

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 3.13
(ID # 28067)

MEETING DATE:
Tuesday, July 01, 2025

FROM : CHILD SUPPORT SERVICES

SUBJECT: DEPARTMENT OF CHILD SUPPORT SERVICES: Approval of the Form of the Plan of Cooperation (POC) for the Paternity Opportunity Program (POP) between the County of Riverside, on Behalf of its Department of Child Support Services for the Period of Performance through June 30, 2029. All Districts. [Total aggregate amount \$500,000 – 66% Federal and 34% State Funds]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve the form of the Plan of Cooperation (POC) for the Paternity Opportunity Program (POP) between the County of Riverside for the period of performance through June 30, 2029;
2. Authorize the Director of DCSS, or designee, to sign POCs with eligible hospitals, including but not limited to the vendors listed in Attachment A, conforming in form and substance to the attached POC, subject to approval as to form by County Counsel; and
3. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, Section 7, Category II, subsection (d), based on the availability of fiscal funding and as approved to form by County Counsel to: a) shift the allocated funds among the vendors listed in Attachment A; b) issue Blanket Purchase Orders (BPO) for services rendered with the vendors listed in Attachment A that do not exceed the total Board approved aggregate amount.

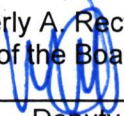
ACTION:Policy


Nicole Windom-Hurd, DIR OF CHILD SUPPORT SERVICES 6/10/2025

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Gutierrez, seconded by Supervisor Medina and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Medina, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: July 1, 2025
xc: DCSS

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 100,000	\$ 100,000	\$ 500,000	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: 66% Federal and 34% State			Budget Adjustment: No	
			For Fiscal Year: 24/25-28/29	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The Plan of Cooperation (POC) outlines the responsibilities of Riverside County Department of Child Support Services and hospitals in administering the Paternity Opportunity Program (POP) under Title IV-D of the Social Security Act. The purpose of this POC is to facilitate the voluntary acknowledgment of paternity for children born out of wedlock, ensuring financial support and parental rights for minor children. The agreement establishes responsibilities regarding program education, document processing, and compliance with federal and state regulations.

The POC specifies that DCSS will provide training, materials, and public awareness initiatives. Each eligible hospital will distribute materials, assist parents in completing Voluntary Declaration of Parentage (VDOP) forms, verify identities, and submit completed forms to the state. The hospital will receive \$10 per valid VDOP submitted, per Family Code Section 7571.

County Counsel has approved as to form the template of the POC. Staff recommends that the Board of Supervisors approve the form of the POC and authorize the Director of DCSS to execute POCs substantially conforming in form and substance to the attached with eligible hospitals.

Impact on Residents and Businesses

The approval of this POC will facilitate the identification of parents, ensure child support obligations, and promote responsible parenthood. This program enhances financial security and legal rights for children born out of wedlock, ultimately benefiting families and the community.

Additional Fiscal Information

These services are 66% Federally and 34% State funded and there is no impact to County General Funds. The funding is estimated to be distributed for each fiscal year based on the table below:

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Fiscal Year	FY24-25	FY25-26	FY26-27	FY27-28	FY28-29
Amount	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000

Contract History and Price Reasonableness

This is the approval of the form of the POC. The payment structure follows state-mandated reimbursement rates, ensuring cost efficiency and program sustainability.

ATTACHMENTS:

ATTACHMENT A. Vendors List

Vendor Name	Blanket Purchase Order (BPO) Amount
Corona Regional Medical Ctr Foundation	\$5,000
Desert Regional Medical Center Inc	\$10,000
Doctors Hospital of Riverside LLC	\$5,000
Eisenhower Medical Center	\$5,000
John F Kennedy Memorial Hospital	\$10,000
Kaiser Permanente Hospital	\$19,000
Loma Linda University Medical Center	\$5,000
Physicians For Healthy Hospitals	\$500
Riverside Healthcare System	\$21,000
Riverside University Health System	\$5,000
San Gorgonio Memorial Hospital	\$1,000
Southwest Healthcare System	\$13,500

*Due to the nature of the services provided, vendors listed in Attachment A are subject to change, if any additional individual vendor not named in this list exceeds the Ordinance 459 threshold of \$50,000 Department of Child Support Services will come back to the Board for required BPO approval.

ATTACHMENT B. Form of the Plan of Cooperation for Paternity Opportunity Program (POP)


Stacey Pena, EO Management Analyst 6/23/2025


Aaron Gettis, Chief of Deputy County Counsel 6/17/2025

PLAN OF COOPERATION (POC) for the
PATERNITY OPPORTUNITY PROGRAM (POP) between
COUNTY OF RIVERSIDE and (Insert Hospital Name)

I. PURPOSE

The following Plan of Cooperation for the Paternity Opportunity Program (“Plan of Cooperation”) is entered into between the County of Riverside, on behalf of its Department of Child Support Services, a political subdivision of the State of California, and (Insert Hospital Name) (Insert Legal Entity Type for Hospital) (“Hospital”), for the coordination of their respective efforts and delineation of responsibilities relating to the Title IV-D of the Social Security Act program. The purpose of this Plan of Cooperation is to establish responsibilities and guidelines for an effective administration of the Paternity Opportunity Program for the securing of financial support for minor children, including, but not limited to, identification and location of absent parents, determination of paternity of children born out of wedlock, determination of the absent parent’s ability to support their minor children, establishment of support obligations and enforcement of support obligations.

II. CONFIDENTIALITY

The use of disclosure of information concerning applicants and recipients will be limited to purposes directly connected with the administration of the California State Plan for Child Support Services (“State Plan”) for establishing paternity and establishing, enforcing, and modifying child support obligations pursuant to Federal and State laws and regulations. This includes, but is not necessarily limited to, the release of determining amounts of assistance; identifying and locating putative or deserting parents; investigation, prosecution or criminal or civil proceedings, conducted in connection with the administration of the State Plan. No information which identifies any applicant or recipient of public assistance by name or address shall be disclosed to any committee or legislative body.

III. STANDARDS

The parties to this agreement shall maintain an organizational structure and sufficient staff to administer and supervise all of the functions for which they are responsible under the State Plan or this Plan of Cooperation. In additions, the parties must meet the standards for program operations in accordance with 45 CFR 302 and 45 CFR 303.

(Insert Hospital Name) affirms that it has reviewed the State Plan.

IV. RESPONSIBILITIES

The Riverside County Department of Child Support Services may enter into cooperative arrangements with other county departments as necessary to carry out the responsibilities imposed by the State Plan. When such a delegation of duties is made, the Riverside County Department of Child Support Services

shall be responsible and accountable for the execution of such duties within the county and shall ensure that all such functions are being carried out properly, efficiently, and effectively.

Both parties to this Plan of Cooperation agree to comply with Title IV-D of the Social Security Act, implementing regulations, and all Federal and State regulations and requirements promulgated thereunder, and any amendments thereto.

The Riverside County Department of Child Support Services shall have the following responsibilities:

1. To provide information, educational material and consultation as necessary with the hospital staff regarding the paternity opportunity program voluntary declaration, paternity determination process;
2. To participate in public awareness activities that may include, but not limited to, making presentations to any selected target groups and/or community groups to ensure information about the POP program is disseminated;
3. Provide a financial payment to the Hospital, on a quarterly basis, or ten dollars (\$10) for every valid VDOP Form (CS0909) completed and accepted by the State DCSS POP.

Note: The rate of \$10 per VDOP form (CS0909) is established by California Law via Family Code Section 7571.

The (Insert Hospital Name) shall have the following responsibilities:

1. Provide to the natural mother and father a declaration (paternity acknowledgment) and information materials about the voluntary paternity acknowledgment process; give oral instructions to both parents regarding their parental rights;
2. To assist the parents in completing the forms, as necessary;
3. Comply with the standards for program operation in accordance with 45 CFR Part 302 and 45 CFR Part 303 and with all applicable amendments thereto.
4. Comply with Title IV-D of the Social Security Act and all Federal and State regulations and requirements promulgated thereunder.
5. Provide the birth mother and the other parent the State required POP materials issued by the California Department of Child Support Services, which include:
 - A. Voluntary Declaration of Parentage (VDOP)
 - B. Parentage Opportunity Overview Brochure

6. Prior to signing the VDOP, provide both written and verbal notice, of the alternatives, the legal consequences or, and the rights and responsibilities of acknowledging parentage:

A. Written: backside of the VDOP

B. Verbal: POP Phone Free (866) 249-0773 (option 3, Option 1) or POP Video

<https://childsupport.ca.gov/establishing-legal-parentage/>

7. Ensure the VDOP is legibly printed in either blue or black ink. A valid VDOP must contain the following information:

1. Section A

a. Is the birth parent unmarried?

b. Is the other parent the genetic father of the child?

2. Child's Information

a. First and Last Name

b. Date of Birth

c. Place of Birth (hospital name, home, etc.)

d. County

e. City

f. State

3. Birth Parent Information

a. First and Last Name

b. Date of Birth

c. Social Security Number

d. Current Mailing Address

4. Other Parent Information

a. First and Last Name

b. Date of Birth

c. Social Security Number

d. Current Mailing Address

5. Birth Parent's Signature and Date Signed

6. Other Parent's Signature and Date Signed

7. Witness or Notary Public's:

a. Date Signed (must be the same as parents')

b. Signature

c. Printed First and Last Name

d. Name of Authorized Agency

- e. Agency Complete Address
- f. Notary Public seal, if appropriate

8. Verify the identity of the parent (or guardian, if parent is under age 18), by ensuring the Government Issued Photo Identification matches the name and signature on the VDOP and witness the mother and other parent signing the form.
9. Process the completed VDOP, as follows:
 - A. Mail the original (white copy) to:
 - DCSS Parentage Opportunity Program PO Box 419070
 - Rancho Cordova, CA 95741-9070
 - B. Provide the yellow and pink copies to the mother and the father.
 - C. Maintain a copy for Hospital records for a period of no less than four (4) years and four (4) months in Riverside County after the termination of the Plan of Cooperation or until all pending county, state, and federal audits are completed, whichever is later.
10. Cooperate with the California Department of Child Support Services in an effort to correct submitted VDOP Forms (CS0909) not properly completed.
11. Hospital shall be paid on a fee-for-service basis at ten dollars (\$10.00) for every valid and complete VDOP Form (CS0909) submitted and accepted by the State DCSS POP.

Note: The rate of \$10.00 per VDOP Form (CS0909) is established by California Law via Family Code Section 7571.

12. Hospital shall submit all VDOP Forms (CS0909) to the State DCSS POP, as specified in Section II, Paragraphs E through H, for all reimbursable costs associated with the Child Support Program pursuant to this Plan of Cooperation within twenty (20) days.
13. Costs for services under the terms of this Plan of Cooperation shall be incurred during the contract period except as approved by County. Hospital shall not use current year funds to pay prior or future year obligations.

V. FINANCIAL PROVISIONS

The Riverside County Department of Child Support Services shall maintain an accounting system and supporting fiscal records adequate to ensure that claims for Federal funds are in accordance with applicable Federal and State requirements.

All expenditures, to be eligible for Federal Financial Participation, must be claimed as outlined in 45 CFR Part 74, 45 CFR Part 304, and manual of Policies and Procedures Division 25.

The (Insert Hospital Name) shall submit to the Riverside County Department of Child Support Services a claim for all reimbursable costs associated with the Child Support Program pursuant to this Plan of Cooperation on or before ten (10) working days from the last day of the previous calendar month. All claims must be supported with fiscal records adequate to ensure that claims for reimbursement are according to Federal and State requirements and shall retain such records as required by Federal and State regulations.

VI. TERM

This Plan of Cooperation shall begin effective (Month Day, Year) and end effective five (5) years later. It shall be renewed upon the same terms for additional periods of two years contingent upon written agreement of both parties. Amendments may be made at any time including during renewal negotiations and must be in writing. Either party may terminate the Agreement upon sixty (60) days prior written notice to the other party.

Should (Insert Hospital Name) be found deficient in any aspects of performance under this Plan of Cooperation or fail to perform under the agreed standards, (Insert Hospital Name) will have the responsibility of submitting a proposed corrective action plan to the Riverside County Department of Child Support Services. The corrective action plan shall identify specific action to be taken to correct the deficient performance areas and be submitted within 45 days after notification of the deficiencies. Should the deficient party fail to present a corrective action plan as required or take appropriate corrective action, the Plan of Cooperation will automatically terminate.

VII. GENERAL PROVISIONS

All records and documentation shall be maintained in accordance with Federal and State requirements and shall be made available to State and Federal personnel for the purpose of conducting audits of the program. The contracting party is responsible for safeguarding all information in accordance with 45 CFR 303.21, 45 CFR 303.70, and U.S.C. 6103(p)(4).

[Signatures on Following Page]

IN WITNESS WHEREOF, the parties have caused their duly authorized representatives to execute this Plan of Cooperation.

SIGNED: _____

SIGNED: _____

DATED: _____

DATED: _____

Nicole Windom-Hurd
Director

PRINT NAME: _____

County of Riverside
Department of Child Support Services

Chief Executive Officer
(Insert Hospital Name)

FORM APPROVED COUNTY COUNSEL

BY: APC 6/16/2025
AMRIT R. DHILLON DATE

FORM