

fective Oct. 1, 1986, was repealed by Pub. L. 104-235, title I, § 142(a), Oct. 3, 1996, 110 Stat. 3089.

#### SHORT TITLE

Pub. L. 99-401, title II, § 201, Aug. 27, 1986, 100 Stat. 907, as amended by Pub. L. 101-127, § 6, Oct. 25, 1989, 103 Stat. 772, which provided that title II of Pub. L. 99-401 be cited as the “Temporary Child Care for Children With Disabilities and Crisis Nurseries Act of 1986”, was repealed by Pub. L. 104-235, title I, § 142(a), Oct. 3, 1996, 110 Stat. 3089.

### SUBCHAPTER IV—A—ABANDONED INFANTS ASSISTANCE

#### CODIFICATION

This subchapter is comprised generally of Pub. L. 100-505, Oct. 18, 1988, 102 Stat. 2533, as amended. Pub. L. 100-505 was formerly set out as a note under section 670 of this title. Section 105 of Pub. L. 100-505, which provided for termination of the grant program described in this subchapter on Sept. 30, 1991, was repealed by Pub. L. 102-236, § 8, Dec. 12, 1991, 105 Stat. 1816.

#### § 5117aa. Findings

The Congress finds that—

(1) studies indicate that a number of factors contribute to the inability of some parents to provide adequate care for their infants and young children and a lack of suitable shelter homes for such infants and young children have led to the abandonment of such infants and young children in hospitals for extended periods;

(2) an unacceptable number of these infants and young children will be medically cleared for discharge, yet remain in hospitals as boarder babies;

(3) hospital-based child care for these infants and young children is extremely costly and deprives them of an adequate nurturing environment;

(4) appropriate training is needed for personnel working with infants and young children with life-threatening conditions and other special needs, including those with HIV/AIDS, and those who have been exposed to dangerous drugs;

(5) infants and young children who are abandoned in hospitals are particularly difficult to place in foster homes, and are being abandoned in hospitals in increasing numbers by mothers dying of HIV/AIDS, by parents abusing drugs, or by parents incapable of providing adequate care;

(6) there is a need for 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;

(7) there is a need to support the families of such infants and young children through the provision of services that will prevent the abandonment of the infants and children; and

(8) private, Federal, State, and local resources should be coordinated to establish and maintain services described in paragraph (7) and to ensure the optimal use of all such resources.

(Pub. L. 100-505, § 2, Oct. 18, 1988, 102 Stat. 2533; Pub. L. 102-236, § 2, Dec. 12, 1991, 105 Stat. 1812; Pub. L. 108-36, title III, § 301, June 25, 2003, 117 Stat. 822; Pub. L. 111-320, title IV, § 401(a), Dec. 20, 2010, 124 Stat. 3513.)

#### AMENDMENTS

2010—Par. (4). Pub. L. 111-320, § 401(a)(1), substituted “including those with HIV/AIDS” for “including those who are infected with the human immunodeficiency virus (commonly known as ‘HIV’), those who have acquired immune deficiency syndrome (commonly known as ‘AIDS’)”.

Par. (5). Pub. L. 111-320, § 401(a)(2), substituted “HIV/AIDS” for “acquired immune deficiency syndrome”.

2003—Par. (1). Pub. L. 108-36, § 301(1), (8), redesignated par. (2) as (1) and struck out former par. (1) which read as follows: “throughout the Nation, the number of infants and young children who have been exposed to drugs taken by their mothers during pregnancy has increased dramatically;”.

Par. (2). Pub. L. 108-36, § 301(8), redesignated par. (3) as (2). Former par. (2) redesignated (1).

Pub. L. 108-36, § 301(2), substituted “studies indicate that a number of factors contribute to the inability of some parents to provide adequate care for their infants” for “the inability of parents who abuse drugs to provide adequate care for such infants”.

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

##### CODIFICATION

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