

submission standards defined in section 1356.85(a) of this part.

(2) *Penalty for not meeting certain data standards.* ACF will assess a penalty in an amount equivalent to:

(i) One and one quarter percent (1.25%) of the funds subject to a penalty for each reporting period in which ACF makes a final determination that the State agency's data file does not comply with the data standard for error-free data as defined in section 1356.85(b)(1) of this part.

(ii) One and one quarter percent (1.25%) of the funds subject to a penalty for each reporting period in which ACF makes a final determination that the State agency's data file does not comply with the outcome universe standard defined in section 1356.85(b)(2) of this part.

(iii) One half of one percent (0.5%) of the funds subject to a penalty for each reporting period in which ACF makes a final determination that the State agency's data file does not comply with the participation rate for youth in foster care standard defined in section 1356.85(b)(3)(i) of this part.

(iv) One half of one percent (0.5%) of the funds subject to a penalty for each reporting period in which ACF makes a

final determination that the State agency's data file does not comply with the participation rate for discharged youth standard defined in section 1356.85(b)(3)(ii) of this part.

(c) *Calculation of the penalty amount.* ACF will add together any assessed penalty amounts described in paragraphs (b)(1) or (b)(2) of this section to determine the total calculated penalty result. If the total calculated penalty result is less than one percent of the funds subject to a penalty, the State agency will be penalized in the amount of one percent.

(d) *Notification of penalty amount.* ACF will advise the State agency in writing of a final determination of non-compliance and the amount of the total calculated penalty as determined in paragraph (c) of this section.

(e) *Interest.* The State agency will be liable for interest on the amount of funds penalized by the Department, in accordance with the provisions of 45 CFR 30.18.

(f) *Appeals.* The State agency may appeal, pursuant to 45 CFR part 16, ACF's final determination to the HHS Departmental Appeals Board.

[73 FR 10365, Feb. 26, 2008, as amended at 77 FR 952, Jan. 6, 2012]

APPENDIX A TO PART 1356—NYTD DATA ELEMENTS

Element No.	Element name	Responses options	Applicable population
1	State	2 digit FIPS code.	All youth in served, baseline and follow-up populations.
2	Report date	CYYMM. CC = century year (i.e., 20). YY = decade year (00-99). MM = month (01-12).	
3	Record number	Encrypted, unique person identification number.	
4	Date of birth	CCYYMMDD. CC = century year (i.e., 20). YY = decade year (00-99). MM = month (01-12). DD = day (01-31).	
5	Sex	Male. Female.	
6	Race—American Indian or Alaska Native.	Yes	
7	Race—Asian	No. Yes.	
8	Race—Black or African American	No. Yes.	
9	Race—Native Hawaiian or Other Pacific Islander.	No. Yes.	
10	Race—White	No. Yes.	
11	Race—Unknown	No. Yes. No.	

Element No.	Element name	Responses options	Applicable population
12	Race—Declined	Yes. No.	
13	Hispanic or Latino Ethnicity	Yes. No. Unknown. Declined.	
14	Foster care status—services	Yes No.	Served population only.
15	Local agency	FIPS code(s). Centralized unit.	
16	Federally-recognized tribe	Yes. No.	
17	Adjudicated delinquent	Yes. No.	
18	Education level	Less than 6th grade 6th grade. 7th grade. 8th grade. 9th grade. 10th grade. 11th grade. 12th grade. Postsecondary education or training. College, at least one semester.	Served population only.
19	Special education	Yes. No.	
20	Independent living needs assessment.	Yes.	
21	Academic support	No. Yes.	
22	Post-secondary educational support.	No. Yes.	
23	Career preparation	No. Yes.	
24	Employment programs or vocational training.	No. Yes.	
25	Budget and financial management	Yes. No.	
26	Housing education and home management training.	Yes.	
27	Health education and risk prevention.	No. Yes.	
28	Family Support/Healthy Marriage Education.	No. Yes.	
29	Mentoring	No. Yes. No.	
30	Supervised independent living	Yes. No.	
31	Room and board financial assistance.	Yes.	
32	Education financial assistance	No. Yes. No.	
33	Other financial assistance	Yes. No.	
34	Outcomes reporting status	Youth Participated Youth Declined. Parent Declined. Youth Incapacitated. Incarcerated. Runaway/Missing. Unable to locate/invite. Death. Not in sample.	Baseline and follow-up populations (with the exception of the response option “not in sample” which is applicable to 19-year olds in the follow-up only).
35	Date of outcome data collection	CCYYMMDD CC = century year (i.e., 20).	Baseline and follow-up populations.

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Element No.	Element name	Responses options	Applicable population
		YY = decade year (00–99). MM = month (01–12). DD = day (01–31).	
36	Foster care status-outcomes	Yes. No.	
37	Current full-time employment	Yes. No. Declined.	
38	Current part-time employment	Yes. No. Declined.	
39	Employment-related skills	Yes. No. Declined.	
40	Social Security	Yes. No. Declined.	
41	Educational aid	Yes. No. Declined.	
42	Public financial assistance	Yes	Follow-up population not in foster care.
		No. Not applicable. Declined.	
43	Public food assistance	Yes. No. Not applicable. Declined.	
44	Public housing assistance	Yes. No. Not applicable. Declined.	
45	Other financial support	Yes	Baseline and follow-up population.
		No. Declined.	
46	Highest educational certification received.	High school diploma/GED. Vocational certificate. Vocational license. Associate's degree. Bachelor's degree. Higher degree. None of the above. Declined.	
		Yes.	
47	Current enrollment and attendance.	Yes.	
		No. Declined.	
48	Connection to adult	Yes. No. Declined.	
49	Homelessness	Yes. No. Declined.	
50	Substance abuse referral	Yes. No. Declined.	
51	Incarceration	Yes. No. Declined.	
52	Children	Yes. No. Declined.	
53	Marriage at child's birth	Yes. No. Not applicable. Declined.	
54	Medicaid	Yes. No. Don't know. Declined.	
55	Other health insurance	Yes	Baseline and follow-up population.
		No.	

Element No.	Element name	Responses options	Applicable population
56	Health insurance type—medical ...	Don't know. Declined. Yes. No. Don't know. Not Applicable. Declined.	
57	Health insurance type—mental health.	Yes. No. Don't know. Not applicable. Declined.	
58	Health insurance type—prescription drugs.	Yes. No. Don't know. Not applicable. Declined.	

[77 FR 952, Jan. 6, 2012]

APPENDIX B TO PART 1356—NYTD YOUTH OUTCOME SURVEY

Topic/element No.	Question to youth and response options	Definition
INFORMATION TO COLLECT FROM ALL YOUTH SURVEYED FOR OUTCOMES, WHETHER IN FOSTER CARE OR NOT		
Current full-time employment (37).	Currently are you employed full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	"Full-time" means working at least 35 hours per week at one or multiple jobs.
Current part-time employment (38).	Currently are you employed part-time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	"Part-time" means working at least 1–34 hours per week at one or multiple jobs.
Employment-related skills (39)	In the past year, did you complete an apprenticeship, internship, or other on-the-job training, either paid or unpaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	This means apprenticeships, internships, or other on-the-job trainings, either paid or unpaid, that helped the youth acquire employment-related skills (which can include specific trade skills such as carpentry or auto mechanics, or office skills such as word processing or use of office equipment).
Social Security (40)	Currently are you receiving social security payments (Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or dependents' payments)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	These are payments from the government to meet basic needs for food, clothing, and shelter of a person with a disability. A youth may be receiving these payments because of a parent or guardian's disability, rather than his/her own.
Educational Aid (41)	Currently are you using a scholarship, grant, stipend, student loan, voucher, or other type of educational financial aid to cover any educational expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	Scholarships, grants, and stipends are funds awarded for spending on expenses related to gaining an education. "Student loan" means a government-guaranteed, low-interest loan for students in post-secondary education.
Other financial support (45)	Currently are you receiving any periodic and/or significant financial resources or support from another source not previously indicated and excluding paid employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined	This means periodic and/or significant financial support from a spouse or family member (biological, foster or adoptive), child support that the youth receives or funds from a legal settlement. This does not include occasional gifts, such as birthday or graduation checks or small donations of food or personal incidentals, child care subsidies, child support for a youth's child or other financial help that does not benefit the youth directly in supporting himself or herself.