



MICHIGAN

OFFICE OF THE AUDITOR GENERAL

AUDIT REPORT



THOMAS H. MCTAVISH, C.P.A.
AUDITOR GENERAL

“...The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.”

– Article IV, Section 53 of the Michigan Constitution

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Michigan
Office of the Auditor General
REPORT SUMMARY

Performance Audit

Vital Records and Health Data Statistics
Bureau of Epidemiology
Department of Community Health

Report Number:
39-145-04

Released:
August 2005

The Bureau of Epidemiology's Division for Vital Records and Health Statistics processes customer requests for vital records and changes to vital record information, compiles health data, and provides information to the public. The Bureau's Epidemiology Services Division accepts vital records from local registrars, extracts data from vital records, develops data pools, creates and maintains statistical reports, and provides information to the National Center for Health Statistics and to the Centers for Disease Control and Prevention.

Audit Objective:

To assess the Bureau's effectiveness in safeguarding vital records and health data.

Audit Conclusion:

We concluded that the Bureau was somewhat effective in safeguarding vital records and health data.

Material Conditions:

The Bureau did not periodically review the controls of local registrar offices or hospitals to ensure that these local units had sufficient safeguards over vital records, safety paper, or blank documents used to generate vital records (Finding 1).

The Bureau did not retrieve vital records in the possession of local clerk offices that no longer had the authority to accept or issue those documents (Finding 2).

Reportable Conditions:

The Bureau did not retain all documentation to support changes to vital records or customer requests for information consistent with established retention periods (Finding 3).

The Bureau did not require periodic inspections of contractors responsible for microfilming and data entry of vital records to ensure that the contractors properly secured the vital records that were in their possession (Finding 4).

The Bureau did not have controls to ensure that applications for high-risk delayed registrations of birth were notarized or that Bureau management reviewed these applications (Finding 5).

The Bureau did not monitor the environmental conditions within its Lansing vault used to store vital records (Finding 6).

The Bureau did not maintain security agreements for all individuals who had access to the Central Paternity Registry (CPR) database. Also, the Bureau did not monitor usage of the CPR database. (Finding 7)

The Bureau did not preserve all vital record information on microfilm for inclusion into the Bureau's archive files. Also, the

Bureau did not perform periodic physical inventories of its backup and archival microfilm. (Finding 8)

The Bureau did not periodically inspect backup and archival microfilm records to ensure that they were in satisfactory condition (Finding 9).

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Audit Objective:

To assess the Bureau's effectiveness and efficiency in providing vital record information and health related data.

Audit Conclusion:

We concluded that the Bureau was generally effective and efficient in providing vital record information and health related data.

Noteworthy Accomplishments:

In March 2003, the Bureau implemented the Birth Registry System to register live births, accumulate data related to births, identify the location of birth records, and issue certified copies of requested birth records. As a result, the Bureau has significantly improved the timeliness for processing customer requests.

The Bureau has placed the Electronic Birth Certificate System in all obstetrics hospitals in Michigan to allow hospitals to report live births electronically.

In March 2004, the Bureau's Michigan Cancer Surveillance Program attained a certified gold standard from the North American Association of Central Cancer Registries for the quality, completeness, and timeliness of cancer information.

Reportable Conditions:

The Bureau did not report health data related to live births in accordance with National Center for Health Statistics requirements (Finding 10).

The Bureau did not have up-to-date written operating policies and procedures (Finding 11).

Agency Response:

Our audit report contains 11 findings and 13 corresponding recommendations. The Bureau's preliminary response indicated that the Bureau generally agreed with the 13 recommendations.

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THOMAS H. MCTAVISH, C.P.A.
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August 23, 2005

Ms. Janet Olszewski, Director
Department of Community Health
Lewis Cass Building
Lansing, Michigan

Dear Ms. Olszewski:

This is our report on the performance audit of Vital Records and Health Data Statistics, Bureau of Epidemiology, Department of Community Health.

This report contains our report summary; description of agency; audit objectives, scope, and methodology and agency responses and prior audit follow-up; comments, findings, recommendations, and agency preliminary responses; two exhibits, presented as supplemental information; and a glossary of acronyms and terms.

Our comments, findings, and recommendations are organized by audit objective. The agency preliminary responses were taken from the agency's responses subsequent to our audit fieldwork. The *Michigan Compiled Laws* and administrative procedures require that the audited agency develop a formal response within 60 days after release of the audit report.

We appreciate the courtesy and cooperation extended to us during this audit.

AUDITOR GENERAL

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Description of Agency

Within the Department of Community Health's Bureau of Epidemiology, the Division for Vital Records and Health Statistics and the Epidemiology Services Division register, code, and maintain the vital records* of the State and provide health related data and statistics based on information from the vital records or other health data providers.

The Bureau's mission* is to maintain the Statewide vital records system and to provide health related data and information. The Statewide vital records system contains over 30 million records dating back to 1867 (see Exhibit 1, presented as supplemental information). During 2003, the Bureau processed approximately 155,000 customer requests for copies of vital records (see Exhibit 2, presented as supplemental information), 85% of which were birth certificates. In addition, during 2003, the Bureau made legal changes to about 21,500 vital records and received approximately 317,700 new records.

The Division for Vital Records and Health Statistics is responsible for determining if an individual requesting information is eligible to receive the information and for processing incoming requests, identifying the location of the vital records, pulling requested documents, and forwarding certified copies of requested records. The Division is also responsible for determining if requests to change vital record information are properly supported and to document the change on the vital record. In addition, the Division inputs birth certificates into the Birth Registry System* and processes requests for vital records from the Department of Human Services. Further, the Division obtains health data from health data providers, compiles and analyzes the data, and provides information to the public in a useful format.

The Epidemiology Services Division accepts vital records from local registrars, extracts data from vital records, develops data pools, creates and maintains statistical reports, and provides information to the National Center for Health Statistics and to the Centers for Disease Control and Prevention. The Division is responsible for microfilming vital records for permanent storage, processing affidavits of paternity*, and maintaining information within the Central Paternity Registry*. Also, the Division places medical and demographic coding data onto death records and abortion notices, creates electronic data pools on death, and provides information on Michigan residents who died

* See glossary at end of report for definition.

out-of-State. In addition, the Division is responsible for the development, operation, and use of the birth defects and cancer databases, maintenance of the Michigan birth defects and cancer registries, and the collection of data on health care providers and health care facilities within the State.

The activities of the two Divisions, related to vital records and health statistics, are funded by a variety of sources, including the State General Fund, user fees, the federal government, and the Department of Human Services. During fiscal year 2002-03, the Bureau recorded expenditures of \$5,412,522 for activities related to vital records and health statistics. As of July 31, 2004, the Bureau had 74 full-time equated employees working on vital records and health data statistics.

Audit Objectives, Scope, and Methodology and Agency Responses and Prior Audit Follow-Up

Audit Objectives

Our performance audit* of Vital Records and Health Data Statistics, Bureau of Epidemiology, Department of Community Health, had the following audit objectives:

1. To assess the Bureau's effectiveness* in safeguarding vital records and health data.
2. To assess the Bureau's effectiveness and efficiency* in providing vital record information and health related data.

Audit Scope

Our audit scope was to examine the program and other records of the Bureau of Epidemiology. Our audit was conducted in accordance with *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included such tests of the records and such other auditing procedures as we considered necessary in the circumstances.

As part of our audit, we prepared, from information compiled by the Bureau, supplemental information (Exhibits 1 and 2) that relates to our audit objectives. Our audit was not directed toward expressing an opinion on this information and, accordingly, we express no opinion on it.

Audit Methodology

Our audit procedures, conducted from April through July 2004, included an examination of the Bureau's records and activities primarily for the period October 1, 2001 through June 30, 2004.

To accomplish our objectives, we conducted a preliminary review of the Bureau's operations. This included the review of pertinent State statutes and administrative rules and Bureau policies and procedures to gain an understanding of program requirements applicable to vital record functions. Within the preliminary review, we also interviewed Bureau staff, documented business cycles and associated controls, and examined Bureau revenue and expenditure data related to vital records.

* See glossary at end of report for definition.

To accomplish our first objective, we visited selected hospitals and active local registrar offices and surveyed local clerk offices that no longer have the authority to accept or issue vital records to assess their controls over vital records and blank vital record forms. We compared a sample of vital records obtained from hospitals and local registrar offices with Bureau files to determine that all vital records were maintained in accordance with State statutes. Also, we analyzed the security of the Bureau's workplace and vaults, reviewed the Bureau's effort to inventory vital records maintained in its Lansing vault and its off-site vault in Kent County, and examined the Bureau's controls to limit access to the Birth Registry System and Central Paternity Registry. In addition, we analyzed the Bureau's controls to prevent ineligible individuals from gaining access to vital records via an on-line request system or the mail. Further, we reviewed the Bureau's process to evaluate the quality of microfilm records, evaluated the Bureau's compliance with the Department of History, Arts and Libraries' retention schedule of vital records, and analyzed the Bureau's effort to monitor vendors that handle vital records.

To accomplish our second objective, we analyzed the Bureau's performance assessment methodology, reviewed the status of written operating policies and procedures, and evaluated the Bureau's effort to implement a revised birth certificate. Also, we reviewed the Bureau's progress toward placing all vital record location information on an electronic index, assessed the Bureau's effectiveness in providing training to county and city clerk offices, and analyzed the Bureau's ability to provide timely and accurate information.

Agency Responses and Prior Audit Follow-Up

Our audit report contains 11 findings and 13 corresponding recommendations. The Bureau's preliminary response indicated that the Bureau generally agreed with the 13 recommendations.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion subsequent to our audit fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and Department of Management and Budget Administrative Guide procedure 1280.02 require the Department of Community Health to develop a formal response to our audit findings and recommendations within 60 days after release of the audit report.

We released our prior performance audit of the Office of the State Registrar and Division of Health Statistics, Department of Public Health (#3510094), in December

1994. Within the scope of this audit, we followed up 16 of the 19 prior audit recommendations. The Bureau complied with 5 and partially complied with 2 of the prior audit recommendations. We repeated 6 prior audit recommendations and 3 others were rewritten for inclusion in this report.

COMMENTS, FINDINGS, RECOMMENDATIONS,
AND AGENCY PRELIMINARY RESPONSES

EFFECTIVENESS IN SAFEGUARDING VITAL RECORDS AND HEALTH DATA

COMMENT

Background: As of July 2004, the Bureau of Epidemiology had responsibility for the vital record activities of 109 local registrar offices and 99 hospitals that created certificates of live birth on the Bureau's Electronic Birth Certificate (EBC) System. Also, the Bureau distributed prenumbered blank certificates of live birth to local registrar offices and hospitals and blank certificates of death to local registrar offices. These local units are involved in the birth and death registration process by ensuring that necessary information is provided for these blank forms. Completed forms are submitted to the Bureau for registration. During 2003, the Bureau registered approximately 131,000 births and 88,000 deaths.

Audit Objective: To assess the Bureau's effectiveness in safeguarding vital records and health data.

Conclusion: We concluded that the Bureau was somewhat effective in safeguarding vital records and health data. Our audit disclosed two material conditions*. The Bureau did not periodically review the controls of local registrar offices or hospitals to ensure that these local units had sufficient safeguards over vital records, safety paper*, or blank documents used to generate vital records (Finding 1). Also, the Bureau did not retrieve vital records in the possession of local clerk offices that no longer had the authority to accept or issue those documents (Finding 2). In addition, our audit disclosed reportable conditions* related to retention of supporting documentation, periodic inspections of vital record contractors, controls over high-risk delayed registrations of birth*, environmental conditions in the vital records vault, the Central Paternity Registry (CPR) database, microfilm files, and the quality of microfilmed vital records (Findings 3 through 9).

FINDING

1. Periodic Reviews of Local Registrar Offices and Hospitals

The Bureau did not periodically review the controls of local registrar offices and hospitals to ensure that these local units had sufficient safeguards over vital records, safety paper, or blank documents used to generate vital records.

* See glossary at end of report for definition.

Periodic reviews would reduce the risk of the Bureau registering fraudulent records and of local registrars or hospitals providing vital records to unauthorized individuals. Also, periodic reviews would assist the Bureau in ensuring that vital records, safety paper, and blank documents used to generate vital records are properly secured and accurately accounted for.

Section 333.2813(2)(c) of the *Michigan Compiled Laws* provides the State Registrar (a section manager within the Bureau) with superintending control over local registrar offices and control over the activities of local officials and all other persons as to the operation of the system of vital statistics*.

The Office of the Inspector General, U.S. Department of Health and Human Services, has stated that certificates of birth provide a means for opening many doors in society, from citizenship privileges to social security benefits. Individuals can use birth certificates to obtain driver licenses, passports, social security cards, or other documents with which to create false identities. Therefore, the need to establish sufficient controls over the birth certificate registration process is of national concern.

We visited 12 local registrar offices and 10 hospitals to review their controls over vital records, safety paper, and blank documents used to generate vital records. Our review disclosed:

- a. Local registrar offices and hospitals did not maintain vital records, safety paper, or blank documents used to generate vital records in secured locations or limit access to vital records. For example, 2 (17%) of the local registrar offices did not maintain vital records in a secure location and 5 (42%) did not limit access to only local registrar staff. Also, 11 (92%) of the local registrar offices did not properly secure safety paper utilized to print certified copies of vital records, and 2 (50%) of the 4 hospitals that had blank certificates of live birth did not maintain these documents in a secured location.
- b. Two (17%) of the local registrar offices reported that they provided copies of certificates of live birth to unauthorized individuals. Section 333.2882 of the *Michigan Compiled Laws* limits access to certificates of live birth to individuals named on the record, parents, heirs, legal representatives, legal guardians, or a court of competent jurisdiction.

* See glossary at end of report for definition.

- c. Five (42%) of the local registrar offices did not complete periodic inventories of vital records in their possession to ensure that they had custody of all vital records.
- d. Five (50%) of the hospitals did not forward certificates of live birth to local registrar offices within five days of the birth. Section 333.2821 of the *Michigan Compiled Laws* requires hospitals to file a record of live birth with a local registrar office within five days of birth.
- e. Local registrar offices and hospitals did not properly account for blank documents used to generate vital records. For example, of the 10 local registrar offices that maintained blank certificates of live birth, 7 (70%) did not record the number of blank certificates of live birth received from the Bureau, 8 (80%) did not record who they distributed these documents to, and 9 (90%) could not account for the documents that had been voided or destroyed.

We noted similar conditions in our prior audit. In response to that audit, the Bureau stated that it would seek funding to provide quality assurance and fraud prevention efforts.

RECOMMENDATION

WE AGAIN RECOMMEND THAT THE BUREAU PERIODICALLY REVIEW THE CONTROLS OF LOCAL REGISTRAR OFFICES AND HOSPITALS TO ENSURE THAT THESE LOCAL UNITS HAVE SUFFICIENT SAFEGUARDS OVER VITAL RECORDS, SAFETY PAPER, AND BLANK DOCUMENTS USED TO GENERATE VITAL RECORDS.

AGENCY PRELIMINARY RESPONSE

The Bureau accepted the finding relating to the controls in place at local registrar offices and hospitals and agreed in principle with the recommendation. However, the Bureau pointed out that while State statute provides the State Registrar with superintending control over local registrar offices and control over the activities of local officials, the statute is silent concerning the degree of authority or control that the State Registrar could realistically impose over those offices and activities. Also, while it recognizes that vital record documents and blank forms are potential targets for theft and misuse and that it is important for local registrar offices and hospitals to develop and follow appropriate procedures to ensure the security of these records, the Bureau does not necessarily agree that the only solution is

through on-site monitoring. The Bureau added that because it no longer has staff or a budget to fund a field program, periodic on-site monitoring is not practical.

The Bureau informed us that it is currently reviewing the findings identified in the audit and will develop a strategy for communicating and reinforcing the importance of these issues through future training sessions. The Bureau indicated that a number of efforts are planned to address and reinforce the understanding of local registrars and hospitals on secure handling of vital records. The Bureau also indicated that it is in the process of revising and replacing the instructional manuals issued to local registrars and expects these manuals to be distributed in fall 2005. The Bureau informed us that it will also continually review and assess the feasibility of conducting and implementing on-site monitoring of local registrar offices and hospitals should resources become available.

FINDING

2. Retrieval of Vital Records From Local Clerk Offices

The Bureau did not retrieve vital records in the possession of local clerk offices that no longer had the authority to accept or issue those documents. As a result, we determined that these local clerk offices had not properly secured some of the vital records, had improperly issued vital records, and had allowed unauthorized individuals to access these documents.

The Bureau reported that through the 1930s, the clerk offices of all cities, villages, and townships had the responsibility and authority to register vital records as part of their official duties. Several changes in legislation removed the responsibility for vital records from approximately 1,500 clerk offices. However, many of the clerk offices still had possession of these documents. After this legislation, these offices were not to accept or issue copies of vital records. In 1991, the Bureau surveyed clerk offices that no longer had responsibility for vital records to identify those locations that still possessed these documents. The Bureau identified 93 cities, 51 villages, and 313 townships in possession of vital records. A total of 63 clerk offices did not respond to the Bureau's survey. At that time, the Bureau requested these offices to submit vital records in their possession to the Bureau. Bureau staff informed us that not all of the offices that were still in possession of vital records in 1991 forwarded those records to the Bureau. Bureau staff also informed us that they did not know how many of these offices were still in possession of vital records.

Section 333.2813(2)(c) of the *Michigan Compiled Laws* provides the State Registrar with superintending control over local registrar offices and control over the activities of local officials and all other persons as to the operation of the system of vital statistics. Therefore, the Bureau has the authority and responsibility to ensure that local registrar offices sufficiently control vital records.

We surveyed 12 local clerk offices that no longer had the authority to accept or issue vital records which the Bureau had identified in 1991 as still being in possession of those documents. Our survey of these offices disclosed:

- a. Seven (58%) of the local clerk offices reported that they were still in possession of vital records.
- b. Three (25%) of the local clerk offices reported that they did not know what happened to the vital records that had been in their possession. Two (17%) of the local clerk offices claimed that they did not have the vital records in 1991.
- c. Two (29%) of the 7 local clerk offices that reported that they were still in possession of vital records had not properly secured those documents. One office reported that it stored the vital records under a desk. *Michigan Administrative Code R 325.3235* states that a vital record filed with a local registrar shall be maintained in a locked or secured area when not under the supervision of office personnel.
- d. Three (43%) of the 7 local clerk offices that reported that they were still in possession of vital records stated that they would issue copies of records if requested and 1 (14%) of the 7 local registrar offices that was still in possession of vital records reported that it had issued copies of vital records, despite not having the legal authority to do so.
- e. Two (29%) of the 7 local clerk offices that reported that they were still in possession of vital records also reported that they had allowed unauthorized individuals to access birth records. One office reported that it allowed the mother of a staff member to copy all records in their possession. The other office reported that it had allowed the public to review vital records upon request.

We noted a similar condition in our prior audit. In response to that audit, the Bureau stated that it would seek the funding necessary to comply with the recommendation.

RECOMMENDATION

WE AGAIN RECOMMEND THAT THE BUREAU RETRIEVE VITAL RECORDS IN THE POSSESSION OF LOCAL CLERK OFFICES THAT NO LONGER HAVE THE LEGAL AUTHORITY TO ACCEPT OR ISSUE THOSE DOCUMENTS.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed; however, the Bureau informed us that, as it indicated in its response to Finding 1, it simply does not have the staff or budget to fund a field program that would enable it to conduct on-site visits of local clerk offices. The Bureau also informed us that a series of actions were initiated to address this issue when it surfaced as part of the audit issued in 1991, that extensive surveys of local offices were conducted, that communications were distributed to closed offices with records in their files, and that funds were requested but not approved to develop a comprehensive program to recover and inventory the vital records.

To address the issue, the Bureau informed us that it will contact every local office believed to continue to retain vital records by letter, by certified letter, and by phone, if necessary. Each office will be advised of the need to secure these records, to prevent access to them, and to refrain from issuing copies. The Bureau will again request that all of those documents and all blank vital records forms be forwarded to the Bureau. The Bureau also informed us that it has started this project and will follow up with telephone calls to any office that fails to respond and, while it will not be possible to visit every local office, the Bureau will attempt to conduct further follow-up, as necessary, through site visits to the local offices. The Bureau expects to have this issue resolved by May 2006.

FINDING

3. Retention of Supporting Documentation

The Bureau did not retain all documentation to support changes to vital records and customer requests for information consistent with established retention periods.

Maintaining a complete history of supporting documentation would assist Bureau staff in responding to the validity of changes to vital records, provide the Bureau with a signed copy of the change order, and allow the Bureau to provide a copy of the application used as the basis to prepare the change. Preserving copies of customer requests for vital records provides a recent history of information supplied to customers and allows the Bureau to review the customer's eligibility upon further request.

The Bureau commonly changes information on vital records based on supporting documentation submitted by customers, such as orders of adoption, court orders, or medical record information. Also, the Bureau receives requests for certified copies of vital records via an electronic request and payment system, through the mail, or from walk-in customers at their Lansing vital records center.

Department of Management and Budget (DMB) Administrative Guide procedure 0910.02 requires an agency to retain, transfer, and dispose of its records only in accordance with the provisions of a retention and disposal schedule. The Department of History, Arts and Libraries' (HAL's) record management retention and disposal schedule identified the retention periods for which the Bureau is to maintain supporting documentation for changes to vital records and customer requests for information.

Our review of vital record retention disclosed:

- a. The Bureau, for the period January 1999 through June 2003, did not retain the backup documentation supporting changes made to vital records. These documents were destroyed 30 days after the changes to the records were processed. HAL's record management retention and disposal schedule requires this documentation to be retained for three years on hard copies and indefinitely on microfilm.
- b. The Bureau did not retain all records of adoption created between January 1999 and June 2003. HAL's record management retention and disposal schedule requires this documentation to be retained for three years on hard copies and indefinitely on microfilm.

- c. The Bureau did not retain requests for exemplified copies of vital records for the required five years. At the time of our review, the Bureau maintained these records for one year.

RECOMMENDATION

We recommend that the Bureau retain all documentation to support changes to vital records and customer requests for information consistent with established retention periods.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed and informed us that procedural changes were made in 1999 to discontinue the storage and maintenance of applications to change vital records and records of adoption. The Bureau also informed us that an electronic listing of the documents used to make changes was maintained; however, the applications, copies of evidence, and records of adoptions were destroyed without being microfilmed. In addition, the Bureau informed us that this practice was stopped in June 2003, and since that time, these documents have been maintained and are being handled according to the disposal and retention schedule.

The Bureau informed us that it has also developed written policies to ensure that it retains requests for exemplified copies of vital records for five years as required by the disposal and retention schedule. The Bureau also informed us that it currently has requests for exemplified copies dating back to September 2003.

FINDING

4. Periodic Inspections of Vital Record Contractors

The Bureau did not require periodic inspections of contractors responsible for the microfilming and data entry of vital records to ensure that the contractors properly secured the vital records that were in their possession.

On-site inspections of contractor activities would allow the Bureau to ensure that the contractors are safely handling vital records; maintaining the confidentiality of the information contained within vital records; and properly securing all paper records, microfilm, and any vital record by-products.

The Bureau forwards original copies of vital records to a contract firm for microfilming. The Bureau also forwards original copies of vital records to another

contract firm that provides data entry support for vital records in the areas of deaths, marriages, and divorces. The terms of both contracts allow for the inspection of the contractors' work site, work in-progress, and conditions under which the contractors are performing their functions.

However, our review disclosed that the Bureau has not requested any on-site inspections of contractor work sites to ensure that the contractors properly secured and maintained the confidentiality of vital records. Also, the staff responsible for these contracts stated that they had not completed security inspections of contractors handling vital records.

RECOMMENDATION

We recommend that the Bureau require periodic inspections of contractors responsible for the microfilming and data entry of vital records to ensure that the contractors properly secure the vital records that are in their possession.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed and informed us that there currently are three vendors under contract that work with vital records. The Bureau also informed us that the State Records Center notified the Bureau that the vendor responsible for microfilming and data entry was visited on five occasions in 2004 (May 11, May 27, June 15, August 16, and December 17) for the purposes of ensuring compliance with the existing contract and that these visits did not find anything significant regarding security over these records. In addition, the Bureau informed us that a joint site visit of this same vendor with State Records Center and Department of Community Health (DCH) personnel was conducted on June 20, 2005 and there were no significant findings and that a report on the visit and recommendations on the need for modifications to the terms of this contract and/or the need for a data security agreement with the vendor is pending and is expected to be completed by July 15, 2005.

The Bureau informed us that it conducted a site visit on May 5, 2005 with another vendor that provides scanning and keying services for historical indexes for birth records and found that the vendor adequately secured the information. The Bureau also informed us that a security agreement has been developed and implemented with the third vendor to ensure that responsibilities are clearly defined. The Bureau indicated that the agreement addresses procedures for assigning staff who will access these records and processes for securely handling

the documents and resulting vital records copies or files of vital records information. In addition, the Bureau informed us that, on May 19, 2005, the Bureau conducted a site visit of the vendor's work location and a report summarizing the results of the inspection was completed on June 30, 2005.

FINDING

5. Controls Over High-Risk Delayed Registrations of Birth

The Bureau did not have controls to ensure that applications for high-risk delayed registrations of birth were notarized or that Bureau management reviewed these applications. As a result, the Bureau could not ensure that applications for high-risk delayed registrations of birth were properly reviewed and approved.

Michigan Administrative Code R 325.3220(2) requires applications for a delayed registration of birth to be on a form prescribed by the State Registrar and sworn to, before an official authorized to administer oaths, by the person whose birth is to be registered or by one of the applicant's parents or legal guardian. Bureau Policy 91-400 requires applications for high-risk delayed registrations of birth to be notarized and reviewed by Bureau management.

Registrations of birth applications submitted to the Bureau more than one year after the birth are considered delayed. Bureau Policy 91-400 states that a delayed registration of birth is considered high-risk if:

- The application is for an individual 18 to 35 years of age at the time of the application.
- The application is documented by baptismal, hospital, or midwife records that appear suspicious.
- The application is based solely on a baptismal record and an affidavit of personal knowledge.
- Both parents are foreign born.
- The application is suspect for any other reason.

Bureau staff reported that they process approximately 200 high-risk delayed registrations of birth per year.

Our review of 11 applications for high-risk delayed registrations of birth disclosed:

- a. The Bureau registered 8 (73%) of the 11 applications without notarization by a notary public*. Bureau staff stated that the Bureau discontinued the practice of customers obtaining notarization in the late 1990s when it changed the form used to process delayed registrations of birth.
- b. Bureau management did not document its review of 9 (82%) of the 11 applications.

RECOMMENDATION

We recommend that the Bureau establish controls to ensure that applications for high-risk delayed registrations of birth are notarized and that Bureau management reviews these applications.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed and informed us that, following a discussion with the audit staff in May 2004, a new cover sheet was developed to assist vital records staff in the decision-making process. The Bureau informed us that the cover sheet also serves as documentation of management sign-off on these requests and that, beginning in May 2004, the Bureau expanded Bureau Policy 91-400 to consider all requests for delayed birth certificates as "high risk." The Bureau also informed us that, since that time, all requests for delayed birth certificates must be reviewed and approved by the manager of the Vital Records and Health Data Services Section, prior to issuing the new record or denying the request. In addition, the Bureau informed us that it has revised the application to create a delayed birth record, which requires notarization by a public notary per *Michigan Administrative Code R 325.3220(2)*, and that the revised application has been in place since August 2004.

FINDING

6. Environmental Conditions in the Vital Records Vault

The Bureau did not monitor the environmental conditions within its Lansing vault used to store vital records.

* See glossary at end of report for definition.

Monitoring the environmental conditions of the Lansing vault would allow the Bureau to initiate corrective actions when unfavorable conditions existed. Also, maintaining vital records under controlled environmental conditions would extend the paper vital records' life expectancy and also reduce the risk of damage to the vital records.

DMB Administrative Guide procedure 0920.01 states that agencies are responsible for protecting records in their custody that must be preserved permanently. The State Archivist within HAL publishes a guide on the storage standards for various media types. The recommended standard for paper storage is a temperature of 68 degrees Fahrenheit and a relative humidity of 55%.

The Bureau maintains vaults in Lansing and Kent County to store vital records. Both vaults have equipment that measures the vaults' temperature and humidity.

Our review of the Lansing vault disclosed that the Bureau did not actively monitor the vault's environmental conditions. We noted that Bureau staff did not ensure that there was ink in the equipment's recording pens that continuously document the vault's temperature and humidity readings. Therefore, the Bureau lacked temperature and humidity readings during the four-week period of our review. From discussions with Bureau staff, we noted that the Bureau had not assigned a specific person to monitor the Lansing vault's temperature or humidity and that Bureau staff did not know how the measurement equipment worked or if the measurement equipment was calibrated to ensure that the Bureau received accurate readings. The Lansing vault's humidity level was outside the recommended standard each of the four times we visited the vault between April 26, 2004 and May 20, 2004. The Lansing vault holds approximately 30,782 volumes of vital records that contain 11.2 million birth records. These birth records are the original copies and, for some cases, the only record of the birth.

We noted a similar condition in our prior audit. In response to that audit, the Bureau stated that it would assign staff to monitor atmosphere conditions in the vault, but it did not.

RECOMMENDATION

WE AGAIN RECOMMEND THAT THE BUREAU MONITOR THE ENVIRONMENTAL CONDITIONS WITHIN ITS LANSING VAULT USED TO STORE VITAL RECORDS.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed and informed us that, after discussions with the auditors, it started to actively monitor the environmental conditions in the vault on May 27, 2004 and that the supervisor of the Record Search Subunit is now responsible for conducting weekly checks on the temperature and humidity within the vault. The Bureau also informed us that because of the audit and the supervisor's monitoring, the Bureau discovered problems with the environmental conditions within the vault. In addition, the Bureau informed us that, with assistance from the DMB Building Management Section, the Bureau had the humidity and temperature gauge evaluated for accuracy and that this evaluation determined that the calibration of the unit was appropriate. However, the age and condition of the mechanical system in the vault has made it difficult to maintain proper temperature and humidity control.

The Bureau informed us that because it is physically moving the vital records to a new location in fall 2005, the Bureau cannot justify spending additional funds to upgrade the mechanical system for the few remaining months at the present location. However, the Bureau also informed us that this experience has allowed it to adequately prepare the construction and mechanical requirements of the vault in the new location.

FINDING

7. Central Paternity Registry (CPR) Database

The Bureau did not maintain security agreements for all individuals who had access to the CPR database. Also, the Bureau did not monitor usage of the CPR database.

The Bureau could not ensure that all users had a valid reason for accessing the CPR database or whether unauthorized users had accessed the database. Signed security agreements would help the Bureau to ensure that only approved users have access to the database for its intended purpose. Monitoring usage of the database would help the Bureau ensure that users do not share passwords and allow unauthorized personnel access to confidential information.

CPR contains confidential information related to children's parents. The Bureau permits county prosecuting attorney offices, the Department of Human Services (DHS), and other parties access to the CPR database through the Internet for the

sole purpose of providing information to administer and manage child support cases. Access to the CPR database is permitted under the provisions of Section 333.2883(2) of the *Michigan Compiled Laws*, which allows access to data from the system of vital statistics under terms and conditions prescribed by DCH. Improper use of the system will result in revocation of the access privileges of an offending user or office. The Bureau's instructions for accessing the CPR database state that all users of CPR must have an approved security agreement.

Our review of security agreements maintained by the Bureau for CPR and Bureau efforts to monitor the CPR database's usage disclosed:

- a. The Bureau did not maintain security agreements for 101 (32%) of the 318 users who had access to the CPR database as of June 1, 2004.
- b. The Bureau did not monitor usage of the CPR database. The Bureau had the capability of producing a report that indicates how many times an individual accessed the database. However, the Bureau had not produced or reviewed the report during 2003 or 2004.

RECOMMENDATIONS

We recommend that the Bureau maintain security agreements for all individuals who have access to the CPR database.

We also recommend that the Bureau monitor usage of the CPR database.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed and informed us that the original security agreements signed by the system users were transferred to the Department of Information Technology (DIT) and not retained. The Bureau also informed us that in calendar year 2000, the responsibility for establishing user accounts on the CPR database was transferred to DCH and that signed agreements have all been retained since that time. In addition, the Bureau informed us that all active users, without a signed agreement on file, have now been contacted and required to resubmit an agreement as a condition of continued access.

The current interagency agreement between DCH and DHS requires DHS to ensure that the use and disclosure of information within the CPR database is restricted to purposes required by State and federal law. However, the agreement

does not require DHS to report on any actions that it may undertake to provide this assurance. The Bureau informed us that discussions with DHS have been held to establish a clear understanding of the need for a usage monitoring procedure by DHS staff in order to ensure appropriate use of the CPR database. The Bureau also informed us that the agreed upon approach will be included in the interagency agreement concerning the operation of the CPR database covering fiscal year 2005-06 activities.

FINDING

8. Microfilm Files

The Bureau did not preserve all vital record information on microfilm for inclusion into the Bureau's archive files. Also, the Bureau did not perform periodic physical inventories of its backup and archival microfilm.

Preserving all vital record information on microfilm would reduce the risk that vital record information would be lost if the original record was destroyed or could not be located. A periodic physical inventory of backup and archival microfilm would provide for timely detection of missing film. Also, accurately documenting periodic inventories would help the Bureau link the location of each microfilm reel between facilities.

Section 333.2813(1) of the *Michigan Compiled Laws* requires the State Registrar to be the custodian of the system of vital statistics. Section 333.2876 of the *Michigan Compiled Laws* requires the Bureau to preserve vital records and vital statistics made or received by DCH. The Bureau microfilms original vital records to provide working, backup, and archive copies of the vital records. The Bureau retains the working copy of microfilm for daily use, forwards the backup copy to the State Records Center (which is administered by HAL), and maintains the archived copy in an off-site vault. The Bureau uses its backup microfilm for processing vital record requests in the event that a working copy of the microfilm becomes damaged or unusable.

Our review of microfilm inventories noted:

- a. The Bureau did not microfilm applications for record changes made to birth certificates for the period January 1999 through June 2004. The Bureau estimates that it did not microfilm approximately 110,000 such applications

during this period. In addition, Bureau staff stated that they destroyed the original applications for record changes to birth certificates received during the period January 1999 through June 2003.

- b. The Bureau did not microfilm delayed records (which are records not filed at the time of births, adoptions, and record changes) for the period January 1999 through June 2004. The Bureau stated that it did not microfilm 101,182 delayed records during this period.
- c. The Bureau did not complete periodic physical inventories of its backup and archival microfilm. Also, the Bureau was unable to provide an accurate count of the number of microfilm reels in its possession.

We noted similar conditions in our prior audit. In response to that audit, the Bureau stated that it would seek the funding necessary to comply with the recommendations.

RECOMMENDATIONS

WE AGAIN RECOMMEND THAT THE BUREAU PRESERVE ALL VITAL RECORD INFORMATION ON MICROFILM FOR INCLUSION INTO THE BUREAU'S ARCHIVE FILES.

WE ALSO AGAIN RECOMMEND THAT THE BUREAU PERFORM PERIODIC PHYSICAL INVENTORIES OF ITS BACKUP AND ARCHIVAL MICROFILM.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed and informed us that, because it did not physically retain applications as discussed in Finding 3, it is no longer possible for the Bureau to microfilm the documents referred to in item a. of this finding. Relating to item b. of this finding, the Bureau informed us that it intends to microfilm all of the delayed records for the period January 1999 through June 2004, which will ensure that the records are maintained in more than one medium. The Bureau also informed us that electronic indexing of these records was completed in fall 2004, that the records have been boxed and sent to the vendor for microfilming, and that the entire project should be completed by August 1, 2005.

The Bureau informed us that, in conjunction with State Records Center staff, it has completed a physical inventory of microfilm maintained in its office, at the State

Records Center, and also at an off-site record location. The Bureau also informed us that inventories of microfilm for all vital record types, except birth, are in an electronic format and that the birth inventory of microfilm is still on paper but is being converted to an electronic format.

FINDING

9. Quality of Microfilmed Vital Records

The Bureau did not periodically inspect backup and archival microfilm records to ensure that they were in satisfactory condition.

Periodic inspections of backup and archival microfilm would decrease the risk that vital record information might be lost due to the deterioration of the film. Over time, microfilm could develop microscopic blemishes (known as "red dot") and become unreadable. In addition, some products used by manufacturers to produce microfilm in the late 1960s are now causing damage to the microfilm (known as "vinegar syndrome").

Section 333.2876 of the *Michigan Compiled Laws* requires the Bureau to ensure indefinite preservation of the information contained in the vital records against loss or destruction. *Michigan Administrative Code R 18.111* states that microfilm in storage should be inspected at least once a year for possible deterioration.

The Bureau retains backup copies of microfilm in the State Records Center and archived copies in an off-site vault. Our review disclosed that the Bureau had not inspected the quality of the microfilm maintained in the State Records Center or the off-site vault during the period October 2001 through June 2004.

We noted a similar condition in our prior audit. In response to that audit, the Bureau stated that it would seek the funding necessary to comply with the recommendation.

RECOMMENDATION

WE AGAIN RECOMMEND THAT THE BUREAU PERIODICALLY INSPECT BACKUP AND ARCHIVAL MICROFILM RECORDS TO ENSURE THAT THEY ARE IN SATISFACTORY CONDITION.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed and informed us that, with assistance from State Records Center staff, it has completed an inspection and physical inventory of all microfilm of vital records in storage at the State Records Center. The Bureau informed us that this effort also included an intensive quality check by State Records Center staff of each and every microfilm to determine whether any of this microfilm has deteriorated and needs to be replaced. The Bureau also informed us that a summary report has been prepared that addresses the quality of the microfilm and other critical issues that the Bureau is in the process of addressing. In addition, the Bureau informed us that once this effort is completed, the Bureau will develop a plan by the end of August 2005 for inspecting all microfilm holdings currently stored in non-State facilities and will implement the plan in fiscal year 2005-06 subject to the availability of funds. Further, the Bureau informed us that, in conjunction with staff from the State Records Center, the Bureau will develop a plan to initiate appropriate periodic physical inventories of both its backup and archival microfilm on an annual basis.

EFFECTIVENESS AND EFFICIENCY IN PROVIDING VITAL RECORD INFORMATION AND HEALTH RELATED DATA

COMMENT

Audit Objective: To assess the Bureau's effectiveness and efficiency in providing vital record information and health related data.

Conclusion: We concluded that the Bureau was generally effective and efficient in providing vital record information and health related data. However, we noted reportable conditions related to vital statistics reporting and operating policies and procedures (Findings 10 and 11).

Noteworthy Accomplishments: In March 2003, the Bureau placed the Birth Registry System (BRS) into operation. The Bureau uses this electronic system to register live births, accumulate data related to births, identify the location of birth records, and issue certified copies of requested birth records. The Bureau continues to expand on the information available through BRS. At the time of our review, the Bureau had over 98% of all birth records indexed within BRS for the years 1950 to present. As a result of BRS, the Bureau has dramatically reduced the manual labor needed to locate birth

records based upon customer requests and has significantly improved the timeliness for processing customer requests.

The Bureau has placed the Electronic Birth Certificate (EBC) System in all obstetrics hospitals in Michigan to allow hospitals to report live births electronically. Implementation of the EBC System has saved the Bureau considerable data entry expenses, improved the quality of data files, and significantly increased the speed with which live birth data is available to the Bureau. In 2003, data on 90% of live births was available to the Bureau within 28 days of the birth compared to 19% in 1998.

In March 2004, the Bureau's Michigan Cancer Surveillance Program attained a certified gold standard from the North American Association of Central Cancer Registries (NAACCR) for the quality, completeness, and timeliness of cancer information. NAACCR first issued certification standards in 1997. The Michigan Cancer Surveillance Program has obtained this certification for the last three years. This independent assessment is an essential component in documenting the quality of the Michigan Cancer Surveillance Program and its suitability for use in research.

FINDING

10. Vital Statistics Reporting

The Bureau did not report health data related to live births in accordance with National Center for Health Statistics (NCHS) requirements.

Because the Bureau had not implemented NCHS's revised birth certificate format, the Bureau could not provide NCHS with specific health data related to complications during pregnancy and delivery, the baby's condition after birth, and feeding methods.

A major responsibility of the Bureau's function is to provide timely health data and statistics to NCHS. To create birth certificates, hospitals throughout the State use the EBC System to document live births. Information from the EBC System is extracted, analyzed, and manipulated by the Bureau and forwarded to NCHS.

Section 333.2811 of the *Michigan Compiled Laws* requires DCH to prescribe the form and content of vital records and certificates, which shall conform as nearly as possible to recognized national standards. Effective January 1, 2003, NCHS implemented a revised birth certificate format. NCHS recognized that states would have to re-program their vital statistics system to implement the revisions.

Our review of the Bureau's efforts to employ the revised birth certificate disclosed that the Bureau had not been able to implement the revised format within its EBC System. Bureau staff informed us that the EBC System does not have the capabilities to create birth records using the revised format and the Bureau will have to implement a new system to meet the requirements of the revised format.

RECOMMENDATION

We recommend that the Bureau report health data related to live births in accordance with NCHS requirements.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed and informed us that a revised birth certificate that complies with new federal requirements has been developed and approved by an advisory panel of partner agencies and associations and that the implementation of the revised form is being held pending development of revised birth certificate reporting software and systems. The Bureau also informed us that funds for this revision have been identified and efforts to replace the existing software have been under way since March 2004; that software products, capable of reporting live birth health data that meets NCHS requirements, was purchased in August 2004; and that it is currently pursuing a contract to make all necessary modifications to the software. In addition, the Bureau informed us that the request for modifications has been approved by DIT and is pending further approvals at this time and that it expects reporting changes can be implemented within 12 months of awarding this contract.

FINDING

11. Operating Policies and Procedures

The Bureau did not maintain up-to-date written operating policies and procedures. As a result, the Bureau could not ensure that its employees effectively and efficiently performed the activities necessary for the success of the vital records and health statistics operations.

Written operating policies and procedures help ensure that employees have detailed knowledge of their responsibilities and can consistently and properly conduct program operations. Also, written operating policies and procedures minimize the disruptive impact and training costs associated with replacing employees. This is of particular importance to the Bureau because of the confidential nature of the information that employees are processing and

maintaining and also due to the number of temporary employees that the Bureau uses to conduct its operations. As of June 1, 2004, the Bureau had 9 temporary employees working up to 40 hours per week. Temporary employees have had a turnover rate of 47% since October 1, 2002.

Our review of Bureau operating policies and procedures disclosed:

- a. Policies and procedures for vital record processing tasks did not exist, were incomplete, or were out of date. For example, the Bureau had a 1992 operating policy and procedure manual, which contained 78 operating policies, that outlined how Bureau employees were to register, index, file, and maintain vital records. However, with the development of electronic vital record location and maintenance systems, the processing of vital records changed. At the time of our review, the Bureau had updated only 13 (17%) of its operating policies and procedures to reflect these changes.
- b. The Bureau had not developed operating policies and procedures that document the steps to process data for the development of health statistics. The Bureau develops and publishes a wide variety of data pools and statistics for the public's use. To ensure that the Bureau consistently creates health statistics, the Bureau should document the processes used to gather, cleanse, analyze, and manipulate the information used to create these statistics.
- c. The Bureau had not developed operating policies and procedures relating to the investigation of a potential fraudulent request for vital records. The Bureau commonly investigates impersonator requests for birth records, altered records, phony records (records created based on false information), stolen identities, immigration requests (illegal use of bona fide birth records by aliens), and eligibility issues. The Bureau reported that vital record requests that appear to involve fraud are forwarded to the Department of Attorney General for further action.

Effective written operating procedures would document how staff are to pursue an investigation, how staff should document results, when staff should contact a legal authority, and how staff should document their conclusions.

RECOMMENDATION

We recommend that the Bureau maintain up-to-date written operating policies and procedures.

AGENCY PRELIMINARY RESPONSE

The Bureau agreed and informed us that the State Registrar has approved a comprehensive policy and procedure manual containing 21 policies, 31 procedures, and 6 informational memorandums on June 23, 2004, which is accessible to all of the Bureau's employees through the common drive on the Bureau's computer network. The Bureau also informed us that it conducted training sessions of the manual as well as a new computer system for customer service tracking in September and October 2004.

The Bureau informed us that additional policies and procedures relating to fraud investigations and processing have also been developed after a January 21, 2005 meeting between the Bureau, the Department of Attorney General, and the Department of State. The Bureau added that this meeting discussed the implementation of the State's new identity theft laws, which became effective on March 1, 2005.

SUPPLEMENTAL INFORMATION

VITAL RECORDS AND HEALTH DATA STATISTICS
Bureau of Epidemiology, Department of Community Health
Estimated Number of Vital Records Maintained by the Bureau of Epidemiology
As of December 31, 2003

<u>Births</u>	
1915 and prior	3,662,920
1916 - December 2003	11,723,759
Delayed registration of birth	<u>765,847</u>
	<u>16,152,526</u>
 <u>Deaths</u>	
1949 and prior	2,881,314
1950 - December 2003	<u>3,852,491</u>
	<u>6,733,805</u>
 <u>Marriages</u>	
1949 and prior	2,474,826
1950 - December 2003	<u>3,810,105</u>
	<u>6,284,931</u>
 <u>Divorces</u>	
1969 and prior	826,756
1970 - December 2003	<u>1,255,442</u>
	<u>2,082,198</u>
 Total	 <u><u>31,253,460</u></u>

Note: This exhibit does not include other vital records, such as affidavits of parentage, fetal deaths, and changed/corrected death records.

Source of Data: Vital Records and Health Data Services Section.

VITAL RECORDS AND HEALTH DATA STATISTICS
Bureau of Epidemiology, Department of Community Health
Estimated Number of Customer Requests for Copies of and Changes to Vital Records
Processed During 2003

	<u>Customer Requests Processed</u>	<u>Fee Revenue Generated</u>
Copies of vital records:		
Births	130,920	\$ 1,549,610
Deaths	19,167	247,985
Marriages	3,720	48,135
Divorces	<u>1,127</u>	<u>14,585</u>
Total	<u><u>154,934</u></u>	<u><u>\$ 1,860,315</u></u>
 Changes to vital records	 <u><u>21,500</u></u>	 <u><u>\$ 559,000</u></u>

Source of Data: Vital Records and Health Data Services Section.

GLOSSARY

Glossary of Acronyms and Terms

affidavit of paternity	A sworn statement by the parents of a child, stating that they are the child's parents.
Birth Registry System (BRS)	The electronic system used by the Bureau of Epidemiology to enter birth data, change birth records, index requests, and issue birth records. This database system was developed and is maintained by DIT.
Central Paternity Registry (CPR)	The electronic system used by the Bureau of Epidemiology, Department of Human Services, and county prosecuting attorney offices to track paternity information. Information on this database system is obtained from affidavit of paternity documents.
DCH	Department of Community Health.
DHS	Department of Human Services.
DIT	Department of Information Technology.
DMB	Department of Management and Budget.
EBC System	Electronic Birth Certificate System.
effectiveness	Program success in achieving mission and goals.
efficiency	Achieving the most outputs and outcomes practical with the minimum amount of resources.
HAL	Department of History, Arts and Libraries.
high-risk delayed registration of birth	Birth records submitted to the Bureau of Epidemiology more than one year after the birth in which: the applicant is between 18 and 35 years old; the application documentation

appears suspicious; the application is based solely on a baptismal record and an affidavit of personal knowledge; or both parents are foreign born.

material condition A reportable condition that could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment of an interested person concerning the effectiveness and efficiency of the program.

mission The agency's main purpose or the reason that the agency was established.

NAACCR North American Association of Central Cancer Registries.

NCHS National Center for Health Statistics

notary public A public officer authorized by law to certify documents, take affidavits, and administer oaths.

performance audit An economy and efficiency audit or a program audit that is designed to provide an independent assessment of the performance of a governmental entity, program, activity, or function to improve public accountability and to facilitate decision making by parties responsible for overseeing or initiating corrective action.

reportable condition A matter that, in the auditor's judgment, represents either an opportunity for improvement or a significant deficiency in management's ability to operate a program in an effective and efficient manner.

safety paper Specially treated paper that reveals attempts to alter or duplicate the paper. This paper is designed with unique watermark images embedded into it.

system of vital
statistics

A collection, certification, compilation, amendment, coordination, and preservation of vital records, including the tabulation, analysis, and publication of vital statistics.

vital records

A certificate or registration of birth, death, marriage, or divorce or an acknowledgment of parentage or other related data.

