

Pars. (3), (4). Pub. L. 108-36, § 301(8), redesignated pars. (4) and (5) as (3) and (4), respectively. Former par. (3) redesignated (2).

Par. (5). Pub. L. 108-36, § 301(8), redesignated par. (8) as (5). Former par. (5) redesignated (4).

Pub. L. 108-36, § 301(3), amended par. (5) generally. Prior to amendment, par. (5) read as follows: “training is inadequate for foster care personnel working with medically fragile infants and young children and infants and young children exposed to drugs;”.

Pars. (6), (7). Pub. L. 108-36, § 301(4), (8), redesignated pars. (9) and (10) as (6) and (7), respectively, and struck out former pars. (6) and (7) which read as follows:

“(6) a particularly devastating development is the increase in the number of infants and young children who are infected with the human immunodeficiency virus (which is believed to cause acquired immune deficiency syndrome and which is commonly known as HIV) or who have been perinatally exposed to the virus or to a dangerous drug;

“(7) many such infants and young children have at least one parent who is an intravenous drug abuser;”.

Par. (8). Pub. L. 108-36, § 301(9), added par. (8). Former par. (8) redesignated (5).

Pub. L. 108-36, § 301(5), substituted “infants and young children who are abandoned in hospitals” for “such infants and young children” and inserted “by parents abusing drugs,” after “deficiency syndrome;”.

Par. (9). Pub. L. 108-36, § 301(8), redesignated par. (9) as (6).

Pub. L. 108-36, § 301(6), substituted “comprehensive support services for such infants and young children and their families and services to prevent the abandonment of such infants and young children, including foster care services, case management services, family support services, respite and crisis intervention services, counseling services, and group residential home services;” for “comprehensive services for such infants and young children, including foster family care services, case management services, family support services, respite and crisis intervention services, counseling services, and group residential home services;”.

Par. (10). Pub. L. 108-36, § 301(8), redesignated par. (10) as (7).

Par. (11). Pub. L. 108-36, § 301(7), struck out par. (11) which read as follows: “there is a need for the development of funding strategies that coordinate and make the optimal use of all private resources, and Federal, State, and local resources, to establish and maintain such services.”

1991—Par. (3). Pub. L. 102-236, § 2(1), substituted “an unacceptable number” for “the vast majority”.

Par. (6). Pub. L. 102-236, § 2(2), substituted “the number of infants and young children who are infected with the human immunodeficiency virus (which is believed to cause acquired immune deficiency syndrome and which is commonly known as HIV) or who have been perinatally exposed to the virus or to a dangerous drug;” for “the number of cases of acquired immune deficiency syndrome in infants and young children, and the number of such cases has doubled within the last 13 months;”.

Par. (7). Pub. L. 102-236, § 2(3), substituted “many such” for “more than 80 percent of” and struck out “with acquired immune deficiency syndrome” after “young children”.

Par. (8). Pub. L. 102-236, § 2(4), substituted “such infants and young children” for “infants and young children with acquired immune deficiency syndrome”.

Pars. (10), (11). Pub. L. 102-236, § 2(5), added par. (10) and redesignated former par. (10) as (11).

SHORT TITLE

For short title of this subchapter as the “Abandoned Infants Assistance Act of 1988”, see section 1 of Pub. L. 100-505, set out as a note under section 5101 of this title.

PART A—PROJECTS REGARDING ABANDONMENT OF INFANTS AND YOUNG CHILDREN IN HOSPITALS

AMENDMENTS

1991—Pub. L. 102-236, § 7, Dec. 12, 1991, 105 Stat. 1816, substituted “Projects Regarding Abandonment of Infants and Young Children in Hospitals” for “Foster Care and Residential Care of Infants and Young Children Abandoned in Hospitals” in part heading.

§ 5117aa-11. Establishment of local projects

(a) In general

The Secretary of Health and Human Services may make grants to public and nonprofit private entities for the purpose of developing, implementing, and operating projects to demonstrate methods—

(1) to prevent the abandonment of infants and young children, including the provision of services to members of the natural family for any condition that increases the probability of abandonment of an infant or young child;

(2) to identify and address the needs of abandoned infants and young children;

(3) to assist abandoned infants and young children to reside with their natural families or in foster care, as appropriate;

(4) to recruit, train, and retain foster families for abandoned infants and young children;

(5) to carry out residential care programs for abandoned infants and young children who are unable to reside with their families or to be placed in foster care;

(6) to carry out programs of respite care for families and foster families of infants and young children described in subsection (b);

(7) to recruit and train health and social services personnel to work with families, foster care families, and residential care programs for abandoned infants and young children; and

(8) to prevent the abandonment of infants and young children, and to care for the infants and young children who have been abandoned, through model programs providing health, educational, and social services at a single site in a geographic area in which a significant number of infants and young children described in subsection (b) reside (with special consideration given to applications from entities that will provide the services of the project through community-based organizations).

(b) Priority in provision of services

The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees to give priority to abandoned infants and young children who—

(1) are infected with, or have been perinatally exposed to, the human immunodeficiency virus, or have a life-threatening illness or other special medical need; or

(2) have been perinatally exposed to a dangerous drug.

(c) Case plan with respect to foster care

The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that, if the applicant expends the grant to carry out any program of providing care to infants and young children in foster homes or in

other nonmedical residential settings away from their parents, the applicant will ensure that—

(1) a case plan of the type described in paragraph (1) of section 675 of this title is developed for each such infant and young child (to the extent that such infant and young child is not otherwise covered by such a plan); and

(2) the program includes a case review system of the type described in paragraph (5) of such section (covering each such infant and young child who is not otherwise subject to such a system).

(d) Administration of grant

(1) The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees—

(A) to use the funds provided under this section only for the purposes specified in the application submitted to, and approved by, the Secretary pursuant to subsection (e);

(B) to establish such fiscal control and fund accounting procedures as may be necessary to ensure proper disbursement and accounting of Federal funds paid to the applicant under this section;

(C) to report to the Secretary annually on the utilization, cost, and outcome of activities conducted, and services furnished, under this section; and

(D) that if, during the majority of the 180-day period preceding October 18, 1988, the applicant has carried out any program with respect to the care of abandoned infants and young children, the applicant will expend the grant only for the purpose of significantly expanding, in accordance with subsection (a), activities under such program above the level provided under such program during the majority of such period.

(2) Subject to the availability of amounts made available in appropriations Acts for the fiscal year involved, the duration of a grant under subsection (a) shall be for a period of 3 years, except that the Secretary—

(A) may terminate the grant if the Secretary determines that the entity involved has substantially failed to comply with the agreements required as a condition of the provision of the grant; and

(B) shall continue the grant for one additional year if the Secretary determines that the entity has satisfactorily complied with such agreements.

(e) Requirement of application

The Secretary may not make a grant under subsection (a) unless—

(1) an application for the grant is submitted to the Secretary;

(2) with respect to carrying out the purpose for which the grant is to be made, the application provides assurances of compliance satisfactory to the Secretary; and

(3) the application otherwise is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

(f) Technical assistance to grantees

The Secretary may, without charge to any grantee under subsection (a), provide technical

assistance (including training) with respect to the planning, development, and operation of projects described in such subsection. The Secretary may provide such technical assistance directly, through contracts, or through grants.

(g) Technical assistance with respect to process of applying for grant

The Secretary may provide technical assistance (including training) to public and nonprofit private entities with respect to the process of applying to the Secretary for a grant under subsection (a). The Secretary may provide such technical assistance directly, through contracts, or through grants.

(h) Priority requirement

In making grants under subsection (a), the Secretary shall give priority to applicants located in States that have developed and implemented procedures for expedited termination of parental rights and placement for adoption of infants determined to be abandoned under State law.

(Pub. L. 100-505, title I, § 101, Oct. 18, 1988, 102 Stat. 2534; Pub. L. 102-236, § 3, Dec. 12, 1991, 105 Stat. 1812; Pub. L. 104-235, title II, § 221, Oct. 3, 1996, 110 Stat. 3091; Pub. L. 108-36, title III, § 302, June 25, 2003, 117 Stat. 823.)

AMENDMENTS

2003—Pub. L. 108-36, § 302(1), substituted “Establishment of local projects” for “Establishment of program of demonstration projects” in section catchline.

Subsec. (b). Pub. L. 108-36, § 302(2), added subsec. (b) and struck out former subsec. (b). Prior to amendment, text read as follows: “The Secretary may not make a grant under subsection (a) unless the applicant for the grant agrees that, in carrying out the purpose described in subsection (a) (other than with respect to paragraph (6) of such subsection), the applicant will give priority to abandoned infants and young children—

“(1) who are infected with the human immunodeficiency virus or who have been perinatally exposed to the virus; or

“(2) who have been perinatally exposed to a dangerous drug.”

1996—Subsec. (h). Pub. L. 104-235 added subsec. (h).

1991—Subsec. (a)(1). Pub. L. 102-236, § 3(c)(1), inserted before semicolon at end “, including the provision of services to members of the natural family for any condition that increases the probability of abandonment of an infant or young child”.

Subsec. (a)(2). Pub. L. 102-236, § 3(a)(2)(A)(ii), struck out “, particularly those with acquired immune deficiency syndrome” after “young children”.

Subsec. (a)(3). Pub. L. 102-236, § 3(a)(2)(A)(iii), struck out “, particularly those with acquired immune deficiency syndrome,” after “young children”.

Subsec. (a)(4). Pub. L. 102-236, § 3(a)(2)(A)(ii), struck out “, particularly those with acquired immune deficiency syndrome” after “young children”.

Subsec. (a)(5). Pub. L. 102-236, § 3(a)(2)(A)(ii), (c)(2), substituted “who are unable to reside with their families or to be placed in foster care” for “, particularly those with acquired immune deficiency syndrome”.

Subsec. (a)(6). Pub. L. 102-236, § 3(a)(2)(A)(i), substituted “described in subsection (b)” for “with acquired immune deficiency syndrome”.

Subsec. (a)(7). Pub. L. 102-236, § 3(a)(2)(A)(ii), struck out “, particularly those with acquired immune deficiency syndrome” after “young children”.

Subsec. (a)(8). Pub. L. 102-236, § 3(b), added par. (8).

Subsecs. (b), (c). Pub. L. 102-236, § 3(a)(1), added subsec. (b) and redesignated former subsec. (b) as (c). Former subsec. (c) redesignated (d).

Subsec. (d). Pub. L. 102-236, §3(d), designated existing provisions as par. (1), redesignated former pars. (1) to (4) as subpars. (A) to (D), respectively, realigned margins, and added par. (2).

Pub. L. 102-236, §(3)(a)(1)(A), redesignated subsec. (c) as (d). Former subsec. (d) redesignated (e).

Subsec. (d)(1). Pub. L. 102-236, §3(a)(2)(B), substituted “subsection (e)” for “subsection (d)”.

Subsecs. (e) to (g). Pub. L. 102-236, §3(a)(1)(A), redesignated subsecs. (d) to (f) as (e) to (g), respectively.

§ 5117aa-12. Evaluations, study, and reports by Secretary

(a) Evaluations of local programs

The Secretary shall, directly or through contracts with public and nonprofit private entities, provide for evaluations of projects carried out under section 5117aa-11 of this title and for the dissemination of information developed as a result of such projects.

(b) Study and report on number of abandoned infants and young children

(1) In general

The Secretary shall conduct a study for the purpose of determining—

(A) an estimate of the annual number of infants and young children relinquished, abandoned, or found deceased in the United States and the number of such infants and young children who are infants and young children described in section 5117aa-11(b) of this title;

(B) an estimate of the annual number of infants and young children who are victims of homicide;

(C) characteristics and demographics of parents who have abandoned an infant within 1 year of the infant’s birth; and

(D) an estimate of the annual costs incurred by the Federal Government and by State and local governments in providing housing and care for abandoned infants and young children.

(2) Deadline

Not later than 36 months after June 25, 2003, the Secretary shall complete the study required under paragraph (1) and submit to Congress a report describing the findings made as a result of the study.

(c) Evaluation

The Secretary shall evaluate and report on effective methods of intervening before the abandonment of an infant or young child so as to prevent such abandonments, and effective methods for responding to the needs of abandoned infants and young children.

(Pub. L. 100-505, title I, §102, Oct. 18, 1988, 102 Stat. 2535; Pub. L. 102-236, §4, Dec. 12, 1991, 105 Stat. 1814; Pub. L. 108-36, title III, §303, June 25, 2003, 117 Stat. 823.)

AMENDMENTS

2003—Pub. L. 108-36 amended section generally. Prior to amendment, text consisted of subsecs. (a) to (d) relating to evaluations of demonstration projects, dissemination of information on assistance programs to individuals with special needs, a study and report on the estimated number of abandoned children to be completed by Apr. 1, 1992, and a study and report on effective care methods to be completed by Apr. 1, 1991.

1991—Subsec. (b). Pub. L. 102-236, §4(a)(2), added subsec. (b). Former subsec. (b) redesignated (c).

Subsec. (c). Pub. L. 102-236, §4(a)(1), redesignated subsec. (b) as (c). Former subsec. (c) redesignated (d).

Subsec. (c)(1)(A). Pub. L. 102-236, §4(b)(1), substituted “infants and young children who are infants and young children described in section 5117aa-11(b) of this title” for “infants who have acquired immune deficiency syndrome”.

Subsec. (c)(2). Pub. L. 102-236, §4(b)(2), which directed striking out “‘The Secretary and all that follows through ‘Act,’” and inserting “‘Not later than April 1, 1992, the Secretary shall’”, was executed by making the substitution for “‘The Secretary shall, not later than 12 months after the date of the enactment of this Act,’” to reflect the probable intent of Congress.

Subsec. (d). Pub. L. 102-236, §4(a)(1), redesignated subsec. (c) as (d).

PART B—GENERAL PROVISIONS

§ 5117aa-21. Definitions

In this subchapter:

(1) Abandoned; abandonment

The terms “abandoned” and “abandonment”, used with respect to infants and young children, mean that the infants and young children are medically cleared for discharge from acute-care hospital settings, but remain hospitalized because of a lack of appropriate out-of-hospital placement alternatives.

(2) Dangerous drug

The term “dangerous drug” means a controlled substance, as defined in section 802 of title 21.

(3) Natural family

The term “natural family” shall be broadly interpreted to include natural parents, grandparents, family members, guardians, children residing in the household, and individuals residing in the household on a continuing basis who are in a care-giving situation, with respect to infants and young children covered under this subchapter.

(4) Secretary

The term “Secretary” means the Secretary of Health and Human Services.

(Pub. L. 100-505, title III, §301, Oct. 18, 1988, 102 Stat. 2537; Pub. L. 108-36, title III, §305(a), June 25, 2003, 117 Stat. 824; Pub. L. 111-320, title IV, §401(c), Dec. 20, 2010, 124 Stat. 3513.)

REFERENCES IN TEXT

This subchapter, referred to in text, was in the original “this Act”, meaning Pub. L. 100-505, Oct. 18, 1988, 102 Stat. 2533, which is classified generally to this subchapter. For complete classification of this Act to the Code, see Short Title note set out under section 5101 of this title and Tables.

AMENDMENTS

2010—Pars. (2) to (5). Pub. L. 111-320 redesignated pars. (3) to (5) as (2) to (4), respectively, and struck out former par. (2). Prior to amendment, text of par. (2) read as follows: “The term ‘acquired immune deficiency syndrome’ includes infection with the etiologic agent for such syndrome, any condition indicating that an individual is infected with such etiologic agent, and any condition arising from such etiologic agent.”

2003—Pub. L. 108-36 amended section generally. Prior to amendment, section defined “acquired immune deficiency syndrome” and “Secretary”.