

Office of Human Development Services, HHS**Pt. 1355, App. A****§ 1355.58 Failure to meet the conditions of the approved APD.**

(a) In accordance with 45 CFR 75.371 through 75.375 and 45 CFR 95.635, ACF may suspend title IV-B and title IV-E funding approved in the APD for a CCWIS if ACF determines that the title IV-E agency fails to comply with APD requirements in 45 CFR part 95, subpart F, or meet the requirements at § 1355.52 or, if applicable, § 1355.53, § 1355.54, or § 1355.56.

(b) Suspension of CCWIS funding begins on the date that ACF determines the title IV-E agency failed to:

(1) Comply with APD requirements in 45 CFR part 95, subpart F; or

(2) Meet the requirements at § 1355.52 or, if applicable, § 1355.53, § 1355.54, or § 1355.56 and has not corrected the failed requirements according to the time frame in the approved APD.

(c) The suspension will remain in effect until the date that ACF:

(1) Determines that the title IV-E agency complies with 45 CFR part 95, subpart F; or

(2) Approves a plan to change the application to meet the requirements at § 1355.52 and, if applicable, § 1355.53, § 1355.54, or § 1355.56.

(d) If ACF suspends an APD, or the title IV-E agency voluntarily ceases the design, development, installation, operation, or maintenance of an approved CCWIS, ACF may recoup all title IV-E funds claimed for the CCWIS project.

[81 FR 35482, June 2, 2016]

§ 1355.59 [Reserved]**APPENDIX A TO PART 1355—FOSTER CARE DATA ELEMENTS****SECTION I—FOSTER CARE DATA ELEMENTS**

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

I. General Information

**A. Title IV-E agency _____

**B. Report date _____ (mo.) _____ (yr.)

**C. Local Agency (County or Equivalent Jurisdiction) _____

**D. Record Number _____

**E. Date of Most Recent Periodic Review (if Applicable) _____ (mo.) _____ (day) _____ (yr.)

II. Child's Demographic Information

**A. Date of Birth _____ (mo.) _____ (day) _____ (yr.)

**B. Sex _____

Male: 1

Female: 2

C. Race/Ethnicity

a. American Indian or Alaska Native

b. Asian

c. Black or African American

d. Native Hawaiian or Other Pacific Islander

e. White

f. Unable to Determine

Yes: 1

No: 2

Unable to Determine: 3

D. Has this child been clinically diagnosed as having a disability(ies)? _____

Yes: 1

No: 2

Not Yet Determined: 3

1. If yes, indicate *each* type of disability with a “1”

Mental Retardation _____

Visually or Hearing Impaired _____

Physically Disabled _____

Emotionally Disturbed (DSM III) _____

Other Medically Diagnosed Condition Requiring Special Care _____

E. 1. Has this child ever been adopted? _____

Yes: 1

No: 2

Unable to Determine: 3

2. If yes, how old was the child when the adoption was legalized? _____

Less than 2 years old: 1

2 to 5 years old: 2

6 to 12 years old: 3

13 years or older: 4

Unable to determine: 5

III. Removal/Placement Setting Indicators**A. Removal Episodes**

Date of First Removal From Home _____ (mo.) _____ (day) _____ (yr.)

Total Number of Removals From Home to Date _____

Date Child was Discharged From Last Foster Care Episode (if Applicable) _____ (mo.) _____ (day) _____ (yr.)

**; Date of Latest Removal From Home _____ (mo.) _____ (day) _____ (yr.)

**Transaction Date _____ (mo.) _____ (day) _____ (yr.)

B. Placement Settings

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

Number of Previous Placement Settings During This Removal Episode _____