

INFANT PLAN OF SAFE CARE IMPROVEMENT ACT

MAY 10, 2016.—Committed to the Committee of the Whole House on the State of
the Union and ordered to be printed

Mr. KLINE, from the Committee on Education and the Workforce,
submitted the following

R E P O R T

[To accompany H.R. 4843]

[Including cost estimate of the Congressional Budget Office]

The Committee on Education and the Workforce, to whom was referred the bill (H.R. 4843) to amend the Child Abuse Prevention and Treatment Act to require certain monitoring and oversight, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Infant Plan of Safe Care Improvement Act”.

SEC. 2. BEST PRACTICES FOR DEVELOPMENT OF PLANS OF SAFE CARE.

Section 103(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5104(b)) is amended—

(1) by redesignating paragraphs (5) through (8) as paragraphs (6) through (9), respectively; and

(2) by inserting after paragraph (4), the following:

“(5) maintain and disseminate information about the requirements of section 106(b)(2)(B)(iii) and best practices relating to the development of plans of safe care as described in such section for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder;”.

SEC. 3. STATE PLANS.

Section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(iii)) is amended by inserting before the semicolon at the end the following: “to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through—”

“(I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and

“(II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to de-

termine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver”.

SEC. 4. DATA REPORTS.

(a) **IN GENERAL.**—Section 106(d) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(d)) is amended by adding at the end of the following:

“(17)(A) The number of infants identified under subsection (b)(2)(B)(ii).

“(B) The number of infants for whom a plan of safe care was developed under subsection (b)(2)(B)(iii).

“(C) The number of infants for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).”.

(b) **REDESIGNATION.**—Effective on May 29, 2017, section 106(d) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(d)) is amended by redesignating paragraph (17) (as added by subsection (a)) as paragraph (18).

SEC. 5. MONITORING AND OVERSIGHT.

(a) **AMENDMENT.**—Title I of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.) is further amended by adding at the end the following:

“SEC. 114. MONITORING AND OVERSIGHT.

“The Secretary shall conduct monitoring to ensure that each State that receives a grant under section 106 is in compliance with the requirements of section 106(b), which—

“(1) shall—

“(A) be in addition to the review of the State plan upon its submission under section 106(b)(1)(A); and

“(B) include monitoring of State policies and procedures required under clauses (ii) and (iii) of section 106(b)(2)(B); and

“(2) may include—

“(A) a comparison of activities carried out by the State to comply with the requirements of section 106(b) with the State plan most recently approved under section 432 of the Social Security Act;

“(B) a review of information available on the Website of the State relating to its compliance with the requirements of section 106(b);

“(C) site visits, as may be necessary to carry out such monitoring; and

“(D) a review of information available in the State’s Annual Progress and Services Report most recently submitted under section 1357.16 of title 45, Code of Federal Regulations (or successor regulations).”.

(b) **TABLE OF CONTENTS.**—The table of contents in section 1(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note) is amended by inserting after the item relating to section 113, the following:

“Sec. 114. Monitoring and oversight.”.

SEC. 6. RULE OF CONSTRUCTION.

Nothing in this Act, or the amendments made by this Act, shall be construed to authorize the Secretary of Health and Human Services or any other officer of the Federal Government to add new requirements to section 106(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)), as amended by this Act.

PURPOSE

H.R. 4843, the *Infant Plan of Safe Care Improvement Act*, amends the *Child Abuse Prevention and Treatment Act* (CAPTA) to strengthen safety, protections, and interventions for infants and their families or caregivers by improving accountability and transparency and encouraging administrative efficiency.

COMMITTEE ACTION

H.R. 4843 reflects work by the Education and the Workforce Committee (Committee) in the 114th Congress to amend CAPTA in order to address concerns about the growing number of infants born suffering from drug dependency, a condition known as Neonatal Abstinence Syndrome. The bill builds upon the Committee’s

ongoing efforts to ensure current policies are enforced and families receive the assistance they desperately need to improve infant safety and well-being.

114TH CONGRESS, FIRST SESSION

Full Committee Hearing on Policies and Priorities of the U.S. Department of Health and Human Services

On July 28, 2015, the Committee held a hearing in Washington, D.C., on “Policies and Priorities of the U.S. Department of Health and Human Services.” The purpose of the hearing was to address the policies and priorities of the U.S. Department of Health and Human Services (HHS). HHS Secretary Sylvia Mathews Burwell testified before the Committee. In her testimony, Secretary Burwell addressed the President’s budget proposal to support access to voluntary home visiting programs that reduce child abuse and neglect.

114TH CONGRESS, SECOND SESSION

Letter to HHS Secretary Burwell

On January 15, 2016, Committee Chairman John Kline (R-MN) and Early Childhood, Elementary, and Secondary Education Subcommittee Chairman Todd Rokita (R-IN) sent a letter to Secretary Burwell regarding monitoring and oversight of the state assurances required by CAPTA. On March 7, 2016, HHS responded to the letter, stating that, due to concerns raised, it had requested states submit more information about their policies or procedures for the safe care of substance-exposed infants in the annual state reports for FY 2016. The next annual state report is due in June 2016.

Full Committee Hearing Examining the Policies and Priorities of the U.S. Department of Health and Human Services

On March 15, 2016, the Committee held a hearing in Washington, D.C., on “Examining the Policies and Priorities of the U.S. Department of Health and Human Services,” at which Secretary Burwell testified. The purpose of this hearing was to discuss a number of HHS’ policies. Chairman Kline joined other members in questioning Secretary Burwell about the opioid epidemic, including infant substance exposure and the failure of states and HHS to fulfill their responsibilities under CAPTA.

Full Committee Markup of H.R. 4843

On April 28, 2016, the Committee held a markup on H.R. 4843, the *Improving Safe Care for the Prevention of Infant Abuse and Neglect Act*. There were three amendments offered:

- **Amendment in the Nature of a Substitute:** Rep. Lou Barletta (R-PA) offered an amendment in the nature of a substitute. The amendment (1) changed the bill title to “Infant Plan of Safe Care Improvement Act;” (2) clarified HHS should disseminate information to states about the requirements of the plan of safe care; (3) clarified substance use disorder treatment needs should be considered as part of a plan of safe care to address the health of the infant and affected family member or caregiver; (4) clarified states should monitor the use of plans of safe care and whether services are offered and provided to the infant and family; (5) clarified the rule of construction to ensure the HHS Secretary

does not use amendments made by H.R. 4843 to create new requirements for states; and (6) made other technical changes. The amendment was agreed to by voice vote.

- **Amendment 1:** Rep. Jared Polis (D-CO) offered an amendment to authorize the National Institutes of Health to study the medical application of marijuana for pain management. The amendment was ruled not germane.

- **Amendment 2:** Rep. Polis offered an amendment to allow state plans to include demonstration projects on prescription drug technology and unauthorized access to prescription drugs. The amendment was withdrawn.

H.R. 4843, the *Infant Plan of Safe Care Improvement Act*, as amended by the amendment in the nature of a substitute, was reported favorably by voice vote.

SUMMARY

CAPTA was enacted in 1974 to coordinate federal efforts to prevent and respond to child abuse and neglect. The law provides states with resources to improve their child protective services systems. In order to receive funds under CAPTA, states are required to assure HHS they have implemented certain child welfare policies. Such policies include requiring health care providers to notify state child protective services agencies when a child is born with prenatal illegal substance exposure, as well as requiring the development of a “safe care plan” to protect these newborns and keep them and their caregivers healthy. A Reuters’ investigation in December 2015 revealed nearly all states are receiving federal funds without having these necessary policies in place.¹

In order to strengthen protections for the nation’s most vulnerable population, Rep. Barletta and Rep. Katherine Clark (D-MA), along with Chairman John Kline, Ranking Member Robert “Bobby” Scott (D-VA), Rep. Tim Walberg (R-MI), and Rep. Polis, introduced H.R. 4843. The legislation helps to combat this epidemic by doing the following:

- Requiring HHS to review and confirm states have put in place CAPTA policies required under the law;
- Strengthening protections for infants born with illegal substance exposure by clarifying the intent of safe care plans and ensuring states have systems in place to monitor the implementation of these plans;
- Improving accountability related to the care of infants and their families by requiring additional information on the incidence of infants born with illegal substance exposure and their care;
- Requiring HHS to provide states with best practices for developing plans to keep infants and their caregivers healthy and safe;
- Encouraging the use of information made available through other child welfare laws in verifying CAPTA compliance; and

¹Wilson, D. and Shiffman, J. (2015, December 7). Helpless and Hooked. *Reuters*. Retrieved from <http://www.reuters.com>

- Clarifying that nothing in this Act authorizes the HHS Secretary to add new requirements to state plans required under section 106(b).

COMMITTEE VIEWS

Introduction

Our nation faces an opioid addiction crisis. According to the Centers for Disease Control and Prevention (CDC), 78 Americans die every day from an opioid overdose.² In addition, the CDC has found that more than six out of 10 drug overdoses in the nation involve opioids.³ This crisis is having dire consequences for a staggering number of newborns annually, with a baby born every 25 minutes suffering from opioid withdrawal.⁴ According to a year-long Reuters report in 2015, more than 130,000 infants born in the United States in the last decade have entered the world hooked on drugs—a dependency inherited from their mother’s drug addiction.⁵

Addressing the epidemic

When infants are born with an addiction, their drug dependency is called Neonatal Abstinence Syndrome (NAS). Infants born with NAS suffer through withdrawal, their bodies shaking and trembling as they gasp for air. Meanwhile, the infant’s mother often continues to struggle with her own addiction after the child is born. To address this issue, CAPTA requires health care providers to notify state child protective services agencies when an infant is born with withdrawal symptoms or illegal substance exposure. In addition to the notification, a plan of safe care must also be developed to address the health and well-being of the infant, including treatment for the affected family or caregiver. Shockingly, most states are failing to uphold these statutory requirements, with sometimes tragic, fatal results.

To address these failures, H.R. 4843 clarifies and strengthens the statutory requirements in CAPTA pertaining to plans of safe care and state monitoring to ensure effective implementation. Additionally, the bill includes important new data points to ensure states have the information needed to prevent infant abuse and neglect.

While H.R. 4843 specifically looks at incidents of illegal substance exposure, the Committee remains concerned about the effect of legal substance use during pregnancy and the impact on infants after birth. In particular, opioid addiction is tied strongly to prescription drug abuse. In 2012, health care providers wrote 259 million prescriptions to people for opioids.⁶ In 2009, an estimated 23,009 delivering mothers were using or dependent on opioids.⁷ Given this increase, the Committee will request that the Govern-

²Centers for Disease Control and Prevention. Understanding the Epidemic. <http://www.cdc.gov/drugoverdose/epidemic/>

³Ibid.
⁴National Institute on Drug Abuse, Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome. <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>

⁵Centers for Disease Control and Prevention. Understanding the Epidemic. <http://www.cdc.gov/drugoverdose/epidemic/>

⁶Ibid. CDC Guideline for Prescribing Opioid for Chronic Pain—United States, 2016. <http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

⁷National Institute on Drug Abuse, Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome. <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome>

ment Accountability Office study the impact and prevalence of legal substance abuse during pregnancy and how infants and their mothers can receive the best care, as well as make recommendations for the Committee's consideration to address this troubling issue.

Increasing oversight and clarification

In order to ensure states are following the law as written, H.R. 4843 requires HHS to increase its oversight and confirm states have established and implemented policies as required in CAPTA.

H.R. 4843 also explicitly clarifies the intent and purpose of the safe care plans is to help address the health and treatment needs of the infant and the affected family or caregiver. The legislation improves the accountability system relating to the care of infants and their families by requiring crucial information related to the incidents of infants born with illegal substance exposure and their care be reported by the state. These clarifications will help ensure the infants are not overlooked nor neglected by the state or health care providers.

States should not limit their efforts to address the needs of substance exposed infants and their families to funds available under CAPTA. As Dr. Cassie Statuto Bevan, a commissioner on the Commission to Eliminate Child Abuse and Neglect Fatalities (Commission), stated in her minority report in the Commission's final report released in March 2016:

It is also important for states to develop collaborative plans across cabinet-level departments and funding streams (such as Maternal, Infant & Early Childhood Home Visiting Programs (MIECHV), M[aternal] C[hild] H[earth], SAMHSA [Substance Abuse and Mental Health Services Administration], and [Social Security Act] IV-E and IV-B) to support substance-exposed newborns and their mothers.⁸

The Commission recommended increasing funding to support the requirements under CAPTA.

Assisting local efforts

In order to facilitate implementation of the requirements in CAPTA and subsequently H.R. 4843, the legislation requires the HHS Secretary to provide states with best practices on developing state plans that seek to ensure the safety of the infants and their primary caregivers. This provision will ensure the infants suffering from withdrawal are kept healthy and safe as they transition to a life without addiction.

Protecting against Federal overreach

In order to ensure the federal government does not overstep its authority, H.R. 4843 includes a prohibition clarifying the HHS Secretary cannot add new requirements to section 106(b). However, the bill maintains the HHS Secretary's ability to issue guidance, provide technical assistance, promulgate regulations, and enforce compliance with the requirements of CAPTA.

⁸Commission to Eliminate Child Abuse and Neglect Fatalities. Within Our Reach. <https://eliminatechildabusefatalities.sites.usa.gov/files/2016/03/CECANF-final-report.pdf>

Conclusion

America's opioid addiction crisis is harming the livelihood of its most vulnerable citizens. Infants with NAS are born suffering constant pain, and they lack the ability to resist the damaging effects of their mother's addiction. The Committee remains committed to doing everything in its ability to prevent these heartbreaking situations and ensure all children have the protection and care they need. The Committee believes we have a moral responsibility to do better, and this legislation is an important step forward.

SECTION-BY-SECTION

Section 1—Short title

States the short title as the *Infant Plan of Safe Care Improvement Act*.

Section 2—Best practices for development of plans of safe care

Further clarifies the HHS Secretary is to maintain and disseminate information relating to best practices and requirements for the development of plans of safe care of infants born and identified as being affected by one of the following: illegal substance abuse; withdrawal symptoms; or a Fetal Alcohol Spectrum Disorder.

Section 3—State plans

Updates the state plan requirement to ensure states either have implemented a law or operate a statewide program relating to child abuse and neglect that includes the development of a plan of safe care for infants born with and identified as being affected by one of the following: illegal substance abuse; withdrawal symptoms; or a Fetal Alcohol Spectrum Disorder. The bill further requires the plan to address the health and addiction treatment needs of the infant and family or caregiver. It also requires the state to monitor the use of safe care plans.

Section 4—Data reports

Requires states receiving grants to include in their annual State Data Report the total number of affected infants; infants for whom a plan of safe care was developed; and infants for whom referrals are made for appropriate services, including services given to the affected family or caregiver. This section includes a technical amendment related to the inclusion of an amendment made by the *Justice for Victims of Trafficking Act* (P.L. 114–22).

Section 5—Monitoring and oversight

Requires the HHS Secretary to conduct monitoring to ensure states are in compliance with the requirements related to receiving a grant. This review will be in addition to the review of the state's plan upon initial submission and include monitoring state policies and procedures that prevent child abuse and neglect. In addition, in order to properly conduct such a review, the HHS Secretary is authorized to review or conduct the following, (1) a comparison of activities carried out by the state to comply with the requirements for state plans in section 432 of the *Social Security Act*; (2) information available on the state's website relating to its compliance with the requirements for state plans in section 106(b); (3) site vis-

its as necessary; and (4) information available in the state's most recent Annual Progress and Services Report.

Section 6—Rule of construction

Prohibits the HHS Secretary or any other officer of the federal government from adding new requirements to the state plans or using amendments to CAPTA made by the Act to create new requirements for state plans.

EXPLANATION OF AMENDMENTS

The amendments, including the amendment in the nature of a substitute, are explained in the body of this report.

APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1 requires a description of the application of this bill to the legislative branch. H.R. 4843 will strengthen safety, protections, and interventions for infants and their families or caregivers by improving accountability and transparency and encouraging administrative efficiency.

UNFUNDED MANDATE STATEMENT

Section 423 of the Congressional Budget and Impoundment Control Act (as amended by Section 101(a)(2) of the Unfunded Mandates Reform Act, P.L. 104–4) requires a statement of whether the provisions of the reported bill include unfunded mandates. This issue is addressed in the CBO letter.

EARMARK STATEMENT

H.R. 4843 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of House Rule XXI.

ROLL CALL VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee Report to include for each record vote on a motion to report the measure or matter and on any amendments offered to the measure or matter the total number of votes for and against and the names of the Members voting for and against. No roll call votes were requested.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause (3)(c) of House Rule XIII, the goals of H.R. 4843 are to strengthen safety, protections, and interventions for infants and their families or caregivers by improving accountability and transparency and encouraging administrative efficiency.

DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 4843 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section

21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULE MAKINGS

The committee estimates that enacting H.R. 4843 does not specifically direct the completion of any specific rule makings within the meaning of 5 U.S.C. 551.

STATEMENT OF OVERSIGHT FINDINGS AND RECOMMENDATIONS OF THE COMMITTEE

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the committee's oversight findings and recommendations are reflected in the body of this report.

NEW BUDGET AUTHORITY AND CBO COST ESTIMATE

With respect to the requirements of clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a) of the Congressional Budget Act of 1974 and with respect to requirements of clause 3(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the Congressional Budget Act of 1974, the committee has received the following estimate for H.R. 4843 from the Director of the Congressional Budget Office:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 6, 2016.

Hon. JOHN KLINE,
*Chairman, Committee on Education and the Workforce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 4843, the Infant Plan of Safe Care Improvement Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Jennifer Gray.

Sincerely,

KEITH HALL.

Enclosure.

H.R. 4843—Infant Plan of Safe Care Improvement Act

Under the Child Abuse Prevention and Treatment Act (CAPTA), states that meet the necessary requirements, including the development of a plan of safe care for any drug-dependent infants, may receive grants to address child abuse and neglect. H.R. 4843 would amend CAPTA to require states to carry out certain activities as part of the plan of safe care, including determining whether local authorities have the resources necessary to provide services for a child and family. The legislation also would require states to report the number of drug-dependent infants, the number of infants for whom a plan of safe care has been developed, and the number of infants for whom a referral has been made for appropriate services. Finally, H.R. 4843 would require the Department of Health and Human Services (HHS) to monitor states to ensure compliance with the bill's requirements and, through the national clearing-

house for information relating to child abuse, to maintain and disseminate information regarding the requirements and best practices for the development of plans of safe care.

Based on information from HHS, CBO estimates that implementing the legislation would cost less than \$500,000 annually for additional personnel to carry out the new requirements; such spending would be subject to the availability of appropriated funds. Because enacting this bill would not affect direct spending or revenues, pay-as-you-go procedures do not apply. CBO estimates that enacting H.R. 4843 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2027.

H.R. 4843 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments. Any costs states incur for complying with new grant requirements would be incurred voluntarily as a condition of receiving federal assistance.

On April 11, 2016, CBO transmitted a cost estimate for S. 2687, the Plan of Safe Care Improvement Act, as reported by the Senate Committee on Health, Education, Labor, and Pensions on April 4, 2016. The two bills have similar requirements, and the estimated budgetary effects for both bills are the same.

The CBO staff contact for this estimate is Jennifer Gray. This estimate was approved by H. Samuel Papenfuss, Deputy Assistant Director for Budget Analysis.

COMMITTEE COST ESTIMATE

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison of the costs that would be incurred in carrying out H.R. 4843. However, clause 3(d)(2)(B) of that rule provides that this requirement does not apply when the committee has included in its report a timely submitted cost estimate of the bill prepared by the Director of the Congressional Budget Office under section 402 of the Congressional Budget Act.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in *italic* and existing law in which no change is proposed is shown in *roman*):

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in *italic*, and existing law in which no change is proposed is shown in *roman*):

CHILD ABUSE PREVENTION AND TREATMENT ACT

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Child Abuse Prevention and Treatment Act”.

(b) **TABLE OF CONTENTS.**—The table of contents is as follows:

*	*	*	*	*	*	*
TITLE I—GENERAL PROGRAM						
*	*	*	*	*	*	*
<i>Sec. 114. Monitoring and oversight.</i>						
*	*	*	*	*	*	*

TITLE I—GENERAL PROGRAM

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SEC. 103. NATIONAL CLEARINGHOUSE FOR INFORMATION RELATING TO CHILD ABUSE.

(a) **ESTABLISHMENT.**—The Secretary shall through the Department, or by one or more contracts of not less than 3 years duration let through a competition, establish a national clearinghouse for information relating to child abuse and neglect.

(b) **FUNCTIONS.**—The Secretary shall, through the clearinghouse established by subsection (a)—

(1) maintain, coordinate, and disseminate information on effective programs, including private and community-based programs, that have demonstrated success with respect to the prevention, assessment, identification, and treatment of child abuse or neglect and hold the potential for broad-scale implementation and replication;

(2) maintain, coordinate, and disseminate information on the medical diagnosis and treatment of child abuse and neglect;

(3) maintain and disseminate information on best practices relating to differential response;

(4) maintain and disseminate information about the best practices used for achieving improvements in child protective systems;

(5) *maintain and disseminate information about the requirements of section 106(b)(2)(B)(iii) and best practices relating to the development of plans of safe care as described in such section for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder;*

[(5)] (6) maintain and disseminate information relating to—
 (A) the incidence of cases of child abuse and neglect in the United States;

(B) the incidence of such cases in populations determined by the Secretary under section 105(a)(1) of the Child Abuse Prevention, Adoption, and Family Services Act of 1988 (42 U.S.C. 5105 note); and

(C) the incidence of any such cases related to substance abuse;

[(6)] (7) provide technical assistance upon request that may include an evaluation or identification of—

(A) various methods and procedures for the investigation, assessment, and prosecution of child physical and sexual abuse cases;

(B) ways to mitigate psychological trauma to the child victim; and

(C) effective programs carried out by the States under this Act;

[(7)] (8) collect and disseminate information relating to various training resources available at the State and local level to—

(A) individuals who are engaged, or who intend to engage, in the prevention, identification, and treatment of child abuse and neglect; and

(B) appropriate State and local officials to assist in training law enforcement, legal, judicial, medical, mental health, education, child welfare, substance abuse treatment services, and domestic violence services personnel; and

[(8)] (9) collect and disseminate information, in conjunction with the National Resource Centers authorized in section 310(b) of the Family Violence Prevention and Services Act, on effective programs and best practices for developing and carrying out collaboration between entities providing child protective services and entities providing domestic violence services.

(c) COORDINATION WITH AVAILABLE RESOURCES.—

(1) IN GENERAL.—In establishing a national clearinghouse as required by subsection (a), the Secretary shall—

(A) consult with other Federal agencies that operate similar clearinghouses;

(B) consult with the head of each agency involved with child abuse and neglect on the development of the components for information collection and management of such clearinghouse and on the mechanisms for the sharing of such information with other Federal agencies and clearinghouses;

(C) develop a Federal data system involving the elements under subsection (b) which, to the extent practicable, coordinates existing Federal, State, tribal, regional, and local child welfare data systems which shall include—

(i) standardized data on false, unfounded, unsubstantiated, and substantiated reports;

(ii) information on the number of deaths due to child abuse and neglect;

(iii) information about the incidence and characteristics of child abuse and neglect in circumstances in which domestic violence is present; and

(iv) information about the incidence and characteristics of child abuse and neglect in cases related to substance abuse;

(D) through a national data collection and analysis program and in consultation with appropriate State and local agencies and experts in the field, collect, compile, and make available State child abuse and neglect reporting information which, to the extent practical, shall be universal

and case specific and integrated with other case-based foster care and adoption data collected by the Secretary;

(E) compile, analyze, and publish a summary of the research conducted under section 104(a);

(F) collect and disseminate information that describes best practices being used throughout the Nation for making appropriate referrals related to, and addressing, the physical, developmental, and mental health needs of abused and neglected children; and

(G) solicit public comment on the components of such clearinghouse.

(2) **CONFIDENTIALITY REQUIREMENT.**—In carrying out paragraph (1)(D), the Secretary shall ensure that methods are established and implemented to preserve the confidentiality of records relating to case specific data.

* * * * *

SEC. 106. GRANTS TO STATES FOR CHILD ABUSE OR NEGLECT PREVENTION AND TREATMENT PROGRAMS.

(a) **DEVELOPMENT AND OPERATION GRANTS.**—The Secretary shall make grants to the States, from allotments made under subsection (f) for each State that applies for a grant under this section, for purposes of assisting the States in improving the child protective services system of each such State in—

(1) the intake, assessment, screening, and investigation of reports of child abuse or neglect;

(2)(A) creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and

(B) improving legal preparation and representation, including—

(i) procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and

(ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings;

(3) case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;

(4) enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;

(5) developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;

(6) developing, strengthening, and facilitating training including—

(A) training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;

(B) training regarding the legal duties of such individuals;

(C) personal safety training for case workers; and

- (D) training in early childhood, child, and adolescent development;
- (7) improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;
- (8) developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
- (9) developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including—
 - (A) existing social and health services;
 - (B) financial assistance;
 - (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and
 - (D) the use of differential response in preventing child abuse and neglect;
- (10) developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;
- (11) developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
- (12) supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;
- (13) supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—
 - (A) to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and
 - (B) to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect; including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or
- (14) developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in—
 - (A) investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and

(B) the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their nonabusing parents.

(b) ELIGIBILITY REQUIREMENTS.—

(1) STATE PLAN.—

(A) IN GENERAL.—To be eligible to receive a grant under this section, a State shall submit to the Secretary a State plan that specifies the areas of the child protective services system described in subsection (a) that the State will address with amounts received under the grant.

(B) DURATION OF PLAN.—Each State plan shall—

(i) remain in effect for the duration of the State's participation under this section; and

(ii) be periodically reviewed and revised as necessary by the State to reflect changes in the State's strategies and programs under this section.

(C) ADDITIONAL INFORMATION.—The State shall provide notice to the Secretary—

(i) of any substantive changes, including any change to State law or regulations, relating to the prevention of child abuse and neglect that may affect the eligibility of the State under this section; and

(ii) of any significant changes in how funds provided under this section are used to support activities described in this section, which may differ from the activities described in the current State application.

(2) CONTENTS.—A State plan submitted under paragraph (1) shall contain a description of the activities that the State will carry out using amounts received under the grant to achieve the objectives of this title, including—

(A) an assurance that the State plan, to the maximum extent practicable, is coordinated with the State plan under part B of title IV of the Social Security Act (42 U.S.C. 621 et seq.) relating to child welfare services and family preservation and family support services;

(B) an assurance in the form of a certification by the Governor of the State that the State has in effect and is enforcing a State law, or has in effect and is operating a statewide program, relating to child abuse and neglect that includes—

(i) provisions or procedures for an individual to report known and suspected instances of child abuse and neglect, including a State law for mandatory reporting by individuals required to report such instances;

(ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such in-

fants, except that such notification shall not be construed to—

- (I) establish a definition under Federal law of what constitutes child abuse or neglect; or
- (II) require prosecution for any illegal action;
- (iii) the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder *to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through—*
 - (I) *addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and*
 - (II) *the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver;*
- (iv) procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports;
- (v) triage procedures, including the use of differential response, for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service;
- (vi) procedures for immediate steps to be taken to ensure and protect the safety of a victim of child abuse or neglect and of any other child under the same care who may also be in danger of child abuse or neglect and ensuring their placement in a safe environment;
- (vii) provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect;
- (viii) methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of this Act shall only be made available to—
 - (I) individuals who are the subject of the report;
 - (II) Federal, State, or local government entities, or any agent of such entities, as described in clause (ix);
 - (III) child abuse citizen review panels;
 - (IV) child fatality review panels;
 - (V) a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
 - (VI) other entities or classes of individuals statutorily authorized by the State to receive such

information pursuant to a legitimate State purpose;

(ix) provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibilities under law to protect children from child abuse and neglect;

(x) provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality;

(xi) the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse and neglect;

(xii) provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their case-work files to assist in future risk and safety assessment;

(xiii) provisions and procedures requiring that in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, including training in early childhood, child, and adolescent development, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings—

(I) to obtain first-hand, a clear understanding of the situation and needs of the child; and

(II) to make recommendations to the court concerning the best interests of the child;

(xiv) the establishment of citizen review panels in accordance with subsection (c);

(xv) provisions, procedures, and mechanisms—

(I) for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and

(II) by which individuals who disagree with an official finding of child abuse or neglect can appeal such finding;

(xvi) provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction—

(I) to have committed murder (which would have been an offense under section 1111(a) of title

18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;

(II) to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;

(III) to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter;

(IV) to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent;

(V) to have committed sexual abuse against the surviving child or another child of such parent; or

(VI) to be required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a));

(xvii) an assurance that, upon the implementation by the State of the provisions, procedures, and mechanisms under clause (xvi), conviction of any one of the felonies listed in clause (xvi) constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (although case-by-case determinations of whether or not to seek termination of parental rights shall be within the sole discretion of the State);

(xviii) provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse or neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the informant;

(xix) provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment;

(xx) provisions and procedures for improving the training, retention, and supervision of caseworkers;

(xxi) provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.);

(xxii) provisions and procedures for requiring criminal background record checks that meet the require-

ments of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household; and

(xxiii) provisions for systems of technology that support the State child protective service system described in subsection (a) and track reports of child abuse and neglect from intake through final disposition;

(C) an assurance that the State has in place procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for—

(i) coordination and consultation with individuals designated by and within appropriate health-care facilities;

(ii) prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions); and

(iii) authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions;

(D) a description of—

(i) the services to be provided under the grant to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect;

(ii) the training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect;

(iii) the training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect;

(iv) policies and procedures encouraging the appropriate involvement of families in decisionmaking pertaining to children who experienced child abuse or neglect;

(v) policies and procedures that promote and enhance appropriate collaboration among child protective service agencies, domestic violence service agencies, substance abuse treatment agencies, and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families affected by child abuse or neglect, including

children exposed to domestic violence, where appropriate; and

(vi) policies and procedures regarding the use of differential response, as applicable;

(E) an assurance or certification that the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act (42 U.S.C. 621 et seq.) comply with the requirements set forth in paragraph (1) and this paragraph;

(F) an assurance or certification that programs and training conducted under this title address the unique needs of unaccompanied homeless youth, including access to enrollment and support services and that such youth are eligible for under parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq., 670 et seq.) and meet the requirements of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et seq.); and

(G) an assurance that the State, in developing the State plan described in paragraph (1), has collaborated with community-based prevention agencies and with families affected by child abuse or neglect.

Nothing in subparagraph (B) shall be construed to limit the State's flexibility to determine State policies relating to public access to court proceedings to determine child abuse and neglect, except that such policies shall, at a minimum, ensure the safety and well-being of the child, parents, and families.

(3) LIMITATION.—With regard to clauses (vi) and (vii) of paragraph (2)(B), nothing in this section shall be construed as restricting the ability of a State to refuse to disclose identifying information concerning the individual initiating a report or complaint alleging suspected instances of child abuse or neglect, except that the State may not refuse such a disclosure where a court orders such disclosure after such court has reviewed, in camera, the record of the State related to the report or complaint and has found it has reason to believe that the reporter knowingly made a false report.

(4) DEFINITIONS.—For purposes of this subsection—

(A) the term “near fatality” means an act that, as certified by a physician, places the child in serious or critical condition; and

(B) the term “serious bodily injury” means bodily injury which involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty.

(c) CITIZEN REVIEW PANELS.—

(1) ESTABLISHMENT.—

(A) IN GENERAL.—Except as provided in subparagraph (B), each State to which a grant is made under this section shall establish not less than 3 citizen review panels.

(B) EXCEPTIONS.—

(i) ESTABLISHMENT OF PANELS BY STATES RECEIVING MINIMUM ALLOTMENT.—A State that receives the minimum allotment of \$175,000 under section 203(b)(1)(A)

for a fiscal year shall establish not less than 1 citizen review panel.

(ii) DESIGNATION OF EXISTING ENTITIES.—A State may designate as panels for purposes of this subsection one or more existing entities established under State or Federal law, such as child fatality panels or foster care review panels, if such entities have the capacity to satisfy the requirements of paragraph (4) and the State ensures that such entities will satisfy such requirements.

(2) MEMBERSHIP.—Each panel established pursuant to paragraph (1) shall be composed of volunteer members who are broadly representative of the community in which such panel is established, including members who have expertise in the prevention and treatment of child abuse and neglect, and may include adult former victims of child abuse or neglect.

(3) MEETINGS.—Each panel established pursuant to paragraph (1) shall meet not less than once every 3 months.

(4) FUNCTIONS.—

(A) IN GENERAL.—Each panel established pursuant to paragraph (1) shall, by examining the policies, procedures, and practices of State and local agencies and where appropriate, specific cases, evaluate the extent to which State and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with—

- (i) the State plan under subsection (b);
- (ii) the child protection standards set forth in subsection (b); and
- (iii) any other criteria that the panel considers important to ensure the protection of children, including—

(I) a review of the extent to which the State and local child protective services system is coordinated with the foster care and adoption programs established under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.); and

(II) a review of child fatalities and near fatalities (as defined in subsection (b)(4)).

(B) CONFIDENTIALITY.—

(i) IN GENERAL.—The members and staff of a panel established under paragraph (1)—

(I) shall not disclose to any person or government official any identifying information about any specific child protection case with respect to which the panel is provided information; and

(II) shall not make public other information unless authorized by State statute.

(ii) CIVIL SANCTIONS.—Each State that establishes a panel pursuant to paragraph (1) shall establish civil sanctions for a violation of clause (i).

(C) PUBLIC OUTREACH.—Each panel shall provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and fam-

ilies in the community and in order to meet its obligations under subparagraph (A).

(5) STATE ASSISTANCE.—Each State that establishes a panel pursuant to paragraph (1)—

(A) shall provide the panel access to information on cases that the panel desires to review if such information is necessary for the panel to carry out its functions under paragraph (4); and

(B) shall provide the panel, upon its request, staff assistance for the performance of the duties of the panel.

(6) REPORTS.—Each panel established under paragraph (1) shall prepare and make available to the State and the public, on an annual basis, a report containing a summary of the activities of the panel and recommendations to improve the child protection services system at the State and local levels. Not later than 6 months after the date on which a report is submitted by the panel to the State, the appropriate State agency shall submit a written response to State and local child protection systems and the citizen review panel that describes whether or how the State will incorporate the recommendations of such panel (where appropriate) to make measurable progress in improving the State and local child protective system.

(d) ANNUAL STATE DATA REPORTS.—Each State to which a grant is made under this section shall annually work with the Secretary to provide, to the maximum extent practicable, a report that includes the following:

(1) The number of children who were reported to the State during the year as victims of child abuse or neglect.

(2) Of the number of children described in paragraph (1), the number with respect to whom such reports were—

- (A) substantiated;
- (B) unsubstantiated; or
- (C) determined to be false.

(3) Of the number of children described in paragraph (2)—

(A) the number that did not receive services during the year under the State program funded under this section or an equivalent State program;

(B) the number that received services during the year under the State program funded under this section or an equivalent State program; and

(C) the number that were removed from their families during the year by disposition of the case.

(4) The number of families that received preventive services, including use of differential response, from the State during the year.

(5) The number of deaths in the State during the year resulting from child abuse or neglect.

(6) Of the number of children described in paragraph (5), the number of such children who were in foster care.

(7)(A) The number of child protective service personnel responsible for the—

- (i) intake of reports filed in the previous year;
- (ii) screening of such reports;
- (iii) assessment of such reports; and

(iv) investigation of such reports.

(B) The average caseload for the workers described in subparagraph (A).

(8) The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

(9) The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.

(10) For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State—

(A) information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions;

(B) data on the education, qualifications, and training of such personnel;

(C) demographic information of the child protective service personnel; and

(D) information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor.

(11) The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

(12) The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

(13) The annual report containing the summary of the activities of the citizen review panels of the State required by subsection (c)(6).

(14) The number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system.

(15) The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).

(16) The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

(17)(A) The number of infants identified under subsection (b)(2)(B)(ii).

(B) The number of infants for whom a plan of safe care was developed under subsection (b)(2)(B)(iii).

(C) The number of infants for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).

[Section 4(a) of H.R. 4843 (as reported) provides for an amendment to add at the end of section 106(d) of the Child Abuse Prevention

and Treatment Act a new paragraph (17) (shown above). Subsection (b) of such section 4 provides that effective on May 29, 2017, paragraph (17) (as added by subsection (a)) is redesignated as paragraph (18). The following reflects the proposed amendment as in effect on such date.]

[(17)] (18)(A) The number of infants identified under subsection (b)(2)(B)(ii).

(B) The number of infants for whom a plan of safe care was developed under subsection (b)(2)(B)(iii).

(C) The number of infants for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).

(e) ANNUAL REPORT BY THE SECRETARY.—Within 6 months after receiving the State reports under subsection (d), the Secretary shall prepare a report based on information provided by the States for the fiscal year under such subsection and shall make the report and such information available to the Congress and the national clearinghouse for information relating to child abuse and neglect.

(f) ALLOTMENTS.—

(1) DEFINITIONS.—In this subsection:

(A) FISCAL YEAR 2009 GRANT FUNDS.—The term “fiscal year 2009 grant funds” means the amount appropriated under section 112 for fiscal year 2009, and not reserved under section 112(a)(2).

(B) GRANT FUNDS.—The term “grant funds” means the amount appropriated under section 112 for a fiscal year and not reserved under section 112(a)(2).

(C) STATE.—The term “State” means each of the several States, the District of Columbia, and the Commonwealth of Puerto Rico.

(D) TERRITORY.—The term “territory” means Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands.

(2) IN GENERAL.—Except as otherwise provided in this section, the Secretary shall make allotments to each State and territory that applies for a grant under this section in an amount equal to the sum of—

(A) \$50,000; and

(B) an amount that bears the same relationship to any grant funds remaining after all such States and territories have received \$50,000, as the number of children under the age of 18 in the State or territory bears to the number of such children in all States and territories that apply for such a grant.

(3) ALLOTMENTS FOR DECREASED APPROPRIATION YEARS.—In the case where the grant funds for a fiscal year are less than the fiscal year 2009 grant funds, the Secretary shall ratably reduce each of the allotments under paragraph (2) for such fiscal year.

(4) ALLOTMENTS FOR INCREASED APPROPRIATION YEARS.—

(A) MINIMUM ALLOTMENTS TO STATES FOR INCREASED APPROPRIATIONS YEARS.—In any fiscal year for which the grant funds exceed the fiscal year 2009 grant funds by more than \$1,000,000, the Secretary shall adjust the allotments under paragraph (2), as necessary, such that no

State that applies for a grant under this section receives an allotment in an amount that is less than—

(i) \$100,000, for a fiscal year in which the grant funds exceed the fiscal year 2009 grant funds by more than \$1,000,000 but less than \$2,000,000;

(ii) \$125,000, for a fiscal year in which the grant funds exceed the fiscal year 2009 grant funds by at least \$2,000,000 but less than \$3,000,000; and

(iii) \$150,000, for a fiscal year in which the grant funds exceed the fiscal year 2009 grant funds by at least \$3,000,000.

(B) ALLOTMENT ADJUSTMENT.—In the case of a fiscal year for which subparagraph (A) applies and the grant funds are insufficient to satisfy the requirements of such subparagraph (A), paragraph (2), and paragraph (5), the Secretary shall, subject to paragraph (5), ratably reduce the allotment of each State for which the allotment under paragraph (2) is an amount that exceeds the applicable minimum under subparagraph (A), as necessary to ensure that each State receives the applicable minimum allotment under subparagraph (A).

(5) HOLD HARMLESS.—Notwithstanding paragraphs (2) and (4), except as provided in paragraph (3), no State or territory shall receive a grant under this section in an amount that is less than the amount such State or territory received under this section for fiscal year 2009.

* * * * *

SEC. 114. MONITORING AND OVERSIGHT.

The Secretary shall conduct monitoring to ensure that each State that receives a grant under section 106 is in compliance with the requirements of section 106(b), which—

(1) shall—

(A) be in addition to the review of the State plan upon its submission under section 106(b)(1)(A); and

(B) include monitoring of State policies and procedures required under clauses (ii) and (iii) of section 106(b)(2)(B); and

(2) may include—

(A) a comparison of activities carried out by the State to comply with the requirements of section 106(b) with the State plan most recently approved under section 432 of the Social Security Act;

(B) a review of information available on the Website of the State relating to its compliance with the requirements of section 106(b);

(C) site visits, as may be necessary to carry out such monitoring; and

(D) a review of information available in the State's Annual Progress and Services Report most recently submitted

under section 1357.16 of title 45, Code of Federal Regulations (or successor regulations).

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