

FEDERAL COMMUNICATIONS COMMISSION

[OMB 3060–0589; FR ID 350349]

Information Collection Being Submitted for Review and Approval to Office of Management and Budget**AGENCY:** Federal Communications Commission.**ACTION:** Notice; request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork burdens, as required by the Paperwork Reduction Act (PRA) of 1995, the Federal Communications Commission (FCC or the Commission) invites the general public and other Federal Agencies to take this opportunity to comment on the following information collection. Pursuant to the Small Business Paperwork Relief Act of 2002, the FCC seeks specific comment on how it might further reduce the information collection burden for small business concerns with fewer than 25 employees. The Commission may not conduct or sponsor a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the PRA that does not display a valid OMB control number.

DATES: Written comments and recommendations for the proposed information collection should be submitted on or before July 13, 2026.

ADDRESSES: Comments should be sent to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Your comment must be submitted into www.reginfo.gov per the above instructions for it to be considered. In addition to submitting in www.reginfo.gov also send a copy of your comment on the proposed information collection to Nicole Ongele, FCC, via email to PRA@fcc.gov and to Nicole.Ongele@fcc.gov. Include in the comments the OMB control number as shown in the **SUPPLEMENTARY INFORMATION** below.

FOR FURTHER INFORMATION CONTACT: For additional information or copies of the information collection, contact Nicole Ongele at (202) 418–2991. To view a copy of this information collection request (ICR) submitted to OMB: (1) go to the web page <http://www.reginfo.gov/public/do/PRAMain>, (2) look for the section of the web page called “Currently Under Review,” (3) click on

the downward-pointing arrow in the “Select Agency” box below the “Currently Under Review” heading, (4) select “Federal Communications Commission” from the list of agencies presented in the “Select Agency” box, (5) click the “Submit” button to the right of the “Select Agency” box, (6) when the list of FCC ICRs currently under review appears, look for the Title of this ICR and then click on the ICR Reference Number. A copy of the FCC submission to OMB will be displayed.

SUPPLEMENTARY INFORMATION: As part of its continuing effort to reduce paperwork burdens, as required by the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501–3520), the FCC invited the general public and other Federal Agencies to take this opportunity to comment on the following information collection. Comments are requested concerning: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; (b) the accuracy of the Commission’s burden estimates; (c) ways to enhance the quality, utility, and clarity of the information collected; and (d) ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology. Pursuant to the Small Business Paperwork Relief Act of 2002, Public Law 107–198, see 44 U.S.C. 3506(c)(4), the FCC seeks specific comment on how it might further reduce the information collection burden for small business concerns with fewer than 25 employees.

OMB Control Number: 3060–0589.

Title: FCC Remittance Advice Forms, FCC Form 159/159–C, 159–B, 159–E, and 159–W.

Form Number(s): FCC Form 159 Remittance Advice, 159–C Remittance Advice Continuation Sheet, 159–B Remittance Advice Bill for Collection, 159–E Remittance Voucher, and 159–W Interstate Telephone Service Provider Worksheet.

Type of Review: Extension of a currently approved collection.

Respondents: Businesses or other for-profit entities; Individuals or households; Not-for-profit institutions; and State, Local, or Tribal Governments.

Number of Respondent and Responses: 238,044 respondents; 238,044 responses.

Estimated Time per Response: 15 minutes (0.25 hours).

Frequency of Response: On occasion and annual reporting requirements; third party disclosure requirement.

Obligation to Respond: Required to obtain or retain benefits. Statutory Authority for this information collection is contained in the Communications Act of 1934, as amended; Section 8 (47 U.S.C. 158) for Application Fees; Section 9 (47 U.S.C. 159) for Regulatory Fees; Section 309(j) for Auction Fees; and the Debt Collection Improvement Act of 1996, Public Law 104–134, Chapter 10, Section 31001.

Total Annual Burden: 59,511 hours.

Total Annual Cost: None.

Needs and Uses: The FCC supports a series of remittance advice forms and a remittance voucher form that may be submitted in lieu of a remittance advice form when entities or individuals electronically submit a payment. A remittance advice form (or a remittance voucher form in lieu of an advice form) must accompany any payment to the Federal Communications Commission (e.g. payments for regulatory fees, application filing fees, auctions, fines, forfeitures, Freedom of Information Act (FOIA) billings, or any other debt due to the FCC. Information is collected on these forms to ensure credit for full payment, to ensure entities and individuals receive any refunds due, to service public inquiries, and to comply with the Debt Collection Improvement Act of 1996. On August 12, 2013, the Commission released a Report and Order (R&O), In the Matter Assessment and Collection of Regulatory Fee for Fiscal Year 2013 and Procedures for Assessment and Collection of Regulatory Fees, MD Docket Nos. 13–140 and 12–201, FCC 13–110. In this R&O, the Commission requires that beginning in FY 2014, all regulatory fee payments be made electronically and that the Commission will no longer mail out initial regulatory fee assessments to CMRS providers.

Federal Communications Commission.

Marlene Dortch,

Secretary, Office of the Secretary.

[FR Doc. 2026–11653 Filed 6–10–26; 8:45 am]

BILLING CODE 6712–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services****Statement of Organization, Functions, and Delegations of Authority**

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare and Medicaid Services (CMS), Office of

Health Technology and Products (OHTP), has been established. This new organizational component will provide enterprise leadership and oversight for CMS healthcare technology modernization, digital products, and transformation of platforms and services supporting Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and other CMS-administered programs, in close coordination with the CMS Chief Information Officer (CIO) and subject to CIO-led enterprise information technology (IT) governance, cybersecurity, enterprise architecture, and capital planning and investment control responsibilities, as well as CIO-led digital service delivery, customer experience, and public digital experience responsibilities under applicable law.

DATES: This new organizational change was approved by the Secretary of Health and Human Services on June 9, 2026, and became effective that same day.

FOR FURTHER INFORMATION CONTACT: Joe Kane at (410) 786-0655; 7500 Security Blvd., Baltimore, MD.

SUPPLEMENTARY INFORMATION: Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, CMS (last amended at **Federal Register**, Vol. 90, No. 243, pp. 59837-59838, dated December 22, 2025) is amended to reflect the establishment of the Office of Health Technology and Products within CMS.

Part F, Section FC. 10 (Organization) is revised as follows:

Centers for Medicare & Medicaid Services, Office of Health Technology and Products

Office of Health Technology and Products, Open Source Program Group

Office of Health Technology and Products, Standards & Interoperability Group

Standards & Interoperability Group, Division of Data and Interoperability Platforms

Standards & Interoperability Group, Division of Policy

Office of Health Technology and Products, Product Development Group

Product Development Group, Division of Core Products

Product Development Group, Division of External Products

Office of Health Technology and Products, Digital Service at CMS

Part F, Section FC. 20 (Functions) for the new organization are as follows:

Office of Health Technology and Products

- Provides enterprise leadership for CMS healthcare technology and digital product strategy in support of Medicare, Medicaid, CHIP, and other CMS-administered programs.

- Coordinates with the CMS CIO to ensure fulfillment of statutory responsibilities for IT governance, cybersecurity, capital planning and investment control, enterprise architecture, and acquisition oversight, consistent with applicable federal law and policy.

- Oversees the design, development, delivery, and operation of CMS digital products and platforms, including beneficiary-, provider-, and state-facing systems.

- Leads beneficiary engagement and experience platforms, including *Medicare.gov* and related tools, to ensure accessible, user-centered, and secure digital services.

- Leads modernization strategy and product strategy for national healthcare infrastructure services, including the National Provider Directory and associated systems such as the National Plan and Provider Enumeration System (NPPES) and the Provider Enrollment, Chain, and Ownership System (PECOS), in partnership with CMS Centers as business owners and with CIO-led enterprise infrastructure and security governance.

- Directs modernization and replatforming of claims and payment systems, including Medicare claims processing platforms, to improve scalability, security, and long-term sustainability, in close coordination with the CMS CIO to ensure alignment with enterprise security, privacy, and information assurance requirements.

- Provides stewardship of identity, access, and trust services, including modern authentication and identity management capabilities that protect beneficiaries and enable secure access to CMS programs and services, in alignment with CIO/Chief Information Security Officer (CISO)-led ICAM and zero-trust governance consistent with Office of Management and Budget (OMB) Memoranda M-19-17 and M-22-09.

- Partners with states to support Medicaid and CHIP technology modernization and digital engagement, including systems supporting eligibility, enrollment, community engagement, data exchange, and program administration.

- Promotes interoperability, open standards, and secure data exchange across CMS programs and with states,

providers, plans, and entities traditionally regulated by CMS.

- Fosters collaboration with federal partners, states, industry, and other stakeholders to encourage innovation, reuse, and shared solutions within the health technology ecosystem.

- Provides coordination and supports governance across CMS technology and product portfolios, establishing standards, best practices, and performance measures for modernization and digital product delivery while respecting Center and Office authorities and while CIO-led enterprise IT governance, cybersecurity, and architecture responsibilities remain with the CMS CIO.

- Oversees CMS digital service capabilities that provide rapid delivery, surge capacity, and expert support for priority initiatives.

- Leads enterprise strategy and implementation of artificial intelligence across CMS digital products and platforms, and advises the CMS Administrator and senior leadership on Artificial Intelligence (AI) opportunities, risks, and governance, in coordination with the CIO as required under statutory responsibilities.

- Advances patient experience, innovation, and responsible use of emerging technologies, including artificial intelligence, to improve service delivery, program integrity, and health outcomes.

- Advises the CMS Administrator and senior leadership on healthcare technology, digital transformation, product delivery, and innovation strategies.

- Supports CIO-led governance, category management, and acquisition oversight for healthcare technology and digital product investments, including preference for commercial off-the-shelf and common contract solutions where they can meet mission needs, consistent with OMB Memoranda M-19-13 and M-26-12, Executive Order 14271, and applicable FITARA CIO approval requirements.

Open Source Program Group

- Coordinates the best-in-class private sector practices, talent, and technology to transform the way to openly share new technologies and deliver within and across CMS and the Department of Health and Human Services (HHS).

- Recruits and hires software engineers, product managers, and technical designers with specialized expertise in open source technologies, frameworks, and community practices—building a mission-driven team equipped to establish, maintain, and advance open source standards,

contribution models, and collaborative development practices across CMS and HHS.

- The Open Source Program Group (OSPG) strategically engages CMS, HHS, and the broader Federal Open Source community by establishing and maintaining guidance, policies, and practices that foster collaboration, transparency, and shared innovation across government. Through targeted partnerships with CMS Centers and HHS components, OSPG identifies and supports high-impact, short-term technology initiatives—leveraging open source frameworks and reusable solutions to accelerate delivery, reduce duplication, and strengthen interoperability across agency technical priorities.

- Supports the OHTP by establishing and maintaining open source guidance, policies, and practices that advance access, build trust, and amplify impact across CMS and HHS—in alignment with key federal mandates governing open source software and technology sharing. Consistent with the SHARE IT Act (Strengthening and Harmonizing Agency Research and Education through Information Technology), which requires federal agencies to share and reuse software code across government, OSPG promotes the development, publication, and reuse of open source software to reduce duplication, lower costs, and accelerate delivery of digital services. In accordance with OMB Memorandum M–16–21 (Federal Source Code Policy), OSPG ensures that a minimum of 20% of newly developed custom code is released as open source software, fostering government-wide collaboration and transparency. Guided by Executive Order 14271 on promoting competition and innovation, and consistent with OMB M–19–13 (Category Management) and M–26–12 (acquisition oversight), OSPG supports OHTP’s preference for reusable, commercially aligned technology solutions while championing open standards and interoperability across the health technology ecosystem.

- By promoting interoperability, open standards, and collaboration across the health technology ecosystem, OSPG complements OHTP’s enterprise modernization efforts—providing reusable open source components, shared platforms, and delivery capacity that support beneficiary-facing digital services, national infrastructure modernization, AI strategy, and Medicaid and CHIP technology initiatives—all while ensuring alignment with Federal IT governance, cybersecurity, and acquisition oversight requirements.

- Establish and maintain guidance, policies, practices, and talent pipelines that advance access, build trust, and amplify impact across CMS, HHS, and Federal Open Source Ecosystems by working and sharing openly.

Standards & Interoperability Group

- Leads CMS’ enterprise interoperability strategy, implementation direction, policy development, and standards advancement to enable secure, scalable, and user-centered health data exchange.

- Establishes strategic direction for interoperability, prioritizing API-based and patient-centered data exchange to support access, care coordination, and program effectiveness.

- Guides priorities and oversees the design, development, testing, and execution of interoperability solutions to validate feasibility, usability, and impact, continuously informing policy development.

- Ensures interoperability initiatives are informed by implementation experience, operational performance, and stakeholder input to promote usability, adoption, and effective outcomes.

- Oversees and sets strategic direction for the development and promulgation of interoperability policies and regulations based on validated implementation outcomes, operational insights, and strategic priorities.

- Drives the transition toward modern data exchange by advancing Application Programming Interface (API)-based interoperability while supporting and evolving existing administrative transaction standards.

- Coordinates interoperability efforts across CMS, HHS, federal partners, and industry stakeholders to ensure alignment and reduce burden.

- Establishes enterprise governance and feedback mechanisms to ensure continuous alignment across strategy, implementation, policy, and standards, including decision-making, prioritization, and performance feedback processes.

- Promotes appropriate access to health data while ensuring compliance with privacy, security, and regulatory requirements.

- Serves as the principal authority within CMS for interoperability strategy, implementation, policy, and standards alignment.

Division of Data and Interoperability Platforms

- Designs, develops, deploys, and continuously enhances interoperability solutions, including Fast Healthcare Interoperability Resources (FHIR)-based

APIs and data exchange platforms, to enable secure and scalable health data exchange.

- Implements interoperability capabilities to validate feasibility, usability, and performance in real-world settings and continuously inform policy development.

- Develops, operationalizes, and manages infrastructure that enables beneficiaries and authorized entities to securely access and share health data.

- Conducts testing, pilots, and iterative development to assess interoperability solutions and support continuous improvement.

- Provides technical expertise and implementation support to CMS components and external stakeholders adopting interoperability solutions.

- Promotes reuse, transparency, and collaboration through open-source technologies, shared services, and modern development practices.

- Ensures compliance with CMS IT security, privacy, and system authorization requirements.

- Monitors performance and adoption of interoperability solutions and provides insights to inform strategy and policy.

- Advances API-first and standards-based architectures to support scalable and interoperable data exchange.

Division of Policy

- Leads development and evolution of CMS interoperability strategy across clinical and administrative data exchange ecosystems, aligning policy direction with implementation evidence and industry trends.

- Develops and promulgates interoperability policies, regulations, and sub-regulatory guidance informed by validated implementation outcomes and operational insights and supports adoption of administrative and clinical data exchange standards.

- Reviews legislation, legislative proposals, and regulations to assess interoperability implications and guide CMS policy development using implementation-aligned insights.

- Leads CMS participation in federal and industry interoperability and standards initiatives, including collaboration with the Office of the National Coordinator for Health Information Technology (ONC) and standards development organizations to advance clinical and administrative data exchange.

- Drives adoption, alignment, and evolution of interoperability standards across CMS programs and stakeholders, including administrative transaction standards, to reduce burden and support modern data exchange approaches.

- Leads evaluation and modernization of administrative interoperability standards, including electronic transactions, code sets, and identifiers, to support efficient, secure, and scalable exchange of healthcare data consistent with modern interoperability approaches.

- Monitors adoption and performance of interoperability standards and administrative transactions and recommends improvements to enhance efficiency, reduce burden, and improve outcomes.

- Leads stakeholder engagement and provides outreach, education, and technical assistance to support interoperability initiatives and policy implementation across federal agencies and industry stakeholders, including providers, payers, technology developers, and beneficiaries.

- Coordinates cross-agency interoperability initiatives and provides consultation and technical guidance to CMS components and federal partners implementing interoperability policies and standards.

- Collaborates with federal partners, standards development organizations, and industry stakeholders to improve interoperability and administrative transaction standards and reduce burden.

- Identifies and advances emerging interoperability technologies, standards, and policy approaches, including modernization of administrative data exchange and alignment with API-based and other emerging interoperability frameworks.

- Evaluates interoperability policies, standards, and initiatives to inform continuous improvement, future strategy, and alignment with CMS priorities.

Product Development Group

- Serves as OHTP principal product delivery organization, responsible for the end-to-end design, development, delivery, operation, and continuous improvement of the CMS portfolio of digital products and platforms—spanning enterprise and internal-facing core products and beneficiary-, provider-, state-, and public-facing external products.

- Applies modern product management, human-centered design, and agile, iterative delivery practices to ensure CMS digital products are reliable, secure, accessible, and outcome-driven.

- Serves as the primary product partner to CMS Centers and Offices as business owners, translating program goals, policy requirements, and user

needs into clear product requirements, priorities, and delivery plans.

- Engages beneficiaries, providers, plans, states, and the public through user research, usability testing, and continuous feedback to ensure products meet real-world needs.

- Promotes data-driven product decisions through product analytics, instrumentation, controlled experimentation (*e.g.*, A/B testing), and key performance indicators tied to user and program outcomes.

- Advances human-centered design, including a shared design system, reusable patterns, and consistent, accessible user experiences across CMS products.

- Provides enterprise oversight of the full product lifecycle—discovery, design, development, launch, operations, iteration, and retirement—across the CMS digital product and platform portfolio.

- Aligns product strategy, roadmaps, and investments with CMS mission priorities, OHTP's strategy, and the statutory responsibilities of the agency. Establishes and maintains product visions, roadmaps, and outcome-based objectives and key results (OKRs), and manages product backlogs and prioritization for products under its purview.

- Monitors product health, performance, reliability, availability, and total cost of ownership against defined service levels, and directs modernization, replatforming, and technical-debt reduction where warranted.

- Manages stakeholder communication, expectation-setting, and feedback loops throughout the product lifecycle, including product demonstrations, status reporting, and release communications.

- Leads product management for CMS's enterprise and internal-facing core products and foundational platforms that underpin program operations and support other CMS digital products.

- Leads product management for CMS's beneficiary and public-facing products and digital experiences.

- Coordinates product planning, release management, deployment, and change management across product teams to ensure orderly, low-risk delivery and integration.

- Coordinates across OHTP and with CIO-led infrastructure, security, and architecture functions to align delivery with enterprise standards, shared platforms, and interoperability requirements.

- Manages cross-product dependencies, integration points, and

shared services to ensure consistency and avoid duplication, and supports transition, operations, and maintenance planning for delivered products.

Division of Core Products

- Serves as the long-term organizational home and manages CMS's enterprise and internal-facing core products and foundational platforms—the systems that process and power CMS programs and on which other CMS digital products depend.

- Oversees the end-to-end lifecycle of internal technology products—from ideation and development through deployment, maintenance, and long-term sustainment—ensuring products have a defined and supported home within the organization.

- Coordinates across CMS components, facilitating communication, managing competing priorities, and ensuring technology products meet the needs of diverse business and operational partners.

- Stewards shared enterprise platforms, services, and reusable components—such as common APIs, data services, and shared product capabilities—that reduce duplication and accelerate delivery across CMS.

- Champions the prioritization of internal technical systems, identifying opportunities to modernize, consolidate, and mature CMS's internal technology portfolio in a deliberate and strategic manner.

- Leads product management for core processing platforms, including Medicare claims and payment processing systems, and directs their modernization, replatforming, scalability, performance, security, and long-term sustainability.

- Leads product strategy for national healthcare infrastructure services with provider-facing components, including the National Provider Directory and associated systems, in partnership with CMS Centers as business owners and with CIO-led enterprise infrastructure and security governance.

- Leads digital engagements that advance Medicaid and CHIP modernization, including eligibility, enrollment, data exchange, community engagement, and program administration capabilities.

- Ensures all internal technology products adhere to applicable federal regulations, CMS security and privacy requirements, and enterprise architecture standards throughout development and operations.

Division of External Products

- Serves as the long-term organizational home and manages

CMS's beneficiary and public-facing digital products and experiences.

- Oversees the end-to-end lifecycle of external technology products—from ideation and development through deployment, maintenance, and long-term sustainment—ensuring products have a defined, supported, and strategically aligned home within the organization.

- Coordinates across CMS components and external partners to align priorities, manage dependencies, and ensure technology products meet the diverse needs of beneficiaries and other external users.

- Leads product management for beneficiary engagement and experience platforms, including *Medicare.gov* and related tools such as the Medicare Plan Finder, ensuring accessible, user-centered, and secure digital experiences.

- Supports all beneficiary-facing products and services across CMS.

- Champions the prioritization of external technical systems, identifying opportunities to modernize, consolidate, and mature CMS's public-facing technology portfolio in a deliberate and strategic manner.

- Builds and maintains strategic partnerships with industry stakeholders to drive innovation, adopt emerging technologies, and ensure CMS external products remain modern, scalable, and competitive within the evolving health technology landscape.

- Advances public digital experience and customer experience for CMS's external audiences, consistent with the 21st Century IDEA and customer experience governance.

- Ensures all external technology products adhere to applicable federal regulations, CMS security and privacy requirements, and enterprise architecture standards throughout development and operations.

Digital Service at CMS

- Strategically engages on focused sets of short-term discovery sprints to enable high-impact technology projects across the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS), prioritizing initiatives that address critical healthcare system needs, support vulnerable populations, and strengthen agency operations. Through agile, iterative delivery cycles, DSAC publishes reports with the outcomes of the sprints, along with recommendations, for business owners to evaluate priorities and potential future work.

- Supports OHTP implementing best-in-class private sector practices and transforming the way software products

are built and delivered within and across CMS and HHS.

- Goals for improving effective CMS digital services are: understand what people need; address the whole experience, from start to finish; make it simple and intuitive; build the service using agile and iterative practices; structure budgets and contracts to support delivery; bring in experienced teams; choose a modern technology stack; deploy in a flexible hosting environment; automate testing and deployments; manage security and privacy through reusable processes; and use data to drive decisions.

- Supports OHTP in implementation of programs under Titles XI, XVIII, XIX, and XXI of the Social Security Act and related statutes, as amended. This includes fostering effective relationships between these programs and other private and federally supported health-related programs.

- In alignment with OHTP's enterprise leadership responsibilities, DSAC contributes surge capacity to support healthcare technology and digital product strategy, beneficiary-facing digital services, Medicaid and CHIP technology modernization, interoperability initiatives, and the advancement of artificial intelligence across CMS digital products and platforms—supporting OHTP's longer-term modernization and governance functions while ensuring rapid, user-centered delivery of short-term technical engagements.

- Assists by providing guidance, policies, practices, and talent pipelines that build trust and amplify impact across OHTP, CMS, and HHS.

Authority: 44 U.S.C. 3101.

Robert F. Kennedy, Jr.,

Secretary, Department of Health and Human Services.

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BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970-0424]

Submission for Office of Management and Budget Review; National Child Abuse and Neglect Data System

AGENCY: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children, Youth and Families in the U.S. Department of Health and Human Services (HHS) is requesting a three-year extension of the National Child Abuse and Neglect Data System (NCANDS) collection (OMB#0970-0424, expiration 07/31/2026). There are no changes requested to this data collection.

DATES: *Comments due July 13, 2026.*

ADDRESSES: The public may view and comment on this information collection request at: https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202606-0970-004. You can obtain copies of the proposed collection of information and submit comments by emailing infocollection@acf.hhs.gov. Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary national reporting system.

During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data elements, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA reauthorizations and amendments added required data elements. The current list of CAPTA required data elements includes:

(1) The number of children who were reported to the state during the year as victims of child abuse or neglect.

(2) Of the number of children described in paragraph (1), the number with respect to whom such reports were

- (a) Substantiated;
- (b) Unsubstantiated; or
- (c) Determined to be false.

(3) Of the number of children described in paragraph (2) —

(a) the number that did not receive services during the year under the state program funded under this section or an equivalent state program;

(b) the number that received services during the year under the state program funded under this section or an equivalent state program; and

(c) the number that were removed from their families during the year by disposition of the case.

(4) The number of families that received preventive services, including