


ISSUE DATE May 18, 2020	EFFECTIVE DATE Immediately	NUMBER 3490-20-01
SUBJECT Pennsylvania Safe Haven Act 201 of 2002 entitled "The Newborn Protection Act" as amended by Act 91 of 2014 and Act 68 of 2017	BY  Jonathan Rubin, Deputy Secretary Office of Children, Youth & Families	

SCOPE:

County Children and Youth Agencies (CCYA)
Hospitals
Law Enforcement Organizations and Officials (LEO)
Emergency Service Providers
County Children and Youth Advisory Committees
Private Children and Youth Agencies
County Commissioners
Pennsylvania Children and Youth Administrators Association
Other Interested Parties

PURPOSE:

The purpose of this bulletin is to outline the requirements of Act 201 of 2002, the Newborn Protection Act, which amended Title 23, Pa.C.S., Chapter 63 (relating to the Child Protective Services Law) (CPSL), thereby creating Chapter 65. This bulletin also includes changes to The Newborn Protection Act, which was amended by Act 91 of 2014 and Act 68 of 2017. This bulletin rescinds and replaces OCYF Bulletin #3490-11-01 which was issued in July 2011.

BACKGROUND:

On December 9, 2002, Governor Mark S. Schweiker signed Senate Bill 654, Printer's Number 2386 into law as Act 201 of 2002 known as the Newborn Protection Act. The Newborn Protection Act allows a parent of a newborn, a child less than 28 days of age, to leave the child in the care of a hospital. The Newborn Protection Act was amended on July 2, 2014 when Governor Tom Corbett signed Act 91 of 2014, which amended Title 18 (Crimes and Offenses) and Title 23 (Domestic Relations) to permit a police officer at a police station to accept newborns from parents. On December 22, 2017, Governor Tom Wolf signed Act 68 of 2017

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The Office of Children, Youth and Families (OCYF) at RA-PWSafeHaven@pa.gov
or Pennsylvania counties may contact the appropriate OCYF Regional Office:
Central Region (717)772-7702 | Northeast Region (570)963-4376
Southeast Region (215)560-2249 | Western Region (412)565-5728

ORIGIN OF BULLETIN:

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providing for emergency services providers to accept newborns, as well as an optional provision for Safe Haven locations to provide an incubator for the acceptance of a newborn. The Newborn Protection Act allows the relinquishment by a parent without criminal liability providing the following criteria are met:

- The parent expresses orally or through conduct that they intend for the hospital, police officer at a police station or an emergency services provider to accept the newborn; and
- The newborn is not a victim of child abuse or criminal conduct.

The Safe Haven Program of Pennsylvania (Safe Haven) was created in 2003 in response to the Newborn Protection Act.

Newborns who are relinquished under Safe Haven are placed into foster care through the county children and youth agency (CCYA) with a pre-adoptive family. Adoption serves the best interest of these children as the parents have indicated through their actions that they wish to relinquish care and responsibility for these children.

A copy of the Newborn Protection Act was sent to CCYAs in 2003 when the law was initially enacted. The department also issued a letter explaining the requirements to hospitals, CCYA and law enforcement officials at that time. Numerous fact sheets and public awareness materials were also distributed at that time.

In March 2004, the department instituted a toll-free Safe Haven Helpline, 1-866-921-SAFE (7233), to provide information about Safe Haven. The helpline can be accessed 24 hours a day, seven days a week. Women in crisis and individuals seeking information may speak with a person regarding the program and find out the location of the nearest hospital police station or emergency services provider station. Callers are also provided with the phone number to the Healthy Baby Helpline, 1-800-986-BABY (2229), to receive information about free or low cost health care services.

In November 2006, the Department launched a Safe Haven website, www.secretsafe.org, which is tailored to anyone seeking information about the Safe Haven program. Parents, agencies, hospitals, police, etc. can visit the website to download forms and educational materials related to the program.

Hospitals, CCYAs, law enforcement officials, emergency services providers and other associated agencies are encouraged to provide a link to www.secretsafe.org on their websites.

DEFINITIONS:

Child abuse – The term “child abuse” shall mean intentionally, knowingly or recklessly doing any of the following:

- (1) Causing bodily injury to a child through any recent act or failure to act.
- (2) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.

- (3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- (4) Causing sexual abuse or exploitation of a child through any act or failure to act.
- (5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- (6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- (7) Causing serious physical neglect of a child.
- (8) Engaging in any of the following recent acts:
 - (i) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
 - (ii) Unreasonably restraining or confining a child, based on consideration of the method, location or the duration of the restraint or confinement.
 - (iii) Forcefully shaking a child under one year of age.
 - (iv) Forcefully slapping or otherwise striking a child under one year of age.
 - (v) Interfering with the breathing of a child.
 - (vi) Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
 - (vii) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
 - (A) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
 - (B) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.
 - (C) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).
- (9) Causing the death of the child through any act or failure to act.
- (10) Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102).

County Children and Youth Agency (CCYA) – The county children and youth social services agency established pursuant to section 405 of the act of June 24, 1937 (P.L. 2017, No. 396), known as the County Institution District Law, or its successor, and supervised by the Department of Human Services under Article IX of the act of June 13, 1967 (P.L. 31, No. 21), known as the Public Welfare Code.

Department – The Department of Human Services of the Commonwealth (formerly Department of Public Welfare).

Emergency Services Provider – An emergency medical responder, emergency medical technician, advanced emergency medical technician or a paramedic as defined in 35 Pa.C.S. § 8103.

Health care provider – A person who is licensed or certified by the laws of this Commonwealth to administer health care in the ordinary course of business or practice of a profession. For purposes of accepting a newborn as provided in § 6504 (a)(1) (relating to accepting newborns) and for immunity provided pursuant to §6507 (relating to immunity granted to health care providers and hospitals), both sections found in the Newborn Protection Act, the term includes administrative, managerial and security personnel and any other person employed by a hospital.

Hospital – An institution having an organized medical staff which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic and therapeutic services or rehabilitation services for the care or rehabilitation of people who are injured, disabled, pregnant, diseased, sick or mentally ill. The term includes facilities for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not facilities caring exclusively for people with mental illness or those facilities primarily engaged in providing rehabilitation services or long-term care.

Incubator – An apparatus used to maintain environmental conditions suitable for a newborn baby regulated by the Pennsylvania Department of Health.

Law Enforcement Officials – any person who is by law given the power to enforce the law when acting within the scope of that person's employment.

Newborn – A child less than 28 days of age as reasonably determined by a physician.

Police department – A public agency of a political subdivision having general police powers and charged with making arrests in connection with the enforcement of criminal or traffic laws.

Police officer – A full-time or part-time employee assigned to criminal or traffic law enforcement duties of a police department of a county, city, borough, town or township. The term also includes a member of the State Police Force.

Police station – The station or headquarters of a police department or a Pennsylvania State Police station or headquarters.

Safe Haven locations – The physical site where a parent can relinquish a newborn less than 28 days of age. The Newborn Protection Act only permits relinquishments at Safe Haven locations where personnel are on site or an incubator is installed.

DISCUSSION:

The following summarizes the responsibilities of hospitals, police officers, emergency services providers, CCYAs and the department. Relinquishment of a newborn at a hospital, to a police officer at a police station or to emergency services providers on the grounds of an entity employing the emergency services providers or otherwise providing access to the emergency services provider requires a coordinated effort at the local level as there are multiple community partners involved. Coordination among the hospital, CCYA, law enforcement officials, emergency services providers and the department is required.

Hospital Responsibilities (See Attachment A – Safe Haven Fact Sheet for Hospitals):

1. The hospital must adopt a written policy in accordance with the provisions of the Newborn Protection Act. Hospital protocol should take the information below into consideration as well as the procedures outlined in the sample protocol (See Attachment B – Sample Hospital Protocol for Safe Haven).
2. The hospital must ensure staff is familiar with the requirements of the Newborn Protection Act and distribute related materials provided by the Department.
3. There should be signs posted within the hospital indicating that the individual relinquishing the newborn should wait until the newborn is received by staff. If the individual relinquishing the newborn is unwilling or unable to wait, they should be directed, by the signs, where to place the newborn and how to alert staff to the newborn.
4. When a newborn is brought to the hospital, a physician, the director or a person specifically designated by the director of a hospital, is required to take a newborn into protective custody as provided in § 6315 (a)(3) (relating to taking child into protective custody) of the CPSL. The hospital is also required to take protective custody of a newborn if the child is born in the hospital and the parent expresses orally or through conduct that they intend for the hospital to accept the newborn. All identifying information of the birth parent obtained by the hospital should be given to the local county agency. As long as the child is less than 28 days old, as reasonably determined by a physician, and not a victim of child abuse or another crime, the protections under the Newborn Protection Act apply.
5. The hospital is required to perform a medical evaluation of the newborn and any act necessary to care for and to protect the physical health and safety of the child as stated in § 6504 (a)(2) (relating to accepting newborns) of the Newborn Protection Act. Resuscitation as required will be initiated.
6. When a newborn is received by a hospital, the hospital is required to notify the local county agency and, unless the newborn was brought to the hospital by the police, the appropriate law enforcement agency immediately by telephone.
7. Within 48 hours of providing an oral report to the local CCYA and law enforcement agency, the hospital must file a written report, the *Relinquished Newborn Report Form for Hospitals* (See Attachment C). One copy of the form must be submitted to:
 - a. CCYA who receives custody of the newborn;
 - b. Local municipal police department or the Pennsylvania State Police where no municipal police jurisdiction exists; and
 - c. Pennsylvania Department of Human Services, Office of Children, Youth and Families at PW-RASafeHaven@pa.gov.
8. Hospitals should give the parent the opportunity to provide birth family information, according to § 6504 (b) (relating to accepting newborns) of the Newborn Protection

Act. Family medical and social history information can help to identify future medical risks to the child. Pennsylvania established the Pennsylvania Adoption Information Registry (PAIR) as a means for parents who gave birth in Pennsylvania and placed their child for adoption to voluntarily file family medical and social history information. PAIR only shares medical and social history information upon the adopted child's request. Birth parents may submit this information by completing the *Pennsylvania Adoption Information Registry Birth Parent/Birth Parent Survivor Authorization to Release/Not Release Information and Registration Form* (See Attachment D). Parents have the option to take the form home and mail it in at any time. This form may also be found online at www.adoptpakids.org.

9. Birth certificate information should be filed according to the Department of Health's foundling guidance. Visit www.health.pa.gov or contact the Division of Vital Records for more information at (717) 772-3480.

Police Responsibilities (See Attachment E – Safe Haven Fact Sheet for Police Officers and Police Stations):

1. Police stations should consider developing a written policy in accordance with the provisions of the Newborn Protection Act.
2. Police stations must ensure officers are familiar with the requirements of the Newborn Protection Act and distribute related materials provided by the department to their staff.
3. If the parent leaves the newborn with a police officer at a police station, the police officer must take the newborn into protective custody under §6315 (a) (5)(relating to taking a newborn into protective custody) of the CPSL and ensure the newborn is transported to a hospital and placed into the care of a health care provider under § 6504 (relating to health care providers accepting newborns) of the Newborn Protection Act. When a newborn is received by a police officer at a police station, the police officer is required to immediately notify the local CCYA by telephone. If a parent who leaves an infant with a police officer provides any medical history or other information about the newborn, the police officer will accept the information and share it with the hospital and local county agency. The police officer must ensure that the child is transported to a hospital. The hospital is then required to perform a medical evaluation of the newborn and any act necessary to care for and protect the physical health and safety of the child as stated in § 6504 (a)(2) (relating to accepting newborns) of the Newborn Protection Act.
4. Law Enforcement Officials (LEO) are required to assist the CCYAs in assuring the newborn is not a victim of child abuse or other criminal conduct by utilizing resources associated with the National Crime Information Center (NCIC). Whether or not the newborn is left at a hospital or with a police officer at a police station, LEO should assist the local CCYA in making diligent efforts to notify the newborn's parents, guardian, custodian or other family member regarding the child's whereabouts.

5. Police officers should give the parent the opportunity to provide birth family information, according to § 6504.1(b) (relating to accepting newborns) of the Newborn Protection Act. Family medical and social history information can help to identify future medical risks to the child. Pennsylvania established the Pennsylvania Adoption Information Registry (PAIR) as a means for parents who gave birth in Pennsylvania and placed their child for adoption to voluntarily file family medical and social history information. PAIR only shares medical and social history information upon the adopted child's request. Birth parents may submit this information by completing the *Pennsylvania Adoption Information Registry Birth Parent/Birth Parent Survivor Authorization to Release/Not Release Information and Registration Form* (See Attachment D). Parents have the option to take the form home and mail it in at any time. This form may also be found online at www.adoptpakids.org.

Emergency Services Providers Responsibilities (See Attachment F – Safe Haven Fact Sheet for Emergency Services Providers):

1. Emergency services providers should consider developing a written policy in accordance with the requirements of the Newborn Protection Act.
2. Emergency services providers must ensure responders, technicians, paramedics and staff are familiar with the requirements of the Newborn Protection Act and distribute related materials provided by the department to their staff.
3. If a parent leaves the newborn with an emergency services provider, the provider must take the newborn into protective custody as specified under § 6315(a)(6) (relating to taking child into protective custody) of the CPSL and ensure the newborn is transported to a hospital and placed into the care of a health care provider as specified under § 6504 (relating to health care providers accepting newborns) of the Newborn Protection Act. When a newborn is received by an emergency services provider, the provider is required to immediately notify the local CCYA by telephone. If a parent who leaves a newborn with an emergency services provider provides any medical history or identifying information about the newborn, the emergency services provider will accept the information and share it with the hospital and local CCYA. The emergency services provider must ensure that the child is transported to a hospital. The hospital is then required to perform a medical evaluation of the newborn and any act necessary to care for and protect the physical health and safety of the child as stated in § 6504 (a)(2) (relating to accepting newborns) of the Newborn Protection Act.
4. Emergency services providers shall ensure their grounds clearly indicate, for a minimum of 18 months beginning April 21, 2018, that the location accepts newborns under this law.
5. Emergency services providers should give the parent the opportunity to provide birth family information, according to § 6504.1(b) (relating to accepting newborns) of the Newborn Protection Act. Family medical and social history information can help to identify future medical risks to the child. Pennsylvania established the Pennsylvania Adoption Information Registry (PAIR) as a means for parents who gave birth in

Pennsylvania and placed their child for adoption to voluntarily file family medical and social history information. PAIR only shares medical and social history information upon the adopted child's request. Birth parents may submit this information by completing the *Pennsylvania Adoption Information Registry Birth Parent/Birth Parent Survivor Authorization to Release/Not Release Information and Registration Form* (See Attachment D). Parents have the option to take the form home and mail it in at any time. This form may also be found online at www.adoptpakids.org.

Provision of Optional Installation of Incubators

A hospital, police station or other entity employing or otherwise providing access to an emergency services provider is not required, but have the option, to provide an incubator for the care of a newborn accepted under this law. Facilities opting to install an incubator must meet the regulations and standards of the Pennsylvania Department of Health including design, function, sanitation and manufacturing standards. In addition, incubators must:

- Allow an infant to be placed anonymously by the parent.
- Have a locking mechanism that prevents third parties from access.
- Provide a controlled environment to protect the care of the infant.
- Automatically notify the personnel of the hospital, police station or emergency services provider within 30 seconds of an infant being placed by the parent.
- Trigger a 911 call if the infant is not received by personnel within a reasonable amount of time.

Facilities who install an incubator must create and install signage nearby to instruct parents on how to use it.

Immunity and Penalties

No hospital nor health care provider at a hospital, police department, police officer, administrative or managerial personnel of a police department, emergency services provider or entity that employs or otherwise provides access to an emergency services provider shall be subject to civil liability or criminal penalty solely by reason of complying with § 6507 (relating to immunity granted to health care providers and hospitals) of the Newborn Protection Act, except for failure to report acceptance in accordance with § 6506 (relating to failure to report acceptance of newborns) of the Newborn Protection Act. Consequences of failing to report acceptance include a summary offense for the first intentional or knowingly failure to report and a misdemeanor of the third degree for the second or subsequent failure to report.

County Children and Youth Agency Responsibilities (See Attachment G – Safe Haven Fact Sheet for County Children and Youth Agency):

1. After a hospital, police officer or emergency services provider takes protective custody of a newborn pursuant to the Newborn Protection Act and has contacted the local CCYA, the local CCYA is required to file a petition to assume custody of the newborn and place the newborn with a pre-adoptive family.

2. A written report, *Relinquished Newborn Report Form for Hospitals* (See Attachment C) must be submitted within 48 hours by the hospital taking protective custody of the newborn to the local CCYA. Inform the hospital that a copy of this form may also be submitted to the department electronically at RA-PWSafeHaven@pa.gov.
3. Within 72 hours of assuming custody of the newborn, the county agency must submit a written report, the *Relinquished Newborn Report Form for the County Children and Youth Agency* (See Attachment H) to the Department electronically at RA-PWSafeHaven@pa.gov. The county agency must also submit an updated form anytime new information becomes available.
4. Consistent with Title 42, CFR, Subpart C, § 435.210 (a)(4) (relating to individuals included in optional groups) and the Office of Income Maintenance, Supplemental Handbook, Foster Care and Adoption Assistance, § 850.21, Automatic Enrollment, the newborn is immediately eligible for Medicaid when taken into protective custody (See Attachment I).
5. The CCYA shall follow the same procedures for any abandoned child the agency takes custody of such as filing for the birth certificate and the social security number.
6. While the intent of the Newborn Protection Act is to offer a safe and anonymous alternative to birth parents to keep newborns safe as opposed to abandoning them, if any identifying information of the birth parent is obtained, the county agency should follow protocol in terms of diligent search and termination of parental rights. CCYAs do not need to wait six months to file for termination of parental rights for an abandoned child based on aggravated circumstances as outlined in the Juvenile Act (Title 42, Pa.C.S. Chapter 63), § 6302 (1)(i), (relating to aggravated circumstances), which allows for a termination of parental rights to be filed if, *the child is in the custody of a county agency and either: the identity or whereabouts of the parents is unknown and cannot be ascertained and the parent does not claim the child within three months of the date the child was taken into custody*. Grounds for filing a petition are also outlined in the Adoption Act (Title 23, Pa.C.S. Chapter 25), § 2511 (a)(4), (relating to grounds for involuntary termination), which allows for termination of parental rights to be filed if, *the child is in the custody of an agency, having been found under such circumstances that the identity or whereabouts of the parent is unknown and cannot be ascertained by diligent search and the parent does not claim the child within three months after the child is found*.

In addition to what the county agency would normally do when notified by a hospital, police officer or emergency services provider that a child has been taken into protective custody, the Newborn Protection Act also requires the CCYA to do the following:

- Make diligent efforts within 24 hours to identify the newborn's parent, guardian, custodian or other family members and their whereabouts;
- Request LEO to utilize resources associated with the NCIC to determine if the child has been a victim of a crime;

- Assume responsibility for making decisions regarding the newborn's medical care, unless otherwise provided by court order (Title 23 Pa.C.S § 6316) (relating to admission to private and public hospitals) of the CPSL;
- Provide outreach and counseling services to prevent newborn abandonment; and
- Continue the prevention of newborn abandonment publicity and education program.

Department of Human Services Responsibilities:

1. The department is responsible to order immediate admittance, treatment and care if a hospital fails to admit and properly care for a child. This shall be enforceable by civil action. A child who is denied admittance, treatment and care, may also seek independent civil action for damages through an attorney. The department expects coordination among all partners on the local level and if there are issues identified, the department has the authority and responsibility to intervene.
2. The department is responsible for continued prevention of newborn abandonment through publicity and education programs. Resources for use by hospitals, health care providers, police and emergency services providers are provided by the department and can be found online at www.secretsafe.org.
3. The department must also report annually on the number and disposition of newborns accepted under the Newborn Protection Act in the Annual Child Abuse Report.

ATTACHMENTS

Attachment A	Safe Haven Fact Sheet for Hospitals
Attachment B	Sample Hospital Protocol for Safe Haven
Attachment C	Relinquished Newborn Report Form for Hospitals
Attachment D	Pennsylvania Adoption Information Registry Birth Parent/Birth Parent Survivor Authorization to Release/Not Release Information and Registration Form
Attachment E	Safe Haven Fact Sheet for Police Officers and Police Stations
Attachment F	Safe Haven Fact Sheet for Emergency Services Providers
Attachment G	Safe Haven Fact Sheet for County Children and Youth Agencies
Attachment H	Relinquished Newborn Report Form for County Children and Youth Agencies
Attachment I	Medicaid Process



Fact Sheet for Hospitals

Overview:

The Newborn Protection Act, also known as “Safe Haven” in Pennsylvania, was signed into law on December 9, 2002 and amended on July 2, 2014 and December 22, 2017. The Newborn Protection Act provides that a parent of a newborn may leave a child in the care of a hospital, a police officer at a police station or with an emergency services provider without being held criminally liable, providing that the following criteria are met:

- The parent expresses orally or through conduct that they intend for the hospital or a police officer at a police station to accept the child.
- The newborn is not a victim of child abuse or criminal conduct.

Definitions:

Newborn – A child less than 28 days of age as reasonably determined by a physician.

Hospital – An institution having an organized medical staff which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic and therapeutic services or rehabilitation services for the care or rehabilitation of people who are injured, disabled, pregnant, diseased, sick or mentally ill. The term includes facilities for the diagnosis and treatment of disorders within the scope of specific medical specialties, but not facilities caring exclusively for people with mental illness or those facilities primarily engaged in providing rehabilitation services or long-term care.

What Safe Haven Means For Your Hospital:

- Adopt a written policy and adhere to reporting requirements in accordance with the provisions of the Newborn Protection Act.
- Ensure that staff are familiar with the requirements of the Newborn Protection Act and distribute related materials. Resources may be found on Pennsylvania’s Safe Haven website, www.secretsafe.org.

Immunity and Penalties:

- No hospital nor health care provider at a hospital shall be subject to civil liability or criminal penalty solely by reason of complying with the Newborn Protection Act, except for failure to report acceptance.
- Failure to report acceptance includes:
 - o Summary offense for first intentional or knowingly failure to report.
 - o Misdemeanor of the third degree for second or subsequent failure to report.



Sample Hospital Protocol

Purpose: To define the process and procedure for the reception of newborns (less than 28 days old) in accordance with the Newborn Protection Act that was signed into law on December 9, 2002 and amended on July 2, 2014 and December 22, 2017. The purpose of this Act is to protect newborns who might otherwise be abandoned or harmed by permitting a parent to leave a newborn at a hospital, with a police officer at a police station or with an emergency services provider without fear of criminal prosecution when the child has not been a victim of suspected child abuse or other crime.

Instructions:

1. Take the Newborn

- When a parent expresses orally or through conduct that they intend for the hospital to accept the newborn and the newborn is not a victim of child abuse or criminal conduct, then this is a Safe Haven baby and the parent cannot be charged with a crime.

2. Offer Support

- Hospital staff may ask "Do you need any care for yourself?" If the mother requires medical attention, she should be registered as "Jane Doe."
- Hospital staff may share, "We will take good care of this baby", if they feel the need to say something.
- Provide aftercare resources when available.

3. Document Medical Information

- Collect any medical history or identifying information the parent chooses to disclose. A parent may, but is not required to, provide information.
- Your hospital may provide a Pennsylvania Adoption Information Registry Birth Parent/Birth Parent Survivor Authorization to Release/Not Release Information and Registration Form. Give the parent the option to fill out the questionnaire at the hospital or take the form home and return it via mail.
- Staff may ask "Is there any family medical history we need to know?" or "Were there any problems you observed during birth?"

4. Ensure the Newborn's Safety

- Resuscitation should be initiated (as required). Notify the in-house attending pediatrician on-call. The pediatrician will consult via telephone or present to the Emergency Department to assess the infant and assume care.
- Hospital staff should take the baby to the treatment area of the Emergency Department. If the staff receiving the newborn is a non-licensed employee, approach the first registered nurse or physician encountered and transfer the baby to that person.

- Relay any medical information obtained about the newborn to the registered nurse or physician.

5. Complete All Required Forms

- An Emergency Department chart should be generated for each newborn.
- The newborn is immediately eligible for Medicaid. The local Children & Youth agency should be able to provide the newborn's Medicaid ID number.
- When filing Birth Certificate documentation, refer to the "Foundling/Safe Haven" section in the Department of Health's *Birth Certification Registration Manual*.

6. Notify Community Partners

- The designated hospital staff (e.g., Emergency Department Charge Nurse, Social Worker, Doctor) must immediately telephone the county children and youth agency and the local police (unless the newborn was brought to the hospital by the police).
- Within 48 hours of providing an oral report, the Emergency Department Charge Nurse (or other designated staff), must file a written report, the [*Relinquished Newborn Report Form for Hospitals*](#). One copy of the form must be submitted to:
 - Local county children and youth agency who receives custody of the newborn.
 - Local municipal police department or the Pennsylvania State Police where no municipal police jurisdiction exists.
 - Pennsylvania Department of Human Services, Office of Children, Youth and Families at PW-RASafeHaven@pa.gov.



SAFE HAVEN REPORT
Relinquished Newborn Report Form

Hospital

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT THIS FORM

INSTRUCTIONS:

- The hospital is required to notify the local county children and youth agency (CCYA) and the local police department, or the Pennsylvania State Police when no municipal police jurisdiction exists, immediately by telephone when a newborn is received.
- It is recommended this report form be completed by the hospital staff member who has first contact with the newborn or per the hospital's Safe Haven policy or protocol.
- If you do not know or are unsure about an answer, write "unknown" in the space provided.
- Within 48 hours of taking protective custody of the newborn, one copy of the report form must be forwarded to:
 - The local CCYA with custody:
 - The local municipal police department or the Pennsylvania State Police where no municipal police jurisdiction exists; and
 - The Pennsylvania Department of Human Services, at RA-PWSafeHaven@pa.gov or to: Office of Children, Youth and Families, Attention: Safe Haven, P.O. Box 2675, Harrisburg, PA 17105-2675.

Date newborn brought to hospital:	Name, address and phone number of hospital:
Time of incident:	County where hospital is located:
Name of newborn:	Name of law enforcement agency and police officer, or emergency services provider (if newborn transported by EMS/police officer):
Sex of newborn:	
Race of newborn:	
Actual or estimated date of birth of newborn:	
Was the newborn a victim of abuse/neglect or an other crime?	
Name and relationship of person who brought the newborn to the hospital. If name and relationship are unknown, please provide description of the individuals who brought the newborn to the hospital:	
Report made to CCYA (date, time and person spoken to):	
Report to law enforcement officials (name of law enforcement agency, date time and person spoken to):	
Medical tests performed:	
Health concerns/problems:	
Name, title and direct phone number of person who initially received the newborn:	
Name, title and direct phone number of person completing this form (if different from above):	

Completing this form is voluntary. However, if you are submitting a request to the Department of Health to redact your name on your birth child's noncertified copy of the original birth record, you must complete sections I, IIa or IIIa, and VI. We encourage you to provide as much information as you can. You may choose to :

1. release information that will identify you to the birth child or their family;
2. provide only non-identifying information that will not identify you; or
3. both.

Each section of this form is designated as identifying or non-identifying. Please type or print in black or blue ink. Each birth parent/birth parent survivor who reports information must complete a separate form for each child placed for adoption. If you don't know or are unsure about an answer, leave it blank.

Identifying information will include names and contact information.

Non-identifying information does not include names and contact information but does include medical, social and educational information, etc.

Please check the appropriate choice below:

- I am providing family information for the first time. I am updating family information previously submitted.

Please indicate your relationship to the child for whom you are completing this information:

- Birth Mother Birth Father Birth Parent Survivor*

*Birth Parent Survivor includes the deceased birth parent's spouse, parent, sibling, child (birth, adoptive and stepchild), grandchild, aunt, uncle, children of aunts and uncles if no other relatives survive and children of grandchildren if no other relatives survive.

I. CHILD'S INFORMATION

CHILD'S CURRENT NAME (Last, First, Middle)		CHILD'S NAME RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PLACE OF BIRTH	COUNTY	CITY/MUNICIPALITY	STATE	HOSPITAL (if applicable)
LOCATION WHERE PARENTAL RIGHTS WERE TERMINATED (City/County, State)		DATE PARENTAL RIGHTS WERE TERMINATED (MM/DD/YYYY)		

AUTHORIZATION TO RELEASE/NOT RELEASE IDENTIFYING INFORMATION

You may select as many or as few of the choices listed below as you wish. I agree to release **identifying** information to the individuals checked below:

- | | |
|---|--|
| <input type="checkbox"/> Birth child (when he or she turns 18) | <input type="checkbox"/> Birth child's descendants (if the birth child is deceased) |
| <input type="checkbox"/> Birth child's adoptive parents (if the birth child is under 18 or adjudicated incapacitated) | <input type="checkbox"/> Birth child's birth grandparents provided the birth child is at least 21 or I am adjudicated incapacitated or deceased. |
| <input type="checkbox"/> Birth child's legal guardian | <input type="checkbox"/> Birth child's birth siblings if both are 21. |

Even if you choose to release identifying information to the birth child, you may specify that you do or do not wish to have contact.

- I wish to have contact with the birth child. I do not wish to have contact with the birth child.
- I only wish to have contact through an intermediary/Authorized Search Representative.

I understand that by signing below, I am agreeing to the release of identifying information to only the people checked above. By not checking any of the people above, I understand that NO identifying information will be released. I may change this consent at any time by updating this form or by submitting a Withdrawal of Authorization to Release Information Form.

SIGNATURE OF BIRTH PARENT/ BIRTH PARENT SURVIVOR		DATE	
---	--	-------------	--

REGISTRATION INFORMATION

IIa. BIRTH MOTHER'S PERSONAL (IDENTIFYING) INFORMATION

BIRTH MOTHER'S NAME (Last, First, Middle)	PREVIOUS NAMES (Include maiden name, nicknames, and aliases. Last, First, Middle)		
DATE OF BIRTH (MM/DD/YYYY)	(AREA CODE) DAYTIME TELEPHONE		
STREET ADDRESS	CITY	STATE	ZIP CODE

IIb. BIRTH MOTHER'S BACKGROUND INFORMATION (NON-IDENTIFYING)

HIGHEST GRADE LEVEL ACHIEVED	<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> College	<input type="checkbox"/> Graduate Degree
I WOULD DESCRIBE MYSELF AS:	<input type="checkbox"/> Lower Income	<input type="checkbox"/> Middle Income	<input type="checkbox"/> Upper Income	
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
CHILDREN	<input type="checkbox"/> Boy # _____		<input type="checkbox"/> Girl # _____	
RACE/ETHNICITY (Check all that apply)				
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> White	<input type="checkbox"/> Other _____	Ethnicity Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				<input type="checkbox"/> Curly <input type="checkbox"/> Straight
COMPLEXION			HANDEDNESS	
<input type="checkbox"/> Light	<input type="checkbox"/> Olive	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed

IIc. BIRTH MOTHER'S OTHER CHILDREN - (IDENTIFYING) Use Additional Page if Needed

PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	
CITY, STATE		FATHER'S NAME			
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	
CITY, STATE		FATHER'S NAME			
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	
CITY, STATE		FATHER'S NAME			
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	
CITY, STATE		FATHER'S NAME			
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	
CITY, STATE		FATHER'S NAME			

**Pennsylvania Adoption Information Registry
Birth Parent/Birth Parent Survivor Authorization to
Release/Not Release Information and Registration Form**

IIIa. BIRTH FATHER'S PERSONAL (IDENTIFYING) INFORMATION

BIRTH FATHER'S NAME (Last, First, Middle)		PREVIOUS NAMES (Include nicknames and aliases. Last, First, Middle)	
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE	
STREET ADDRESS		CITY	STATE ZIP CODE

IIIb. BIRTH FATHER'S BACKGROUND INFORMATION (NON-IDENTIFYING)

HIGHEST GRADE LEVEL ACHIEVED	<input type="checkbox"/> High School	<input type="checkbox"/> Some College	<input type="checkbox"/> College	<input type="checkbox"/> Graduate Degree
I WOULD DESCRIBE MYSELF AS:	<input type="checkbox"/> Lower Income	<input type="checkbox"/> Middle Income	<input type="checkbox"/> Upper Income	
MARITAL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
CHILDREN	<input type="checkbox"/> Boy # _____		<input type="checkbox"/> Girl # _____	
RACE/ETHNICITY (Check all that apply)				
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> White	<input type="checkbox"/> Other _____	Ethnicity Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HAIR TYPE
				<input type="checkbox"/> Curly <input type="checkbox"/> Straight
COMPLEXION			HANDEDNESS	
<input type="checkbox"/> Light	<input type="checkbox"/> Olive	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark	<input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed

IIIc. BIRTH FATHER'S OTHER CHILDREN - (IDENTIFYING) Use Additional Page if Needed

PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	MOTHER'S NAME		
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	MOTHER'S NAME		
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	MOTHER'S NAME		
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	MOTHER'S NAME		
PLACED FOR ADOPTION <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
CITY, STATE	MOTHER'S NAME		

IV. BIRTH PARENT SURVIVOR'S (IDENTIFYING) INFORMATION

NAME (Last, First, Middle)			
DATE OF BIRTH (MM/DD/YYYY)		(AREA CODE) DAYTIME TELEPHONE	
STREET ADDRESS		CITY	STATE
			ZIP CODE

V. PREGNANCY, BIRTH AND EARLY CHILDHOOD HISTORY (BIRTH MOTHER ONLY - NON-IDENTIFYING)

AGE AT FIRST MENSTRUAL PERIOD	IF APPLICABLE, AGE AT MENOPAUSE	NUMBER OF PREGNANCIES
NUMBER OF LIVE BIRTHS	NUMBER OF MISCARRIAGES	MULTIPLE BIRTHS
		<input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Other: _____
HISTORY OF REPRODUCTIVE SYSTEM PROBLEMS		
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, check all that apply below)		
<input type="checkbox"/> Irregular Periods	<input type="checkbox"/> Painful Periods	<input type="checkbox"/> Fibroid Tumors (Benign)
<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Other _____	<input type="checkbox"/> Ovarian Cysts (Benign)

THE QUESTIONS BELOW PERTAIN SPECIFICALLY TO THE PREGNANCY FOR THE CHILD IDENTIFIED IN SECTION I.

COMPLICATIONS DURING THIS PREGNANCY	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, check all that apply below)	
<input type="checkbox"/> Bleeding <input type="checkbox"/> Toxemia <input type="checkbox"/> Urinary Tract Infections <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Other _____	
ANY INJURY DURING PREGNANCY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, describe below.)	
X-RAY PROCEDURES DURING PREGNANCY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Month of Pregnancy _____)	
If YES, purpose of X-Ray:	
DISEASES DURING PREGNANCY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, list below.)	
DISEASE	TREATMENT
LENGTH OF PREGNANCY?	
<input type="checkbox"/> Premature - Number of weeks early: _____ <input type="checkbox"/> Full-Term <input type="checkbox"/> Post-Term - Number of weeks late: _____	
TOBACCO USE DURING PREGNANCY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Average number of cigarettes daily: _____)	
ALCOHOL USE DURING PREGNANCY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, Average number of drinks weekly: _____)	
LIST OVER-THE-COUNTER, PRESCRIPTION, LEGAL AND ILLEGAL DRUGS TAKEN DURING PREGNANCY	
DURATION OF LABOR	TYPE OF DELIVERY
Hours: _____	<input type="checkbox"/> Spontaneous <input type="checkbox"/> Forceps <input type="checkbox"/> Breech <input type="checkbox"/> Caesarean
COMPLICATIONS DURING DELIVERY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, describe below)	

VI. FAMILY MEDICAL HISTORY (NON-IDENTIFYING)

This section applies only to the birth family member who is completing this form and his or her blood relatives.

- Check SELF if medical condition applies to the BIRTH PARENT who is completing the form.
- Check FAMILY if medical condition applies to a blood relative of the birth parent.
 - When FAMILY is checked, complete the RELATIONSHIP TO BIRTH PARENT column.
 - Indicate if family member is a maternal (birth parent's mother's side) or a paternal (birth parent's father's side) relative.

MEDICAL CONDITION (check all that apply)	SELF	FAMILY	RELATIONSHIP TO BIRTH PARENT	MEDICAL CONDITION (check all that apply)	SELF	FAMILY	RELATIONSHIP TO BIRTH PARENT
ALLERGIES							
ENVIRONMENTAL				FOOD			
PLANT				DRUG/CHEMICAL			
ANIMAL							
OTHER (specify):							
EAR & EYE CONDITIONS							
CATARACTS				FAR-SIGHTED			
GLAUCOMA				ASTIGMATISM			
COLOR BLINDNESS							
BLINDNESS	Cause:	<input type="checkbox"/> Hereditary	<input type="checkbox"/> Non-hereditary	Type:	<input type="checkbox"/> Partial	<input type="checkbox"/> Total	
DEAFNESS	Cause:	<input type="checkbox"/> Hereditary	<input type="checkbox"/> Non-hereditary	Type:	<input type="checkbox"/> Partial	<input type="checkbox"/> Total	
OTHER (specify):							
BLOOD, HEART & CIRCULATORY CONDITIONS							
HEART ATTACK				HIGH BLOOD PRESSURE			
STROKE				ANEMIA			
HARDENING OF THE ARTERIES				HEMOPHILIA			
BLOOD CLOTS IN THE LEGS				SICKLE CELL ANEMIA			
OTHER (specify):							
BRAIN & NERVOUS SYSTEM CONDITIONS							
ALZHEIMER'S DISEASE				PARKINSON'S DISEASE			
MULTIPLE SCLEROSIS				MIGRAINE HEADACHES			
EPILEPSY & OTHER SEIZURE OR CONVULSIVE CONDITIONS				HUNTINGTON'S DISEASE			
CEREBRAL PALSY				TOURETTE'S SYNDROME			
OTHER (specify):							

MEDICAL CONDITION (check all that apply)	SELF	FAMILY	RELATIONSHIP TO BIRTH PARENT	MEDICAL CONDITION (check all that apply)	SELF	FAMILY	RELATIONSHIP TO BIRTH PARENT
HORMONAL DISORDERS							
DIABETES							
THYROID DISORDER			Specify:	<input type="checkbox"/> Overactive thyroid <input type="checkbox"/> Underactive thyroid <input type="checkbox"/> Goiter <input type="checkbox"/> Iodine Deficiency			
PITUITARY GLAND DISORDER			Specify:	<input type="checkbox"/> Excessive hormone <input type="checkbox"/> Reduced hormone <input type="checkbox"/> Growth hormone deficiency			
OTHER (specify):							
INTELLECTUAL & DEVELOPMENTAL CONDITIONS							
DOWN SYNDROME							
PERVASIVE DEVELOPMENTAL DISORDER OR AUTISM							
INTELLECTUAL DISABILITY			Cause:	<input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary			
SPEECH/COMMUNICATION DISORDERS			Cause:	<input type="checkbox"/> Brain damage <input type="checkbox"/> Developmental delay <input type="checkbox"/> Structural abnormality (mouth)			
LEARNING DISORDERS			Specify:	<input type="checkbox"/> Dyslexia (reading) <input type="checkbox"/> Dysgraphia (writing) <input type="checkbox"/> Minimal brain damage			
OTHER (specify):							
MENTAL & BEHAVIORAL CONDITIONS							
SCHIZOPHRENIA				ATTENTION DEFICIT DISORDER (ADD)			
ANXIETY DISORDER				ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)			
MAJOR DEPRESSIVE DISORDER				DRUG ABUSE			
BIPOLAR DISORDER (MANIC DEPRESSIVE)				POST-TRAUMATIC STRESS DISORDER			
ALCOHOLISM				ANOREXIA NERVOSA			
OBSESSIVE COMPULSIVE DISORDER							
OTHER (specify):							
GASTROINTESTINAL URINARY SYSTEM CONDITIONS							
KIDNEY DISEASE			Cause:	<input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary			
LIVER DYSFUNCTION			Cause:	<input type="checkbox"/> Hereditary <input type="checkbox"/> Non-hereditary			
GALL BLADDER DISORDER				<input type="checkbox"/> Gall stones <input type="checkbox"/> Infection <input type="checkbox"/> Tumor			
ULCERS							
DIVERTICULITIS							
ULCERATIVE COLITIS/CROHN'S DISEASE							
OTHER (specify):							

Attachment D
Pennsylvania Adoption Information Registry
Birth Parent/Birth Parent Survivor Authorization to
Release/Not Release Information and Registration Form

MEDICAL CONDITION (check all that apply)	S	E	L	F	A	M	I	L	Y	RELATIONSHIP TO BIRTH PARENT	MEDICAL CONDITION (check all that apply)	S	E	L	F	A	M	I	L	Y	RELATIONSHIP TO BIRTH PARENT
CANCER																					
BLOOD (Leukemia)											BRAIN										
COLON											HODGKIN'S DISEASE										
PROSTATE											PANCREAS										
UTERINE											LIVER										
BREAST											OVARIAN										
LUNG											CERVICAL										
SKIN											STOMACH										
BONE											THROAT										
OTHER (specify):																					
GENETIC CONDITIONS																					
MUSCULAR DYSTROPHY											MARFAN'S SYNDROME										
SPINA BIFIDA											TAY-SACHS DISEASE										
CLUB FOOT											HARE LIP										
DWARFISM											CLEFT PALATE										
CYSTIC FIBROSIS																					
OTHER (specify):																					
OTHER CONDITIONS																					
HIGH CHOLESTEROL											OBESITY										
ARTHRITIS											LUPUS										
ASTHMA																					
EXPOSURE TO CHEMICALS & TOXIC MATERIALS (specify):																					
OTHER (specify):																					

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (section 9404 of the Pennsylvania Crimes Code). Further, I understand that it is my responsibility to notify the registry of any change in my address or submitted information.

SIGNATURE		DATE	
------------------	--	-------------	--



Fact Sheet for Police Officers and Police Stations

Overview:

The Newborn Protection Act, also known as “Safe Haven” in Pennsylvania, was signed into law on December 9, 2002 and amended on July 2, 2014 and December 22, 2017. The Newborn Protection Act provides that a parent of a newborn may leave a child in the care of a hospital, a police officer at a police station or with an emergency services provider without being held criminally liable, providing that the following criteria are met:

- The parent expresses orally or through conduct that they intend for the hospital or a police officer at a police station to accept the child.
- The newborn is not a victim of child abuse or criminal conduct.

Definitions:

Newborn – A child less than 28 days of age as reasonably determined by a physician.

Police Officer – A full-time or part-time employee assigned to criminal or traffic law enforcement duties of a police department of a county, city, borough, town or township. The term also includes a member of the State Police Force.

A Police Station – The station or headquarters of a police department or a Pennsylvania State Police station or headquarters.

What Safe Haven Means For Your Police Station and Officers:

- Adopt a written policy in accordance with the provisions of the Newborn Protection Act.
- Ensure staff are familiar with the Act and distribute related materials. Resources may be found on Pennsylvania’s Safe Haven website, www.secretsafe.org.

Immunity and Penalties:

- No police department, police officer, administrative or managerial personnel of a police department shall be subject to civil liability or criminal penalty solely by reason of complying with the Newborn Protection Act, except for failure to report acceptance.
- Failure to report acceptance includes:
 - o Summary offense for first intentional or knowingly failure to report.
 - o Misdemeanor of the third degree for second or subsequent failure to report.



When a Newborn is given to a police officer in a Police Station:

1. Take the Newborn

- A police officer must accept the infant. If the newborn is not a victim of child abuse or criminal conduct, then this is a Safe Haven baby and the parent cannot be charged with a crime.

2. Document Identifying Information

- The police officer should try to obtain as much identifying information on the adult leaving the infant as possible; however, the person relinquishing the infant has no legal obligation to provide any identifying information.

3. Ensure the Newborn's Safety

- The police officer who accepts the infant must take protective custody of the infant and ensure that the infant is transported to the hospital and placed into the care of a health care provider.



Fact Sheet for Emergency Services Providers

Overview:

The Newborn Protection Act, also known as “Safe Haven” in Pennsylvania, was signed into law on December 9, 2002 and amended on July 2, 2014 and December 22, 2017. The Newborn Protection Act provides that a parent of a newborn may leave a child in the care of a hospital, a police officer at a police station or with an emergency services provider without being held criminally liable, providing that the following criteria are met:

- The parent expresses orally or through conduct that they intend for the hospital, a police officer at a police station or emergency services provider to accept the child.
- The newborn is not a victim of child abuse or criminal conduct.

Definitions:

Newborn – A child less than 28 days of age as reasonably determined by a physician.

Emergency Services Provider – An emergency medical responder, emergency medical technician, advanced emergency medical technician or a paramedic as defined in 35 Pa.C.S. § 8103.

What Safe Haven Means For Emergency Services Providers:

- Adopt a written policy in accordance with the provisions of the Newborn Protection Act.
- Ensure staff are familiar with the Act and distribute related materials. Resources may be found on Pennsylvania’s Safe Haven website, www.secretssafe.org.

Immunity and Penalties:

- No emergency services provider on the grounds of an entity employing the emergency services provider or otherwise providing access to the emergency services provider pursuant to 23 Pa.C.S. Ch. 65 shall be subject to civil liability or criminal penalty solely by reason of complying with the Newborn Protection Act, except for failure to report acceptance.
- Failure to report acceptance includes:
 - o Summary offense for first intentional or knowingly failure to report.
 - o Misdemeanor of the third degree for second or subsequent failure to report.



When a Newborn is Given to an Emergency Services Provider:

1. Take the Newborn

- An emergency services provider must accept the infant. If the newborn is not a victim of child abuse or criminal conduct, then this is a Safe Haven baby and the parent cannot be charged with a crime.

2. Document Identifying Information

- The emergency services provider should try to obtain as much identifying information on the adult leaving the infant as possible; however, the person relinquishing the infant has no legal obligation to provide any identifying information.

3. Ensure the Newborn's Safety

- The emergency services provider who accepts the infant must take protective custody of the infant and ensure that the infant is transported to the hospital and placed into the care of a health care provider.



Fact Sheet for County Children and Youth Agencies

Overview:

The Newborn Protection Act, also known as “Safe Haven” in Pennsylvania, was signed into law on December 9, 2002 and amended on July 2, 2014 and December 22, 2018. The Newborn Protection Act provides that a parent of a newborn may leave a child in the care of a hospital, a police officer at a police station or with an emergency services provider without being held criminally liable, providing that the following criteria are met:

- The parent expresses orally or through conduct that they intend for the hospital or a police officer at a police station to accept the child.
- The newborn is not a victim of child abuse or criminal conduct.

Definitions:

County Children and Youth Agency (CCYA) – The county children and youth social services agency established pursuant to Section 405 of the Act of June 24, 1937 (P.L. 2017, No. 396), known as the County Institution District Law, or its successor, and supervised by the Department of Human Services under Article IX of the act of June 13, 1967 (P.L. 31, No. 21), known as the Public Welfare Code.

Newborn – A child less than 28 days of age as reasonably determined by a physician.

What Safe Haven Means For Your Agency:

When a provider at a hospital takes protective custody of a newborn pursuant to the Newborn Protection Act, the provider is required to contact the local children and youth agency and law enforcement officials. In addition to what your agency would normally do when notified by a hospital that a child has been taken into protective custody, the Newborn Protection Act requires your agency to do the following:

- Make diligent efforts within 24 hours to identify parents, guardian, custodian or other family member whereabouts.
- Request law enforcement officials utilize resources associated with the National Crime Information Center (NCIC).
- Assume responsibility for making decisions regarding the newborn’s medical care.
- Provide outreach and counseling services to prevent newborn abandonment.
- Continue prevention of newborn abandonment publicity and education programs.
- Submit a written report, the [Relinquished Newborn Report Form for the County Children and Youth Agency](#), within 72 hours of assuming custody

of the newborn, to the Department of Human Services, Office of Children, Youth and Families at RA-PWSafeHaven@pa.gov.

- Submit an updated [Relinquished Newborn Report Form](#) anytime new information becomes available.

For the latest guidance regarding the Safe Haven program, visit:
www.secretsafe.org.



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILDREN, YOUTH AND FAMILIES

SAFE HAVEN REPORT

Relinquished Newborn Report Form

County Children and Youth Agency

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING OUT THIS FORM

INSTRUCTIONS:

- The county children and youth agency (CCYA) staff member who has first contact with the newborn should complete this form.
- Please check if this is a new registration or an update.
- An update should be submitted anytime new information becomes available.
- If you do not know or are unsure about an answer, write "unknown" in the space provided.
- Within 72 hours, submit one copy of completed report form to RA-PWSafeHaven@pa.gov or to:
Department of Human Services, Office of Children, Youth and Families, Attention: Safe Haven, P.O. Box 2675,
Harrisburg, PA 17105-2675.

_____ **New Registration**

_____ **Update**

CCYA information (name, address, and phone number):	Date CCYA received custody of newborn:
Time CCYA received newborn:	Name of Hospital, Police Station or Emergency Services Provider that received newborn:

Name of newborn:				
Sex of newborn:				
Race of newborn:				
Actual or estimated date of birth of newborn:				
Was the newborn a victim of abuse/neglect or an other crime?				
Were parents or relatives located? If yes, please complete the following for mother, father or relative:	Birth mother name:	Social Security number:	Address:	Phone number
	Birth father name:	Social Security number:	Address:	Phone number:
	Relative name:	Relationship to newborn:	Address:	Phone number:
Parents' birth date, race, education, marital status:	Birth mother DOB:	Race:	Education:	Marital status:
	Birth father DOB:	Race:	Education:	Marital status:
Newborn's current court disposition:				
Permanency goal:				
Date permanency achieved:				
Name, title and direct phone number of county children and youth staff who initially received the newborn:				
Name, title and direct phone number of staff member completing this form:				
Name, title and direct phone number of assigned county agency caseworker (if different from above):				
Name, title and direct phone number of the assigned county caseworker's supervisor:				



Medicaid Process

Consistent with the Office of Income Maintenance, [*Supplemental Handbook, Foster Care and Adoption Assistance, §850.21, Automatic Enrollment*](#), Safe Haven newborns are immediately eligible for Medicaid when taken into protective custody.

Instructions:

The county children and youth agency (CCYA) is required to follow this process when registering a Safe Haven newborn for Medicaid with their local County Assistance Office (CAO).

1. When a CCYA is notified that a Safe Haven newborn was received by a hospital, police station or emergency services provider, they must provide identifying information to the CAO within 24 hours and submit a CY-60 form (see next page) within 48 hours. If notification occurs on a weekend or holiday, the CCYA will provide the following information to the CAO on the next work day:

- **Name:** The newborn's last name will be "Safehaven." The newborn's first name will be the first nine letters of the county name, followed by sequential lettering starting with "a." For example, Philadelphia's first newborn would be named (last name first), "Safehaven, Philadelpa." The second newborn in Philadelphia would be named "Safehaven, Philadelpb." When the alphabet has exhausted, begin with double lettering. For example: "aa", "ab", "ac."
- **Birth Date:** If unknown, the newborn's birth date will be reasonably determined by the physician. If the physician is unable to make a reasonable determination, the date the newborn is relinquished at the hospital will be used for the birth date.
- **Other Required Information:**
 - Sex: Identify whether the child is male or female.
 - Citizen: "Yes" unless there is verifiable information to the contrary.
 - Race: Best reasonable determination.
 - Ethnicity: Best reasonable determination.

2. Provide the hospital billing department with the child's name and birth date immediately.

3. Provide the Medicaid number to the hospital billing department when it is known.

Case #
CCYA/JPO:
CAO:
MCI Number:

CCYA/JPO REQUEST FOR CAO ACTION
 CCYA/JPO FILL OUT FORM WITH AS MUCH INFORMATION AS AVAILABLE AND FORWARD TO CAO WITHIN 5 DAYS
 OF CHILD'S INITIAL PLACEMENT or A CHANGE IN CHILD INFORMATION
 (SEE BACK OF FORM FOR CODE INFORMATION)

I. ACTION REQUESTED (COMPLETED BY CCYA/JPO) - CHECK ALL THAT APPLY

- | | | |
|---|--|--|
| <input type="checkbox"/> Automatic Enrollment in Medicaid
<input type="checkbox"/> For Youth Over 18 | <input type="checkbox"/> Change of Placement or Additional Information
<input type="checkbox"/> Child is No Longer IV-E Eligible | <input type="checkbox"/> Medicaid Non-IV-E Redetermination - TPL Form Attached |
| <input type="checkbox"/> Initiation of Trial Home Visit | <input type="checkbox"/> Child is Discharged From Care | <input type="checkbox"/> Unsubsidized Permanent Legal Custodianship or Adoption Release |
| <input type="checkbox"/> Termination of Trial Home Visit | <input type="checkbox"/> Child is Not Eligible for SPLC/Adoption Extension and Medicaid/MA | <input type="checkbox"/> Meets Definition of Child for SPLC/Adoption Extension (Eligible Medicaid/MA) |
| | <input type="checkbox"/> Child is Receiving or Had Received Medicaid/MA When Discharged From Foster Care 18 Years Of Age or Older Eligible for Affordable Care Act (ACA) | <input type="checkbox"/> No Longer Meets Definition of Child for SPLC/Adoption Extension (No Medicaid/MA) |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Child is Not Receiving or Had Not Received Medicaid/MA When Discharged From Foster Care 18 Years Of Age or Older Ineligible for ACA |

II. IDENTIFYING INFORMATION (COMPLETED BY CCYA/JPO)

1. Child's Name (Last, First, MI):	2. Race:	3. Social Security Number:	4. Date of Birth: _____ / _____ / _____
5. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Does CCYA/JPO have an Access Card for the Child: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	7. Access Card and Issue #:	8. Does the Child have any Personal Income: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
9. Specify Monthly Gross Income and Type:	10. Youth 18 to 21 years of age meets the definition of a child: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable		

III. PLACEMENT/REMOVAL INFORMATION (COMPLETED BY CCYA/JPO)

- A. NOTICE OF CHILD'S INITIAL PLACEMENT/REMOVAL:**
 1. Date of Initial Placement: _____ / _____ / _____ 2. Date of Initial Removal (If differs from Placement Date): _____ / _____ / _____
 3. Relative/Caretaker From Whom Child Was Legally Removed:

RELATIVE/CARETAKER NAME (LAST, FIRST, MI) AND ADDRESS:	SOCIAL SECURITY NUMBER:	RELATIONSHIP TO CHILD:
		(Youth over 18 may be self)

- B. CHILD IS IN SUBSTITUTE CARE PLACEMENT:**
 1. Initial Substitute Care Provider or Change in Child's Substitute Care Provider:

NAME OF SUBSTITUTE CARE PROVIDER:	ADDRESS:

2. Effective Date: _____ / _____ / _____ 3. County Code where Placed: 4. Placement Facility Code:

- C. CHILD IS NO LONGER IN SUBSTITUTE CARE PLACEMENT:**
 1. Name, Address and Relationship of the Caretaker To Whom Child Was Returned or Youth's Address If Living Independently:

RELATIVE/CARETAKER NAME (LAST, FIRST, MI) AND ADDRESS:	SOCIAL SECURITY NUMBER:	RELATIONSHIP TO CHILD:
		(Youth over 18 may be self)

2. Effective Date: _____ / _____ / _____ 3. County Code where Child Returned:

- D. CCYA/JPO INFORMATION AND AUTHORIZATION:**

NAME: (PLEASE PRINT)	SIGNATURE:	DATE:	PHONE:

IV. CAO - COMPLETED BY CAO

- A. INITIAL ACTION:**

1. Child is Receiving or From A Household That Receives: TANF Food Stamps Medicaid No Income Maintenance Benefits
2. Child Receiving or is Eligible to Receive SSI: No Yes Monthly Amount: _____
3. Automatic Medicaid Enrollment Authorization:
 Recipient # (10 Digit): _____ Card Issue # (Two Digit): _____
4. Child is Currently Enrolled in HEALTHCHOICES and/or Has Private Insurance: No Yes
 Name of Insurance: _____ Policy #: _____

- B. MEDICAL ASSISTANCE (MA) REDETERMINATION NON-IV-E CHILD:**

- Child is Eligible for MA: Redet. Date: _____ / _____ / _____ Child is Not Eligible for MA, Reason: _____

- C. CONFIRM ADDITIONAL INFORMATION/UPDATES OR CHANGES ON CIS RECORD:**

- County Where Placed: _____ Facility Placement Code: _____
 Other: _____

- D. CAO INFORMATION/AUTHORIZATION:**

NAME: (PLEASE PRINT)	SIGNATURE:	DATE:	PHONE:

CODES:**Race:**

- 1 - Black or African American
- 2 - Hispanic or Latino
- 3 - American Indian or Alaskan Native
- 4 - Asian
- 5 - White
- 6 - Other
- 7 - Native Hawaiian or Other Pacific Islander
- 8 - Unknown

Facility/Placement Codes:

- 02 - Out-of-home placement within county with legal custody/court supervision or placement in another county within the same HealthChoices Zone.
- 03 - Out-of-home placement from county with legal custody/court supervision to a county within a different HealthChoices Zone.
- 55 - BH medically necessary RTF, CRR Host Home, or CCYA licensed group home with MH treatment component placement within county with legal custody/court supervision or placement in another county within the same HealthChoices Zone. The placement is to be prior approved by the BH-MCO or the Fee-for-Service program. If the placement is not approved by the BH-MCO or the Fee-for-Service program, a facility/placement code of 02 should be used.
- 56 - BH medically necessary RTF, CRR Host Home, or CCYA licensed group home with MH treatment component placement from county with legal custody/court supervision to a county within a different HealthChoices Zone. The placement is to be prior approved by the BH-MCO or the Fee-for-Service program. If the placement is not approved by the BH-MCO or the Fee-for-Service program, a facility/placement code of 03 should be used.
- 57 - BH medically necessary placement into a non-hospital residential D&A facility (does not provide 24 hour physician monitoring) within county with legal custody/court supervision or placement in another county within the same HealthChoices Zone. The placement is to be prior approved by the BH-MCO. If the placement is not prior approved by the BH-MCO, a facility/placement code of 02 should be used. *(NOTE: Non-hospital D&A facilities are not on the MA fee schedule and therefore not covered under the Fee-for-Service program.)*
- 58 - BH medically necessary placement into a non-hospital residential D&A facility (does not provide 24 hour physician monitoring) from county with legal custody/court supervision to a county within a different HealthChoices Zone. The placement is to be prior approved by the BH-MCO. If the placement is not approved by the BH-MCO, a facility/placement code of 03 should be used. *(NOTE: Non-hospital D&A facilities are not on the MA fee schedule and therefore not covered under the Fee-for-Service program.)*
- 73 - Youth Detention Center (YDC) or Youth Forestry Camp (YFC)
- 74 - Juvenile Detention Center (JDC)
- 98 - BH medically necessary out-of-state RTF placement.
- 99 - Placement out-of-state, including non-hospital D&A facilities, regardless of medical necessity.