SOUTH CAROLINA EARLY CHILDHOOD ANNUAL DATA REPORT 2014

written by Molly Griggs, M.Ed.,
with assistance from Katy Sides, M.P.A
and from Caitlin Vaka
October, 2014

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INSTITUTE *for* CHILD SUCCESS

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The Institute for Child Success (ICS) is a private, nonpartisan research and policy organization that fosters public and private partnerships to align and improve resources for the success of young children in South Carolina and beyond. ICS research efforts are spearheaded by a highly qualified Research Committee of academics and researchers, representing six universities across the state.

This databook is a catalog of readily accessible information in the public domain for use by anyone (citizens, parents, service providers, public officials, foundations, and others) with an interest in early childhood indicators of family environment, physical health, emotional well-being and cognitive development.

It is ICS's hope that this databook will become an annual publication that will provide easier access to more public domain early childhood indicators as they become available. ICS encourages its partners to increase the quality, accessibility, and frequency of data shared with the public. ICS hopes that this databook begins an open dialog among early childhood organizations so that data can drive policy and other decisions leading to positive outcomes for young children in South Carolina.

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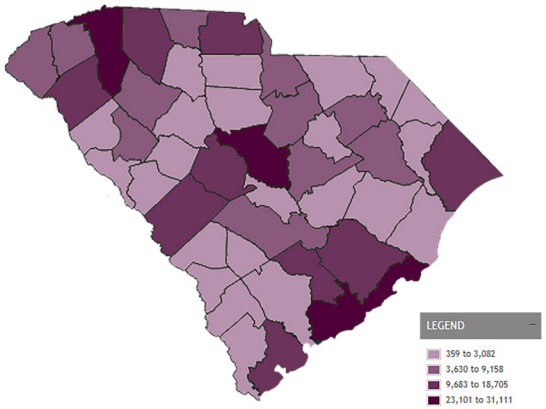
(introduction)

Mounting research demonstrates that children's earliest development, even beginning before birth, dramatically influences their future growth and potential.[1] In fact, at the time of birth, 25% of an individual's brain growth has already occurred. By the age of five, the brain has grown to 90% of its adult size.[2] This extensive development involves areas of the brain that govern personality, fine and gross motor skills, emotional responses, learning processes, and self-regulation. The changes in the brain during this time have lasting influences on long-term development.



CHILDREN UNDER 5 YEARS OF AGE BY RACE/ ETHNICITY: TOTAL UNDER 5-YEARS-OLD (NUMBER) - 2012

Children's Trust of South Carolina
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

In 2014, South Carolina ranked 45th in the nation for child well-being.[3] An emphasis on improving the well-being of children from birth to age five is critical to increasing the potential for South Carolina's future adults. In 2012, South Carolina had a population of 4.7 million, of which 1.1 million were under the age of eighteen. Children under the age of 5 comprised 27% of the child population with 292,316 individuals.[4] This report provides a snapshot of the well-being of these youngest citizens of the state.

Understanding the Indicators

The most comprehensive definitions of child well-being focus on multiple domains of child development, including physical health, emotional well-being, and cognitive development. Researchers of child well-being additionally recognize that a child's home environment significantly impacts immediate well-being and long-term development. A set of indicators was chosen based on research showing that they predict both immediate well-being and long-term outcomes.[5] One major finding of this report is that data does not currently exist statewide for several primary indicators. These primary indicators provide the strongest and clearest data to reflect early childhood wellbeing in the state. In the absence of these data, this report makes use of proxies, secondary indicators with available data that provide some reference point, albeit one not as clear or direct as the primary indicators would provide. Discovering and filling gaps in statistics can help paint a broader and more useful portrait of child wellbeing in our state. Improving the quality and accessibility of early childhood data in South Carolina should continue to be a goal for all stakeholders in the early childhood arena. As South Carolina continues to invest in its youngest children, we expect the indicators discussed in this report to reflect the state's success in improving early childhood well-being.

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1. The Institute for Child Success acknowledges the work of the Community Psychology Research Lab at UNC Charlotte on their report "Institute for Child Success: Evaluation Plan (2013)." Some of the data points referenced in this paper were uncovered in their research.
2. Dekaban, A.S., & Sadowsky, D. (1978). Changes in brain weight during the span of human life: Relation of brain weights to body heights and body weights. *Annals of Neurology, 4*, 345–56.
3. KIDS COUNT (2014). *2014 Data Book: State Trends in Child Well-Being*. Baltimore, MD: Annie E. Casey Foundation. Available online at aecf.org.
4. U.S. Census Bureau, Population Estimates. Data provided by Children's Trust of South Carolina. Available online at http://datacenter.kidscount.org/data#SC/2/0.
5. Pollard, E.L., & Lee, P.D. (2003). Child well-being: A systematic review of the literature. *Social Indicators Research*, 61, 59-78. Federal Interagency Forum on Child and Family Statistics (2013). *America's Children: Key National Indicators of Well-Being, 2013*. Washington, DC: United States Government Printing Office.

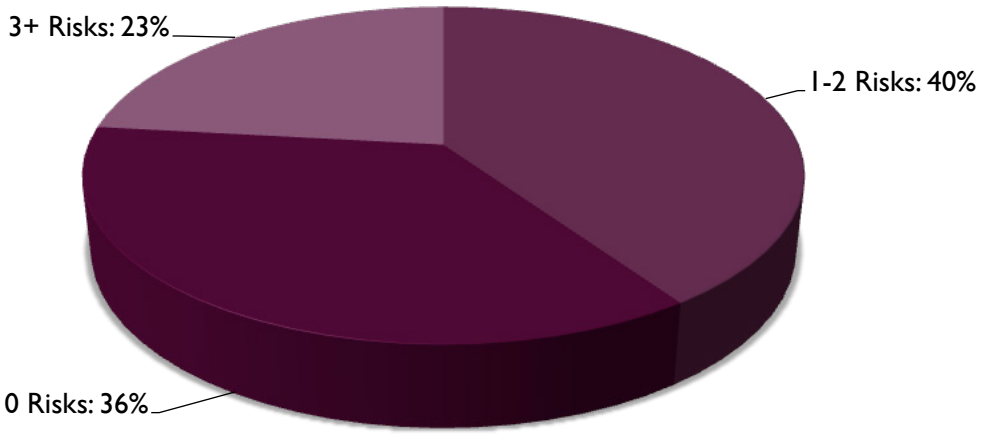
Early Childhood Well-Being Indicators			
Family Environment	**Physical Health**	**Emotional Well-Being**	**Cognitive Development**
Family income Parent education Parental employment Teenage motherhood Family engagement	Prenatal care Substance use Domestic abuse Preterm births Low birth weight Infant mortality Breastfeeding Immunizations Medical care Oral health Obesity	Maternal depression Abuse and neglect	Developmental Delay Child care Head Start Pre-kindergarten School Readiness

(family environment)

Regarding early child development, there is no greater influence than family. The family environment provides the context in which a child develops and can provide positive support for proper development or create risk factors for childhood problems.

According to the National Center for Children in Poverty, 634 of South Carolina children ages 0-5 are experiencing at least one risk factor for poor health, school, and developmental outcomes. These risk factors include, but are not limited to, low family income, low parent education, unemployed parents, and teenage motherhood. Twenty-three percent of young South Carolina children are experiencing three or more risk factors, making them exceptionally vulnerable to negative outcomes.[6]

Children Under Age 6 Experiencing Multiple Risks in SC



Source: National data were calculated from the 2012 American Community Survey, representing information from 2012. State data were calculated from the 2010-2012 American Community Survey, representing information from the years 2010 to 2012.

6. National Center for Children in Poverty. Young Child Risk Calculator. Available online at http://www.nccp.org/tools/risk/.

Family Income

Experiencing poverty in childhood has long been associated with many of the indicators discussed in this report, including poor birth outcomes, poor health, lead poisoning, infant mortality, developmental delays, academic underachievement, mental health problems, teen pregnancy, obesity, housing instability, maltreatment, and high home stress levels. While research has not yet been able to fully explain the ways in which poverty plays a role in these outcomes, it is well accepted that living in poverty is a risk factor for a lower quality of life.[7]

In 2012, the median family income (with children) in South Carolina was $48,800, about $10,000 less than the national median.[8] In 2012, 32% of South Carolina children under the age of five lived in poverty, which is defined as a family income of less than $22,350 for a family of four. More than half of South Carolina children under the age of six live in families considered to be low-income (defined as income below 200% of the federal poverty level or $44,700 in 2011). Minority children are far more likely to be low income than their non-Hispanic White counterparts.[9]

The government has a number of programs to attempt to ameliorate the effects of poverty on families, and in 2013, 12,371 South Carolina families, on average, with 21,994 children under the age of 18 received Temporary Assistance for Needy Families (TANF) benefits monthly.[10] One hundred eighty-three families with 118 preschool aged children received benefits under the Supplemental Nutrition Assistance Program (SNAP),[11] representing 82% of eligible families.[12] In 2012, 365,359 students were receiving free and reduced lunch, which represented an increase of 4.8% over the number of students in 2011.[13] In March 2013, 123,428 individuals were enrolled in Women, Infants, and Children (WIC), down 4.8% from the same time in the previous year.[14]

Parent Education

Parental education levels are associated with parental involvement in education, academic expectations, academic achievement, and adult employment stability. Additionally, due to the increased earning potential associated with higher educational attainment, parental education levels are associated with children's socio-economic status in early childhood.[15]

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7. Brooks-Gunn, J., & Duncan, G.J. (1997). The effects of poverty on children. *Children and Poverty, 7(2),* 55-71. Dahl, G., & Lochner, L. (2008). The impact of family income on child achievement: Evidence from the Earned Income Tax

8. KIDS COUNT National Data Center. Accessed online August 2014 at http://datacenter.kidscount.org.

9. National Center for Children in Poverty. *South Carolina: Demographics of Low-Income Children*. Retrieved August 2013 from http://nccp.org/profiles/state_profile.php?state=SC&id=6.

10. Note: Numbers not available for children under the age of 6. US Department of Health and Human Services, Administration for Children and Families. 2013 Temporary Assistance for Needy Families Caseload Data. Retrieved August 2014 from http://www.acf.hhs.gov/sites/default/files/main/2013_family_tan.pdf.

11. US Department of Agriculture, Food and Nutrition Services. 2012 Supplemental Nutrition Assistance Program data tables. Retrieved July 2013 from http://www.fns.usda.gov.

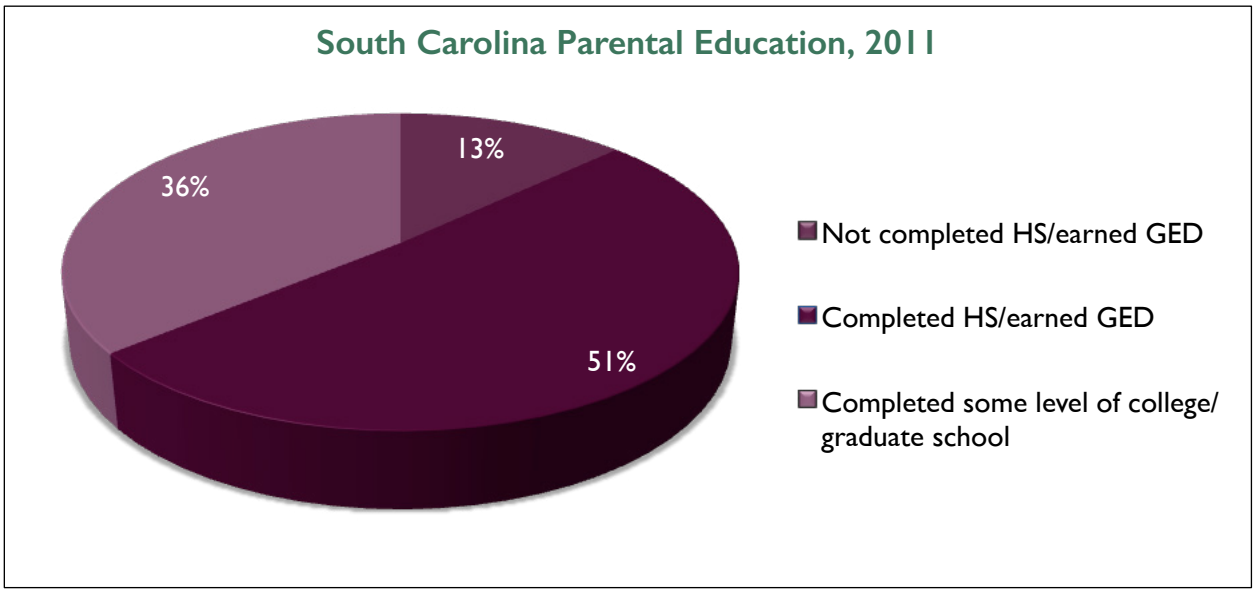
12. Food Research and Action Center website. Accessed July 2013 at http://frac.org.

13. Food Research and Action Center website. Accessed October 2013 at http://frac.org/reports-2/.

14. USDA, FNS. Women, Infant, and Children program data. Retrieved July 2013 from http://www.fns.usda.gov/pd/27wilatest.htm.

15. Dubow, E.F., Boxer, P., & Huesmann, L.R. (2009). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, children aggression, and teenage aspirations. Merrill Palmer Quarterly, 55(3), 224-49.

In 2012, 13% of South Carolina parents had not completed high school or earned their GED. Fifty-one percent of South Carolina parents completed high school or earned their GED, and the remaining 36% of parents went on to complete some level of college or graduate work.[16]



Stable and sufficiently-compensated parental employment has many positive benefits for young children. Children whose parents have stable employment are more likely to be in better health, have stable housing, and more positive home environments.[17]

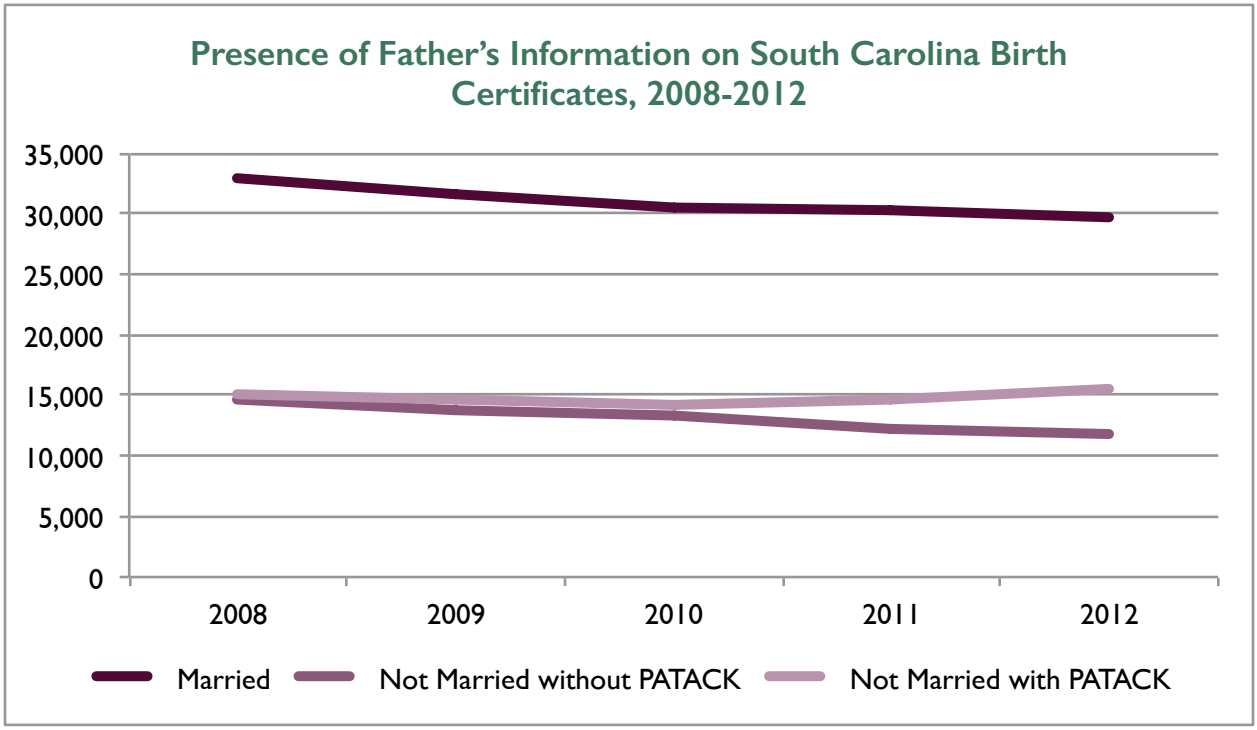
In 2012, 11% of South Carolina children under age six had parents who were not working.[18] Parents' ability to work can be affected by their parenting responsibilities, and in 2007, 12.1% South Carolina parents of children under age five had work life impacted by child care issues.[19]

Family Structure

Family structure impacts the economic well-being of children as well as parental access to resources. Children of unmarried mothers are more likely to live in poverty than children of married mothers and face a higher risk of adverse birth outcomes.[20] While there are no data currently available on the number of children 0-5 living in single-parent households or living with adults other than their parents in South Carolina, there are data on the presence of father's information on the birth certificate of children in the state. A father's information can either be recorded on a birth certificate through his marriage to the child's mother or through completion of an "Acknowledgement of Paternity" (PATACK) form that adds the father's information to the birth certificate. While this does not fully give the picture of the status of the family structure for children in South Carolina, it is proxy data for single parent

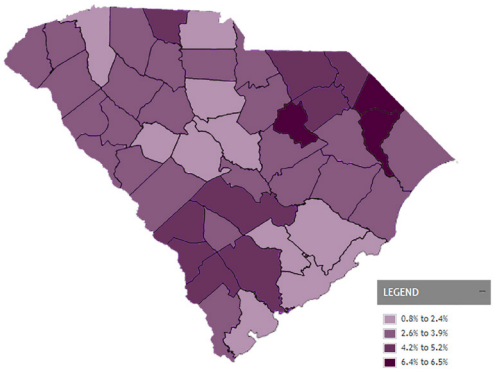
16. KIDS COUNT National Data Center. Accessed online July 2014 at http://datacenter.kidscount.org.
17. Harvey, E. (1999). Short-term and long-term effects of early parental employment on children in the National Longitudinal Survey of Youth. *Developmental Psychology, 31(2),* 207-27. Stevens, A.H., & Schaller, J. (2011). Short-run effects of parental job loss on children's academic achievement. Economics of Education Review, 30(2), 289-99. Child Trends' website. Accessed July 2013 at http://www.childtrends.org/?indicators=secure-parental-employment#sthash.sr4vfdnY.dpuf.
18. KIDS COUNT National Data Center. Accessed online July 2014 at http://datacenter.kidscount.org.
19. National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved July 2013 from www.childhealthdata.org.
20. Federal Interagency Forum on Child and Family Statistics (2013). *America's Children: Key National Indicators of Well-Being, 2013.* Washington, DC: United States Government Printing Office.

home at birth. From 2008 to 2012, 77% of birth certificates included information on the baby's father.[21]



Teenage Motherhood

Children born to teenage mothers are at high-risk for problems in long-term development. Teenage mothers are less likely to receive adequate and timely prenatal care. They are also more likely to suffer from high blood pressure and its complications during pregnancy, give birth to low birth weight and premature infants, and never breastfeed after birth. Children born to teenage mothers tend to have worse physical and mental health than those born to older mothers, but despite this, are about half as likely to receive mental health care. They are also more likely to live in a single-parent home, which puts them at risk for increased poverty, abuse, abandonment, neglect, and foster care. Children of teenage mothers tend to score lower on cognitive tests, have lower grade point averages, repeat a grade, drop out of school prior to completing high school, be incarcerated, and become teen parents themselves.[22]



21. South Carolina Department of Health and Environmental Control. "SCAN Birth Certificate Data." Retrieved November 2012 from http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx.
22. Furstenberg, F.F., Levine, J.A., & Brooks-Gunn, J. (1990). The children of teenage mothers: Patterns of early childbearing in two generations. *Family Planning Perspectives*, 22, 54-61. National Campaign to Prevent Teen Pregnancy. *What Doctors Should Know About The Impact of Teen Pregnancy on Young Children*. Retrieved July 2013 from http://www.teenpregnancy.org/resources/reading/pdf/tots.pdf. Pasarell, S. (1995). *Adolescent Childbearing and Education and Economic Attainment*. Advocates for Youth. Retrieved July 2013 from http://www.advocatesforyouth.org/publications/factsheet/fsadlchd.htm.

In 2011, South Carolina had a teen pregnancy rate of 25.1 per 1,000 girls and a teen birth rate of 20.2 live births per 1,000 girls. Among girls ages 15-19, the pregnancy rate was 48.1 pregnancies per 1,000 girls, and the birth rate was 36.6 live births per 1,000 girls. This represented a six percent reduction over the 2011 birth rate for teenagers aged 15-19. Eighteen percent of these births were to a teen mother who had already given birth at least once.[23]

Family Engagement

Positive interactions between parents and young children lay the groundwork for supportive relationships and engaged parenting throughout a child's life. Engaged parents spend time each day with their child reading books, singing songs, and spending time interacting in a positive and developmentally appropriate manner. Young children who have warm relationships with their parents tend to have better coping, behavior and emotional management, and problem-solving skills. These skills help them to succeed in school and have healthy relationships.[24]

In 2012, 77.5% of South Carolina families with children under age six ate meals together four or more days per week. Just over half of South Carolina families with young children sang songs with them or told stories to them every day.[25]

Research has shown that one of the most important influences on a children's readiness for school, ability to read, and love of learning is the frequency with which they are read to by their parents and caregivers. Being read to aloud builds language, pre-reading, and comprehension skills beginning before a child can even speak.[26] In 2012, less than half (48.3%) of South Carolina parents reported reading aloud to their children every day, and 16.7% of South Carolina children were read to less than three times per week.[27] In 2011-2012, 7.4% of children ages zero to five lived in households where their parents read to no days a week. Since 2003, more parents are reporting reading to their children less.[28]

(physical health)

Child development begins before birth, and an individual's prenatal experiences lay the ground work for future development. This section examines health indicators beginning before birth and continuing until age five.

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23. South Carolina Department of Health and Environmental Controls. South Carolina Community Assessment Network (SCAN). Available online at http://scangis.dhec.sc.gov/scan/pregnancy/input.aspx.
24. Lerner, R.M., Rothbaum, F., Boulos, S., & Castellino, D.R. (2002). Developmental systems perspective on parenting. In M.H. Bornstein (Ed.), *Handbook of Parenting* (2nd ed.) (pp.315-344). Mahwah, NJ: Erlbaum. National Scientific Council on the Developing Child (2004). Young children develop in an environment of relationships: Working Paper No. 1. Retrieved August 2013 from www.developingchild.harvard.edu.
25. National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved July 2014 from www.childhealthdata.org.
26. Russ, S., Perez, V., Garro, N., Klass, P., Kuo, A., et al. (2007). Reading Across the Nation: A Chartbook. Retrieved from http:///www.reachoutandread.org/parents/readingaloud/readingaloud.aspx. DeBaryshe, B.D., & Binder, J.C. (1994). Development of an instrument for measuring parental beliefs about reading aloud to young children. *Perceptual and Motor Skills, 78*, 1303-11.
27. National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved July 2013 from www.childhealthdata.org. KIDS COUNT National Data Center. Accessed online July 2014 at http://datacenter.kidscount.org.
28. KIDS COUNT National Data Center. Accessed online November 2013 at http://datacenter.kidscount.org/data/tables/5108-children-ages-1-to-5-whose-family-members-read-to-them-less-than-3-days-per-week?loc=42&loct=2#detailed/2/42/false/1021,18,14/any/11545,11546.

Prenatal Care

Women who receive prenatal care earlier in pregnancy tend to give birth to healthier infants. High-quality prenatal care provides education about health choices during pregnancy and opportunities to uncover fetal abnormalities and health problems that should be addressed as early as possible. As such, women who receive prenatal care are less likely to give birth to an infant weighing less than 2,500 grams and are less likely to give birth to an infant who dies within the first year.[29]

In 2012, approximately one in five expectant mothers in South Carolina did not receive adequate prenatal care (18.9%).[30]

Substance Use during Pregnancy

Substance use during pregnancy is the largest preventable cause of mental delays and negative birth outcomes. Alcohol use during pregnancy is linked to Fetal Alcohol Syndrome, an irreversible set of defects including physical deformities, mental developmental delays, learning disorders, vision difficulties, and behavioral problems. Smoking during pregnancy increases the likelihood of premature births, low weight at birth, infant death within the first year, and developmental problems.[31]

The first trimester of pregnancy carries the highest risk of detrimental effects on fetal development from alcohol consumption, but no data is currently being collected in South Carolina concerning alcohol use during this time. Through South Carolina's Department of Health and Environmental Control (DHEC) Pregnancy Risk Assessment Monitoring System (SC PRAMS) on prenatal and early infancy risk factors relating to birth outcomes, we know that in 2010, 56.6% of South Carolina mothers reported consuming alcohol in the three months prior to pregnancy and 8.7% of South Carolina mothers reported consuming alcohol during the last three months of pregnancy. We do not know, however, how many of these mothers report consuming alcohol during the critical first three months of pregnancy.

In 2010, 13.4% of South Carolina mothers reported smoking during the last three months of pregnancy, which represents a critical time for lung development. In contrast, nationally 9% of mothers reported smoking during the same period.[32]

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29. Alexander, G., & Korenbrot, C.C. (1995). The role of prenatal care in prevention of low birth weight. *Future Child, 5(1),* 103-20. Vintzileos, A.M., et al. (2002). The impact of prenatal care on neonatal deaths in the presence and absence of antenatal high-risk conditions, *American Journal of Obstetrics and Gynecology, 186(5),* 1011-6. U. S. Department of Agriculture. Evidence for Effects of Timing of Prenatal Care and Nutritional Supplementation on Pregnancy Outcome. Report no. 7 in Technical Papers: Review of WIC Nutrition Risk Criteria. Prepared for the Food and Nutrition Service by the Department of Family and Community Medicine, College of Medicine, University of Arizona, Tucson 1991. Washington, DC: USDA

30. National Center for Health Statistics, final natality data; Kotelchuck, M. (1994). An evaluation of the Kessner Adequacy of Prenatal Care Index and a proposed Adequacy of Prenatal Care Utilization Index. *American Journal of Public Health, 84,* 1414-1420. Retrieved August 2014 from www.marchofdimes.com/peristats.

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32. SC DHEC. Pregnancy Risk Assessment Monitoring System Interactive Data Module, South Carolina Community Assessment Network. Available online at http://scangis.dhec.sc.gov/scan/prams2/prams.aspx.

Domestic Abuse during Pregnancy

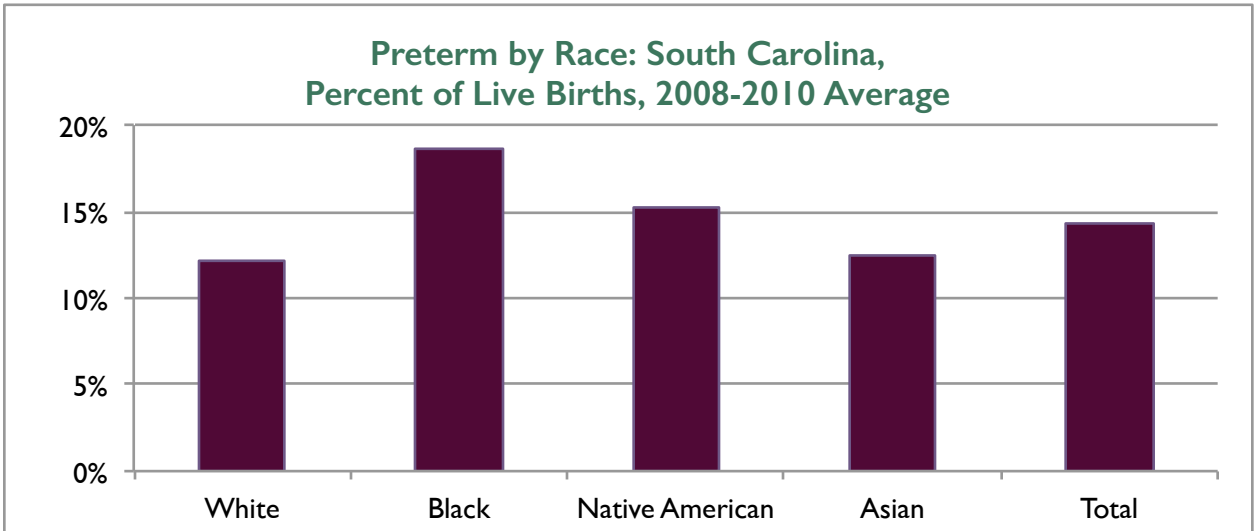
Domestic abuse during pregnancy is a risk factor for many adverse birth outcomes, including low birth weight, miscarriage and infant death, premature birth, placental abruption, and admission to the neonatal intensive care unit. Mothers who were abused during pregnancy are more likely to smoke or abuse alcohol, suffer from postpartum depression, and attempt suicide.[33]

In 2010, 2.6% of South Carolina mothers reported being physically abused during pregnancy.[34] Note that this number, however, may not accurately reflect true numbers of physical abuse due to a lack of reporting and does not reflect other forms of abuse, such as verbal or emotional abuse.

Preterm Births

Preterm birth is the birth of an infant prior to 37 weeks gestation. Preterm births are the largest cause of long-term neurological disabilities and infant death. Infants born prematurely are more likely than those born full-term to suffer from cerebral palsy, respiratory problems, visual problems, hearing loss, intellectual disabilities, and feeding and digestive problems, and are more likely to require neonatal intensive care and longer hospital stays.[35]

In 2012, 13.6% of all births in South Carolina were premature. African American mothers were more likely to deliver prematurely than either non-Hispanic White or Hispanic mothers (18.3%, 11.4%, and 12.5% respectively).[36]



Data modified using: National Center for Health Statistics, final natality data. Retrieved October 2013 from www.marchofdimes.com/peristats.

33. Cokkinides, V.E., Coker, A.L., Sanderson, M., Addy, C., & Bethea, L. (1999). Physical violence during pregnancy: Maternal complications and birth outcomes. *Obstetrics and Gynecology, 93 (5),* 661-66. McFarlane, J., Parker, B., & Soeken, K. (1996). Physical abuse, smoking, and substance abuse during pregnancy: Prevalence, interrelationships, and effects of birthweight. *Journal of Obstetrical, Gynecological, and Neonatal Nursing, 25,* 313-20.

34. SC DHEC. PRAMS Interactive Data Module. SC Community Assessment Network. Available online at http://scangis.dhec.sc.gov/scan/prams2/prams.aspx.

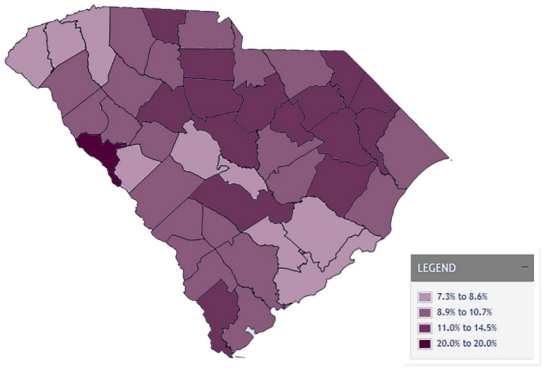
35. March of Dimes. Retrieved August 2014 from http://www.marchofdimes.com/mission/prematurity-campaign.aspx. Centers for Disease Control and Prevention. Retrieved July 2013 from http://www.cdc.gov/Features/PrematureBirth/.

36. National Center for Health Statistics, final natality data. Retrieved August 2014 from http://www.marchofdimes.com/peristats.

Low Birth Weight

Low birth weight is defined as a weight of less than five and a half pounds at birth. Low birth weight has two main causes – premature births which do not allow the infant time to grow sufficiently prior to birth and fetal growth restrictions which cause a fetus to gain insufficient weight during pregnancy. Fetal growth restrictions can be caused by maternal health conditions during pregnancy including diabetes and high blood pressure, placental problems, substance use during pregnancy, and infections.

Infants born at a low birth weight are more likely to suffer from a variety of health problems, including respiratory difficulties, bleeding in the brain that will sometimes cause long-term damage, heart problems, gastrointestinal disorders, and vision problems. As adults, these individuals are more likely to have heart problems, high blood pressure, and diabetes than individuals born at a normal birth weight.[37]



BABIES BORN WITH LOW BIRTHWEIGHT BY RACE: TOTAL (PERCENT) - 2012

Children's Trust of South Carolina
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

In 2012, 10% of all live births in South Carolina were considered to be of low birth weight. 1.8% of all live births in South Carolina were considered to be very low birth weight, which is defined as weighing less than 3.3 pounds at birth.[38] Infants of very low birth weight are even more likely to suffer complications than those of low birth weight.

Infant Mortality

Many of the indicators discussed previously can lead to higher rates of infant mortality, the death of an infant between birth and age 1 year. In 2012, South Carolina had 57,155 live births, of which 2.8 per 1,000 live births resulted in death before age 1. South Carolina's rate of 7.4 deaths per 1,000 live births is higher than the national rate of 6.05 deaths per 1,000 live births. African American families were disproportionately more likely to suffer the loss of a child in the first year of life, with a rate of 11.3 deaths per 1,000 live births. In contrast, non-Hispanic White families had an infant mortality rate of 5.6 deaths per 1,000 births and Asian families had a rate of 4.0 deaths per 1,000 births. Additionally, 10.9 per 1,000 live births to teen mothers resulted in infant death during the first year.[39]

Breastfeeding

The American Academy of Pediatrics, the World Health Organization, and the Institute of Medicine all recommend exclusive (non-formula supplemented) breastfeeding to six months of age and continued breastfeeding to one year or longer if mutually desired by both the mother and infant.

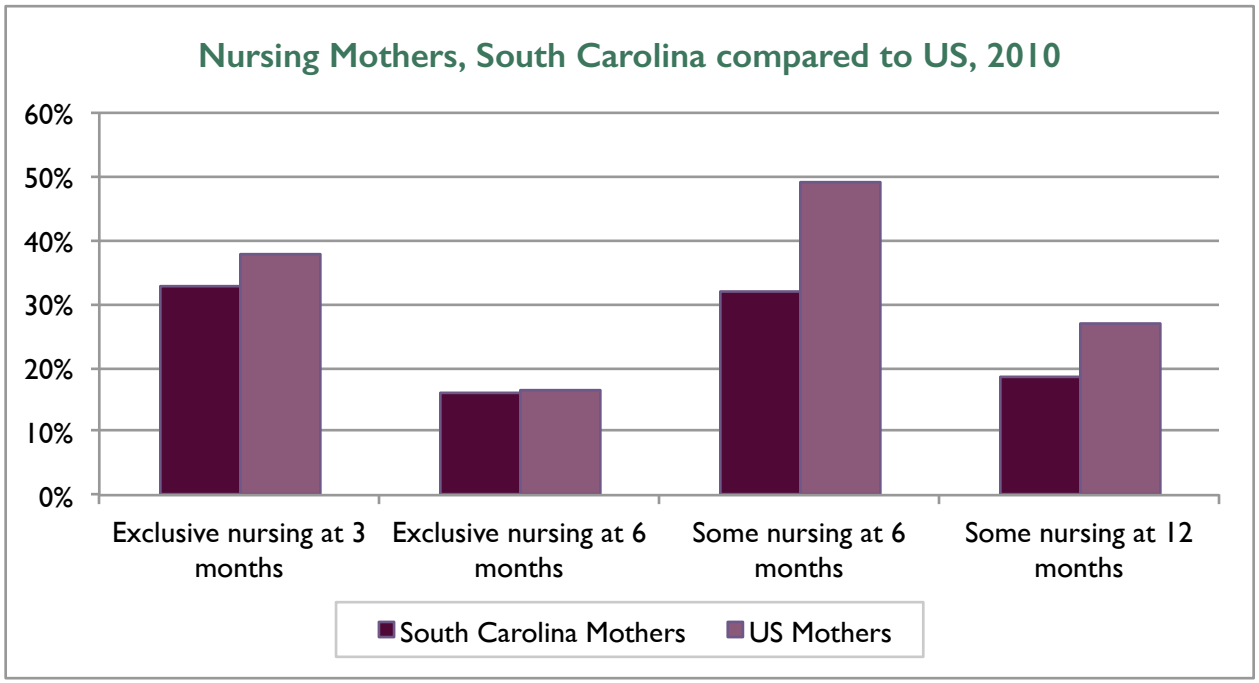
Breastfeeding for any length of time has been shown to improve infants' immune responses, decrease the number of gastrointestinal infections in infants by 64%, and decrease the rate of Sudden Infant Death Syndrome by 45%. The duration of breastfeeding is significant, however, as the protective benefits of breastfeeding increase with time. For children breastfed longer

37. March of Dimes. http://www.marchofdimes.com/baby/low-birthweight.aspx.
38. National Center for Health Statistics, final natality data. Retrieved July 2014 from http://www.marchofdimes.com/peristats.
39. SC DHEC. (2013). *Infant Mortality and Selected Birth Characteristics: 2012 South Carolina Residence Data*. Available online at http://www.scdhec.gov/co/phsis/biostatistics/an_pubs/IMR2011AnnualReport.pdf.

than three months, there is a reduction in ear infections, asthma, eczema, type 1 diabetes, hospitalizations for lower respiratory tract infections in the first year, and type 2 diabetes as adults. For children breastfed exclusively for longer than six months, there is a reduction in pneumonia, serious colds, throat infections, childhood leukemia, celiac disease, and adult obesity. For preterm infants, breastfeeding is essential to the development of their immune systems and allows them to adapt to full feedings quicker. Preterm infants who are exclusively breastfed have fewer hospital readmissions for three years.

For mothers, exclusively breastfeeding to six months reduces their likelihood of postpartum depression, hypertension, heart disease, diabetes, breast cancer, and ovarian cancer, and increases the likelihood that they will space their children appropriately and return to their pre-pregnancy weight quicker.[40]

Given the well-documented benefits of breastfeeding, it is unfortunate that the number of South Carolina mothers breastfeeding their infants decreases substantially with time. In 2013, 67.5% of South Carolina mothers reported ever breastfeeding their infants (nationally 76.5% reported ever breastfeeding their infants),[41] dropping to 32% of mothers at six months of age (non exclusively).[42] Fewer than 16% of South Carolina mothers continue to breastfeed exclusively for six months.



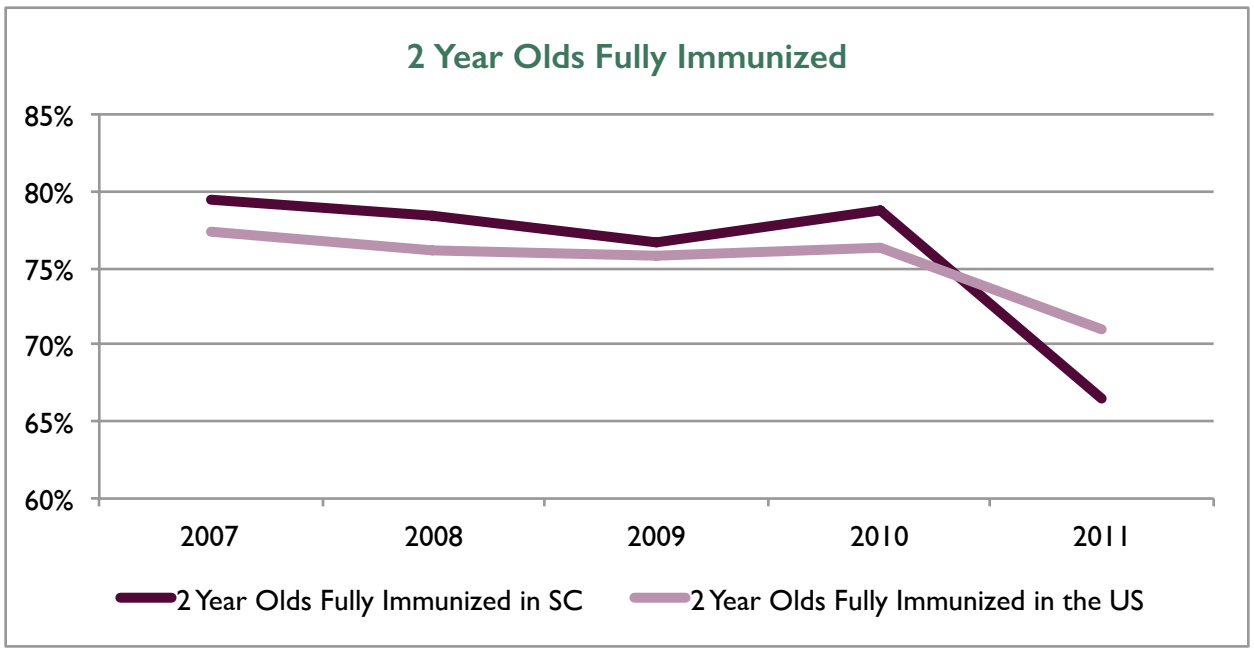
Immunizations

By the time a child is two years old, the Center for Disease Control and Prevention (CDC) recommends that he or she have received vaccines for fourteen disabling, often deadly, and

40. Eidelman, A.I., & Schanler, R.J. (2012). Breastfeeding and the use of human milk: Executive summary. *Pediatrics, 129(3),* 600-3. Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., et al. (2007). *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries.* Evidence Report/Technology Assessment No. 153. AHRQ Publication No. 07-E007. Rockville, MD: Agency for Healthcare Research and Quality.
41. Centers for Disease Control and Prevention. Breastfeeding Report Card 2013. Breastfeeding website. Retrieved July 2014 from http://www.cdc.gov/breastfeeding/data/reportcard.htm.
42. SC DHEC, PRAMS Interactive Data Module, South Carolina Community Assessment Network. Available online at http://scangis.dhec.sc.gov/scan/prams2/prams.aspx.

vaccine-preventable diseases, including polio, chicken pox, whooping cough, hepatitis a and b, and measles. By vaccinating early and fully, children are well-protected from these diseases before they come into contact with them. Additionally, a well-vaccinated population provides "herd immunity" for individuals who cannot be immunized for a variety of reasons.

In 2012, 24.2% of two year olds in South Carolina were not fully immunized.[43] The steady decrease of vaccine coverage in South Carolina is alarming – from 2007-2011, the number of South Carolina two year olds fully immunized dropped from 79.5% to 66.5%. This decrease is a national trend, but South Carolina's rate was below the national average in 2011 of 71%.[44] With this decrease has come a rise in cases of whooping cough in South Carolina.[45]



Access to Medical Care

Two significant barriers to receiving adequate health care are a lack of health insurance and difficulty accessing primary care. Children without health insurance are less likely to have a usual source of care, which can lead to a decrease in timely immunization and developmental screenings. These children are more likely to suffer from serious illnesses, suffer complications from asthma, and have more hospitalizations than their counterparts with insurance. For children with special health needs, a lack of insurance often means they are unable to see specialists who can provide care for their unique needs.[46] In 2011, 13% of children under age five in South Carolina had no health insurance.[47]

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43. Children's Defense Fund. (2013). *Children in South Carolina: Fact Sheet*. Retrieved July 2014 from http://www.childrensdefense.org/child-research-data-publications/data/state-data-repository/cits/2013/2013-south-carolina-children-in-the-states.pdf.
44. KIDS COUNT National Data Center. Accessed online July 2013 at http://datacenter.kidscount.org.
45. South Carolina Joint Citizens and Legislative Committee on Children. *Annual Report 2012*. Retrieved July 2013 from http://www.sc.edu/jclcc/doc/2012_AnnualReport.pdf.
46. Institute of Medicine. (2009). *America's Uninsured Crisis: Consequences for Health and Health Care.* Washington, DC: National Academies Press. Available online at http://www.nap.edu.
47. Children's Defense Fund. (2013). *Children in South Carolina: Fact Sheet*. Retrieved July 2013 from http://www.childrensdefense.org/child-research-data-publications/data/state-data-repository/cits/2013/2013-south-carolina-children-in-the-states.pdf.

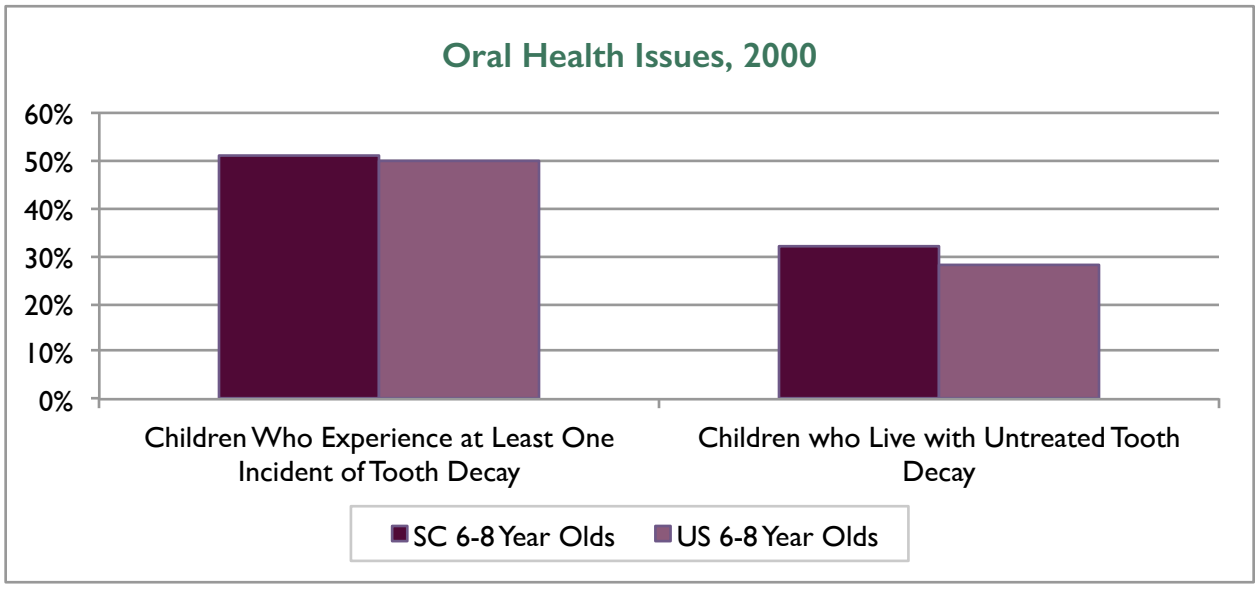
For children who have access to insurance, a shortage of primary care doctors can be a barrier to receiving health care. The insured children most affected by physician shortages are those on Medicaid due to its low doctor reimbursement rates. In 2011, 97.6% of children ages 1-2 years with Medicaid had access to primary care. This rate drops, however, as children age – only 86% of 2-6 year olds had access to primary care in the same year.[48] In 2007, 63% of children under the age of six received care from a medical home.[49]

The Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit provides comprehensive and preventive medical treatment to children under age 21 enrolled in Medicaid. In 2013, about 248,000 South Carolina children under the age of six were eligible to receive services through EPSDT.

Oral Health

Oral diseases are the most common form of pediatric disease and the least treated. Poor oral health is problematic in the short-term because of the pain associated with oral diseases and also in the long-term with consequences for physical, emotional, and cognitive development. Children with untreated tooth decay have poorer overall health, miss more days of school, have more speech difficulties, struggle with self-esteem, and report lower quality of life. As these children become adults, periodontal disease is associated with heart disease, stroke, increased mortality, and premature and low birth weight births.[50]

In 2000, 51% of South Carolina 6-8 year olds (vs. 50% nationally) had had at least one incident of tooth decay, and 32% of 6-8 year olds (vs. 28% nationally) lived with untreated tooth decay. Furthermore, 11.4% of South Carolina children had an urgent unmet need for dental care. Racial disparities exist in child tooth decay with significantly more minority children suffering from decay and untreated decay.[51]



48. SC Joint Citizens and Legislature Committee on Children. *Annual Report, 2012.*
49. Child and Adolescent Health Measurement Initiative. 2007 National Survey of Children's Health Medical Home State Profile. Data Resource Center for Child and Adolescent Health website. Retrieved July 2013 from www.medicalhomedata.org.
50. *Oral Health in America: A Report of the Surgeon General. (2000).* Rockville, MD: United States Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institute of Health.
51. Carlson, V., & Veschucio, C. (2006). *South Carolina Takes Action: The Burden of Oral Disease*. Columbia, SC: SC DHEC.

Obesity

Childhood obesity has both immediate and long-term health effects, including increased risk for high cholesterol, high blood pressure, prediabetes, sleep apnea, and bone and joint problems, metabolic syndrome, and asthma. Obesity also impacts social development, and obese children are more likely to be teased or bullied than their thinner peers, report more problems with friendships, report higher levels of sadness and loneliness, and have lower self-esteem. Children who are obese are also likely to become obese adults, putting them at risk for heart disease, diabetes, multiple kinds of cancer, and premature death.[52]

In 2012, 28% of South Carolina children between the ages of two and five were overweight or obese, compared to 8.4% nationally. One risk factor for obesity is a sedentary lifestyle, and in the same year, 4.1% of children ages one to five engaged in four or more hours of screen time per day in South Carolina, while only 1.9% did so nationally.[53]

(emotional well-being)

Data reflecting the mental and emotional well-being of young children in South Carolina do not meet reliability standards and are not currently useful to better understand overall well-being. Very young children can be and are diagnosed with emotional and behavior disorders, but in the absence of reliable statistics concerning these children, this report recognizes that children develop within the context of families and that as such their emotional well-being is contingent upon the emotional health of their families.[54]

Maternal Depression

Gains in neuroscience are helping to shed light on why children of depressed mothers are at higher risk for difficulties with school, social adjustment, and mental health than children of non-depressed mothers. Lasting effects of experiencing maternal depression in early childhood are the result of changes in brain architecture and stress response systems, with children of depressed mothers producing higher and more volatile levels of cortisol and other stress chemicals.[55]

Studies have shown postpartum depression, an episode of major depression occurring within the first year after giving birth, to be associated with higher cortisol levels in children at age three. In 2010, 12.8% of all South Carolina mothers experienced postpartum depression.[56]

Abuse and Neglect

In addition to the immediate pain and suffering experienced by children who are victims of abuse and neglect, researchers are beginning to understand the long-term consequences of these experiences. Experiencing abuse and neglect can result in abusive head trauma, poor general health, impaired brain development, depression in early childhood, psychiatric

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52. CDC website. Accessed online in July 2013 at http://www.cdc.gov.
53. Centers for Disease Control and Prevention, Division of Nutrition Physical Activity and Obesity (DNPAO). "Overweight and Obesity." Retrieved July 2014 from http://www.cdc.gov/obesity/index.html.
54. Center on the Developing Child at Harvard University. (2008/2012). *Establishing a Level Foundation: Mental Health Begins in Early Childhood*. Working Paper No. 6. Washington DC: National Scientific Council on the Developing Child.
55. Essex, M.J., Klein, M.H., Cho, E., & Kalin, N.H. (2002). Maternal stress beginning in infancy may sensitize children to later stress exposure: Effects on cortisol and behavior. *Society of Biological Psychiatry, 52*, 776-84. Center on the Developing Child at Harvard University. (2009). *Maternal Depression can Undermine the Development of Young Children*. Working Paper No. 8.
56. SC DHEC. PRAMS Interactive Data Module, SC Community Assessment Network. Available online at http://scangis.dhec.sc.gov/scan/prams2/prams.aspx.

disorders in adulthood, learning difficulties, poor academic achievement, delinquency, increased sexual risk taking, teen pregnancy, incarceration, substance abuse, and continuation of abuse as parents.[57]

In 2012-2103, 5,911 South Carolina families with children younger than five were the subjects of founded investigations of child maltreatment. Within these families, 5,139 children under the age of five were the victims of founded maltreatment. In 2010, an additional 963 siblings under the age of five were affected by the consequences of the proceedings.[58] The Department of Health and Human Services reports South Carolina's child maltreatment rate to be 10 victims per 1,000 children in 2011. Of these victims, 42% were under the age of five.[59]

Many child maltreatment victims and their siblings are placed in foster care for a period of time. These children suffer from the trauma of maltreatment, as well as the disruption of their family life and home environment.[60] In 2012, 1,067 children under the age of six were served in foster care.[61]

(cognitive development)

From birth to age five, children undergo tremendous cognitive changes in areas such as attention, language, memory, perception, and learning. Proper development contributes to their success in later childhood and into adulthood, especially to their success in school.

Developmental Delays

Because each developmental stage builds on prior development, it is critical that delays and difficulties are identified early and proper interventions started. In 2011, 26% of children in South Carolina under 5 years old were considered at moderate to high risk of developmental problems based on parents' specific concerns. In the same year, 29% of South Carolina children under 5 received a standardized screening for developmental problems.[62]

Children on Medicaid are eligible for developmental screenings through the EPSDT program. In 2013, 76% of eligible children under one year of age, 68% of eligible children aged 1-2, and 48% of children aged 3-5 received at least one EPSDT screening.[63]

In 2012-2013, 19% of South Carolina children under the age of six had been diagnosed with a developmental delay.[64] The largest percentage of these children – about three percent of children between 3 and 5 years in 2011 - were diagnosed with speech and language problems,

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57. United States Department of Health and Human Services (2008). Factsheet: *Long-Term Consequences of Childhood Abuse and Neglect*. Washington, DC: Child Welfare Information Gateway.
58. SC Department of Social Services. Ages of Children in Founded Investigations datasheet. Accessed online August 2014 at https://dss.sc.gov/content/library/statistics/cw/reports.aspx?ID=121.
59. KIDS COUNT National Data Center. Accessed online July 2014 at http://datacenter.kidscount.org.
60. *Foster Care: Facts for Families, No. 64*. (2005). Washington, DC: American Academy of Children and Adolescent Psychiatry.
61. SC DSS. Total Children Served During FY datasheet. Accessed July 2014 online at https://dss.sc.gov/content/library/statistics/cw/reports.aspx?ID=119.
62. South Carolina Report from the National Survey of Children's Health. NSCH 2011/2012. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved July 2014 from www.childhealthdata.org.
63. Centers for Medicine and Medicaid Services. "Early and Periodic Screening, Diagnostic and Treatment." EPSDT Data 2013 National Data. Retrieved July 2014 from http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html.
64. South Carolina Report from the "2009/10 National Survey of Children with Special Health Care Needs." NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved August 2013 from www.childhealthdata.org.

which are associated with reading difficulties, social problems, and performing off grade-level.[65]

Child Care

High quality child care is associated with improved school performance, academic attainment, and long-term well-being.[66] Little universal data exists concerning the quality of care received in South Carolina child care centers. Since the research is clear that early child care has the potential to hurt as well as help based on the quality of the care provided, it is essential for South Carolina decision makers to have information about the quality of child care providers, instead of simply knowing the number of children who received out of home care.

The ABC Child Care Program, administered by the Department of Social Services, provides the only statewide measure of quality child care. However, this program is an optional, voluntary quality improvement system for child care providers.[67] As of September 2013, there are 3,076 providers that are licensed, approved and registered child care facilities, of which 2,835 are part of the ABC program, including Family, Friend and Neighborhood facilities.[68] The ABC Voucher Program paid for 13,102 children in September 2013 to attend child care programs, with a monthly average of 13,858 children served by the ABC program.[69]

In addition to the Voucher Program, the ABC system also includes a Child Care Program that ranks the quality of facilities and has a quality improvement component. Programs are rated on an A-B-C ranking based on evaluation and assessment criteria, and receive regular on-site reviews to measure performance on the program standards at that level[70]. Programs that receive a B or higher rating are recognized as a quality program. As of January 2014, 8,788 children, representing 61% of children enrolled in the ABC voucher program, were attending a child care center that had a B or higher rating.[71]

South Carolina Child Care Resource and Referral (CCR&R), now administered by the Department of Social Services and the University of South Carolina, increases access to quality child care for families, improves knowledge of early childhood professionals, and facilitates community collaboration in support of children and families.[72] Through this referral network, CCR&R is available to connect families searching for child care with facilities providing quality care.

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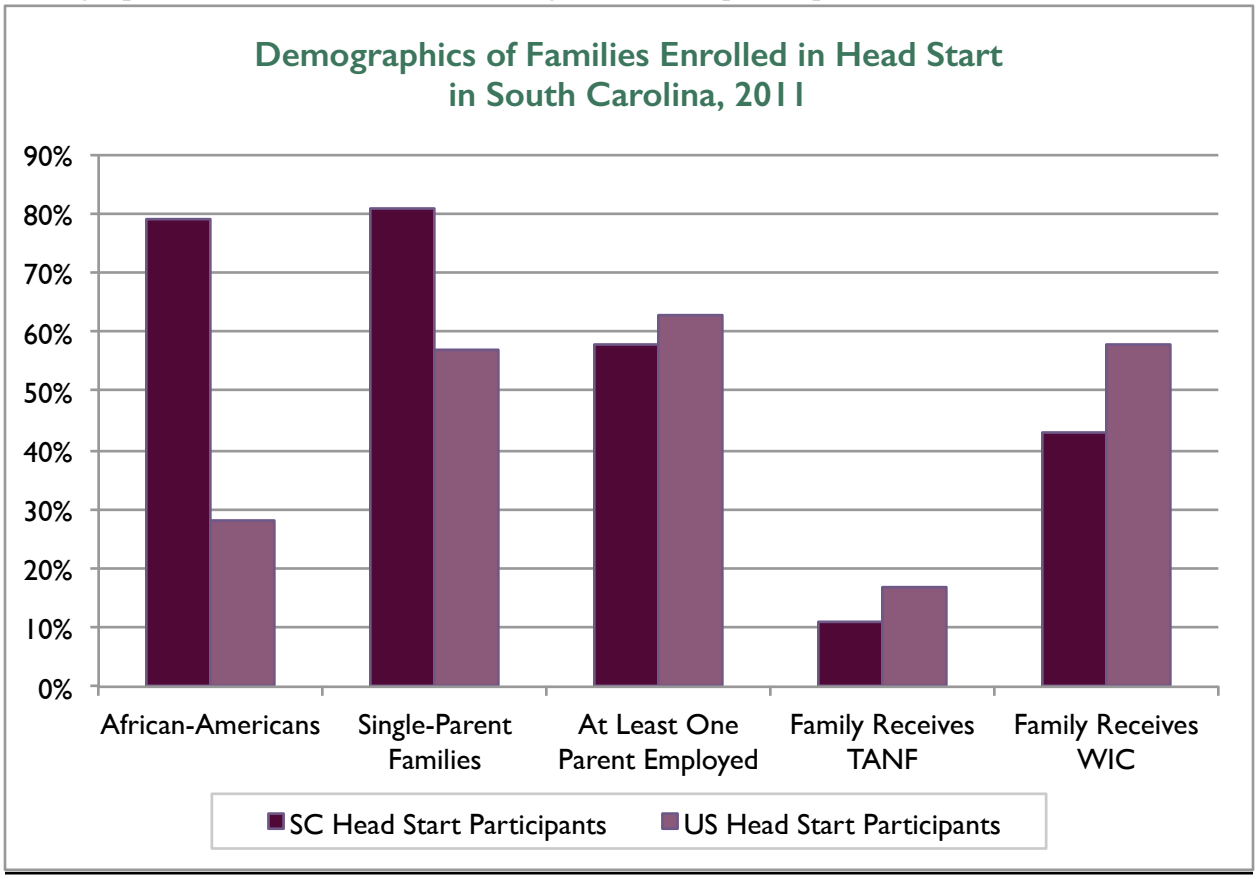
65. South Carolina Department of Education, Office of Exceptional Children. (2011). Child Count Data. Retrieved August 2013 from http://ed.sc.gov/agency/programs-services/173/datacollectionhistory.cfm.
66. NICHD Early Child Care Research Network. (1998.) Early child care and self-control, compliance, and problem behavior at twenty-four and thirty-six months. *Child Development*, 69, 1145-70. NICHD Early Child Care Research Network. (1999). Child outcomes when child care center classes meet recommended standards for quality. *American Journal of Public Health, 89*, 1072-77.
67. "ABC Quality" South Carolina Department of Social Services, Division of Early Care and Education. Retrieved September 2014 from http://www.scchildcare.org/providers/become-a-provider.aspx.
68. "Trend Charts FFY 2013," South Carolina Department of Social Services, Division of Early Care and Education. Retrieved September 2014 from http://www.scchildcare.org/media/1779/Division-of-Early-Care-and-Education-Charts-FFY-2013.pdf.
69. Ibid.
70. "What Grade Does My Provider Have?" South Carolina Department of Social Services, Division of Early Care and Education. Retrieved September 2014 from http://www.scchildcare.org/parents/what-is-abc-quality/what-grade-does-my-provider-have.aspx
71. Bolick, Leigh. Department of Social Services. Personal Interview. January 15, 2014.
72. South Carolina Child Care Resource and Referral Network. "Mission/Services." Retrieved online September 2014, available at http://www.sc-ccrr.org/about-us/missionservices/.

Even with these programs, quality has always been hard to quantify in child care programs. In the 2008 Final Report of the Task Force on Early Childhood Standards, the authors argued that "South Carolina has long sought to expand preschool access for its young children [...] though preschool access is one key to overcoming the state's economic and educational challenges, the importance of early childhood program quality cannot be overlooked[73]." The Task Force recommended that South Carolina create a quality-based incentive system with the overarching goal of creating "the public and private will for improving early childhood quality through targeted investments built on research-based standards[74]." While many in the state understand the value of defining quality, tracking it and fostering it, the difficulties inherent in articulating, defining, and measuring early childhood quality care standards present obstacles.

Head Start

Head Start is a federally funded early education program for low income children. Studies have shown Head Start graduates are more likely to perform at grade-level by the end of kindergarten than their peers who did not attend a Head Start program. Head Start also appears to have an impact on overall child well-being, with graduates showing better health, improved dental health, higher social-emotional development, and lower obesity rates.[75] Again, information regarding outcomes and quality measurements are lacking statewide, but demographic data is available concerning Head Start participants.



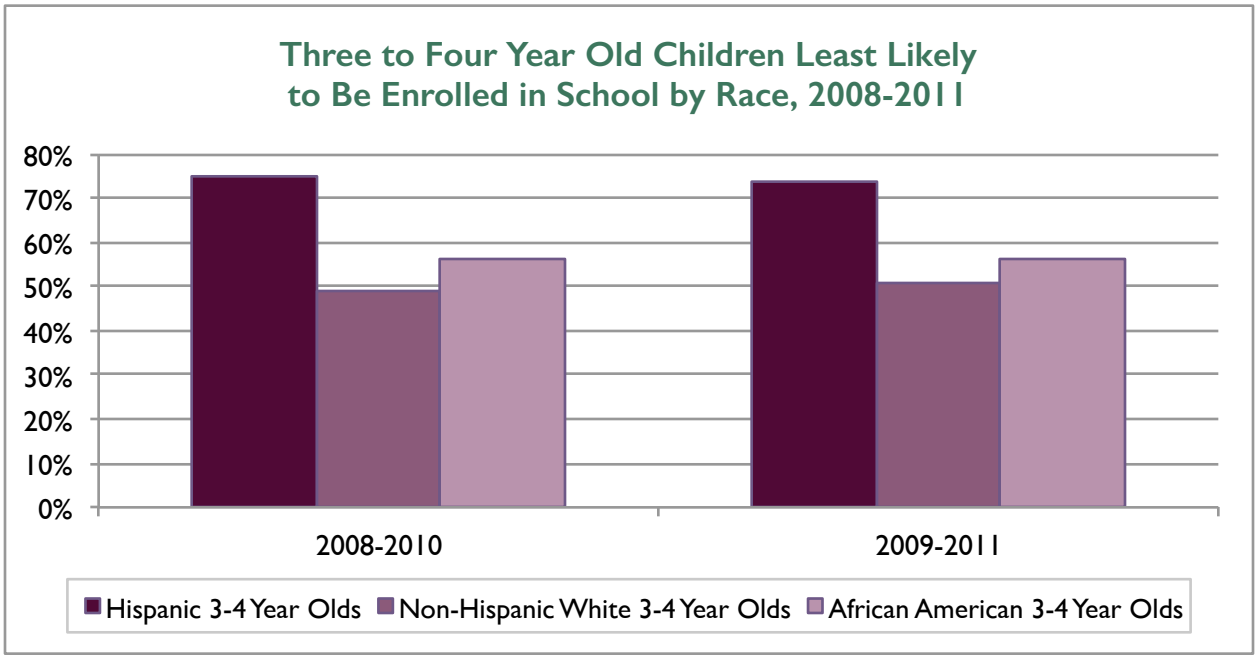
73. South Carolina Task Force on Early Childhood Quality Standards. (2008, p1). Final report of the South Carolina task force on early childhood quality standards. Submitted to Governor Mark Stanford and the South Carolina General Assembly Pursuant to Proviso 1.69 (General Appropriations Act of 2007-2008), available at http://www.scstatehouse.gov/archives/Misc/SCEarlyChildhoodTaskForceFinalReport2008.pdf.
74. South Carolina Task Force on Early Childhood Quality Standards. (2008, p15)
75. National Head Start Association. *Benefits of Head Start and Early Head Start Programs*. Retrieved July 2013 from www.nhsa.org.

In 2012, over 15,000 children were served in Head Start programs. Seventy-nine percent of South Carolina participants were African-American, in contrast with the 29% of participants nationally who identified as African-American. A significantly larger percentage of South Carolina participants came from single-parent families (83% of South Carolina participants vs. 58% of participants nationally). In South Carolina, 57% of Head Start families had a least one employed parent, less than the national rate of 63%. A smaller percentage of Head Start families in South Carolina received TANF (11% vs. 17%) or WIC (43% vs. 58%). Ten percent of enrolled South Carolina children were diagnosed as having a disability of some kind, with half of those diagnoses being made in the current program year. Seventy-three of enrolled South Carolina families accessed at least one family service through Head Start, including job training, health or parenting education, and mental health services.[76]

Enrollment in Pre-Kindergarten

High-quality 4K programs positively impact the academic achievement and social-emotional development of their participating students. While all children certainly benefit from these types of programs, the effects are greatest for children who are considered at-risk for school failure due to factors like low family income, low parental education level, living in a home where English is not the primary language, and special needs considerations.[77]

Between 2010 and 2012, 57% of South Carolina three to four year olds were not enrolled in any form of school. In 2009-2011, Hispanic children were the least likely to be enrolled in school (74% vs. 51% of non-Hispanic White and 56% African American children).[78]



76. Center for Law and Social Policy. *South Carolina: Head Start by the Numbers 2012 PIR Profile*. Retrieved July 2014 from www.clasp.org.

77. Barnett, W.S. (2008). *Preschool education and its lasting effects: Research and policy implications.* Boulder and Tempe: Education and the Public Interest Center & Education Policy Research Unit. Retrieved February 19, 2013, from http://epicpolicy.org/publication/preschool-education. Campbell, F.A., & Ramey, C.T. (1994). Effects of early intervention on intellectual and academic achievement: A follow-up study of children from low-income families. *Child Development, 65,* 684-698. Pianta, R.C., Barnett, W.S., Burchinal, M., & Thornburg, K.R. (2009). The effects of preschool education: What we know, how public policy is or is not aligned with the evidence base, and what we need to know. *Psychological Science in the Public Interest, 10(2),* 49-88.

78. KIDS COUNT National Data Center. Accessed online July 2013 at http://datacenter.kidscount.org.

In the 2012-2013 school year, 21,694 children were enrolled in publicly funded 4K.[79] The South Carolina General Assembly has recently provided significant funds to expand four-year-old kindergarten across the state. In the 2013 state budget $26 million was included to expand 4K programs into school districts where at least 75% of children qualify for Medicaid or free/reduced-price lunch. In the 2014 budget, funding for 4K was expanded by another $20,000. In Fiscal Year 2012-13, there were approximately 5,316 children served in the South Carolina Child Development Education Pilot Program (CDEPP). There were 17 districts identified as having a poverty index of 75 percent or more and not already eligible to participate in CDEPP but became eligible following expansion in Fiscal Year 2013-2014. As compared to the 2012-13 school year in which 5,316 at-risk four-year-olds were served in CDEPP, there will be an additional 2,966 at-risk four-year-olds served in 2013-14.[80]

School Readiness

Children who begin school academically behind their peers are more likely to struggle academically in later grades as well. In fact, half of the educational achievement gap between poor children and their non-poor peers exists at kindergarten entry. Instead of these children catching up once they are in school, the gap continues to grow larger, meaning that academic struggles in early grades are associated with higher grade retention and high school dropout rates in later schooling.[81] Many early childhood services exist in South Carolina to ensure children are ready to learn when they begin school.

According to the Children's Trust of South Carolina, 20.8% of South Carolina children tested as not being academically ready for 1st grade in 2008. Because South Carolina has just adopted a statewide definition of school readiness in June 2014, this data point represents our best knowledge of whether South Carolina children are ready to learn. In future years, the state of South Carolina will utilize entry assessments to determine the level of school readiness our state's children having when entering kindergarten.

South Carolina's definition is: 'school readiness' means the level of child development necessary to ensure early school success as measured in the following domains: physical health and motor skills; emotional and social competence; language and literacy development; and mathematical thinking; and cognitive skills; and approaches to learning. School readiness is supported by the knowledge and practices of families, caregivers, healthcare providers, educators, and communities. This definition encompasses multiple domains, which have consistently been shown to predict a child's readiness to learn in the classroom setting.

Putting in place the new statewide definition and proposed readiness assessment(s) will allow for more effective statewide evidence-informed decisions about early childhood services. Once there is evaluation data available for all young children in South Carolina entering school, the preparedness created by early childhood programs will become evident. The most effective interventions for school success remain those that target children prior to the start of school. The state cannot know whether money invested in these early childhood interventions are effective or properly targeted until outcome data exists and is evaluated to show whether children are prepared for kindergarten.

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79. SC DOE. *Public School Student Headcount 2012-2013*. Retrieved online August 2013 from http://ed.sc.gov/data/student-counts/Student_Headcounts/ActiveStudentHeadcounts.cfm.
80. South Carolina Oversight Committee (2014). "2013-2014 Expansion of the SC Child Development Education Pilot Program (CDEPP) Report. Retrieved June 2014 from www.sceoc.org.
81. Lee, V., & Burkham, D. (2002). Inequality at the Starting Gate: Social Background Differences in Achievement as Children Begin School. Washington, DC: Economic Policy Institute. Retrieved July 2013 from www.epinet.com.

(indicator comparison with other southeastern states)

South Carolina's ranking of child well-being can be better understood when being comparatively looked at with the surrounding states of Georgia and North Carolina in addition to national averages. By looking at some key factors in each of the four categories of early childhood indicators, South Carolina's strengths and weaknesses can be better assessed as we look toward the future for our children.

Understanding the environment in which children in South Carolina, North Carolina, and Georgia grow up, is essential to understanding the long-term trajectory of their lives and the tools that they will need to succeed. Parental employment rates are about equal across the board, with 10% of children under 6 not having any parents employed in both North Carolina and the national average, and 11% in the Georgia and South Carolina.[82] Similar were the percentages of children under 18 with no working parents, with South Carolina and the national average being 7%, and North Carolina and Georgia at 8%.[83] Teenage motherhood rates are similar across the three states though they are all slightly above the national average. South Carolina has the highest teen birth rate of the three at 36.6 per 1,000 births, while Georgia and North Carolina each fall at 33.8 and 31.8 respectively.[84] These all are slightly above the national data of 29.4 per 1000 births.[85]

Looking at South Carolina and its counterparts through a health lens, sheds light into the quality of life of the state's youngest citizens. Georgia, South Carolina, and North Carolina, are all significantly above the national average of overweight and obese children. According to 2012 data, 28% of children in South Carolina are overweight or obese, in comparison to the 8.4% national average.[86] South Carolina ranks better than its counterparts, with 31.7% of children in North Carolina and 37.3% of children in Georgia being overweight or obese.[87] Immunization rates on the other hand, were greater in each state than the national average. With the national average of 71.9%, each state had higher percentages of fully immunized 2 year olds, with South Carolina at 75.8%, North Carolina at 76.2%, and Georgia at 77.9%.[88] This is a monumental increase since 2009, when the averages ranged from 38.9% to 51.1%.[89]

One of the most interesting comparisons between the three states and the national data lies in looking deeper at the rates of child maltreatment. Child maltreatment rates remain similar

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82. Annie E. Casey Foundation. "Children Under 6 with No Parents in the Labor Force."datacenter.kidscount.org. Last modified 2012. Accessed July, 2014. http://datacenter.kidscount.org/data/tables/5056-children-\under-age-6-with-no-parentinthelaborforce?loc=1&loct=1#detailed/2/12,35,42/true/868/any/11470,11471.
83. Annie E. Casey Foundation. "Unemployment Rate of Parents." datacenter.kidscount.org. Last modified 2012. Accessed July, 2014. http://datacenter.kidscount.org/data/tables/6519-unemployment-rate-ofparents?loc=42&loct=2#detailed/2/12,35,42/true/868,867/any/13484,14405.
84. The National Campaign to Prevent Teen and Unplanned Pregnancy. "Teen Birth Rate Comparison,2012."thenationalcampaign.org. Last modified 2012. Accessed July,2014. http://thenationalcampaign.org/data/compare/17.
85. Ibid.
86. Center for Disease Control and Prevention. "South Carolina's Response to Obesity, 2012." Accessed July 2014. http://www.cdc.gov/obesity/stateprograms/fundedstates/south_carolina.html.
87. University of Georgia Obesity Initiative. "Obesity Facts." Accessed July 2014. https://obesity.ovpr.uga.edu/obesity-facts/; Center for Disease Control and Prevention. "North Carolina's Response to Obesity, 2012." Accessed July 2014. http://www.cdc.gov/obesity/stateprograms/fundedstates/north_carolina.html.
88. Annie E. Casey Foundation. "2-Year-Olds Who Were Immunized." datacenter.kidscount.org. Last modified 2012. Accessed July, 2014. http://datacenter.kidscount.org/data/tables/8001-2-year-olds-who-were immunized?loc=1&loct=2#detailed/2/12,35,42/true/868,38/any/15387.
89. Ibid.

across all three states and the national average of children ages 7-10 (per 1000 children) with numbers of child victims representing accordingly.[90]

Early screenings for developmental delays can play a crucial role in the outcome of intervention. Trends in South Carolina show a much higher intervention rate for younger children who are on Medicaid as opposed to other states and the national data that increases percentage of screenings with age. Of children eligible to receive an EPSDT screening, 76.1% of the children under age 1 received screenings as opposed to 67.6% of eligible children between ages 1 to 2, and 48.2% of children ages 3 to 5 in South Carolina.[91] In both Georgia and the national average, the largest percentages for intervention were between ages 1 to 2 at 77.1% and 72% respectively.[92]

The comparison of South Carolina to other nearby Southern states and the national averages demonstrates a clear sense of perspective and a better understanding of the strengths and weaknesses of our state. South Carolina, along with the rest of the states looked at in this comparison, need major reformation when it comes to child health and childhood obesity. Easily the largest disparity between the state and the national averages, this seems to be an area of concern not only for South Carolina, but also for North Carolina and Georgia as well. A look at South Carolina in this manner produces some success stories as well. South Carolina is successful in their ability to screen children at an early age for developmental delays, a valuable tool in addressing problems head on with treatment. While there is certainly room for improvement, South Carolina is not as far off par as perception might have it.

(conclusion)

The indicators in this report make it clear that too many young children continue to suffer and struggle every day in South Carolina. By providing a snapshot of how young children are faring in the state, we strive to inform statewide efforts to intervene early and effectively in the lives of children. We recognize, however, that this report can only be as informative as the data available for us in the state. To be fully informed about the needs of young children and the outcomes of systemic reforms effecting changes in the lives of these children, we must ensure the availability of reliable, valid, and appropriate data statewide. To this end, the Institute for Child Success recommends continued efforts toward high-quality and timely data collection concerning early childhood well-being.

90. Annie E. Casey Foundation. "Children Who Were Confirmed by Child Protective Services as Victims of Maltreatment." datacenter.kidscount.org. Last modified 2012. Accessed July, 2014. http://datacenter.kidscount.org/data/tables/6221-children-who-are-confirmed-by-child-protective-services-as-victims-ofmaltreatment?loc=1&loct=1#detailed/2/12,35,42/true/867,133/any/12943,12942.
91. Centers for Medicare & Medicaid Services. "EPSDT 2013 State Data." Medicaid.gov. Last modified June 7, 2014. Accessed July, 2014. http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html
92. Ibid.

Data Table: South Carolina's Children's Well-Being at a Glance, Compared to Georgia, North Carolina and the United States

Indicator	SC	GA	NC	United States	Year
Total Population[93]	4,723,417	9,915,646	9,748,364	313,873,685	2012
Under 18	1,081,662	2,508,034	2,281,117	73,760,316	2012
	(22.9% of total pop)	(25.1% of total pop)	(23.4% % of total pop)	(23.5% of total pop)	
Under 5	297,575	674,264	623,895	20,087,916	2012
	(6.3% of total pop)	(6.8% of total pop)	(6.4% of total pop)	(6.4% of total pop)	
Vulnerable Children[94]					
Experiencing at least 1 risk factor	40%	41%	40%	42%	2012
Experiencing at least 3 risk factors	23%	22%	21%	19%	2012
Family Income[95]					
Median Family Income (with Children)	$48,400	$53,000	$51,000	$59,500	2012
Children in Poverty	27%	27%	26%	23%	2012
Children in low-income families	192,842	426,660	392,245	11,384,807	2012
	56% of young children	54% of young children	54% of young children	48% of young children	
Government Assistance[96]					
Average Monthly # of families receiving TANF	12,371	17,351	19,673	1,612,283	2013
# of children receiving TANF	21,994	29,887	32,038	2,837,319	2013
# of women participating in WIC	32,321	70,413	60,844	2,046,627	2013
# of individuals participating in WIC	124,287	289,524	264,124	8,662,538	FY 2013
Parental Education[97]					
Less than high school degree	139,000	378,000	331,000	10,887,000	2012
	13%	15%	14%	15%	
High school or GED	555,000	1,207,000	1,059,000	34,157,000	2012
	51%	48%	46%	46%	
Beyond high school	384,000	905,000	888,000	28,452,000	2012
	36%	37%	39%	38%	

93. Data for this subsection came from the United States Census Bureau "State and County QuickFacts." Retrieved July 2014 at http://quickfacts.census.gov/qfd/index.html#.

94. Data for this section came from the National Center for Children in Poverty, Columbia University, Mailman School of Public Health, Department of Health Policy and Management "Young Child Risk Calculator." Retrieved July 2014 at http://www.nccp.org/tools/risk/?state=US&age-level=6&income-level=Extreme&ids%5B%5D=77&ids%5B%5D=84&ids%5B%5D=76&ids%5B%5D=78&ids%5B%5D=74&ids%5B%5D=72&ids%5B%5D=83&submit=Recalculate.

95. Data for this section came from and Annie E. Casey Foundation KIDS COUNT Data Center "Median Family Income Among Households with Children." Retrieved July 2014 at http://datacenter.kidscount.org/data/tables/65-median-family-income-among-households-with-children?loc=42&loct=2#detailed/2/12,35,42/true/868/any/365 and the National Center for Children in Poverty, Columbia University , Mailman School of Public Health, Department of Health Policy and Management "Demographics of Young, Low-Income Children." Retrieved July 2014 at http://www.nccp.org/profiles/US_profile_8.html.

96. Data for this section came from Administration of Children and Families, United States Department of Health and Human Services "TANF: Total Number of Families" and "TANF: Total Number of Child Recipients." Both retrieved July 2014 at http://www.acf.hhs.gov/blog/category/temporary-assistance-for-needy-families-tanf and the United States Department of Agriculture, Food and Nutrition Service "WIC Program." Retrieved July 2014 at http://www.fns.usda.gov/pd/wic-program.

97. Data for this section came from Annie E. Casey Foundation KIDS COUNT Data Center "Children by Household Head's Educational Attainment." Retrieved July 2014 at http://datacenter.kidscount.org/data/tables/7260-children-by-household-heads-educational-attainment?loc=1&loct=1#detailed/2/12,35,42/false/868,867/1314,1315,1316,1313,1312/14306,14307.

Indicator	SC	GA	NC	United States	Year
Parental Employment[98]					
Children with no working parents 18 and under	49,000	137,000	131,000	3,665,000	2012
	7%	8%	8%	7%	
Children under 6 with no parents in the labor force	38,000	85,000	72,000	2,243,000	2012
	11%	11%	10%	10%	
Parents reporting work life impacted by child care issues	12.1%	10.5%	8.3%	12.4%	2007
Teenage Motherhood[99]					
Teen Pregnancy Rate per 1,000 girls (Ages 15-19)	65	64	59	57.4 (2010)	2012
Teen Birth Rate per 1000 births (Ages 15-19)	36.6	33.8	31.8	29.4	2012
% of births to teen mother who had already given birth at least once	18%	20%	16%	17%	2012
Family engagement[100]					
% of families eating meals together four or more days per week	77.50%	78.30%	79.60%	78%	2012
% of parents who sing songs or tell stories to their children every day (ages 0-5)	55.10%	56.30%	56.90%	56.80%	2012
% of parents who read aloud to children everyday (ages to 0-5)	48.30%	44%	44.30%	47.90%	2012
% of parents who read to less than 3 times per week (ages 0-5)	16.70%	21%	20.10%	18.10%	2012
Family Structure[101]					
children in single parent families (under 18)	437,000	925,000	812,000	24,725,000	2012
	43%	39%	37%	35%	

98. Data for this section came from Annie E. Casey Foundation KIDS COUNT Data Center "Unemployment Rate of Parents." Retrieved July 2014 http://datacenter.kidscount.org/data/tables/6519-unemployment-rate-of-parents?loc=42&loct=2#detailed/2/12,35,42/true/868,867/any/13484,14405, Annie E. Casey Foundation KIDS COUNT Data Center "Children Under Age 6 with No Parent in the Labor Force." Retrieved July 2014 at http://datacenter.kidscount.org/data/tables/5056-children-under-age-6-with-no-parent-in-the-labor-force?loc=1&loct=1#detailed/2/12,35,42/true/868/any/11470,11471, and Data Resource Center for Child and Adolescent Health of the Child and Adolescent Health Measurement Initiative, "Children Whose Family Members' Employment was affected by Child Care Issues, children ages 0-5 years." Retrieved July 2014 at http://www.childhealthdata.org/browse/survey/results?q=289&t=1&ta=263&r2=42.

99. Data for this section came from United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Vital Statistics Reports "Births: Final Data for 2012." Retrieved July 2014 http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_09.pdf, The National Campaign to Prevent Teen Pregnancy National and State Data, "Teen Pregnancy Rate and "Teen Birth Rate." Both retrieved July 2014 at http://thenationalcampaign.org/data/landing, and Annie E. Casey Foundation KIDS COUNT Data Center "Teen Births to Women who were Already Mothers." Retrieved July 2014 http://datacenter.kidscount.org/data/tables/5-teen-births-to-women-who-were-already-mothers?loc=42&loct=2#detailed/2/12,35,42/true/868/any/253,254.

100. Data for this section came from Data Resource Center for Child and Adolescent Health of the Child and Adolescent Health Measurement Initiative, "During the Past Week, on how Many Days did All Family Members Eat Together?, "During the past week, how many days did you or other family members sing or tell stories to [child name]?" and "During the past week, how many days did you or other family members read stories to [child name]?" Retrieved July 2014 at http://www.childhealthdata.org/home.

101. Data for this section came from Annie E. Casey Foundation KIDS COUNT Data Center "Children in Single Parent Families," "Children Living with Neither Parent," "Grandchildren in the Care of Grandparents," and "Children in Kinship Care." Retrieved July 2014 http://datacenter.kidscount.org/data/tables/106-children-in-single-parent-families?loc=1&loct=2#detailed/2/12,35,42/true/868,867,133,38,35/any/429,430, http://datacenter.kidscount.org/data/tables/111-children-living-with-neither-parent?loc=1&loct=2#detailed/2/12,35,42/true/868/any/439,440, http://datacenter.kidscount.org/data/tables/108-grandchildren-in-the-care-of-grandparents?loc=1&loct=2#detailed/2/12,35,42/true/868/any/4, and http://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=1&loct=2#detailed/2/12,35,42/true/1218/any/14207,14208.

Indicator	SC	GA	NC	United States	Year
Family Structure (continued)					
children living with neither parent (under 18)	61,000	130,000	115,000	3,528,000	2012
	6%	5%	5%	5%	
grandchildren in the care of their grandparents (under 18)	66,000	144,000	108,000	2,934,000	2012
	6%	6%	5%	4%	
children in kinship care (under 18)	55,000	103,000	97,000	2,485,000	2011 -2013
	5%	4%	4%	3%	
Prenatal Care[102]					
Mothers receiving inadequate prenatal care	7%	7%	6%	6%	2012 Data, Research from 2014
Alcohol prior to pregnancy	56.6%	n/a	n/a	n/a	2010
Alcohol in third trimester	8.7%	n/a	n/a	n/a	2010
Smoking in third trimester	13.4%	n/a	n/a	9%	2010
Mothers physically abused in pregnancy	2.6%	n/a	n/a	n/a	2010
Preterm Births[103]	**7,817**	**16,478**	**14,387**	**455,918**	**2012**
	14%	**13%**	**12%**	**12%**	
African-American mothers	18.40%	16.80%	16.80%	16.80%	2010 -2012
Non-Hispanic White mothers	11.80%	11.10%	10.70%	10.50%	2010 -2012
Hispanic mothers	12.00%	11.80%	11.90%	11.50%	2010 -2012
% Low birth weight births	10%	9.30%	8.80%	8.00%	2012
% Very low birth weight births	1.80%	1.70%	1.70%	1.40%	2012
Infant Mortality[104]					
# of live births	57,155	130,280	119,831	3,952,841	2012

102. Data for this section came from Annie E. Casey Foundation KIDS COUNT Data Center "Births to Women Receiving Late or No Prenatal Care." Retrieved July 2014 http://datacenter.kidscount.org/data/tables/11-births-to-women-receiving-late-or-no-prenatal-care?loc=1&loct=2#ranking/2/any/true/868/any/266, and South Carolina Department of Health and Environmental Control, South Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) "Cigarette Use last 3 months During Pregnancy," and "Physical Abuse During Pregnancy." Retrieved July 2014 from http://scangis.dhec.sc.gov/scan/prams2/.

103. Data for this section came from March of Dimes Peristats "Preterm by Race/Ethnicity." Retrieved July 2014 http://www.marchofdimes.org/Peristats/ and Annie E. Casey Foundation KIDS COUNT Data Center "Preterm Births," "Low-Birthweight Babies," "Very Low-Birthweight Babies," and "Total Births." Retrieved July 2014 from http://datacenter.kidscount.org/data/tables/18-preterm-births?loc=42&loct=2#detailed/2/12,35,42/true/868/any/279,280, http://datacenter.kidscount.org/data/tables/8105-low-birthweight-babies?loc=42&loct=2#detailed/2/12,35,42/true/868/any/15558,15559, http://datacenter.kidscount.org/data/tables/17-very-low-birthweight-babies?loc=42&loct=2#detailed/2/12,35,42/true/868/any/277,278, and http://datacenter.kidscount.org/data/tables/6052-total-births?loc=1&loct=2#detailed/2/12,35,42/true/868/any/12720.

104. Data from this section came from Annie E. Casey Foundation KIDS COUNT Data Center "Total Births" and "Infant Mortality by Race." Retrieved July 2014 http://datacenter.kidscount.org/data/tables/6052-total-births?loc=1&loct=2#detailed/2/12,35,42/true/868/any/12720 and http://datacenter.kidscount.org/data/tables/21-infant-mortality-by-race?loc=42&loct=2#detailed/2/12,35,42/true/133/1,9,10,11,12,13/285,284, March of Dimes Peristats "Postneonatal Deaths: 2009 to 2010" and "Infant Mortality Rates by Race/Ethnicity: 2008-2010 Average." Retrieved July 2014 http://www.marchofdimes.org/Peristats/, South Carolina Department of Health and Environmental Control, South Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) "Infant Mortality." Retrieved July 2014 from http://scangis.dhec.sc.gov/scan/prams2/ and United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Vital Statistics Reports "Infant Mortality Statistics from the 2009 Period Linked Birth/Infant Death Data Set." Retrieved July 2014 hhttp://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_08.pdf.

Indicator	SC	GA	NC	United States	Year
Infant Mortality (continued)					
# of infant deaths in first year of life (Per 1,000 live births)	2.8	2.5	2.1	2.1	2010
Infant mortality rate (per 1,000)	7.4	6.4	7	6.1	2010
Hispanic infants (per 1,000)	5.4	5.1	5.8	5.4	2008 -2010
Black infants (per 1,000)	11.5	11.1	13.9	12.2	2008 -2010
Asian infants (per 1,000)	4.0	3.0	4.9	4.3	2008 -2010
Non-Hispanic White infants (per 1,000)	5.6	5.4	5.7	5.3	2008 -2010
infant mortality rate to teen mothers (under age 18) (per 1,000 births)	10.9 (2012)	7.33	7.92	6.39	2009
Breastfeeding[105]					
Ever breastfed	67.50%	68.20%	74.90%	76.50%	2013
Breastfed beyond one month (at 6 months but not exclusively)	32%	31.80%	48.50%	49%	2013
Exclusively for six months	16%	6.20%	14.90%	16.40%	2013
Health Care[106]					
% of 2-year-olds fully immunized	75.8%	77.9%	76.2%	71.9%	2012
% in 2009	38.9%	51.1%	43.2%	48.3%	2009
Total number eligible to receive EPSDT services (under 21)	695,485	1,225,077	n/a	29,527,131	2013
# eligible to receive EPSDT services (<6)	247,597	481,658	n/a	10,684,188	2013
% of children without health insurance	12%	11%	9%	9%	2011
% of children under 5 without health insurance	13%	11%	7%	9%	2011
Children on Medicaid receiving care from a primary doctor	489,574	1,011,900	950,452	n/a	2011
Receiving care from a medical home (<6)	63.1%	59.0%	69.0%	64.0%	2007

105. Data for this subsection came from the Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity "Breastfeeding Report Card United States 2013." Retrieved July 2014 at http://www.cdc.gov/breastfeeding/pdf/2013breastfeedingreportcard.pdf.
106. Data for this section came from South Carolina Department of Health and Environmental Control, South Carolina Community Assessment Network (SCAN), "Infant Mortality." Retrieved July 2014 at http://scangis.dhec.sc.gov/scan/index.aspx, Centers for Medicaid and Medicare Services, The Center for Medicaid and CHIP Services "Early and Periodic Screening, Diagnostic, and Treatment." Retrieved July 2014 at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html, Annie E. Casey Foundation KIDS COUNT Data Center "Children without Health Insurance by Age Group." Retrieved July 2014 at http://datacenter.kidscount.org/data/tables/32-children-without-health-insurance-by-age-group?loc=1&loct=1#detailed/2/12,35,42/true/867/17,19/303,304, Children's Defense Fund "Health Coverage for All Children" state profiles. Retrieved July 2014 at http://www.childrensdefense.org/child-research-data-publications/, and Data Resource Center for Child and Adolescent Health of the Child and Adolescent Health Measurement Initiative, "Medical Home Performance Profile for All Children" state profiles. Retrieved July 2014 at http://www.childhealthdata.org/.

Indicator	SC	GA	NC	United States	Year
Oral Health[107]					
>1 incident of tooth decay (6-8)	51%	n/a	n/a	50%	2000
Living with untreated tooth decay (6-8)	32%	n/a	n/a	28%	2000
Has urgent unmet need for dental care (0-18)	11.4%	n/a	n/a	n/a	2000
Obesity[108]					
% children 2-5 who are overweight or obese	28%	37.3%	31.7%	8.4%	2012
% children 1-5 engaged in 4+ hours of screen time per day	4.10%	4.70%	1.60%	1.90%	2011 -2012
Maternal Depression[109]					
% of mothers experiencing postpartum depression (always)	2.2%	n/a	1.7%	n/a	2010
% of mothers experiencing postpartum depression (often)	10.6%	n/a	14.2%	n/a	2010
Abuse and Neglect[110]					
# of children maltreated	11,087	18,463	22,934	672,824	2011
Child Maltreatment Rate (per 1000 children)	10	7	10	9	2011
# victims of founded maltreatment under age 5	5,911 (2012-2013)	7,572	9,495	271,990	2011
% of maltreatment victims under age 5	42%	41%	41%	40%	2011
% of maltreatment victims age 5-10	34%	32%	33%	32%	2011
# families as subjects of founded investigations	5,139	n/a	n/a	n/a	2012 -2013
# non-victim siblings (0-5)affected by consequences of proceedings	963	n/a	n/a	n/a	2011
# of children under 6 served in foster care	1,067	3,220	3,446	152,632	2012 Data, Research from 2014
	34%	42%	41%	38%	

107. Data for this section came from Carlson, V., & Veschucio, C. (2006). South Carolina Takes Action: The Burden of Oral Disease. Columbia, SC: SC DHEC.

108. Data for this section came from Centers for Disease Control and Prevention, Overweight and Obesity, "Response to Obesity" state profiles. Retrieved July 2014 at http://www.cdc.gov/obesity/index.html, University of Georgia Obesity Initiative, "Obesity Facts." Retrieved July 2014 at https://obesity.ovpr.uga.edu/obesity-facts/, and Data Resource Center for Child and Adolescent Health of the Child and Adolescent Health Measurement Initiative, "On an Average Weekday, bout how much time does [child's name] Usually spend with Computers, Cell Phones, Handheld Video Games, and Other Electronic Devices?" state profiles. Retrieved July 2014 at http://www.childhealthdata.org/.

109. Data for this section came from South Carolina Department of Health and Environmental Control, South Carolina Pregnancy Risk Assessment Monitoring System (PRAMS) "Indicators for South Carolina Residents Having a Live Birth, 2010." Retrieved July 2014 from http://scangis.dhec.sc.gov/scan/prams2/ and North Carolina State Center for Health Statistics, 2010 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results, Preconception Health Indicators Women 18-44, "Since Your New Baby Was Born, How Often Have You Felt Down, Depressed or Sad?" Retrieved July 2014 from http://www.schs.state.nc.us/schs/data/preconception/prams/2010/MH_PPDPR.html.

110. Data for this section came from Annie E. Casey Foundation KIDS COUNT Data Center "Children who are Confirmed by Child Protective Services as Victims of Maltreatment" and "Children in Foster Care by Age Group." Retrieved July 2014 at http://datacenter.kidscount.org/data/tables/6221-children-who-are-confirmed-by-child-protective-services-as-victims-of-maltreatment?loc=1&loct=1#detailed/2/12,35,42/true/867,133/any/12943,12942 and http://datacenter.kidscount.org/data/tables/6244-children-in-foster-care-by-age-group?loc=1&loct=1#detailed/2/12,35,42/true/868/1889,2616,2617,2618,2619,122/12988,12989, and South Carolina Department of Social Services, "Child Welfare 2012-2013." Retrieved July 2014 at https://dss.sc.gov/content/library/statistics/cw/reports.aspx?ID=121.

Indicator	SC	GA	NC	United States	Year
Developmental Delays[111]					
% children under 5 considered at moderate-high risk of developmental problems	26.20%	28.40%	21.70%	26.20%	2011 -2012
% children under 6 receiving developmental screening	29%	38%	54%	30%	2011 -2012
% of children with IFSPs	3.80%	4.10%	3.30%	5.30%	2011 -2012
eligible children receiving at least one EPSDT screening	265,862	560,204	n/a	12,801,795	2013
	38.2%	45.7%	n/a	43.3%	
Under 1 year	28,811	60,563	n/a	1,211,293	2013
	76.1%	70.4%	n/a	67.5%	
Age 1-2	59,902	128,401	n/a	2,602,509	2013
	67.6%	77.1%	n/a	72%	
Age 3-5	58,474	131,860	n/a	2,864,102	2013
	48.2%	57.5%	n/a	54.3%	
% children under 6 diagnosed with developmental delay	19%	17%	19%	17%	2012 -2012
Head Start[112]					
# children served	15,445	29,014	28,509	1,129,805	2013
% of participants identify as African American	79%	70%	46%	29%	(States 2012) (National FY 2013)
% of participants identify as Hispanic	3%	12%	31%	37%	2012
% of participants identify as White (non-Hispanic)	14%	20%	25%	41%	2012
% participants from single parent families	83%	78%	63%	58%	2012
% families with at least one employed parent	57%	55%	61%	62%	2012

111. Data for this section came from Data Resource Center for Child and Adolescent Health of the Child and Adolescent Health Measurement Initiative, "How Many Children are at Risk for Developmental, Behavioral or Social Delays?"and "Does [child name] have any developmental problems for which [he/she] has a written intervention plan called an Individualized Family Services Plan/IFSP or an Individualized Education Program/IEP?" state profiles. Retrieved July 2014 at http://www.childhealthdata.org/, Annie E. Casey Foundation KIDS COUNT Data Center "Children Under Age 6 who Received a Developmental Screening" and "Children Who Have One or More Emotional, Behavioral or Developmental Conditions." Retrieved July 2014 at http://datacenter.kidscount.org/data/tables/7874-children-under-age-6-who-received-a-developmental-screening?loc=1&loct=1#detailed/2/12,35,42/true/1021/any/15186,15185 and http://datacenter.kidscount.org/data/tables/6031-children-who-have-one-or-more-emotional-behavioral-or-developmental-conditions?loc=1&loct=2#detailed/2/12,35,42/true/1021/any/12694, and Centers for Medicaid and Medicare Services, The Center for Medicaid and CHIP Services "Early and Periodic Screening, Diagnostic, and Treatment." Retrieved July 2014 at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html.

112. Data for this section came from Annie E. Casey Foundation KIDS COUNT Data Center "Head Start Enrollment by Age Group," "Children Ages 3 to 4 Not Attending Preschool, " and "Children 3 to 4 Not Attending Preschool by Race." Retrieved July 2014 at http://datacenter.kidscount.org/data/tables/5938-head-start-enrollment-by-age-group?loc=42&loct=2#detailed/2/12,35,42/true/36,868/1830,558,559,1831,122/12570, http://datacenter.kidscount.org/data/tables/7188-children-ages-3-to-4-not-attending-preschool?loc=42&loct=2#detailed/2/12,35,42/true/1049/any/14230,14231 and http://datacenter.kidscount.org/data/tables/7681-children-ages-3-to-4-who-are-not-attending-preschool-by-race?loc=1&loct=1#detailed/2/12,35,42/true/1049/13,1,9,168,10,12,185/14838,14839, Head Start, An Office of the Administration of Children and Families, Early Childhood Learning and Knowledge Center (ECLKC), "Head Start Program Facts Fiscal Year 2013," and "Office of Head Start – Services Snapshot: National All Programs (2012-2013)." Retrieved July 2014 at https://eclkc.ohs.acf.hhs.gov/hslc, and Center for Law and Social Policy "Head Start by the Numbers: 2013 PIR Profile" state profiles. Retrieved July 2014 at http://www.clasp.org/resources-and-publications.

Indicator	SC	GA	NC	United States	Year
Head Start (continued)					
% enrolled children diagnosed with a disability	10%	10%	12%	12.10%	2012 -2013
% enrolled families accessing at least one family service through Head Start	73%	82%	82%	74.6%	2012 -2013
% three to four year olds not enrolled in school	57%	52%	59%	54%	2010 -2012
% three to four year olds not enrolled in school (Hispanic)	n/a	68%	72%	63%	2010 -2012
% three to four year olds not enrolled in school (Non-Hispanic White)	53%	49%	53%	51%	2010 -2012
Pre Kindergarten, 4K Programs, and CDEPP[113]					
children enrolled in pre kindergarten	n/a	81,683	29,572	1,338,737	2013
school districts offering the state program (pre-k)	n/a	100%	100%	53 programs in 40 states and DC	2013
state spending per child enrolled (pre-k)	n/a	$3,599	$4,960	$4,026 (average)	2013
Total State Pre-K Spending	n/a	$293,939,678	$146,677,533	$5,390,261,787	2013
children enrolled in publicly funded 4K	21,694	84,000 (2014-2015)	n/a	n/a	2013
school districts offering the state program (4K)	64%	n/a	n/a	n/a	2013
state spending per child enrolled (4K)	$729	n/a	n/a	n/a	2013
Total State Pre-K Spending (4K)	$15,813,846	n/a	n/a	n/a	2013
children enrolled in CDEPP	5,783	n/a	n/a	n/a	2013
school districts offering the state program (CDEPP)	40%	n/a	n/a	n/a	2013
state spending per child enrolled (CDEPP)	$3,440	n/a	n/a	n/a	2013
Total State Pre-K Spending (CDEPP)	$19,895,059	n/a	n/a	n/a	2013

113. Data for this section came from National Institute for Early Education Research "State Preschool After the Recession: Stalled or Turning Up?" state profiles. Retrieved July 2014 from http://nieer.org/sites/nieer/files/yearbook2013.

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The Institute for Child Success is a non-profit, non-partisan research and policy organization that fosters public and private partnerships to align and improve resources for the success of young children in South Carolina and beyond. A partnership of the Children's Hospital of the Greenville Health System and the United Way of Greenville County, ICS supports service providers, policy makers, and advocates focused on early childhood development, healthcare, and education to build a sustainable system that ensures the success of all children, pre-natal through age five.