Birth Data Quality Webinar
July 27, 2016
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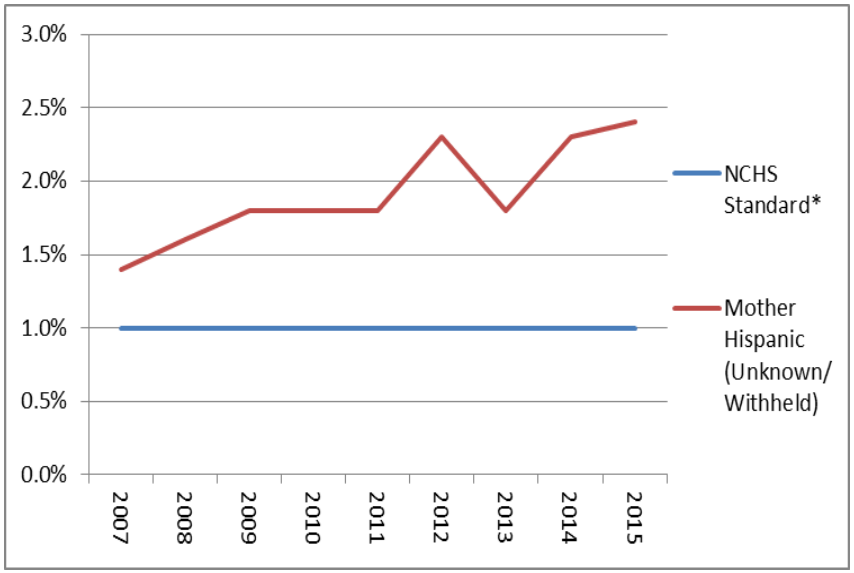
PROVIDING COMPLETE BIRTH CERTIFICATE INFORMATION

FOR PUBLIC HEALTH USE

% Missing (Incomplete/Unknown/Withheld) Values for Selected CA Birth Cert Items

	2010	2011	2012	2013	2014	2015	NCHS Standard*
Mother Hispanic (Unknown/Withheld)	1.8%	1.8%	2.3%	1.8%	2.3%	2.4%	1.0%
Mother's Race (Unknown/Withheld)	1.9%	1.8%	2.4%	2.0%	2.5%	2.6%	1.0%
Mother's Education (Unknown/Withheld)	3.5%	3.5%	4.2%	3.9%	4.2%	4.6%	1.0%
Date LMP Began (Incomplete/Unknown)	7.0%	5.4%	4.8%	3.7%	2.4%	2.2%	12.3%
Date First Prenatal Visit (Incomplete/Unknown)	14.3%	11.4%	10.4%	9.0%	8.0%	7.5%	7.1%
Month Prenatal Care Began (Unknown)	2.1%	2.1%	2.2%	1.7%	1.5%	1.5%	3.1%
Date Last Prenatal Visit (Incomplete/Unknown)	4.7%	3.7%	3.5%	3.1%	2.6%	2.3%	Removed
Number of Prenatal Care Visits (Unknown)	2.7%	2.4%	2.4%	2.0%	1.5%	1.3%	3.7%
Fetal Presentation (Unknown)	7.2%	5.5%	4.6%	3.2%	1.9%	1.8%	1.0%
Mother's Prepregnancy Weight (Unknown)	5.3%	4.8%	4.6%	4.2%	3.6%	3.1%	2.6%
Mother's Weight At Delivery (Unknown)	3.3%	3.0%	2.6%	2.5%	2.1%	1.8%	2.7%
Mother's Height (Unknown)	2.6%	2.1%	1.7%	1.9%	2.0%	1.4%	1.3%
Cigarettes Smoked First Trimester (Unknown)	0.9%	0.9%	0.9%	0.6%	0.5%	0.6%	1.0%
5 Minute APGAR Score (Unknown)	0.7%	0.5%	0.6%	0.5%	0.5%	0.6%	1.0%

* NCHS Standard is 1.5x the median reported by the states for 2012 and above 1.0%.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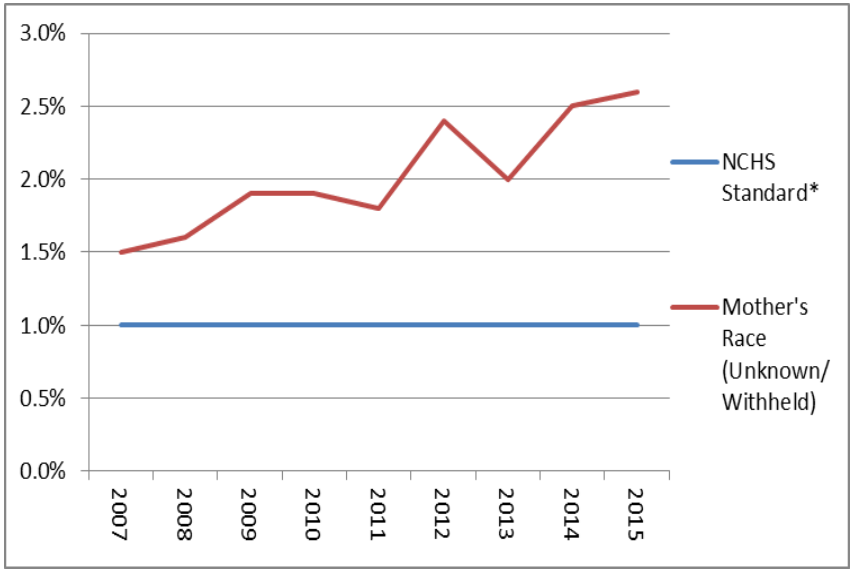
NCHS Standard*
Mother Hispanic (Unknown/ Withheld)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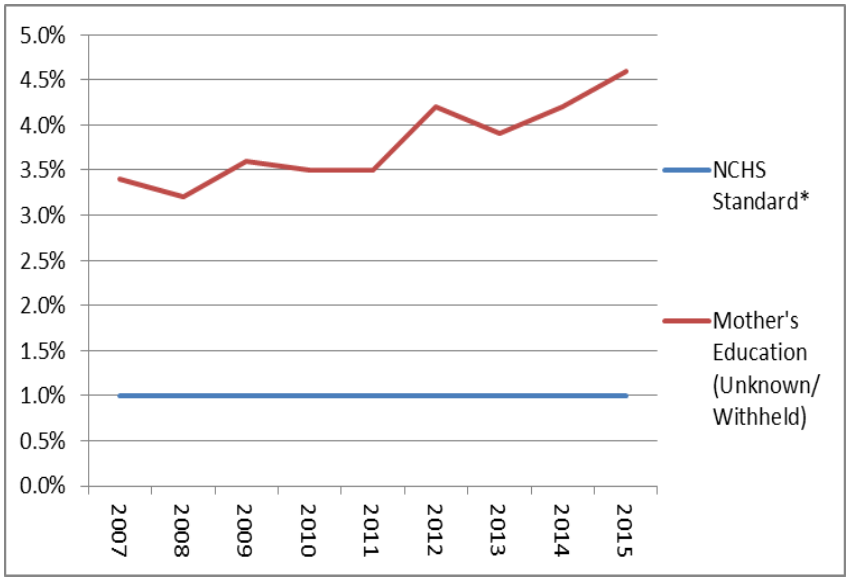
Mother's Race (Unknown/ Withheld)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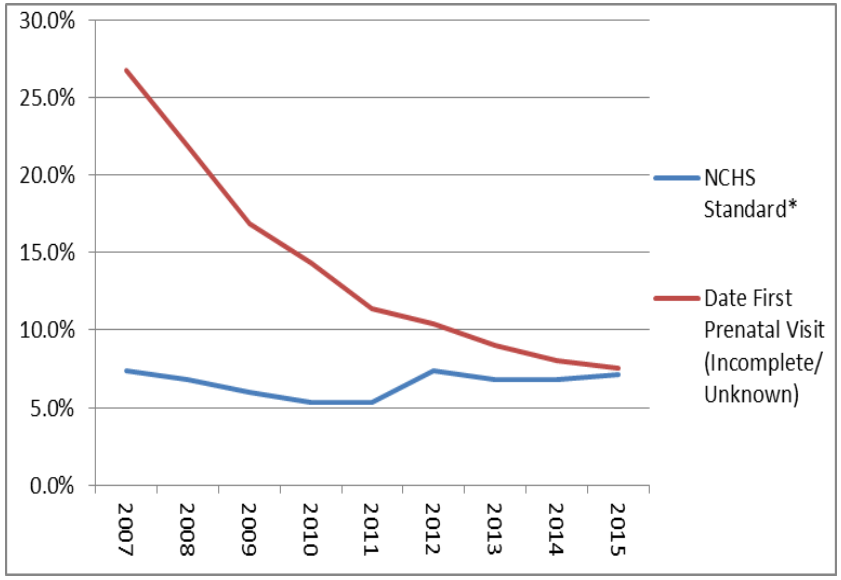
NCHS Standard*
Mother's Education (Unknown/ Withheld)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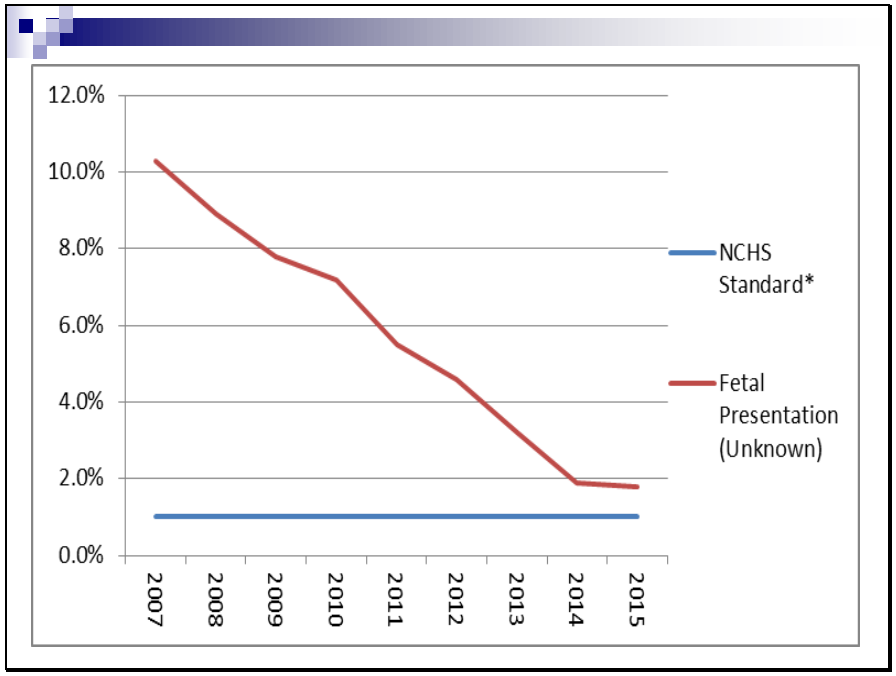
NCHS Standard*
Date First Prenatal Visit (Incomplete/ Unknown)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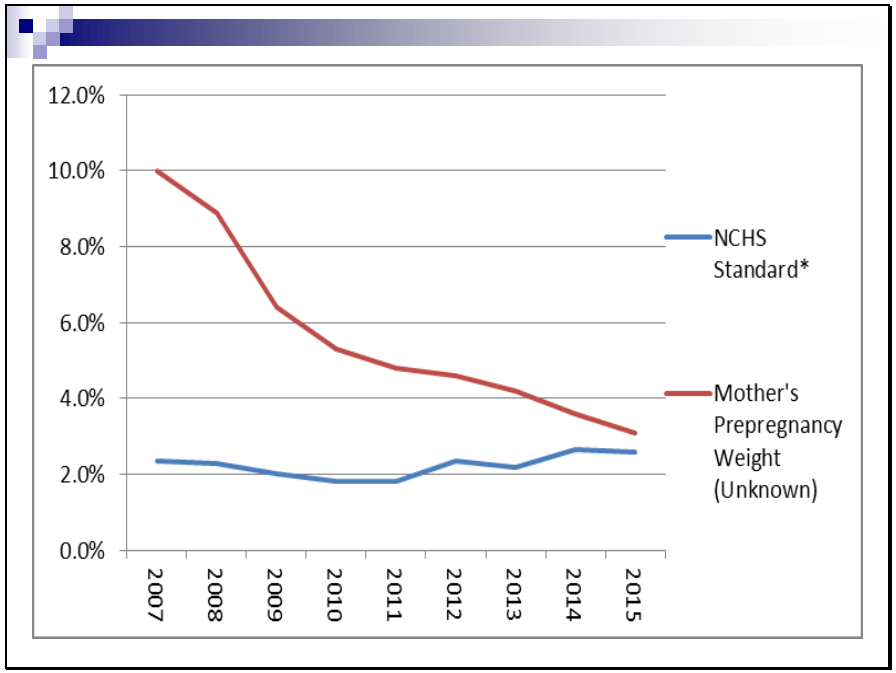
NCHS Standard*
Fetal Presentation (Unknown)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2007
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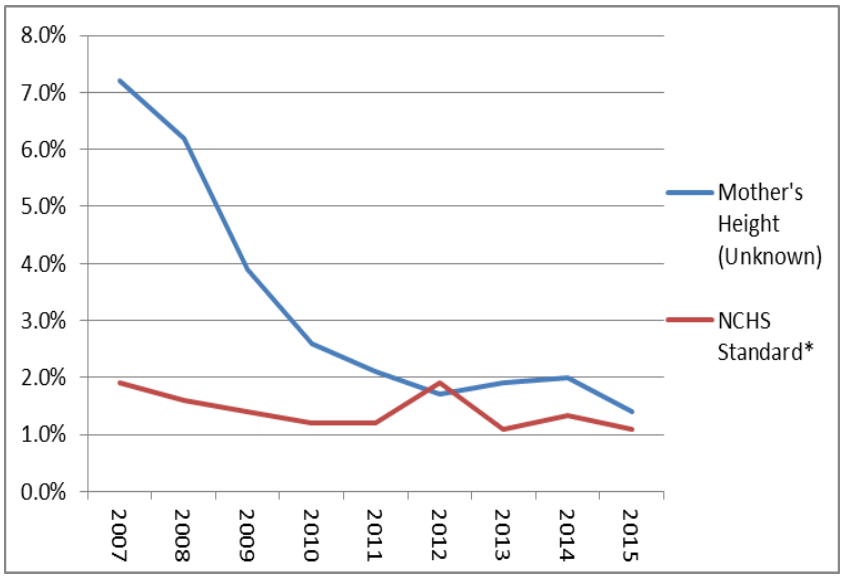
NCHS Standard*
Mother's Prepregnancy Weight (Unknown)



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Mother's Prepregnancy Weight (Unknown)	5.3%	4.8%	4.6%	4.2%	3.6%	3.1%	2.6%
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Mother's Height (Unknown)	2.6%	2.1%	1.7%	1.9%	2.0%	1.4%	1.3%
Cigarettes Smoked First Trimester (Unknown)	0.9%	0.9%	0.9%	0.6%	0.5%	0.6%	1.0%
5 Minute APGAR Score (Unknown)	0.7%	0.5%	0.6%	0.5%	0.5%	0.6%	1.0%

* NCHS Standard is 1.5x the median reported by the states for 2012 and above 1.0%.

USING AVSS TO GENERATE #UNKNOWN REPORTS

```
SYSTEM OPTION > REPORT GENERATOR

REPORT GENERATOR OPTION > GENERATE REPORT

REP. REPORT > #UNKNOWN = UNKNOWN TABLES FOR 2007+ VARIABLES

ENTER BEGINNING VALUE FOR DATE OF BIRTH <1/1/2013>
(1/1/2013)
ENTER    ENDING VALUE FOR DATE OF BIRTH < T >  01312013
(1/31/2013)

RUN THIS REPORT IN THE BACKGROUND <N>

SAVE THE OUTPUT FROM THIS REPORT <N>

OUTPUT DEVICE <T>
```

USING AVSS TO GENERATE A SOCIAL SECURITY LETTER

```
SYSTEM OPTION > REPORT GENERATOR

REPORT GENERATOR OPTION > GENERATE REPORT

REP. REPORT > SOCIAL
1        #CSSA1=SOCIAL SECURITY ENGLISH LETTER
2        #CSSA2=SOCIAL SECURITY SPANISH LETTER
3        #HSSA1=SOCIAL SECURITY ENGLISH LETTER
4        #HSSA2=SOCIAL SECURITY SPANISH LETTER

SELECTION # > 3       #HSSA1 = SOCIAL SECURITY ENGLISH
LETTER

FILE# OR INDEX TO SEARCH > 01

RUN THIS REPORT IN THE BACKGROUND <N>

SAVE THE OUTPUT FROM THIS REPORT <N>

OUTPUT DEVICE <P>
```

INFORMATION ABOUT WHEN YOU WILL RECEIVE YOUR BABY'S SOCIAL SECURITY CARD

IMPORTANT: IF YOU HAVE NOT NAMED YOUR BABY, A SOCIAL SECURITY CARD CANNOT BE ISSUED.

You should get your baby's Social Security card in about 8 weeks. It takes your State about 7 weeks to notify the Social Security Administration (SSA) about your baby's birth. After the birth is registered, SSA will issue your baby a Social Security card. The card will be mailed to you about one week after SSA is notified by the State of your baby's birth.

Never pay a fee to get a Social Security card. If anyone asks for money to help you get a card, notify SSA immediately at 1-800-772-1213.

If your baby has medical problems, call SSA at the number shown above to find out if Supplemental Security Income(SSI) can help.

If you are filing for Welfare or other public assistance benefits for your baby, you will need the following information completed before you leave the hospital.

This certifies that a Social Security number was requested for

BABY'S NAME

Name of Child

1/13/2014

Signature of hospital official

Date

NOTE: Notify your caseworker when you receive your baby's Social Security card.

BIRTH CERTIFICATE

1A.BABY FIRST NAME 1B.- 1C.BABY LAST NAME
2.FEMALE 3A.SINGLE 3B.- 4A.01/03/2015 4B.1242
5A.ACMC-HIGHLAND CAMPUS 5B.1411 E. 31ST ST.
5C.OAKLAND 5D.ALAMEDA
6A.- 6B.- 6C.- 7.- 8.-
9A.MOM'S FIRST NAME 9B.- 9C.MOM'S LAST NAME 10.CHINA 11.04/08/1983
12A. 12B.MOTHER 12C.01/06/2014
13B.A004836 13C.01/06/2014
13D.JOHN LENNOX,MD,1411 E 31ST STREET,OAKLAND 14.MYESHA GRIFFIN,ADMIN
15A. 15B. 16.MUNTU DAVIS, M.D. 17.01/08/2014

19.UNKNOWN 18.UNKNOWN 20C.UNKNOWN
20.UNKNOWN 20A.UNKNOWN 20B.UNKNOWN
22.NO 21.CHINESE 23C.MASTER'S
23.09/2013 23A.BANKER 23B.BANKING
I19.9 I18.99 I18A.99 I18B. I18C. I22.1 I21.42 I21A.42 I21B. I21C.
24A.39150 CEDAR BLVD.#102 24B.ALAMEDA
24C.NEWARK 24D.CA 24E.94560
25A.04/05/2013 25AA.05/10/2013 25B.2ND 25BA.12/27/2013 25C.UNKNOWN 25D.09
26.3232
26A.39 27A.0 27B.0 27D.1 27E.0
26B.PASS (BOTH EARS) 27C.- 27F.03/2011
28A.01,0,20,58,68 28B.09 29.51,52,53,54,56
30.12 31.73,75
A.0013 B.001 D.1 F.YY CT.444600 32.NONE 33.NONE
MSTREET.5219 MODENA COURT MCOUNTY.ALAMEDA
MCITY.PLEASANTON MSTATE.CA MZIP.94588
APGAR1.09 APGAR5.09 APGAR10.UNKNOWN
CIGPN=0 CIGFN=0 CIGSN=0 CIGTN=0
MWT1.116 MWT2.140 MHT.5'6'' WIC.NO
BPF.30017726 FAGE. MAGE.30 GAGE.273 GAWK.39.0 TYPE.M.D.
SENT.1/8/2014 SENTHCA. SENTLCA.01/09/2014 AMNDAT.
LFN.1201401000001 COM.
RSN. PSFN.1052014000102 SSA RESPONSE.ASSIGNED ON: 01/09/2015

Example of a non-custom Verification Letter in AVSS

```
HOSPITAL BIRTH RECORD OPTION > VERIFICATION LETTER

FILE# OR INDEX TO SEARCH >

1C. LAST NAME OF CHILD > TE
1A. FIRST NAME OF CHILD > J
1B. MIDDLE NAME OF CHILD >
4A. DATE OF BIRTH >

BEGINNING SEARCH...
(USE CTRL-C TO TERMINATE SEARCH)

#  INDEX VALUES                          DATE      FILE#         NEXT  SKIPPED
--------------------------------------------------------------------------------
1)  TEST, JOHN ALBERT  . . . . . . . .  2/2/2016  76543

IS THIS THE PERSON? <Y>

OUTPUT DEVICE <P>
```

```
TEST HOSPITAL                                   3/11/2016
2767 OLIVE HIGHWAY
OROVILLE, CA

-------------------------------------------------------

OUR MEDICAL RECORDS INDICATE THAT THE FOLLOWING CHILD:

               BABY  MIDDLE  LAST

WAS BORN IN THIS FACILITY

ON 02/27/2016  AT  1713 HOURS

BIRTH PARENT'S BIRTH NAME:  FIRST  MIDDLE  LAST

BIRTH PARENT'S BIRTH PLACE: CA          DOB: 06/02/1990

PARENT'S BIRTH NAME:   FIRST  MIDDLE  LAST

PARENT'S BIRTH PLACE:  CA               DOB: 01/12/1990

SEX OF CHILD: MALE

BIRTH ATTENDANT: TEST DOCTOR,MD

                                  -------------------------
                                  HOSPITAL REPRESENTATIVE
```

Birth Data Quality Resources on the Web

- www.avss.org
  The University of California Santa Barbara AVSS website contains several manuals including the “AVSS Quick Reference Manual” and “Report Generator Manual”.

- http://www.cdc.gov/nchs/data/dvs/GuidetoCompleteFacilityWks.pdf
  The National Center for Health Statistics website contains a “Guide to Completing the Certificate of Live Birth and Report of Fetal Death”.

Need help with AVSS?

AVSS Help Desk

Peter Chen (805) 893-3214
John Marinko (916) 449-5174

AVSS on the web: www.avss.org

State Help Desk

Patricia Stewart (916) 552-8222
patricia.stewart@cdph.ca.gov
Andrea Argyilan (916) 552-8216
FAX (916) 323-2299
Birth and Marriage Registration
(916) 445-8494

NEW CERTIFICATE OF LIVE BIRTH

EFFECTIVE JANUARY 1, 2016

PURSUANT TO ASSEMBLY BILL (AB) 1951
(CHAPTER 334, STATUTES OF 2014)

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

THIS CHILD	1A. NAME OF CHILD - FIRST		1B. MIDDLE	1C. LAST	
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY		5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	5C. CITY		5D. COUNTY		
NAME OF PARENT	6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST – BIRTH NAME	6D. ☐ Mother ☐ Father ☐ Parent	7. BIRTHPLACE - STATE COUNTRY / 8. DATE OF BIRTH - MM/DD/CCYY
NAME OF PARENT	9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST – BIRTH NAME	9D. ☐ Mother ☐ Father ☐ Parent	10. BIRTHPLACE - STATE COUNTRY / 11. DATE OF BIRTH - MM/DD/CCYY
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE FURNISHED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT - SIGNATURE		12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED - MM/DD/CCYY
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE		13B. LICENSE NUMBER	13C. DATE SIGNED - MM/DD/CCYY
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
LOCAL REGISTRAR	15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY

- California birth certificate revised January 1, 2016
- Check boxes added next to the parents' names to identify relationship
- Mother, Father, Parent, or leave blank

NAME OF PERSON GIVING BIRTH

- The *person giving birth* must be listed in fields 9A, 9B, and 9C on the birth certificate
- Allows for linkage to the medical information that is *required by law*
- Person giving birth may list the relationship as they identify, including mother, father, parent, or leave blank

NAME OF PARENT	9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST – BIRTH NAME	9D. ☐ Mother ☐ Father ☐ Parent	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH - MM/DD/CCYY
NAME OF PARENT	9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST – BIRTH NAME	9D. ☐ Mother ☐ Father ☐ Parent	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH - MM/DD/CCYY

CHECK BOXES

- Are not mandatory
- May be completed with an X, check mark, or completely filled in
- Informant signing the birth certificate must have consulted with the parent prior to selecting a relationship
- Only one box may be selected if parent named on birth certificate
- If the parent is not available for consultation, no box should be selected
- The box can be amended at a later date

MOTHER, FATHER, OR PARENT OPTION

- Either one or both parents may select the mother, father, or parent option
- To list a parent in fields 6A, 6B, and 6C, the person giving birth must be married or in a State Registered Domestic Partnership (SRDP)
- If the person giving birth is not married or in a SRDP, the parents will need to sign POP papers (for biological parents only) to add the other parent's name

RELATIONSHIP BOX LEFT BLANK

- Parent(s) may leave the relationship box blank
- Informant, *including birth clerks*, may not enter parent relationship unless they have personally consulted with parent(s)
- Completion of worksheet by parents is considered consulting with parent
- If parent(s) unavailable, then the box(es) should remain blank
- The box(es) may be amended at a later date to add the relationship

COURT ORDERED BIRTH CERTIFICATES/ SURROGATES

- For surrogate births, follow court order on how parent(s) and their relationship to the child should be listed
- Two males can only be listed on a birth certificate with a court order
- If birth is for a single male parent, the male should be listed in fields 9A, 9B, and 9C. He may then select the parent option that he identifies with

AMENDING CHECK BOXES

- Check boxes may be amended if the relationship box is incorrect or blank
- If the birth occurred prior to January 1, 2016, parents may amend their child's birth certificate to add the relationship
- Amendment form (VS 24) must be signed by at least one parent
- To amend, parents should submit a VS 24, notarized sworn statement and fee if appropriate

  - Reference Health & Safety Code Section 102425.1

AMENDMENT EXAMPLE

LEAVE BLANK
STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD
NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

LEAVE BLANK
LOCAL REGISTRATION NUMBER

☒ BIRTH ☐ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD

1A. NAME—FIRST	1B. MIDDLE	1C. LAST
Jane	Mary	Smith

2. SEX	3. DATE OF EVENT—MM/DD/CCYY	4. CITY OF EVENT	5. COUNTY OF EVENT
Female	09/09/1998	Sacramento	Sacramento

6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD	7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD
John L. Smith	Sophia Anne Lee

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
	Mother/Parent	Parent
	Father/Parent	Mother

PLE

QUESTIONS?

Reference Tools for Birth Registration: Birth Amendment Cheat Sheet

California Department of Public Health — Vital Records

Cheat Sheet for Birth Amendments

Type of Amendment	Form Number	What the amendment is used for…	What to submit…	What happens to the original birth certificate…

Acknowledgement of Paternity/Parentage	VS 22	Use this form to:
		• add the parent that should be listed in items 9A-9C ***if they were not included on the original birth certificate***.
		• change the child's surname to match the surname of **either** parent. Or, add a parent's surname to the child's surname already listed on the birth certificate.
		• add the child's first or middle name when none previously existed.
		• make minor corrections (e.g., spelling of name, incorrect date of birth for parents, etc.)
		Note: This form must be signed by both parents.
			If the child was born January 1, 1998, or later:
			• Completed VS 22
			• If married/State Registered Domestic Partnership (SRDP):
			  • Photocopy of marriage license/SRDP declaration certificate
			  • Notarized sworn statement
			• If not married:
			  • Photocopy of Declaration of Paternity (CS 909) – POP form. **Note:** Only biological parents may sign POP form
			• $23 fee (includes one certified copy of the new birth certificate)
			If the child was born before January 1, 1998:
			• Completed VS 22
			• Notarized sworn statement
			• $23 fee (includes one certified copy of the new birth certificate)
				The original birth certificate is sealed and replaced with a new birth certificate.
				Health & Safety Code (H&SC) 102758

Adjudication of Facts of Parentage	VS 21	Use this form to change or remove a parent listed on the child's original birth certificate. You may also use this form if one or both parents are unwilling or unavailable to sign the VS 22 form.	• Completed VS 21 • Certified copy of the court order • $23 fee (includes one certified copy of the new birth certificate)	The original birth certificate is sealed and replaced with a new birth certificate. *H&SC 102725*
Affidavit to Amend a Birth Record	VS 24	Use this form to correct errors or add information to blank items on birth certificates.	• Completed VS 24 • Notarized sworn statement (if certified copy of amended record is issued) • Appropriate fee (refer to pamphlet for details)	The original record remains unchanged, and the VS 24 becomes page two of the birth certificate – making it a two-page document. *H&SC 102140 and 102258*
Court Order Name Change	VS 23	Use this form to completely change the name of the person listed on the birth certificate.	• Completed VS 23 • Certified copy of the court order • $23 fee (includes one certified copy of the amended birth certificate)	The original record remains unchanged, and the VS 23 becomes page two of the birth certificate – making it a two-page document. *H&SC 102140 and 103405*
Court Order Delayed Registration of Birth	VS 108	Use this form if no documentary evidence for delayed registration of birth, foreign adoptions and foreign births where no certified copy is available. **Note: Any beneficially interested person may file a petition to establish the fact of birth.**	• Certified copy of the top portion of VS 108 • Completed bottom portion of VS 108 • $23 fee (includes one certified copy of the birth certificate)	The bottom portion of VS 108 form becomes the birth certificate. *H&SC 103450*
Court Report of Adoption	VS 44	The Court Report of Adoption form is used by courts to report adoptions to vital records offices. State Registrars cannot legally prepare a new birth certificate for an adopted person until they have received a Court Report of Adoption. **Note: We will accept other states Court Report of Adoption forms and photocopies of the form.**	• Certified copy of the Court Report of Adoption form • $20 fee (if adopted outside of California) • Certified copy of the Adoption Order or Final Decree	The original birth certificate is sealed and replaced with a new birth certificate. *H&SC 102635*
Delayed Registration of Birth	VS 85	Use this form to register a California birth when the birth was not registered within one year of the date of birth.	• Completed VS 85 • $23 fee (includes one certified copy of the birth certificate) • Notarized sworn statement • Documentary evidence • POF laws apply – if the person was born after 1995 (refer to Acknowledgement of Paternity/Parentage section above)	The VS 85 form becomes the birth certificate. *H&SC 102530*
Gender Errors	VS 24	Use this process to correct gender errors on the birth certificate.	• Completed VS 24 • Notarized sworn statement • $23 fee (includes one certified copy of the new birth certificate)	The original birth certificate is sealed and replaced with a new birth certificate. *H&SC 103447.5*
Gender Reassignment	VS 24	Use this process when a person has undergone clinically appropriate treatment for the purpose of gender transition.	• Completed VS 24 • Certified copy of court order (if applicable) • Physician's affidavit • $23 fee (includes one certified copy of the new birth certificate)	The original birth certificate is sealed and replaced with a new birth certificate. *H&SC 103425, 103426 and 103430*
Supplemental Name Report - Birth	VS 107	Used this form to add only the child's first, middle or last names.	• Completed VS 107 • Notarized sworn statement (if certified copy of amended record is issued) • Appropriate fee (refer to pamphlet for details)	The original record remains unchanged, and the VS 107 becomes page two of the birth certificate – making it a two-page document. *H&SC 102140 and 103340*

Rev (01/16)

Reference Tools for Birth Registration: Worksheet for Certificate of Birth

WHAT YOU NEED TO KNOW ABOUT YOUR CHILD'S BIRTH CERTIFICATE

Your child's birth certificate lasts forever. Please be certain the information on the certificate is accurate and complete before you sign it.

- The birth certificate is a legal document.
- An amendment form is required to make corrections to the birth certificate.
- The birth certificate will become a two-page document if an amendment is requested after the original has been processed.
- Many changes on the birth certificate require the applicant to go to court for a court order, including reversing the order of last names (surnames).
- Parents may have problems receiving benefits, traveling on an airline, obtaining a passport or social security number for their child if the birth certificate is not true and correct.
- It can take a couple months to apply an amendment. The processing time for amendments can be located on the California Department of Public Health-Vital Records website at:

http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx

Common mistakes that require amendments or court orders:

- Misspelled first, middle, and last names of child and/or parents
- Incorrect birth place or date of birth of parent(s)
- Reversed order of last names (surnames)
- Adding extra names to parent(s) or child later
- Incorrect gender (sex) of child
- Incorrect birth date

Errors on birth certificates
cannot be corrected on the original certificate
The original birth certificate does not change, but an amendment is attached to create a two-page document.

✓ Parents, please review the information on the birth certificate carefully before you sign it.

✓ Your signature confirms that you have reviewed the information and that the facts are correct.

Amendment forms may be obtained at the local health department or county recorder's office.

California Department of Public Health – Vital Records — January 2016

Importance of Collecting Complete and Accurate Birth Certificate Information

Why is the birth certificate information collected?	The birth certificate information is collected based on California Health and Safety Code Section (H&SC) 102425. This law lists all the information required to be on the California birth certificate. This law also makes all medical information confidential.
What is the birth certificate information used for?	The information collected is used to record what happened during pregnancy, labor, and delivery, and any issues the newborn experienced. The information will be used to understand and help prevent birth defects, preterm babies, maternal deaths, and other labor, delivery and birth outcomes. Information collected also assists local and state public health leaders in making decisions that address programs needed in the community such as diabetes care, teen pregnancy, WIC (Women Infants Children), etc.
What birth certificate information is confidential on the birth certificate?	All medical information is considered confidential and not released to the public. This includes the parents' race, education, occupation, social security number(s), and address. The only persons that may access the confidential information are the California Department of Public Health, local county health department, persons with a valid scientific interest as determined by the State Registrar and Committee for Protection of Human Subjects, parent who signed the certificate or parent giving birth, and the child named on the birth certificate. Reference H&SC 102430.
What if the parent does not want to provide the information?	All information is required by law with the exception of the parents' race, occupation, education, and social security number(s). Although not required, race, occupation, and education are very important for understanding and eliminating negative outcomes and developing needed programs.
Who collects the birth certificate information?	The birth certificate information is collected by the birth clerk and it is sent to the local county health department who forwards it to the California Department of Public Health - Vital Records.
Who should I contact if I still have questions?	Please contact the California Department of Public Health - Vital Records at (916) 445-8494.

Reference Tools for Birth Registration: Worksheet for Certificate of Birth

CERTIFICATE OF LIVE BIRTH WORKSHEET

PLEASE COMPLETE THIS INFORMATION TO PREPARE YOUR CHILD'S BIRTH CERTIFICATE

FOR HOSPITAL USE ONLY:
ROOM: ____ LOR: ____
DELIVERY DR: ____
SUPR INITIAL: ____
DATE GIVEN TO PARENTS: ____
DATE COMPLETED: ____

NAME OF CHILD:

FIRST: ____ MIDDLE: ____

LAST: ____

SEX: MALE ___ FEMALE ___ UNK ___ WAS THIS BIRTH: SINGLE ___ TWIN ___ TRIPLET ___ QUAD ___ OTHER ___

IF MULTIPLE, THIS CHILD: 1st ___ 2nd ___ 3rd ___ 4th ___ OTHER ___ (CHECK APPROPRIATE ENTRY)

CHILD'S DATE OF BIRTH: ____ TIME OF BIRTH: ____

ARE THE PARENTS MARRIED AND/OR IN A STATE REGISTERED PARTNERSHIP (SRDP)? YES ___ NO ___

IF THE PARENTS ARE NOT MARRIED OR IN A SRDP, THEN THE BIOLOGICAL PARENTS MUST SIGN PATERNITY PAPERS TO ADD THE PARENT'S NAME TO THE CHILD'S BIRTH CERTIFICATE. REFERENCE HEALTH AND SAFETY CODE SECTION 102425(a)(4).

BIRTH NAME OF PARENT NOT GIVING BIRTH (FIELDS 6A, 6B, 6C, ON CHILD'S BIRTH CERTIFICATE):

FIRST: ____ MIDDLE: ____

LAST: ____ SSN: ____

RELATIONSHIP TO CHILD: MOTHER ☐ FATHER ☐ PARENT ☐ NOT SPECIFIED ☐

BIRTHPLACE: ____ (CITY, STATE OR FOREIGN COUNTRY) DATE OF BIRTH: ____

BIRTH NAME OF *PARENT GIVING BIRTH* (FIELDS 9A, 9B, 9C, ON CHILD'S BIRTH CERTIFICATE), UNLESS COURT ORDER IS PRESENTED:

FIRST: ____ MIDDLE: ____

LAST: ____ SSN: ____

RELATIONSHIP TO CHILD: MOTHER ☐ FATHER ☐ PARENT ☐ NOT SPECIFIED ☐

BIRTHPLACE: ____ (CITY, STATE OR FOREIGN COUNTRY) DATE OF BIRTH: ____

GENETIC FATHER INFORMATION (MALE GENETIC CONTRIBUTOR FOR THE CREATION OF THE BABY THROUGH SPERM DONATION OR SEXUAL INTERCOURSE):

IF HISPANIC, SPECIFY ORIGIN: ____

RACE: ____ (ENTER UP TO THREE RACES)

CIRCLE HIGHEST DEGREE/LEVEL OF EDUCATION: ENTER HIGHEST YEAR COMPLETED: ____ (0-11th GRADE); 12th GRADE (NO DIPLOMA); HS DIPLOMA; GED; SOME COLLEGE (NO DEGREE); ASSOCIATE DEGREE; BACHELORS DEGREE; MASTERS DEGREE; DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): ____

USUAL OCCUPATION: ____ (WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: ____

WORKSHEET
PAGE 2

GENETIC MOTHER INFORMATION (PERSON THAT SUPPLIED EGG RESULTING IN AN EMBRYO):

IF HISPANIC, SPECIFY ORIGIN: ____

RACE: ____ (ENTER UP TO THREE RACES)

CIRCLE HIGHEST DEGREE/LEVEL OF EDUCATION: ENTER HIGHEST YEAR COMPLETED: ____ (0-11th GRADE); 12th GRADE (NO DIPLOMA); HS DIPLOMA; GED; SOME COLLEGE (NO DEGREE); ASSOCIATE DEGREE; BACHELORS DEGREE; MASTERS DEGREE; DOCTORATE

DATE LAST WORKED (MONTH AND YEAR): ____

USUAL OCCUPATION: ____ (WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: ____

BIRTH PARENT'S RESIDENCE ADDRESS (REQUIRED): ____

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE *NOT* ACCEPTABLE.)

MAILING ADDRESS (IF DIFFERENT): ____

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE ACCEPTABLE.)

DID BIRTH PARENT RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM FOOD DURING PREGNANCY?

YES ☐ NO ☐ UNKNOWN ☐

DID THE BIRTH PARENT SMOKE BEFORE OR DURING THE PREGNANCY? ENTER NUMBER OF CIGARETTES SMOKED PER DAY AS FOLLOWS:

DURING THE THREE MONTHS PRIOR TO BECOMING PREGNANT: ____
DURING THE FIRST THREE MONTHS OF PREGNANCY: ____
DURING THE SECOND THREE MONTHS OF PREGNANCY: ____
DURING THE LAST THREE MONTHS OF PREGNANCY: ____

BIRTH PARENT'S: PRE PREGNANCY WEIGHT: ____ WEIGHT AT DELIVERY: ____ HEIGHT: ____

APGAR (1): ____ **APGAR** (5): ____ **APGAR** (10): ____

DATE OF LAST NORMAL MENSES: ____ **ESTIMATED CONFINEMENT DATE:** ____ (MM/DD/YYYY)

DATE OF FIRST PRENATAL CARE VISIT: ____

PREGNANCY MONTH PRENATAL CARE BEGAN: ____ (e.g., 1st, 2nd, 3rd, etc.) **DATE OF LAST PRENATAL CARE VISIT:** ____ (DO NOT ENTER DELIVERY DATE)

NUMBER OF PRENATAL VISITS: ____ (IF UNSURE, ESTIMATE. DO NOT INCLUDE NON-PREGNANCY RELATED VISITS TO ER, VISIT TO CONFIRM PREGNANCY, NUTRITIONIST, DIETITIAN, HEARTH EDUCATOR, ETC. NORMAL PRENATAL VISITS ARE APPROXIMATELY 10.)

SOURCE OF PAYMENT FOR PRENATAL CARE: ____ **EXPECTED SOURCE OF PAYMENT FOR DELIVERY:** ____

BIRTHWEIGHT IN GRAMS: ____ **OB STETRIC ESTIMATE OF GESTATION:** ____ (COMPLETED WEEKS)

HEARING RESULTS:
PASS BOTH: ____ REFER ONE: ____ REFER BOTH: ____ RESULTS PENDING: ____

NUMBER OF PREVIOUS LIVE BIRTHS: ____ **NUMBER OF LIVE BIRTHS NOW DEAD:** ____

DATE OF *LAST* LIVE BIRTH: ____ (DO NOT COUNT THIS CHILD)

NUMBER OF MISCARRIAGES BEFORE 20 WEEKS: ____ **AFTER 20 WEEKS:** ____ (DO NOT COUNT ABORTIONS)

DATE OF LAST MISCARRIAGE: ____ **METHOD OF DELIVERY:** ____

Reference Tools for Birth Registration: Worksheet for Certificate of Birth

REQUESTING THE CHILD'S SOCIAL SECURITY NUMBER THROUGH THE BIRTH CERTIFICATE PROCESS

NOTICE TO PARENTS: Completion of this form in the hospital will enable you to receive a valuable service from the federal government. Federal law requires that a Social Security Number be provided for all dependents listed on federal tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the California Department of Public Health will transmit your request to the Social Security Administration, and a card will be mailed to you usually within six weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

If you choose to participate in this program, and the parent(s) Social Security Number(s) are provided on the birth certificate, the parent(s) Social Security Number(s) will be disclosed to the Internal Revenue Service. The Social Security Number(s) will be used by the Internal Revenue Service solely for the purpose of tax benefits based on support or residence of a child, pursuant to 42 USC 405 (c)(2) as amended by Section 1090(b) of Public Law 105-34. For further information about this program, please contact the Social Security Administration at (800) 772-1213.

For certified copies of your child's birth certificate, contact the health department or the recorder's office of the county where the birth occurred. You may also obtain an application for a certified copy through the California Department of Public Health by calling (916) 445-2684 or by visiting the web site at www.cdph.ca.gov.

NEWBORN AUTOMATIC NUMBER ASSIGNMENT
(NANA)

Baby's Name as Reported on Birth Certificate:

(A SOCIAL SECURITY NUMBER CANNOT BE ISSUED FOR A CHILD THAT HAS NOT BEEN NAMED.)

1. Do you want a Social Security number for your new baby?

____ Yes ____ No

2. May the Social Security Administration share it with the California Department of Public Health?

____ Yes ____ No

I acknowledge that I am responsible for reviewing my child's birth certificate for accuracy and that the birth certificate worksheet is only retained for a limited time period. Beyond that, it will not be the responsibility of the hospital to amend the birth certificate for anything other than an incorrect date of birth, time of birth, or sex of infant. All other amendments to the birth certificate are the responsibility of the parent.

Parent's Signature ____ Date ____

Parent's Name (Please print) ____

Medical Record Number ____

This form should be completed and signed by the child's parent(s). After coding Box F on the birth certificate, retain this form with the birth parent's medical records.

HOSPITAL USE ONLY

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
MEDICAL DATA SUPPLEMENTAL WORKSHEET
VS 104 (Rev. 1/ 2006)

Use the codes on this Worksheet to report the appropriate entry to items numbered 250 and 284 through 31 on the "Certificate of Live Birth" and for items 280 and 108 through 31 on the "Certificate of Fetal Death."

Item 250. (Birth) / *Item 280. (Fetal Death)* — *PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE* (Enter only 1 code)
01 Medi-Cal, without DPSP Support Services
11 Medi-Cal, with DPSP Support Services
05 Other Government Programs (Federal, State, Local)
07 Private Insurance Company
09 Self Pay
14 Other
99 Unknown
00 No Prenatal Care

Item 284. (Birth) / *Item 104 (Fetal Death)* — *METHOD OF DELIVERY* (Enter only 1 code/number under each section, separated by commas A,B,C,D,E,F)

A. Final delivery route
01 Cesarean—primary
11 Cesarean—primary, with trial of labor attempted
21 Cesarean—primary, elective
31 Cesarean—primary, with vacuum & trial of labor attempted
02 Cesarean—repeat
12 Cesarean—repeat, with trial of labor attempted
22 Cesarean—repeat, with vacuum
32 Cesarean—repeat, with vacuum & trial of labor attempted
03 Vaginal—spontaneous
04 Vaginal—breech, after previous Cesarean
05 Vaginal—forceps
15 Vaginal—forceps, after previous Cesarean
06 Vaginal—vacuum
16 Vaginal—vacuum, after previous Cesarean
98 Not Delivered (Fetal Death Only)

B. If mother had a previous Cesarean—How many? ____ (Enter 0 – 9, or U if Unknown)

C. Fetal presentation at birth
20 Cephalic fetal presentation at delivery
30 Breech fetal presentation at delivery
40 Other fetal presentation at delivery
90 Unknown

D. Was vaginal delivery with forceps attempted, but unsuccessful?
00 Yes 08 No 09 Unknown

E. Was vaginal delivery with vacuum attempted, but unsuccessful?
00 Yes 08 No 09 Unknown

F. Hysterotomy/Hysterectomy (Fetal Death Only)
70 Yes 78 No

Item 286. (Birth) / *Item 108 (Fetal Death)* — *EXPECTED PRINCIPAL SOURCE OF PAYMENT FOR DELIVERY* (Enter only 1 code)
01 Medi-Cal
15 Indian Health Service
16 CHAMPUS/TRICARE
05 Other Government Programs (Federal, State, Local)
07 Private Insurance
09 Self Pay
14 Other
99 Unknown
00 Medically Unattended Birth

Item 29. (Birth) / *Item 31. (Fetal Death)* — *COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES* (Enter up to 16 codes, separated by commas, for the most important complications/procedures.)

DIABETES
09 Prepregnancy (Diagnosis prior to this pregnancy)
31 Gestational (Diagnosis in this pregnancy)

HYPERTENSION
03 Prepregnancy (Chronic)
01 Gestational (RH, Preeclampsia)
02 Eclampsia

OTHER COMPLICATIONS/PREGNANCIES
32 Large fibroids
33 Asthma
34 Multiple pregnancy (more than 1 fetus this pregnancy)
35 Intrauterine growth restricted birth this pregnancy
23 Previous preterm birth (<37 weeks gestation)
36 Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)

OBSTETRIC PROCEDURES
24 Cervical cerclage
28 Tocolysis
37 External cephalic version—Successful
38 External cephalic version—Failed
39 Consultation with specialist for high risk obstetric services

PREGNANCY RESULTED FROM INFERTILITY TREATMENT
40 Fertility-enhancing drugs, artificial insemination or intrauterine insemination
41 Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)

INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY
42 Chlamydia
43 Genital herpes
44 Group B streptococcus
18 Hepatitis B (acute infection or carrier)
45 Hepatitis C
16 Herpes simplex virus (HSV)
46 Syphilis
47 Cytomegalovirus (Fetal Death Only)
48 Listeria (Fetal Death Only)
49 Parvovirus (Fetal Death Only)
50 Toxoplasmosis (Fetal Death Only)

PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES
51 Chlamydia
52 Gonorrhea
53 Group B streptococcal infection
54 Hepatitis B
55 Human immunodeficiency virus (offered)
56 Syphilis

NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED
00 None
30 Other Pregnancy Complications/Procedures not Listed

See reverse side for codes to Birth Items 30 and 31 and Fetal Death Items 34 and 35.

Do not enter any identification by patient name or number on this worksheet. Discard after use.
Do not retain the worksheet in the medical records or submit with the "Certificates of Live Birth or Fetal Death."

Timeliness – Birth Registration Report

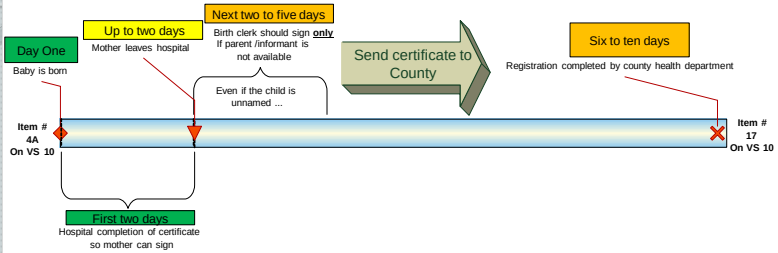
California Department
of Public Health
Vital Records

Birth Data Quality Workshop

Timeliness – Birth Registration Report

How long does the local registrar have to register the birth certificate?

Timeliness - Birth Registration



H&S 102400 . Registration Required ; Time. Each live birth shall be registered with the local registrar of births and deaths for the district in which the birth occurred within **10 days** following the date of the event.
(Added by Statutes of 1995, Chapter 415.) (SB 1360)

State Timeliness Report: January 1, 2015 – December 31, 2015

- Local Registration Districts (LRD)
- Number of births for 1-10, 11-20, 21-30 & 31+ days
- Percentage of births for 1-10 days
- Total number of births

JANUARY 1, 2015 - DECEMBER 31, 2015: TIMELINESS - BIRTH REGISTRATION REPORT

LOCAL REGISTRATION DISTRICT	RANKING STATEWIDE	WITHIN 1-10 DAYS (NUMBER)	WITHIN 1-10 DAYS (PERCENT)	WITHIN 11-20 DAYS (NUMBER)	WITHIN 21-30 DAYS (NUMBER)	WITHIN 31+ DAYS (NUMBER)	TOTAL
TRINITY (53)	1	1	100.00%				1
SUTTER (51)	2	1920	99.48%	10			1930
KINGS (16)	3	2379	99.33%	14		2	2395
IMPERIAL (13)	4	3029	99.31%	21			3050
COLUSA (06)	5	150	98.68%	2			152
LONG BEACH CITY (62)	6	8493	96.12%	296	29	18	8836
MADERA (20)	7	938	95.52%	42		2	982
SAN DIEGO (37)	8	43599	95.47%	1621	296	154	45670
YOLO (57)	9	1929	94.88%	91	10	3	2033
STANISLAUS (50)	10	9540	94.87%	496	18	2	10056
RIVERSIDE (33)	11	23361	94.71%	1154	111	41	24667
SANTA BARBARA (42)	12	5385	93.96%	313	25	8	5731
LASSEN (18)	13	215	93.07%	15	1		231
DEL NORTE (08)	14	268	93.06%	17	1	2	288
SAN BERNARDINO (36)	15	25063	92.43%	1858	107	87	27115
ALAMEDA (01)	16	11638	92.25%	773	83	122	12616
VENTURA (56)	17	8453	91.82%	734	18	1	9206
MONO (26)	18	100	91.74%	7	1	1	109
SANTA CLARA (43)	19	24650	91.39%	2271	35	17	26973
CONTRA COSTA (07)	20	10628	90.36%	1071	43	20	11762
INYO (14)	21	185	88.10%	25			210
SONOMA (49)	22	4470	87.87%	533	47	37	5087
MONTEREY (27)	23	5087	86.18%	766	40	10	5903
AMADOR (03)	24	250	84.18%	44	3		297

JANUARY 1, 2015 - DECEMBER 31, 2015: TIMELINESS - BIRTH REGISTRATION REPORT

LOCAL REGISTRATION DISTRICT	RANKING STATEWIDE	WITHIN 1-10 DAYS (NUMBER)	WITHIN 1-10 DAYS (PERCENT)	WITHIN 11-20 DAYS (NUMBER)	WITHIN 21-30 DAYS (NUMBER)	WITHIN 31+ DAYS (NUMBER)	TOTAL
BERKELEY CITY (61)	25	5001	83.52%	982	3	2	5988
SHASTA (45)	26	1730	82.46%	362	6		2098
LOS ANGELES (19)	27	95563	81.17%	20540	1294	332	117729
SAN MATEO (41)	28	4697	80.97%	1079	18	7	5801
TULARE (54)	29	5499	80.77%	1275	21	13	6808
SAN FRANCISCO (38)	30	9636	79.74%	2046	289	113	12084
SOLANO (48)	31	3934	78.62%	1041	17	12	5004
EL DORADO (09)	32	666	78.26%	161	13	11	851
SAN LUIS OBISPO (40)	33	1894	75.85%	564	14	25	2497
SACRAMENTO (34)	34	12560	75.64%	3331	415	298	16604
PLACER (31)	35	6322	75.18%	1961	105	21	8409
TEHAMA (52)	36	433	73.89%	147	5	1	586
BUTTE (04)	37	2122	73.58%	720	42		2884
NEVADA (29)	38	641	72.43%	231	10	3	885
ORANGE (30)	39	28768	71.12%	11067	550	66	40451
FRESNO (10)	40	11318	67.48%	4899	392	163	16772
KERN (15)	41	8662	66.70%	3750	462	112	12986
PLUMAS (32)	42	45	65.22%	17	4	3	69
TUOLUMNE (55)	43	358	64.62%	180	12	4	554
MERCED (24)	44	2151	63.64%	1127	89	13	3380
MENDOCINO (23)	45	531	54.46%	296	106	42	975
SISKIYOU (47)	46	181	51.27%	164	8		353
SAN JOAQUIN (39)	47	3535	45.57%	3971	204	48	7758
SANTA CRUZ (44)	48	1337	44.73%	1454	172	26	2989

JANUARY 1, 2015 - DECEMBER 31, 2015: TIMELINESS - BIRTH REGISTRATION REPORT

LOCAL REGISTRATION DISTRICT	RANKING STATEWIDE	WITHIN 1-10 DAYS (NUMBER)	WITHIN 1-10 DAYS (PERCENT)	WITHIN 11-20 DAYS (NUMBER)	WITHIN 21-30 DAYS (NUMBER)	WITHIN 31+ DAYS (NUMBER)	TOTAL
HUMBOLDT (12)	49	621	43.76%	616	116	66	1419
PASADENA CITY (63)	50	1311	39.75%	1957	25	5	3298
MARIN (21)	51	466	35.49%	614	167	66	1313
NAPA (28)	52	325	32.40%	635	36	7	1003
SAN BENITO (35)	53	105	23.08%	240	91	19	455
LAKE (17)	54	43	9.33%	265	105	48	461
MARIPOSA (22)	N/A			1			1
TOTAL		402186	82.45%	77867	5659	2053	487765
RUN DATE: 2/18/16							

Who Can Help?

- **Health Officer / Appointed Registrar**

  Health and Safety Code Section 102405 allows hospital administrators to appoint other persons to sign birth certificates

- **AVSS / Hospital Reports**

  AVSS contacts:

  Patricia Stewart (916) 552-8222 - Patricia.Stewart@cdph.ca.gov

  John Marinko (916) 449-5174 - John.Marinko@cdph.ca.gov

- **County Analyst**

  Birth and Marriage Registration Section (916) 445-8494

2016 GOAL

Register 80% of all birth certificates within 10 days

To those local registration districts that registered 80 percent or more of their birth certificates within 10 days,

and to those hospitals who put 80 percent of their birth certificates on the list of records to be sent to their local registration district within five days.

Timeliness Awards

ALAMEDA (01)
BERKELEY CITY (61)
AMADOR (03)
COLUSA (06)
CONTRA COSTA (07)
DEL NORTE (08)
IMPERIAL (13)
INYO (14)
KINGS (16)
LASSEN (18)
LOS ANGELES (19)
LONG BEACH CITY (62)
MADERA (20)
MONO (26)
MONTEREY (27)
RIVERSIDE (33)
SAN BERNARDINO (36)
SAN DIEGO (37)
SAN MATEO (41)
SANTA BARBARA (42)
SANTA CLARA (43)
SHASTA (45)
SONOMA (49)
STANISLAUS (50)
SUTTER (51)
TRINITY (53)
TULARE (54)
VENTURA (56)
YOLO (57)

QUESTIONS?

RPPC
REGIONAL PERINATAL PROGRAMS OF CALIFORNIA

Collecting Birth Certificate Data 2016

It's all in the details
and
YOU are the detective

RPPC is administered by the California Department of Public Health, Maternal Child and Adolescent Health Division and funded through the Maternal and Child Health Bureau Title V Block Grant.

1

Why does it matter so much?

- Identify trends, areas of need
- Allocation of funding for programs
- Delivery of care/Health Monitoring
- Rates of diseases in perinatal population
- Linking Birth and Infant Death Data

  http://www.cdc.gov/nchs/births.htm

2

You are important

- If you don't work on important problems, it's not likely that you'll do important work **- Richard Hamming.**
- Remember that you are needed. There is at least one important work to be done that will not be done unless you do it **- Charles L. Allen.**
- You should not feel as though your are in this alone, birth data quality is a team effort.

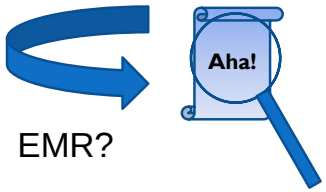
3

It takes a team

- Birth clerk
- Patients
- Nurses
- Providers
  - Obstetrician or other MD, Certified Nurse Midwife (CNM), Licensed Midwife (LM), Neonatologist
- Medical Records
- County Birth Recorders
- California Vital Records

4

Follow the clues!



- Where to look? Paper? EMR?
- The Patient
- Admission Record
- Delivery Record or Summary
- Prenatal Record
- Discharge Summary
- Other ???

5

Clues

- There are many places to find the information you need:
  - Patient's Chart
  - Prenatal Records
  - Patient

6

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH MEDICAL DATA SUPPLEMENTAL WORKSHEET VS 10A (Rev. 1/2016)

Use the codes on this Worksheet to report the appropriate entry in :

- Items numbered 25D and 28A through 31 on the "Certificate of Live Birth"
- Items 29D and 32B through 35 on the "Certificate of Fetal Death"

State of California—Health and Human Services Agency. California Department of Public Health

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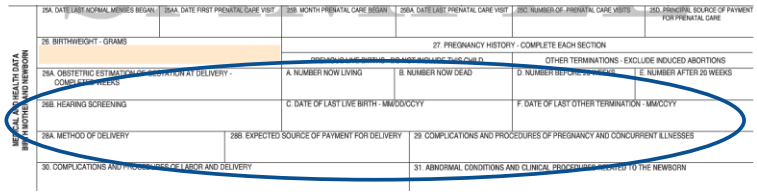
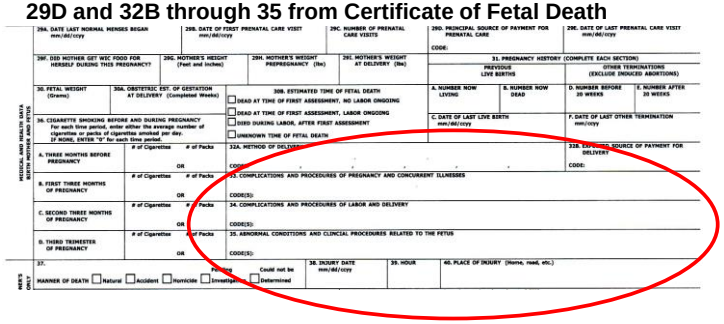
"Certificate of Live Birth" and "Certificate of Fetal Death"

25D and 28A through 31 from Certificate of Live Birth



29D and 32B through 35 from Certificate of Fetal Death



8

Method of Delivery
Item 28A (Birth), Item 32A (Fetal Death)

HOSPITAL USE ONLY

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
MEDICAL DATA SUPPLEMENTAL WORKSHEET
VS 10A (Rev. 1/2006)

Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."

Item 25D. (Birth)
Item 29D. (Fetal Death)

PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE
(Enter only 1 code)

02 Medi-Cal, without CPSP Support Services	07 Private Insurance Company	99 Unknown
13 Medi-Cal, with CPSP Support Services	09 Self Pay	00 No Prenatal Care
05 Other Government Programs (Federal, State, Local)	14 Other	

Item 28A. (Birth)
Item 32A (Fetal Death)

METHOD OF DELIVERY
(Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)

A. Final delivery route
- 01 Cesarean—primary
- 11 Cesarean—primary, with trial of labor attempted
- 21 Cesarean—primary, with vacuum
- 31 Cesarean—primary, with vacuum & trial of labor attempted
- 02 Cesarean—repeat
- 12 Cesarean—repeat, with trial of labor attempted
- 22 Cesarean—repeat, with vacuum
- 32 Cesarean—repeat, with vacuum & trial of labor attempted
- 03 Vaginal—spontaneous
- 04 Vaginal—spontaneous, after previous Cesarean
- 05 Vaginal—forceps
- 15 Vaginal—forceps, after previous Cesarean
- 06 Vaginal—vacuum
- 16 Vaginal—vacuum, after previous Cesarean
- 88 Not Delivered (Fetal Death Only)

B. If mother had a previous Cesarean—How many? _____
(Enter 0 – 9, or U if Unknown)

C. Fetal presentation at birth
- 20 Cephalic fetal presentation at delivery
- 30 Breech fetal presentation at delivery
- 40 Other fetal presentation at delivery
- 90 Unknown

D. Was vaginal delivery with forceps attempted, but unsuccessful?
50 Yes 58 No 59 Unknown

E. Was vaginal delivery with vacuum attempted, but unsuccessful?
60 Yes 68 No 69 Unknown

F. Hysterotomy/Hysterectomy (Fetal Death Only)
70 Yes 78 No

9

What's the difference between 01, 11, 21, 31? What do you choose?

- **A. Final delivery route**
  - 01 Cesarean—primary
  - 11 Cesarean—primary, with trial of labor attempted
  - 21 Cesarean—primary, with vacuum
  - 31 Cesarean—primary, with vacuum & trial of labor attempted

State of California-Health and Human Services Agency. California Department Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

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Method of Delivery (cont'd)
Item 28A (Birth), Item 32A (Fetal Death)

- 01 Cesarean—primary
  - No labor attempt. Surgery scheduled for presentation (e.g. breech), multiples, fetal issues, maternal request. For emergent problems

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

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Method of Delivery (cont'd)
Item 28A (Birth), Item 32A (Fetal Death)

- 11 Cesarean—primary, with trial of labor attempted
  - A vaginal delivery was planned
  - Labor attempted-natural, induced or augmented
  - Emergent for maternal or fetal problems
  - Failure to progress or fetal intolerance

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

12

Method of Delivery (cont'd)
Item 28A (Birth), Item32A (Fetal Death)

- 21 Cesarean—primary, with vacuum
  - Vacuum used at cesarean delivery

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016)

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Method of Delivery
Item 28A (Birth), Item 32A (Fetal Death)

- 31 Cesarean—primary, with vacuum & trial of labor attempted
  - Labor attempted-natural, induced or augmented
  - Emergent for maternal or fetal problems, failure to progress or fetal intolerance
  - Vacuum used at attempt at vaginal delivery or at Cesarean

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

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Where do you go to determine the right choice?
Method of Delivery
Item 28A (Birth), Item 32A (Fetal Death)

- Primary cesarean—Any

Clues in:

Admission Record, Labor flow sheet
Medication Administration Record (MAR)
Delivery Record, Operative Notes
Newborn Record
Provider (MD, CNM, LM) Notes, RN notes
Provider Discharge Summary

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Fetal presentation at birth
Item 28A (Birth), Item 32A (Fetal Death)

HOSPITAL USE ONLY

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
MEDICAL DATA SUPPLEMENTAL WORKSHEET
VS 10A (Rev. 1/2006)

Use the codes on this Worksheet to report the appropriate entry in items numbered 25D and 28A through 31 on the "Certificate of Live Birth" and for items 29D and 32B through 35 on the "Certificate of Fetal Death."

Item 25D. (Birth)
Item 29D. (Fetal Death)
PRINCIPAL SOURCE OF PAYMENT FOR PRENATAL CARE
(Enter only 1 code)

02 Medi-Cal, without CPSP Support Services	07 Private Insurance Company	99 Unknown
13 Medi-Cal, with CPSP Support Services	09 Self Pay	00 No Prenatal Care
05 Other Government Programs (Federal, State, Local)	14 Other	

Item 28A. (Birth)
Item 32A (Fetal Death)
METHOD OF DELIVERY
(Enter only 1 code/number under each section, separated by commas: A,B,C,D,E,F)

A. Final delivery route
01 Cesarean—primary
11 Cesarean—primary, with trial of labor attempted
21 Cesarean—primary, with vacuum
31 Cesarean—primary, with vacuum & trial of labor attempted
02 Cesarean—repeat
12 Cesarean—repeat, with trial of labor attempted
22 Cesarean—repeat, with vacuum
32 Cesarean—repeat, with vacuum & trial of labor attempted
03 Vaginal—spontaneous
04 Vaginal—spontaneous, after previous Cesarean
05 Vaginal—forceps
15 Vaginal—forceps, after previous Cesarean
06 Vaginal—vacuum
16 Vaginal—vacuum, after previous Cesarean
88 Not Delivered (Fetal Death Only)

B. If mother had a previous Cesarean—How many? _____
(Enter 0 – 9, or U if Unknown)

C. Fetal presentation at birth
20 Cephalic fetal presentation at delivery
30 Breech fetal presentation at delivery
40 Other fetal presentation at delivery
90 Unknown

D. Was vaginal delivery with forceps attempted, but unsuccessful?
50 Yes 58 No 59 Unknown

E. Was vaginal delivery with vacuum attempted, but unsuccessful?
60 Yes 68 No 69 Unknown

F. Hysterotomy/Hysterectomy (Fetal Death Only)
70 Yes 78 No

16

Which end came out first?
Method of Delivery
Item 28A (Birth), Item 32A (Fetal Death)

- **C. Fetal Presentation at Birth**
  - 20—Cephalic fetal presentation at delivery
    - Head first: vertex, military, brow, face
  - 30—Breech fetal presentation at delivery
    - Buttocks first: complete, frank or footling (single or double)
  - 40—Other fetal presentation at delivery
    - Transverse, shoulder, arm
  - 90—Unknown

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2006).

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Fetal Presentation

Cephalic-Head down

Breech-Head up: frank or footling

Other: Head neither up nor down

18

Complications and Procedures of Pregnancy and Concurrent Illnesses Item 29(Birth), Item 33(Fetal Death)

Item 29. (Birth) *Item 33. (Fetal Death)*	*COMPLICATIONS AND PROCEDURES OF PREGNANCY AND CONCURRENT ILLNESSES* *(Enter up to 16 codes, separated by commas, for the most important complications/procedures.)*
DIABETES	
09	Prepregnancy (Diagnosis prior to this pregnancy)
31	Gestational (Diagnosis in this pregnancy)
HYPERTENSION	
03	Prepregnancy (Chronic)
01	Gestational (PIH, Preeclampsia)
02	Eclampsia
OTHER COMPLICATIONS/PREGNANCIES	
32	Large fibroids
33	Asthma
34	Multiple pregnancy (more than 1 fetus this pregnancy)
35	Intrauterine growth restricted birth this pregnancy
23	Previous preterm birth (<37 weeks gestation)
36	Other previous poor pregnancy outcomes (Includes perinatal death, small-for-gestational age/intrauterine growth restricted birth, large for gestational age, etc.)
OBSTETRIC PROCEDURES	
24	Cervical cerclage
28	Tocolysis
37	External cephalic version—Successful
38	External cephalic version—Failed
39	Consultation with specialist for high risk obstetric services
PREGNANCY RESULTED FROM INFERTILITY TREATMENT	
40	Fertility-enhancing drugs, artificial insemination or intrauterine insemination
41	Assisted reproductive technology (e.g., in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT)
INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY	
42	Chlamydia
43	Gonorrhea
44	Group B streptococcus
18	Hepatitis B (acute infection or carrier)
45	Hepatitis C
16	Herpes simplex virus (HSV)
46	Syphilis
47	Cytomegalovirus (Fetal Death Only)
48	Listeria (Fetal Death Only)
49	Parvovirus (Fetal Death Only)
50	Toxoplasmosis (Fetal Death Only)
PRENATAL SCREENING DONE FOR INFECTIOUS DISEASES	
51	Chlamydia
52	Gonorrhea
53	Group B streptococcal infection
54	Hepatitis B
55	Human immunodeficiency virus (offered)
56	Syphilis
NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED	
00	None
30	Other Pregnancy Complications/Procedures not Listed

19

Complications and Procedures of Pregnancy and Concurrent Illnesses Item 29 (Birth), Item 33 (Fetal Death)

- Diabetes
- Hypertension
- Obstetric Procedures
- Infections Present and/or Treated During This Pregnancy
- Prenatal Screening Done for Infectious Diseases

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2006).

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Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd) Item 29 (Birth), Item 33 (Fetal Death)

- Diabetes
  - 09—Pre-pregnancy (Diagnosis prior to this pregnancy)
    - Type I or Type II
    - Not pregnancy related
  - 31--Gestational (Diagnosis in this pregnancy)
    - Other pregnancies don't apply here

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

21

Where might you find the answer? Item 29 (Birth), Item 33 (Fetal Death)

- Diabetes

Clues in:

Prenatal Record, Clinic notes,
Diabetic Record
Medication Administration Record,
Provider Note, Nursing Flow sheet
Delivery Record or Summary

22

Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd) Item 29 (Birth), Item 33 (Fetal Death)

- Hypertension
  - 03—Prepregnancy (Chronic)
    - Had hypertension before pregnancy
  - 01—Gestational (Pregnancy Induced Hypertension (PIH), Preeclampsia)
    - Occurring during this pregnancy
  - 02—Eclampsia
    - Seizures related to hypertension in pregnancy, not a previous seizure disorder or non-pregnancy related diagnosis

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

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Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd) Item 29 (Birth), Item 33 (Fetal Death)

Where do you find the type of hypertension?

Clues in:

Prenatal record

Medication Administration Record

Admission Record, Labor or Inpatient Flow sheet

Transfer to ICU, Delivery Record

Provider Discharge Summary

24

Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd) Item 29 (Birth), Item 33 (Fetal Death)

- Obstetric Procedures:
  - 28—Tocolysis
    - Stopping or slowing uterine contractions to delay preterm delivery prolonging the pregnancy
  - 39--Consultation with specialist for high risk obstetric services
    - Perinatologist
    - Maternal Fetal Medicine Specialist

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

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Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd) Item 29 (Birth), Item 33 (Fetal Death)

- 28—Tocolysis
- 39--Consultation with specialist for high risk obstetric services

Clues in:

Prenatal record, Admission Record
Labor and/or Inpatient Flow Sheet
Medication Administration Record
Newborn Admission Record, Delivery Record
Physician (specialist) Name and Consultation Note

26

Complications and Procedures of Pregnancy and Concurrent Illnesses Item 29 (Birth), Item 33 (Fetal Death)

- Infections present and/or treated during this pregnancy
  - 42—Chlamydia
  - 43—Gonorrhea
  - 44—Group B Streptococcus (GBS)
  - 45—Hepatitis C (HCV)
  - 16—Herpes simplex virus (HSV)
  - 46—Syphillis

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

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Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd) Item 29 (Birth), Item 33 (Fetal Death)

- Prenatal Screening done for infectious diseases
  - 51-Chlamydia
  - 52-Gonorrhea
  - 53-Group B Streptococcal infection
  - 54-Hepatitis B
  - 55-Human Immunodeficiency Virus (opt out)
  - 56-Syphilis

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

28

Complications and Procedures of Pregnancy and Concurrent Illnesses (cont'd) Item 29 (Birth), Item 33 (Fetal Death)

- **Prenatal screening done for infectious diseases**
  - Screening is not a diagnosis, it is performed:
    - During prenatal care
    - When admitted to hospital yet no prenatal care
    - When there was prenatal care, but records are not available

Clues in:

- Prenatal Record, Admission Record
- Labor and/or Inpatient Flow Sheet, Lab Report
- Newborn Admission Record, Delivery Record
- Provider or RN note and/or orders

29

Item 30 (Birth) COMPLICATIONS AND PROCEDURES Item 34 (Fetal Death) OF LABOR AND DELIVERY

CERTIFICATES OF LIVE BIRTH AND FETAL DEATH—MEDICAL DATA SUPPLEMENTAL WORKSHEET (Continued)

Item 30 (Birth) / *Item 34 (Fetal Death)* — *COMPLICATIONS AND PROCEDURES OF LABOR AND DELIVERY*
(Enter up to 9 codes, separated by commas, for the most important complications/procedures.)

ONSET OF LABOR	
10	Premature rupture of membranes (☐ 12 hours)
07	Precipitous labor (< 3 hours)
08	Prolonged labor (☐☐20 hours☐
CHARACTERISTICS OF LABOR AND DELIVERY	
11	Induction of labor
12	Augmentation of labor
32	Non-vertex presentation
33	Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
34	Antibiotics received by the mother during labor
35	Clinical chorioamnionitis diagnosed during labor or maternal temperature ☐☐38°C☐☐100.4°F☐
19	Moderate/heavy meconium staining of the amniotic fluid
36	Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment, or operative delivery
37	Epidural or spinal anesthesia during labor
25	Mother transferred for delivery from another facility for maternal medical or fetal indications

COMPLICATIONS OF PLACENTA, CORD, AND MEMBRANES	
38	Rupture of membranes prior to onset of labor
13	Abruptio placenta
39	Placental insufficiency
20	Prolapsed cord
17	Chorioamnionitis
MATERNAL MORBIDITY	
24	Maternal blood transfusion
40	Third or fourth degree perineal laceration
41	Ruptured uterus
42	Unplanned hysterectomy
43	Admission to ICU
44	Unplanned operating room procedure following delivery
NONE OR OTHER COMPLICATIONS/PROCEDURES NOT LISTED	
00	None
31	Other Labor/Delivery Complications/Procedures not Listed

30

Complications of Labor and Delivery Item 30 (Birth), Item 34 (Fetal Death)

- Characteristics of Labor and Delivery
  - 11—Induction of labor
  - 12—Augmentation of labor
  - 32—Non-vertex Presentation
  - 33—Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
  - 24—Maternal blood transfusion

State of California-Health and Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

31

Complications and Procedures of Labor and Delivery (cont'd) Item 30 (Birth), Item 34 (Fetal Death)

- Characteristics of Labor and Delivery
  - 11—Induction of labor
    - Used to get labor started
    - Not in labor
    - May use cervical ripening prior to starting induction
  - 12—Augmentation of labor
    - Help existing labor move along
    - Already in labor, but not progressing
    - May rupture membranes

32

(30) Complications and Procedures of Labor and Delivery (cont'd)

Induction of labor =

Let's get this party started!!

Augmentation of labor =

Let's liven this party up!!

33

(30) Complications and Procedures of Labor and Delivery (cont'd)

- 32—Non-vertex Presentation: was not cephalic (head down) at delivery

34

Complications and Procedures of Labor and Delivery (cont'd)
Item 30 (Birth), Item 34 (Fetal Death)

- 33—Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
  - Given between 23 0/7 and 33 6/7 weeks of gestation

35

Where might you find the clue?
Complications and Procedures of Labor and Delivery (cont'd)
Item 30 (Birth), Item 34 (Fetal Death)

Clues in:

Admission Record, MAR
Labor and/or Inpatient Flow Sheet Newborn Admission Record
Delivery Record, Provider or RN note
Provider Discharge Summary
Provider orders

36

Complications and Procedures of Labor and Delivery (cont'd)
Item 30 (Birth), Item 34 (Fetal Death)

- Maternal Morbidity
  - 24 - Maternal blood transfusion

Did the mother receive any of the following?

- Packed cells
- Platelets
- Fresh Frozen Plasma
- Cryoprecipitates

Clues in:

MAR, IV Flow Sheet, Labor and/or Inpatient Flow Sheet Provider Notes, Blood Bank tags

State of California-Health and Human Services Agency. California Department of Public Health. Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

37

Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus
Item 31 (Birth), Item 35 (Death)

Item 31 (Birth) *Item 35 (Fetal Death)*	*ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE NEWBORN* *ABNORMAL CONDITIONS AND CLINICAL PROCEDURES RELATING TO THE FETUS* *(Enter up to 10 codes, separated by commas, for the most important conditions/procedures.)*
CONGENITAL ANOMALIES (NEWBORN OR FETUS)	
01	Anencephaly
02	Meningomyelocele/Spina bifida
76	Cyanotic congenital heart disease
77	Congenital diaphragmatic hernia
78	Omphalocele
79	Gastroschisis
80	Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
28	Cleft palate alone
29	Cleft lip alone
30	Cleft palate with cleft lip
57	Down's Syndrome—Karyotype confirmed
81	Down's Syndrome—Karyotype pending
82	Suspected chromosomal disorder—Karyotype confirmed
83	Suspected chromosomal disorder—Karyotype pending
35	Hypospadias
88	Aortic stenosis
89	Pulmonary stenosis
90	Atresia
62	Additional and unspecified congenital anomalies not listed above
ABNORMAL CONDITIONS (NEWBORN OR FETUS)	
66	Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
ADDITIONAL ABNORMAL CONDITIONS/PROCEDURES (NEWBORN ONLY)	
71	Assisted ventilation required immediately following delivery
85	Assisted ventilation required for more than 6 hours
73	NICU admission
86	Newborn given surfactant replacement therapy
87	Antibiotics received by the newborn for suspected neonatal sepsis
70	Seizure or serious neurological dysfunction
74	Newborn transferred to another facility within 24 hours of delivery
NONE OR OTHER ABNORMAL CONDITIONS/PROCEDURES NOT LISTED	
00	None (Newborn or Fetus)
75	Other Conditions/Procedures not Listed (Newborn Only)
67	Other Conditions/Procedures not Listed (Fetal Death Only)

38

Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- Congenital Anomalies
  - 28—Cleft palate alone
  - 29—Cleft lip alone
  - 30—Cleft palate with cleft lip
- Abnormal conditions
  - 66—Significant birth injury

State of California-Health and Human Services Agency. California Department of Public Health Certificates of Live Birth and Fetal Death Medical Data Supplemental Worksheet. VS 10A (Revised 1/2016).

39

Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- Congenital Anomalies
  - 28—Cleft palate alone
    - An opening in the palate to the nose
  - 29—Cleft lip alone
    - Opening in upper lip
  - 30—Cleft palate with cleft lip
    - Both

40

Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- Abnormal Conditions
  - 66—Significant birth injury
    - (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- Examples:
  - Clavicle or humerus fracture
  - Brachial plexus injury
  - Bleeding under scalp or in brain

41

Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- 66—Significant birth injury (cont'd)
  - *Be very sure* that the birth certificate matches the provider's documented diagnosis.
  - *Double check* with RN or Supervisor before using code.

42

Abnormal Conditions and Clinical Procedures Relating to the Newborn or Fetus Item 31 (Birth), Item 35 (Fetal)

- Congenital Anomalies
  - 28—Cleft palate alone
  - 29—Cleft lip alone
  - 30—Cleft palate with cleft lip
- Abnormal conditions
  - 66—Significant birth injury

Clues in:

Admission Record, Labor and/or Inpatient Flow sheet, OB Provider Notes, Newborn Admission Record, Delivery Record, Provider Notes (NICU) Nursery or NICU Flow Sheet
Provider Discharge Summary

43

Why does it matter so much?

Birth data is an important data source for data collection, allocating resources, and developing educational materials.

- California Maternal Quality Care Collaborative (CMQCC) toolkits:
  - Promote Vaginal Birth/Reduce Cesarean Delivery
  - Hemorrhage
  - Preeclampsia

    http://www.cmqcc.org
- MOD ACT program
  - March of Dimes Antenatal Corticosteroid Treatment

    http://www.marchofdimes.org/california/

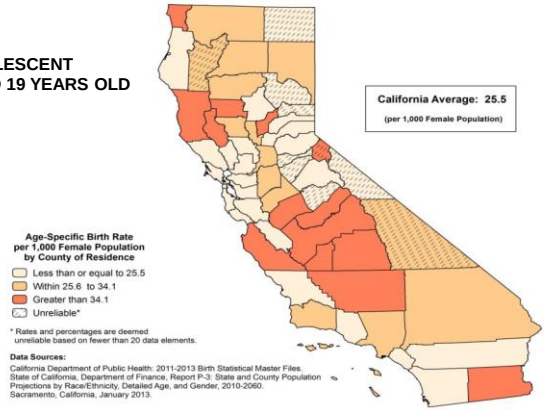
44

Why does it matter so much?

- County Health Status Profiles

http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2015.pdf

BIRTHS TO ADOLESCENT MOTHERS, 15 TO 19 YEARS OLD 2011-2013



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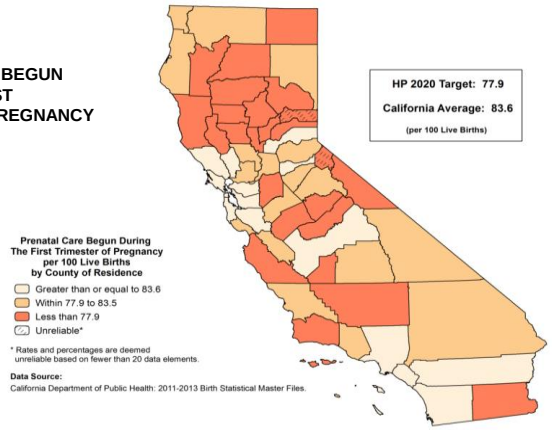
Why does it matter so much?

- County Health Status Profiles

http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2015.pdf

PRENATAL CARE BEGUN DURING THE FIRST TRIMESTER OF PREGNANCY 2011-2013



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Why does it matter so much?

- "Good beginnings make a positive difference in the world, so it is worth our while to provide the best possible care for mothers and babies throughout this extraordinarily influential part of life."
- "The way a culture treats women in birth is a good indicator of how well women and their contributions to society are valued and honored."

- Ina Mae Gaskin

47

You solved it!

Clue:

The birth certificates you submitted were accurate

The birth certificates you processed were timely

Thank you for your hard work

You are appreciated

48

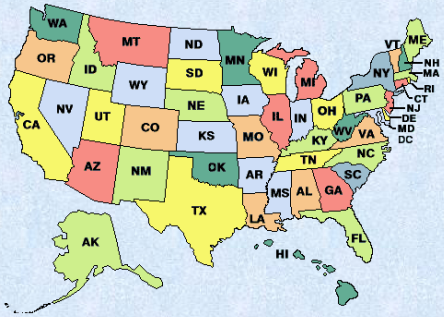
PATERNITY
OPPORTUNITY
PROGRAM

WHAT IS POP?

Paternity Opportunity Program

POP provides an **unmarried** Mother and a biological Father the opportunity to **voluntarily** establish legal paternity for their child by signing a Declaration of Paternity (CS 909).

FEDERALLY MANDATED PROGRAM



All states must have a program to establish paternity voluntarily

[CFR 302.31 (a)(1)]

Paternity established in one state is recognized throughout the United States

[CFR 302.70 (11)]

LEGAL REFERENCES

<u>California Family Code</u>

Sections 7570 – 7577

"There is a compelling state interest in establishing paternity for all children. Establishing paternity is the first step toward a child support award, which, in turn, provides children with equal rights and access to benefits, including, but not limited to, social security, health insurance, survivors' benefits, military benefits, and inheritance rights. Knowledge of family medical history is often necessary for correct medical diagnosis and treatment. Additionally, knowing one's father is important to a child's development."

[Family Code Section 7570(a)]

PATERNITY LAWS

When the parents are married, "… the child of a wife cohabiting with her husband … is conclusively presumed to be a child of the marriage." [Family Code Section 7540]

When parents are **not** married, paternity must be established through a legal paternity establishment process:

- File a Voluntary Declaration of Paternity
- Court Order (judicial)

POP HISTORY

1993-1994
- Pilot program

January 1, 1995
- Birthing hospitals and authorized agencies shall provide unmarried parents the opportunity to voluntarily acknowledge paternity

January 1, 1997
- Paternity must be established prior to the father's name being listed on the birth certificate

January 1, 2000
- Child Support Reform Act of 1999 created the California Department of Child Support Services

January 1, 2014
- Increase participation in POP by conducting outreach and provide training to witnessing agencies

WHY POP ?

A filed Declaration of Paternity has the same legal force and effect as a judgment of paternity entered by a court

BENEFITS

Proof of legal paternity needed for:

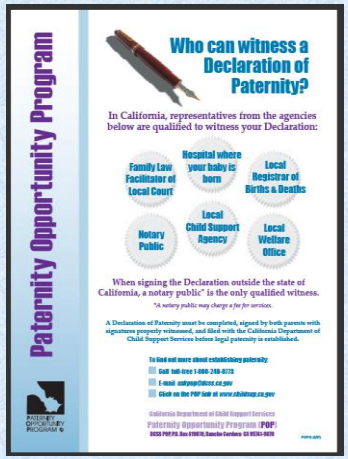
- Obtaining a child support order
- Public assistance
- Benefits (health/medical, social security)
- Inheritance
- School records
- Child's Passport/Travel
- Father's name on birth certificate

Fun Facts and Figures

- California's Paternity Opportunity Program is a national model
- Over 2.9 Million POP Declarations have been filed since 1995
- Less than 10% are linked to a child support case
- Over 161,000 POP Declarations filed in FFY 2015
- 3,400 POP Declarations filed +/- per week

PRIMARY AUTHORIZED WITNESSES

- Hospitals
- County Registrar Offices
- Courts/Family Law Facilitators
- Social Services Agencies
- Local Child Support Offices
- Notary Public



Paternity Opportunity Program

Who can witness a Declaration of Paternity?

In California, representatives from the agencies below are qualified to witness your Declaration:

Family Law Facilitator of Local Court

Hospital where your baby is born

Local Registrar of Births & Deaths

Notary Public

Local Child Support Agency

Local Welfare Office

When signing the Declaration outside the state of California, a notary public* is the only qualified witness.

*A notary public may charge a fee for services.

A Declaration of Paternity must be completed, signed by both parents with signatures properly witnessed, and filed with the California Department of Child Support Services before legal paternity is established.

To find out more about establishing paternity:

Call: toll-free 1-866-240-8170

E-mail: askpop@dcss.ca.gov

Click on the POP link at www.childsup.ca.gov

California Department of Child Support Services

Paternity Opportunity Program (POP)

DCSS-POP,P.O. Box 419078, Rancho Cordova CA 95741-9078

WITNESS RESPONSIBILITIES

"Parents shall also be given oral notice of the rights and responsibilities… Oral notice may be accomplished through the use of audio or video recorded programs developed by the Department of Child Support Services to the extent permitted by federal law."

[Family Code Section 7572 (c)-(b)]

- Written:
  - Purple sheet of Declaration
  - The back side of parent copy
  - Handouts and pamphlets
- Verbal:
  - DVD
  - POP phone tree 1-866-249-0773
  - Witness reading the entire purple sheet

FREQUENTLY ASKED QUESTION

Is ID required ?

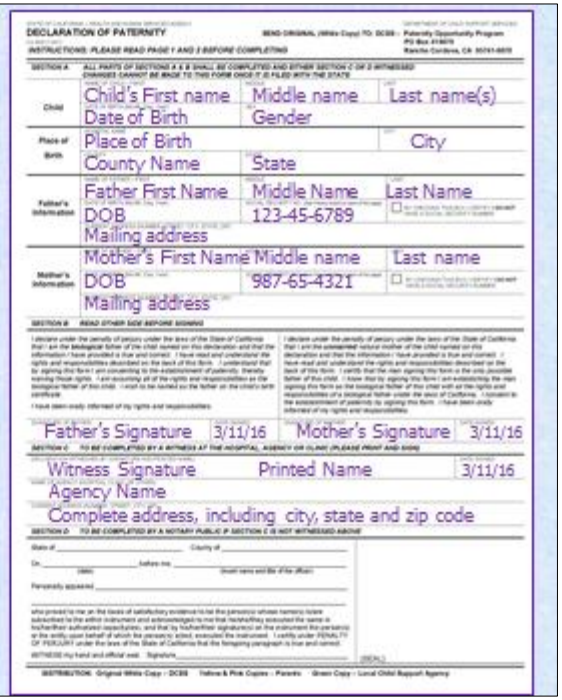
- There are no Federal or State requirements for identification
- The parents are signing under penalty of perjury
- Follow Hospital/Agency Policy
  "No health care provider shall be subject to civil, criminal, or administrative liability for any negligent act or omission relative to the accuracy of the information provided, or for filing the declaration with the appropriate state or local agencies."
  [FC 7571(b)]

COMPLETING THE DECLARATION OF PATERNITY

- Use black or blue ink (No Pencil)
- Cannot be signed prior to child's birth
  - (Military Exception)
- Complete a separate declaration for each child
  - Siblings
  - Identify Twins: "Twin A" "Twin B"
  - Triplets, etc.
- Forms must be submitted to the Department of Child Support Services <u>within 20 days</u> of signing

COMPLETION OF CS 909

One Witness
Same Date



DECLARATION OF PATERNITY

Child's First name | Middle name | Last name(s)
Date of Birth | Gender

Place of Birth | City
County Name | State

Father First Name | Middle Name | Last Name
DOB | 123-45-6789
Mailing address

Mother's First Name | Middle name | Last name
DOB | 987-65-4321
Mailing address

Father's Signature | 3/11/16 | Mother's Signature | 3/11/16

Witness Signature | Printed Name | 3/11/16
Agency Name
Complete address, including city, state and zip code

COMPLETION OF CS 909

One Witness - Separate Dates

DECLARATION OF PATERNITY

SEND ORIGINAL (White Copy) TO: DCSS – Paternity Opportunity Program, PO Box 419070, Rancho Cordova, CA 95741-9070

INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING

SECTION A ALL PARTS OF SECTIONS A & B SHALL BE COMPLETED AND EITHER SECTION C OR D WITNESSED. CHANGES CANNOT BE MADE TO THIS FORM ONCE IT IS FILED WITH THE STATE

Child: Child's First name | Middle name | Last name(s)
Date of Birth | Gender

Place of Birth: Place of Birth | City
County Name | State

Father's Information: Father First Name | Middle Name | Last Name
DOB | 123-45-6789
Mailing address

Mother's Information: Mother's First Name | Middle name | Last name
DOB | 987-65-4321
Mailing address

SECTION B READ OTHER SIDE BEFORE SIGNING

I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am consenting to the establishment of paternity, thereby waiving those rights. I am assuming all of the rights and responsibilities as the biological father of this child. I wish to be named as the father on the child's birth certificate.

I have been orally informed of my rights and responsibilities.

Father's Signature 3/11/16

I declare under the penalty of perjury under the laws of the State of California that I am the unmarried natural mother of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I certify that the man signing this form is the only possible father of this child. I know that by signing this form I am establishing the man signing this form as the biological father of this child with all the rights and responsibilities of a biological father under the laws of California. I consent to the establishment of paternity by signing this form. I have been orally informed of my rights and responsibilities.

Mother's Signature 3/10/16

SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)

Witness Signature | Printed Name | Mother 3/10/16
Agency Name | Father 3/11/16
Complete address, including city, state and zip code

SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE

State of _____ County of _____
On _____ (date) before me _____ (insert name and title of the officer)
Personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal. Signature _____ (SEAL)

DISTRIBUTION: Original White Copy – DCSS Yellow & Pink Copies – Parents Green Copy – Local Child Support Agency

COMPLETION OF CS 909

Two Witnesses Separate Dates

DECLARATION OF PATERNITY

SEND ORIGINAL (White Copy) TO: DCSS – Paternity Opportunity Program, PO Box 419070, Rancho Cordova, CA 95741-9070

INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING

SECTION A ALL PARTS OF SECTIONS A & B SHALL BE COMPLETED AND EITHER SECTION C OR D WITNESSED. CHANGES CANNOT BE MADE TO THIS FORM ONCE IT IS FILED WITH THE STATE

Child: Child's First name | Middle name | Last name(s)
Date of Birth | Gender

Place of Birth: Place of Birth | City
County Name | State

Father's Information: Father First Name | Middle Name | Last Name
DOB | 123-45-6789
Mailing address

Mother's Information: Mother's First Name | Middle name | Last name
DOB | 987-65-4321
Mailing address

SECTION B READ OTHER SIDE BEFORE SIGNING

I declare under the penalty of perjury under the laws of the State of California that I am the biological father of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I understand that by signing this form I am consenting to the establishment of paternity, thereby waiving those rights. I am assuming all of the rights and responsibilities as the biological father of this child. I wish to be named as the father on the child's birth certificate.

I have been orally informed of my rights and responsibilities.

Father's Signature 3/12/16

I declare under the penalty of perjury under the laws of the State of California that I am the unmarried natural mother of the child named on this declaration and that the information I have provided is true and correct. I have read and understand the rights and responsibilities described on the back of this form. I certify that the man signing this form is the only possible father of this child. I know that by signing this form I am establishing the man signing this form as the biological father of this child with all the rights and responsibilities of a biological father under the laws of California. I consent to the establishment of paternity by signing this form. I have been orally informed of my rights and responsibilities.

Mother's Signature 3/10/16

SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)

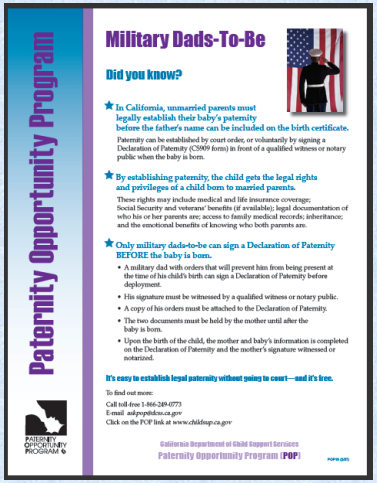
Witness #1 Signature/ Printed Name (Mother) 3/10/16
Agency Name– Witness #2 Signature/Printed Name (Father) 3/12/16
Complete address, including city, state and zip code

SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE

State of _____ County of _____
On _____ (date) before me _____ (insert name and title of the officer)
Personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal. Signature _____ (SEAL)

DISTRIBUTION: Original White Copy – DCSS Yellow & Pink Copies – Parents Green Copy – Local Child Support Agency

MILITARY DAD



Paternity Opportunity Program

PATERNITY OPPORTUNITY PROGRAM

Military Dads-To-Be

Did you know?

★ **In California, unmarried parents must legally establish their baby's paternity before the father's name can be included on the birth certificate.**

Paternity can be established by court order, or voluntarily by signing a Declaration of Paternity (CS009 form) in front of a qualified witness or notary public when the baby is born.

★ **By establishing paternity, the child gets the legal rights and privileges of a child born to married parents.**

These rights may include medical and life insurance coverage; Social Security and veterans' benefits (if available); legal documentation of who his or her parents are; access to family medical records; inheritance; and the emotional benefits of knowing who both parents are.

★ **Only military dads-to-be can sign a Declaration of Paternity BEFORE the baby is born.**

- A military dad with orders that will prevent him from being present at the time of his child's birth can sign a Declaration of Paternity before deployment.
- His signature must be witnessed by a qualified witness or notary public.
- A copy of his orders must be attached to the Declaration of Paternity.
- The two documents must be held by the mother until after the baby is born.
- Upon the birth of the child, the mother and baby's information is completed on the Declaration of Paternity and the mother's signature witnessed or notarized.

It's easy to establish legal paternity without going to court—and it's free.

To find out more:

Call toll-free 1-866-249-0773
E-mail: **ask.pop@dss.ca.gov**
Click on the POP link at *www.childsup.ca.gov*

California Department of Child Support Services
Paternity Opportunity Program (**POP**)

POP-00 (5/07)

MILITARY FATHER'S EXCEPTION

1. Father fills in his information only and signs prior to child's birth
2. Witness is a Notary Public

➢ Child is born

1. Mother completes remainder of Section A and signs
2. Witness completes Section C
3. Mail to POP **with the father's military orders stapled to it**

DECLARATION OF PATERNITY

SEND ORIGINAL (White Copy) TO: DCSS – Paternity Opportunity Program PO Box 419018 Rancho Cordova, CA 95741-9018

INSTRUCTIONS: PLEASE READ PAGE 1 AND 2 BEFORE COMPLETING

SECTION A ALL PARTS OF SECTIONS A & B SHALL BE COMPLETED AND EITHER SECTION C OR D WITNESSED CHANGES CANNOT BE MADE TO THIS FORM ONCE IT IS FILED WITH THE STATE

Child

Place of Birth

Father's Information

Mother's Information

SECTION B READ OTHER SIDE BEFORE SIGNING

SECTION C TO BE COMPLETED BY A WITNESS AT THE HOSPITAL, AGENCY OR CLINIC (PLEASE PRINT AND SIGN)

SECTION D TO BE COMPLETED BY A NOTARY PUBLIC IF SECTION C IS NOT WITNESSED ABOVE

NOTARY PUBLIC

DISTRIBUTION: Original White Copy – DCSS Yellow & Pink Copies – Parents Green Copy – Local Child Support Agency

DOUBLE CHECK

California Department of Child Support Services
Paternity Opportunity Program

Before submitting your POP forms, be sure to:

DOUBLE CHECK ✓✓

Completeness:
- All fields are complete
- BOTH parents signed
- Witness name and signature
- Agency name and address
- Signature dates included

Accuracy:
- Child's DOB is correct
- Parents' DOBs are correct
- County of child's birth is correct
- Names are spelled correctly

PATERNITY OPPORTUNITY PROGRAM

Mail original (white page) to:
DCSS—POP Unit (*Agency Code*)
PO Box 419070
Rancho Cordova, CA 95741-9070

Questions?
Contact your state POP Analyst
Call 1-866-240-0773 E-mail ASKPOP@dcss.ca.gov

OTHER POP SERVICES

- Certified Copies
- Rescission
- Set Aside

OBTAINING CERTIFIED COPIES

Certified Copies For Parents

CS 918 Request For A Filed Declaration Of Paternity

Form Available at:

www.childsup.ca.gov

1-866-249-0773

ASKPOP@dcss.ca.gov

May be submitted by either parent or the child. Must be signed and mailed to POP

Certified Copies For Agencies

CS 919 Paternity Declaration Information Request

Form Available at:

www.childsup.ca.gov

1-866-249-0773

ASKPOP@dcss.ca.gov

Agencies may submit via fax, email or US mail

RESCISSIONS CS 915

Either Parent has right to rescind

- Must be Notarized
- Must include Return Receipt
  - Other parent notification
- Must be postmarked on or before 60th day from the date original CS 909 was signed
- Minors
  - 60 days after 18th birthday

Form Available On DCSS Public Website or Contact POP

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF CHILD SUPPORT SERVICES

DECLARATION OF PATERNITY RESCISSION

CS 915 (Legal) (v08)

Please refer to the instructions on the back of this page. Use blue or black ink. Type or print clearly. Either person who signed the Declaration of Paternity may use this form to rescind their filed Declaration of Paternity. *Completing and filing this form cancels the legal father and child relationship created by the Declaration of Paternity that was filed with the Department of Child Support Services (DCSS).* ***Please note that rescinding a Declaration of Paternity will not automatically remove a man's name from the birth certificate. This action requires a court order and an amendment request to the State Office of Vital Records.***

THIS IS A LEGAL DOCUMENT. PLEASE READ AND COMPLETE CAREFULLY

DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND WHAT IT MEANS.

TYPE OR PRINT NAME OF PARENT SIGNING RESCISSION (FIRST, MIDDLE, LAST)

I, _____ **declare as follows:**

1. I signed the Declaration of Paternity form for the child listed below and have stated the date and the county and state where it was signed.

   FIRST NAME OF CHILD | MIDDLE | LAST

   CHILD'S DATE OF BIRTH (MONTH/DAY/YEAR) | COUNTY AND STATE WHERE SIGNED | DATE SIGNED (MONTH/DAY/YEAR)

2. The name and address of the **other** person who signed the Declaration of Paternity.

   FIRST NAME OF OTHER PERSON | MIDDLE | LAST

   STREET ADDRESS (APARTMENT NUMBER) CITY (STATE, ZIP CODE)

3. My Social Security Number and date of birth is:

   SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON BACK) | ☐ BY CHECKING THIS BOX, I ATTEST I DO NOT HAVE SOCIAL SECURITY NUMBER | DATE OF BIRTH (MONTH/DAY/YEAR)

4. I declare, **under penalty of perjury**, that a copy of this rescission was mailed to the other person who signed the Declaration of Paternity and **I have requested the original return receipt**.
5. I am including a copy of the original signed return receipt as proof of mailing to the other person who signed the Declaration of Paternity.
6. **I want to cancel the legal father and child relationship created by the Declaration of Paternity. I understand that signing this form will cancel the Declaration of Paternity, provided that it is postmarked and mailed to DCSS within 60 days of the date the Declaration of Paternity was signed by the last person to sign it.**

   I declare, **under penalty of perjury**, under the laws of the State of California, that the foregoing is true and correct.

   DATE EXECUTED (MONTH/DAY/YEAR) | YOUR SIGNATURE

   STREET ADDRESS | APARTMENT NUMBER | CITY | STATE | ZIP CODE

   YOUR PHONE NUMBER

Date of _____ County of _____

On _____ before me: _____

(here insert name and title of officer)

personally appeared _____

_____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. (SEAL)

Signature _____

Page 1 of 2

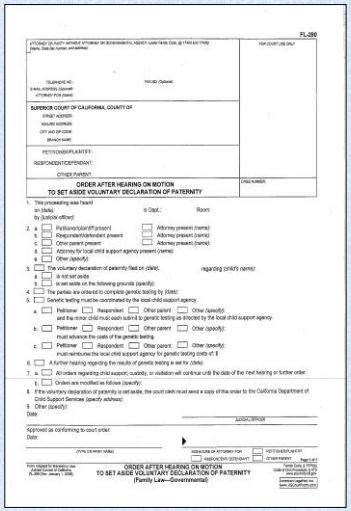
SET ASIDES

Form FL 290

Minute Orders Accepted

Required Information:

- Child's full name
- Child's Date of Birth
- Court Clerk filed stamp
- Cancellation language



FL-290

ORDER AFTER HEARING ON MOTION
TO SET ASIDE VOLUNTARY DECLARATION OF PATERNITY

ORDER AFTER HEARING ON MOTION
TO SET ASIDE VOLUNTARY DECLARATION OF PATERNITY
(Family Law—Governmental)

FILLABLE CS 909 FORM

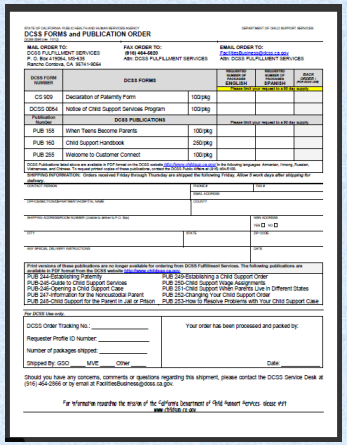
- Must have 2-sided printer
- Print only one original to sign
- Sample CS 909 accessible online

- For fillable form contact POP
  - askPOP@dcss.ca.gov
  - 1-866-249-0773

DECLARATION OF PATERNITY

ORDERING CS 909

- DCSS Publication Order Form DCSS 0596 (Revised 11/12)
- FAX to DCSS Fulfillment Services 916-464-5620



STATE OF CALIFORNIA - PUBLIC HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

DCSS FORMS and PUBLICATION ORDER

DCS 0596 (Rev. 11/12)

MAIL ORDER TO:
DCSS FULFILLMENT SERVICES
P.O. Box 419064, MS-639
Rancho Cordova, CA 95741-9064

FAX ORDER TO:
(916) 464-5620
ABI: DCSS FULFILLMENT SERVICES

EMAIL ORDER TO:
FacilitiesBusiness@dcss.ca.gov
ABI: DCSS FULFILLMENT SERVICES

DCSS FORM NUMBER	DCSS FORMS		REQUESTED NUMBER OF FORMS ENGLISH	REQUESTED NUMBER OF FORMS SPANISH	DATE REQUESTED
			Please limit your request to a 90 day supply		
CS 909	Declaration of Paternity Form	100/pkg			
DCSS 0064	Notice of Child Support Services Program	100/pkg			
Publication Number	**DCSS PUBLICATIONS**		Please limit your request to a 90 day supply		
PUB 158	When Teens Become Parents	100/pkg			
PUB 160	Child Support Handbook	250/pkg			
PUB 255	Welcome to Customer Connect	100/pkg			

DCSS Publications listed above are available in PDF format on the DCSS website: http://www.childsupport.ca.gov/ in the following languages: Armenian, Hmong, Russian, Vietnamese, and Chinese. To request printed copies of these publications, contact the DCSS Public Affairs at (916) 464-5180.

SHIPPING INFORMATION: Orders received Friday through Thursday are shipped the following Friday. Allow 8 work days after shipping for delivery.

CONTACT PERSON: PHONE # DATE

COMPANIES FOUNDATION NEW CHURCH NAME: EMAIL ADDRESS: COUNTY:

SHIPPING ADDRESS(NON-PO NUMBER Location is above in P.O. Box) HOUSE NUMBER: YES ☐ NO ☐

CITY: STATE: ZIP CODE:

ANY SPECIAL DELIVERY INSTRUCTIONS: DATE:

Print versions of these publications are no longer available for ordering from DCSS Fulfillment Services. The following publications are available in PDF format from the DCSS website: http://www.childsupport.ca.gov/

PUB 245-Guide to Child Support Services	PUB 249-Establishing a Child Support Order
PUB 246-Opening a Child Support Case	PUB 250-Child Support Wage Assignments
PUB 247-Information for the Noncustodial Parent	PUB 251-Child Support When Parents Live in Different States
PUB 248-Child Support for the Parent in Jail or Prison	PUB 252-Changing Your Child Support Order
	PUB 253-How to Resolve Problems with Your Child Support Case

For DCSS Use only.

DCSS Order Tracking No.: _____

Requestor Profile ID Number: _____

Number of packages shipped: _____

Shipped By: GSO ____ MVE ____ Other ____

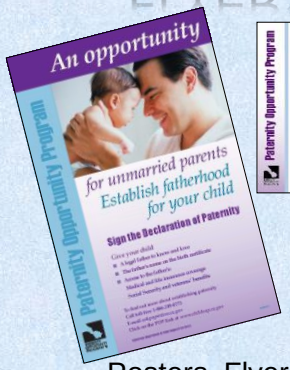
Your order has been processed and packed by:

Date: _____

Should you have any concerns, comments or questions regarding this shipment, please contact the DCSS Service Desk at (916) 464-2866 or by email at FacilitiesBusiness@dcss.ca.gov.

For information regarding the mission of the California Department of Child Support Services, please visit www.childsup.ca.gov

FLYERS & HANDOUTS



Posters, Flyers and Brochures available from POP

Handouts are available in English and Spanish

Some handouts are available in Chinese, Russian, Hmong, Vietnamese and Armenian

Order by sending an e-mail to ASKPOP@dcss.ca.gov

HOW TO CONTACT POP

- 1-866-249-0773
- askPOP@dcss.ca.gov

Birth Certificate Questions:
Ca. Dept. of Public Health – Vital Records
(916) 445-8494 or VRmail@cdph.ca.gov

QUESTIONS?

STATE OF CALIFORNIA
DEPARTMENT OF CHILD SUPPORT SERVICES

PATERNITY
OPPORTUNITY
PROGRAM

Thank you!