



CHAPTER # 35 SAFE INFANTS ACT	POLICY # 35.1 SAFE INFANTS ACT
<p><i>This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.</i></p>	
Date Implemented: 11/01/2019	Review Date:

PURPOSE

The purpose of this policy is to establish procedures consistent with the mandates of the Kentucky Safe Infants Act.

POLICY

The Kentucky Safe Infants Act allows parents to leave babies younger than thirty days old at a safe place and remain unidentified. The Act is intended to enable parent(s) of a newborn to relinquish the infant to a safe environment, to remain anonymous, and to avoid liability for relinquishing the infant. It is the policy of this agency to ensure that when a person makes a decision to leave a newborn baby as defined by the Kentucky Safe Infant Act with a member of this department or at another designated safe place that all measures will be taken to properly care for the infant while respecting the parent's decision. Members of this agency will comply with the mandates set forth in Kentucky Safe Infants Act established through Thomas J Burch Safe Infants Act.

DEFINITIONS

Newborn Infant - an infant who is medically determined to be less than thirty (30) days old.

Safe Place - A hospital, a police station, a fire station, participating place of worship, or emergency medical service provider.

PROCEDURE

Pursuant to the Act all members of this agency that are presented with a relinquishment must:

- Accept and provide all necessary emergency services and care to a relinquished newborn infant who is less than thirty (30) days old;
- Arrange for the transportation of a relinquished infant to the nearest hospital as soon as possible;
- Allow the relinquishing parent to remain anonymous and to leave the station without being pursued provided the infant shows no sign of abuse or neglect.
- Attempt to offer the parents materials to gather health and medical information concerning the infant and the parents. The materials shall be offered to the person leaving the newborn infant and it shall be clearly

stated that acceptance is completely voluntary, and the completion of the materials may be done anonymously. The Medical Information Form Newborn Infants (Form DPP-1268) (rev.07/02) is the form that will be offered to the relinquishing parent.

All personnel shall be trained with respect to the requirements of the ACT. If a parent comes to this agency for the purpose of relinquishing an infant, pursuant to the Act, personnel shall adhere to the following procedures:

- The agency member who receives the infant will notify the dispatcher that a newborn infant has been relinquished and request an ambulance be dispatched to the location. The agency member will then notify a supervisor to respond the location.
- The receiving officer or supervisor will offer the relinquishing parent the Medical Information Form Newborn Infants (IHPD Form 35 – also attached to this policy) paperwork to gain valuable medical information with respect to parents and child. In the event the medical form is completed by the parent a copy of the form will be created and will be turned over to the responding EMT or hand delivered to the hospital staff which receives the infant. The original shall be attached to the agency generated report.
- Allow the relinquishing parent to leave the premises without providing identifying information. The officer will not pursue or attempt to identify the parent through investigative techniques.
- The procedures stated above shall not apply when indicators of child abuse or child neglect are present.
- In cases where an officer has reason to believe that the newborn infant has been subjected to child abuse or child neglect then the officer shall act in accordance with Kentucky Law and the provisions of the Act shall not apply.
- Upon receiving a newborn infant, officers will make a physical appraisal of the condition of the infant and if any signs of abuse or neglect are noted, the relinquishing person should be detained while an investigation is conducted.
- A report shall be made indicating the hospital to which the infant was transported, and the completed medical information report shall be entered into the report.

MEDICAL INFORMATION FOR NEWBORN INFANTS

Thank you for bringing your baby to a safe place. We want to assure you that we will give your baby the best possible care. Please help your baby by completing this form. The information that you provide will help make it easier to provide medical care to your child. You may not know all of the answers – that's OK, but please give your baby as much information as you know. **This information will not be used to identify you, and we will not try to find you.**

Providing this information is voluntary.

What is the baby's birth date? _____ Was the baby premature? Yes No
Were there any problems with the pregnancy or delivery? Yes No If yes, what were they?
Were you physically abused during the pregnancy? Yes No If yes, please describe:
Where did you leave your child? _____ Date: _____

MOTHER

FATHER

Does the baby's mother have any medical conditions such as:

- Diabetes
- Asthma
- Allergies
- Seizures
- Cancer
- Heart Disease
- High Blood Pressure
- Mental Illness
- Sexually Transmitted Disease
- Other, please describe: _____

Did the mother do one of the following before or during the pregnancy:

- Smoke
 - Use alcohol
 - Use drugs or medication
- If yes, what kinds of drugs or medication: _____

What is the baby's mother's:

Age _____ Race _____

Hair Color _____ Body Build _____

Does the baby's father have any medical conditions such as:

- Diabetes
- Asthma
- Allergies
- Seizures
- Cancer
- Heart Disease
- High Blood Pressure
- Mental Illness
- Sexually Transmitted Disease
- Other, please describe: _____

Did the father do one of the following before the pregnancy:

- Smoke
 - Use alcohol
 - Use drugs or medication
- If yes, what kinds of drugs or medication: _____

What is the baby's father's:

Age _____ Race _____

Hair Color _____ Body Build _____

IMPORTANT

If you decide that you want your baby back, call 1-877-597-2331. If you do not contact the Cabinet for Health and Family Services within 30 calendar days after leaving your newborn infant, the cabinet will proceed with involuntary termination of parental rights and place your baby for adoption.

NOTE TO PARENT

If this form is not completed at the time the infant is left at a safe place, you may complete and mail this form to:

Division of Protection and Permanency
Department for Community Based Services
Cabinet for Health and Family Services
275 East Main Street, 3E-B
Frankfort, KY 40621

You may write a note to your baby or the people who will adopt your child on the reverse side of this form.