

## Addendum to the South Carolina 2016 Annual Progress and Services Report

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Item	Requirement	Document Name and Page Location. ACF Question/Comment	SCDSS Information
PI 15- 03  P.7.	<p><b>Update to the Plan for Improvement</b>  <i>Revisions to Goals, Objectives, and Interventions.</i> For the 2016 APSR, states should give particular attention to ensuring that goals, objectives, and interventions address the state performance on the revised CFPS statewide data indicators, systemic factors or outcomes.</p>	<p><b>Pages 55 – 129 2016 APSR</b>  <b>What are the recommendations for CPS investigation/assessment re-design? When will this all be implemented?</b>  <b>What are the recommendations for Family Preservation management re-design? When will this be completed?</b></p>	<p>The Change and Innovation Group Agency, developed and presented a plan, a revised assessment tool and process, for streamlining and shortening, where safe and applicable, the CPS Investigations/Assessments cases and Family Preservation cases.</p> <p>The revised assessment tool and process that was presented was approved by the Director of the SCDSS on 9/10/15. Three Pilot SCDSS County Offices will be selected, trained, and then implement the new assessment tool and process, monitor and revise the tool and process as required. The revised Investigation/Assessment tool and process for CPS and Family Preservation cases will increase the capacity of the same number of staff by safely allowing the staff, when appropriate, to make a CPS determination of Founded or Unfounded, and safely close Family Preservation cases, on average sooner than the average length of time a CPS or a Family Preservation case was previously open. Even with the same number of staff, when implemented and operational for a yet undetermined period of time, because cases will be determined and closed sooner, therefore caseload sizes will eventually decrease. The tool and process developed and approved to Pilot, will provide a “clear, reliable, objective safety and risk assessment that can be used from the start of a CPS Investigation/Assessment through to the final decision-making to close a Family Preservation case for Child Welfare Practitioners and Supervisors. Practitioners will be properly investigating family safety and risk, developing an effective plan to achieve sufficient protective capacity, and making consistent reunification decisions based on best practices and in accordance with state, law, federal requirements and agency policy.”</p> <p>Following the revision and approval of the revised tool and process, the re-design will be expanded and implemented in other counties.</p> <p>The next step is to select 3 SCDSS County Offices to pilot the new tool and process, a small, a medium, and a large county. Instructions for the use of the revised tool and process will be created, training of the staff will follow before implementation in the Pilot SCDSS County Offices. The objective is to select the</p>

		<p><b>How will SuccessFactors learning management system “reduce the cost and increase the efficiency of face to face delivery of training”?</b></p> <p><b>What will be the end result of the “facilitated discussion” after a QA case review is completed?</b></p> <p><b>What is the county expected to do as a result?</b></p>	<p>Pilot Counties and begin the process in the first quarter of FFY 2016.</p> <p>Lower administrative costs for training program management.</p> <p>Reduced travel and facility costs with eLearning and virtual classrooms.</p> <p>Increased efficiency due to employee implementation of increased skills and knowledge.</p> <p>Decreased employee turnover costs by providing focused training and development.</p> <p>Improved agency performance by ensuring training activities strategically align with employee development needs.</p> <p>More efficient tracking of training and certification.</p> <p>Reduced support costs by utilizing a Cloud-based Learning Management System rather manual tracking of training and certification.</p> <p>The phrase “Facilitated Discussion”, as used in the 2016 APSR, has been replaced at the SCDSS by the phrase “Quality Assurance Debriefing”. The end result of the “Quality Assurance Debriefing” is the development of an action plan to address one or more of the Items which have an Area Needing Improvement (ANI) rating in the Quality Assurance Review. The immediate result of the first day is to have had a discussion of the Quality Assurance Review data, a discussion of information related to and impacting the Quality Assurance Area Needing Improvement rating.</p> <p>The County is expected to schedule a meeting for the SCDSS County Office leadership to develop an action plan to address the Item(s) with an ANI. This meeting will include information from local stakeholders related to the Item(s) with an ANI rating. Through the implementation of action plan, the County Office is expected to have focused attention on the Item(s), and have subsequent improvement in the Item(s), so that the ANI becomes a Strength in the next QA Review in that County.</p>
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		<p><b>How are their improvements tracked?</b></p> <p><b>How are they assisted with implementing change?</b></p> <p><b>Caseload staff (p.56): the Date this was submitted to ACF was 9/17/14 not 2015.</b></p> <p><b>What is the specific career ladder plan?</b></p> <p><b>What is the plan for hiring and training all the new staff (180+ positions)?</b></p>	<p>The action plan and improvements will be monitored by the CQI Director through reports to his office. Their improvements will be tracked through future QA Reviews and if applicable through data points that are available through the SCDSS Child and Adult Protective Services System (CAPSS). There will be weekly "Team (SCDSS County Office) Progress Calls" and monthly "Mappings". "Mappings" are a tool of the Signs of Safety initiative in South Carolina. "Mappings" will be a part of one of the progress calls with the County Office to list and explore "What is working well?", "What is a concern, not working well?", "What needs to happen?"</p> <p>The action plan that will be developed, following the Quality Assurance Debriefing, will include action steps for the support needed to assist that improvement. This assistance may take the form of formal, ongoing training/technical assistance, assistance from SCDSS Performance Coaches, community support, increased Guided Supervision from Caseworker Supervisors, the weekly team progress calls and Mappings, and any other assistance needed that is discovered through development of the action plan.</p> <p>Correction made to 9/17/14.</p> <p>The SCDSS career ladder is still in the developmental phase of the proposal, exploring the budget viability of all the options. As of 9/22/15, the development is temporarily on hold.</p> <p>The SC Legislature allocated funds for 177 Full-Time employment caseworker and caseworker supervisor positions at the SCDSS in the 2015-2016 SFY. The plan is to move as many as possible Temporary Grant employee caseworkers into the new FTE positions, then backfilling the vacant TGE positions with current Temporary Hourly employees and new hires. Group interviews have been ongoing in some counties with larger number of required staff to be hired, and recruitment events are being held on Saturdays with applicants invited to the Saturday event. These applicants will participate in group interviews, and possibly</p>
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		<p><b>How is the State looking at exits from care and how this might be impacting caseloads, e.g. if children are spending long periods of time in care and not moving to permanency, then caseloads will continue to rise?</b></p>	<p>individual interviews following in the afternoon if selected.</p> <p>Training- The plan also includes contacting retired former SCDSS caseworkers and supervisors and asking them to return to County Offices and serve as mentors to new staff, both new caseworkers and new caseworker supervisors. Child Welfare Basic Training, by the University of South Carolina, Center for Child and Family Studies, has been shortened to 6 week CW Basic training cycles, increasing the number of cycles and students being certified in one year. The time to obtain Child Welfare Caseworker Certification has also been shortened by (2016 APSR P. 38) the Legal Component of Child Welfare Basic training from the Children’s Law Center having been detached from Child Welfare Basic, which will enable new staff to be certified and deployed to the field more quickly, rather than waiting on the four (4) day additional training from CLC. The legal training from CLC is still required to be completed by all new staff within a ninety (90) day time period after they complete CWB.</p> <p>According to The Change and Innovation Agency Group, in a study of SCDSS caseload sizes during FFY 2015 in for a re-design of the Investigation/Assessment tools and process of the SCDSS, they indicated that the bottleneck impacting caseloads is not caused by foster care caseloads not closing. There is a bottleneck primarily because of CPS and Family Preservation cases failing to close in a timely manner that is impacting caseload sizes. (2016 APSR P. 154) “As a result of the adoption and reunification objectives and the practice supporting these permanencies, the number of children in foster care declined by 990, from 2,547 at the end of FFY 2010 to 1,557 as of April 2014. The following table shows the trend of children in foster care under age five from FFY 2010- FFY 2014.” (2016 APSR P. 24) The state significantly improved its performance on achieving permanency for children in foster care for long periods of time, meeting the national standard in the FFYs 2012 and 2013. Many of the children who remain in need of a “Forever Family” have been more difficult to place for adoption than those placed in the FFYs 2012-2013, as evidenced by being legally free for 6 months or more. Many of these children are older teens and/or in sibling groups. A Permanency Objective was developed focusing on these children who have been legally free for 6 months or more.</p>
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		<p><b>What is being done about the workers who have the extremely high caseloads (APSR gave examples, but how are you immediately alleviating this?)</b></p>	<p>Team Leaders have developed an action plan for reducing extremely high caseloads in 4 SCDSS County Offices (<b>Charleston, Richland, Lexington &amp; Spartanburg</b>), approved on 9-22-15 by the SCDSS Director. The plan is attached. For the 3 Pilot SCDSS County Offices of the revised CPS and Family Preservation assessment tool and process, alleviating the challenges of their extremely high caseloads will happen sooner, planned to occur in FFY 2016. See above at “What are the recommendations for CPS investigation/assessment re-design? When will this all be implemented?”, and “What is the plan for hiring and training all the new staff (180+ positions)?” for other actions.</p>
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PI 15-03 P.10.	<p><i>Update on Service Description: Populations at Greatest Risk of Maltreatment</i>            Describe any changes to the populations outlined in the 2015-2019 CFSP at greatest risk of maltreatment and any changes to services that will be targeted to this population. Describe the activities the state has undertaken since the submission of the 2015-2019 CFSP to target services to these populations.</p>	<p><b>Pages 150-153 of 2016 APSR</b></p> <p><b>The focus continues to be on 0-3 population.</b></p> <p><b>But how is the State measuring the effectiveness of the programs implemented for this population?</b></p>	<p><b>South Carolina Maternal, Infant, and Early Childhood Home Visiting</b>            The state has not established measures for the effectiveness of the programs. The state will evaluate the possibility of establishing a measure(s) for the effectiveness of the programs.</p> <p><b>BabyNet</b>            The state has not established measures for the effectiveness of the programs. The state will evaluate the possibility of establishing a measure(s) for the effectiveness of the programs.</p> <p><b>Child Care Inclusion</b>            The state has not established measures for the effectiveness of the programs. The state will evaluate the possibility of establishing a measure(s) for the effectiveness of the programs.</p> <p><b>Head Start</b>            The state has not established measures for the effectiveness of the programs. The state will evaluate the possibility of establishing a measure(s) for the effectiveness of the programs.</p>

		<p><b>Nurturing Center</b>  Home-Based Services:  Center-Based Services (Core Program):  Follow-Up Services:</p> <p>The SCDSS does not have a contract with the Nurturing Center. The funding of the programs provided by the Nurturing Center are provided by Medicaid funding.</p> <p>The state has not established a measure of effectiveness of the programs. The contractor has reported that the effectiveness of the programs is measured by: through 4/1/15 for FFY 2015, <b>7 children have been reunified with their birth parent during this reporting period</b> (Permanent placement). Program achieved a reunification percentage of 39%. A contract for services with the Nurturing Center is being explored. The state has not established measures for the effectiveness of the programs. The state will evaluate the possibility of establishing a measure(s) for the effectiveness of the programs.</p> <p><b>Community-Based Prevention Services</b></p> <p>The state monitored compliance within the scope of the programs in the 2 contracts for Community-Based Prevention Services. The state has not established a measure of effectiveness of the Community-Based Prevention Services. The SCDSS has partnered with the Casey Family Programs to evaluate differential/alternative response, Community-Based Prevention Services. This action step is 1.1.1c of the 2016 APSR Updated Plan For Improvement / Strategic Action Plan. The scope of the new contract with 1 provider for Community-Based Prevention Services includes developing and using a tool to measure the effectiveness of the programs.</p> <p><b>Family Care Centers</b></p> <p>The state has not established measures for the effectiveness of the programs. The state will evaluate the possibility of establishing a measure(s) for the effectiveness of the programs, if they continue to operate. Currently, the Family Care Centers are struggling to completely fund their operations and to increase the number of referrals.</p>
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		<p><b>How is the State measuring progress of the strategies?</b></p>	<p>Measuring progress of the strategies is understood as referring to the Objectives in the 2016 APSR Updated Plan for Improvement / Strategic Action Plan.</p> <p><b>South Carolina Maternal, Infant, and Early Childhood Home Visiting</b>  These services are not directly connected to an Objective in the 2016 APSR Updated Plan For Improvement.</p> <p><b>BabyNet</b>  These services are not directly connected to an Objective in the 2016 APSR Updated Plan For Improvement.</p> <p><b>Child Care Inclusion</b>  These services support Well-Being 1 in Goal 2, Objective 1, along with Well-Being 3 in Goal 2, Objective 2.  These Objectives are measured through the scores of QA Reviews.</p> <p><b>Head Start</b>  This service is not directly connected to an Objective and Strategy in the 2016 APSR Updated Plan For Improvement.</p> <p><b>Nurturing Center</b>  These services provided by the Nurturing Center support Well-Being Outcome 1 in Goal 2, Objective1, Well-Being 3 in Goal 2, Objective 2, and Permanency 1 in Goal 3, Objective 1.  These Objectives are measured through the scores of QA Reviews.</p> <p><b>Community-Based Prevention Services</b>  These services support Safety 1 in Goal 1, Objective 1.  This Objective is measured through the scores of QA Reviews.</p> <p><b>Family Care Centers</b>  These services support Well-Being 1 in Goal 2, Objective 1, and Well-Being 3 in Goal 2, Objective 2.  These Objectives are measured through the scores of QA Reviews.</p>
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PI 15- 03  P.10.	<i>Services for Children Under the Age of Five</i> Describe the activities the state has undertaken since the submission of the 2015-2109 CFSP to reduce the length of time that young children under age five are in foster care without a permanent family. Describe the activities undertaken to provide developmentally appropriate services to this population. Provide the results of the activities and any updates to the state's plan. (Note: CB understands this requirement to apply to all children under age 5 in foster care regardless of the child's permanency plan, legal status or placement status.)	<b>Pages 153 – 159 of 2016 APSR</b>  <b>Some of the numbers reported are not clear, e.g. you provided the # of foster children enrolled in Head Start, but how many total are eligible? In other words, what's the percentage of children in foster care eligible for enrollment, against the total # actually enrolled. Is that improving over time?</b>	The percentage of eligible children in foster care who were enrolled in Head Start has decreased from FFY 2013 to FFY 2014 from 5.48% to 4.14%. The following is data for the number of children in foster care in Head Start in SC as reported by the Atlanta Regional Office of Head Start in their annual report in December 2013 and 2014, FFY 2013 = 127 FFY 2014 = 107 Total number of children in Foster Care ages 0-5 in SC from CAPSS data at the SCDSS. 2317 for one day or more during FFY 2013. 2583 for one day or more during FFY 2014. Percentage of children in foster care in Head Start in SC for: FFY 2013 = 5.48% FFY 2014 = 4.14% The SCDSS Child Care Unit will be working with management during FFY 2016 to review the issue and ensure that foster kids are given the best opportunity to attend quality Head Start programs, and provide a report in the 2017 APSR.

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PI 15- 03  P. 14- 15.	<i>8. Adoption and Legal Guardianship Incentive Payments</i> States should address in the 2016 APSR any issues or challenges the state has encountered in expending funds in a timely manner and how it will address those challenges	<b>Page 186 of 2016 APSR</b>  <b>This area seems unclear. State is discontinuing concurrent planning specialists and SC Youth Advocate. What are the reasons? Are other things on pages 184-185 staying in place? How will the funds be used beyond recruitment?</b>	The contract for Concurrent Planning Specialists was discontinued because Winthrop University, with whom this contract was held, chose to discontinue the contract. The contract with the SCYAP was discontinued because of the success of the SCDSS Region 4 (Pee Dee Area) Pilot Project of Regional Recruiting Office of foster and adoptive resources. The funding previously used for these two contracts is being used for foster and adoption recruitment events and publicity in all five SCDSS Regions, and as part of the funding for the development of the SCDSS Regional Licensing, Recruitment, and Retention System with SCDSS staff in each of the five Regions, specifically to support the SC Updated Targeted The Foster and Adoptive Diligent Recruitment Plan.

			All of the other programs listed on pages 184-185 are staying in place. As indicated in the 2016 APSR, in addition to being used for recruitment, the funds will be used for Adoption Assistance Payments.
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PI 15-03  P. 16	Describe how CAPTA state grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2014.	P. 189-197 of 2016 APSR <b>Cannot locate information in the APSR that outlines how CAPTA grant funds are to be used.</b>	<a href="#">See attached</a> SCEIS report which lists the expenditures that were charged to the CAPTA grant during SFY2015.

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PI 15-03  P.18.	<b>Section E. Chafee Foster Care Independence Program</b> Provide information on the planned activities for FY 2016, including any planned use of funds in support of the new eighth purpose relating to engagement in age or developmentally appropriate activities.	P.199-2014 of 2016 APSR <b>How are funds being spent in FY 2016? Pages 203-204 provide activities, but no estimated amounts.</b>	<b>Planned Activities For FFY 2016, related to the 8 Chafee Foster Care Independence Program Purposes, not in the Strategic Action Plan, estimated expenditures..</b> <b>Purposes 1-3, 5, 7, 8</b> - Add computers for High School Juniors and Seniors, effective July 2015. <b>\$75,000</b> <b>Purposes 1-8</b> - Develop an IL poster, brochure and website, and an IL Exit Checklist for youth to complete when they leave foster care. <b>\$3,000</b> <b>Purposes 1-8</b> - Develop a Youth Group curriculum. Cost for printing and binding. <b>\$1,500</b> <b>Purposes 1-8</b> - Update the IL Guidelines Booklet. <b>\$6,000</b> <b>Purposes 1, 4, 5, 8</b> - Partner with the SC Campaign to Prevent Teen Pregnancy to develop a curriculum for adult care providers

			<p>and the SCDSS staff to use with youth. <b>\$0</b></p> <p><b>Purposes 1-8</b> - Develop a Youth Group Facilitator Training Manual. <b>\$2,500</b></p> <p><b>Purposes 1-8</b> - Train the SCDSS County Offices' Business Office Staff on all of the available IL services and the IL funds disbursement process. <b>\$0</b></p> <p><b>Purposes 1-8</b> - Update the PATTY transitional form. <b>\$0</b></p> <p><b>Purposes 4, 8</b> - Collaborate with SC Equality to provide training for staff and youth regarding cultural competency and awareness for LGBTQ youth. <b>\$0</b></p> <p><b>Purposes 1-8</b> - Work with partners to create programs and services specifically for youth ages 17-21. <b>\$100,000</b></p> <p><b>Purposes 1-8</b> - The SCDSS IL Unit is planning training events for some of the IL youth and IL Unit staff training, provided by Clemson University Youth Learning Institute, for Leadership Development and Sibling Connections. <b>\$160,000</b></p> <p><b>Purpose 8</b>- Add prom attire reimbursement to High School Senior <b>\$4,000</b></p> <p><b>Purpose 8</b> - Add bicycles for ages 13-16, effective July 2015. <b>\$17,000</b></p> <p><b>Purposes 1-8</b> - Develop IL desktop training modules through the CCFS. <b>Chafee funds are not being used.</b></p>
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PI 15- 03  P.20.	<p><b><i>Health Care Oversight and Coordination Plan</i></b> (HCOCP)</p> <p>Describe the progress and accomplishments in implementing the state's 2015-2019 Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care.</p>	<p>Provided in attachment.</p> <p><b>What is the State's progress toward implementing the Passport?</b></p> <p><b>How is the State tracking the children on psychotropic medication? (It appears that more work will need to be done in this area. CB discussed adding this to the technical assistance plan).</b></p>	<p>The state continues to gather procedure codes and data, and a CAPSS workgroup has been formed at the SCDSS and has been meeting. No other progress has been made in developing and implementing the Health Passport and tracking psychotropic medication than what is in the Updated Health Care Oversight and Coordination Plan in the 2016 APSR. As indicated in the 2016 APSR HCOCP, now that the SCDSS has hired a part-time Psychiatrist for the FFY 2016, and a full-time Clinical Supervisor on the SCDSS staff, the state expects progress will be made in the FFY 2016.</p>

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PI 15- 03  P.22.	Statistical and Supporting Information: <i>Juvenile Justice Transfers</i> : Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2014 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data.	<b>Page 216 of SC APSR</b>  <b>CAPPS does not track transfers of foster children to/from JJ system. Child remains in custody of SCDSS. Are there plans to address this?</b>	Currently, when children in foster care go to a DJJ facility, it is documented with a DJJ placement on the Foster Care service line. Likewise, when children leave a DJJ facility and re-enter a foster care placement, it is entered into CAPSS. The SCDSS will track and report transfers of foster children to/from the DJJ system in the 2017 APSR per the Program Instructions.

Item	Requirement	Document Name and Page Location. ACF Question/Comment	SCDSS Information
PI 15- 03  P.23.	<p><i>Sources of Data on Child Maltreatment Deaths</i>:</p> <ul style="list-style-type: none"> <li>• Describe all sources of information relating to child maltreatment fatalities that the state agency currently uses to report data to NCANDS;</li> <li>• If the state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS, explain why any of these sources are excluded; and</li> </ul> <p>If not currently using all sources of child maltreatment fatality data listed in the previous bullet, describe the steps the agency has taken and will take to expand the sources of information used to compile this information.</p>	<p><b>Pages 216 – 218 of SC APSR</b></p> <ul style="list-style-type: none"> <li>• <b>State describes sources of information related to child maltreatment fatalities.</b></li> </ul> <p><b>For non-DSS cases, are these reported to SLED and are they entered into NCANDS?</b></p>	<p>The non-DSS cases that meet the below criteria are reported in the NCANDS Agency File. The following statement was included in the 2014 NCANDS Commentary.</p> <p><b>FATALITIES</b> The coroner, medical examiner, law enforcement, and the Department of Health and Environmental Control (Bureau of Vital Statistics Division) report all child deaths that were not the result of natural causes, to the State Law Enforcement Division (SLED) for an investigation. SLED refers their findings to the State Child Fatality Committee for a review. The children whose deaths appear to have been a result of child maltreatment by someone acting in the role of loco parentis are reported to DSS by SLED during their investigation. This list is compared to the agency SACWIS system by name, date of birth, date of death, and parents' names to ensure there is no duplication in reporting to NCANDS.</p>

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PI 15- 03  P.23.	<p><b>3. Education and Training Vouchers:</b> Identify the number of youth (unduplicated) who received ETV awards from July 1, 2013 through June 30, 2014 (the 2013-2014 school year) and July 1, 2014 through June 30, 2015 (the 2014-2015 school year). States may estimate a total if they do not have the total number for the 2014-2015 school year.</p> <p>Report the number of youth who were new voucher recipients in each of the school years. <b>To facilitate more consistent reporting, please use Attachment E for a format to report information on the ETVs awarded.</b></p>	<p><b>Pages 213 – 218 of 2016 APSR</b> <b>Need to provide Attachment E</b></p>	<p>Attachment E is attached.</p>

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PI 15- 03  P.23.	<p><b>4. Inter-Country Adoptions:</b> Report the number of children who were adopted from other countries and who entered into state custody in FY 2014 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution.</p>	<p><b>Page 218 of 2016 APSR</b> <b>Only 3 children. CAPPS doesn't have a way to code or link information to international adoption, but a fix is being developed. What is the time frame for this to be done?</b></p>	<p>An international adoption dictation code was added to the Child and Adult Protection Services System for a home study, in August 2014.</p> <p>The SCDSS will request technical assistance to develop a process for obtaining and tracking this required data. This will be added to the state's Updated Plan For Improvement / Strategic Action Plan.</p>