

HIGH RISK STUDY

Pub. L. 100-294, title I, § 105, Apr. 25, 1988, 102 Stat. 118, directed the Director of National Center on Child Abuse and Neglect to conduct a study to identify groups which have been historically underserved or unserved by programs relating to child abuse and neglect, and to report incidence of child abuse and neglect among children who are members of such groups, and not later than 2 years after Apr. 25, 1988, to report to appropriate committees of Congress with respect to the study, such report to include information and data gathered, an analysis of such information and data, and recommendations on how to better meet needs of underserved or unserved groups.

§ 5106. Grants to States, Indian tribes or tribal organizations, and public or private agencies and organizations

(a) Grants for programs and projects

The Secretary may make grants to, and enter into contracts with, entities that are States, Indian tribes or tribal organizations, or public agencies or private agencies or organizations (or combinations of such entities) for programs and projects for the following purposes:

(1) Training programs

The Secretary may award grants to public or private organizations under this subsection—

(A) for the training of professional and paraprofessional personnel in the fields of health care, medicine, law enforcement, judiciary, social work and child protection, education, child care, and other relevant fields, or individuals such as court appointed special advocates (CASAs) and guardian ad litem, who are engaged in, or intend to work in, the field of prevention, identification, and treatment of child abuse and neglect, including the links between domestic violence and child abuse and neglect;

(B) to improve the recruitment, selection, and training of volunteers serving in public and private children, youth, and family service organizations in order to prevent child abuse and neglect;

(C) for the establishment of resource centers for the purpose of providing information and training to professionals working in the field of child abuse and neglect;

(D) for training to enhance linkages among child protective service agencies and health care agencies, entities providing physical and mental health services, community resources, and developmental disability agencies, to improve screening, forensic diagnosis, and health and developmental evaluations, and for partnerships between child protective service agencies and health care agencies that support the coordinated use of existing Federal, State, local, and private funding to meet the health evaluation needs of children who have been subjects of substantiated cases of child abuse or neglect;

(E) for the training of personnel in best practices to meet the unique needs of children with disabilities, including promoting interagency collaboration;

(F) for the training of personnel in best practices to promote collaboration with the families from the initial time of contact during the investigation through treatment;

(G) for the training of personnel regarding the legal duties of such personnel and their responsibilities to protect the legal rights of children and families;

(H) for the training of personnel in childhood development including the unique needs of children under age 3;

(I) for improving the training of supervisory and nonsupervisory child welfare workers;

(J) for enabling State child welfare agencies to coordinate the provision of services with State and local health care agencies, alcohol and drug abuse prevention and treatment agencies, mental health agencies, other public and private welfare agencies, and agencies that provide early intervention services to promote child safety, permanence, and family stability;

(K) for cross training for child protective service workers in research-based strategies for recognizing situations of substance abuse, domestic violence, and neglect;

(L) for developing, implementing, or operating information and education programs or training programs designed to improve the provision of services to infants or toddlers with disabilities with life-threatening conditions for—

(i) professionals and paraprofessional personnel concerned with the welfare of infants or toddlers with disabilities with life-threatening conditions, including personnel employed in child protective services programs and health care facilities; and

(ii) the parents of such infants; and

(M) for the training of personnel in best practices relating to the provision of differential response.

(2) Triage procedures

The Secretary may award grants under this subsection to public and private agencies that demonstrate innovation in responding to reports of child abuse and neglect, including programs of collaborative partnerships between the State child protective services agency, community social service agencies and family support programs, law enforcement agencies, developmental disability agencies, substance abuse treatment entities, health care entities, domestic violence prevention entities, mental health service entities, schools, churches and synagogues, and other community agencies, to allow for the establishment of a triage system that—

(A) accepts, screens, and assesses reports received to determine which such reports require an intensive intervention and which require voluntary referral to another agency, program, or project;

(B) provides, either directly or through referral, a variety of community-linked services to assist families in preventing child abuse and neglect; and

(C) provides further investigation and intensive intervention when the child's safety is in jeopardy.

(3) Mutual support programs

The Secretary may award grants to private organizations to establish or maintain a na-

tional network of mutual support, leadership, and self-help programs as a means of strengthening families in partnership with their communities.

(4) Kinship care

The Secretary may award grants to public and private entities to assist such entities in developing or implementing procedures using adult relatives as the preferred placement for children removed from their home, where such relatives are determined to be capable of providing a safe nurturing environment for the child and where such relatives comply with the State child protection standards.

(5) Linkages among child protective service agencies and public health, mental health, substance abuse, developmental disabilities, and domestic violence service agencies

The Secretary may award grants to entities that provide linkages among State or local child protective service agencies and public health, mental health, substance abuse, developmental disabilities, and domestic violence service agencies, and entities that carry out community-based programs, for the purpose of establishing linkages that are designed to ensure that a greater number of substantiated victims of child maltreatment have their physical health, mental health, and developmental needs appropriately diagnosed and treated, in accordance with all applicable Federal and State privacy laws.

(6) Collaborations between child protective service entities and domestic violence service entities

The Secretary may award grants to public or private agencies and organizations under this section to develop or expand effective collaborations between child protective service entities and domestic violence service entities to improve collaborative investigation and intervention procedures, provision for the safety of the nonabusing parent involved and children, and provision of services to children exposed to domestic violence that also support the caregiving role of the non-abusing parent.

(7) Grants to States to improve and coordinate their response to ensure the safety, permanency, and well-being of infants affected by substance use

(A) Program authorized

The Secretary is authorized to make grants to States for the purpose of assisting child welfare agencies, social services agencies, substance use disorder treatment agencies, hospitals with labor and delivery units, medical staff, public health and mental health agencies, and maternal and child health agencies to facilitate collaboration in developing, updating, implementing, and monitoring plans of safe care described in section 5106a(b)(2)(B)(iii) of this title. Section 5106h(a)(2) of this title shall not apply to the program authorized under this paragraph.

(B) Distribution of funds

(i) Reservations

Of the amounts made available to carry out subparagraph (A), the Secretary shall reserve—

(I) no more than 3 percent for the purposes described in subparagraph (G); and

(II) up to 3 percent for grants to Indian Tribes and tribal organizations to address the needs of infants born with, and identified as being affected by, substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder and their families or caregivers, which to the extent practicable, shall be consistent with the uses of funds described under subparagraph (D).

(ii) Allotments to States and territories

The Secretary shall allot the amount made available to carry out subparagraph (A) that remains after application of clause (i) to each State that applies for such a grant, in an amount equal to the sum of—

(I) \$500,000; and

(II) an amount that bears the same relationship to any funds made available to carry out subparagraph (A) and remaining after application of clause (i), as the number of live births in the State in the previous calendar year bears to the number of live births in all States in such year.

(iii) Ratable reduction

If the amount made available to carry out subparagraph (A) is insufficient to satisfy the requirements of clause (ii), the Secretary shall ratably reduce each allotment to a State.

(C) Application

A State desiring a grant under this paragraph shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

(i) a description of—

(I) the impact of substance use disorder in such State, including with respect to the substance or class of substances with the highest incidence of abuse in the previous year in such State, including—

(aa) the prevalence of substance use disorder in such State;

(bb) the aggregate rate of births in the State of infants affected by substance abuse or withdrawal symptoms or a fetal alcohol spectrum disorder (as determined by hospitals, insurance claims, claims submitted to the State Medicaid program, or other records), if available and to the extent practicable; and

(cc) the number of infants identified, for whom a plan of safe care was developed, and for whom a referral was made for appropriate services, as re-

ported under section 5106a(d)(18) of this title;

(II) the challenges the State faces in developing, implementing, and monitoring plans of safe care in accordance with section 5106a(b)(2)(B)(iii) of this title;

(III) the State's lead agency for the grant program and how that agency will coordinate with relevant State entities and programs, including the child welfare agency, the substance use disorder treatment agency, hospitals with labor and delivery units, health care providers, the public health and mental health agencies, programs funded by the Substance Abuse and Mental Health Services Administration that provide substance use disorder treatment for women, the State Medicaid program, the State agency administering the block grant program under title V of the Social Security Act (42 U.S.C. 701 et seq.), the State agency administering the programs funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), the maternal, infant, and early childhood home visiting program under section 511 of the Social Security Act (42 U.S.C. 711), the State judicial system, and other agencies, as determined by the Secretary, and Indian Tribes and tribal organizations, as appropriate, to implement the activities under this paragraph;

(IV) how the State will monitor local development and implementation of plans of safe care, in accordance with section 5106a(b)(2)(B)(iii)(II) of this title, including how the State will monitor to ensure plans of safe care address differences between substance use disorder and medically supervised substance use, including for the treatment of a substance use disorder;

(V) if applicable, how the State plans to utilize funding authorized under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.) to assist in carrying out any plan of safe care, including such funding authorized under section 471(e) of such Act [42 U.S.C. 671(e)] (as in effect on October 1, 2018) for mental health and substance abuse prevention and treatment services and in-home parent skill-based programs and funding authorized under such section 472(j) [42 U.S.C. 672(j)] (as in effect on October 1, 2018) for children with a parent in a licensed residential family-based treatment facility for substance abuse; and

(VI) an assessment of the treatment and other services and programs available in the State to effectively carry out any plan of safe care developed, including identification of needed treatment, and other services and programs to ensure the well-being of young children and their families affected by substance use disorder, such as programs carried out under part C of the Individuals with

Disabilities Education Act (20 U.S.C. 1431 et seq.) and comprehensive early childhood development services and programs such as Head Start programs;

(ii) a description of how the State plans to use funds for activities described in subparagraph (D) for the purposes of ensuring State compliance with requirements under clauses (ii) and (iii) of section 5106a(b)(2)(B) of this title; and

(iii) an assurance that the State will comply with requirements to refer a child identified as substance-exposed to early intervention services as required pursuant to a grant under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

(D) Uses of funds

Funds awarded to a State under this paragraph may be used for the following activities, which may be carried out by the State directly, or through grants or subgrants, contracts, or cooperative agreements:

(i) Improving State and local systems with respect to the development and implementation of plans of safe care, which—

(I) shall include parent and caregiver engagement, as required under section 5106a(b)(2)(B)(iii)(I) of this title, regarding available treatment and service options, which may include resources available for pregnant, perinatal, and postnatal women; and

(II) may include activities such as—

(aa) developing policies, procedures, or protocols for the administration or development of evidence-based and validated screening tools for infants who may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder and pregnant, perinatal, and postnatal women whose infants may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder;

(bb) improving assessments used to determine the needs of the infant and family;

(cc) improving ongoing case management services;

(dd) improving access to treatment services, which may be prior to the pregnant woman's delivery date; and

(ee) keeping families safely together when it is in the best interest of the child.

(ii) Developing policies, procedures, or protocols in consultation and coordination with health professionals, public and private health facilities, and substance use disorder treatment agencies to ensure that—

(I) appropriate notification to child protective services is made in a timely manner, as required under section 5106a(b)(2)(B)(ii) of this title;

(II) a plan of safe care is in place, in accordance with section 5106a(b)(2)(B)(iii) of this title, before the

infant is discharged from the birth or health care facility; and

(III) such health and related agency professionals are trained on how to follow such protocols and are aware of the supports that may be provided under a plan of safe care.

(iii) Training health professionals and health system leaders, child welfare workers, substance use disorder treatment agencies, and other related professionals such as home visiting agency staff and law enforcement in relevant topics including—

(I) State mandatory reporting laws established under section 5106a(b)(2)(B)(i) of this title and the referral and process requirements for notification to child protective services when child abuse or neglect reporting is not mandated;

(II) the co-occurrence of pregnancy and substance use disorder, and implications of prenatal exposure;

(III) the clinical guidance about treating substance use disorder in pregnant and postpartum women;

(IV) appropriate screening and interventions for infants affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder and the requirements under section 5106a(b)(2)(B)(iii) of this title; and

(V) appropriate multigenerational strategies to address the mental health needs of the parent and child together.

(iv) Establishing partnerships, agreements, or memoranda of understanding between the lead agency and other entities (including health professionals, health facilities, child welfare professionals, juvenile and family court judges, substance use and mental disorder treatment programs, early childhood education programs, maternal and child health and early intervention professionals (including home visiting providers), peer-to-peer recovery programs such as parent mentoring programs, and housing agencies) to facilitate the implementation of, and compliance with, section 5106a(b)(2) of this title and clause (ii) of this subparagraph, in areas which may include—

(I) developing a comprehensive, multidisciplinary assessment and intervention process for infants, pregnant women, and their families who are affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder, that includes meaningful engagement with and takes into account the unique needs of each family and addresses differences between medically supervised substance use, including for the treatment of substance use disorder, and substance use disorder;

(II) ensuring that treatment approaches for serving infants, pregnant women, and perinatal and postnatal women whose infants may be affected by substance use, withdrawal symptoms, or a fetal alcohol spectrum disorder, are de-

signed to, where appropriate, keep infants with their mothers during both inpatient and outpatient treatment; and

(III) increasing access to all evidence-based medication-assisted treatment approved by the Food and Drug Administration, behavioral therapy, and counseling services for the treatment of substance use disorders, as appropriate.

(v) Developing and updating systems of technology for improved data collection and monitoring under section 5106a(b)(2)(B)(iii) of this title, including existing electronic medical records, to measure the outcomes achieved through the plans of safe care, including monitoring systems to meet the requirements of this Act and submission of performance measures.

(E) Reporting

Each State that receives funds under this paragraph, for each year such funds are received, shall submit a report to the Secretary, disaggregated by geographic location, economic status, and major racial and ethnic groups, except that such disaggregation shall not be required if the results would reveal personally identifiable information on, with respect to infants identified under section 5106a(b)(2)(B)(ii) of this title—

(i) the number who experienced removal associated with parental substance use;

(ii) the number who experienced removal and subsequently are reunified with parents, and the length of time between such removal and reunification;

(iii) the number who are referred to community providers without a child protection case;

(iv) the number who receive services while in the care of their birth parents;

(v) the number who receive post-reunification services within 1 year after a reunification has occurred; and

(vi) the number who experienced a return to out-of-home care within 1 year after reunification.

(F) Secretary's report to Congress

The Secretary shall submit an annual report to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Education and the Workforce and the Committee on Appropriations of the House of Representatives that includes the information described in subparagraph (E) and recommendations or observations on the challenges, successes, and lessons derived from implementation of the grant program.

(G) Assisting States' implementation

The Secretary shall use the amount reserved under subparagraph (B)(i)(I) to provide written guidance and technical assistance to support States in complying with and implementing this paragraph, which shall include—

(i) technical assistance, including programs of in-depth technical assistance, to

additional States, territories, and Indian Tribes and tribal organizations in accordance with the substance-exposed infant initiative developed by the National Center on Substance Abuse and Child Welfare;

(i) guidance on the requirements of this Act with respect to infants born with and identified as being affected by substance use or withdrawal symptoms or fetal alcohol spectrum disorder, as described in clauses (ii) and (iii) of section 5106a(b)(2)(B) of this title, including by—

(I) enhancing States' understanding of requirements and flexibilities under the law, including by clarifying key terms;

(II) addressing state-identified challenges with developing, implementing, and monitoring plans of safe care, including those reported under subparagraph (C)(i)(II);

(III) disseminating best practices on implementation of plans of safe care, on such topics as differential response, collaboration and coordination, and identification and delivery of services for different populations, while recognizing needs of different populations and varying community approaches across States; and

(IV) helping States improve the long-term safety and well-being of young children and their families;

(iii) supporting State efforts to develop information technology systems to manage plans of safe care; and

(iv) preparing the Secretary's report to Congress described in subparagraph (F).

(H) Sunset

The authority under this paragraph shall sunset on September 30, 2023.

(8) Child sexual abuse awareness field-initiated grants

(A) In general

The Secretary may award grants under this subsection to entities, for periods of up to 5 years, in support of field-initiated innovation projects that advance, establish, or implement comprehensive, innovative, evidence-based or evidence-informed child sexual abuse awareness and prevention programs by—

(i) improving student awareness of child sexual abuse in an age-appropriate manner, including how to recognize, prevent, and safely report child sexual abuse;

(ii) training teachers, school employees, and other mandatory reporters and adults who work with children in a professional or volunteer capacity, including with respect to recognizing child sexual abuse and safely reporting child sexual abuse; or

(iii) providing information to parents and guardians of students about child sexual abuse awareness and prevention, including how to prevent, recognize, respond to, and report child sexual abuse and how to discuss child sexual abuse with a child.

(B) Reporting

Each entity receiving a grant under subparagraph (A) shall submit an annual report

to the Secretary, for the duration of the grant period, on the projects carried out using such grant, including the number of participants, the services provided, and the outcomes of the projects, including participant evaluations.

(b) Discretionary grants

In addition to grants or contracts made under subsection (a), grants or contracts under this section may be used for the following:

(1) Respite and crisis nursery programs provided by community-based organizations under the direction and supervision of hospitals.

(2) Respite and crisis nursery programs provided by community-based organizations.

(3) Programs based within children's hospitals or other pediatric and adolescent care facilities, that provide model approaches for improving medical diagnosis of child abuse and neglect and for health evaluations of children for whom a report of maltreatment has been substantiated.

(4)(A) Providing hospital-based information and referral services to—

(i) parents of children with disabilities; and

(ii) children who have been victims of child abuse or neglect and their parents.

(B) Except as provided in subparagraph (C)(iii), services provided under a grant received under this paragraph shall be provided at the hospital involved—

(i) upon the birth or admission of a child with disabilities; and

(ii) upon the treatment of a child for child abuse and neglect.

(C) Services, as determined as appropriate by the grantee, provided under a grant received under this paragraph shall be hospital-based and shall consist of—

(i) the provision of notice to parents that information relating to community services is available;

(ii) the provision of appropriate information to parents of a child with disabilities regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child;

(iii) the provision of appropriate information to parents of a child who has been a victim of child abuse or neglect regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child and reduce the possibility of child abuse and neglect;

(iv) the provision of appropriate follow-up services to parents of a child described in subparagraph (B) after the child has left the hospital; and

(v) where necessary, assistance in coordination of community services available to parents of children described in subparagraph (B).

The grantee shall assure that parental involvement described in this subparagraph is voluntary.

(D) For purposes of this paragraph, a qualified grantee is an acute care hospital that—

- (i) is in a combination with—
- (I) a health-care provider organization;
 - (II) a child welfare organization;
 - (III) a disability organization; and
 - (IV) a State child protection agency;
- (ii) submits an application for a grant under this paragraph that is approved by the Secretary;
- (iii) maintains an office in the hospital involved for purposes of providing services under such grant;
- (iv) provides assurances to the Secretary that in the conduct of the project the confidentiality of medical, social, and personal information concerning any person described in subparagraph (A) or (B) shall be maintained, and shall be disclosed only to qualified persons providing required services described in subparagraph (C) for purposes relating to conduct of the project; and
- (v) assumes legal responsibility for carrying out the terms and conditions of the grant.

(E) In awarding grants under this paragraph, the Secretary shall—

- (i) give priority under this section for two grants under this paragraph, provided that one grant shall be made to provide services in an urban setting and one grant shall be made to provide services in rural setting; and
 - (ii) encourage qualified grantees to combine the amounts received under the grant with other funds available to such grantees.
- (5) Such other innovative programs and projects that show promise of preventing and treating cases of child abuse and neglect as the Secretary may approve.

(c) Evaluation

In making grants for projects under this section, the Secretary shall require all such projects to be evaluated for their effectiveness. Funding for such evaluations shall be provided either as a stated percentage of a demonstration grant or as a separate grant or contract entered into by the Secretary for the purpose of evaluating a particular demonstration project or group of projects. In the case of an evaluation performed by the recipient of a grant, the Secretary shall make available technical assistance for the evaluation, where needed, including the use of a rigorous application of scientific evaluation techniques.

(Pub. L. 93-247, title I, § 105, formerly § 7, Jan. 31, 1974, 88 Stat. 8; Pub. L. 98-457, title I, § 106, Oct. 9, 1984, 98 Stat. 1751; Pub. L. 100-294, title I, § 101, Apr. 25, 1988, 102 Stat. 108; renumbered title I, § 106, Pub. L. 101-126, § 3(a)(1), (2), Oct. 25, 1989, 103 Stat. 764; Pub. L. 102-295, title I, §§ 113, 141(1), (2), (5), May 28, 1992, 106 Stat. 191, 199, 200; renumbered § 105 and amended Pub. L. 104-235, title I, §§ 106, 113(a)(1)(A), Oct. 3, 1996, 110 Stat. 3069, 3079; Pub. L. 108-36, title I, § 113, June 25, 2003, 117 Stat. 805; Pub. L. 111-320, title I, § 114, Dec. 20, 2010, 124 Stat. 3465; Pub. L. 115-271, title VII, § 7065(a), Oct. 24, 2018, 132 Stat. 4022; Pub. L. 118-193, § 2(a), Dec. 23, 2024, 138 Stat. 2662.)

Editorial Notes

REFERENCES IN TEXT

The Social Security Act, referred to in subsec. (a)(7)(C)(i)(III), (V), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Part E of title IV of the Act is classified generally to part E (§ 670 et seq.) of subchapter IV of chapter 7 of this title. Title V of the Act is classified generally to subchapter V (§ 701 et seq.) of chapter 7 of this title. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

The Individuals with Disabilities Education Act, referred to in subsec. (a)(7)(C)(i)(III), (VI), (iii), is title VI of Pub. L. 91-230, Apr. 13, 1970, 84 Stat. 175. Part C of the Act is classified generally to subchapter III (§ 1431 et seq.) of chapter 33 of Title 20, Education. For complete classification of this Act to the Code, see section 1400 of Title 20 and Tables.

This Act, referred to in subsec. (a)(7)(D)(v), (G)(ii), means Pub. L. 93-247, Jan. 31, 1974, 88 Stat. 4, known as the Child Abuse Prevention and Treatment Act, which is classified principally to subchapters I (§ 5101 et seq.) and III (§ 5116 et seq.) of this chapter. For complete classification of this Act to the Code, see Short Title note set out under section 5101 of this title and Tables.

PRIOR PROVISIONS

A prior section 105 of Pub. L. 93-247 was renumbered section 104 and is classified to section 5105 of this title.

AMENDMENTS

2024—Subsec. (a)(8). Pub. L. 118-193 added par. (8).

2018—Subsec. (a)(7). Pub. L. 115-271 added par. (7).

2010—Pub. L. 111-320, § 114(1), substituted “States, Indian tribes or tribal organizations,” for “States” in section catchline.

Subsec. (a). Pub. L. 111-320, § 114(2)(A), substituted “entities that are States, Indian tribes or tribal organizations, or” for “States,” and “such entities” for “such agencies or organizations” in introductory provisions.

Subsec. (a)(1). Pub. L. 111-320, § 114(2)(B)(i), substituted “this subsection” for “this section” in introductory provisions.

Subsec. (a)(1)(A). Pub. L. 111-320, § 114(2)(B)(ii), inserted “health care,” before “medicine,” “child care,” before “and other relevant fields,” and “and neglect” before semicolon at end.

Subsec. (a)(1)(B). Pub. L. 111-320, § 114(2)(B)(iii), inserted a comma after “youth”.

Subsec. (a)(1)(D). Pub. L. 111-320, § 114(2)(B)(iv), substituted “enhance linkages among” for “support the enhancement of linkages between”, “entities providing physical and mental health services, community resources, and developmental disability agencies, to improve screening, forensic diagnosis, and health and developmental evaluations, and for partnerships” for “including physical and mental health services, to improve forensic diagnosis and health evaluations and for innovative partnerships”, and “support the coordinated use of” for “offer creative approaches to using”.

Subsec. (a)(1)(E) to (M). Pub. L. 111-320, § 114(2)(B)(v) to (xi), added subpars. (E), (H), and (M), redesignated former subpars. (E) to (J) as (F), (G), and (I) to (L), respectively, in subpar. (J), substituted “other public and private welfare agencies, and agencies that provide early intervention services” for “and other public and private welfare agencies”, and, in subpar. (L), substituted “infants or toddlers with disabilities” for “disabled infants” in two places.

Subsec. (a)(2)(C). Pub. L. 111-320, § 114(2)(C), substituted “when” for “where”.

Subsec. (a)(3). Pub. L. 111-320, § 114(2)(D), inserted “, leadership,” after “mutual support”.

Subsec. (a)(4). Pub. L. 111-320, § 114(2)(E), (F), struck out subpar. (A) designation and heading “In general” and struck out “in not more than 10 States” after “public and private entities”.

Subsec. (a)(5). Pub. L. 111-320, § 114(2)(G), in heading, substituted “among” for “between” and “substance

abuse, developmental disabilities, and domestic violence service” for “and developmental disabilities” and, in text, substituted “among” for “between”, “mental health, substance abuse, developmental disabilities, and domestic violence service agencies, and entities that carry out community-based programs, for” for “mental health, and developmental disabilities agencies, for”, and “ensure” for “help assure”.

Subsec. (a)(6). Pub. L. 111-320, §114(2)(H), added par. (6).

Subsec. (b)(4)(A)(ii). Pub. L. 111-320, §114(3)(A), substituted “victims of child abuse or neglect” for “neglected or abused”.

Subsec. (b)(4)(B)(ii). Pub. L. 111-320, §114(3)(B), substituted “child abuse and neglect” for “abuse or neglect”.

Subsec. (b)(4)(C)(iii). Pub. L. 111-320, §114(3)(B), (C), substituted “has been a victim of child abuse or neglect” for “has been neglected or abused” and “possibility of child abuse and neglect” for “possibility of abuse or neglect”.

Subsec. (b)(4)(D). Pub. L. 111-320, §114(3)(D), substituted “grantee is an” for “grantee is a” in introductory provisions.

2003—Pub. L. 108-36, §113(d), substituted “Grants to States and public or private agencies and organizations” for “Grants to public agencies and nonprofit private organizations for demonstration programs and projects” as section catchline.

Subsec. (a). Pub. L. 108-36, §113(a)(2), in introductory provisions, inserted “States,” after “contracts with,” and struck out “nonprofit” after “private” and “time limited, demonstration” after “organizations) for”.

Pub. L. 108-36, §113(a)(1), substituted “Grants for” for “Demonstration” in heading.

Subsec. (a)(1). Pub. L. 108-36, §113(a)(3)(A), struck out “nonprofit” after “public or private” in introductory provisions.

Subsec. (a)(1)(A). Pub. L. 108-36, §113(a)(3)(B), substituted “law enforcement, judiciary, social work and child protection, education, and other relevant fields, or individuals such as court appointed special advocates (CASAs) and guardian ad litem,” for “law, education, social work, and other relevant fields”.

Subsec. (a)(1)(B). Pub. L. 108-36, §113(a)(3)(C), substituted “children, youth and family service organizations in order to prevent child abuse and neglect;” for “nonprofit children, youth and family service organizations in order to prevent child abuse and neglect through collaborative analysis of current recruitment, selection, and training programs and development of model programs for dissemination and replication nationally; and”.

Subsec. (a)(1)(D) to (J). Pub. L. 108-36, §113(a)(3)(D), (E), added subpars. (D) to (J).

Subsec. (a)(2). Pub. L. 108-36, §113(a)(5), added par. (2). Former par. (2) redesignated (3).

Subsec. (a)(3). Pub. L. 108-36, §113(a)(6), substituted “organizations” for “nonprofit organizations (such as Parents Anonymous)”.

Pub. L. 108-36, §113(a)(4), redesignated par. (2) as (3). Former par. (3) redesignated (4).

Subsec. (a)(4). Pub. L. 108-36, §113(a)(7), added par. heading and struck out former heading “Other innovative programs and projects”, redesignated subpar. (B) as (A), substituted “In general” for “Kinship care” in subpar. heading, and struck out “nonprofit” before “entities” and former subpars. (A) and (C), which related, respectively, to general issues of awarding grants and grants to promote safe, family-friendly physical environments for visitation and exchange.

Pub. L. 108-36, §113(a)(4), redesignated par. (3) as (4).

Subsec. (a)(5). Pub. L. 108-36, §113(a)(8), added par. (5).

Subsec. (b). Pub. L. 108-36, §113(b)(1), substituted “subsection (a)” for “subsection (b)” in introductory provisions.

Subsec. (b)(1) to (3). Pub. L. 108-36, §113(b)(2)–(4), added par. (3), redesignated former pars. (2) and (3) as (1) and (2), respectively, and struck out former par. (1) which read as follows: “Projects which provide edu-

cational identification, prevention, and treatment services in cooperation with preschool and elementary and secondary schools.”

Subsec. (b)(4)(D). Pub. L. 108-36, §113(b)(5), struck out “nonprofit” before “acute care hospital” in introductory provisions.

Subsec. (c). Pub. L. 108-36, §113(c), struck out “demonstration” before “projects” in first sentence, inserted “or contract” after “or as a separate grant” in second sentence, and inserted at end “In the case of an evaluation performed by the recipient of a grant, the Secretary shall make available technical assistance for the evaluation, where needed, including the use of a rigorous application of scientific evaluation techniques.”

1996—Pub. L. 104-235, §106(1), struck out “or service” after “demonstration” in section catchline.

Subsec. (a). Pub. L. 104-235, §106(2), amended heading and text of subsec. (a) generally. Prior to amendment, text consisted of pars. (1) and (2) which related to general authority of Secretary to make grants and enter into contracts for demonstration or service programs and projects and to evaluate the effectiveness of those demonstration projects.

Subsec. (b). Pub. L. 104-235, §106(3), (4), redesignated subsec. (c) as (b) and pars. (3) to (7) thereof as (1) to (5), respectively, struck out former pars. (1) and (2) which related to training programs and other innovative programs, respectively, and struck out heading and text of former subsec. (b). Text read as follows: “The Secretary shall, directly or through grants or contracts with public or private nonprofit organizations under this section, provide for the establishment of resource centers—

“(1) serving defined geographic areas;

“(2) staffed by multidisciplinary teams of personnel trained in the prevention, identification, and treatment of child abuse and neglect; and

“(3) providing advice and consultation to individuals, agencies, and organizations which request such services.”

Subsec. (c). Pub. L. 104-235, §106(6), added subsec. (c). Former subsec. (c) redesignated (b).

1992—Subsec. (a). Pub. L. 102-295, §113(a), designated existing provisions as par. (1), inserted heading, and added par. (2).

Subsec. (c)(1)(B). Pub. L. 102-295, §141(5), substituted “disabilities” for “handicaps”.

Pub. L. 102-295, §113(b)(1), inserted “culturally specific” before “instruction”.

Subsec. (c)(1)(C). Pub. L. 102-295, §113(b)(2), added subpar. (C).

Subsec. (c)(6)(A)(i). Pub. L. 102-295, §141(5), substituted “children with disabilities” for “children with handicaps”.

Subsec. (c)(6)(B)(i). Pub. L. 102-295, §141(1), substituted “child with disabilities” for “handicapped child”.

Subsec. (c)(6)(C)(ii). Pub. L. 102-295, §141(2), substituted “child with disabilities” for “child with handicaps”.

1988—Pub. L. 100-294 amended section generally, substituting provision authorizing grants to public agencies and nonprofit private organizations for demonstration or service programs and projects for provision directing the Secretary to ensure coordination among Federal programs related to child abuse and neglect. See section 5106e of this title.

1984—Pub. L. 98-457 substituted “among programs” for “between programs”.

§ 5106a. 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