

will support these enhancements on a phased basis.

(g) The system must perform Quality Assurance functions to provide for the review of case files for accuracy, completeness and compliance with Federal requirements and State standards.

[58 FR 67945, Dec. 22, 1993, as amended at 60 FR 26839, Mar. 19, 1995]

**§ 1355.54 Submittal of advance planning documents.**

The State title IV-E agency must submit an APD for a statewide automated child welfare information system, signed by the appropriate State official, in accordance with procedures specified by 45 CFR part 95, subpart F.

[58 FR 67946, Dec. 22, 1993]

**§ 1355.55 Review and assessment of the system developed with enhanced funds.**

(a) ACF will, on a continuing basis, review, assess and inspect the planning, design, development, installation and operation of the SACWIS to determine the extent to which such systems:

(1) Meet § 1355.53 of this chapter,

(2) Meet the goals and objectives stated in the approved APD,

(3) Meet the schedule, budget, and other conditions of the approved APD, and

(4) Comply with the automated data processing services and acquisitions procedures and requirements of 45 CFR part 95, subpart F.

(b) [Reserved]

[58 FR 67946, Dec. 22, 1993]

**§ 1355.56 Failure to meet the conditions of the approved APD.**

(a) If ACF finds that the State fails to meet any of the conditions cited in § 1355.53, or to substantially comply with the criteria, requirements and other undertakings prescribed by the approved APD, approval of the APD may be suspended.

(b) If the approval of an APD is suspended during the planning, design, development, installation, or operation of the system:

(1) The State will be given written notice of the suspension. This notice shall state:

(i) The reason for the suspension,

(ii) The date of the suspension,

(iii) Whether the suspended system complies with criteria for 50 percent FFP, and

(iv) The actions required by the State for future enhanced funding.

(2) The suspension will be effective as of the date the State failed to comply with the approved APD;

(3) The suspension shall remain in effect until ACF determines that such system complies with prescribed criteria, requirements, and other undertakings for future Federal funding.

(4) Should a State cease development of an approved system, either by voluntary withdrawal or as a result of Federal suspension, all Federal incentive funds invested to date that exceed the normal administrative FFP rate (50 percent) will be subject to recoupment.

[58 FR 67946, Dec. 22, 1993]

**§ 1355.57 Cost allocation.**

(a) All expenditures of a State to plan, design, develop, install, and operate the data collection and information retrieval system described in § 1355.53 of this part shall be treated as necessary for the proper and efficient administration of the State plan under title IV-E, without regard to whether the system may be used with respect to foster or adoptive children other than those on behalf of whom foster care maintenance payments or adoption assistance payments may be made under the State plan.

(b) Cost allocation and distribution for the planning, design, development, installation and operation must be in accordance with § 95.631 of this title and section 474(e) of the Act, if the SACWIS includes functions, processing, information collection and management, equipment or services that are not directly related to the administration of the programs carried out under the State plan approved under title IV-B or IV-E.

[58 FR 67946, Dec. 22, 1993]

APPENDIX A TO PART 1355—FOSTER CARE DATA ELEMENTS

*Section I—Foster Care Data Elements*

Data elements preceded by “\*\*\*” are the only data elements required for children who

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have been in care less than 30 days. For children who entered care prior to October 1, 1995, data elements preceded by either “\*\*\*” and “\*\*\*\*” are the only data elements required. This means that, for these two categories of children, these are the only data elements to which the missing data standard will be applied.

**I. General Information**

- \*\*A. State \_\_\_\_\_
- \*\*B. Report date \_\_\_\_ (mo.) \_\_\_\_ (yr.)
- \*\*C. Local Agency (County or Equivalent Jurisdiction) \_\_\_\_\_
- \*\*D. Record Number \_\_\_\_\_
- E. Date of Most Recent Periodic Review (If Applicable) \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)

**II. Child’s Demographic Information**

- \*\*A. Date of Birth \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)
- \*\*B. Sex \_\_\_\_\_
  - Male: 1
  - Female: 2
- C. Race/Ethnicity
  - 1. Race
    - a. American Indian or Alaska Native
    - b. Asian
    - c. Black or African American
    - d. Native Hawaiian or Other Pacific Islander
    - e. White
    - f. Unable to Determine
  - 2. Hispanic or Latino Ethnicity \_\_\_\_\_
    - Yes: 1
    - No: 2
    - Unable to Determine: 3
- D. Has this child been clinically diagnosed as having a disability(ies)? \_\_\_\_\_
  - Yes: 1
  - No: 2
  - Not Yet Determined: 3
- 1. If yes, indicate *each* type of disability found with a “1”
  - Mental Retardation \_\_\_\_\_
  - Visually or Hearing Impaired \_\_\_\_\_
  - Physically Disabled \_\_\_\_\_
  - Emotionally Disturbed (DSM III) \_\_\_\_\_
  - Other Medically Diagnosed Condition Requiring Special Care \_\_\_\_\_

- E. 1. Has this child ever been adopted? \_\_\_\_\_
  - Yes: 1
  - No: 2
  - Unable to Determine: 3
- 2. If yes, how old was the child when the adoption was legalized? \_\_\_\_\_
  - Less than 2 years old: 1
  - 2 to 5 years old: 2
  - 6 to 12 years old: 3
  - 13 years old or older: 4
  - Unable to Determine: 5

**III. Removal/Placement Setting Indicators**

- A. Removal Episodes
  - Date of First Removal From Home \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)
  - Total Number of Removals From Home to Date \_\_\_\_\_

Date Child was Discharged From Last Foster Care Episode (If Applicable) \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)

\*\*Date of Latest Removal From Home \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)

\*\* Transaction Date \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)

**B. Placement Settings**

Date of Placement in Current Foster Care Setting \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)

Number of Previous Placement Settings During This Removal Episode \_\_\_\_\_

**IV. Circumstances of Removal**

A. Manner of Removal From Home for Current Placement Episode \_\_\_\_\_

Voluntary: 1

Court Ordered: 2

Not Yet Determined: 3

B. Actions or Conditions Associated With Child’s Removal: (Indicate all that apply with a “1”)

Physical Abuse (Alleged/Reported) \_\_\_\_\_

Sexual Abuse (Alleged/Reported) \_\_\_\_\_

Neglect (Alleged/Reported) \_\_\_\_\_

Alcohol Abuse (Parent) \_\_\_\_\_

Drug Abuse (Parent) \_\_\_\_\_

Alcohol Abuse (Child) \_\_\_\_\_

Drug Abuse (Child) \_\_\_\_\_

Child’s Disability \_\_\_\_\_

Child’s Behavior Problem \_\_\_\_\_

Death of Parent(s) \_\_\_\_\_

Incarceration of Parent(s) \_\_\_\_\_

Caretaker’s Inability to Cope Due to Illness or Other Reasons \_\_\_\_\_

Abandonment \_\_\_\_\_

Relinquishment \_\_\_\_\_

Inadequate Housing \_\_\_\_\_

**\*\*V. Current Placement Setting \_\_\_\_\_**

\*\*A. Pre-Adoptive Home: 1

Foster Family Home (Relative): 2

Foster Family Home (Non-Relative): 3

Group Home: 4

Institution: 5

Supervised Independent Living: 6

Runaway: 7

Trial Home Visit: 8

\*\*B. Is Current Placement Out-of-State? \_\_\_\_\_

Yes (Out-of-State Placement): 1

No (In State Placement): 2

**\*\*VI. Most Recent Case Plan Goal \_\_\_\_\_**

Reunify With Parent(s) or Principal Caretaker(s): 1

Live With Other Relative(s): 2

Adoption: 3

Long Term Foster Care: 4

Emancipation: 5

Guardianship: 6

Case Plan Goal Not Yet Established: 7

**VII. Principal Caretaker(s) Information**

A. Caretaker Family Structure \_\_\_\_\_

Married Couple: 1

Unmarried Couple: 2

Single Female: 3

Single Male: 4

Unable to Determine: 5

B. Year of Birth \_\_\_\_\_

1st Principal Caretaker \_\_\_\_\_

- 2nd Principal Caretaker (If Applicable) \_\_\_\_\_
- VIII. Parental Rights Termination (If Applicable)
- A. Mother \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)
- B. Legal or Putative Father \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)
- IX. Foster Family Home—Parent(s) Data (To be answered only if Section V., Part A. CURRENT PLACEMENT SETTING is 1, 2 or 3)
- A. Foster Family Structure \_\_\_\_\_
- Married Couple: 1
- Unmarried Couple: 2
- Single Female: 3
- Single Male: 4
- B. Year of Birth \_\_\_\_\_
- 1st Foster Caretaker \_\_\_\_\_
- 2nd Foster Caretaker (If Applicable) \_\_\_\_\_
- C. Race/Ethnicity
1. Race of 1st Foster Caretaker
- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Unable to Determine
2. Hispanic or Latino Ethnicity of 1st Foster Caretaker \_\_\_\_\_
- Yes: 1
- No: 2
- Unable to Determine: 3
3. Race of 2nd Foster Caretaker (If Applicable)
- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Unable to Determine
4. Hispanic or Latino Ethnicity of 2nd Foster Caretaker (If applicable) \_\_\_\_\_
- Yes: 1
- No: 2
- Unable to Determine: 3
- X. Outcome Information
- \*\*A. Date of Discharge From Foster Care \_\_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)
- \*\*Transaction Date \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)
- \*\*B. Reason for Discharge \_\_\_\_\_
- Reunification With Parents or Primary Caretakers: 1
- Living With Other Relative(s): 2
- Adoption: 3
- Emancipation: 4
- Guardianship: 5
- Transfer to Another Agency: 6
- Runaway: 7
- Death of Child: 8
- XI. Source(s) of Federal Financial Support/ Assistance for Child (Indicate all that apply with a "1")
- Title IV-E (Foster Care) \_\_\_\_\_
- Title IV-E (Adoption Assistance) \_\_\_\_\_

- Title IV-A (Aid to Families with Dependent Children) \_\_\_\_\_
- Title IV-D (Child Support) \_\_\_\_\_
- Title XIX (Medicaid) \_\_\_\_\_
- SSI or Other Social Security Act Benefits
- None of the Above \_\_\_\_\_
- XII. Amount of the monthly foster care payment (regardless of sources). \_\_\_\_\_

*Section II—Definitions of and Instructions for Foster Care Data Elements*

*Reporting population.* The population to be included in this reporting system includes all children in foster care under the responsibility of the State agency administering or supervising the administration of the title IV-B Child and Family Services State plan and the title IV-E State plan; that is, all children who are required to be provided the assurances of section 422(b)(10) of the Social Security Act.

This population includes all children supervised by or under the responsibility of another public agency with which the title IV-B/IV-E State agency has an agreement under title IV-E and on whose behalf the State makes title IV-E foster care maintenance payments.

Foster care is defined as 24 hour substitute care for children outside their own homes. The reporting system includes all children who have or had been in foster care at least 24 hours. The foster care settings include, but are not limited to:

- Family foster homes
- Relative foster homes (whether payments are being made or not)
- Group homes
- Emergency shelters
- Residential facilities
- Child care institutions
- Pre-adoptive homes

Foster care does not include children who are in their own homes under the responsibility of the State agency. However, children who are at home on a trial basis may be included even though they are not considered to be in foster care. If they are included, element number V. CURRENT PLACEMENT SETTING must be given the value of "8".

I. General Information

- A. State\*\*—U.S. Postal Service two letter abbreviation for the State submitting the report.
- B. Report Date\*\*—The last month and the year for the reporting period.
- C. Local Agency\*\*—Identity of the county or equivalent unit which has responsibility for the case. The 5 digit Federal Information Processing Standard (FIPS) must be used.
- D. Record Number\*\*—The sequential number which the State uses to transmit data to

the Department of Health and Human Services (DHHS) or a unique number which follows the child as long as he or she is in foster care. The record number cannot be linked to the child's case I.D. number except at the State or local level.

E. Date of Most Recent Periodic Review (If applicable)—For children who have been in care seven months or longer, enter the month, day and year of the most recent administrative or court review, including dispositional hearing. For children who have been in care less than seven months, leave the field blank. An entry in this field certifies that the child's computer record is current up to this date.

## II. Child's Demographic Information

A. Date of Birth\*\*—Month, day and year of the child's birth. If the child is abandoned or the date of birth is otherwise unknown, enter an approximate date of birth. Use the 15th as the day of birth.

B. Sex\*\*—Indicate as appropriate.

C. Race/Ethnicity\*\*

1. Race—In general, a person's race is determined by how they define themselves or by how others define them. In the case of young children, parents determine the race of the child. Indicate all races (a through e) that apply with a "1." For those that do not apply, indicate a "0." Indicate "f. Unable to Determine" with a "1" if it applies and a "0" if it does not.

American Indian or Alaska Native—A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, South-east Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Unable to Determine—The specific race category is "unable to determine" because the child is very young or is severely disabled and no person is available to identify the child's race. "Unable to determine" is also used if the parent, relative or guardian is unwilling to identify the child's race.

2. Hispanic or Latino Ethnicity—Answer "yes" if the child is of Mexican, Puerto Rican, Cuban, Central or South American origin, or a person of other Spanish cultural origin regardless of race. Whether or not a

person is Hispanic or Latino is determined by how they define themselves or by how others define them. In the case of young children, parents determine the ethnicity of the child. "Unable to Determine" is used because the child is very young or is severely disabled and no person is available to determine whether or not the child is Hispanic or Latino. "Unable to determine" is also used if the parent, relative or guardian is unwilling to identify the child's ethnicity.

D. Has the child been clinically diagnosed as having a disability(ies)? "Yes" indicates that a qualified professional has clinically diagnosed the child as having at least one of the disabilities listed below. "No" indicates that a qualified professional has conducted a clinical assessment of the child and has determined that the child has no disabilities. "Not Yet Determined" indicates that a clinical assessment of the child by a qualified professional has not been conducted.

1. Indicate Each Type of Disability With a "1"

Mental Retardation—Significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect a child's/youth's socialization and learning.

Visually or Hearing Impaired—Having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance.

Physically Disabled—A physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.

Emotionally Disturbed (DSM III)—A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: An inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders (Third Edition) (DSM III) or the most recent edition.

Other Medically Diagnosed Conditions Requiring Special Care—Conditions other than those noted above which require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS.

E. 1. Has this child ever been adopted? If this child has ever been legally adopted, enter "yes." If the child has never been legally adopted, enter "no". Enter "Unable to Determine" if the child has been abandoned or the child's parent(s) are otherwise not available to provide the information.

2. If yes, how old was the child when the adoption was legalized? Enter the number which represents the appropriate age range. If uncertain, use an estimate. If no one is available to provide the information, enter "Unable to Determine."

### III. Removal/Placement Setting Indicators

A. Removal Episodes—The removal of the child from his/her normal place of residence resulting in his/her placement in a foster care setting.

Date of First Removal From Home—Month, day and year the child was removed from home for the first time for purpose of placement in a foster care setting. If the current<sup>1</sup> removal is the first removal, enter the date of the current removal.

Total Number of Removals from Home to Date—The number of times the child was removed from home, including the current removal.

Date Child was Discharged From Last Foster Care Episode (If Applicable)—For children with prior removals, enter the month, day and year they were discharged from care for the episode immediately prior to the current episode. For children with no prior removals, leave blank.

Date of Latest Removal From Home\*\*—Month, day and year the child was last removed from his/her home for the purpose of being placed in foster care. This would be the date for the current episode or, if the child has exited foster care, the date of removal for the most recent removal.

Transaction Date\*\*—A computer generated date which accurately indicates the month, day and year the response to "Date of Latest Removal From Home" was entered into the information system.

### B. Placement Settings.

Date of Placement in Current Foster Care Setting—Month, day and year the child moved into the current foster home, facility, residence, shelter, institution, etc. for purposes of continued foster care.

Number of Previous Placement Settings During This Removal Episode—Enter the number of places the child has lived, including the current setting, during the current removal episode. Do not include trial home visits as a placement setting.

<sup>1</sup>For children who have exited foster care, "current" refers to the most recent removal episode and the most recent placement setting.

### IV. Circumstances of Removal

A. Manner of Removal From Home for Current Placement Episode.

Voluntary Placement Agreement—An official voluntary placement agreement has been executed between the caretaker and the agency. The placement remains voluntary even if a subsequent court order is issued to continue the child in foster care.

Court Ordered—The court has issued an order which is the basis of the child's removal.

Not Yet Determined—A voluntary placement agreement has not been signed or a court order has not been issued. This will mostly occur in very short-term cases. When either a voluntary placement agreement is signed or a court order issued, the record should be updated to reflect the manner of removal at that time.

B. Actions or Conditions Associated With Child's Removal (Indicate all that apply with a "1".)

Physical Abuse—Alleged or substantiated physical abuse, injury or maltreatment of the child by a person responsible for the child's welfare.

Sexual Abuse—Alleged or substantiated sexual abuse or exploitation of a child by a person who is responsible for the child's welfare.

Neglect—Alleged or substantiated negligent treatment or maltreatment, including failure to provide adequate food, clothing, shelter or care.

Alcohol Abuse (Parent)—Principal caretaker's compulsive use of alcohol that is not of a temporary nature.

Drug Abuse (Parent)—Principal caretaker's compulsive use of drugs that is not of a temporary nature.

Alcohol Abuse (Child)—Child's compulsive use of or need for alcohol. This element should include infants addicted at birth.

Drug Abuse (Child)—Child's compulsive use of or need for narcotics. This element should include infants addicted at birth.

Child's Disability—Clinical diagnosis by a qualified professional of one or more of the following: Mental retardation; emotional disturbance; specific learning disability; hearing, speech or sight impairment; physical disability; or other clinically diagnosed handicap. Include only if the disability(ies) was at least one of the factors which led to the child's removal.

Child's Behavior Problem—Behavior in the school and/or community that adversely affects socialization, learning, growth, and moral development. These may include adjudicated or nonadjudicated child behavior problems. This would include the child's running away from home or other placement.

Death of Parent(s)—Family stress or inability to care for child due to death of a parent or caretaker.

Incarceration of Parent(s)—Temporary or permanent placement of a parent or caretaker in jail that adversely affects care for the child.

Caretaker's Inability to Cope Due to Illness or Other Reasons—Physical or emotional illness or disabling condition adversely affecting the caretaker's ability to care for the child.

Abandonment—Child left alone or with others; caretaker did not return or make whereabouts known.

Relinquishment—Parent(s), in writing, assigned the physical and legal custody of the child to the agency for the purpose of having the child adopted.

Inadequate Housing—Housing facilities were substandard, overcrowded, unsafe or otherwise inadequate resulting in their not being appropriate for the parents and child to reside together. Also includes homelessness.

#### V. Current Placement Setting\*\*

A. Identify the type of setting in which the child currently lives.

Pre-Adoptive Home—A home in which the family intends to adopt the child. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child.

Foster Family Home (Relative)—A licensed or unlicensed home of the child's relatives regarded by the State as a foster care living arrangement for the child.

Foster Family Home (Non-Relative)—A licensed foster family home regarded by the State as a foster care living arrangement.

Group Home—A licensed or approved home providing 24-hour care for children in a small group setting that generally has from seven to twelve children.

Institution—A child care facility operated by a public or private agency and providing 24-hour care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include: Child care institutions; residential treatment facilities; maternity homes; etc.

Supervised Independent Living—An alternative transitional living arrangement where the child is under the supervision of the agency but without 24 hour adult supervision, is receiving financial support from the child welfare agency, and is in a setting which provides the opportunity for increased responsibility for self care.

Runaway—The child has run away from the foster care setting.

Trial Home Visit—The child has been in a foster care placement, but, under State agency supervision, has been returned to the principal caretaker for a limited and specified period of time.

B. Is current placement setting out of State?

“Yes” indicates that the current placement setting is located outside of the state making the report.

“No” indicates that the child continues to reside within the state making the report.

NOTE: Only the state with placement and care responsibility for the child should include the child in this reporting system.

#### VI. Most Recent Case Plan Goal\*\*\*

Indicate the most recent case plan goal for the child based on the latest review of the child's case plan—whether a court review or an administrative review. If the child has been in care less than six months, enter the goal in the case record as determined by the caseworker.

Reunify With Parents or Principal Caretaker(s)—The goal is to keep the child in foster care for a limited time to enable the agency to work with the family with whom the child had been living prior to entering foster care in order to reestablish a stable family environment.

Live With Other Relatives—The goal is to have the child live permanently with a relative or relatives other than the ones from whom the child was removed. This could include guardianship by a relative(s).

Adoption—The goal is to facilitate the child's adoption by relatives, foster parents or other unrelated individuals.

Long Term Foster Care—Because of specific factors or conditions, it is not appropriate or possible to return the child home or place her or him for adoption, and the goal is to maintain the child in a long term foster care placement.

Emancipation—Because of specific factors or conditions, it is not appropriate or possible to return the child home, have a child live permanently with a relative or have the child be adopted; therefore, the goal is to maintain the child in a foster care setting until the child reaches the age of majority.

Guardianship—The goal is to facilitate the child's placement with an agency or unrelated caretaker, with whom he or she was not living prior to entering foster care, and whom a court of competent jurisdiction has designated as legal guardian.

Case Plan Goal Not Yet Established—No case plan goal has yet been established other than the care and protection of the child.

#### VII. Principal Caretaker(s) Information

A. Caretaker Family Structure—Select from the four alternatives—married couple, unmarried couple, single female, single male—the category which best describes the type of adult caretaker(s) from whom the child was removed for the current foster care episode. Enter “Unable to Determine” if the child has been abandoned or the child's caretakers are otherwise unknown.

B. Year of Birth—Enter the year of birth for up to two caretakers. If the response to data element VII. A—Caretaker Family Structure, was 1 or 2, enter data for two caretakers. If the response was 3 or 4, enter data only for the first caretaker. If the exact year of birth is unknown, enter an estimated year of birth.

#### VIII. Parental Rights Termination

Enter the month, day and year that the court terminated the parental rights. If the parents are known to be deceased, enter the date of death.

#### IX. Family Foster Home—Parent(s) Data

Provide information only if data element in Section V., Part A. CURRENT PLACE-MENT SETTING is 1, 2, or 3.

A. Foster Family Structure—Select from the four alternatives—married couple, unmarried couple, single female, single male—the category which best describes the nature of the foster parents with whom the child is living in the current foster care episode.

B. Year of Birth—Enter the year of birth for up to two foster parents. If the response to data element IX. A.—Foster Family Structure, was 1 or 2, enter data for two caretakers. If the response was 3 or 4, enter data only for the first caretaker. If the exact year of birth is unknown, enter an estimated year of birth.

C. Race—Indicate the race for each of the foster parent(s). See instructions and definitions for the race categories under data element II.C.1. Use “f. Unable to Determine” only when a parent is unwilling to identify his or her race. Hispanic or Latino Ethnicity—Indicate the ethnicity for each of the foster parent(s). See instructions and definitions under data element II.C.2. Use “f. Unable to Determine” only when a parent is unwilling to identify his or her ethnicity.

#### X. Outcome Information

Enter data only for children who have exited foster care during the reporting period.

A. Date of Discharge From Foster Care\*\*—Enter the month, day and year the child was discharged from foster care. If the child has not been discharged from care, leave blank.

Transaction Date\*\*—A computer generated date which accurately indicates the month, day and year the response to “Date of Discharge from Foster Care” was entered into the information system.

B. Reason for Discharge\*\*.

Reunification With Parents or Primary Caretakers—The child was returned to his or her principal caretaker(s) home.

Living With Other Relatives—The child went to live with a relative other than the one from whose home he or she was removed.

Adoption—The child was legally adopted.

Emancipation—The child reached majority according to State law by virtue of age, marriage, etc.

Guardianship—Permanent custody of the child was awarded to an individual.

Transfer to Another Agency—Responsibility for the care of the child was awarded to another agency—either in or outside of the State.

Runaway—The child ran away from the foster care placement.

Death of Child—The child died while in foster care.

#### XI. SOURCE(S) OF FEDERAL SUPPORT/ASSISTANCE FOR CHILD (INDICATE ALL THAT APPLY WITH A “1”.)

Title IV-E (Foster Care)—Title IV-E foster care maintenance payments are being paid on behalf of the child.

Title IV-E (Adoption Subsidy)—Title IV-E adoption subsidy is being paid on behalf of the child who is in an adoptive home, but the adoption has not been legalized.

Title IV-A (Aid to Families With Dependent Children)—Child is living with relative(s) whose source of support is an AFDC payment for the child.

Title IV-D (Child Support)—Child support funds are being paid to the State agency on behalf of the child by assignment from the receiving parent.

Title XIX (Medicaid)—Child is eligible for and may be receiving assistance under title XIX.

SSI or Other Social Security Act Benefits—Child is receiving support under title XVI or other Social Security Act titles not included in this section.

None of the Above—Child is receiving support only from the State or from some other source (Federal or non-Federal) which is not indicated above.

#### XII. AMOUNT OF THE MONTHLY FOSTER CARE PAYMENT (REGARDLESS OF SOURCES)

Enter the monthly payment paid on behalf of the child regardless of source (i.e., Federal, State, county, municipality, tribal, and private payments). If title IV-E is paid on behalf of the child the amount indicated should be the total computable amount. If the payment made on behalf of the child is not the same each month, indicate the amount of the last full monthly payment made during the reporting period. If no monthly payment has been made during the period, enter all zeros.

[58 FR 67926, Dec. 22, 1993; 59 FR 13535, Mar. 22, 1994; 59 FR 42520, Aug. 18, 1994; 60 FR 40507, Aug. 9, 1995; 60 FR 46887, Sept. 8, 1995; 65 FR 4084, Jan. 25, 2000]

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APPENDIX B TO PART 1355—ADOPTION  
DATA ELEMENTS

*Section I—Adoption Data Elements*

- I. General Information  
A. State \_\_\_\_\_  
B. Report Date \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)  
C. Record Number \_\_\_\_\_  
D. Did the State Agency Have any Involvement in This Adoption? \_\_\_\_\_  
Yes: 1  
No: 2
- II. Child's Demographic Information  
A. Date of Birth \_\_\_\_ (mo) \_\_\_\_ (day) \_\_\_\_ (yr.)  
B. Sex \_\_\_\_\_  
Male: 1  
Female: 2  
C. Race/Ethnicity  
1. Race  
a. American Indian or Alaska Native  
b. Asian  
c. Black or African American  
d. Native Hawaiian or Other Pacific Islander  
e. White  
f. Unable to Determine  
2. Hispanic or Latino Ethnicity \_\_\_\_\_  
Yes: 1  
No: 2  
Unable to determine: 3
- III. Special Needs Status  
A. Has the State child welfare agency determined that this child has special needs? \_\_\_\_\_  
Yes: 1  
No: 2  
B. If yes, indicate the primary basis for determining that this child has special needs \_\_\_\_\_  
Racial/Original Background: 1  
Age: 2  
Membership in a Sibling Group to be Placed for Adoption Together: 3  
Medical Conditions or Mental, Physical or Emotional Disabilities: 4  
Other: 5  
1. If III. B was "4," indicate with a "1" the type(s) of disability(ies)  
Mental Retardation \_\_\_\_\_  
Visually or Hearing Impaired \_\_\_\_\_  
Physically Disabled \_\_\_\_\_  
Emotionally Disturbed (DSM III) \_\_\_\_\_  
Other Medically Diagnosed Condition Requiring Special Care \_\_\_\_\_
- IV. Birth Parents  
A. Year of Birth \_\_\_\_\_  
Mother, if known \_\_\_\_\_  
Father (Putative or Legal), if known \_\_\_\_\_  
B. Was the mother married at the time of the child's birth? \_\_\_\_\_  
Yes: 1  
No: 2  
Unable to Determine: 3
- V. Court Actions  
A. Dates of Termination of Parental Rights

- Mother \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)  
Father \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)  
B. Date Adoption Legalized \_\_\_\_ (mo.) \_\_\_\_ (day) \_\_\_\_ (yr.)
- VI. Adoptive Parents  
A. Family Structure \_\_\_\_\_  
Married Couple: 1  
Unmarried Couple: 2  
Single Female: 3  
Single Male: 4  
B. Year of Birth  
Mother (if Applicable) \_\_\_\_\_  
Father (if Applicable) \_\_\_\_\_  
C. Race/Ethnicity  
1. Adoptive Mother's Race (If Applicable)  
a. American Indian or Alaska Native  
b. Asian  
c. Black or African American  
d. Native Hawaiian or Other Pacific Islander  
e. White  
f. Unable to Determine  
2. Hispanic or Latino Ethnicity of Mother (If Applicable) \_\_\_\_\_  
Yes: 1  
No: 2  
Unable to Determine: 3  
3. Adoptive Father's Race (If Applicable)  
a. American Indian or Alaska Native  
b. Asian  
c. Black or African American  
d. Native Hawaiian or Other Pacific Islander  
e. White  
f. Unable to Determine  
4. Hispanic or Latino Ethnicity of Father (If Applicable) \_\_\_\_\_  
Yes: 1  
No: 2  
Unable to Determine: 3  
D. Relationship of Adoptive Parent(s) to the Child (Indicate with a "1" all that apply)  
Stepparent  
Other Relative of Child by Birth or Marriage \_\_\_\_\_  
Foster Parent of Child \_\_\_\_\_  
Non-Relative \_\_\_\_\_
- VII. Placement Information  
A. Child Was Placed From \_\_\_\_\_  
Within State: 1  
Another State: 2  
Another Country: 3  
B. Child Was Placed by \_\_\_\_\_  
Public Agency: 1  
Private Agency: 2  
Tribal Agency: 3  
Independent Person: 4  
Birth Parent: 5
- VIII. Federal/State Financial Adoption Support  
A. Is a monthly financial subsidy being paid for this child? \_\_\_\_\_  
Yes: 1  
No: 2  
B. If yes, the monthly amount \_\_\_\_\_

C. If VIII. A is yes, is the subsidy paid under Title IV-E adoption assistance?

Yes: 1

No: 2

*Section II—Definitions of Instructions for Adoption Data Elements*

*Reporting population*

The State must report on all children who are adopted in the State during the reporting period and in whose adoption the State title IV-B/IV-E agency has had any involvement. All adoptions which occurred on or after October 1, 1994 and which meet the criteria set forth in this regulation must be reported. Failure to report on these adoptions will result in penalties being assessed. Reports on all other adoptions are encouraged but are voluntary. Therefore, reports on the following are mandated:

(a) All children adopted who had been in foster care under the responsibility and care of the State child welfare agency and who were subsequently adopted whether special needs or not and whether subsidies are provided or not;

(b) All special needs children who were adopted in the State, whether or not they were in the public foster care system prior to their adoption and for whom non-recurring expenses were reimbursed; and

(c) All children adopted for whom an adoption assistance payment or service is being provided based on arrangements made by or through the State agency.

These children must be identified by answering "yes" to data element I.D. Children who are reported by the State, but for whom there has not been any State involvement, and whose reporting, therefore, has not been mandated, are identified by answering "no" to element I.D.

**I. General Information**

A. State—U.S. Postal Service two letter abbreviation for the State submitting the report.

B. Report Date—The last month and the year for the reporting period.

C. Record Number—The sequential number which the State uses to transmit data to the Department of Health and Human Services (DHHS). The record number cannot be linked to the child except at the State or local level.

D. Did the State Agency Have Any Involvement in This Adoption?

Indicate whether the State Title IV-B/IV-E agency had any involvement in this adoption, that is, whether the adopted child belongs to one of the following categories:

- A child who had been in foster care under the responsibility and care of the State child welfare agency and who was subsequently

adopted whether special needs or not and whether a subsidy was provided or not;

- A special needs child who was adopted in the State, whether or not he/she was in the public foster care system prior to his/her adoption and for whom non-recurring expenses were reimbursed; or

- A child for whom an adoption assistance payment or service is being provided based on arrangements made by or through the State agency.

**II. Child's Demographic Information**

A. Date of Birth—Month and year of the child's birth. If the child was abandoned or the date of birth is otherwise unknown, enter an approximate date of birth.

B. Sex—Indicate as appropriate.

C. Race/Ethnicity

1. Race—In general, a person's race is determined by how they define themselves or by how others define them. In the case of young children, parents determine the race of the child. Indicate all races (a-e) that apply with a "1." For those that do not apply, indicate a "0." Indicate "f. Unable to Determine" with a "1" if it applies and a "0" if it does not.

American Indian or Alaska Native—A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Unable to Determine—The specific race category is "unable to determine" because the child is very young or is severely disabled and no person is available to identify the child's race. "Unable to determine" is also used if the parent, relative or guardian is unwilling to identify the child's race.

2. Hispanic or Latino Ethnicity—Answer "yes" if the child is of Mexican, Puerto Rican, Cuban, Central or South American origin, or a person of other Spanish cultural origin regardless of race. Whether or not a person is Hispanic or Latino is determined by how they define themselves or by how others define them. In the case of young children, parents determine the ethnicity of the child. "Unable to Determine" is used because

the child is very young or is severely disabled and no other person is available to determine whether or not the child is Hispanic or Latino. "Unable to determine" is also used if the parent, relative or guardian is unwilling to identify the child's ethnicity.

### III. Special Needs Status

#### A. Has the State Agency Determined That the Child has Special Needs?

Use the State definition of special needs as it pertains to a child eligible for an adoption subsidy under title IV-E.

B. Primary Factor or Condition for Special Needs—Indicate only the primary factor or condition for categorization as special needs and only as it is defined by the State.

Racial/Original Background—Primary condition or factor for special needs is racial/original background as defined by the State.

Age—Primary factor or condition for special needs is age of the child as defined by the State.

Membership in a Sibling Group to be Placed for Adoption Together—Primary factor or condition for special needs is membership in a sibling group as defined by the State.

Medical Conditions of Mental, Physical, or Emotional Disabilities—Primary factor or condition for special needs is the child's medical condition as defined by the State, but clinically diagnosed by a qualified professional.

When this is the response to question B, then item I below must be answered.

1. Types of Disabilities—Data are only to be entered if response to III.B was "4." Indicate with a "1" the types of disabilities.

Mental Retardation—Significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect a child's/youth's socialization and learning.

Visually or Hearing Impaired—Having a visual impairment that may significantly affect educational performance or development; or a hearing impairment, whether permanent or fluctuating, that adversely affects educational performance.

Physically Disabled—A physical condition that adversely affects the child's day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.

Emotionally Disturbed (DSM III)—A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: An inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are

schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. Diagnosis is based on the *Diagnostic and Statistical Manual of Mental Disorders (Third Edition)* (DSM III) or the most recent edition.

Other Medically Diagnosed Conditions Requiring Special Care—Conditions other than those noted above which require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS.

### IV. Birth Parents

A. Year of Birth—Enter the year of birth for both parents, if known. If the child was abandoned and no information was available on either one or both parents, leave blank for the parent(s) for which no information was available.

B. Was the Mother Married at the Time of the Child's Birth?

Indicate whether the mother was married at time of the child's birth; include common law marriage if legal in the State. If the child was abandoned and no information was available on the mother, enter "Unable to Determine."

### V. Court Actions

A. Dates of Termination of Parental Rights—Enter the month, day and year that the court terminated parental rights. If the parents are known to be deceased, enter the date of death.

B. Date Adoption Legalized—Enter the date the court issued the final adoption decree.

### VI. Adoptive Parents

A. Family Structure—Select from the four alternatives—married couple, unmarried couple, single female, single male—the category which best describes the nature of the adoptive parent(s) family structure.

B. Year of Birth—Enter the year of birth for up to two adoptive parents. If the response to data element IV.A—Family Structure, was 1 or 2, enter data for two parents. If the response was 3 or 4, enter data only for the appropriate parent. If the exact year of birth is unknown, enter an estimated year of birth.

C. Race/Ethnicity—Indicate the race/ethnicity for each of the adoptive parent(s). See instructions and definitions for the race/ethnicity categories under data element II.C. Use "f. Unable to Determine" only when a parent is unwilling to identify his or her race or ethnicity.

D. Relationship to Adoptive Parent(s)—Indicate the prior relationship(s) the child had with the adoptive parent(s).

Stepparent—Spouse of the child's birth mother or birth father.

Other Relative of Child by Birth or Marriage—A relative through the birth parents by blood or marriage.

Foster Parent of Child—Child was placed in a non-relative foster family home with a family which later adopted him or her. The initial placement could have been for the purpose of adoption or for the purpose of foster care.

Non-Relative—Adoptive parent fits into none of the categories above.

#### VII. Placement Information

A. Child Was Placed From: Indicate the location of the individual or agency that had custody or responsibility for the child at the time of initiation of adoption proceedings.

Within State—Responsibility for the child resided with an individual or agency within the State filing the report.

Another State—Responsibility for the child resided with an individual or agency in another State or territory of the United States.

Another Country—Immediately prior to the adoptive placement, the child was residing in another country and was not a citizen of the United States.

B. Child Was Placed By: Indicate the individual or agency which placed the child for adoption.

Public Agency—A unit of State or local government.

Private Agency—A for-profit or non-profit agency or institution.

Tribal Agency—A unit within one of the Federally recognized Indian Tribes or Indian Tribal Organizations.

Independent Person—A doctor, a lawyer or some other individual.

Birth Parent—The parent(s) placed the child directly with the Adoptive parent(s).

#### VIII. State/Federal Adoption Support

A. Is The Child Receiving a Monthly Subsidy?

Enter "yes" if this child was adopted with an adoption assistance agreement under which regular subsidies (Federal or State) are paid.

B. Monthly Amount—Indicate the monthly amount of the subsidy. The amount of the subsidy should be rounded to the nearest dollar. Indicate "0" if the subsidy includes only benefits under titles XIX or XX of the Social Security Act.

C. If VIII.A is "Yes," is Child Receiving Title IV-E Adoption Subsidy?

If VIII.A is "yes," indicate whether the subsidy is claimed by the State for reimbursement under title IV-E. Do not include title IV-E non-recurring costs in this item.

[58 FR 67929, Dec. 22, 1993; 59 FR 42520, Aug. 18, 1994; 65 FR 4084, Jan. 25, 2000]

#### APPENDIX C TO PART 1355—ELECTRONIC DATA TRANSMISSION FORMAT

All AFCARS data to be sent from State agencies/Indian Tribes to the Department are to be in electronic form. In order to meet this general specification, the Department will offer as much flexibility as possible. Technical assistance will be provided to negotiate a method of transmission best suited to the States' environment.

There will be four semi-annual electronic data transmissions from the States to the Administration for Children and Families (ACF). The Summary Submission File, one each for Foster Care and Adoption, and the Detail Submission File, one each for Foster Care and Adoption. The Summary File must be transmitted first, followed immediately by the Detail File. See appendix D for Foster Care and Adoption Detail and Summary record layout formats.

There are four methods for electronic data exchange currently operating for other Departmental programs of a similar nature. These methods are: (1) MITRON tape-to-tape transfer, (2) mainframe-to-mainframe data transfer, (3) personal computer (PC) to mainframe data transmission using a data transfer protocol, and (4) a personal computer to personal computer protocol. A general description of these methods is provided below:

##### 1. MITRON, Tape-to-Tape Data Transmission

In order to use the MITRON system, both the sender and receiver must have MITRON equipment (tape drive and main unit) and software. The MITRON system is capable of handling a large volume of data but is limited to one reel of tape per transmission session. (If the data quantity exceeds one tape, a header/trailer record must be placed on each physical tape reel.) These are standard 2400 foot tapes, using standard labels. The tape density is limited to the 1600 bits per inch (bpi) specification.

##### 2. Mainframe-to-Mainframe

The ACF has installed a mainframe-to-mainframe data exchange system using the Sterling Software data transfer package called "SUPERTRACS." This package will allow data exchange between most computer platforms (both mini and mainframe) and the Department's mainframe in a dial-up mode. No additional software is needed by the remote computer site beyond what the Department will supply. This method has proven effective for small to moderate amounts (100 to 5,000 records) of data.

##### 3. Electronic File Transfer Between PC and Mainframe

This method uses the SIMPC software package on the personal computer and the

host mainframe. The software will be provided by the Department. This method is best suited for small to moderate (100 to 5,000) records transmissions. The advantages of Electronic File Transfer are the elimination of tapes and associated problems and the advantage of automatic record checking during the transmission session. If a State is currently maintaining the AFCARS data on a personal computer and is unable to download and upload to its mainframe, Electronic File Transfer is an appropriate transmission mechanism.

4. *Personal Computer to Personal Computer*

This method uses the SIMPC software package on the sending personal computer and the receiving personal computer. The software will be provided by the Department. This method is best suited for small to moderate (100 to 5,000) records transmissions. The advantages of Electronic File Transfer are the elimination of tapes and associated problems and the advantage of automatic record checking during the transmission session. If a State is currently maintaining the AFCARS data on a personal computer, the personal computer to personal computer transfer is an appropriate transmission mechanism.

In conjunction with Departmental staff, State agencies and Indian Tribes should review their resources and select the system that will best suit their data transmission needs. Over time, State agencies and Indian Tribes can change their transmission methods, provided that proper notification is provided.

Regardless of the electronic data transmission methodology selected, certain criteria must be met by the State agencies and Indian Tribes:

(1) Records must be written using ASCII standard character format.

(2) All elements must be comprised of integer (numeric) value(s). Element character length specifications refer to the maximum number of numeric values permitted for that element. See appendix D.

(3) All records must be a fixed length. The Foster Care Detailed Data Elements Record is 150 characters long and the Adoption De-

tailed Data Elements Record is 72 characters long. The Foster Care Summary Data Elements Record and the Adoption Summary Data Elements Record are each 172 characters long.

(4) All States and Indian Tribes must inform the Department, in writing, of the method of transfer they intend to use.

[58 FR 67931, Dec. 22, 1993; 59 FR 42520, Aug. 18, 1994, as amended at 60 FR 40507, Aug. 9, 1995]

APPENDIX D TO PART 1355—FOSTER CARE AND ADOPTION RECORD LAYOUTS

A. *Foster Care*

1. Foster Care Semi-Annual Detailed Data Elements Record

a. The record will consist of 66 data elements.

b. Data must be supplied for each of the elements in accordance with these instructions:

(1) All data must be numeric. Enter the appropriate value for each element.

(2) Enter date values in year, month and day order (YYYYMMDD), e.g., 19991030 for October 30, 1999, or year and month order (YYYYMM), e.g., 199910 for October 1999. Leave the element value blank if dates are not applicable.

(3) For elements 8, 11-15, 26-40, 52, 54 and 59-65, which are "select all that apply" elements, enter a "1" for each element that applies, enter a zero for non-applicable elements.

(4) Transaction Date—is a computer generated date indicating when the datum (Elements 21 or 55) is entered into the State's automated information system.

(5) Report the status of all children in foster care as of the last day of the reporting period. Also, provide data for all children who were discharged from foster care at any time during the reporting period, or in the previous reporting period, if not previously reported.

c. Foster Care Semi-Annual Detailed Data Elements Record Layout follows:

Element No.	Appendix A data element	Data element description	No. of numeric characters
01	I.A.	State	2
02	I.B.	Report period ending date	6
03	I.C.	Local Agency FIPS code (county or equivalent jurisdiction)	5
04	I.D.	Record number	12
05	I.E.	Date of most recent periodic review	8
06	II.A.	Child's date of birth	8
07	II.B.	Sex	1
08	II.C.1.	Race.	
08a		American Indian or Alaska native	1
08b		Asian	1
08c		Black or African American	1
08d		Native Hawaiian or Other Pacific Islander	1

Element No.	Appendix A data element	Data element description	No. of numeric characters
08e		White	1
08f		Unable to Determine	1
09	II.C.2	Hispanic or Latino Ethnicity	1
10	II.D.	Has this child been clinically diagnosed as having a disability(ies) <b>Indicate each type of disability of the child with a "1" for elements 11–15 and a zero for disabilities that do not apply.</b>	1
11	II.D.1.a	Mental retardation	1
12	II.D.1.b	Visually or hearing impaired	1
13	II.D.1.c	Physically disabled	1
14	II.D.1.d	Emotionally disturbed (DSM III)	1
15	II.D.1.e	Other medically diagnosed condition requiring special care	1
16	II.E.1	Has this child ever been adopted	1
17	II.E.2	If yes, how old was the child when the adoption was legalized?	1
18	III.A.1	Date of first removal from home	8
19	III.A.2	Total number of removals from home to date	2
20	III.A.3	Date child was discharged from last foster care episode	8
21	III.A.4	Date of latest removal from home	8
22	III.A.5	Removal transaction date	8
23	III.B.1	Date of placement in current foster care setting	8
24	III.B.2	Number of previous placement settings during this removal episode.	2
25	IV.A.	Manner of removal from home for current placement episode <b>Actions or conditions associated with child's removal: Indicate with a "1" for elements 26–40 and a zero for conditions that do not apply.</b>	1
26	IV.B.1	Physical abuse (alleged/reported)	1
27	IV.B.2	Sexual abuse (alleged/reported)	1
28	IV.B.3	Neglect (alleged/reported)	1
29	IV.B.4	Alcohol abuse (parent)	1
30	IV.B.5	Drug abuse (parent)	1
31	IV.B.6	Alcohol abuse (child)	1
32	IV.B.7	Drug abuse (child)	1
33	IV.B.8	Child's disability	1
34	IV.B.9	Child's behavior problem	1
35	IV.B.10	Death of parent(s)	1
36	IV.B.11	Incarceration of parent(s)	1
37	IV.B.12	Caretaker's inability to cope due to illness or other reasons	1
38	IV.B.13	Abandonment	1
39	IV.B.14	Relinquishment	1
40	IV.B.15	Inadequate housing	1
41	V.A.	Current placement setting	1
42	V.B.	Out of State placement	1
43	VI.	Most recent case plan goal	1
44	VII.A.	Caretaker family structure	1
45	VII.B.1	Year of birth (1st principal caretaker)	4
46	VII.B.2	Year of birth (2nd principal caretaker)	4
47	VIII.A.	Date of mother's parental rights termination	8
48	VIII.B.	Date of legal or putative father's parental rights	8
49	IX.A.	Foster family structure	1
50	IX.B.1	Year of birth (1st foster caretaker)	4
51	IX.B.2	Year of birth (2nd foster caretaker)	4
52	IX.C.1	Race of 1st foster caretaker.	1
52a		American Indian or Alaska Native	1
52b		Asian	1
52c		Black or Asian American	1
52d		Native Hawaiian or Other Pacific Islander	1
52e		White	1
52f		Unable to Determine	1
53	IX.C.2	Hispanic or Latino ethnicity of 1st foster caretaker	1
54	IX.C.3	Race of 2nd foster caretaker.	1
54a		American Indian or Alaska Native	1
54b		Asian	1
54c		Black or African American	1
54d		Native Hawaiian or Other Pacific Islander	1
54e		White	1
54f		Unable to Determine	1
55	IX.C.4	Hispanic or Latino ethnicity of 2nd foster caretaker	1
56	X.A.1	Date of discharge from foster care	8
57	X.A.2	Foster care discharge transaction date	8
58	X.B.	Reason for discharge <b>Sources of Federal support/assistance for child; indicate with a "1" for elements 58–64 and a zero for sources that do not apply.</b>	1

Element No.	Appendix A data element	Data element description	No. of numeric characters
59	XI.A.	Title IV-E (Foster Care)	1
60	XI.B.	Title IV-E (Adoption Assistance)	1
61	XI.C.	Title IV-A (Aid to Families With Dependent Children)	1
62	XI.D.	Title IV-D (Child Support)	1
63	XI.E.	Title XIX (Medicaid)	1
64	XI.F.	SSI or other Social Security Act benefits	1
65	XI.G.	None of the above	1
66	XII	Amount of monthly foster care payment (regardless of source)	5
Total characters			197

2. Foster Care Semi-Annual Summary Data Elements Record

a. The record will consist of 22 data elements.

The values for these data elements are generated by processing all records in the semi-annual detailed data transmission and computing the summary values for Elements 1 and 3-22. Element 2 is the semi-annual report period ending date. In calculating the age range for the child, the last day of the reporting period is to be used.

b. Data must be supplied for each of the elements in accordance with these instructions:

(1) Enter the appropriate value for each element.

(2) For all elements where the total is zero, enter a numeric zero.

(3) Enter date values in year, month order (YYYYMM), e.g., 199912 for December 1999.

c. Foster Care Semi-Annual Summary Data Elements Record Layout follows:

Element No.	Summary data file	No. of characters
01	Number of records	8
02	Report period ending date (YYYYMM)	6
03	Children in care under 1 year	8
04	Children in care 1 year old	8
05	Children in care 2 years old	8
06	Children in care 3 years old	8
07	Children in care 4 years old	8
08	Children in care 5 years old	8
09	Children in care 6 years old	8
10	Children in care 7 years old	8
11	Children in care 8 years old	8
12	Children in care 9 years old	8
13	Children in care 10 years old	8
14	Children in care 11 years old	8
15	Children in care 12 years old	8
16	Children in care 13 years old	8
17	Children in care 14 years old	8
18	Children in care 15 years old	8
19	Children in care 16 years old	8
20	Children in care 17 years old	8
21	Children in care 18 years old	8
22	Children in care over 18 years old	8
Record Length		174

B. Adoption

1. Adoption Semi-Annual Detailed Data Elements Record

a. The record will consist of 37 data elements.

b. Data must be supplied for each of the elements in accordance with these instructions:

(1) Enter the appropriate value for each element.

(2) Enter date values in year, month and day order (YYYYMMDD), e.g., 19991030 for October 30, 1999, or year and month (YYYYMM), e.g., 199910 for October 1999. Leave the element value blank if dates are not applicable.

(3) For elements 7, 11-15, 25, 27 and 29-32 which are "select all that apply" elements, enter a "1" for each element that applies; enter a zero for non-applicable elements.

c. Adoption Semi-Annual Detailed Data Elements Record Layout follows:

Element No.	Appendix B data element	Data element description	No. of numeric characters
01	I.A.	State	2
02	I.B.	Report period ending date	6
03	I.C.	Record number	6
04	I.D.	State Agency involvement	1
05	II.A.	Date of birth	6
06	II.B.	Sex	1
07	II.C.1.	Race.	
07a		American Indian or Alaska Native	1
07b		Asian	1
07c		Black or African American	1
07d		Native Hawaiian or Other Pacific Islander	1
07e		White	1
07f		Unable to Determine	1
08	II.C.2.	Hispanic or Latino ethnicity	1
09	III.A	Has the State Agency determined that this child has special needs	1
10	III.B	Primary basis for special needs	1
		<b>Indicate a primary basis of special needs with a "1" for elements 11–15. Enter a zero for special needs that do not apply.</b>	
11	III.B.1.a	Mental retardation	1
12	III.B.1.b	Visually or hearing impaired	1
13	III.B.1.c	Physically disabled	1
14	III.B.1.d	Emotionally disturbed (DSM III)	1
15	III.B.1.e	Other medically diagnosed condition requiring special care	1
16	IV.A.1.	Mother's year of birth	4
17	IV.A.2.	Father's (Putative or legal) year of birth	4
18	IV.B.	Was the mother married at time of child's birth	1
19	V.A.1.	Date of mother's termination of parental rights	8
20	V.A.2.	Date of father's termination of parental rights	8
21	V.B.	Date adoption legalized	8
22	VI.A.	Adoptive parents family structure	1
23	VI.B.1	Mother's year of birth (if applicable)	4
24	VI.B.2	Father's year of birth (if applicable)	4
25	VI.C.1.	Adoptive mother's race.	
25a		American Indian or Alaska Native	1
25b		Asian	1
25c		Black or African American	1
25d		Native Hawaiian or Other Pacific Islander	1
25e		White	1
25f		Unable to Determine	1
26	VI.C.2	Hispanic or Latino Ethnicity	1
27	VI.C.3	Adoptive father's race.	
27a		American Indian or Alaska Native	1
27b		Asian	1
27c		Black or African American	1
27d		Native Hawaiian or Other Pacific Islander	1
27e		White	1
27f		Unable to Determine	1
28	VI.C.4	Hispanic or Latino Ethnicity	1
		<b>Indicate each type of relationship of adoptive parent(s) to the child with a "1" for elements 29–32. Enter a zero for relationships that do not apply below.</b>	
29	VI.D.1	Stepparent	1
30	VI.D.2	Other relative of child by birth or marriage	1
31	VI.D.3	Foster parent of child	1
32	VI.D.4	Other non-relative	1
33	VII.A	Child was placed from	1
34	VII.B.	Child was placed by	1
35	VIII.A.	Is this child receiving a monthly subsidy	1
36	VIII.B.	If VIII.B is "yes." What is the monthly amount	5
37	VIII.C	If VII.B is "yes." Is the child receiving title IV–E adoption assistance?	1
		Total Characters	111

2. Adoption Semi-Annual Summary Data Elements Record

a. The record will consist of 22 data elements.

The values for these data elements are generated by processing all records in the semi-annual detailed data transmission and computing the summary values for Elements 1 and 3–22. Element 2 is the semi-annual report

period ending date. In calculating the age range for the child, the last day of the reporting period is to be used.

b. Data must be supplied for each of the elements in accordance with these instructions:

(1) Enter the appropriate value for each element.

(2) For all elements where the total is zero, enter a numeric zero.

(3) Enter data values in year, month order (YYYYMM), e.g., 199912 for December 1999.

c. Adoption Semi-Annual Summary Data Element Record Layout follows:

Element No.	Summary data file	No. of characters
01	Number of records	8
02	Report period ending date (YYYYMM)	6
03	Children adopted Under 1 year old	8
04	Children adopted 1 year old	8
05	Children adopted 2 years old	8
06	Children adopted 3 years old	8
07	Children adopted 4 years old	8
08	Children adopted 5 years old	8
09	Children adopted 6 years old	8
10	Children adopted 7 years old	8
11	Children adopted 8 years old	8
12	Children adopted 9 years old	8
13	Children adopted 10 years old	8
14	Children adopted 11 years old	8
15	Children adopted 12 years old	8
16	Children adopted 13 years old	8
17	Children adopted 14 years old	8
18	Children adopted 15 years old	8
19	Children adopted 16 years old	8
20	Children adopted 17 years old	8
21	Children adopted 18 years old	8
22	Children adopted over 18 years old	8
	Record Length	174

[58 FR 67931, Dec. 22, 1993; 59 FR 13535, Mar. 22, 1994; 59 FR 42520, Aug. 18, 1994, as amended at 60 FR 40507, Aug. 9, 1995; 65 FR 4085, Jan. 25, 2000]

APPENDIX E TO PART 1355—DATA STANDARDS

All data submissions will be evaluated to determine the completeness and internal consistency of the data. Four types of assessments will be conducted on both the foster care and adoption data submissions. The results of these assessments will determine the applicability of the penalty provisions. (See § 1355.40(e) for penalty provision description.) The four types of assessments are:

- Comparisons of the detailed data to summary data;
- Internal consistency checks of the detailed data;
- An assessment of the status of missing data; and
- Timeliness, an assessment of how current the submitted data are.

A. Foster Care

1. Summary Data Elements Submission Standards

A summary file must accompany the Detailed Data Elements submission. Both transmissions must be sent through elec-

tronic means (see appendix C for details). This summary will be used to verify basic counts of records on the detailed data received.

a. The summary file must be a discrete file separate from the semi-annual reporting period detailed data file. The record layout for the summary file is included in appendix D, section A.2.c. All data must be included. If the value for a numeric field is zero, zero must be entered.

b. The Department will develop a second summary file by computing the values from the detailed data file received from the State. The two summary files (the one submitted by the State and the one created during Federal processing) will be compared, field by field. If the two files match, further validation of the detailed data elements will commence. (See Section A.2 below.) If the two summary files do not match, we will assume that there has been an error in transmission and will request a retransmission from the State within 24 hours of the time the State has been notified. In addition, a log of these occurrences will be kept as a means of cataloging problems and offering suggestions on improved procedures.

## 2. Detailed Data File Submission Standards

## a. Internal Consistency Validations.

Internal consistency validations involve evaluating the logical relationships between data elements in a detailed record. For example, a child cannot be discharged from foster care before he or she has been removed from his or her home. Thus, the Date of Latest Removal From Home data element must be a date prior to the Date of Discharge. If this is not case, an internal inconsistency will be detected and an "error" indicated in the detailed data file.

A number of data elements have "if applicable" contingency relationships with other data elements in the detailed record. For example, if the Foster Family Structure has only a single parent, then the appropriate sex of the Single Female/Male element in the "Year of Birth" and "Race/Origin" elements must be completed and the "non-applicable" fields for these elements are to be filled with zero's or, for dates, left blank.

The internal consistency validations that will be performed on the foster care detailed data are as follows:

(1) The Local Agency must be the county or a county equivalent unit which has responsibility for the case. The 5 digit Federal Information Processing Standard (FIPS) code must be used.

(2) If Date of Latest Removal From Home (Element 21) is less than nine months prior to the Report Period Ending Date (Element 2) then the Date of Most Recent Periodic Review (Element 5) may be left blank.

(3) If Date of Latest Removal From Home (Element 21) is greater than nine months from Report Date (Element 2) then the Date of Most Recent Periodic Review (Element 5) must not be more than nine months prior to the Report Date (Element 2).

(4) If a child is identified as having a disability(ies) (Element 10), at least one Type of Disability Condition (Elements 11-15) must be indicated. Enter a zero (0) for disabilities that do not apply.

(5) If the Total Number of Removals From Home to Date (Element 19) is one (1), the Date Child was Discharged From Last Foster Care Episode (Element 20) must be blank.

(6) If the Total Number of Removals From Home to Date (Element 19) is two or more, then the Date Child was Discharged From Last Foster Care Episode (Element 20) must *not* be blank.

(7) If Data Child was Discharged From Last Foster Care Episode (Element 20) exists, then this date must be a date prior to the Date of Latest Removal From Home (Element 21).

(8) The Date of Latest Removal From Home (Element 21) must be prior to the Date of Placement in Current Foster Care Setting (Element 23).

(9) At least one element between elements 26 and 40 must be answered by selecting a

"1". Enter a zero (0) for conditions that do not apply.

(10) If Current Placement Setting (Element 41) is a value that indicates that the child is not in a foster family or a pre-adoptive home, then elements 49-55 must be zero (0).

(11) At least one element between elements 59 and 65 must be answered by selecting a "1". Enter a zero for sources that do not apply.

(12) If the answer to the question, "Has this child ever been adopted?" (Element 16) is "1" (Yes), then the question, "How old was the child when the adoption was legalized?" (Element 17) must have an answer from "1" to "5."

(13) If the Date of Most Recent Periodic Review (Element 5) is not blank, then Manner of Removal From Home for Current Placement Episode (Element 25) cannot be option 3, "Not Yet Determined."

(14) If Reason for Discharge (Element 58) is option 3, "Adoption," then Parental Rights Termination dates (Elements 46 and 47) must not be blank.

(15) If the Date of Latest Removal From Home (Element 21) is present, the Date of Latest Removal From Home Transaction Date (Element 22) must be present and must be later than or equal to the Date of Latest Removal From Home (Element 21).

(16) If the Date of Discharge From Foster Care (Element 56) is present, the Date of Discharge From Foster Care Transaction Date (Element 57) must be present and must be later than or equal to the Date of Discharge From Foster Care (Element 56).

(17) If the Date of Discharge From Foster Care (Element 56) is present, it must be after the Date of Latest Removal From Home (Element 21).

(18) In Elements 8, 52, and 54, race categories ("a" through "e") and "f. Unable to Determine" cannot be coded "0," for it does not apply. If any of the race categories apply and are coded as "1" then "f. Unable to Determine" cannot also apply.

## b. Out-of-Range Standards.

Out-of-range standards relate to the occurrence of values in response to data elements that exceed, either positively or negatively, the acceptable range of responses to the question. For example, if the acceptable responses to the element, Sex of the Adoptive Child, is "1" for a male and "2" for a female, but the datum provided in the element is "3," this represents an out-of-range response situation.

Out-of-range comparisons will be made for all elements. The acceptable values are described in Appendix A, Section I.

## 3. Missing Data Standards

The term "missing data" refers to instances where data for an element are required but are not present in the submission.

Data elements with values of “Unable to Determine,” “Not Yet Determined” or which are not applicable, are not considered missing.

a. In addition, the following situations will result in converting data values to a missing data status:

(1) Data elements whose values fail internal consistency validations as outlined in A.2.a.(1)–(18) above, and

(2) Data elements whose values are out-of-range.

b. The maximum amount of allowable missing data is dependent on the data elements as described below:

(1) No Missing Data.

The data for the elements listed below must be present in all records in the submission. If any record contains missing data for any of these elements, the entire submission will be considered missing and processing will not proceed.

Element No.	Element name
01 .....	State.
02 .....	Report date.
03 .....	Local agency FIPS code.
04 .....	Record number.

(2) Less Than Ten Percent Missing Data.

The data for the elements listed below cannot have ten percent or more missing data without incurring a penalty.

Element No.	Element description
05 .....	Date of most recent periodic, review.
06 .....	Child's date of birth.
07 .....	Child's sex.
08 .....	Child's race.
09 .....	Child's Hispanic or Latino Ethnicity
10 .....	Does child have a disability(ies)?
11–15 .....	Type of disability (at least one must be selected).
16 .....	Has child been adopted?
17 .....	How old was child when adoption was legalized?
18 .....	Date of first removal from home.
19 .....	Total number of removals from home to date.
20 .....	Date child was discharged from last foster care.
21 .....	Date of latest removal from home.
22 .....	Removal transaction date.
23 .....	Date of placement in current foster care setting.
24 .....	Number of previous placement settings during this removal episode.
25 .....	Manner of removal from home for current placement episode.
26–40 .....	Actions or conditions associated with child's removal (at least one must be selected).
41 .....	Current placement setting.
42 .....	Out of State placement.
43 .....	Most recent case plan goal.
44 .....	Caretaker family structure.
45 .....	Year of birth of 1st principal caretaker.
46 .....	Year of birth of 2nd principal caretaker.
47 .....	Date of mother's parental rights termination.
48 .....	Legal of putative father parental rights termination date.

Element No.	Element description
49 .....	Foster family structure.
50 .....	Year of birth of 1st foster caretaker.
51 .....	Year of birth of 2nd foster caretaker.
52 .....	Race of 1st foster caretaker.
53 .....	Hispanic or Latino Ethnicity of 1st foster caretaker
54 .....	Race of 2nd foster caretaker.
55 .....	Hispanic or Latino Ethnicity of 2nd foster caretaker
56 .....	Date of discharge from foster care.
57 .....	Foster care discharge transaction date.
58 .....	Reason for discharge.
59–65 .....	Sources of Federal support/assistance for child (at least one must be selected).
66 .....	Amount of monthly foster care payment (regardless of source).

c. Penalty Processing.

Missing data are a major factor in determining the application of the penalty provisions of this regulation.

(1) Selection Rules.

All data elements will be used in calculating the missing data provision of the penalty unless one of the following limiting rules applies to the detailed case record.

(a) If Date of Latest Removal From Home (Element 21) and the Date of Discharge From Foster Care (Element 56) is less than 30 days, then the following date elements are the only ones to be used in evaluating the missing data provisions for purposes of penalty calculation:

Elements

- 1 to 4
- 6 to 9
- 21 and 22
- 41 and 42
- 56 to 58

(b) If Date of Latest Removal From Home (Element 18) is prior to October 1, 1995, then the following data elements are the only ones to be used in evaluating the missing data provisions for purposes of penalty calculation:

Elements

- 1 to 4
- 6 to 9
- 21 and 22
- 41 and 43
- 56 to 58

(2) Penalty Calculations.

The percentage calculation will be performed for each data element. The total number of detailed records that are included by the selection rules in 3.c.(1), will serve as the denominator. The number of missing data occurrences for each element will serve as the numerator. The result will be multiplied by one hundred. The penalty is invoked when any one element's missing data percentage is ten percent or greater.

#### 4. Timeliness of Foster Care Data Reports

The semi-annual reporting periods will be as of the end of March and September for each year. The States are required to submit reports within 45 calendar days after the end of the semi-annual reporting period.

Computer generated transaction dates indicate the date when key foster care events are entered into the State's computer system. The intent of these transaction dates is to ensure that information about the status of children in foster care is recorded and, thus, reported in a timely manner.

##### a. Date of Latest Removal From Home

The Date of Latest Removal From Home Transaction Date (Element 22) must not be more than 60 days after the Date of Latest Removal From Home (Element 21) event.

##### b. Date of Discharge From Foster Care

The Date of Discharge From Foster Care Transaction Date (Element 57) must not be more than 60 days after the Date of Discharge From Foster Care (Element 56) event.

For purposes of penalty processing, ninety percent of the records in a detailed data submission, must indicate that:

(1) The difference between the Date of Latest Removal From Home Transaction Date (Element 22) and the Date of Latest Removal From Home (Element 21) event is 60 days or less;

and, where applicable,

(2) The difference between the Date of Discharge From Foster Care Transaction Date (Element 57), and the Date of Discharge From Foster Care (Element 56) event is 60 days or less.

### B. Adoption

#### 1. Summary Data Elements File Submission Standards

A summary file must accompany the detailed Data Elements File submission. Both files must be sent through electronic means (see appendix C for details). This summary will be used to verify the completeness of the Detailed Data File submission received.

a. The summary file should be a discrete file separate from the semi-annual reporting period detailed data file. The record layout for the summary file is included in appendix D, section B.2.c. All data must be included. If the value for a numeric field is zero, zero must be entered.

b. The Department will develop a second summary file by computing the values from the detailed data file received from the State. The two summary files (the one submitted by the State and the one created during Federal processing) will be compared, field by field. If the two files match, further validation of the detailed data elements will commence. (See section B.2 below.) If the two summary files do not match, we will assume that there has been an error in trans-

mission and will request a retransmission from the State within 24 hours of the time the State has been notified. In addition, a log of these occurrences will be kept as a means of cataloging problems and offering suggestions on improved procedures.

#### 2. Detailed Data Elements File Submission Standards

##### a. Internal Consistency Validations

Internal consistency validations involve evaluating the logical relationships between data elements in a detailed record. For example, an adoption cannot be finalized until parental rights have been terminated. Thus, the dates of Mother/Father Termination of Parental Rights, elements must be present and the dates must be prior to the "Date Adoption Legalized." If this is not the case, an internal inconsistency will be detected and an "error" indicated in the detailed data file.

A number of data elements have "if applicable" contingency relationships with other data elements in the detailed record. For example, if the Adoptive Parent is single, then the appropriate sex of the single female/male element in the "Family Structure," "Year of Birth" and "Race/Origin" elements must be completed and the "non-applicable" fields for these elements are to be filled with zeros or left blank.

The internal consistency validations that will be performed on the adoption detailed data are as follows:

(1) The Child's Date of Birth (Element 5) must be later than both the Mother's and Father's Year of Birth (Elements 16 and 17) unless either of these is unknown.)

(2) If the State child welfare agency has determined that the child is a special needs child (Element 9), then "the primary basis for determining that this child has special needs" (Element 10) must be completed. If "the primary basis for determining that this child has special needs" (Element 10) is answered by option "4," then at least one element between Elements 11-15, "Type of Disability," must be selected. Enter a zero (0) for disabilities that do not apply.

(3) Dates of Parental Rights Termination (Elements 19 and 20) must be completed and must be prior to the Date Adoption Legalized (Element 21).

(4) If "Is a monthly financial subsidy being paid for this child" (Element 35) is answered negatively, "2", then Element 36 must be zero (0) and "Is the subsidy paid under Title IV-E adoption assistance" (Element 37) must be a "2".

(5) If the "Child Was Placed By" (Element 34) is answered with option 1, "Public Agency," then the question, "Did the State Agency Have any Involvement in This Adoption" (Element 4) must be "1".

(6) If the "Relationship of Adoptive Parent(s) to the Child," "Foster Parent of

Child” (Element 31) is selected, then the question, “Did the State Agency Have any Involvement in This Adoption” (Element 4) must be “1”.

(7) If “Is a monthly financial subsidy being paid for this child?” (Element 35) answered “1,” then the question, “Did the State Agency Have any Involvement in This Adoption” (Element 4) must be “1.”

(8) If the “Family Structure” (Element 22) is option 3, Single Female, then the Mother’s Year of Birth (Element 23), the “Adoptive Mother’s Race” (Element 25) and “Hispanic or Latino Ethnicity” (Element 26) must be completed. Similarly, if the “Family Structure” (Element 22) is option 4, Single Male, then the Father’s Year of Birth (Element 24), the Adoptive Father’s Race” (Element 27) and “Hispanic or Latino Ethnicity” (Element 28) must be completed. If the “Family Structure” (Element 22) is option 1 or 2, then both Mother’s and Father’s “Year of Birth,” “Race” and “Hispanic or Latino Ethnicity” must be completed.

(9) In Elements 7, 25, and 27, race categories (“a” through “e”) and “f. Unable to Determine” cannot be coded “0,” for it does not apply. If any of the race categories apply and are coded as “1” then “f. Unable to Determine” cannot also apply.

b. Out-of-Range Standards.

Out-of-range standards relate to the occurrence of values in response to data elements that exceed, either positively or negatively, the acceptable range of responses to the question. For example, if the acceptable response to the element, Sex of the Adoptive Child, is “1” for a male and “2” for a female, but the datum provided in the element is “3,” this represents an out-of-range response situation.

Out-of-range comparisons will be made for all elements. The acceptable values are described in appendix B, section I.

3. Missing Data Standards

The term “missing data” refers to instances where data for an element are required but are not present in the submission. Data elements with values of “Unable to Determine,” “Other” or which are not applicable, are *not* considered missing.

a. In addition, the following situations will result in converting data values to a missing data status:

(1) Data elements whose values fail internal consistency validations as outlined in 2.a.(1)–(9) above, and

(2) Data elements whose values are out-of-range.

b. The maximum amount of allowable missing data is dependent on the data elements as described below.

(1) No Missing Data.

The data for the elements listed below must be present in all records in the submission. If any record contains missing data for

any of these elements, the entire submission will be considered missing and processing will not proceed.

Element No.	Element name
01 .....	State.
02 .....	Report date.
03 .....	Record number.
04 .....	Did the State agency have any involvement in this adoption?

(2) Less Than Ten Percent Missing Data

The data for the elements listed below cannot have ten percent or more missing data without incurring a penalty.

Element No.	Element name
05 .....	Child’s date of birth.
06 .....	Child’s sex.
07 .....	Child’s race.
08 .....	Is the child of Hispanic or Latino ethnicity?
09 .....	Does child have special needs?
10 .....	Indicate the primary basis for determining that the child has special needs. (If Element 09 is yes, you must answer this question.)
11–15 .....	Type of special need (at least one must be selected.)
16 .....	Mother’s year of birth.
17 .....	Father’s year of birth.
18 .....	Was mother married at time of child’s birth?
19 .....	Date of mother’s termination of parental rights.
20 .....	Date of father’s termination of parental rights.
21 .....	Date adoption legalized.
22 .....	Adoptive parent(s)’ family structure.
23 .....	Mother’s year of birth.
24 .....	Father’s year of birth.
25 .....	Adoptive mother’s race.
26 .....	Hispanic or Latino ethnicity of mother
27 .....	Adoptive father’s race.
28 .....	Hispanic or Latino ethnicity of father
29–32 .....	Relationship of adoptive parent(s) to child (at least one must be selected.)
33 .....	Child placed from.
34 .....	Child placed by.
35 .....	Is a monthly financial subsidy paid for this child?
36 .....	If yes, the monthly amount is?
37 .....	Is the child receiving Title IV–E adoption assistance? (If Element 35 is a “1” (Yes) an answer to this question is required.)

c. Penalty Processing.

Missing data are a major factor in determining the application of the penalty provisions of this regulation.

(1) Selection Rules.

Only the adoption records with a “1” (Yes) answer in Element 4, “Did the State Agency have any Involvement in this adoption” will be subject to the penalty assessment process.

(2) Penalty Calculations.

The percentage calculation will be performed for each data element. The total number of detailed records will serve as the denominator and the number of missing data occurrences for each element will serve as the numerator. The result will be multiplied by one hundred. The penalty is invoked when

any one element's missing data percentage is ten percent or greater.

#### 4. TIMELINESS OF ADOPTION DATA REPORTS

The semi-annual reporting periods will be as of the end of March and September for each year. The States are required to submit reports within 45 calendar days after the end of the semi-annual reporting period.

For penalty assessment purposes, however, no specific timeliness of data standards apply. Data on adoptions should be submitted as promptly after finalization as possible.

The desired approach to reporting adoption data is that adoptions should be reported during the reporting period in which the adoption is legalized. Or, at the State's option, they can be reported in the following reporting period if the adoption is legalized within the last 60 days of the reporting period.

Negative reports must be submitted for any semi-annual period in which no adoptions have been legalized.

[58 FR 67934, Dec. 22, 1993; 59 FR 13535, Mar. 22, 1994, as amended at 60 FR 40508, Aug. 9, 1995]

### APPENDIX F TO PART 1355

#### ALLOTMENT OF FUNDS WITH 427 INCENTIVE FUNDS TITLE IV-B CHILD WELFARE SERVICES FISCAL YEAR 1993

Name of State	Allotment at \$294,624,000 <sup>1</sup>	Allotment at \$141,000,000 <sup>1</sup>	427 incentive funds
Alabama .....	5,798,251	2,771,128	3,027,123
Alaska .....	674,777	355,179	319,598
Arizona .....	4,781,390	2,291,632	2,489,758
Arkansas .....	3,495,975	1,685,501	1,810,474
California .....	30,048,818	14,206,363	15,842,455
Colorado .....	3,844,876	1,850,024	1,994,852
Connecticut .....	2,065,826	1,011,122	1,054,704
Delaware .....	763,822	397,168	366,654
Dist of Col .....	448,212	248,344	199,868
Florida .....	12,946,006	6,141,615	6,804,391
Georgia .....	8,386,050	3,991,391	4,394,659
Hawaii .....	1,281,048	641,063	639,985
Idaho .....	1,734,494	854,884	879,610
Illinois .....	12,157,021	5,769,574	6,387,447
Indiana .....	7,115,189	3,392,123	3,723,066
Iowa .....	3,565,712	1,718,385	1,847,327
Kansas .....	3,083,341	1,490,926	1,592,415
Kentucky .....	5,192,133	2,485,316	2,706,817
Louisiana .....	6,750,330	3,220,076	3,530,254
Maine .....	1,533,067	759,902	773,165
Maryland .....	4,256,288	2,044,023	2,212,265
Massachusetts .....	4,566,755	2,190,422	2,376,333
Michigan .....	10,860,253	5,158,089	5,702,164
Minnesota .....	5,092,532	2,438,349	2,654,183
Mississippi .....	4,437,556	2,129,499	2,308,057
Missouri .....	6,217,709	2,968,921	3,248,788
Montana .....	1,211,809	608,414	603,395
Nebraska .....	2,136,670	1,044,528	1,092,142
Nevada .....	1,326,362	662,431	663,931
New Hampshire .....	1,078,123	545,375	532,748
New Jersey .....	5,307,662	2,539,793	2,767,869
New Mexico .....	2,493,475	1,212,778	1,280,697
New York .....	15,530,358	7,360,253	8,170,105
North Carolina .....	8,326,069	3,963,107	4,362,962
North Dakota .....	982,955	500,499	482,456
Ohio .....	13,052,582	6,191,871	6,860,711
Oklahoma .....	4,428,365	2,125,165	2,303,200
Oregon .....	3,576,418	1,723,434	1,852,984
Pennsylvania .....	12,649,960	6,002,017	6,647,943
Rhode Island .....	1,070,439	541,752	528,687
South Carolina .....	5,101,221	2,442,447	2,658,774
South Dakota .....	1,107,009	558,996	548,013
Tennessee .....	6,328,617	3,021,219	3,307,398
Texas .....	23,687,998	11,206,947	12,481,051
Utah .....	3,478,384	1,667,206	1,801,178
Vermont .....	749,584	390,454	359,130
Virginia .....	6,321,841	3,018,024	3,303,817
Washington .....	5,667,518	2,709,481	2,958,037
West Virginia .....	2,564,554	1,246,294	1,318,260

ALLOTMENT OF FUNDS WITH 427 INCENTIVE FUNDS TITLE IV-B CHILD WELFARE SERVICES FISCAL YEAR 1993—Continued

Name of State	Allotment at \$294,624,000 <sup>1</sup>	Allotment at \$141,000,000 <sup>1</sup>	427 incentive funds
Wisconsin .....	6,033,052	2,881,847	3,151,205
Wyoming .....	751,264	391,247	360,017

<sup>1</sup> These totals include allotments to the United States Territories. Therefore, the summation of the States' allotments will not be equivalent.

[58 FR 67937, Dec. 22, 1993, as amended at 65 FR 4087, Jan. 25, 2000]

**PART 1356—REQUIREMENTS APPLICABLE TO TITLE IV-E**

Sec.

- 1356.10 Scope.
- 1356.20 State plan document and submission requirements.
- 1356.21 Foster care maintenance payments program implementation requirements.
- 1356.22 Implementation requirements for children voluntarily placed in foster care.
- 1356.30 Safety requirements for foster care and adoptive home providers.
- 1356.40 Adoption assistance program: Administrative requirements to implement section 473 of the Act.
- 1356.41 Nonrecurring expenses of adoption.
- 1356.50 Withholding of funds for non-compliance with the approved title IV-E State plan.
- 1356.60 Fiscal requirements (title IV-E).
- 1356.65-1356.70 [Reserved]
- 1356.71 Federal review of the eligibility of children in foster care and the eligibility of foster care providers in title IV-E programs.

AUTHORITY: 42 U.S.C. 620 et seq., 42 U.S.C. 670 et seq.; 42 U.S.C. 1302.

**§ 1356.10 Scope.**

This part applies to State programs for foster care maintenance payments, adoption assistance payments, related foster care and adoption administrative and training expenditures, and the independent living services program under title IV-E of the Act.

[61 FR 58655, Nov. 18, 1996]

**§ 1356.20 State plan document and submission requirements.**

(a) To be in compliance with the State plan requirements and to be eligible to receive Federal financial participation (FFP) in the costs of foster care maintenance payments and adoption assistance under this part, a State

must have a State plan approved by the Secretary that meets the requirements of this part, part 1355 and section 471(a) of the Act. The title IV-E State plan must be submitted to the appropriate Regional Office, ACYF, in a form determined by the State.

(b) Failure by a State to comply with the requirements and standards for the data reporting system for foster care and adoption (§1355.40 of this chapter) shall be considered a substantial failure by the State in complying with the State plan for title IV-E. Penalties as described in §1355.40(e) of this chapter shall apply.

(c) If a State chooses to claim FFP for voluntary foster care placements, the State must meet the requirements of paragraph (a) of this section and section 102 of Pub. L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, as it amends section 472 of the Act.

(d) The following procedures for approval of State plans and amendments apply to the title IV-E program:

(1) The State plan consists of written documents furnished by the State to cover its program under part E of title IV. After approval of the original plan by the Commissioner, ACYF, all relevant changes, required by new statutes, rules, regulations, interpretations, and court decisions, are required to be submitted currently so that ACYF may determine whether the plan continues to meet Federal requirements and policies.

(2) *Submittal.* State plans and revisions of the plans are submitted first to the State governor or his designee for review and then to the regional office, ACYF. The States are encouraged to obtain consultation of the regional staff when a plan is in process of preparation or revision.

(3) *Review.* Staff in the regional offices are responsible for review of State