

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**IN-HOSPITAL VOLUNTARY PATERNITY
ACKNOWLEDGMENT PROGRAM**

Effective Practices in Hospital Staff Training



**JUNE GIBBS BROWN
Inspector General**

**AUGUST 1997
OEI-06-95-00162**

OFFICE OF INSPECTOR GENERAL

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EXECUTIVE SUMMARY

PURPOSE

This report describes State best practices in training birthing hospital staff on voluntary paternity acknowledgment procedures.

BACKGROUND

Federal law requires that States implement hospital-based programs for the voluntary acknowledgment of paternity, seeking to facilitate at-birth paternity establishment for children born to unmarried parents. Paternity researchers agree that the most opportune time for paternity establishment is the “happy hour” in the hospital immediately following birth. Within this narrow window of exposure to unmarried parents, birthing hospital staff must be prepared to inform parents about voluntary acknowledgment. State child support agencies are required to make available voluntary acknowledgment materials for training hospital staff and must monitor birthing hospital compliance on at least an annual basis. Hospital staff are required to provide mothers and fathers with both written materials and oral explanations regarding their rights and responsibilities. They must therefore be educated on the mechanics of incorporating paternity acknowledgment into pre-existing birth registration methods, and on the procedures and effects of acknowledging.

FINDINGS

In collecting information nationwide for our companion report on state agency and birthing hospital implementation of voluntary paternity acknowledgment programs, we found most State child support agencies (IV-D) had launched efforts to inform birthing hospital staff of the paternity effort and to provide support to such staff in communicating with unmarried parents. However, after surveying a sample of hospitals on their contact with IV-D and their comfort level in administering paternity acknowledgment procedures, we found that materials often did not appear to meet the needs of birthing hospital staff. This report describes effective State practices for training hospital birthing staff in understanding paternity acknowledgment and their responsibility for talking with unmarried parents about this important issue. These highlighted practices in no way represent all efforts nationwide, but give a snapshot of procedures that have been reported to us by agencies and hospitals in the course of our study.

Guidelines for Creating Hospital Staff Training Materials

Training materials should clearly communicate both the mechanics of acknowledging and the purpose and benefits of paternity acknowledgment.

Training materials should contain simple, clear instructions and clearly delineate the roles and responsibilities of both State agencies and hospital staff.

The usefulness and clarity of training materials are improved by dividing them into separate sections on administrative procedure and parental contact.

Training materials should always include contact information on current child support staff to whom paternity questions may be directed or new training needs articulated.

Hospital Staff Training Methods

Training materials may be more effective when geared toward informal use, in recognition that much of staff training is ad hoc and takes place within the varied schedules of hospital staff.

Increased recognition and attention to training materials can be achieved through repetitive use of familiar logos, graphics, slogans and acronyms.

On-site visits, workshops and seminars, which allow more personalized training and greater interaction between agency personnel and birthing hospital staff, appear to be more effective.

Using multiple training methods helps to ensure a clear and repetitive message reaches all varieties of hospital environments.

Training materials are less likely to be effective without direct contact between child support offices and hospital staff.

Connecting Hospital Assessments to Staff Training

Keying staff training materials to hospital assessment outcomes may allow State child support agencies to more fairly and accurately evaluate hospital program participation.

Linking staff training and hospital assessment provides a framework within which the child support agency may address any problems of hospital noncompliance.

AGENCY COMMENTS

We have worked in close partnership with the Office of Child Support Enforcement (OCSE) throughout the conduct of this inspection. Although we did not receive formal comments from ACF on our draft reports, they demonstrated through their collaboration a general agreement with this report and the companion reports. We worked with OCSE in developing a research methodology, provided extensive briefings on study findings and created additional documents to meet agency needs. We appreciate their cooperation and guidance, and will continue to work with them on the issues raised in these reports.

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INTRODUCTION

PURPOSE

This report describes State best practices in training birthing hospital staff on voluntary paternity acknowledgment procedures.

BACKGROUND

The Omnibus Budget Reconciliation Act of 1993 (OBRA) amends the Child Support Title IV-D of the Social Security Act, requiring States to implement hospital-based programs for the voluntary acknowledgment of paternity. The objective of these programs is to facilitate at-birth paternity establishment for children born to unmarried parents. Establishment of paternity at birth has many administrative, financial and emotional benefits. Mothers often lack information about the importance of and methods for establishing paternity. Consequently, they may not seek to establish paternity until a point at which the process becomes more difficult.

Paternity researchers agree that the most opportune time for paternity establishment is the “happy hour” in the hospital immediately following birth and before the release of the mother and child. Within this narrow window of exposure to unmarried parents, birthing hospital staff must be prepared to inform parents about the option of voluntary acknowledgment. Without an establishment of paternity, unmarried mothers may never obtain a child support order and gain access to the enforcement services of their child support office. Under OBRA, State child support agencies must, among other requirements, make available voluntary acknowledgment outreach materials, including information on parental rights and responsibilities, and materials for training hospital staff. Also relative to hospital staff training, State child support agencies must monitor birthing hospital compliance on at least an annual basis.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) expands the role of hospital staff by requiring them to provide mothers and fathers with both written materials and oral explanations regarding the rights and responsibilities of paternity establishment. As interpreted by the Office of Child Support Enforcement (OCSE), the intent of both OBRA and PRWORA is to make voluntary paternity acknowledgment part of the birth registration process. Therefore, birthing hospital staff must not only be able to inform parents of the consequences of acknowledging paternity, but also be educated on the mechanics of incorporating paternity acknowledgment into pre-existing birth registration and documentation procedures.

This report, which describes effective State efforts to educate hospital birthing staff is one of four reports in a series on hospital-based voluntary paternity acknowledgment programs. Others include “In-Hospital Voluntary Paternity Acknowledgment Programs: State Agency and Birthing Hospital Implementation” (OEI-06-95-00160) details nationwide program participation, “In-Hospital Voluntary Paternity Acknowledgment Programs:

Hospital Experiences in Sample States” (OEI-06-95-00161) describes program usage based on survey responses from birthing hospitals and State agencies in 15 sample States, and “In-Hospital Voluntary Paternity Acknowledgment Programs: Effective Practices In Parent Outreach” (OEI-06-95-00163) highlights State efforts to educate unmarried parents.

METHODOLOGY

After preinspection research, we administered comprehensive mail surveys on the voluntary paternity acknowledgment process to State child support and vital records agencies in every State and the District of Columbia and to 566 birthing hospitals in a sample of 15 States. In addition to completing the surveys which provided data for our primary reports on implementation and hospital experiences, agencies sent examples of paternity acknowledgment training and outreach materials and photocopies of their birth certificates and voluntary paternity acknowledgment forms. We received completed surveys and supplemental materials from both agencies in every State and from 429 (78 percent) of birthing hospitals sampled.

The supplemental materials on hospital staff training included manuals, instruction sheets, videos, advertisements, brochures and workshop curriculum guides. We conducted telephone follow-up approximately six months after receiving these materials to request any supplemental training documents and received a number of new or updated materials. Content analysis was conducted and a smaller number of materials and innovative ideas were subjectively selected for inclusion in this report.

This study was conducted in accordance with the Quality Standards for Inspections issued by the President’s Council on Integrity and Efficiency.

FINDINGS

In collecting information nationwide for our primary reports on State agency and birthing hospital implementation of voluntary paternity acknowledgment programs and hospital experiences in a sample of States, we found that most State child support agencies (IV-D) had launched efforts to inform birthing hospital staff of the paternity effort and to provide support to such staff in communicating with unmarried parents. However, after surveying a sample of hospitals on their contact with IV-D and their comfort level in administering paternity acknowledgment procedures, we found suggested training materials often did not meet the needs of birthing hospital staff. Sometimes this problem was a matter of poor distribution and lack of follow-up contact, and sometimes it was the fault of the materials themselves. Regardless, birthing hospital staff reported confusion over their roles in the paternity programs even though they showed a strong willingness to take responsibility for such a role.

This report describes effective or innovative training practices within States which are seeking to help birthing hospital staff understand the acknowledgment process and to facilitate their responsibility for talking with unmarried parents about this important issue. The first section below details guidelines child support agencies should consider when creating hospital staff training materials. The next section provides examples of effective practices in which a variety of training mediums and methods are employed. The report ends with our conclusions based on analysis of the materials and practices made available to us. These highlighted practices in no way represent all efforts nationwide, but give a snapshot of what has been reported to us by State IV-D and vital records agencies and birthing hospitals in the course of our data collection.

GUIDELINES FOR HOSPITAL STAFF TRAINING

Training Materials Should Clearly Communicate the Purpose of Paternity Acknowledgment and its Benefits to Children, Unmarried Parents and Public Health.

A number of staff training materials we received did a thorough and admirable job of explaining the administrative details of paternity acknowledgment but neglected to briefly and clearly describe the overriding purpose of the paternity effort. They might only mention that paternity programs must by Federal mandate be implemented in all birthing hospitals but miss the opportunity to explain the public health and social service policy behind the mandate. This may lead hospital staff to minimize the importance of the paternity effort and, even worse, convey a limited and possibly inaccurate message to unmarried parents. If staff understand the core of the paternity issue, they will not only be more motivated to fulfill their role but will also be more competent in explaining the importance of paternity acknowledgment to parents. The child support agency in Connecticut includes copies of relevant State statutes with their hospital information packets, explaining both the law and its public policy.

Simple statements describing the program's objectives may go a long way toward highlighting the significance of the program in the minds of staff. Appendix A includes simple fact sheets for hospital staff which explain the purpose of paternity acknowledgment and the importance of the in-hospital effort in clear and direct language. Missouri and New Jersey, among other States, use nonmarital birth and poverty statistics to convey a sense of urgency and importance, and New Jersey subtitles all written materials with the phrase "Preventing Childhood Poverty." In Texas, hospital staff are given a flow chart which outlines the process of applying for public assistance if the mother has not acknowledged (Appendix B).

Training Materials Should Contain Simple Instructions and Clearly Delineate Roles and Responsibilities of Both State Agencies and Hospital Staff.

Birthing hospital staff are obligated to provide new parents with information on a wide variety of important topics within a very brief time period. Areas of concern that must be addressed during the mother's hospital stay include infant care, home safety, breast feeding and post-partum nutrition. Unmarried mothers, often due to youth and lack of experience, may be particularly unprepared for the responsibilities of parenthood and be even more likely than married mothers to need greater assistance from hospital staff in understanding these health-related issues.

Child support agencies should be respectful of the responsibility of hospital staff to convey a deluge of information to parents and should keep paternity instructions as simple as possible. A number of States including Arkansas, Arizona and New Hampshire, while still providing more in-depth training materials, have condensed the most important information into a single one or two-sided sheet of paper that describes staff responsibilities step-by-step (see Appendix C). These single sheets are often laminated for easier use and distribution. Staff may refer to the supplementary materials should they desire more information but can easily carry around or memorize the single sheet. It also may be useful to provide hospitals with a checklist of reminders which would ensure all appropriate steps were taken in the acknowledgment process (see Appendix D).

We found in our survey of birthing hospitals that staff are often confused about their role in the process, even when they understand the paternity effort and its importance. They may believe, for example, that only child support staff may explain issues related to the rights and responsibilities of acknowledgment or may overestimate the parent's prenatal exposure to paternity information and minimize the importance of their own contact with parents. In response to this confusion, some States outline not only the responsibility of hospital staff in their training manuals, but also the specific roles of the child support agency and the public health department as they relate to paternity acknowledgment (Appendix E). This allows hospital staff to understand their responsibilities relative to the other key players and to better see how they fit into the process.

The Usefulness and Clarity of Training Materials are Improved by Dividing them into Separate Sections on Administrative Procedure and Parental Contact.

There are two aspects to fully understanding and facilitating the paternity effort: the “nuts and bolts” of documenting paternity and the personal and social issues which surround the act of acknowledgment. The most clear and easily-readable hospital staff training documents separate the “nuts and bolts” from the more subjective issues. For example, the first section of one staff training manual from California explains the importance of paternity, provides a brief history of the program, and discusses related issues such as the marital status of the mother and genetic testing. The second section outlines exactly what staff must do to complete and document acknowledgments.

Because hospital staff are accustomed to dealing with the birth registration process and because the intent of the Federal requirements is to make paternity acknowledgment a part of birth registration, child support agencies may be well-advised to include administrative instructions on paternity acknowledgment within this pre-existing structure. The child support agency in Delaware coordinated with its State vital records office to create a document which provides instructions for completing each data element on the paternity affidavit using the same method birth registrars are familiar with from completing birth certificates (see Appendix F).

Although it is crucial for hospital staff to be clear on the administrative details involved in completing and filing paternity documentation, staff are very often placed in the position of having to answer detailed questions and to explain related child support and legal issues to parents. In addition, PRWORA requires that hospital staff provide an oral description of the rights and responsibilities that accompany acknowledgment. A number of States have created staff training materials in a “Question and Answer” format that outline typical topics parents may need to understand (see Appendix G). These topics include paternity establishment of siblings, custody and visitation, public assistance, and procedures for acknowledging outside the hospital. Virginia and other States even include copies of child support enforcement applications in materials given to hospitals.

Hospital staff cannot possibly be expected to answer complex legal questions and give substantive advice to new mothers, but unmarried parents appear to often have the same questions which may at least be superficially addressed if hospital staff are themselves given such information. To help hospital staff resist the temptation to go outside appropriate boundaries when providing information, Colorado includes a section in their training manual entitled, “How Not to Give Legal Advice” which provides a simplified judicial definition of “legal advice” and relates the judgement specifically to paternity acknowledgment (see Appendix H).

The most important aspect of these brief “bullet” responses may be to refer parents to the appropriate source for answers to their questions. These documents are often casual in format: California has produced a document entitled “Helpful Advice to Hospital Staff” and several States produced documents of “If. . .” questions that are informative and easy to read. Another value to a “Q & A” format is that it simulates the exchange between

hospital staff and parents. Even when staff understand paternity and their responsibilities, they may be uncomfortable with the process unless it is modeled for them in some way. We received very few hospital staff training videos, but one that we did receive from New Jersey effectively used actors to demonstrate several typical staff/parent exchanges. A few other States use their parent outreach video to help train hospital staff.

Training Materials Should Always Include Contact Information on Current Child Support Staff to Whom Paternity Questions May be Directed or New Training Needs Articulated.

State child support agencies active in meeting the needs of their birthing hospitals often supplement their training materials with frequent direct contacts with hospital staff. These direct contacts include phone calls, letters and on-site visits, which vary with State size and child support agency staffing levels. Missouri and Texas, among others, conduct surveys of their birthing hospitals (see Appendix I) to determine current training and informational needs. When a hospital doesn't respond to the survey, it is automatically contacted by the child support office to inquire about needs or possible problems. The simplest method for encouraging direct contact may be to provide hospital medical records and obstetrics departments with current addresses and phone numbers of child support field offices and local registrars which distribute voluntary acknowledgment forms and training materials. Whenever possible, this contact information should include the name of a specific child support staff member familiar with hospital needs and procedures. Hospitals are then able to contact State agencies based upon their own needs and convenience.

HOSPITAL STAFF TRAINING METHODS

The Effectiveness of Training Materials May be Enhanced by Designing them for Informal Use, Recognizing that Much of Staff Training is Ad Hoc and Takes Place Within the Varied Schedules of Hospital Staff.

Although child support agencies may wish that all hospital staff training could be highly organized and structured, reality dictates that much of the training available to staff is very informal and ad hoc. If staff do not happen to be present during a regional seminar or on-site visit by a child support agency worker, they may hear about the process by word-of-mouth or be introduced to the materials only when a parent requests information. Training then becomes highly individual and dependent upon the needs, style and habits of the individual. Even in States with highly organized training methods, much of training appears to take place within the routine schedule of informing staff of birth registration methods and techniques.

Materials that were created to be used in seminars or in conjunction with other materials may be used alone and without explanatory verbal instructions. In creating hospital staff training materials, therefore, child support agencies should recognize that their materials may be used informally and construct them accordingly. The Illinois child support agency has attempted to make all of their materials "stand alone", but with cross references to

each other. Every page of their materials references the program name and phone number in case materials are lost or separated. A few child support agencies have created a series of quick reference sources such as bookmarks, magnets and business cards to reach hospital staff who may never review the training manual. These materials contain a comparatively small amount of information, but may encourage staff members to further inform themselves about the process and explore more formal training materials.

Increased Recognition and Attention to Training Materials Can be Achieved Through Repetitive Use of Familiar Logos, Graphics, Slogans and Acronyms.

Although it will surely increase the initial cost of producing training materials, child support agencies should consider paying for some sort of graphic design to embellish all of their hospital staff training and parent outreach materials. These designs highlight paternity documents and help distinguish them from the sea of paperwork received by medical records and obstetrics departments. Using an unusual but uniform color paper may help accomplish the same objective. Also in this vein, creating a catchy program name or easily used acronym is a simple technique for effectively marketing the paternity effort and increasing recognition and repetition of message. States should also make the distinction between staff training materials and parent outreach materials through the use of titles, graphics or color. The child support agency in Florida has taken pains to label each document clearly according to its audience.

On-Site Visits, Workshops and Seminars, Which Allow More Personalized Training and Interaction Between Agency Personnel and Birthing Hospital Staff, Appear to be More Effective.

Intuitively, we know that the training needs of birthing hospitals within the same State may be very different. One hospital may have an energetic, dedicated birth registrar with a personal interest in the problems of unmarried mothers, while another hospital may have frequent staff turnover and only a handful of nonmarital births per month. The closer ties child support staff develop with each hospital, the more they are able to tailor their training efforts to match hospital needs. Several States including Colorado, Florida and Illinois employ at least one IV-D worker to travel from hospital to hospital meeting staff and assessing needs on-site. These initial contacts are often maintained by phone or mail.

On-site visits may or may not include formal instruction such as workshops, lectures or seminars. Our respondents agree that the key to conducting these sessions successfully appears to be keeping them brief and providing an open-ended question period which adds value to the session by personalizing the information received. Staff should feel that by attending the session they can learn more that is relevant to their particular hospital than they would by simply reading the written materials. Although not required by Federal mandate, Montana and a number of other States also offer training specific to nurse midwives who operate outside of a hospital setting.

Hospital Staff Training Activities Afford an Excellent Opportunity for Closer Collaboration Between Vital Records and Child Support Agencies.

State vital records agencies often already conduct regional and local training sessions for hospital birth registrars, and in several States the child support agency has requested time during the sessions to promote the acknowledgment effort and educate staff. Because PRWORA requires the involvement of vital records agencies in State in-hospital voluntary acknowledgment programs, some State registrars may even be willing to conduct the training themselves or in coordination with child support staff using materials provided by IV-D. This method would take advantage of the long-term relationship between vital records agencies and hospital birth registrars, but would still involve IV-D because, ideally, hospital staff should be acquainted with child support agency staff. This will allow IV-D and hospital staff to begin to build their own working relationships and increases the awareness of IV-D staff and child support issues within the hospital community. An important point to consider in discussing any regional training efforts is that often only the principal hospital birth registrar attends such sessions. Although they are certainly valuable, regional training sessions are best used in conjunction with other written and interactive methods which are likely to be useful to all staff.

CONNECTING HOSPITAL ASSESSMENTS TO STAFF TRAINING

Adapting Staff Training Materials to Hospital Assessment Outcomes May Allow State Child Support Agencies to More Fairly and Accurately Evaluate Birthing Hospital Program Participation.

Although OBRA only requires that child support agencies monitor the program participation of birthing hospitals by comparing the number of acknowledgments a hospital receives to their total number of nonmarital births, a few States have begun to assess hospital *procedures* as well as outcomes. Examples of potential assessment criteria include hospital staff contact with unmarried parents, documentation handling, and even use of staff training and parent outreach materials.

If States are to truly evaluate hospital participation, they must communicate clear outcome expectations and must make sure that hospitals understand those expectations. Hospital staff training can be used effectively for this purpose. Both New Jersey and Massachusetts clearly coordinated its staff training efforts with future assessment procedures. Its staff manual is structured as a set of objectives (see Appendix J) with specific instructions following each goal. Objectives include the receipt of more signed acknowledgments but also address actions which may lead to a higher acknowledgment rate, such as wide distribution of materials and structured internal training of new staff.

Linking Staff Training and Hospital Assessment Provides a Framework Within Which the Child Support Agency May Address Any Problems of Hospital Noncompliance.

Because many States consider themselves too early in implementation to require hospital compliance or are not yet aware of which hospitals are truly participating, the issue of hospital noncompliance has not yet been widely addressed. Once program implementation is Statewide, child support agencies must not only effectively monitor hospital participation but must also prepare policies and procedures for dealing with hospitals which do not meet their program objectives. State child support offices may be better able to describe and address deficiencies in hospital participation if they can refer to a performance framework established during hospital training. Writing training materials and curriculum with overall program objectives in mind allows the staff training and hospital assessment procedures to complement each other.

CONCLUSIONS

Although many States are still early in their implementation of in-hospital voluntary paternity acknowledgment programs, a number of State child support agencies have made great strides in addressing the needs of birthing hospital staff as they communicate with unmarried parents and aid in the documentation of acknowledgment. Based upon our analysis of the materials and practices reviewed in this report, we draw the following conclusions about State efforts to educate birthing hospital staff about voluntary paternity acknowledgment programs:

SIMPLICITY OF MESSAGE. Voluntary Acknowledgment Materials That are Simple and Straightforward Best Suit the Busy Schedules of Obstetrics and Medical Records Staff.

Hospital staff must inform new parents about many health-related topics and often have little time to cover paternity instructions. Therefore, hospital staff training materials must be simple to use. One method is to create brief materials which include only the most crucial instructions and information and supplement these snapshots with more detailed materials to be used as needed.

USE OF MULTIPLE METHODS. Use of Multiple Training Methods Helps Ensure a Clear and Repetitive Message Reaches All Varieties of Hospital Environments.

Regardless of the primary methods used, all highly proactive States employ a wide variety of mediums, methods and techniques for carrying their message. The same States which had produced thorough training manuals were also likely to have created brief brochures, videos and posters which conveyed the same message using similar graphics, acronyms and slogans.

FOLLOW-UP AND PERSONAL CONTACT. Training Materials are Unlikely to Be Effective Without Direct Contact by State Child Support Staff.

The closer ties child support staff develop with each hospital, the more likely they are to tailor their training to match hospital needs. Materials may not be used effectively or at all when they have been received with no personal contact, verbal explanation or interaction. Also, direct contact through on-site visits can help to build relationships between child support agencies and hospital staff and lead to better resolution of any future issues.

TRAINING TIED TO ASSESSMENT. Consideration Should Be Given to Future Assessment of Hospital Participation When Creating Staff Training Materials.

If States are to truly assess and evaluate hospital participation, they must communicate clear outcome expectations and make sure hospitals understand those expectations. This could be accomplished by clearly coordinating staff training efforts with hospital assessment criteria and procedures.

AGENCY COMMENTS

We have worked in close partnership with OCSE throughout the conduct of this inspection. Although we did not receive formal comments from ACF on our draft reports, they demonstrated through their collaboration a general agreement with this report and the companion reports. We worked with OCSE in developing a research methodology, provided extensive briefings on study findings and created additional documents to meet agency needs. We appreciate their cooperation and guidance, and will continue to work with them on the issues raised in these reports.

Appendix A: Staff Fact Sheets

HOSPITALS CAN HELP CHILDREN AND THEMSELVES BY PARTICIPATING IN MISSOURI'S PATERNITY ESTABLISHMENT PROGRAM

FACTS

- 29.5% of the children born in the United States during 1991 were born out of wedlock.
- 32.5% of the children born in Missouri during 1994 were born out of wedlock.
- 66% of young, unwed fathers are present at the births of their children.
- 80% of young, unwed parents feel it is important for fathers' names to be on babies' birth certificates.

DCSE NEEDS YOUR HELP. Last year, 23,845 children were born out-of-wedlock in Missouri. Children raised in single-parent households are far more likely to live in poverty than children raised in married couple homes. Many children living in poverty are recipients of Aid to Families With Dependent Children (AFDC). Proposed federal legislation will limit the length of time a family can receive AFDC. What will happen to children when this assistance ends? More than ever, children will need the support of both parents.

HOW CAN YOU HELP? The Bureau of Vital Records (BVR) provides you with a form, *Affidavit to Add Father's Name to the Birth Record of a Child Born in Missouri Out of Lawful Wedlock*. The Division of Child Support Enforcement (DCSE) provides you with a pamphlet, *What It Means to Establish Paternity for Your Baby*. Missouri law requires designated hospital staff to provide the pamphlet and the paternity affidavit to unmarried parents so they may voluntarily acknowledge paternity of their child. When the parents sign the paternity affidavit, the father's name is added to the child's birth certificate and a presumption of paternity is created. Once there is a presumption of paternity, DCSE can establish child support and health insurance obligations.

The younger the child, the more likely it is that the father will sign a paternity affidavit. You can make a dramatic impact on the paternity establishment rate in Missouri if you:

- Provide the unmarried parents with the pamphlet, *What it Means to Establish Paternity for Your Baby*.
- Offer BVR's paternity affidavit to the unmarried parents of children born in your hospital.
- Give the parents access to your notaries so that the affidavit can be signed and notarized while the mother and the baby are still in the hospital.
- Inform unwed couples that if either person is unsure about who the father is, DCSE can arrange for free genetic testing.

WHY SHOULD YOU HELP? DCSE knows you are busy. You don't have a lot of time for extra paperwork and hassles. But by participating in Missouri's paternity establishment program, you will help yourselves in the long run. DCSE has a legal mandate to establish and enforce health insurance obligations for children. A health insurance obligation cannot be created until paternity is established. Please help DCSE and yourselves by working together to establish paternity for Missouri's children.

NEW JERSEY PATERNITY OPPORTUNITY PROGRAM

PREVENTING CHILDHOOD POVERTY

WHY HEALTH CARE PROVIDERS SHOULD CARE ABOUT PATERNITY ACKNOWLEDGMENT

What is the New Jersey Paternity Opportunity Program?

It is a hospital-based paternity acknowledgment program that provides unmarried couples the opportunity to acknowledge their child's paternity voluntarily when the child is born. The purpose of the Program is to help unmarried fathers establish a legal relationship with their children.

Why should hospitals participate in this Program?

FACT: In 1993, the number of children born to unmarried parents in the United States soared to an all-time high – 31% of all births. In New Jersey in 1994, 28.4% of all births in the state were to unmarried parents.

FACT: Children raised in female single-parent households are far more likely to live in poverty than children raised in married couple homes. In 1991, the poverty rate for children living in female headed homes was 55.5%, compared to a poverty rate of 10.6% for children in married-couple homes.

FACT: In 1992, 58% of AFDC children were in families with never-married mothers.

FACT: Unwed mothers are less likely to receive child support than divorced, separated, or remarried mothers. Only 14.5% of unwed mothers receive child support, compared to 31% of separated mothers, 54% of divorced mothers, and 48% of remarried mothers.

FACT: The chances of establishing a child's paternity decrease as the child gets older.

WHY IS PATERNITY ESTABLISHMENT IMPORTANT?

Paternity Establishment Provides The Following Benefits:

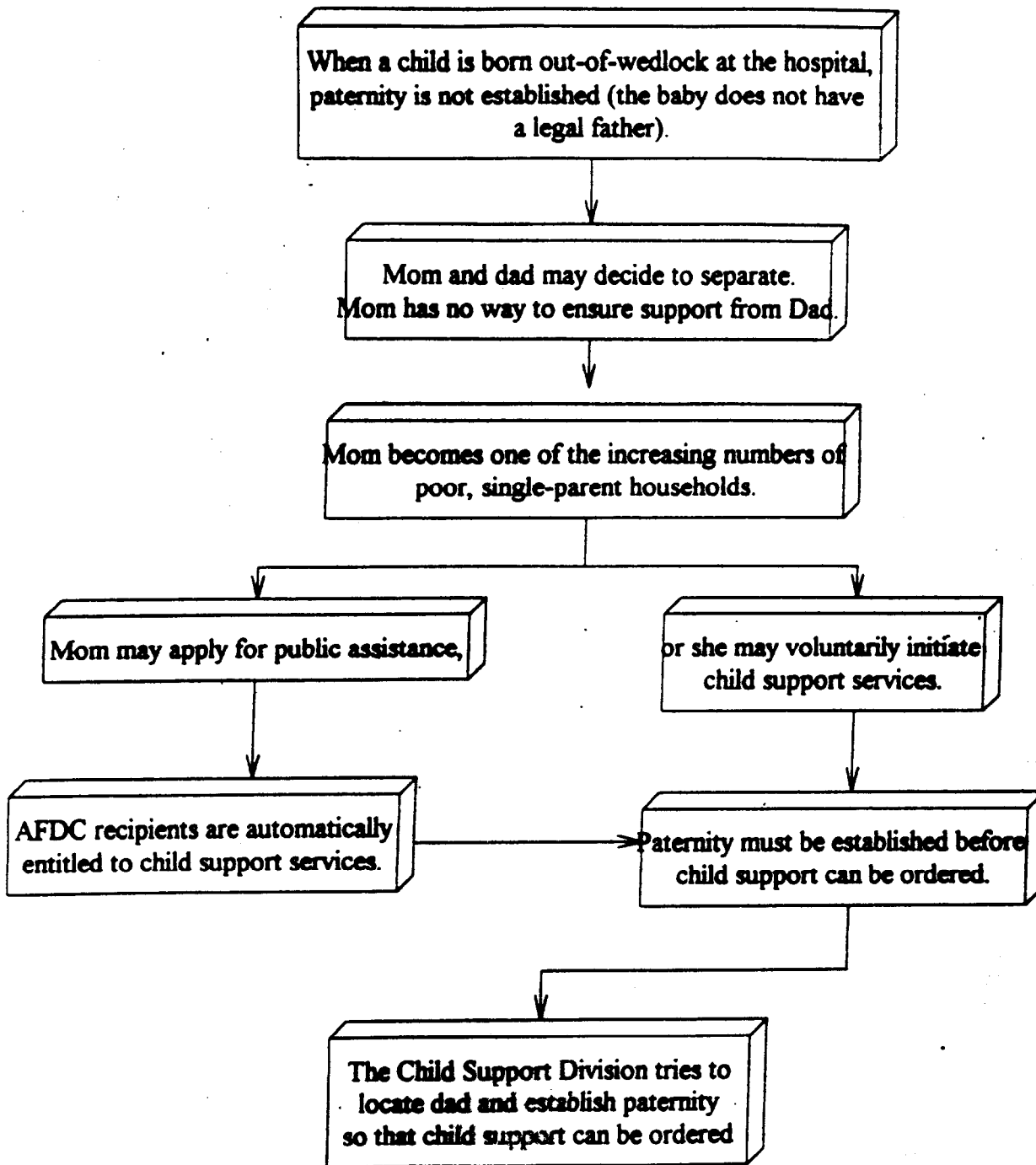
- Relationship** It is important for a child to know his or her mother and father and benefit from a relationship with both parents. Once a legal relationship is established with the father, the father is more likely to maintain his own relationship with his child.
- Identity** The father's information will appear on the child's birth certificate.
- Medical** The child will have information about both parents' medical histories. This is especially important if the child inherits a medical problem from one of the parents.
- Custody and Visitation** With legal paternity established, the father can request visitation rights and ask for a share in custody arrangements.
- Adoption** The father gains the right to have a say in any plans to have the child adopted by someone else.
- Benefits** The child can qualify for benefits from both parents including social security, health and life insurance, inheritance rights, veteran's benefits, and others.
- Support** Both parents have a responsibility to support the child. This includes financial as well as emotional support. If the parents choose to separate and paternity is already decided, it is easier for the mother to obtain child support from the father.

How Does The Program Work?

Hospitals provide unmarried mothers with information about paternity acknowledgment. If parents want to establish paternity, they fill out the *Certificate of Parentage*. Both parents sign the *Certificate* in the presence of a witness on the hospital's staff. If the mother is married but her husband is not the father of the child, the mother and her husband can complete an *Affidavit of Denial of Paternity* to keep the husband's name off the Birth Certificate. This *Denial* allows the mother and father to complete the *Certificate of Parentage* to add the true father's name to the birth certificate.

Appendix B: Consequences Flow Chart

WHAT HAPPENS WHEN PATERNITY IS NOT ESTABLISHED?



Appendix C: Instruction Sheets

STATE OF NEW HAMPSHIRE
DIVISION OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT

701a
10/94

PATERNITY ESTABLISHMENT

INSTRUCTIONS FOR MIDWIVES

Immediately preceding or following a birth that was attended by a midwife, when the mother is not married, the midwife must take the following steps:

Meet with the mother and alleged father.

1. Confirm that they were not married at the time of either conception or birth or anytime between conception and birth. If the mother was married but claims that her husband is not the father, see the section on the back: *When the mother is married but her husband is not the child's father.*
2. Give the mother the booklet entitled: "Establish Paternity, for Your Child's Sake! Questions Moms Usually Ask, and Their Answers."
3. Give the alleged father the booklet entitled: "Establish Paternity, for Your Child's Sake! Questions Dads Usually Ask, and Their Answers."
4. Explain the rights and responsibilities of acknowledging paternity.
5. Offer to show them the video about establishing paternity (whenever feasible).
6. Give them an Affidavit of Paternity. Explain that it does not have to be typed, it can be printed in ink. Explain that if using a pen, they must print clearly and press hard enough to go through all 4 copies.
7. Give them the opportunity to ask you questions about paternity establishment, either by telephone or in person, and answer their questions.
8. Immediately following the birth of the child, give the mother and father the opportunity to voluntarily acknowledge paternity, by completing the Affidavit of Paternity and having a Notary Public or Justice of the Peace present to notarize both parents' signatures.

Meet with the mother (even if the alleged father is not present).

- Follow steps 1, 2, 4, 5, 6, 7, and 8.

If you have any contact with the alleged father, even if the mother does not want to have anything to do with him:

- Follow steps 1, 3, 4, 5, 7, and 8.

When both parents sign an Affidavit of Paternity, the midwife must:

- make sure the parents have thoroughly completed the Affidavit of Paternity;
- make sure all signatures are notarized;
- complete Section V of the Affidavit of Paternity;
- give the pink copy of the Affidavit of Paternity to the father;

(SEE REVERSE)

SP 04-80

When both parents sign an Affidavit of Paternity the midwife must (cont'd from Page 1):

- give the gold copy of the Affidavit of Paternity to the mother;
- mail the original Affidavit of Paternity (white copy) to the clerk of the city or town where the child was born with the birth certificate;
- complete Form 699, Bill for Affidavit of Paternity;
- mail the yellow copy of the Affidavit of Paternity to the Office of Child Support with the original of Form 699, Bill for Affidavit of Paternity (white copy); and
- retain the yellow copy of Form 699, Bill for Affidavit of Paternity, for your records.

SPECIAL INSTRUCTIONS

Mother and/or father is a minor. If the mother and/or the father is a minor (under 18 years old), his/her parent or guardian must also sign the Affidavit in the presence of a Notary Public or Justice of the Peace.

Naming the Child. If the parents are signing an Affidavit of Paternity and they cannot agree on the child's name (first, middle, and/or last), the mother chooses the name.

The Child's Birth Certificate. If the parents sign an Affidavit of Paternity, the father's name, date of birth, and place of birth will go on the child's birth certificate. If the parents do not sign the Affidavit, the father's information will not go on the child's birth certificate. If the parents file the Affidavit later, a new birth certificate will be prepared which will include the father's information.

Legal Advice. It is not your responsibility to give the parents legal advice. It may be necessary to inform the parents of that. You should refer them to an attorney, N.H. Legal Assistance, or the Office of Child Support.

Aid to Families with Dependent Children (AFDC). If either parent asks you questions about how signing the Affidavit of Paternity might affect AFDC benefits, you should refer him/her to his/her AFDC case worker.

Child Support. If either parent asks if they can sign an Affidavit of Paternity without getting the Office of Child Support (OCS) involved (for example, if the father is/will be making direct child support payments to the mother) you should refer them to their local OCS District Office. OCS District Offices are listed on the back cover of each parent's booklet.

The parents must understand what it means to sign an Affidavit of Paternity. If you have reason to believe that either parent does not understand what it means to sign an Affidavit of Paternity, due to a language barrier, mental disability, etc., DO NOT encourage them to sign.

When either parent is hesitant. If the mother and/or father show signs of hesitation or doubt about signing the Affidavit of Paternity, do not pressure them into making a quick decision. They should be given whatever time they need to think about it, to talk to their families, to talk to their attorney(s), or to get additional information from the Office of Child Support.

Blood Testing. If either party has any doubt about who the father is, or if either one wants more time to think about blood testing, they should be encouraged to obtain the blood tests. If either parent has questions about blood testing, you should refer them to their local OCS District Office. OCS District Offices are listed on the back cover of each parent's booklet.

Parents completing and filing the Affidavit of Paternity later, on their own. Let the parents know that they can sign the Affidavit of Paternity later, following the instructions on the back of the form, and filing it with the clerk of the city or town where the child was born.

When the mother is married but her husband is not the child's father. Section IV of the Affidavit of Paternity must be completed when the mother was married at the time of conception or birth, and claims that her husband is NOT the natural father of her child, and her husband and the natural father agree. In this situation, the Affidavit of Paternity must be signed by the mother, husband, and natural father. The mother and natural father complete Sections I, II, and III, and the mother's husband completes Section IV. This will allow the name of the natural father to be placed on the birth certificate as the father of the child.

Father's Marital Status. The father of the child may be married to someone other than the child's mother. This does not prevent him from signing an Affidavit of Paternity.

Supplies of the Booklets, Affidavits of Paternity, and Bill for Affidavit of Paternity. You can obtain additional copies of the booklets, Affidavits of Paternity, and Bill for Affidavit of Paternity from the Office of Child Support. To obtain additional copies, complete an Order Form for Affidavit of Paternity Materials and mail it to the Office of Child Support, Policy Unit, 6 Hazen Drive, Concord, NH 03301.

**If you have any questions regarding the procedures for establishing paternity, please contact:
N.H. Division of Human Services, Office of Child Support, Policy Unit, 6 Hazen Drive, Concord, NH 03301
(603) 271-4571 or 1-800-852-3346 EXT. 4571**

INSTRUCTIONS FOR HOSPITAL STAFF FOR THE COMPLETION OF THE ACKNOWLEDGMENT OF PATERNITY PACKET

The following information addresses your role in offering the Acknowledgment of Paternity packet to unmarried parents. If you have further questions, please call the Hospital Paternity Program office at (602) 274-8235

1. Please distribute the Acknowledgment packet to unmarried parents as soon as possible after admission to the hospital and encourage them to read all of the information provided.
2. Confirm that the parents were not married to each other when the child was born and the mother was not married to anyone at the time of birth or any time in the ten months immediately preceding the birth.
3. The Acknowledgment form does not have to be typed. If the parents fill it out themselves, please ask them to print clearly and press hard enough to make the copies. Remind them to use **BLACK INK**.
4. Check that all sections on the forms are completed. For example, if a parent is unemployed, "None" should be put in the employer box. The parents should complete the occupation section with their usual occupation. If a mother is on AHCCCS instead of insurance, put her AHCCCS number in the section for the insurance policy number.
5. For a newborn child, the DHS copy of the completed and notarized Acknowledgment must be submitted with the original birth certificate. The father's name should be shown on the birth certificate. Remember, this process can only be used if the mother is not married and both parents have signed the Acknowledgment.
6. The original Acknowledgment, both the yellow and pink copies, must be sent to:

Division of Child Support Enforcement
Hospital Paternity Program
PO Box 33460
Phoenix, AZ 85067

Please use the addressed envelopes provided.

7. If both parents cannot sign the Acknowledgment before the submittal of the birth certificate, they may sign it at a later date. There are instructions on the Acknowledgment form that explain the mail-in procedure. If parents want to establish paternity for older children, please provide them with additional packets and instruct them to follow the mail-in instructions on the back of the Acknowledgment form.
8. If parents show hesitation or doubt about signing the Acknowledgment of Paternity, do not pressure them to make a quick decision. They should be given whatever time they need to talk to their attorney(s), to think about it, or to get additional information from the Division of Child Support Enforcement, Hospital Paternity Program office. Remind them that you *cannot* give them legal advice.
9. Parents of any age, even minors, may sign the Acknowledgment. Minors do not need the consent of an adult.
10. When an Acknowledgment of Paternity is signed, the mother may still choose the last name for the child.
11. If the parents want a copy of the completed forms, please photocopy the original for them. You are not required to provide copies after you have submitted the DHS copy of the Acknowledgment with the birth certificate. The parents will receive a copy of the acknowledgment along with their Order of Paternity from the Hospital Paternity Program office.
12. If you need additional packets contact the Hospital Paternity Program office at the address in #6. Please use the Supply Reorder Card included with your prior shipment. If you want the material sent to an individual's attention, please indicate the individual's name on your order.
13. If the parents want genetic testing to determine paternity, do not have them complete the Acknowledgment of Paternity form. Have them complete the Application for IV-D Services/Genetic Testing Agreement form.
14. To obtain genetic testing at the testing rate made available to the state the parents must complete the Genetic Testing Agreement. The signed Genetic Testing Agreements must be forwarded to the Hospital Paternity Program at the end of each week. The parents will be scheduled by the local Child Support Enforcement office to have their blood drawn at a later date.
15. If parents want more time to think about genetic testing or to discuss the testing with their attorney(s) they should be encouraged to do so. They may sign and submit the Genetic Testing Agreement to the Hospital Paternity Program office after they leave the hospital.
16. If the parents sign the Acknowledgment of Paternity they cannot also request genetic testing. After the Acknowledgment is filed with the Clerk of Court and an Order of Paternity is issued, genetic testing can only occur by court order.
17. If a mother does not have the cooperation of the father to establish paternity in the hospital and she would like IV-D child support services to assist her, she may complete her portion of the Application for IV-D Services/Genetic Test Agreement. Forward the Application to the Hospital Paternity Program on a weekly basis.
18. In cases of multiple births a separate Acknowledgment of Paternity must be completed for each child.

Appendix D: Reminder Checklist

NEW JERSEY PATERNITY OPPORTUNITY PROGRAM

HOSPITAL CHECKLIST

- Mother given packet containing *Certificate of Parentage*, *Affidavit of Denial of Paternity*, brochures, and genetic testing information form.
- Each completed form is either printed in **blue or black ink**.
- Every item on each form is filled in, including the names, addresses, parent signatures, social security numbers, and witness signatures.
- Social security numbers were collected from each parent and filled in on the form(s). If the parent does not have a social security number, a brief explanation is provided in the social security number space or at the bottom of the form.
- Both parents signed the *Certificate of Parentage* and had their signatures witnessed or notarized.
- Both the mother and the father initialed the *Rights and Responsibilities* on the back of the form.
- Both the mother and her husband signed the *Affidavit of Denial of Paternity* and had their signatures witnessed or notarized.
- The form is filled out in English, even if read in another language.
- Information provided on the form is identical to that provided on the birth certificate.

Appendix E: Roles of Key Players

#5

MICHIGAN IN-HOSPITAL PATERNITY ACKNOWLEDGMENT TRAINING

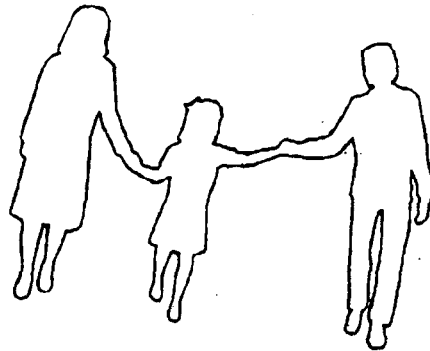
Together Everyone Achieves More

PUBLIC HEALTH

- provide affidavit form
- provide information on rights and responsibilities
- provide assistance and training

SOCIAL SERVICES

- educate and sell importance of paternity establishment
- answer technical questions
- assist with child support orders



HOSPITALS

- assist unwed parents in establishing paternity
- forward completed affidavit and birth certificate

PUBLIC HEALTH

- register birth certificate and affidavit

PROBATE COURT

- record paternity affidavit
- provide information to DSS for child support purposes

TOGETHER WE CAN HELP A CHILD!!!

The New Jersey Paternity Opportunity Program

√ Purpose of the Paternity Opportunity Program

The Paternity Opportunity Program is designed to help a child of unmarried parents establish a legal relationship with his or her father. The Program was conceived (no pun intended!) by the State of New Jersey, in response to a federal mandate, to make it easier for parents to acknowledge paternity voluntarily using simple in-hospital processes at the time of birth. The Paternity Opportunity Program (POP) builds upon existing processes that enable unmarried parents to add the father's information to the child's birth certificate.

√ Goals of the New Jersey Program

The Paternity Opportunity Program has the potential to increase the number of legal paternity establishments for children born to unmarried parents. The Program is designed to accomplish the following objectives:

- ▶ Enhance the voluntary paternity process that has operated in conjunction with the State's birth registration process;
- ▶ Encourage parents who are not married to each other to acknowledge paternity voluntarily;
- ▶ Obtain the benefits of paternity establishment for increased numbers of children of unmarried parents; and
- ▶ Improve the self-sufficiency of unwed mothers and reduce welfare costs.

√ The Hospital's Role in Paternity Establishment

New Jersey's birthing hospitals play a **critical** role in the success of the paternity acknowledgment process. Under the law, hospitals **must** provide unmarried mothers with the forms and information necessary to acknowledge paternity voluntarily. Fortunately, the

hospitals already have effective procedures in place for collecting birth information and processing birth records. Hospitals contribute to the paternity acknowledgment process by:

- ▶ Presenting mothers and fathers who are not married to each other with the opportunity to acknowledge paternity voluntarily when their child is born;
- ▶ Providing the parents with informational materials to help them understand what paternity acknowledgment can mean to them and to their child; and
- ▶ Ensuring that the signed paternity forms are processed correctly so that information about the father of the child is placed on the birth certificate.

√ The Local Registrar's Role in Paternity Establishment

New Jersey's local registrars also play an important role in the success of the Paternity Opportunity Program. Local registrars contribute to the program by:

- ▶ Presenting mothers and fathers who are not married to each other with the opportunity to acknowledge paternity after the birth is recorded using the *Certificate of Parentage* form; and
- ▶ Providing the parents with informational materials that will help them understand what paternity acknowledgment means for them and their child.

√ The Department of Health's Role in Paternity Establishment

The Department of Health is responsible for overall coordination and administration of the State's birth registration process. Specific roles related to the paternity acknowledgment process include:

- ▶ Contributing to the development of standards and instructions for completing paternity-related forms;

- ▶ Maintaining the State's Electronic Birth Certificate (EBC) system which allows hospitals to generate birth certificates and *Certificates of Parentage* (*Parentage* forms) electronically; and
- ▶ Providing data regarding paternity status and hospital performance.

√ **The Office of Child Support and Paternity Programs' Role in Paternity Establishment**

The Office of Child Support and Paternity Programs (OCSPP) provides assistance to parents who wish to establish the paternity of their children and collect child support from an absent parent. Under federal and state law, OCSPP is charged with implementing a simple process for unmarried parents to acknowledge paternity voluntarily, without going to court.

OCSPP is a strong supporter of the process in New Jersey that has allowed unmarried parents to add the biological father's information to a child's birth certificate in the hospital or local registrar's office. OCSPP will also coordinate the development of brochures, video tapes, and other educational materials to make unmarried parents aware of their option to acknowledge paternity and the importance of paternity acknowledgment to children.

√ **How Paternity Acknowledgment Works**

Under the former process of signing the back of the birth certificate, New Jersey allowed unmarried parents to add the biological father's information to the child's birth certificate. With the new *Parentage* form, the process goes a significant step further by creating a binding establishment of paternity. This means that once the parents sign the *Parentage* form, the law specifies that the man who signs the form is the legal father.

√ **"Married Mothers" and Their Husbands (Presumed Fathers)**

What is a Presumed Father?

Under the law, if a married woman gives birth, her husband is presumed to be the father ("presumed father") of the child. This is called a legal presumption of paternity.

Appendix F: Affidavit Instructions

HOW TO COMPLETE THE FORMS

Affirmation of Paternity, Form JD-FM-145 (Hospital), Page 2 of 2

<u>Key No.</u>	<u>Explanation</u>
1	Docket Number - This number is entered by the court clerk.
2	Plaintiff - The plaintiff will be the mother. Enter her name the same as her signature. See #5, #13, and #15.
3	Defendant - the defendant is the father. Enter his name as it appears on the Acknowledgment of Paternity.
4	Superior Court - Do not enter anything here. Hospitals are not expected to file the completed acknowledgments with the appropriate court clerk, but instead will forward them to DSS for filing. DSS will determine the proper court in which to file the acknowledgment.
5	Enter the mother's name. Make sure the name is entered exactly the same as her signature. For example, if the mother goes by the name Pat, but signs her name as Patricia, enter Patricia here.
6	Enter the mother's town of residence.
7	Enter the mother's county of residence.
8	Enter the father's name as it appears on the Acknowledgment and in #3, above.
9	Enter the complete address of the father if known by the mother.
10	Enter the full name of the child. For multiple births the names of up to four children may be entered on the same affirmation form.
11	Enter the child's date of birth.
12	Enter the town and state of the child's birth, i.e., the town the hospital is in.
13	The mother signs here, in ink, exactly as you have entered her name on lines #2, #5, and #15.
14	Enter the date the affirmation is signed, for example, "On this 23rd day of October, 1995.". The Affirmation and the Acknowledgment do not have to be signed on the same date.

Appendix G: Parent Q & A

TRANSLATED MATERIALS

The forms are being translated into languages in addition to Spanish. A package of one copy of each form in multiple languages will be mailed to all hospitals. If you have any questions about the translated forms, please call Jim Mullany, Office of Child Support, at (916) 654-1223.

ANSWERS TO YOUR QUESTIONS

- 1) Q What if one parent wants to sign the *Declaration of Paternity* and the other parent does not?
A If only one parent wants to sign the form, it should not be accepted or processed by the hospital. The form must be completed and signed by both parents to be considered valid. The program is voluntary on the part of both parents.
- 2) Q What if the parents do not want to provide all of the information requested on the *Declaration of Paternity* form?
A Parents who wish to voluntarily declare paternity using the declaration form **must** provide all the information requested except their Social Security numbers. Providing Social Security numbers is the only optional information on the form.
- 3) Q Can minor parents complete and sign the *Declaration of Paternity*?
A Yes. Minor parents may complete and sign a *Declaration of Paternity*. However, other laws and the court will determine if the declaration may be used to establish paternity.
- 4) Q Is the copy of the *Declaration of Paternity* retained by the hospital considered to be a medical record?
A No. The copy of the *Declaration of Paternity* retained by the hospital is not a medical record. The copy is for hospital administrative use, including processing the \$10 payment.
- 5) Q If the parents return to the hospital after the mother and baby have been discharged, are hospital staff required to accept and process the form?
A No. It is recommended that hospitals accept and process the forms submitted prior to the time the birth certificate is transmitted to the local deputy registrar of Vital Statistics. This is normally five to 10 days following the birth of the child. Parents wishing to complete a *Declaration of Paternity* after the hospital has transmitted the birth certificate should be directed to the local Family Support Office.

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- 4) Q Is the copy of the *Declaration of Paternity* retained by the hospital considered to be a medical record?

A No. The copy of the *Declaration of Paternity* retained by the hospital is not a medical record. The copy is for hospital administrative use, including processing the \$10 payment.
- 5) Q If the parents return to the hospital after the mother and baby have been discharged, are hospital staff required to accept and process the form?

A No. It is recommended that hospitals accept and process the forms submitted prior to the time the birth certificate is transmitted to the local deputy registrar of Vital Statistics. This is normally five to 10 days following the birth of the child. Parents wishing to complete a *Declaration of Paternity* after the hospital has transmitted the birth certificate should be directed to the local Family Support Office.

Appendix H: Legal Advice

C. How not to give legal advice

When discussing paternity with patients you will sometimes be asked questions that are of a legal nature, which could put you in the position of giving legal advice. Offering legal advice is reserved for attorneys. The first step in avoiding this is acquiring some understanding as to what constitutes "legal advice". To quote from the Colorado Bar Assn. Ethics Committee Opinions, Formal Opinion No. 79: Use of Legal Assistants in Client Representation at Hearings, Depositions or Administrative Proceedings Adopted February 18, 1989 (see appendix J). "Generally, when one acts in a representative capacity in protecting, enforcing or defending legal rights and duties of another and in counseling, advising and assisting in connection with such rights and duties, such conduct constitutes the "practice of law"." Denver Bar Assoc. v. Public Utilities Comm., 154 Colo. 273, 391 P.2d 467 (1964). Unauthorized Practice of Law Committee V. Prog, 761 p.2d 1111 (Colo. 1988). This definition gives some guidance on what the courts have determined is the practice of law, and the final determination remains with the courts.

It is recommended that parents with in-depth questions be referred to the literature provided by the Colorado Department of Social Services. When question arise that are outside of the answers provided in these pamphlets, it is suggested that you contact the county hospital liaison or refer the patient to an attorney of their choosing.

Experience has shown that parents with technical legal questions are resistant to voluntarily signing a Statement of Paternity and should therefore be referred to a lawyer or the county Child Support Office.

Appendix I: Hospital Needs Survey

Hospital Survey

1. How many staff are designated to offer the acknowledgment form? What is the nature of the staffs' position (nurse, medical records, social worker)?
2. At what point during the mother's stay are the acknowledgment form and pamphlet provided?
3. Are the staff who provide the acknowledgment form to the parent(s) also responsible for completing the birth certificate?
4. Does the hospital have any problems with notary availability? Would it be beneficial to have additional notaries?
5. Would in-service training regarding paternity acknowledgments be beneficial for hospital staff?
6. Do you feel the pamphlet is appropriate and provides necessary information (is the reading level too difficult, does it adequately address the parents' concerns)? What suggestions would you make for improvement?
7. Do you feel there is a need for additional educational materials in the hospital (e.g., pamphlets, video, second language materials, etc.)?
8. What percentage of the fathers would you estimate are present during some point of the mother's stay for out-of-wedlock births?
9. When parents choose not to acknowledge paternity, do they provide any reason for making this choice? If so, what reasons do you hear most frequently?
10. What is the most significant problem you (or your staff) have encountered with the implementation of this program?
11. What can DCSE do to assist your staff with the in-hospital paternity acknowledgment program?



**Volunteers in Paternity (VIP)
Hospital-Based Paternity Program Survey
1997**

We appreciate the time you are taking to fill out this brief questionnaire. The information that we collect from these surveys will help us assess the progress and demands of our program. Please return this survey by Tuesday, March 17, 1997. Thank you for your help, and feel free to contact us if you have any questions. We have included a Volunteers in Paternity (VIP) contact list for your convenience.

General Information:

Name of hospital/healthcare facility: _____
Phone: _____ Ext. _____
Address: _____
City: _____ State: _____ Zip _____

Name of hospital/healthcare facility staff person responsible for distributing hospital-based paternity information: _____
Name of Hospital/healthcare facility Chief Executive Officer _____

Please estimate how many births your facility has in one month _____
Please estimate how many of those births are out of wedlock _____

Program Operation:

1. Name of department responsible for distributing paternity pamphlets to new parents _____

2. Name of department responsible for giving new parents the opportunity to acknowledge paternity for their baby _____

3. Has this department been in charge of distributing this information since the beginning of the Volunteers in Paternity Program?

Yes ____
No ____

4. Has there been significant staff turnover since the Volunteers in Paternity training?

Yes ____
No ____

Appendix J: Program Objectives

Overview of Paternity Acknowledgment Process

INTRODUCTION

Hospitals are responsible for giving parents who are not married to each other the opportunity to establish paternity legally. Hospitals also need to educate unmarried parents about paternity acknowledgment and availability of child support by making available printed materials and videotapes. To establish paternity at the time of birth, parents must complete the *Certificate of Parentage (Parentage form)*. The hospital's role is to ensure that unmarried parents have every opportunity to complete this form. To fulfill this role, hospitals must:

- inform parents not married to each other of their option to acknowledge paternity;
- provide the parents with a packet of information about paternity establishment; and
- ensure the availability of a witness or notary public so that the form can be completed in the hospital.

The *Parentage form* collects much of the same information as the birth certificate and in most cases the information on the two documents must match. Consequently, hospitals should process the *Parentage forms* along with the birth certificates. Beginning in 1995, all hospitals will have the chance to install the New Jersey Electronic Birth Certificate (EBC) system. Hospitals that use the EBC will have the ability to produce the *Parentage forms* electronically along with the birth certificates. This will streamline the preparation and processing of the *Parentage forms*.

GENERAL GUIDELINES

The following guidelines to the paternity acknowledgment process provide you with some important things to remember.