services shall destroy the contents of the suspected report.

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Upon receipt of a call involving other problems, of a nature which may affect the stability of family life, the Department of Social Services shall refer the call to the appropriate local child protective service agency or other service agency where appropriate.

(B) The Department of Social Services shall have within it a separate organizational unit administered within the Department with qualified staff and resources sufficient to fulfill the purposes and functions assigned to it by this article.

(C) State Department of Social Services responsibilities shall include, but not be limited to: assigning and monitoring initial child protection responsibility through periodic review of services offered throughout the State; assisting in the diagnosis of child abuse and neglect; coordinating referrals of known or suspected child abuse and neglect; measuring the effectiveness of existing child protection programs and facilitating research, planning and program development; and establishing and monitoring a statewide central registry for child abuse and neglect as hereinafter provided.

(D) The County Department of Social Services in each county is designated as the Child Protective Service Agency, whose duties are set forth in § 20-7-650. The county in which the child resides shall be the legal place of venue; provided, that in conjunction with the powers enumerated in this section, each County Board of Social Services shall appoint an advisory board to be composed of resident professionals in the county in which the child resides in the fields of medicine, including nurses, education, health, social workers, members of the clergy and law enforcement officials, if available for the purpose of determining the course of protective action to be taken by the County Department of Social Services. These recommendations are to be deemed advisory only. These appointments to the advisory board shall be made in a nondiscriminatory manner.

§ 20-7-650. Duties of local child protective agency.

(A) It is the purpose of this section to encourage the voluntary acceptance of any service offered by the child protective service agency in connection with child abuse and neglect, or any other problem of a nature affecting the stability of family life.

(B) The local child protective service agencies shall be adequately staffed with persons trained in the investigation of suspected child abuse and neglect and in the provision of services to abused and neglected children and their families.

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(C) Within twenty-four hours of the receipt of a report of suspected child abuse or neglect, the agency shall commence an appropriate and thorough investigation to determine whether a report of suspected child abuse or neglect is "indicated" or "unfounded". The finding shall be made no later than sixty days from the receipt of the report. In conducting the investigation if the facts so warrant the agency investigator may petition the Family Court of the appropriate judicial circuit for a warrant to inspect the premises and condition of the child subject of the report. The Family Court shall issue the inspection warrant upon probable cause to believe the child is abused or neglected, as defined by this article.

(D) Indicated findings shall be based upon a finding of the facts available to the agency that abuse or neglect is more likely than not to have occurred; whenever the facts available to the agency indicate a lesser finding, determinations shall be deemed "unfounded". Indicated findings shall include a description of the services being provided the child and those responsible for his care, as well as all relevant dispositional information.

(E) Copies of indicated investigations of abuse and neglect shall be communicated immediately to the statewide Central Registry. The agency shall maintain a local registry and reports of child abuse shall be maintained in one of three categories: Suspected, Unfounded or Indicated. All initial reports shall be deemed suspected. Reports of suspected abuse and neglect shall be maintained for no more than sixty days after the report was received by the agency. On or before the expiration of that time, they shall be converted into either unfounded or indicated reports, pursuant to the agency's investigation.

(1) Indicated reports shall be maintained on the central and local registries only when accompanied by supplemental information as required under subsection (D).

(2) Unfounded reports shall be classified "Unfounded by reason of insufficient evidence."

(3) If no finding has been made by the agency after sixty days from the date a report was received, it shall be classified "Unfounded for want of an investigation."

(F) The names, addresses and all other identifying characteristics of all persons named in all unfounded reports shall be destroyed one year from the date that the last report has been determined to be unfounded; provided, however, that all information in any such report which is unnecessary for auditing purposes shall be destroyed immediately upon a determination that such report is unfounded and the remaining information shall be kept confidential except for auditing purposes.

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The names, addresses, birth dates and all other identifying characteristics of all persons named in indicated reports shall be destroyed seven years from the date services are terminated.

(G) The local child protective service agency shall be charged with providing, directing or coordinating the appropriate and timely delivery of services to children found to be abused or neglected and those responsible for their care or others exercising temporary or permanent control over such children. "Services" shall not be construed to include emergency protective custody provided for in § 20-7-736.

(H) Where the agency initiates protective services in cases of indicated physical, mental or sexual abuse, it shall notify the Family Court of the jurisdiction of the services offered within one week after the initiation of such services. The Family Court shall schedule a hearing within ninety days after receipt of the notice to determine:

(1) Whether the agency had reasonable cause to initiate the protective services offered.

(2) Whether the services being offered are reasonable in light of the agency's justification for intervention.

(3) In all proceedings under this section the agency shall have the burden of proof by a preponderance of the evidence, except in cases where the agency has alleged mental injury, in which case the evidence must be clear and convincing.

(I) In cases where a report has been filed with the Central Registry, the outcome of these proceedings shall be communicated immediately by the agency to the Central Registry.

(J) If at any time after the initiation of protective services by the agency those receiving services indicate a refusal to cooperate, the agency shall withdraw. If the facts so warrant, the agency may petition the Family Court to invoke the jurisdiction of the court under the Family Court Act to intervene, but in no case shall the agency threaten such action to coerce participation.

(K) The agency shall cooperate with law enforcement agencies and the circuit solicitor within the area it serves and establish such procedures as it deems necessary to facilitate the referral of child protection cases to the child protective services agency. Where the facts indicating abuse or neglect also appear to indicate a violation of criminal law, the agency shall notify the appropriate law enforcement agency of those facts for police investigation.

(L) The agency shall actively seek the cooperation and involvement of all local public and private institutions, groups, and programs concerned with matters of child protection and welfare within the area it serves.

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§ 20-7-660. Information, training and publicity.

(A) The Department of Social Services Protective Services and the local child protective services agencies shall, on a continuing basis, inform all persons required to report under this article of the nature, problem and extent of child abuse and neglect and of their duties and responsibilities in accordance with this article. The Department of Social Services and local agencies shall also, on a continuing basis, conduct training programs for local agency staffs as well as appropriate training for persons required to report under this article.

(B) The Department of Social Services Protective Services and the local child protective services agencies shall, on a continuing basis, inform the public of the nature, problem and extent of the child abuse and neglect and of the remedial and therapeutic services available to children and their families. The Department of Social Services and the local agencies shall also encourage families to seek help consistent with § 20-7-500.

(C) The Department of Social Services Protective Services and the local child protective services agencies shall, on a continuing basis, actively publicize the appropriate telephone numbers to receive reports of suspected child abuse and neglect, including the twenty-four hour, statewide, toll-free telephone service and respective numbers of the local child protective services agencies.

§ 20-7-670. Institutional abuse and neglect.

(A) The Department of Social Services Child Protective Services shall be empowered to receive and investigate reports of institutional abuse and neglect and shall promulgate regulations consistent with this authority to investigate such reports and take remedial action, if necessary. In no case shall the Department of Social Services have responsibility for investigating allegations of abuse and neglect in institutions operated by the Department of Social Services.

The Department of Social Services shall take whatever steps it deems necessary to inform potential reporters of institutional abuse and neglect of its responsibilities under this section.

(B) Subject to the provisions of subsection (A), the State Law Enforcement Division is empowered to receive and investigate reports of institutional abuse and neglect alleged to have occurred in any institution operated by the Department of Social Services and may promulgate regulations consistent with this authority to investigate such reports and take remedial action, if necessary.

The agency shall take whatever steps it deems necessary to inform potential reporters of institutional abuse and neglect of its responsibilities under this section.

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§ 20-7-680. Central registry.

(A) The purpose of this section is to establish a system for the identification of abused and neglected children and those who are responsible for their care, to provide a system for the coordination of reports concerning abused and neglected children and to provide data for determining the incidence and prevalence of child abuse and neglect in this State.

(B) The State Department of Social Services shall maintain a Central Registry of Child Abuse and Neglect within the Department of Social Services child protective services unit. The registry shall receive and maintain indicated reports of child abuse and neglect from county departments of social services and from local child protective service agencies and it shall transmit information to authorized persons and agencies as provided in § 20-7-690.

(C) Local child protective service agencies shall transmit monthly any data required by the Department of Social Services for purposes of statistical analysis and data gathering, subject to the limitations imposed on identifying characteristics contained in subsections (E) and (F) of § 20-7-650.

(D) The Department of Social Services shall furnish annually to the Governor and the General Assembly a report on the incidence and prevalence of child abuse and neglect in South Carolina, the effectiveness of services provided throughout the State to protect children from such harm and any other data deemed instructive.

(E) The names, addresses, birthdates, and all other identifying characteristics of all persons named in indicated reports contained in the Registry shall be destroyed seven years from the date services are terminated.

§ 20-7-690. Confidentiality of reports and records; penalties.

(A) All reports made pursuant to this article maintained by the State Department of Social Services, local child protective service agencies and the Central Registry of Child Abuse and Neglect shall be confidential. Any person who disseminates or permits the unauthorized dissemination of such information shall be deemed guilty of a misdemeanor and upon conviction shall be fined not more than five hundred dollars or be imprisoned for not more than six months, or both.

(B) Information contained in reports described in subsection (A) must not be made available to any individual or institution except:

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- (1) Appropriate staff of the State Department of Social Services, local child protective services agencies, the ombudsman of the office of the Governor, any person or agency having legal responsibility or authorization to care for, treat, or supervise the child or the child's family, multidisciplinary evaluation teams empaneled by the agencies, and law enforcement agencies investigating suspected cases of abuse and neglect.
- (2) Any person who is the subject of a report or that person's attorney, subject to the qualifications provided in subsection (C).
- (3) Family courts conducting child abuse and neglect or child protective proceedings.
- (4) Any person engaged in a bona fide research purpose, with written permission of and with any limitations imposed by the Commissioner of the State Department of Social Services.
- (5) Any person appointed as a child's guardian ad litem pursuant to § 20-7-110 and the child's attorney.

(C) Any person who is the subject of a report made pursuant to this article shall be immediately notified of the fact that his name has been recorded by the State Department of Social Services, the local child protective services agency and, if applicable, the Central Registry of Child Abuse and Neglect. He shall also be informed of the findings of the investigation and whether or not his name has been destroyed in accordance with this article. Any person who is the subject of a report shall be informed of his right to inspect the report and any substantiating data or evidence and his right to challenge any part of its contents. The only details of the report which shall be withheld from the subject's knowledge or inspection are the name, occupation and all other identifying characteristics of the reporter.

(D) For the purpose of this section, "any person who is the subject of a report" means any person who is alleged or determined to have abused or neglected the child, who is mentioned by name in a report or finding.

§ 20-7-736. Jurisdiction of family court under article; removal proceedings; procedures.

(A) The Family Court shall have exclusive jurisdiction over all proceedings held pursuant to this article.

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(B) Upon investigation of a report received under § 20-7-650 or at any time during the delivery of services by the agency, the local child protective services agency may petition the Family Court in its jurisdiction to remove the child from custody of the parent or guardian when the agency has probable cause to believe removal is necessary to protect the child's health or welfare.

(C) The petition shall contain a full description of the reasons why the child cannot be protected adequately in the custody of the parent or guardian, including a description of the condition of the child, any previous efforts to work with the parent or guardian, in-home treatment programs which have been offered and proven inadequate and the attitude of the parent or guardian towards placement of the child in an alternative setting.

The petition shall also contain a statement of the harms the child is likely to suffer as a result of removal and a description of the steps that will be taken to minimize the harm to the child that may result upon removal.

(D) Upon receipt of a removal petition under this section, the Family Court shall schedule a hearing to be held within thirty days of the date of receipt to determine whether removal is necessary.

The Family Court shall notify the parent or guardian of the hearing by delivering a copy of the petition, together with a notice of the hearing, which shall include the date and time of the hearing and an explanation of the right of the parent or guardian to an attorney under § 20-7-110. The Family Court shall effect delivery at least twenty-four hours prior to the hearing. The respondent shall be allowed to seek leave of court for a continuance of not less than forty-eight hours.

(E) A child shall not be removed from the custody of the parent or guardian unless the court finds that:

(1) The child has been physically injured as defined in § 20-7-490 and there is a preponderance of the evidence that the child cannot be protected from further physical injury without being removed.

(2) The child has been endangered as otherwise defined in § 20-7-490 and there is clear and convincing evidence that the child cannot be protected from further harm of the type justifying intervention without being removed.

(3) There is an alternative placement available but in no case shall the placement be a facility for detention of criminal or juvenile offenders.

(F) The petition for removal may include a petition for termination of parental rights under the jurisdiction conferred on the Family Court by the Family Court Act.

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§ 20-7-762. Family Court to review and approve treatment plan; review hearings and termination of protective services.

At the close of a hearing pursuant to § 20-7-650(H) or § 20-7-736 and upon a finding that the child shall remain in the home and that protective services shall continue, the Family Court shall review and approve a treatment plan designed to alleviate any danger to the child and to aid the parents so that the child will not be endangered in the future.

The plan must be prepared by the child protective services agency and shall detail any changes in parental behavior or home conditions that must be made and any services which will be provided to the family to ensure, to the greatest extent possible, that the child will not be endangered. Whenever possible, the plan must be prepared with the participation of the parents, the child, and any other agency or individual that will be required to provide services. The plan must be submitted to the court at the hearing. If any changes in the plan are ordered, the agency shall submit a revised plan to the court within two weeks of the hearing, with copies to the parties and legal counsel. Any dispute regarding the plan must be resolved by the court. The terms of the plan must be included as part of the court order.

Unless services are to terminate earlier, the agency shall schedule a review hearing before the court at least once every twelve months to establish whether the conditions which required the initial intervention exists. If the conditions no longer exist, the court shall order termination of protective services, and the court's jurisdiction shall end.

If the court finds that the conditions which required the initial intervention are still present, it shall establish:

- (1) What services have been offered to or provided to the parents;
- (2) Whether the parents are satisfied with the delivery of services;
- (3) Whether the agency is satisfied with the cooperation given to it by the parents;
- (4) Whether additional services should be ordered and when termination of supervision by the agency can be expected.

Court jurisdiction shall terminate automatically eighteen months after the initial intervention, unless, pursuant to a hearing on motion by any party, the court finds that there is clear and convincing evidence that the child is threatened with harm absent a continuation of services.

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§ 20-7-764. Approval of plan for placement of child after removal.

At the close of a removal hearing pursuant to § 20-7-736 and upon a finding that the child must be removed from the custody of the parent or guardian to the custody of a public or private agency, the Family Court shall review that agency's proposal and approve a plan for the placement of the child.

The agency shall provide the court with a specific plan as to where the child will be placed, what steps will be taken to return the child home, and what action the agency will take to maintain ties between the parent and child. Whenever possible, the plan must be prepared with the participation of the parents, the child, and any other agency or individual that will be required to provide services. The plan must be submitted to the court at the hearing. If any changes in the plan are ordered, the agency shall submit a revised plan to the court within two weeks of the hearing, with copies to the parties and legal counsel. The plan shall:

(1) Specify what obstacles exist to the return of the child, what services the parents will receive, and what actions they must take in order to enable them to resume custody;

(2) Provide for the greatest degree of contact between parent and child possible, including regular visitation and participation by the parents in the care of the child while the child is in placement. However, the court may limit visitation or other forms of contact which would be seriously detrimental to the child;

(3) Provide the child's placement as close to home as possible, unless the court finds that placement at a greater distance is necessary to promote the child's well-being. In the absence of good cause to the contrary, preference must be given to placement with the child's relatives;

(4) Provide for all reasonable services which are appropriate and available within the agency or within the community. Any dispute regarding the plan must be resolved by the court. The terms of the plan must be included as part of the court order.

§ 20-7-766. Review by Family Court of status of child removed; who may initiate review; timeliness.

The status of a child removed from his home pursuant to § 20-7-736 must be reviewed by the Family Court upon a petition brought by the protective services agency within twelve months following the child's initial removal and every twelve months thereafter. The petition must be filed with the court and served upon all parties at least seven days prior to the review hearing.

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The court may also schedule a review hearing upon its own motion or upon the motion of any party in interest, at any time prior to the twelve months. A party in interest includes but is not limited to the child, the child's legal counsel and guardian ad litem, the natural parent, the individual or agency with legal custody of the child, the foster parent, or the local advisory board for review of foster care.

When the review is initiated by the protective services agency, the agency shall attach a supplemental report to the petition which contains at least the following information:

(1) A listing of the services that have been offered to the parents and the child and an assessment of the progress that has been made in the treatment plan;

(2) A determination as to whether the child's current placement is appropriate;

(3) A listing of what obstacles remain which prevent the return of the child home and what services are recommended to remove those obstacles;

(4) The recommended disposition and a suggested timetable for attaining permanency;

(5) Any reports of the local advisory board for review of foster care which pertain to the child.

The supplemental report, reports from the agency to the local advisory board for review of foster care, and reports compiled for internal agency reviews may be made on the same form. The agency may request a review based upon the pleadings by submitting to the court affidavits from the natural parents, the child's legal counsel and guardian ad litem, the individual or agency with legal custody of the child if different from the petitioning agency, the foster parents, and the local advisory board for review of foster care showing that all are in agreement as to the recommended disposition. Upon conducting a review, the court may issue an order consistent with the pleadings and affidavits or may order all parties to appear for a full hearing.

The court may order the return of the child to his home unless it finds by a preponderance of the evidence that the return would threaten the child with harm as defined in § 20-7-490(D). If the child is returned home, the court may order agency supervision for a period not to exceed twelve months, at which time there must be a court hearing on the need for continued intervention pursuant to § 20-7-762. If agency supervision is not ordered, the court's jurisdiction shall end.

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Where the child is not returned home, the court shall establish on the record:

- (1) What services have been provided to or offered to the parents to facilitate reunion;
- (2) Whether the parents are satisfied with the services offered;
- (3) The extent to which the parents have visited or supported the child, and any reasons why visitation or support has not occurred or has been infrequent;
- (4) Whether the agency is satisfied with the cooperation given it by the parents;
- (5) Whether additional services are needed to enable the child to return to the parents, and if so, the court may order the agency to provide additional services;
- (6) Whether return of the child can be expected, and if so, when;
- (7) Whether the child is to remain in foster care for a specified time;
- (8) Whether proceedings should be initiated for permanent guardianship, termination of parental rights, or adoption; or
- (9) Whether the child should remain in foster care on a long term basis, and if so, the special circumstances that justify long term placement.

The court's jurisdiction shall end when an order of adoption or guardianship has been granted.