

such as the Child and Family Services Reviews?

- Is there data related to safety, permanency and well-being that is essential to monitoring activities that is not collected currently?

#### **Fostering Connections to Success and Increasing Adoptions Act**

Fostering Connections created a number of new title IV-E plan provisions and provided Federal funds for agencies that choose to support older youth up to age 21 and children in guardianships.

4. What case level data would support the monitoring of compliance by title IV-E agencies and outcomes for children in relation to the new provisions?

- Fostering Connections requires that an agency ensure that children receiving title IV-E are enrolled in school or have graduated, that an educational stability plan is in place for children in foster care; and, provides Federal reimbursement of some costs to transport a child in foster care to his/her original school. What data would be important to collect with regard to a child's education in relation to these provisions?

- Fostering Connections allows agencies to provide extended assistance up to age 21 for youth in foster care, and certain youth adopted or in guardianships when such youth reach age 18 if they participate in education or employment activities or are unable to do so. What data would be important to collect with regard to these youth in relation to these provisions?

- Fostering Connections requires agencies to notify relatives when a child is placed into foster care and offer them information on how they can be a placement resource for the child and also encourages agencies to place siblings together or facilitate frequent contact, unless doing so is inappropriate. What data is important to collect with regard to relatives and siblings in relation to these provisions?

#### **Circumstances Prior to Removal**

In the 2008 NPRM, we proposed detailed data describing the members of the household or the facilities in which children resided prior to entering foster care.

5. What data, if any, should be collected from child welfare agencies to provide insight into from whom, or from what environment a child is removed for the purposes of foster care and the circumstances that surround the child's removal?

#### **Circumstances During Stay in Foster Care**

In the 2008 NPRM, we requested that agencies provide us detailed information on circumstances, such as lack of housing, substance abuse, and mental health issues, facing a child and family during several points during the child's stay in foster care.

6. What data, if any, should be collected from child welfare agencies to provide insight into why a child remains in foster care or why a child's permanency plan is selected or changed?

#### **Caseworker Visits**

The title IV-B, subpart 1 child welfare services program requires agencies to ensure that children are visited by caseworkers at least monthly and that the majority of those visits occur in the child's residence.

7. What information, if any, about caseworker visits with a child is essential to collect?

Please provide information on any additional factors we should consider in proposing revisions to AFCARS. ACF will analyze the comments and utilize them to determine the necessary next steps to improve AFCARS.

#### **Additional Consultation**

*Opportunities:* In addition to this opportunity to inform development of the new NPRM, we plan to hold four in-person consultations in ACF Regions VI, VII, VIII, and X and two webinars.

We invite State representatives and Tribal leaders and/or their representatives of federally recognized Tribes to attend the in-person meetings or webinars to provide their input on the questions raised above.

Teleconference lines will also be available during these in-person sessions. Any person who would like to attend one of the Regional consultation sessions in-person or via phone must register at least one week in advance of the meeting date by contacting the applicable Children's Bureau (CB) Regional Program Manager. Registered participants for the consultation session may submit written remarks in advance, or present them in oral or written form at the consultation session. Any person who would like to participate in one of the webinars should register via the website for each webinar below. Persons may also provide written comments as noted in the **ADDRESSES** section, regardless of their participation in an in-person session or webinar. Finally, please note that Federal representatives attending the consultation sessions will not be able to respond directly during the session to the concerns or questions

raised by participants. The consultation sessions and contact information are listed below:

*Webinar #1:* September 8, 2010 2:30 EDT.

*Webinar #2:* September 15, 2010 2:30 EDT.

Register for the webinar of your choice by contacting the National Resource Center for Data and Technology at <http://www.nrcwdt.org>.

#### **Region VI—October 5, 2010, 9:30–11:30 CDT**

1301 Young Street, Room 1119, Dallas, TX 75202; *Contact:* Janis Brown, CB Regional Program Manager, phone (214) 767-9648 or e-mail [janis.brown@acf.hhs.gov](mailto:janis.brown@acf.hhs.gov).

#### **Region VII—September 17, 2010, 9:30–11:30 CDT**

601 E 12th Street, Kansas City, MO 64106; *Contact:* Rosalyn Wilson, CB Regional Program Manager, phone (816) 426-3981 or e-mail [rosalyn.wilson@acf.hhs.gov](mailto:rosalyn.wilson@acf.hhs.gov).

#### **Region VIII—September 22, 2010, 9:30–11:30 MDT**

Byron Rogers Federal Building, 1961 Stout Street, Denver, CO 80294; *Contact:* Marilyn Kennerson, CB Regional Program Manager, phone (303) 844-3100 or e-mail [marilyn.kennerson@acf.hhs.gov](mailto:marilyn.kennerson@acf.hhs.gov).

#### **Region X—September 23, 2010, 9:30–11:30 PDT**

2201 Sixth Avenue, Seattle, WA 98121-1827; *Contact:* Tina Minor, CB Regional Program Manager, phone (206) 615-2482 or e-mail [tina.minor@acf.hhs.gov](mailto:tina.minor@acf.hhs.gov).

Dated: July 15, 2010.

**Bryan Samuels,**

*Commissioner, Administration on Children, Youth and Families.*

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**BILLING CODE 4184-25-P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Administration for Children and Families**

#### **Request for Public Comment Concerning the Redesign of Statewide Automated Child Welfare Information System (SACWIS) Requirements**

**AGENCY:** Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

**ACTION:** Request for Public Comment Concerning the Redesign of Statewide

## Automated Child Welfare Information System (SACWIS) Requirements.

**SUMMARY:** Sections 474(a)(3)(C) and (D) of the Social Security Act (the Act) provide States with the opportunity to access additional funding through title IV–E to plan, design, develop, implement, and operate a Statewide Automated Child Welfare Information System (SACWIS). The regulations at 45 CFR 1355.50–1355.57 were established in response to this legislation and were issued on December 22, 1993.

Several major legislative initiatives, including the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. 110–351), hereafter referred to as Fostering Connections, have been enacted since SACWIS regulations were finalized, and have had a significant impact on child welfare practice and the Information Technology (IT) systems used to support these programs. Given the breadth of these changes, we believe it is time to review and consider whether we should amend the current regulations at 45 CFR 1355.50–1355.57 to ensure that they comport with requirements in titles IV–B and IV–E of the Act, support title IV–E agencies seeking to use new technological tools to meet legislative requirements, and support programmatic initiatives, while providing additional flexibility to title IV–E agencies as permitted under law.

**DATES:** Written comments must be submitted to the office listed in the **ADDRESSES** section below on or before October 21, 2010.

**ADDRESSES:** Interested persons may submit written comments by any of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.
- *E-mail:* [DSSComments@acf.hhs.gov](mailto:DSSComments@acf.hhs.gov). Please include “Comments on SACWIS Federal Register Notice” in the subject line of the message.

- *Mail or Courier Delivery:* Terry Watt, Director, Division of State Systems, Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, 1250 Maryland Avenue, SW., 8th Floor, Washington, DC 20024.

**Instructions:** Please be aware that mail sent to us may take an additional 3–4 days to process due to changes in mail handling resulting from the anthrax crisis of October 2001. If you choose to use an express, overnight, or other special delivery method, please ensure first that they are able to deliver to the above address during the normal workweek. We urge you to submit comments electronically to ensure they

are received in a timely manner. All comments received will be posted without change to <http://www.regulations.gov> including any personal information provided.

### FOR FURTHER INFORMATION CONTACT:

Terry Watt, Director, Division of State Systems, Children’s Bureau, 1250 Maryland Ave, SW., 8th Floor, Washington, DC 20024; (202) 690–8177.

### SUPPLEMENTARY INFORMATION:

#### SACWIS Background

Sections 474(a)(3)(C) and (D) of the Act provide Federal funding for the planning, development and operation of a SACWIS. This funding was prompted by a critical need to provide: (1) More efficient, economical, and effective administration of the programs under titles IV–B and IV–E; and (2) support for automated systems in a comprehensive fashion to improve practices and ultimately result in better service delivery to children and families served by title IV–E agencies.

Current SACWIS regulations mandate that:

- Title IV–E agencies must build or have a comprehensive IT case management system with centralized, uniform functionality in order to qualify for a favorable cost allocation methodology and additional Federal Financial Participation (FFP).
- The system must collect and maintain the information needed for the Adoption and Foster Care Annual Reporting System (AFCARS) report.
- To the extent practicable, the system must provide for an interface with the title IV–E agency’s child abuse and neglect data system and the systems used to support the title IV–A, IV–D, and XIX programs.

An Interim Final Rule concerning the requirements for States seeking to pursue enhanced funding for the development and operation of SACWIS systems was published in the **Federal Register** on December 22, 1993 (58 FR 67939). The Final Rule was published on May 19, 1995 and codified in Federal regulations at 45 CFR 1355.50–1355.57.

#### Limitations of Current SACWIS Regulations

Federal child welfare laws have changed considerably since the SACWIS regulations were issued fifteen years ago due to the enactment of several major child welfare legislative initiatives. For example, the Fostering Connections legislation made a number of changes to the title IV–E program including an option for Tribes to directly operate their own title IV–E programs. The resulting changes in statutes and policy

have significantly influenced child welfare practices and the supporting automated systems. Title IV–E agency practice models have also changed, with some agencies using a mix of public and private agencies to provide services to children and families.

In addition to the legislative changes previously noted, information technology (IT) has grown more flexible. IT strategies, such as data standardization, Enterprise Architecture and Service Oriented Architecture have the potential to help title IV–E agencies integrate data and functions from disparate systems to meet program goals. However, current SACWIS regulations, as written, may limit IT options for meeting program needs of State and Tribal title IV–E agencies.

#### Opportunity to Comment

The Children’s Bureau is committed to providing title IV–E agencies with additional flexibility to implement technological options they need to build economical, efficient, and effective information systems that support child welfare policy and practice. We are beginning the process of reviewing SACWIS regulations to consider providing title IV–E agencies with increased flexibility to design information systems to support child welfare policy and practice. Therefore we are soliciting comments from interested parties. Please comment on any aspects of SACWIS that you wish. We are particularly interested in obtaining input on:

1. What requirements in current SACWIS regulations inhibit or support the development of efficient, effective, and economical case management systems?
2. How can States and Tribes maintain the consistency of data that is defined, collected, and maintained in multiple systems to ensure a common understanding of the families’ history and circumstances across the different systems, including the system(s) used to submit Federal reports?
3. What data do States and Tribes consider critical to their business practice model? Are there data needs for managing the title IV–E program that are not easily met by SACWIS systems and how are those data needs currently being addressed?

4. How can the systems used by States or Tribes be designed to support the seamless management of data across multiple systems over time? (e.g., when systems are replaced; when provider contracts expire or are terminated; or when families move from one provider to a different provider using a different system.)

5. How can the SACWIS regulations be modified to encourage flexibility and support different practice models while ensuring standardized data is available as needed?

ACF will consider the comments after the comment period closes to further assess SACWIS regulations.

Dated: July 15, 2010.

**Bryan Samuels,**

*Commissioner, Administration on Children, Youth and Families.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 75 FR 34465, dated June 9, 2010) is amended to reflect the substructure of the National Center for Emerging and Zoonotic Infectious Diseases, Office of Infectious Diseases, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

After the title and functional statements for the National Center for Immunization and Respiratory Diseases (CVG), insert the following:

*National Center for Emerging and Zoonotic Infectious Diseases (CVL).* The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) works to prevent and control a broad range of infectious diseases through public leadership, partnerships, science, and systems. In carrying out these activities, NCEZID: (1) Works collaboratively across CDC and with external partners to conduct, coordinate, support, and evaluate public health efforts to prevent and minimize morbidity and mortality due to infectious diseases, promoting a One Health approach involving the interface of animal, human, and environmental factors; (2) develops, evaluates, and advances science, programs, management, and operations toward meeting the agency's infectious disease related mission and goals; (3) conducts epidemiologic and laboratory science and applied research aimed at identifying risk factors and disease burdens and developing and implementing public health programs, practices, and policies for infectious disease

prevention and control; (4) works with domestic and global partners to provide technical and subject matter expertise in responding to outbreaks and in establishing, maintaining, and evaluating disease control and prevention programs; (5) supports a broad range of cross-cutting and collaborative programs aimed at enhancing public health capacity at the local, State, and national levels; (6) works to improve the quality and safety of healthcare through efforts to reduce healthcare associated infections and antimicrobial resistance and to ensure the safety of medical products, including vaccines; (7) conducts activities to improve the safety of food and water and reduce related enteric illnesses; (8) administers a national quarantine program to prevent U.S. importation and spread of infectious diseases; (9) works with CDC colleagues and external partners to improve public health preparedness at the local, State, and national levels; and (10) works to increase public health prevention efforts for populations at increased risk for infectious diseases.

*Office of the Director (CVL1).* (1) Provides leadership in developing, prioritizing, advancing, and evaluating the center's science, programs, management, and operations toward meeting agency mission and goals; (2) advises the CDC Director and Deputy Director for Infectious Diseases on priority issues affecting the center; (3) identifies and facilitates synergies within NCEZID, across CDC, and with external partners for addressing emerging and zoonotic infectious diseases domestically and globally; (4) enhances collaborations and partnerships across multiple disciplines, including human and animal health; (5) ensures scientific quality and ethical and regulatory compliance of center activities; (6) provides leadership, guidance, and technical assistance on policy and communication issues affecting the center; (7) serves as liaison with CDC counterparts, CDC/OD, other government agencies, and external partners on policy, program, legislative, communication, and budgetary issues related to NCEZID; (8) recruits and supports a strong center-wide workforce and builds leadership at the division and branch levels; (9) ensures that programmatic goals are achieved with measurable impact; and (10) ensures effective administrative services for NCEZID as well as effective cross-cutting scientific and program services for all CDC's infectious disease national centers.

*Food Safety Office (CVL12).* (1) Provides leadership in preventing and controlling foodborne illness by coordinating related activities within CDC and with other local, State, Federal, and international organizations; (2) directs the activities related to development of long-term NCEZID, OID, and CDC strategies, policies, and budgets for foodborne disease prevention activities; (3) allocates and tracks interagency resources within CDC for foodborne disease surveillance, outbreak response, applied research, education and training; (4) administers and tracks resources for foodborne disease prevention and control activities of State and local health departments and other organizations; (5) represents NCEZID and CDC programs and

prevention policies in meetings with governmental, non-governmental, private, and international organizations; (6) reviews, prepares, and coordinates congressional testimony and briefing documents related to foodborne diseases, and analyzes programmatic and policy implications of legislative proposals; and (7) provides direction and administrative support to the World Health Organization (WHO) Collaborating Center for Foodborne Disease Surveillance.

*Division of Foodborne, Waterborne, and Environmental Diseases (CVLB).* The mission of the Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) is to improve public health nationally and internationally through the prevention and control of disease, disability, and death caused by foodborne, waterborne, and environmentally-transmitted infections. In carrying out its mission, DFWED: (1) Conducts surveillance, investigations, and studies of foodborne bacterial diseases, waterborne bacterial and parasitic diseases, and mycotic diseases to define disease etiology and develop effective methods for diagnosis, prevention, and control; (2) conducts or participates in clinical, field, and laboratory research to develop, evaluate, and improve laboratory methodologies, materials, and therapeutic practices used for environmental detection, diagnosis, treatment, investigation, and control of foodborne bacterial diseases, waterborne bacterial and parasitic diseases, and mycotic diseases; (3) fosters and coordinates environmental microbiology research activities at CDC through the Environmental Microbiology Workgroup, partnerships, and advocacy activities to promote research on preventing infectious disease transmission from the environment to humans; (4) provides epidemic aid and epidemiologic consultation, upon request, to State and local health departments, other Federal agencies, and national and international health organizations; (5) provides reference/diagnostic services for foodborne bacterial diseases, waterborne bacterial and parasitic diseases, and mycotic diseases to State and local health departments, other Federal agencies, and national and international health organizations; (6) provides scientific and technical assistance to other CDC components when the work requires unique expertise or specialized equipment not available in other components; (7) provides intramural and extramural technical expertise and assistance in professional training and proficiency testing activities; (8) serves as appropriately designated national and international reference centers for various foodborne bacterial diseases, waterborne bacterial and parasitic diseases, and mycotic diseases and disease groups; and (9) develops clear health promotion strategies, campaigns, and messages to promote prevention.

*Office of the Director (CVLB1).* (1) Directs and manages the programs and activities of DFWED; (2) provides leadership and guidance on policy, program planning and development, program management, and operations; (3) coordinates or assures coordination with the appropriate CDC and