



ANN ARBOR FIRE DEPARTMENT

Standard Operating Procedures – 3.24 Safe Delivery of Newborns



SAFE DELIVERY OF NEWBORNS

Effective: November 29, 2018
 Scheduled Review: November 29, 2021
 Replaces: 409 Safe Abandonment of Newborn Infants
 Approved: Fire Chief Mike Kennedy

I. PURPOSE

In response to the significant number of newborn infants being abandoned by their parents, the Michigan Legislature passed Acts 232, 233, 234, and 235 in June of 2000, with an effective date of January 1, 2001. Public Act 488 of 2006 amended certain sections of the Safe Delivery of Newborns law and became effective January 1, 2007. These acts affect all hospitals, fire departments, police stations and EMS (paramedic or emergency medical technician) agencies in Michigan. They provide that a parent(s) may surrender an infant to an emergency service provider. This means that a parent(s) of a newborn can surrender an unwanted newborn at any hospital, fire department, police station or call 9-1-1 from any location and remain anonymous.

II. DEFINITIONS

- A. Newborn - A child who a physician reasonably believes to be not more than 72 hours old.
- B. Emergency Service Provider (ESP) - A uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when such an individual is inside the premises and on duty. ESP also includes a paramedic or an emergency medical technician (EMT) when either of those individuals is responding to a 9-1-1 emergency call.
- C. Surrender - To leave a newborn with an emergency service provider without expressing an intent to return for the newborn.

III. PROCEDURES

The surrender of the infant must occur inside the fire department, police station or in response to a 9-1-1 emergency call to paramedics or EMT. To protect the parent’s right to anonymity/confidentiality, the EMS agency responding to a 9-1-1 emergency call from a parent(s) wanting to surrender a newborn, should not use the vehicle sirens or flashing lights. The firefighter, police officer, paramedic or EMT personnel cannot refuse to accept the infant and must place the infant under temporary protective custody. Fire departments, police stations, paramedics and EMT have statutory obligations under the law, including:

- A. Assume that the child is a newborn and take into temporary protective custody.
- B. Ask surrendering person(s) if they are the biological parent(s). If they are not the biological parent(s) the newborn cannot be surrendered under the Safe Delivery of Newborns law.
- C. Make a reasonable effort to inform the parent(s) that:



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- i. By surrendering the newborn, the parent(s) is releasing the newborn to a child placing agency to be placed for adoption.
 - ii. He or she has 28 days to petition the Circuit Court, Family Division to regain custody of the newborn.
 - iii. There will be a public notice of this hearing and the notice will not contain the parent(s) name.
 - iv. The parent(s) will not receive personal notice of the hearing.
 - v. Information the parent(s) provides will not be made public.
 - vi. A parent(s) may contact the Safe Delivery of Newborns hotline for information. The toll free number is: 1-866-733-7733.
- D. Provide the parent(s) with written material from the Department of Human Services that includes:
- i. Safe Delivery Program FACT Sheet (DHS Pub 867)
 - ii. What Am I Going To Do? (DHS Pub 864) Optional
- E. Make a reasonable attempt to:
- i. Reassure parent(s) that shared information will be kept confidential.
 - ii. Encourage parent(s) to identify him/herself.
 - iii. Encourage the parent(s) to share any relevant family/medical background, Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819).
 - iv. Inform the parent(s) of the newborn he or she can receive counseling or medical attention.
 - v. Inform parent that in order to place the child for adoption the state is required to make a reasonable attempt to identify both parents. Ask for the non-surrendering parent's name. Do not press if the name is refused.
 - vi. Inform the parent(s) that he or she can sign a release for the child that could be used at the parental rights termination hearing, Voluntary Release for Adoption of a Surrendered Newborn (DHS Form 4820).
- F. Fire and police will contact emergency medical services (EMS) to transport newborn to hospital. ESP will accompany newborn to the hospital to provide hospital with any forms completed by the parent(s) and to transfer temporary protective custody. Temporary protective custody cannot be transferred to EMS. A representative of the fire department or police must go to the hospital to transfer temporary protective custody to the hospital.
- G. Paramedics and EMT responding to a 9-1-1 emergency call will transport newborn to hospital, provide any forms completed by parent(s) and transfer temporary protective custody to hospital staff.

IV. FORMS

Attached are the following information sheets/forms:

- D. (DHS PUB 864) What Am I Going To Do?
- E. (DHS PUB 867) Program Fact Sheet
- F. (DHS FORM 4819) Medical Background Form
- G. (DHS FORM 4820) Voluntary Release Form

SAFE DELIVERY

Surrendering Parent Rights

By surrendering your newborn, you are releasing your newborn to a child placing agency to be placed for adoption.

You have 28 days after surrendering your newborn to petition the court to regain custody.

After the 28 days end there will be a hearing to terminate your parental rights.

There will be a public notice of this hearing; however, the notice will not contain your name.

You will NOT receive personal notice of the hearing.

Any information you are willing to provide to an Emergency Service Provider will NOT be made public.

For more information on safe delivery call the hotline at: 866-733-7733

The card below is detachable.
Please keep it with you or pass it along to someone you think it may help...

A newborn can be surrendered within 72 hours of birth inside any hospital, fire department, police station or by calling 9-1-1.

**SAFE. LEGAL. ANONYMOUS.
HOTLINE: 866-733-7733**



www.michigan.gov/safedelivery

Did you know?

you can... surrender your baby at a

SAFE PLACE

- ✓ hospital
 - ✓ fire department
 - ✓ police station
 - ✓ by calling 9-1-1
- SAFE. LEGAL. ANONYMOUS.**

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

DHS-Pub-864 (Rev. 11-15) Previous edition obsolete.

SAFE. LEGAL. ANONYMOUS.

Please don't abandon your baby!

Surrender Your Baby

Michigan's
Safe Delivery of Newborns Law

**HOTLINE:
866-733-7733**



What am I going to do?

Young and Scared?

You may be a teen or a young adult who is not ready emotionally or financially to be a parent. Maybe you have been able to keep your pregnancy a secret. But now what? You have a choice to take your newborn to a safe place.

What is a Safe Place?

If your baby is three days old or less, it is not a crime to surrender your newborn to an employee of a hospital, fire department, or a police station. You may also call 9-1-1.

No One Needs to Know...

You can leave without giving your name. It would help the baby if you have some basic health information. However, you do not have to answer any questions. It is YOUR choice.

Surrender Your Baby SAFE. LEGAL. ANONYMOUS.

What Happens to Your Baby?

If your baby needs medical attention, he or she will receive it. The professional staff person who accepts the baby will contact an adoption agency. Social workers will place the baby with a pre-adoptive family. There are many families who want to adopt. The plan is to make sure your baby has a good home where he or she can grow up healthy and happy.

It's Your Choice...

Maybe you made a mistake. But you can make a good choice now. You can choose a safe place for your newborn. It is a decision that will help you and your baby. Your baby can have a family.

Michigan's
Safe Delivery of Newborns Law
SAFE. LEGAL. ANONYMOUS.



LOOK FOR THIS SIGN!

PLEASE DON'T ABANDON YOUR BABY

Surrender Your Baby

Michigan's
Safe Delivery of Newborns Law

SAFE. LEGAL. ANONYMOUS.



HOTLINE: 866-733-7733

Michigan's
Safe Delivery of Newborns Law
FACT Sheet

SAFE. LEGAL. ANONYMOUS.

Background:

Michigan lawmakers passed the Safe Delivery of Newborns law to end the tragedy of unwanted newborns being hidden and left to die in unsafe places. More than 100 newborns were surrendered in the first 10 years the law was in effect, with the majority of these infants adopted by loving families.

What the law provides?

- Unharmed newborns, up to 72 hours old, can be taken to an **Emergency Service Provider (ESP)**, meaning a uniformed or otherwise identified employee or contractor of a fire department, hospital or police station who is inside the building and on duty. ESP includes a paramedic or EMT when either responds to a 9-1-1 call. The parent(s) has the choice to leave the infant without giving any identifying information to the **ESP**.
- The **ESP** is authorized to accept the infant and provide whatever care may be necessary.
- The **ESP** will make a reasonable effort to provide the parent(s) with the following information:
 1. A written statement of the parent's rights following surrender of the infant.
 2. Information about other confidential infant placement options, as well as information about the availability of confidential medical and counseling services, such as Public Health, Community Mental Health, Family Planning Clinics, Adoptions Agencies.

What are the rights of the surrendering parent?

- To be informed that by surrendering the newborn, the parent is releasing the newborn to a child placing agency to be placed for adoption.
- To petition the court to regain custody of the newborn within 28 days of surrender or notice of surrender.
- Any information the parent(s) provides the **ESP** will **not** be made public.
- A criminal investigation shall not be initiated solely on the basis of a newborn being surrendered to an **ESP**.
- To file a consent to release identifying information with the Adoption Central Registry.



What happens to the baby?

- After the child's medical status is assessed and any urgent medical needs are met, the newborn is placed under the temporary custody of the court in an approved pre-adoptive family.
- After the 28-day period for the parent(s) to petition the court for custody elapses, there will be a public hearing to terminate parental rights.
- There will be a public notice of this hearing, and the notice will not contain the parent's name, even if known.
- The parent will not receive personal notice of this hearing, even if the parent(s) has provided a name and address to the **ESP**.
- The infant will be placed for adoption as soon as parental rights have been legally terminated.

Can the parent provide background information?

Yes! Definitely, yes. The **ESP** will make a reasonable attempt to offer the parent(s) the opportunity to:

1. Identify herself/himself and the other parent.
2. Provide information about prenatal care.
3. Provide the family medical history and any history of parental substance abuse.
4. Sign a release of parental rights.
5. Receive information about confidential medical care she may need herself.

**For more information call:
Toll-Free: 1-866-733-7733**

Cost: \$1,908.01 (\$.04 ea.)
Quantity: 50,000
Authority: DHS Director

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



DHS-PUB-867 (Rev. 1-12)



CONFIDENTIAL
VOLUNTARY MEDICAL BACKGROUND FORM FOR A SURRENDERED NEWBORN
 Michigan Department of Human Services

Preference for Child's Name	Date of Birth
Where was the child born?	Sex

SURRENDERING PARENT BACKGROUND (Optional)

Name	Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D	Date of Birth	Phone Number
Address			
Race	Affiliated with American Indian Tribe <input type="checkbox"/> YES <input type="checkbox"/> NO	Identify Tribe	
Height	Weight	Hair Color	Eye Color
Any Family History of:	Yes	No	Yes
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Disease
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Family History of Mental Illness
HIV	<input type="checkbox"/>	<input type="checkbox"/>	Drug Usage
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Usage
Other _____			
Surgical History			

OTHER PARENT BACKGROUND (Optional)

Name	Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D	Date of Birth	Phone Number
Address			
Race	Affiliated with American Indian Tribe <input type="checkbox"/> YES <input type="checkbox"/> NO	Identify Tribe	
Height	Weight	Hair Color	Eye Color
Any Family History of:	Yes	No	Yes
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Disease
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Family History of Mental Illness
HIV	<input type="checkbox"/>	<input type="checkbox"/>	Drug Usage
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Usage
Other _____			
Surgical History			

INFORMATION ABOUT THE PREGNANCY

Length of Pregnancy	Weight Gain Lbs.	Drug or Alcohol Use During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, Explain
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EMERGENCY SERVICE PROVIDER OBSERVATIONS

Comments			
ESP Signature	Date	Phone Number	
Address:	City	State	Zip Code

GENERAL INSTRUCTIONS

PURPOSE OF FORM:

The emergency service provider (ESP) is encouraged to obtain the child's family medical history with the understanding that the surrendering parent may still remain anonymous. Completion of the family medical history is **very important** for the current and future health needs of the child.

The emergency service provider should assist the surrendering parent by reading and recording information provided by the surrendering parent about the maternal and paternal family medical history.

INFORMATION ABOUT THE CHILD:

- Ask the surrendering parent if there is a preferred name for the child. If not, record Baby Boy/Girl Doe.
- Enter the child's date of birth.
- Identify the city and state where the child was born. Describe the place of birth: house, motel, etc.
- Sex of child.

PARENT INFORMATION:

- The name, date of birth, phone number and address of the surrendering or non-surrendering parent is **not** required.
- The parent should be encouraged to identify as much medical information as is known and provide details where requested.
- The parent profile information of race, height, weight, hair color and eye color is information that the child may want at a future date and should be obtained if the parent is willing to disclose.

INFORMATION ABOUT THE PREGNANCY:

- Encourage the surrendering parent to provide this minimal information about the pregnancy.

EMERGENCY SERVICE PROVIDER OBSERVATIONS:

- Record information observed or discussed with the surrendering parent.
- Sign and date.
- Provide address and phone number.

FORM DISTRIBUTION:

- Original is given to the child-placing agency for adoption planning.
- The ESP should copy and retain per agency protocols.

AUTHORITY: State P.A. 232 of 2000 RESPONSE: Voluntary PENALTY: None	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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VOLUNTARY RELEASE FOR ADOPTION OF A SURRENDERED NEWBORN BY PARENT
Michigan Department of Human Services

In the matter of _____, a newborn child.

1. I, _____, DOB ____ / ____ / ____ am the mother father
of the above child, who was born on ____ / ____ / ____ at _____
(place)

2. I understand that I have parental rights to this child and that by signing this release, I voluntarily release all of my parental rights to my child. (Subject to number three below.)

3. I understand that I have 28 days after surrendering my newborn child to petition the court to reclaim custody of my child.

4. I understand that I will not receive notice of any hearings.

5. Understanding the above provisions, I release completely and permanently my parental rights to my child, and release my child to a child placing agency for the purpose of adoption.

6. I acknowledge receipt of the following:

____ Fact Sheet (Pub 867)

Date ____ / ____ / ____ Parent Signature _____

Address _____

City _____ State ____ Zip _____

Witnessed by _____
Name (type or print)

on _____, at _____
Date Agency and Address

Signature

IF A NOTARY IS AVAILABLE: Notary Public

Subscribed and sworn to before me on _____,
Date County and State

My commission expires: _____ Signature: _____
Date

Name (type or print)

AUTHORITY: State P.A. 232 of 2000
RESPONSE: Voluntary
PENALTY: None

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