Michigan Response & Resource Handbook

SAFE DELIVERY OF NEWBORNS
This Response and Resource Handbook has been prepared to offer emergency service providers the tools and information necessary to ensure a successful surrender under the Safe Delivery of Newborns law. The Children’s Trust Fund generously funded the development and initial distribution of the handbook in 2006.

This handbook is not intended to take the place of a full agency or legal review of policies and procedures.

Copies of the Response and Resource Handbook may be ordered by completing a Safe Delivery of Newborns Site Kit Order Form available on the Safe Delivery Web site at www.michigan.gov/dhs and selecting the Safe Delivery icon. The full handbook may also be downloaded as a pdf file from the Web site. Agencies will be notified of updates for any sections of the Response and Resource Handbook that are made following the initial distribution. New material will be available on the web at www.michigan.gov/dhs or may be requested through a Site Order Form for those agencies that have ordered a copy of the handbook.
Safe Delivery of Newborns Law

In 2000, infant abandonment was identified as an increasing problem throughout Michigan when stories of newborn babies abandoned in public places such as trash bins, car washes, along the side of the road or on steps of a church, were being reported by the media. These incidents typically involved young women or girls who were in a state of denial and/or panicked about the pregnancy. Responding to this increase in infant abandonment, Michigan lawmakers enacted the Safe Delivery of Newborns law (effective January 1, 2001 and amended in December 2006) which:

- Focuses on educating the parent(s) that there are safe choices and protecting the newborn from harm or possible death.

- Creates an affirmative defense for the parent(s) to surrender an unwanted newborn to an emergency service provider (ESP) within 72 hours of birth anonymously or with assurances of confidentiality.

- Defines ESP as a uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when that 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.

SAFE DELIVERY IS NOT INTENDED TO BE A SUBSTITUTE FOR RELEASING A CHILD FOR ADOPTION UNDER MICHIGAN’S ADOPTION CODE.
TABLE OF CONTENTS

Agency Response .................................................................................................................................................. 4
• Readiness Checklist
• Local Response and Contact Sheet
• Frequently Asked Questions (FAQ) Summary
• Parent Packet Description

Hospital Response to Surrendered Newborn ....................................................................................................... 10
• Hospital Flow Chart
• Surrender Checklists for Hospital Emergency Service Provider (ESP)
  • Parent(s) Gives Birth to Newborn IN Hospital and Surrenders
  • Parent(s) Brings Newborn TO Hospital for Surrender
  • Fire/Police/EMS TRANSFER Newborn to Hospital
• Publications and Forms At-a-Glance
• A Guide to Developing a Hospital Policy
• Sample Hospital Protocol
• Adoption Agency Directory

Fire Department, Police Station and EMS* Response to Surrendered Newborn ........................................... 30
• Fire, Police and EMS Flow Chart
• Surrender Checklist for Fire Department, Police Station and EMS Emergency Service Providers (ESP)
• Publications and Forms At-A-Glance
• A Guide to Developing a Fire, Police or EMS Policy
• Sample Standard Operating Guideline for Fire, Police and EMS (SOG)

Public Awareness ............................................................................................................................................... 37
• Publications and Forms At-a-Glance
• Publication Order Form
• Publications:
  • What am I going to do? (DHS Pub 864)
  • Safe Delivery Program FACT Sheet (DHS Pub 867)
  • Programma de Entrega Segura Hoja de Hechos (DHS Pub 867 SP)
• Forms:
  • Voluntary Medical Release Background Form for a Surrendered Newborn (DHS Form 4819)
  • Voluntary Release for Adoption of a Surrendered Newborn by Parents (DHS Form 4820)
• Safe Delivery of Newborns Site Kit Order Form
• News Media Policy
• Media Questions and Answers

Education and Training ..................................................................................................................................... 48
• Frequently Asked Questions by Category:
  Law
  • ESP Roles and Responsibilities
  • Child Placing Agency Responsibilities
• Summary of Safe Delivery of Newborns Law
• Public Act 488 of 2006 (amends PA 232 of 2000)
• Public Act 232 of 2000
• Public Act 234 of 2000
• Training options
• Sample Training Outline

* For Safe Delivery purposes EMS is defined as a paramedic or emergency medical technician.
AGENCY RESPONSE
Safe Delivery of Newborns

Agency Response

The Agency Response section is provided to encourage each agency to develop their specific response action plan in the event of a Safe Delivery surrender of a newborn. The Readiness Checklist will serve as a guide in developing this plan. Each agency should complete the provided Local Response and Contact Sheet with pertinent local resources to ensure preparedness.
SAFE DELIVERY OF NEWBORNS

READINESS CHECKLIST—ARE YOU READY?

Below you will find a checklist of policies and procedures you should have in place to effectively respond to a safe delivery surrender.

FACILITY

- Staff available on site.

  Considerations:
  - If doors are locked, surrendering parent(s) must be able to access/communicate with an emergency service provider (ESP) in order to have a face-to-face surrender of the baby.
  - If staff are dispatched out of the building, a contingency plan should be in place in the event of a surrender.

POLICY

- Agency has a written policy and/or Standard Operating Guideline (SOG).
- EMS agencies: Document dispatch protocol for 9–1–1 calls from parent(s) wanting to surrender a newborn.

  Considerations:
  - Verify how the 9–1–1 emergency call will be relayed to the agency.
  - Prohibit the use of vehicle sirens or flashing lights to preserve the surrendering parent(s) right to anonymity/confidentiality.
  - Safe delivery information is readily available to all staff.
  - Staff are trained on the law and agency policy.
  - Local contact information, including phone numbers, is included.
  - Documents to give to parent(s) are readily accessible.

  If there is no policy or SOG:
  - See model policy and guidelines in the Response and Resource Handbook* for developing policy.
  - Additional information is available by calling 1–866–733–7733 or visiting the Web site www.michigan.gov/dhs.

TRAINING

- A formal plan for training is in place for all employees.

  Considerations:
  - Plan to review policy on an annual basis with all staff.
  - Information is included for the orientation of all new staff.
  - A training Web site will be available in 2007 and may be linked through www.michigan.gov/dhs.

RESOURCES

- A designated staff person is assigned to ensure the agency is prepared for a surrender.
- Source of documents and how to replenish inventory is known.
- A response to media inquiries is in place.*
- Local private adoption agencies willing to place the newborns have been identified (applies to hospital only).*

When readiness checklist is complete, your agency is ready to accept a Safe Delivery. If you have questions, you may call the Safe Delivery Hotline Number (24/7) 1–866–733–7733.

Local Hospital Contact Information:


Adoption Agency Contact Information:


Children’s Protective Services Contact Information:


Emergency Service Provider Agency Coordinator Contact Information:


Hotline Number (24/7): 1–866–733–7733
FREQUENTLY ASKED QUESTIONS

NOTE: A complete list of questions and answers can be found in the Response and Resource Handbook Education and Training section

LAW

1. WHEN DID THIS LAW TAKE EFFECT?
2. IN GENERAL, WHAT DOES THE LAW PROVIDE?
3. WHO IS AN EMERGENCY SERVICE PROVIDER (ESP)?
4. EMERGENCY MEDICAL SERVICE (EMS) AGENCIES WERE NOT MENTIONED IN THE ORIGINAL LAW. WHEN WAS EMS ADDED AND WHO DOES IT INCLUDE?
5. DOES THE LAW AUTHORIZE APPROPRIATIONS SO THE ESP, PHYSICIANS AND OTHER CAREGIVERS ARE PAID FOR SERVICES RENDERED PURSUANT TO THIS LAW?
6. WHAT IF THE NEWBORN IS FOUND ABANDONED ON THE HOSPITAL, FIRE DEPARTMENT OR POLICE STATION PREMISES?
7. WHAT IF THE PERSON(S) SURRENDERING THE NEWBORN LEAVES WITHOUT PROVIDING ANY ADDITIONAL INFORMATION?
8. IS IT LEGALLY RISKY FOR A PARENT(S) TO SURRENDER A NEWBORN TO AN ESP?
9. WHAT IF SOMEONE OTHER THAN A PARENT SURRENDERS THE NEWBORN?
11. WHAT CIRCUIT COURT, FAMILY DIVISION DOES THE SURRENDERING PARENT(S) FILE FOR CUSTODY IF, AFTER SURRENDER, THEY WISH TO DO SO?
12. WHERE CAN I GET MORE INFORMATION ABOUT THE SAFE DELIVERY LAW?

ESP ROLES & RESPONSIBILITIES

13. I AM AN ESP, ARE THERE OPERATING GUIDELINES AVAILABLE FOR REVIEW?
14. IS IT LEGALLY RISKY FOR AN ESP TO ACCEPT THESE SURRENDERED NEWBORNS?
15. EFFECTIVE JANUARY 1, 2007 THE DEFINITION OF AN ESP WAS CHANGED TO INCLUDE A PARAMEDIC OR EMERGENCY MEDICAL TECHNICIAN (EMT) WHO RespondS TO A 9-1-1 EMERGENCY CALL, WHAT DOES THIS MEAN?
16. IF FIRE AND POLICE DEPARTMENT PERSONNEL ARE DISPATCHED TO RESPOND TO A 9-1-1 CALL AND DISCOVER A PARENT(S) WHO WANTS TO SURRENDER A NEWBORN, WILL FIRE OR POLICE PERSONNEL BE ABLE TO ACCEPT TEMPORARY PROTECTIVE CUSTODY OF THE NEWBORN?
17. WHAT IF A PARENT(S) FLAGS DOWN AN EMERGENCY MEDICAL SERVICE (EMS) VEHICLE IN THE FIELD THAT IS NOT RESPONDING TO A 9-1-1 CALL FROM THE PARENT(S) AND ATTEMPTS TO SURRENDER A NEWBORN?
18. HOW DOES THE ESP KNOW IF THE BABY IS A NEWBORN?
19. WHAT WRITTEN INFORMATION IS THE ESP TO PROVIDE THE SURRENDERING PARENT?
20. WHAT OTHER INFORMATION SHOULD THE ESP SHARE?
21. WHERE DOES AN ESP OBTAIN A LISTING OF COUNSELING AND MEDICAL SERVICE PROVIDERS?
22. THE LAW INDICATES THAT THE NEWBORN SURRENDERED INSIDE THE FIRE OR POLICE DEPARTMENT TO ON DUTY PERSONNEL MUST BE TRANSFERRED TO THE HOSPITAL. HOW SHOULD THIS BE DONE?
23. HOW ARE FIRE AND POLICE PERSONNEL TO TRANSPORT A SURRENDERED NEWBORN TO THE HOSPITAL?
24. SHOULD THE INITIAL CLINICAL ASSESSMENT OF THE NEWBORN, AT THE HOSPITAL, INCLUDE A COMPLETE PHYSICAL EXAMINATION?
25. WHAT SHOULD BE DONE IF, DURING THE HOSPITAL’S CLINICAL ASSESSMENT, SIGNS OF ABUSE AND/OR NEGLECT ARE PRESENT?
26. DOES THE HOSPITAL HAVE TO OBTAIN WRITTEN CONSENT TO TREAT AND/OR TRANSFER THE NEWBORN?
27. WILL THE SURRENDERED NEWBORN BE ELIGIBLE FOR MEDICAID?
28. WHO APPLIES FOR THE BIRTH REGISTRATION?
29. FOLLOWING AN EXAMINATION AT A HOSPITAL AND IF THE NEWBORN IS UNHARMED, WHAT IS THE NEXT STEP FOR THE HOSPITAL?
30. WHERE DOES THE HOSPITAL OBTAIN A LISTING OF CHILD PLACING AGENCIES THAT HANDLE ADOPTIONS?
31. WHAT IF A PARENT(S) RETURNS TO THE HOSPITAL, FIRE DEPARTMENT OR POLICE STATION OR CALLS 9-1-1 FOLLOWING SURRENDER AND REQUESTS THE RETURN OF THE NEWBORN?

CHILD PLACING AGENCY RESPONSIBILITIES

32. WHAT ARE THE RESPONSIBILITIES OF A CHILD PLACING AGENCY THAT HAS TAKEN A NEWBORN UNDER THIS LAW?
33. WHAT ARE THE LISTINGS FOR THE MICHIGAN MISSING CHILDREN’S INFORMATION CLEARINGHOUSE AND THE NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN?
34. THE CHILD PLACING AGENCY ASSUMING TEMPORARY PROTECTIVE CUSTODY OF THE NEWBORN MUST SUPPLY THE INFORMATION NECESSARY TO ESTABLISH A BIRTH REGISTRATION FOR THE CHILD EXCEPT FOR NEWBORNS SURRENDERED FOLLOWING A HOSPITAL BIRTH. IS THERE A FORM AVAILABLE THAT CAN BE USED FOR THIS PURPOSE?
35. THE CHILD PLACING AGENCY THAT HAS TEMPORARY PROTECTIVE CUSTODY OF A NEWBORN UNDER THE SAFE DELIVERY OF NEWBORNS ACT WILL BE REQUIRED TO COMPLETE COURT FORMS. WHAT FORMS HAVE BEEN DEVELOPED AND HOW DOES THE AGENCY ACCESS THEM?
36. A CHILD PLACING AGENCY THAT HAS TEMPORARY CUSTODY OF A NEWBORN UNDER THE SAFE DELIVERY OF NEWBORNS ACT IS REQUIRED TO, WITHIN 28 DAYS, MAKE REASONABLE EFFORTS TO IDENTIFY, LOCATE AND PROVIDE NOTICE OF THE SURRENDER OF THE NEWBORN TO THE NON-SURRENDERING PARENT. IF THE IDENTITY AND ADDRESS OF THAT PARENT IS UNKNOWN, THE AGENCY IS TO PROVIDE NOTICE OF THE SURRENDER OF THE NEWBORN BY PUBLICATION IN A NEWSPAPER OF GENERAL CIRCULATION IN THE COUNTY WHERE THE NEWBORN WAS SURRENDERED. HOW WOULD SUCH A PUBLICATION READ?
37. WHAT STEPS IS THE CHILD PLACING AGENCY WITH TEMPORARY PROTECTIVE CUSTODY OF THE NEWBORN EXPECTED TO TAKE TO NOTIFY THE DEPARTMENT OF HUMAN SERVICES OF A SAFE DELIVERY OF NEWBORNS PLACEMENT?
Pocket holders containing critical information for the surrendering parent(s) can be found in the back of the *Response and Resource Handbook*.

It is important that the emergency service provider make a reasonable effort to give the surrendering parent(s) this publication before leaving the building.

- Safe Delivery Program FACT Sheet (DHS Pub 867)
- What Am I Going To Do? (DHS Pub 864) Optional

The emergency service provider must make a reasonable attempt to obtain the child’s family medical history with the understanding that the surrendering parent(s) may still remain anonymous. Completion of the family medical history is very important for the current and future health needs of the child. The voluntary release form is used in court proceedings to verify the parent intent to release parental rights. The following forms may be used to gather this information:

- Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819)
- Voluntary Release For Adoption of a Surrendered Newborn by Parent (DHS Form 4820)
HOSPITAL RESPONSE
Safe Delivery Hospital Flowchart
(Emergency Service Provider Responsibilities)

Parent gives birth to newborn IN hospital and surrenders. Hospital gives parent(s) DHS Pub 867. Encourages parent(s) to complete DHS Form 4819 and DHS Form 4820.*

No abuse and/or neglect

Refer to statewide and county list of Adoption Agencies in Handbook and on DHS Web site

Contact adoption agency

Adoption Agency:
- Assumes temporary protective custody
- Collects paperwork/forms
- Places infant with prospective adoptive parent(s)
- If birth was not witnessed by ESP, contact law enforcement and the Missing Children Information Clearinghouse to ensure infant is not a missing child

Physician examines newborn

Hospital assumes temporary protective custody

Suspects abuse and/or neglect or older than 72 hours

IMMEDIATELY contact Children’s Protective Services and file DHS Form 3200

STOP HERE—Safe Delivery law does not apply

Parent(s) brings newborn to hospital FOR surrender. Hospital gives parent(s) DHS Pub 867. Encourages parent(s) to complete DHS Form 4819 and DHS Form 4820.*

Fire, Police or EMS transfer surrendered newborn

Key
DHS Pub 867—Safe Delivery Program FACT Sheet
DHS Form 4819—Voluntary Medical Background Form
DHS Form 4820—Voluntary Release for Adoption
DHS Form 3200—Report of Actual or Suspected Child Abuse or Neglect

All documents are available in the handbook and are on the Web site www.michigan.gov/dhs.

* Parent may leave at any time without sharing information

Note: For Safe Delivery purposes, EMS is defined as a paramedic or an emergency medical technician when either of these individuals is responding to a 9-1-1 emergency call

6/2007
SAFE DELIVERY SURRENDER CHECKLIST

FOR HOSPITAL EMERGENCY SERVICE PROVIDERS
(PARENT GIVES BIRTH TO NEWBORN IN HOSPITAL AND SURRENDERS)

- Accept temporary protective custody of the newborn.

- Make a reasonable effort to give the surrendering parent(s):
  - Safe Delivery Program FACT Sheet (DHS Pub 867)
  - What Am I Going To Do? (DHS Pub 864) Optional

- Make a reasonable attempt to obtain the following:
  - Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819)
  - Voluntary Release for Adoption of a Surrendered Newborn by Parent (DHS Form 4820)

NOTE: The parent(s) does not have to complete these forms.

- Physician examines newborn and determines if there is reason to suspect abuse and/or neglect.

- Refer to Children’s Protective Services if there are reasons to suspect abuse and/or neglect and file Report of Actual or Suspected Child Abuse or Neglect (DHS Form 3200).

- Contact child placing agency if no signs of abuse and/or neglect for placement in an approved adoptive home.
  NOTE: A complete listing of private adoption agencies willing to accept a surrendered newborn is found in the Response and Resource Handbook and the Safe Delivery Web site at www.michigan.gov/dhs. This is an alphabetical listing by county and agencies that provide statewide coverage.

- Provide child placing agency with information provided by and to the surrendering parent(s).

- Complete the birth registration form according to hospital policy.

NOTE: Safe Delivery is not intended to be a substitute for releasing a child for adoption under Michigan’s Adoption Code.

NOTE: Sample parent packets are located in the back of the Response and Resource Handbook. More information on safe delivery resources can be found in the Public Awareness section of the Response and Resource Handbook.
SAFE DELIVERY SURRENDER CHECKLIST

FOR HOSPITAL EMERGENCY SERVICE PROVIDERS
(PARENT(S) BRINGS NEWBORN TO HOSPITAL FOR SURRENDER)

- Assume child is a newborn and accept temporary protective custody.

- Ask surrendering person(s) if they are the biological parent(s). If they are not the biological parents the newborn cannot be surrendered under the Safe Delivery of Newborns law.

- Make a reasonable effort to give surrendering parent(s):
  - Safe Delivery Program FACT Sheet (DHS Pub 867)
  - What Am I Going To Do? (DHS Pub 864) Optional

- Make a reasonable attempt to obtain the following:
  - Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819)
  - Voluntary Release for Adoption of a Surrendered Newborn by Parent (DHS Form 4820)

NOTE: The parent(s) does not have to complete these forms.

- Physician examines newborn and determines if there is reason to suspect abuse and/or neglect.

- Refer to Children’s Protective Services if there are reasons to suspect abuse and/or neglect or child is determined to be older than 72 hours and file Report of Actual or Suspected Child Abuse or Neglect (DHS Form 3200).

- Contact child placing agency if no signs of abuse and/or neglect for placement in an approved adoptive home.
  NOTE: A complete listing of private adoption agencies willing to accept a surrendered newborn is found in the Response and Resource Handbook and the Safe Delivery Web site at www.michigan.gov/dhs. This is an alphabetical listing by county and agencies that provide statewide coverage.

- Provide child placing agency with information provided by and to the surrendering parent(s).

NOTE: Sample parent packets are located in the back of the Response and Resource Handbook. More information on safe delivery resources can be found in the Public Awareness section of the Response and Resource Handbook.
SAFE DELIVERY SURRENDER CHECKLIST

FOR HOSPITAL EMERGENCY SERVICE PROVIDERS
(FIRE/POLICE/EMS TRANSFER NEWBORN TO HOSPITAL)

☐ Accept temporary protective custody of newborn.

☐ Physician examines newborn and determines if there is reason to suspect abuse and/or neglect.

☐ Refer to Children’s Protective Services if there are reasons to suspect abuse and/or neglect or child is determined to be older than 72 hours and file Report of Actual or Suspected Child Abuse or Neglect (DHS Form 3200).

☐ Contact child placing agency if no signs of abuse and/or neglect for placement in an approved adoptive home.

   NOTE: A complete listing of private adoption agencies willing to accept a surrendered newborn is found in the Response and Resource Handbook and the Safe Delivery Web site at www.michigan.gov/dhs. This is an alphabetical listing by county and agencies that provide statewide coverage.

☐ Provide child placing agency with information provided by and to the surrendering parent(s).

NOTE: Sample parent packets are located in the back of the Response and Resource Handbook. More information on safe delivery resources can be found in the Public Awareness section of the Response and Resource Handbook.
ESP GIVES PUBLICATIONS TO PARENT(S):

Pub 867
Pub 867 SP
Pub 864 (Optional)

ESP MAKES A REASONABLE ATTEMPT TO HAVE FORMS 4819 AND 4820 COMPLETED BY THE PARENT(S). NOTE: PARENT(S) DOES NOT HAVE TO COMPLETE.

Form 4819
Form 4820

PUBLIC AWARENESS

Pub 864
Pub 875
The law at a glance:

- A newborn can be surrendered to a hospital in one of three ways:
  - The newborn is brought to the hospital by another emergency service provider (fire, police or EMS department) or,
  - The newborn is brought to the hospital by the parent(s) wanting to surrender the child or,
  - The newborn is delivered in the hospital and the mother informs staff that she wants to surrender the child.

- Parent(s) may bring an unharmed newborn, up to 72 hours old, to the hospital. The parent(s) may state that he or she wants to leave the newborn at the hospital as allowed by the Safe Delivery of Newborns law.

- Assume the child is a newborn and take into temporary protective custody.

- 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.

- Hospital personnel receiving the newborn under the Safe Delivery of Newborns law must be aware that the surrendering parent(s) may choose to remain completely anonymous.

- Hospital staff are required to make a reasonable attempt to provide the surrendering parent(s) with the following:
  - Safe Delivery Program FACT Sheet (DHS Pub 867)
  - What Am I Going To Do? (DHS Pub 864) Optional

- Hospital staff will make a reasonable attempt to encourage the surrendering parent(s) to provide the following information about the family medical background and to sign a release form:
  - Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819)
  - Voluntary Release for Adoption of a Surrendered Newborn by Parent (DHS Form 4820)

- The hospital will have a physician examine the newborn.

- The examining physician will determine if there are signs of abuse and/or neglect and attempt to determine if this is a newborn child.
  - If there are signs of abuse and/or neglect, the physician or hospital staff must immediately contact Children’s Protective Services and file Report of Actual or Suspected Child Abuse or Neglect (DHS Form 3200). Safe Delivery law no longer applies.
  - If abuse and/or neglect is not suspected, the hospital will contact a child placing agency (adoption agency) that will assume temporary protective custody and place the infant with a prospective adoptive family.

- Provide the child placing agency with any forms or other information provided to or obtained from the parent(s).

Hospitals may wish to incorporate the Safe Delivery program in two ways:

**Administrative:** Adjusting applicable hospital policies and procedures, review by legal department and board of directors.

**Training:** Developing and implementing training for all hospital personnel. ALL STAFF must be informed of the Safe Delivery law and local policies because parent(s) in crisis may leave the newborn with any uniformed personnel on duty or working inside the premises.
Policy: To provide guidelines for care and safety of surrendered newborns as established per Michigan Public Acts 488 of 2006, 232, 233, 234 and 235 of 2000. This legislation exempts the parent(s) surrendering a newborn, which is not a victim of child abuse and/or neglect, from the provisions of the Child Protection Law and provides legal protections for a parent(s) to surrender their infant in a safe and anonymous manner.

Definitions:
A. Newborn: A child who a physician reasonably believes to be not more than 72 hours old.
B. Emergency Service Provider: A uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when that 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.

Purpose: To provide medical care and a safe place for a newborn delivered in or brought to the hospital by a parent(s) or another emergency service provider for the purpose of surrender.

Responsible Person(s): Hospital Staff

Procedure:
I. Child is brought to hospital by another emergency service provider (i.e. fire, police, paramedic or EMT).
   A. Get copies of any documents parent(s) signed.
   B. Proceed to step V below.
II. Child is brought to hospital by a parent(s) wanting to surrender the child.
   A. Hospital staff:
      a. Assume that the child is a newborn and take the newborn 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.
   B. Hospital staff takes action to protect the newborn’s physical health and safety. Assessment of newborn will be made; decision of the acuity and necessary treatment will be given.
   C. Hospital staff offer medical assistance to parent(s) and inform the parent(s) that:
      a. By surrendering the newborn, the parent(s) is releasing the newborn to a child placing agency to be placed for adoption.
      b. He or she has 28 days to petition the Circuit Court, Family Division to regain custody of the newborn.
      c. There will be a public notice of this hearing and the notice will not contain the parent(s) name.
      d. The parent(s) will not receive personal notice of the hearing.
      e. Information the parent(s) provides to the medical staff will not be made public.
      f. A parent(s) may contact the Safe Delivery of Newborns hotline for information. The toll free number is: 1-866-733-7733.
D. Hospital staff provides written material from Department of Human Services that includes:
   a. Safe Delivery Program FACT Sheet (DHS Pub 867)
   b. What Am I Going To Do? (DHS Pub 864) Optional

III. Hospital staff will make a reasonable attempt to:
   A. Reassure parent(s) that shared information will be kept confidential.
   B. Encourage parent(s) to identify him/herself.
   C. Encourage the parent(s) to share any relevant family/medical history, Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819).
   D. Inform the parent(s) of the child he or she can receive counseling or medical attention. Indicate where these are available.
   E. Inform parent(s) 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.
   F. Inform parent of the name and telephone number of the agency taking temporary protective custody of the child and indicate that the agency can provide confidential services to the parent(s).
   G. 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).
   H. Proceed to step V below.

IV. Child is surrendered by the parent(s), after delivery of the newborn in the hospital. Hospital staff informs the parent that:
   A. By surrendering the newborn, the parent(s) is releasing the newborn to a child placing agency to be placed for adoption.
   B. The parent(s) has 28 days after surrendering the newborn to petition the court to regain custody.
   C. After the 28-day period elapses, there will be a hearing to terminate parental rights.
   D. There will be public notice of the hearing, and the notice will not contain the parent’s name.
   E. The parent(s) will not receive personal notice of this hearing.
   F. Information the parent(s) provides to the medical staff will not be made public.
   G. A parent(s) may contact the Safe Delivery of Newborns hotline for information. The toll free number is: 1-866-733-7733.
   H. Hospital staff provides written material from Department of Human Services that includes:
      a. Safe Delivery Program FACT Sheet (DHS Pub 867)
      b. What Am I Going To Do? (DHS Pub 864) Optional

I. Hospital staff will make a reasonable attempt to:
   a. Reassure parent(s) that shared information will be kept confidential.
   b. Encourage parent(s) to identify him/herself.
   c. Encourage the parent(s) to share any relevant family/medical background, Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819).
   d. Inform the parent(s) of the child he or she can receive counseling or medical attention. Indicate where these are available.
   e. Inform parent that in order to place the child for adoption the state is required to make a reasonable attempt to identify the non-surrendering parent. Ask for the non-surrendering parent’s name. Do not press if the name is refused.
   f. Inform parent(s) of the name and telephone number of the agency taking temporary protective custody of the child and indicate that the agency can provide confidential services to the parent(s).
   g. 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 by parent (DHS Form 4820).
J. Doctor performs a clinical assessment to determine if there are signs of abuse and/or neglect.

K. If there are signs of abuse and/or neglect, the physician or hospital staff must immediately contact Children’s Protective Services and file Report of Actual or Suspected Child Abuse or Neglect (DHS Form 3200).

L. The hospital’s social services department will be consulted upon admission and that department will notify a child placing agency (private adoption agency) of a safe delivery.

M. **Proceed to VI below if there are no signs of abuse and/or neglect.**

V. Caring for the child:

A. Child is admitted to hospital and registered per hospital policy and clearly identified as a safe delivery newborn. The date and time of arrival must be documented. (This information is how the baby will be identified and will also be considered the birth date of the baby if the parent(s) has not provided the actual date.)

B. A physician conducts a clinical examination, including a determination of the child’s age.
   a. Results of examination are documented.
   b. If there are signs of abuse and/or neglect, the physician or hospital staff must immediately contact Children’s Protective Services and file Report of Actual or Suspected Child Abuse or Neglect (DHS Form 3200). Safe Delivery no longer applies.
   c. Hospital staff should provide appropriate care for this child.
   d. Hospital social services department will be consulted upon admission. That department will then notify a child placing agency (private adoption agency) of a safe delivery. The adoption agency will assume temporary protective custody of the child and arrange for an adoptive placement for the child when medically cleared.

C. Documentation should also include:
   a. How child was surrendered.
   b. Where the child was surrendered.
   c. Time child was surrendered.
   d. Hospital personnel involved.
   e. Information provided by parent(s).

VI. Application for Medicaid:

A. An application for Medicaid coverage for the newborn can be filed by any one of the following:
   a. Provider hospital.
   b. Child placing agency (adoption agency).
   c. Lawyer Guardian ad litem.
   d. Prospective adoptive parent(s).

VII. Birth Registration:

A. If the newborn is brought to the hospital by the parent(s) or emergency service provider, the adoption agency that assumes temporary protective custody of the newborn will be responsible for making an application for the birth registration. Reporting of the birth will be handled as a “foundling” registration.

B. If the newborn is delivered and surrendered at the hospital, hospital staff will follow hospital procedures for the birth registration.
MICHIGAN PRIVATE ADOPTION AGENCIES THAT WILL PROVIDE PLACEMENT FOR A SURRENDERED NEWBORN IN AN APPROVED ADOPTIVE HOME.

This list was compiled from a survey conducted in 2005 requesting information on agencies willing to place a newborn surrendered under Public Act 232 of 2000, Safe Delivery of Newborns, and effective January 1, 2001.

This list is organized alphabetically by Michigan counties where the private, nonprofit licensed adoption agencies are located and also lists the name and phone number of agencies that serve multiple counties. Several agencies serve the entire state and are alphabetically listed under “Serves Statewide” in addition to their main office locations.

UPDATED 12/2008

Serve Statewide

Adoption Associates (Four Sites):
26105 Orchard Lake Road, Ste. 301
Farmington Hills 48334
(248) 474-0990
(877) 257-3591

West Michigan
1338 Baldwin
Jenison 49428
(616) 667-0677
(800) 677-2367

Central Michigan
800 Thomas L. Parkway, Ste. 1
Lansing 48917
(517) 327-1388
(877) 869-4196

Saginaw Office
4901 Towne Center
Saginaw 48604
(989) 497-5437

Adoptaid of Greater Hope, Inc.
4350 Plainfield, Ste. H
Grand Rapids 49525
(616) 365-3166

Bethany Christian Services
901 Eastern Ave. NE
Grand Rapids 49501
(616) 224-7550

Christian Family Services
17105 W. 12 Mile Road
Southfield 48706
(248) 557-8390 ext 202

Family Adoption Consultants
(Lower Peninsula only)
421 W. Crosstown Parkway
Kalamazoo 49005
(269) 343-3316

Hands Across the Water
2890 Carpenter Road, Ste. 600
Ann Arbor 48108
(734) 477-0135

Keane Center for Adoption
930 Mason
Dearborn 48124
(313) 277-4664

LDS Family Services
37634 Enterprise Court
Farmington Hills 48331
(248) 553-0902

Morning Star Adoption Center
15635 W. 12 Mile
Southfield 48706
(248) 483-5484
Serve Counties

**ALCONA**
Bethany Christian Services  
3886 Cass Road  
 Traverse City 49684  
(231) 995-0870

Catholic Human Services  
1000 Hastings  
 Traverse City 49686  
(231) 947-8110  
(800) 779–0396

Child and Family Services of Northeastern Michigan  
1044 US 23 North  
Alpena 49707  
(989) 356-4567

**ALGER**
Bethany Christian Services  
3886 Cass Road  
 Traverse City 49684  
(231) 995-0870

Catholic Charities of the U.P.  
347 Rock St.  
Marquette 49855  
(906) 227-9119

D. A. Blodgett for Children  
805 Leonard St. NE  
Grand Rapids 49503  
(616) 774-4615

**ALLEGAN**
Bethany Christian Services  
6687 Seeco Drive  
Kalamazoo 49009  
(269) 372-8800

Bethany Christian Services  
3886 Cass Road  
 Traverse City 49684  
(231) 995-0870

**ARENAC**
Catholic Family Services  
915 Columbus Ave.  
Bay City 48708  
(989) 892-2504

**BARAGA**
Bethany Christian Services  
3886 Cass Road  
 Traverse City 49684  
(231) 995-0870

Catholic Charities of the U.P.  
347 Rock St.  
Marquette 49855  
(906) 227-9119

**BARRY**
Bethany Christian Services  
6687 Seeco Drive  
Kalamazoo 49009  
(269) 372-8800

Catholic Family Services-Caring Network  
1441 S. Westnedge Ave.  
Kalamazoo 49008  
(269) 381-1234

**ANTRIM**
Catholic Human Services  
1000 Hastings  
 Traverse City 49686  
(231) 947-8110

Child and Family Services of Northwestern Michigan  
3785 Veterans Drive  
 Traverse City 49684  
(231) 946-8975  
(800) 538–9984

D. A. Blodgett for Children  
805 Leonard St. NE  
Grand Rapids 49503  
(616) 774-4615

Family and Children’s Services  
1608 Lake St.  
Kalamazoo 49001  
(269) 344-0202

Family Service and Children’s Aid  
330 W. Michigan Ave.  
Jackson 49201  
(517) 787-7920
BAY
Catholic Family Services
915 Columbus Ave.
Bay City 48708
(989) 892-2504

Family Service and Children’s Aid
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

BENZIE
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

CHEBOYGAN
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

CHIPPENWA
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Charities of the U.P.
347 Rock St.
Marquette 49855
(906) 227-9119

Catholic Family Services-Caring Network
1441 S. Westnedge Ave.
Kalamazoo 49008
(269) 381-1234

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

D. A. Blodgett for Children
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615

CHEBOYGAN
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

Catholic Family Services-Caring Network
1441 S. Westnedge Ave.
Kalamazoo 49008
(269) 381-1234

Catholic Family Services-Caring Network
1441 S. Westnedge Ave.
Kalamazoo 49008
(269) 381-1234

Catholic Family Services-Caring Network
1441 S. Westnedge Ave.
Kalamazoo 49008
(269) 381-1234

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

D. A. Blodgett for Children
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615

Family and Children’s Aid
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

Family and Children’s Services
6687 Seeco Drive
Kalamazoo 49009
(269) 372-8800

Family and Children’s Services
1608 Lake St.
Kalamazoo 49001
(269) 344-0202

Family Service and Children’s Aid
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

Family Service and Children’s Aid
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Cheboygan
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

D. A. Blodgett for Children
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615

Catholic Family Services-Caring Network
1441 S. Westnedge Ave.
Kalamazoo 49008
(269) 381-1234

Catholic Family Services-Caring Network
1441 S. Westnedge Ave.
Kalamazoo 49008
(269) 381-1234

Catholic Family Services-Caring Network
1441 S. Westnedge Ave.
Kalamazoo 49008
(269) 381-1234

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

D. A. Blodgett for Children
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984

D. A. Blodgett for Children
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538–9984
| CLARE          | Catholic Family Services  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>915 Columbus Ave.</td>
</tr>
<tr>
<td></td>
<td>Bay City 48708</td>
</tr>
<tr>
<td></td>
<td>(989) 892-2504</td>
</tr>
<tr>
<td>Child and Parent Services, Inc.</td>
<td>30600 Telegraph, Ste. 2215</td>
</tr>
<tr>
<td></td>
<td>Bingham Farms 48025</td>
</tr>
<tr>
<td></td>
<td>(248) 646-7790</td>
</tr>
<tr>
<td>D. A. Blodgett for Children</td>
<td>805 Leonard St. NE</td>
</tr>
<tr>
<td></td>
<td>Grand Rapids 49503</td>
</tr>
<tr>
<td></td>
<td>(616) 774-4615</td>
</tr>
</tbody>
</table>
| CLINTON        | Family Service and Children’s Aid  
|                | 330 W. Michigan Ave.        |
|                | Jackson 49201               |
|                | (517) 787-7920              |
| St. Vincent Catholic Charities | 2800 W. Willow               |
|                | Lansing 48917               |
|                | (517) 323-4734              |
| CRAWFORD       | Bethany Christian Services  
|                | 3886 Cass Road              |
|                | Traverse City 49684         |
|                | (231) 995-0870              |
|                | Catholic Human Services  
|                | 1000 Hastings               |
|                | Traverse City 49686         |
|                | (231) 947-8110              |
|                | Child and Family Services of Northwestern Michigan  
|                | 3785 Veterans Drive         |
|                | Traverse City 49684         |
|                | (231) 946-8975              |
|                | (800) 538–9984              |
| DICKINSON      | Bethany Christian Services  
|                | 3886 Cass Road              |
|                | Traverse City 49684         |
|                | (231) 995-0870              |
|                | Catholic Charities of the U.P.  
|                | 623 Ludington, Ste 200      |
|                | Escanaba 49829              |
|                | (906) 786-7212              |
|                | Catholic Charities of the U.P.  
|                | 347 Rock St.                |
|                | Marquette 49855             |
|                | (906) 227-9119              |
| EATON          | Child and Parent Services, Inc.  
|                | 30600 Telegraph, Ste. 2215 |
|                | Bingham Farms 48025         |
|                | (248) 646-7790              |
|                | Family Service and Children’s Aid  
|                | 330 W. Michigan Ave.        |
|                | Jackson 49201               |
|                | (517) 787-7920              |
GLADWIN
Catholic Family Services
915 Columbus Ave.
Bay City 48708
(989) 892-2504

GOEBIC
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Charities of the U.P.
623 Ludington, Ste. 200
Escanaba 49829
(906) 786-7212

GREAT TRAVERSE
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Child and Family Services
of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975

D. A. Blodgett for Children
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615

GRATIOT
Catholic Family Services
915 Columbus Ave.
Bay City 48708
(989) 892-2504

Family Service and Children’s Aid
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

HILLSDALE
Family Service and Children’s Aid
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

HOUGHTON
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Charities of the U.P.
623 Ludington, Ste. 200
Escanaba 49829
(906) 786-7212

IONIA
Catholic Social Services
40 Jefferson SE
Grand Rapids 49503
(616) 356-6227

D. A. Blodgett for Children
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615

Family Service and Children’s Aid
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

St. Vincent Catholic Charities
2800 W. Willow
Lansing 48917
(517) 323-4734

INOSCO
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Child and Parent Services, Inc.
30600 Telegraph, Ste. 2215
Bingham Farms 48025
(248) 646-7790

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110
<table>
<thead>
<tr>
<th>Hospital Response</th>
<th>Adoption Agency Directory Update 12/08</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child and Family Services of Northeastern Michigan</strong>&lt;br&gt;1044 US 23 North&lt;br&gt;Alpena 49707&lt;br&gt;(989) 356-4567&lt;br&gt;(800) 779-0396</td>
<td></td>
</tr>
<tr>
<td><strong>IRON</strong>&lt;br&gt;Bethany Christian Services&lt;br&gt;3886 Cass Road&lt;br&gt;Traverse City 49684&lt;br&gt;(231) 995-0870</td>
<td></td>
</tr>
<tr>
<td><strong>Catholic Charities of the U.P.</strong>&lt;br&gt;623 Ludington, Ste. 200&lt;br&gt;Escanaba 49829&lt;br&gt;(906) 786-7212</td>
<td></td>
</tr>
<tr>
<td><strong>Catholic Charities of the U.P.</strong>&lt;br&gt;347 Rock St.&lt;br&gt;Marquette 49855&lt;br&gt;(906) 227-9119</td>
<td></td>
</tr>
<tr>
<td><strong>ISABELLA</strong>&lt;br&gt;Catholic Family Services&lt;br&gt;915 Columbus Ave.&lt;br&gt;Bay City 48708&lt;br&gt;(989) 892-2504</td>
<td></td>
</tr>
<tr>
<td><strong>Child and Parent Services, Inc.</strong>&lt;br&gt;30600 Telegraph, Ste. 2215&lt;br&gt;Bingham Farms 48025&lt;br&gt;(248) 646-7790</td>
<td></td>
</tr>
<tr>
<td><strong>Family Service and Children’s Aid</strong>&lt;br&gt;330 W. Michigan Ave.&lt;br&gt;Jackson 49201&lt;br&gt;(517) 787-7920</td>
<td></td>
</tr>
<tr>
<td><strong>St. Vincent Catholic Charities</strong>&lt;br&gt;2800 W. Willow&lt;br&gt;Lansing 48917&lt;br&gt;(517) 323-4734</td>
<td></td>
</tr>
<tr>
<td><strong>KALAMAZOO</strong>&lt;br&gt;Bethany Christian Services&lt;br&gt;6687 Seeco Drive&lt;br&gt;Kalamazoo 49009&lt;br&gt;(269) 372-8800</td>
<td></td>
</tr>
<tr>
<td><strong>Catholic Family Services-Caring Network</strong>&lt;br&gt;1441 S. Westnedge Ave.&lt;br&gt;Kalamazoo 49008&lt;br&gt;(269) 381-1234</td>
<td></td>
</tr>
<tr>
<td><strong>Catholic Social Services</strong>&lt;br&gt;1441 S. Westnedge Ave.&lt;br&gt;Kalamazoo 49008&lt;br&gt;(269) 381-1234</td>
<td></td>
</tr>
<tr>
<td><strong>Family Adoption Consultants</strong>&lt;br&gt;421 W. Crosstown Parkway&lt;br&gt;Kalamazoo 49005&lt;br&gt;(269) 343-3316</td>
<td></td>
</tr>
<tr>
<td><strong>Family and Children’s Services</strong>&lt;br&gt;1608 Lake St.&lt;br&gt;Kalamazoo 49001&lt;br&gt;(269) 344-0202</td>
<td></td>
</tr>
<tr>
<td><strong>Family Service and Children’s Aid</strong>&lt;br&gt;330 W. Michigan Ave.&lt;br&gt;Jackson 49201&lt;br&gt;(517) 787-7920</td>
<td></td>
</tr>
<tr>
<td><strong>KALKASKA</strong>&lt;br&gt;Bethany Christian Services&lt;br&gt;3886 Cass Road&lt;br&gt;Traverse City 49684&lt;br&gt;(231) 995-0870</td>
<td></td>
</tr>
<tr>
<td><strong>Catholic Human Services</strong>&lt;br&gt;1000 Hastings&lt;br&gt;Traverse City 49686&lt;br&gt;(231) 947-8110</td>
<td></td>
</tr>
<tr>
<td><strong>Child and Family Services of Northwestern Michigan</strong>&lt;br&gt;3785 Veterans Drive&lt;br&gt;Traverse City 49684&lt;br&gt;(231) 946-8975&lt;br&gt;(800) 538–9984</td>
<td></td>
</tr>
<tr>
<td><strong>KENT</strong>&lt;br&gt;Adoptaid of Greater Hope, Inc.&lt;br&gt;4350 Plainfield, Ste. H&lt;br&gt;Grand Rapids, 49525&lt;br&gt;(616) 365-3166</td>
<td></td>
</tr>
<tr>
<td><strong>Bethany Christian Services</strong>&lt;br&gt;901 Eastern Ave. NE&lt;br&gt;Grand Rapids 49501&lt;br&gt;(616) 224-7550</td>
<td></td>
</tr>
<tr>
<td><strong>Catholic Social Services</strong>&lt;br&gt;40 Jefferson SE&lt;br&gt;Grand Rapids 49503&lt;br&gt;(616) 356-6227</td>
<td></td>
</tr>
<tr>
<td><strong>D. A. Blodgett for Children</strong>&lt;br&gt;805 Leonard St. NE&lt;br&gt;Grand Rapids 49503&lt;br&gt;(616) 774-4615</td>
<td></td>
</tr>
<tr>
<td><strong>Family Service and Children’s Aid</strong>&lt;br&gt;330 W. Michigan Ave.&lt;br&gt;Jackson 49201&lt;br&gt;(517) 787-7920</td>
<td></td>
</tr>
</tbody>
</table>
ADOP TiON AGEN CY DIRECTORY

KEWEENAW
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Charities of the U.P.
347 Rock St.
Marquette 49855
(906) 227-9119

LAPEER
Catholic Charities of Shiawassee and Genesee
901 Chippewa St.
Flint 48503
(810) 232-9950

Child and Parent Services, Inc.
30600 Telegraph, Ste. 2215
Bingham Farms 48025
(248) 646-7790

LEELANAU
Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538-9984

LENAWEE
Catholic Social Services of Washtenaw
(*Serves Counties within 60 miles of Washtenaw)
4925 Packard Road
Ann Arbor 48108
(734) 971-9781

Family Service and Children’s Aid
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

LIVINGSTON
Catholic Social Services of Washtenaw
(*Serves Counties within 60 miles of Washtenaw)
4925 Packard Road
Ann Arbor 48108
(734) 971-9781

Child and Parent Services, Inc.
30600 Telegraph, Ste. 2215
Bingham Farms 48025
(248) 646-7790

St. Vincent Catholic Charities
2800 W. Willow
Lansing 48917
(517) 323-4734

Spectrum Human Services Inc. and Affiliated Companies
23077 Greenfield, Ste. 500
Southfield 48075
(248) 552-8020

LUCE
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Charities of the U.P.
347 Rock St.
Marquette 49855
(906) 227-9119

MACKINAC
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Charities of the U.P.
623 Ludington, Ste. 200
Escanaba 49829
(906) 786-7212

Catholic Charities of the U.P.
347 Rock St.
Marquette 49855
(906) 227-9119

MACOMB
Catholic Charities of Shiawassee and Genesee
901 Chippewa St.
Flint 48503
(810) 232-9950

Catholic Charities of Macomb
15945 Canal Road
Clinton Township 48038
(586) 416-2300

Child and Parent Services, Inc.
30600 Telegraph, Ste. 2215
Bingham Farms 48025
(248) 646-7790

Homes for Black Children
511 E. Larned St.
Detroit 48226
(313) 961-2994

Methodist Children’s Home Society
26645 W. Six Mile Rd.
Detroit 48240
(313) 531-9973

Spectrum Human Services Inc. and Affiliated Companies
23077 Greenfield, Ste. 500
Southfield 48075
(248) 552-8020

MANISTEE
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110
**A D O P T I O N A G E N C Y D I R E C T O R Y**

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538-9984

**MARQUETTE**
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Charities of the U.P.
347 Rock St.
Marquette 49855
(906) 227-9119

**MIDLAND**
Catholic Family Services
915 Columbus Ave.
Bay City 48708
(989) 892-2504

Child and Parent Services, Inc.
30600 Telegraph, Ste. 2215
Bingham Farms 48025
(248) 646-7790

Family Service and Children’s Aid
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

**MISSAUKEE**
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Child and Family Services of Northwestern Michigan
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538-9984

**MONROE**
Catholic Social Services of Washtenaw
(*Serves Counties within 60 miles of Washtenaw*)
4925 Packard Road
Ann Arbor 48108
(734) 971-9781

D. A. Blodgett for Children
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615

MONTMORENCY
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Human Services
1000 Hastings
Traverse City 49686
(231) 947-8110

Catholic Social Services
40 Jefferson SE
Grand Rapids 49503
(616) 356-6227

Child and Family Services of Northeastern Michigan
1044 US 23 North
Alpena 49707
(989) 356-4567
(800) 779–0396

MUSKEGON
Bethany Christian Services
3886 Cass Road
Traverse City 49684
(231) 995-0870

Catholic Social Services
1095 Third St., Ste. 125
Muskegon 49441
(231) 726-4735

D. A. Blodgett for Children
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615
<table>
<thead>
<tr>
<th>Location</th>
<th>Agency Name</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newaygo</td>
<td>Bethany Christian Services</td>
<td>6995 W. 48th St. Fremont 49412</td>
<td>(231) 924-3390</td>
</tr>
<tr>
<td></td>
<td>D. A. Blodgett Services for Children and Families</td>
<td>805 Leonard St. NE Grand Rapids 49503</td>
<td>(616) 774-4615</td>
</tr>
<tr>
<td>Oakland</td>
<td>Adoption Associates</td>
<td>26105 Orchard Lake Road, Ste. 301 Farmington Hills 48334</td>
<td>(248) 474-0990 (877) 257-3591</td>
</tr>
<tr>
<td></td>
<td>Bethany Christian Services</td>
<td>1435 E. 12 Mile Road Madison Heights 48071</td>
<td>(248) 414-4080</td>
</tr>
<tr>
<td></td>
<td>Catholic Charities of Shiawassee and Genesee</td>
<td>901 Chippewa St. Flint 48503</td>
<td>(810) 232-9950</td>
</tr>
<tr>
<td></td>
<td>Catholic Social Services of Washtenaw (*Serves Counties within 60 miles of Washtenaw)</td>
<td>4925 Packard Road Ann Arbor 48108</td>
<td>(734) 971-9781</td>
</tr>
<tr>
<td></td>
<td>Child and Parent Services, Inc.</td>
<td>30600 Telegraph, Ste. 2215 Bingham Farms 48025</td>
<td>(248) 646-7790</td>
</tr>
<tr>
<td></td>
<td>D. A. Blodgett for Children</td>
<td>805 Leonard St. NE Grand Rapids 49503</td>
<td>(616) 774-4615</td>
</tr>
<tr>
<td>LDS</td>
<td>LDS Family Services</td>
<td>37634 Enterprise Court Farmington Hills 48331</td>
<td>(248) 553-0902</td>
</tr>
<tr>
<td>Family</td>
<td>Methodist Children’s Home Society</td>
<td>26645 W. Six Mile Road Detroit 48240</td>
<td>(313) 531-9973</td>
</tr>
<tr>
<td>Services</td>
<td>Morning Star Adoption Center</td>
<td>15635 W. 12 Mile Road Southfield 48076</td>
<td>(248) 483-5484</td>
</tr>
<tr>
<td></td>
<td>Spectrum Human Services Inc. and Affiliated Companies</td>
<td>23077 Greenfield, Ste. 500 Southfield 48075</td>
<td>(248) 552-8020</td>
</tr>
<tr>
<td></td>
<td>Oceana</td>
<td>(See Statewide List)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ogemaw</td>
<td>Catholic Human Services 1000 Hastings Traverse City 49686</td>
<td>(231) 947-8110</td>
</tr>
<tr>
<td></td>
<td>Child and Family Services of Northeastern Michigan</td>
<td>1044 US 23 North Alpena 49707</td>
<td>(989) 356-4567 (800) 779-0396</td>
</tr>
<tr>
<td></td>
<td>Ontonagon</td>
<td>Bethany Christian Services 3886 Cass Road Traverse City 49684</td>
<td>(231) 995-0870</td>
</tr>
<tr>
<td></td>
<td>Catholic Charities of the U.P.</td>
<td>623 Ludington, Ste. 200 Escanaba 49829</td>
<td>(906) 786-7212</td>
</tr>
<tr>
<td></td>
<td>Catholic Social Services of the U.P.</td>
<td>347 Rock St. Marquette 49855</td>
<td>(906) 227-9119</td>
</tr>
<tr>
<td></td>
<td>OSCEOLA</td>
<td>Catholic Social Services 40 Jefferson SE Grand Rapids 49503</td>
<td>(616) 356-6227</td>
</tr>
<tr>
<td></td>
<td>Eagle Village</td>
<td>4507 170th Ave. Hersey 49639</td>
<td>(231) 838-7310</td>
</tr>
<tr>
<td></td>
<td>Osceola</td>
<td>Catholic Social Services 40 Jefferson SE Grand Rapids 49503</td>
<td>(616) 356-6227</td>
</tr>
<tr>
<td></td>
<td>Otonago</td>
<td>Catholic Charities of the U.P. 347 Rock St. Marquette 49855</td>
<td>(906) 227-9119</td>
</tr>
<tr>
<td>Child and Family Services of Northeastern Michigan</td>
<td>Child and Family Services of Northwestern Michigan</td>
<td>Catholic Human Services of Shiawassee and Genesee</td>
<td>Catholic Family Services</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>1044 US 23 North Alpena 49707 (989) 356-4567 (800) 779-0396</td>
<td>3785 Veterans Drive Traverse City 49684 (231) 946-8975 (800) 538-9984</td>
<td>901 Chippewa St. Flint 48503 (810) 232-9950</td>
<td>915 Columbus Ave. Bay City 48708 (989) 892-2504</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSCOMMON</th>
<th>SAGINAW</th>
<th>OTTAWA</th>
<th>D. A. Blodgett for Children</th>
<th>Saint Clair County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Human Services 1000 Hastings Traverse City 49686 (231) 947-8110</td>
<td>Adoption Associates-Saginaw Office 4901 Towne Center Saginaw 48604 (989) 497-5437</td>
<td>Adoption Associates-West Michigan 1338 Baldwin Jenison 49428 (616) 667-0677 (800) 677-2367</td>
<td>805 Leonard St. NE Grand Rapids 49503 (616) 774-4615</td>
<td>(See Statewide List)</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>SANILAC</th>
<th>SCHOOLCRAFT</th>
<th>St. Joseph County</th>
<th>St. Joseph County</th>
<th>St. Joseph County</th>
</tr>
</thead>
</table>


### SHI AWASSEE

**Catholic Charities of Shiawassee and Genesee**
901 Chippewa St.
Flint 48503
(810) 232-9950

**St. Vincent Catholic Charities**
2800 W. Willow
Lansing 48917
(517) 323-4734

**Family Service and Children’s Aid**
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

**Hands Across the Water**
2890 Carpenter Road, Ste. 600
Ann Arbor 48108
(734) 477-0135

**Methodist Children’s Home Society**
26645 W. Six Mile Road
Detroit 48240
(313) 531-9973

### TUSCOLA

**Catholic Family Services**
915 Columbus Ave.
(989) 892-2504

**Family Service and Children’s Aid**
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

### VAN BUREN

**Bethany Christian Services**
6687 Seeco Drive
Kalamazoo 49009
(269) 372-8800

**Catholic Family Services-Caring Network**
1441 S. Westnedge Ave.
Kalamazoo 49008
(269) 381-1234

**Catholic Social Services of Washtenaw** (*Serves Counties within 60 miles of Washtenaw*)
4925 Packard Road
Ann Arbor 48108
(734) 971-9781

**Child and Parent Services, Inc.**
30600 Telegraph, Ste. 2215
Bingham Farms 48025
(248) 646-7790

**Family Service and Children’s Aid**
330 W. Michigan Ave.
Jackson 49201
(517) 787-7920

**Keane Center for Adoption**
930 Mason
Dearborn 48124
(313) 277-4664

**Methodist Children’s Home Society**
23077 Greenfield, Ste. 500
Southfield 48075
(248) 552-8020

**Spectrum Human Services Inc. and Affiliated Companies**
23077 Greenfield, Ste. 500
Southfield 48075
(248) 552-8020

**Methodist Children’s Home Society**
26645 W. Six Mile Road
Detroit 48240
(313) 531-9973

### WEXFORD

**Catholic Human Services**
1000 Hastings
Traverse City 49686
(231) 947-8110

**Child and Family Services of Northwestern Michigan**
3785 Veterans Drive
Traverse City 49684
(231) 946-8975
(800) 538-9984

**D. A. Blodgett for Children**
805 Leonard St. NE
Grand Rapids 49503
(616) 774-4615

---

**Hospital Response**

**Adoption Agency Directory Update 12/08**
FIRE POLICE AND EMS RESPONSE
**Safe Delivery Fire, Police and EMS** Flowchart
(Emergency Service Provider (ESP) Responsibilities)

- **Mother gives birth to unwanted newborn**
- **Parent(s) calls 9-1-1 emergency and surrenders to an EMS**
- **Parent(s) surrenders newborn no more than 72 hours old to Hospital, Fire or Police**
- **ESP assumes temporary protective custody**
- **ESP gives parent(s) Form DHS Pub 867. ESP encourages parent(s) to complete DHS Form 4819 and Form 4820.**
- **OR**
  - **EMS transports newborn to hospital**
  - **OR**
  - **Fire and Police arrange for transfer and accompany newborn to hospital**
  - **Hospital assumes temporary protective custody of newborn**

**Key**
- DHS Pub 867—Safe Delivery Program FACT Sheet
- DHS Form 4819—Voluntary Medical Background Form
- DHS Form 4820—Voluntary Release for Adoption

*Parent may leave at any time without sharing information*

** For Safe Delivery purposes EMS is defined as a paramedic or an emergency medical technician when either of these individuals is responding to a 9-1-1 emergency call

(All documents are available in the handbook and are on the Web site [www.michigan.gov/dhs](http://www.michigan.gov/dhs).)
Assume child is a newborn and accept temporary protective custody.

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.

Make a reasonable effort to give the surrendering parent(s):
- Safe Delivery Program FACT Sheet (DHS Pub 867)
- What Am I Going To Do? (DHS Pub 864) Optional

Make a reasonable attempt to obtain the following:
- Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819)
- Voluntary Release for Adoption of a Surrendered Newborn by Parent (DHS Form 4820)

NOTE: The parent(s) does not have to complete these forms. Sample Parent Packets are in the back of the Response and Resource Handbook.

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.

Paramedics and EMT responding to a 9-1-1 emergency call will transport newborn to hospital, provide any forms completed by the parent(s), and transfer temporary protective custody to hospital staff.

NOTE: Sample parent packets are located in the back of the Response and Resource Handbook. More information on safe delivery resources can be found in the Public Awareness section of the Response and Resource Handbook.
ESP GIVES PUBLICATIONS TO PARENT(S):

<table>
<thead>
<tr>
<th>Publication</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pub 867</td>
<td></td>
</tr>
<tr>
<td>Pub 867 SP</td>
<td></td>
</tr>
<tr>
<td>Pub 864</td>
<td>(Optional)</td>
</tr>
</tbody>
</table>

ESP MAKES A REASONABLE ATTEMPT TO HAVE FORMS 4819 AND 4820 COMPLETED BY THE PARENT(S). NOTE: PARENT(S) DOES NOT HAVE TO COMPLETE.

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4819</td>
<td></td>
</tr>
<tr>
<td>4820</td>
<td></td>
</tr>
</tbody>
</table>

PUBLIC AWARENESS

<table>
<thead>
<tr>
<th>Publication</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pub 864</td>
<td></td>
</tr>
<tr>
<td>Pub 875</td>
<td></td>
</tr>
</tbody>
</table>
The law at a glance:

- Parent(s) may bring an unharmed newborn, up to 72 hours old, to a fire department or police station. The parent(s) may state that he or she wants to leave the newborn with a uniformed or otherwise identified employee or contractor inside the premises as allowed by the Safe Delivery of Newborns law.

- Parent(s) may place a 9-1-1 emergency call and surrender an unharmed newborn up to 72 hours old from any location to paramedics or EMT personnel.
  - To protect the parent’s right to anonymity/confidentiality, it is strongly suggested that the EMS agency who responds to an emergency 9–1–1 call prohibit the use of vehicle sirens and flashing lights.

- Assume that the child is a newborn and take into temporary protective custody.

- 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.

- An employee receiving the newborn under the Safe Delivery of Newborns law must be aware that the surrendering parent(s) may chose to remain completely anonymous.

- Employees are required to make a reasonable attempt to provide the surrendering parent(s) with the following:
  - Safe Delivery Program FACT Sheet (DHS Pub 867)
  - What Am I Going To Do? (DHS Pub 864) Optional

- Employees will make a reasonable attempt to encourage the surrendering parent(s) to provide the following information about the family medical background and to sign a release form:
  - Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819)
  - Voluntary Release for Adoption of a Surrendered Newborn by Parent (DHS Form 4820)

- 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.

- Paramedics and EMT responding to a 9-1-1 emergency call will transport newborn to hospital, provide any forms completed by the parent(s) and transfer temporary protective custody to hospital staff.

- Provide the hospital personnel with any forms or other information provided to or obtained from the parent(s).

Fire departments, law enforcement and EMS agencies may wish to incorporate the Safe Delivery program in two ways:

**Administrative:** Adjusting applicable departmental policies and procedures and review by legal department.

**Training:** Developing and implementing training for all personnel. ALL STAFF must be informed of the Safe Delivery law and local policies because parent(s) in crisis may leave the newborn with any uniformed personnel on duty or working inside the premises.
SAMPLE STANDARD OPERATING GUIDELINE

STANDARD OPERATING GUIDELINE
FOR
SAFE DELIVERY OF NEWBORNS

PURPOSE

BACKGROUND
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* 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.

DEFINITIONS
Newborn: A child who a physician reasonably believes to be not more than 72 hours old.

Emergency Service Provider: 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.

Surrender: To leave a newborn with an emergency service provider without expressing an intent to return for the newborn.

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:

1. Assume that the child is a newborn and take into temporary protective custody.
2. 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.
3. Make a reasonable effort to inform the parent(s) that:
   a. By surrendering the newborn, the parent(s) is releasing the newborn to a child placing agency to be placed for adoption.
   b. He or she has 28 days to petition the Circuit Court, Family Division to regain custody of the newborn.
   c. There will be a public notice of this hearing and the notice will not contain the parent(s) name.
   d. The parent(s) will not receive personal notice of the hearing.
   e. Information the parent(s) provides will not be made public.
   f. A parent(s) may contact the Safe Delivery of Newborns hotline for information. The toll free number is: 1-866-733-7733.

* For Safe Delivery purposes EMS is defined as a paramedic or emergency medical technician.
4. Provide the parent(s) with written material from the Department of Human Services that includes:
   a. Safe Delivery Program FACT Sheet (DHS Pub 867)
   b. What Am I Going To Do? (DHS Pub 864) Optional

5. Make a reasonable attempt to:
   a. Reassure parent(s) that shared information will be kept confidential.
   b. Encourage parent(s) to identify him/herself.
   c. Encourage the parent(s) to share any relevant family/medical background, Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819).
   d. Inform the parent(s) of the newborn he or she can receive counseling or medical attention.
   e. 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.
   f. 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).

6. 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.

   NOTE: Temporary protective custody cannot be transferred to EMS. A representative of the fire department or police station must go to the hospital to transfer temporary protective custody to the hospital.

7. 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.

NOTE: In 2000, a Safe Delivery of Newborns Model SOG was released to all Michigan fire departments. This model was developed by Chief G. K. Martin, Lansing Fire Department, representing the Michigan Association of Fire Chiefs and Charles E. Cribley, Fire Marshall Division, Michigan State Police, in consultation with John Hubinger, EMS Section, Department of Consumer and Industry Services, Brian Lovellette, Executive Director, Michigan Association of Ambulance Services and Dale Berry, President and CEO, Huron Valley Ambulance.
Complete all parts of the checklist below:

CHECKLIST

☑ Assume child is a newborn and accept temporary protective custody.

☑ Ask the 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.

☑ Provide Safe Delivery Program FACT Sheet (DHS Pub 867) to the parent(s) surrendering the newborn. Additionally, What Am I Going To Do? (DHS Pub 864) may be offered.

☑ Obtain as much medical background as possible, using the Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819). Completion of this form is voluntary on the part of the surrendering parent(s). They are not required to provide any information.

☑ Ask the parent(s) surrendering the newborn to complete and sign a Voluntary Release For Adoption of a Surrendered Newborn by Parent (DHS Form 4820). Completion of this form is voluntary on the part of the surrendering parent(s). They are not required to provide any information.

☑ Arrange to transport and accompany newborn to a hospital and provide hospital with any forms completed by the parent(s).

☑ Transfer temporary protective custody of the newborn to the hospital staff.

☑ Provide the hospital with information provided by and to the surrendering parent(s).

☑ Complete an incident report as required by agency policy.

☑ Attach the following to the incident report:
  a. The completed checklist.
  b. The ambulance report.
  c. If completed, a copy of the Voluntary Medical Background Form for a Surrendered Newborn (DHS Form 4819) and the Voluntary Release For Adoption of a Surrendered Newborn by Parent (DHS Form 4820).
ESP GIVES PUBLICATIONS TO PARENT(S):

Pub 867

Pub 867 SP

Pub 864 (Optional)

ESP MAKES A REASONABLE ATTEMPT TO HAVE FORMS 4819 AND 4820 COMPLETED BY THE PARENT(S). NOTE: PARENT(S) DOES NOT HAVE TO COMPLETE.

Form 4819

Form 4820

PUBLIC AWARENESS

Pub 864

Pub 875
Publications from the Michigan Department of Human Services On Safe Delivery of Newborns Law

The Michigan Department of Human Services (DHS) has a number of publications and forms on Safe Delivery of Newborns law. Lists of publications and forms that address subsections of the law are included below. For a complete list of resources available from DHS, or to download publications, go to www.michigan.gov/dhs, click on Safe Delivery logo.

Publications and forms can be downloaded and copied from the internet or can be ordered free of charge by calling the Office Services Division at 517-373-7837, or faxing this order form to 517-335-4017.

<table>
<thead>
<tr>
<th>Document Name and Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Delivery:</td>
<td></td>
</tr>
<tr>
<td>Pub 864 <strong>What am I going to do?</strong> Brochure written for teens and young adults about Safe Delivery.</td>
<td></td>
</tr>
<tr>
<td>Pub 867 <strong>Safe Delivery Program FACT Sheet</strong> Fact sheet that describes the intent of the legislation.</td>
<td></td>
</tr>
<tr>
<td>Pub 867-SP <strong>Programma de Entrega Segura Hoja de Hechos</strong> Un Folleto de Programa, describe la intención de la Entrega Segura de la Ley de Recién Nacidos.</td>
<td></td>
</tr>
<tr>
<td>Pub 875 <strong>Safe Delivery Poster</strong> Large (18” x 24”) poster with toll free number.</td>
<td></td>
</tr>
<tr>
<td>Form 4819 <strong>Voluntary Medical Background Form</strong> Form for a surrendered newborn is not mandated, and is a voluntary form completed by the parent(s) or emergency services provider. The provision of this information about the medical background, would assist with the newborn’s care.</td>
<td></td>
</tr>
<tr>
<td>Form 4820 <strong>Voluntary Release for Adoption</strong> Written affirmation that the surrendering parent(s) voluntarily released their parental rights to their newborn child.</td>
<td></td>
</tr>
<tr>
<td>Adoption:</td>
<td></td>
</tr>
<tr>
<td>Pub 823 ** Adopting a Child in Michigan** Booklet that provides an overview of Michigan’s adoption law, describes the types of adoptions available, the role of the court and other helpful information.</td>
<td></td>
</tr>
<tr>
<td>Pub 255 <strong>Adoption Program Statement</strong> Brochure that addresses the concentrated effort of the state agency to find homes for permanent state and court wards.</td>
<td></td>
</tr>
</tbody>
</table>

Name: ____________________________
Agency: __________________________
Address: __________________________
City/State/Zip: ______________________
Phone: ___________________ Fax: ___________________ 
Email: ____________________________
### 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.

**Contact the safe delivery hotline for more information on safe delivery:**

1-866-733-7733 TOLL-FREE

---

**A “Safe Place” is:**

- Fire Station
- Police Station
- Hospital

**Learn more about your CHOICES**

Call: 1-866-733-7733

---

**Please don’t abandon your baby!**

**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.

**No One Needs to Know**

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

It is your choice.

---

**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.

---

**SAFE DELIVERY**

State of Michigan | Family Independence Agency | FIA-Pub-864-NET (1-01)
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 preadoptive family.
• After the 28-day period for the parent 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 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 the opportunity to:
1. Identify herself/himself and the other parent.
2. Provide information about prenatal care.
3. Provide family medical history and any history of parental substance abuse.
4. To sign a release of parental rights.
5. Receive information about confidential medical care she may be in need of herself.

Does this law encourage parental irresponsibility?
There is no evidence from other states that the presence of such laws encourage abandonment.
The purpose of this law is to reduce the tragic loss of life when parents of newborns react out of fear and panic.

For more information call:
Toll Free: 1-866-733-7733
Quantity: 30,000
Cost: $558.50 (.018 ea.)
Authorization: FIA Director

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, 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 an FIA office in your county.

FIA-Pub 867 (11-00)
¿Por qué una nueva ley?
deseados escondidos y dejados a morir en basureros
y otros lugares, los legisladores de Michigan han
pasado una ley que hace legal que un padre entregue
su infante en una manera segura y anónima.

¿Qué es lo que provee la nueva ley?
• Recién nacidos sanos de hasta 72 horas de nacido,
pueden ser llevados a un Proveedor de Servicio de Emergencia (ESP), es decir, un empleado uniformado o
de otra forma identificado de un departamento de
incendios, hospital, o estación de policía que está dentro
del edificio y en turno. El padre tiene la elección de dejar
el infante sin dar información de identificación al ESP.
• El ESP está autorizado para aceptar al infante y proveerle
cualquier cuidado que sea necesario.
• El ESP hará el esfuerzo razonable para proveer al padre
con la siguiente información:
1. Una declaración después de entregar al infante.
2. Información acerca de las opciones confidenciales de
la colocación del infante, así como información sobre
la disponibilidad de servicios médicos y de consejería,
por ejemplo,

¿Cuáles son los derechos de los padres renunciantes?
Los padres renunciantes tienen el derecho de ser
informados de que al entregar el recién nacido, el padre
está dejándolo en una agencia de colocación para ser
puesto en adopción.
• El padre tiene 28 días para pedir a la corte recuperar la
custodia del recién nacido.
• Cualquier información que los padres provean al ESP no
será hecha pública.
• Una investigación criminal no será iniciada solamente
basándose en que el recién nacido ha sido entregado al
ESP.

¿Qué le sucede al bebé?
• Después que el estado médico del niño es evaluado y
cualquier necesidad de urgencia médica sea cumplida,
el recién nacido es colocado bajo la custodia temporal
de la corte en una familia preadoptiva aprobada.
• Después de transcurrir el periodo de 28 días de la petición
del padre a la corte por la custodia, habrá una audiencia
diferente para terminar los derechos de los padres.
• Habrá un aviso público de la audiencia y el aviso no
contendrá el nombre de los padres aún siendo conocidos.
• El padre no recibirá aviso personal de la audiencia, aún
si el padre ha provisto el nombre y dirección del ESP.
• El infante será colocado en adopción tan pronto como
los derechos del padre hayan sido legalmente terminados.

¿Puede el padre proveer información de antecedentes?
• Sí! Definitivamente sí. El ESP hará un intento razonable
para ofrecer al padre la oportunidad de:
1. Identificarse a si mismo(a) y el otro padre.
2. Proveer información sobre cuidado prenatal.
3. Proveer la historia médica familiar y cualquier historia
de abuso de sustancias por los padres.
4. Firmar la renuncia de los derechos paternales.
5. Recibir información sobre cuidado médico confidencial
que el/ella pueda necesitar.

¿Esta ley contribuye a la irresponsabilidad de los padres?
No hay evidencia de otros estados que la presencia
de tales leyes contribuyan al abandono.
El propósito de esta ley es reducir la trágica pérdida
de una vida cuándo los padres del recién nacido
reaccionan por miedo y pánico.

Para más información llame:
Teléfono Gratis: 1-866-733-7733
Quantity: 30,000
Cost: $558.50 (.018 ea.)
Authorization: FIA Director

FIA-Pub 867-SP (11-00)
**CONFIDENTIAL**
Voluntary Medical Background Form for a Surrendered Newborn
Michigan Department of Human Services

**Preference for Child’s Name**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Where was the child born?**

<table>
<thead>
<tr>
<th>Where</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SURRENDERING PARENT BACKGROUND** *(Optional)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Marital Status</th>
<th>Date of Birth</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Affiliated with American Indian Tribe</th>
<th>Identify Tribe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Hair Color</th>
<th>Eye Color</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any Family History of:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickle Cell Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History of Mental Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug or Alcohol Usage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Surgical History**

<table>
<thead>
<tr>
<th>Any Family History of:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickle Cell Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genetic Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History of Mental Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug or Alcohol Usage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INFORMATION ABOUT THE PREGNANCY**

<table>
<thead>
<tr>
<th>Length of Pregnancy</th>
<th>Weight Gain</th>
<th>Drug or Alcohol Use During Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lbs.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMERGENCY SERVICE PROVIDER OBSERVATIONS**

| Comments | |
|----------||
|          ||

<table>
<thead>
<tr>
<th>ESP Signature</th>
<th>Date</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.
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 _________________________________.

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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, 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.
SAFE DELIVERY OF NEWBORNS SITE KIT ORDER FORM

WHY DOES MY AGENCY NEED TO ORDER A SAFE DELIVERY KIT?

Under the Safe Delivery of Newborns legislation enacted in 2000 and amended in 2006, you, as either a fire department, police station, hospital, paramedic or emergency medical technician are designated as an emergency service provider* (ESP). As such, you are mandated to accept any unwanted newborn brought to your facility within 72 hours of birth in a “safe, legal and anonymous manner.” To date, there have been over 50 surrenders, BUT sadly there have been some potential Safe Delivery deaths as well.

HOW/WHAT/WHERE?

Please complete and submit this form via fax or mail. By placing this order, you will receive:

✔ Safe Delivery Sign (two styles available)
✔ Readiness Checklist
✔ The Michigan Safe Delivery Response and Resource Handbook which includes:
  ✔ Policy development guidelines
  ✔ Model policies
  ✔ Surrender flow chart
  ✔ Frequently Asked Questions
  ✔ Brochures, materials, etc.

Fax to: 517–381–8008
Mail to: Michigan Primary Care Association
        7215 Westshire Drive
        Lansing, MI 48917

SHIPPING INFORMATION

Type of Agency:  
- Hospital
- Fire Department
- Police Station
- EMS

Agency Name: ____________________________
Street Address: __________________________
City, State, Zip Code: ____________________
County: _________________________________
Phone: __________________ Fax: __________
Email: _________________________________
Agency Contact: _________________________
Please send:  
- Handbook
- 18” x 18” aluminum sign
- 8” x 8” window decal
- Handbook updates

For more information on Safe Delivery law and procedures, go to the Michigan Department of Human Services Web site at www.michigan.gov/dhs. For more information on obtaining Safe Delivery kits and/or signs, call the Safe Delivery of Newborns Hotline 1–866–733–7733.

* In response to the significant number of newborn infants being abandoned by their parents, the Michigan Legislature enacted Acts 232, 233, 234, and 235 in 2000, with an effective date of January 1, 2001. In 2006 PA 488 was enacted to amend the definition of an ESP effective in 2007. These acts affect ALL MICHIGAN FIRE DEPARTMENTS, POLICE STATIONS, HOSPITALS, PARAMEDICS AND EMERGENCY MEDICAL TECHNICIANS. They provide that a parent may surrender an infant to an emergency service provider which is defined as “…a uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when that individual is inside the premises and on duty. Emergency service provider includes a paramedic or an emergency medical technician when either of those individuals is responding to a 9-1-1 emergency call.” This means that a parent (either parent) of a newborn can drop off an unwanted newborn at any hospital, fire department or police station or call 9-1-1 to safely, legally and anonymously surrender a newborn.

Special thanks to Zoot! Advertising Design for the creation of the Safe Delivery logo and the Children’s Trust Fund for supporting the initial development of the kits.

Office Use Only: Date rec’d ________ Date sent ________ Comments: ________

9/2007
RECOMMENDATIONS FOR A SAFE DELIVERY
NEWS MEDIA POLICY

It is recommended that all hospitals, fire departments, police stations, and EMS develop a policy for handling news media inquiries about a surrendered newborn. The Safe Delivery of Newborns law provides the surrendering parent(s) anonymity or assurances of confidentiality should the surrendering parent(s) volunteer to share identifying information.

Suggested guidelines include:

- Identify one representative to handle all safe delivery inquiries.
- The surrender may be confirmed but no additional information should be provided.
- Under no circumstances will the names or identifying information be released to the news media.
- No interviews with the parent(s) should be permitted.
- No photos of the parent(s) or newborn should be permitted.
- Refer the news media to the adoption agency for a positive human-interest story.

Recommendations

The news media can play an important role in educating the public about the Safe Delivery of Newborns law. Stories about infant abandonment can inform readers and viewers about safe choices and safe places for parent(s) who are likely to consider abandonment as the only alternative. News media stories about infant abandonment may be newsworthy and need to be covered, but they provide an excellent opportunity to educate the public about safe alternatives that include adoption and safe delivery.

The recommended angle for the news media is to report on a surrendered newborn at a Safe Delivery site rather than focusing only on infant abandonment. Other topics can include pregnancy counseling, the importance of pre-natal care and adoption alternatives that include knowing and being involved with the adoptive family.

Stories to consider:

- Number of surrenders since January 2001 can be found at www.michigan.gov/dhs.
- Adoption alternatives.
- Signs of a hidden pregnancy.
- Actions that can be taken when you suspect a pregnancy.
1. Why was the Safe Delivery legislation necessary?

In 2000, there was an increase in the number of newborns who were abandoned in public places or left to die in unsafe places such as trash receptacles. In response to these tragic events Michigan lawmakers passed the Safe Delivery of Newborns law effective on January 1, 2001 providing legal protections for the parent(s) to surrender their newborn in a safe and anonymous manner. The focus of the law is to first educate the parent(s) that there are safe choices and secondly to protect a newborn from harm and possible death.

2. What does the law provide?

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 that is inside the building 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. The parent(s) has the choice of leaving the newborn without giving any identifying information although the ESP will encourage the parent(s) to provide minimal family demographics and medical background. Any information provided will not be made public. Fire, police, paramedics and EMT personnel who assume temporary protective custody will transport or arrange for transportation of the newborn to the hospital for examination by a physician.

If the physician believes that the infant is older than 72 hours or suspects abuse and/or neglect a referral must be made to Children’s Protective Services for an investigation.

If the examining physician determines the newborn is no more than 72 hours old and there are no suspicions of abuse and/or neglect, temporary protective custody of the newborn will be transferred to an adoption agency to place the infant with an approved adoptive family.

The biological parent(s) has 28 days to petition Circuit Court, Family Division to regain custody of the newborn.

3. What is the stereotype of a person who abandons their infant?

The generally accepted stereotype is an adolescent or young adult who is frightened and in denial about their pregnancy. What we have learned is that there is not a typical profile of a parent(s) who abandons their infant. Abandonment is a tragedy that crosses all socioeconomic groups, ages, races, ethnicity and educational levels.

4. Why do parents abandon their newborn?

Most of the parents who are likely to abandon their newborn feel there are no alternatives for them. Typically they are isolated and in denial about the pregnancy. Living in this isolation they are left to wrestle with problems that they may not be psychologically or emotionally equipped to handle.

5. Is this the only answer for parents who feel there are no alternatives?

No, the Safe Delivery of Newborns law focuses on educating parents that there are safe choices. A Safe Delivery hotline was established to provide parents with information about counseling services, medical resources, financial resources and adoption. The ESPs are required to make a reasonable effort to provide the parents with information about their options. Communication is the key to saving the life of a newborn. The more people who know about Michigan’s Safe Delivery of Newborns law the more likely parents in crisis will know that there are safe alternatives to abandonment.

Media events help to create public awareness of the Safe Delivery of Newborns law and reinforce that there are other safe alternatives to abandonment.

6. How many surrenders have there been since the law went into effect?

Between 2001 thru 2006 there were a total of 44 surrenders.

7. Is more information available on Safe Delivery?

Information is on the Safe Delivery Web site at www.michigan.gov/dhs and click on the Safe Delivery icon. The 24/7 hotline number in Michigan is 1-866-733-7733. The national hotline is 1-877-796-HOPE (4673).
EDUCATION AND TRAINING
**FREQUENTLY ASKED QUESTIONS**

**LAW**

1. **WHEN DID THIS LAW TAKE EFFECT?**
   

2. **IN GENERAL, WHAT DOES THE LAW PROVIDE?**

   This law allows the anonymous surrender of a newborn, from birth to 72 hours of age, to an emergency service provider.

3. **WHO IS AN EMERGENCY SERVICE PROVIDER (ESP)?**

   An ESP is defined as 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. Emergency service provider also includes a paramedic or an emergency medical technician when either of those individuals is responding to a 9-1-1 emergency call.

   - A hospital means a hospital that is licensed under article 17 of the public health code, 1978 PA 368, MCL333.20101 to 333.22260.
   - Fire department means an organized fire department as that term is defined in Section 1 of the fire prevention code 1941 PA 207, MCL29.1.
   - Police station means a police station as that term is defined in section 43 of the Michigan vehicle code, 1949 PA 300 MCL 257.43.
   - Emergency Medical Technician means an individual as defined in article 17 of the public health code, 1978 PA 368, MCL 333.20904.
   - Paramedic means an individual as defined in article 17 of the public health code, 1978 PA 368, MCL 333.20908.

4. **EMERGENCY MEDICAL SERVICE (EMS) AGENCIES WERE NOT MENTIONED IN THE ORIGINAL LAW. WHEN WAS EMS ADDED AND WHO DOES IT INCLUDE?**

   In December of 2006 PA 488 was enacted with an effective date of January 1, 2007. The definition of an ESP was expanded to include a paramedic or an emergency medical technician when either of those individuals responds to a 9-1-1 emergency call placed by the surrendering parent(s).

5. **DOES THE LAW AUTHORIZE APPROPRIATIONS SO THE ESP, PHYSICIANS AND OTHER CAREGIVERS ARE PAID FOR SERVICES RENDERED PURSUANT TO THIS LAW?**

   There were no appropriations made specifically to compensate the ESP for services rendered.

6. **WHAT IF THE NEWBORN IS FOUND ABANDONED ON THE HOSPITAL, FIRE DEPARTMENT OR POLICE STATION PREMISES?**

   Follow the policy on child abuse and/or neglect, reporting to the local office of DHS’ Children’s Protective Services and appropriate law enforcement.

7. **WHAT IF THE PERSON(S) SURRENDERING THE NEWBORN LEAVES WITHOUT PROVIDING ANY ADDITIONAL INFORMATION?**

   Whether or not the parent(s) provides information has no legal impact on the parent(s). Emergency service providers are obligated to ask, but the parent(s) is not obligated to provide the information.
8. IS IT LEGALLY RISKY FOR A PARENT(S) TO SURRENDER A NEWBORN TO AN ESP?

It is the intent of this legislation that if a parent(s) surrendered the newborn to an ESP and no abuse and/or neglect is present, a criminal investigation would not be initiated solely on the basis of the newborn being surrendered to an ESP.

9. WHAT IF SOMEONE OTHER THAN A PARENT SURREndERS THE NEWBORN?

The law states the parent(s) must surrender the newborn to a uniformed or otherwise identified employee or contractor of a fire department, hospital or police station who is on duty and inside the premises. The parent(s) may also place a 9-1-1 emergency call and surrender the newborn to a paramedic or EMT. If the person surrendering the newborn is not the biological parent, the ESP shall retain temporary protective custody of the child and immediately contact law enforcement who will conduct an investigation to determine if the child has been abducted, abandoned, or involved in other criminal activities. The local office of DHS Children’s Protective Services shall be contacted if the child needs to be placed in foster care pending the completion of law enforcement’s investigation.


Statute requires that a reasonable attempt to identify the non-surrendering parent must be made, therefore, the emergency service provider will ask for the identity of the non-surrendering parent at the time of the newborn’s surrender. The statute further requires that the child placing agency make a reasonable effort to identify, locate and provide notice of the surrender of the newborn to the non-surrendering parent. If the name and address of that parent is unknown, the child placing agency shall provide notice of the surrender of the newborn by publication in a newspaper of general circulation in the county where the newborn was surrendered.

11. WHAT CIRCUIT COURT, FAMILY DIVISION DOES THE SURRENDERING PARENT(S) FILE FOR CUSTODY IF, AFTER SURRENDER, THEY WISH TO DO SO?

✓ The county in which the newborn is located, if the parent(s) has located the newborn.
✓ The county in which the ESP is located, if the parent(s) has not located the newborn but knows the location of the ESP to whom the newborn was surrendered.
✓ The county in which the parent(s) is located, if the parent(s) has not located the newborn and does not know the location of the ESP to whom the newborn was surrendered.

12. WHERE CAN I GET MORE INFORMATION ABOUT THE SAFE DELIVERY LAW?

The following acts are available for review at www.michigan.gov/dhs, click on Safe Delivery icon under the heading: Laws.

Act No. 488, PA 2006 (SB 1292, 2005-2006)
**FREQUENTLY ASKED QUESTIONS**

**ESP ROLES AND RESPONSIBILITIES**

13. **I AM AN ESP, ARE THERE OPERATING GUIDELINES AVAILABLE FOR REVIEW?**

   In 2000, the Michigan Association of Fire Chiefs and the Fire Marshal Division of the Department of State Police developed and distributed a model Standard Operating Guideline (SOG) to all fire departments. The Michigan Department of State Police developed policy on the Safe Delivery of Newborns Act that is available to law enforcement agencies upon request. The Michigan Health and Hospital Association has also developed policy on the Safe Delivery of Newborns Act which is available to hospitals by calling: 517-703-8601. A *Response and Resource Handbook* has been developed for emergency service providers that includes the tools and information necessary to ensure a successful surrender of a newborn. A limited supply are available in hard copy or it can be downloaded from the DHS Web site at [www.michigan.gov/dhs](http://www.michigan.gov/dhs). To order a copy of the handbook call 1–866–733–7733.

14. **IS IT LEGALLY RISKY FOR AN ESP TO ACCEPT THESE SURRENDERED NEWBORNS?**

   No. Unless the staff acts with gross negligence or willful or wanton misconduct, their actions in accepting or transferring a newborn are immune from civil damages.

15. **EFFECTIVE JANUARY 1, 2007 THE DEFINITION OF AN EMERGENCY SERVICE PROVIDER WAS CHANGED TO INCLUDE A PARAMEDIC OR EMERGENCY MEDICAL TECHNICIAN (EMT) WHO RESPONSES TO A 9-1-1 EMERGENCY CALL, WHAT DOES THIS MEAN?**

   A parent(s) may choose to anonymously surrender an unharmed newborn no more than 72 hours old by placing a 9-1-1 emergency call from any location in Michigan. The intent of this change was to include emergency ambulance crews as an ESP when they are dispatched by 9-1-1 in response to a parent(s) request to surrender a newborn from a specific location.

16. **IF FIRE AND POLICE DEPARTMENT PERSONNEL ARE DISPATCHED TO RESPOND TO A 9-1-1 CALL AND DISCOVER A PARENT(S) WHO WANTS TO SURRENDER A NEWBORN; WILL FIRE OR POLICE PERSONNEL BE ABLE TO ACCEPT TEMPORARY PROTECTIVE CUSTODY OF THE NEWBORN?**

   Only a licensed paramedic or EMT is covered by the statute to accept temporary protective custody of a surrendered newborn in response to a 9-1-1 emergency call from the parent(s).

17. **WHAT IF A PARENT(S) FLAGS DOWN AN EMERGENCY MEDICAL SERVICES (EMS) VEHICLE IN THE FIELD THAT IS NOT RESPONDING TO A 9-1-1 CALL FROM THE PARENT(S) AND ATTEMPTS TO SURRENDER A NEWBORN?**

   The law requires the parent to make an emergency 9-1-1 call to surrender a newborn to a paramedic or emergency medical technician. EMS personnel should accept the newborn and assist the parent in making a call to 9-1-1 to request help in surrendering the newborn per the statutory requirements. EMS personnel are also encouraged to check their agency protocol.

18. **HOW DOES THE ESP KNOW IF THE BABY IS A NEWBORN?**

   This law defines a newborn as “A child who a physician reasonably believes to be not more than 72 hours old.” Emergency service providers must comply with the requirements of this law under the assumption that the child is a newborn. The hospital must immediately accept the newborn without the necessity of a court order. Later in the process, if a physician determines that the baby is not a newborn, a report must be made to the local office of the Department of Human Services’ (DHS) Children’s Protective Services.

   In brief, if the baby appears to be a newborn, follow the procedures outlined in this law.
19. **WHAT WRITTEN INFORMATION IS THE ESP TO PROVIDE THE SURRENDERING PARENT(S)?**

The ESP is required to make a reasonable effort to give the parent(s) the following publication:

- Safe Delivery Program FACT Sheet (DHS Pub 867).
- What Am I Going To Do? (DHS Pub 864) is optional.

---

20. **WHAT OTHER INFORMATION SHOULD THE ESP SHARE?**

Reasonable efforts should be made to inform the parent(s) that by surrendering the newborn the newborn will be placed for adoption and that they will have 28 days to petition the court to regain custody of the surrendered child. A reasonable attempt should be made to:

- Reassure that shared information will be kept confidential.
- Encourage the parent(s) to identify him/herself.
- Encourage the parent(s) to share relevant family/medical history (Voluntary Medical Background for a Surrendered Newborn (DHS Form 4819) has been developed to assist with this).
- Inform the parent(s) that they can receive counseling or medical attention.
- Inform the parent(s) that a reasonable effort must be made to identify the non-surrendering parent.
- Inform the parent(s) that the placement agency can provide confidential services.
- Inform the parent(s) that they may voluntarily sign a release for the newborn to be used in the termination hearing (Voluntary Release For Adoption of a Surrendered Newborn by Parent (Form DHS 4820)).

---

21. **WHERE DOES AN ESP OBTAIN A LISTING OF COUNSELING AND MEDICAL SERVICE PROVIDERS?**

This information is available from local offices of Department of Community Health, both mental health and public health departments, pregnancy counseling services, family planning clinics and the Yellow Pages of phone directories.

---

22. **THE LAW INDICATES THAT THE NEWBORN SURRENDERED INSIDE THE FIRE OR POLICE DEPARTMENT TO ON DUTY PERSONNEL MUST BE TRANSFERRED TO THE HOSPITAL. HOW SHOULD THIS BE DONE?**

The newborn should be transported to the hospital. If local protocol mandates that the newborn must be transported to the hospital by ambulance, fire and police personnel who accepted the surrendered newborn must accompany or follow the ambulance to the hospital to transfer temporary protective custody of the newborn to hospital staff.

---

23. **HOW ARE FIRE AND POLICE PERSONNEL TO TRANSPORT A SURRENDERED NEWBORN TO THE HOSPITAL?**

The transporting of a surrendered newborn to the hospital by fire and police department personnel is not addressed in statute. Temporary protective custody cannot be transferred to an ambulance crew responding to a request to transport the newborn to the hospital. Personnel are encouraged to contact their respective areas for protocol and/or procedures. Note: The Michigan Association of Fire Chiefs and Fire Marshal Division of the Department of State Police developed a model Standard Operating Guideline in 2000.

---

24. **SHOULDN'T THE INITIAL CLINICAL ASSESSMENT OF THE NEWBORN, AT THE HOSPITAL, INCLUDE A COMPLETE PHYSICAL EXAMINATION?**

Initially, a nurse and/or physician in the emergency department should conduct a brief clinical assessment to determine if signs of abuse and/or neglect are present. A more complete clinical assessment by the emergency room physician should follow. Results of the complete clinical examination should be documented, including the estimated age of the newborn, results of the physical examination and recommended care plan.
25. **WHAT SHOULD BE DONE IF, DURING THE HOSPITAL’S CLINICAL ASSESSMENT, SIGNS OF ABUSE AND/OR NEGLECT ARE PRESENT?**

   If the physician examining the newborn has reason to suspect that the newborn has experienced abuse and/or neglect (for reason other than being surrendered to an ESP) the physician must immediately report to the local office of DHS’ Children’s Protective Services and file A Report of Actual or Suspected Child Abuse or Neglect (DHS Form 3200).

26. **DOES THE HOSPITAL HAVE TO OBTAIN WRITTEN CONSENT TO TREAT AND/OR TRANSFER THE NEWBORN?**

   No.

27. **WILL THE SURRENDERED NEWBORN BE ELIGIBLE FOR MEDICAID?**

   An application for medicaid may be made for newborns surrendered under the Safe Delivery of Newborns Law by the provider hospital, child placing agency, court appointed lawyer guardian ad litem, or prospective adoptive parent. Assistance in applying for medicaid can be obtained from a local DHS office.

28. **WHO APPLIES FOR THE BIRTH REGISTRATION FOR THE NEWBORN?**

   Hospital personnel will complete the birth registration form for newborns who are delivered and surrendered in the hospital. For all other surrenders, the child placing agency will make application for the birth registration. Reporting of the birth will be handled as a “foundling” registration. The birth certificate must be completed and filed with the state registrar within five (5) days after assuming custody of the newborn. For assistance or questions regarding the procedures for birth registration, contact the Registration Unit, Office of Vital Records and Health Statistics, Michigan Department of Community Health at 517-335-8684.

29. **FOLLOWING AN EXAMINATION AT A HOSPITAL AND IF THE NEWBORN IS UNHARMED, WHAT IS THE NEXT STEP FOR THE HOSPITAL?**

   The hospital must notify a child placing agency for placement.

30. **WHERE DOES THE HOSPITAL OBTAIN A LISTING OF CHILD PLACING AGENCIES THAT HANDLE ADOPTIONS?**

   A listing of Michigan private adoption agencies that will provide a placement for a surrendered newborn in an approved adoptive home is available at the DHS Web site or in the Safe Delivery Response and Resource Handbook.

31. **WHAT IF A PARENT(S) RETURNS TO THE HOSPITAL, FIRE DEPARTMENT OR POLICE STATION OR CALLS 9-1-1 FOLLOWING SURRENDER AND REQUESTS THE RETURN OF THE NEWBORN?**

   The newborn should not be returned to the parent(s) under these circumstances. Personnel should advise the parent(s) of their right to file an action in Circuit Court, Family Division for custody of the newborn within 28 days following surrender or 28 days following notice of the surrender.

**CHILD PLACING AGENCY RESPONSIBILITIES**

32. **WHAT ARE THE RESPONSIBILITIES OF A CHILD PLACING AGENCY THAT HAS TAKEN A NEWBORN UNDER THIS LAW?**

   ✓ Immediately assume the care, control and temporary protective custody of newborn.

   ✓ If the parent(s) is known and willing, immediately meet with the parent(s).
FREQUENTLY ASKED QUESTIONS

- Make a temporary placement of the newborn with a prospective adoptive parent who has an approved preplacement assessment.
- Unless the birth was witnessed by the ESP, immediately request assistance from law enforcement officials to investigate and determine whether the newborn is a missing child through Michigan’s Missing Children’s Information Clearinghouse as well as the National Center for Missing and Exploited Children.
- Within 48 hours after transferring physical custody to a prospective adoptive parent, petition the court for authority to place and provide care for the newborn.
- Within 28 days make a reasonable effort to identify, locate and provide notice of the surrender of the newborn to the non-surrendering parent. If that parent’s identity and address are unknown, the child placing agency must provide notice of the surrender of the newborn by publication.
- File a written report with the court that issued the order placing the child stating the efforts made to identify and locate the non-surrendering parent and the results of those efforts.

33. WHAT ARE THE LISTINGS FOR THE MICHIGAN MISSING CHILDREN’S INFORMATION CLEARINGHOUSE AND THE NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN?

Michigan State Police
Prevention Services Section
4000 Collins Road
Lansing, MI 48909-8134
Telephone Number 1-800-525-5555
Fax 517-333-4115
The National Center for Missing and Exploited Children Information Clearinghouse telephone number is 1-800-THE LOST (843-5678).
A child placing agency who assumes temporary protective custody of a surrendered newborn is required to immediately notify Michigan’s Missing Children’s Information Clearinghouse to determine if the child is a victim of abduction unless the birth was witnessed by an ESP.

34. THE CHILD PLACING AGENCY ASSUMING TEMPORARY PROTECTIVE CUSTODY OF THE NEWBORN MUST SUPPLY THE INFORMATION NECESSARY TO ESTABLISH A BIRTH REGISTRATION FOR THE CHILD EXCEPT FOR NEWBORNS SURRENDERED FOLLOWING A HOSPITAL BIRTH. IS THERE A FORM AVAILABLE THAT CAN BE USED FOR THIS PURPOSE?

The agency may use “Certificate of Live Birth”, Michigan Department of Community Health form DCH-0481.

35. THE CHILD PLACING AGENCY THAT HAS TEMPORARY PROTECTIVE CUSTODY OF A NEWBORN UNDER THE SAFE DELIVERY OF NEWBORNS ACT WILL BE REQUIRED TO COMPLETE COURT FORMS. WHAT FORMS HAVE BEEN DEVELOPED AND HOW DOES THE AGENCY ACCESS THEM?

The State Court Administrator’s Office has approved forms to be used related to the surrendered newborn. These forms are available from the Family Division of Circuit Court. They are also available online at www.courts.Michigan.gov/SCAO/CourtForms. For easy reference, the form numbers and titles have been provided:

- CCFD-01 Petition for Placement Order of Surrendered Newborn Child
- CCFD-02 Order Placing Surrendered Newborn with Prospective Adoptive Parents
- CCFD-03 Petition of Parent for Custody of Surrendered Newborn Child
36. A CHILD PLACING AGENCY THAT HAS TEMPORARY CUSTODY OF A NEWBORN UNDER THE SAFE DELIVERY OF NEWBORNS ACT IS REQUIRED TO, WITHIN 28 DAYS, MAKE REASONABLE EFFORTS TO IDENTIFY, LOCATE AND PROVIDE NOTICE OF THE SURRENDER OF THE NEWBORN TO THE NON-SURRENDERING PARENT. IF THE IDENTITY AND ADDRESS OF THAT PARENT IS UNKNOWN, THE AGENCY IS TO PROVIDE NOTICE OF THE SURRENDER OF THE NEWBORN BY PUBLICATION IN A NEWSPAPER OF GENERAL CIRCULATION IN THE COUNTY WHERE THE NEWBORN WAS SURRENDERED. HOW WOULD SUCH A PUBLICATION READ?

While there is no specific language developed, the following is an example of a notification relating to a surrendered newborn:

State of Michigan,
(Name of court) Circuit Court, Family Division
Publication of Notice
Safe Delivery of Newborns (MCL712.1)

To: Birth Father and Birth Mother of Said Minor Child In the Matter of: Newborn Baby, Born and surrendered on (list date, time, hospital, city & state), Take Notice: by surrendering your newborn, you are releasing your newborn to a child placing agency to be placed for adoption. The surrendering parent has 28 days from the date of surrender (list date) and the non-surrendering parent has 28 days from this notice to petition the court to regain custody of your child. After the 28 days 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 names. You will not receive personal notice of the hearing. You, as the parent(s), can call (list agency with phone number and, if required, the court’s information) for further information.

37. WHEN A CHILD PLACING AGENCY HAS TEMPORARY PROTECTIVE CUSTODY OF A NEWBORN, WHAT IS THE PROCESS FOR NOTIFYING THE DEPARTMENT OF HUMAN SERVICES OF A “SAFE DELIVERY OF NEWBORNS” PLACEMENT?

The agency is to complete Safe Delivery of Newborns Tracking Information (DHS Form 850) available at [www.michigan.gov/dhs](http://www.michigan.gov/dhs). This form must be forwarded to the Adoption Services Division of the Department of Human Services for tracking purposes.

Mailing address:         Contact numbers:
DHS Adoption Services Division Fax: 517–335–4019
P0 Box 30037 Suite 412 Phone: 517–373–3513
Lansing, MI 48909
On June 26, 2000, Michigan enacted the Safe Delivery of Newborns law with an effective date of January 1, 2001. The law was amended in December 2006.

Amends Sections 1, 3, 7, 10, 11, 15 and 17 of the Safe Delivery of Newborns Law.

Added the Safe Delivery of Newborns Law, Chapter XII to the Probate Code and amended the Juvenile Code, Chapter XIIA of the Probate Code.

Amended the Penal Code to provide an affirmative defense to a child abandonment prosecution if the child is not more than 72 hours old and was surrendered to an emergency service provider.

Amends the Child Protection Law specifying that the act of surrendering a child to an emergency service provider is not a reasonable cause to suspect child abuse and/or neglect and the physician is not required to report the surrender unless there are actual signs of abuse and/or neglect. New Section 8 (16) on page 3.

Added provisions to Chapter XII of the Probate Code to establish a Safe Delivery program, which must include a toll free number and a pamphlet about the program.

**Michigan Compiled Laws (712.1-712.20)**

- **Section 712.1** Short title of chapter; definitions.
- **Section 712.2** Newborn surrendered to emergency service provider; court jurisdiction; effect of other provisions of law; immunity from civil action.
- **Section 712.2a** Closed hearings and confidential records; unauthorized dissemination of information as misdemeanor; civil liability.
- **Section 712.3** Conduct of emergency service provider.
- **Section 712.5** Transfer of newborn to hospital; physician report of abuse, neglect, or child not a newborn; notice to child placing agency.
- **Section 712.7** Duties of child placing agency.
- **Section 712.10** Custody action by biological parent; filing; hearing.
- **Section 712.11** Paternity or maternity testing order upon petition for custody and filing of report; presumption of paternity or maternity; summary disposition; payment of costs of testing.
- **Section 712.12** Repealed by Act No. 488, PA 2006.
- **Section 712.13** Repealed by Act No. 488, PA 2006.
- **Section 712.14** Determination of custody; basis; newborn’s best interest; factors.
- **Section 712.15** Court order.
- **Section 712.17** Release and termination of parental rights.
- **Section 712.20** Safe delivery program; establishment.

For a copy of the 2000 Public Acts go to the following Web site:
http://www.swmsystemsinc.org/legislation/PA (type in the act # here).htm

For updates following enactment of Safe Delivery of Newborns law go to the following Web site:
www.legislature.mi.gov. Click on: Michigan Compiled Laws Search; Enter: MCL 712.1 – 712.20
AN ACT to amend 1939 PA 288, entitled “An act to revise and consolidate the statutes relating to certain aspects of the family division of circuit court, to the jurisdiction, powers, and duties of the family division of circuit court and its judges and other officers, to the change of name of adults and children, and to the adoption of adults and children; to prescribe certain jurisdiction, powers, and duties of the family division of circuit court and its judges and other officers; to prescribe the manner and time within which certain actions and proceedings may be brought in the family division of the circuit court; to prescribe pleading, evidence, practice, and procedure in certain actions and proceedings in the family division of circuit court; to provide for appeals from certain actions in the family division of circuit court; to prescribe the powers and duties of certain state departments, agencies, and officers; to provide for certain immunity from liability; and to provide remedies and penalties,” by amending sections 1, 3, 7, 10, 11, 15, and 17 of chapter XII (MCL 712.1, 712.3, 712.7, 712.10, 712.11, 712.15, and 712.17), sections 1, 7, 10, 11, 15, and 17 as added by 2000 PA 232 and section 3 as amended by 2002 PA 688, and by adding section 2a to chapter XII; and to repeal acts and parts of acts.

The People of the State of Michigan enact:

CHAPTER XII

Sec. 1. (1) This chapter shall be known and may be cited as the “safe delivery of newborns law”.

(2) As used in this chapter:

(a) “Child placing agency” means that term as defined in section 1 of 1973 PA 116, MCL 722.111.

(b) “Court” means the family division of circuit court.

(c) “Department” means the department of human services.

(d) “DNA identification profile” and “DNA identification profiling” mean those terms as defined in section 1 of the paternity act, 1956 PA 205, MCL 722.711.

(e) “Domestic violence” means that term as defined in section 1 of 1978 PA 389, MCL 400.1501.

(f) “Emergency service provider” means a uniformed or otherwise identified employee or contractor of a fire department, hospital, or police station when that individual is inside the premises and on duty. Emergency service provider also includes a paramedic or an emergency medical technician when either of those individuals is responding to a 9-1-1 emergency call.

(g) “Fire department” means an organized fire department as that term is defined in section 1 of the fire prevention code, 1941 PA 207, MCL 29.1.

(h) “Gross negligence” means conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results.

(i) “Hospital” means a hospital that is licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.2260.
(j) “Lawyer-guardian ad litem” means an attorney appointed under section 2 of this chapter. A lawyer-guardian ad litem represents the newborn, and has the powers and duties, as set forth in section 17d of chapter XIIA.

(k) “Newborn” means a child who a physician reasonably believes to be not more than 72 hours old.

(l) “Police station” means that term as defined in section 43 of the Michigan vehicle code, 1949 PA 300, MCL 257.43.

(m) “Preplacement assessment” means an assessment of a prospective adoptive parent as described in section 23f of chapter X.

(n) “Surrender” means to leave a newborn with an emergency service provider without expressing an intent to return for the newborn.

Sec. 2a. (1) A hearing under this chapter is closed to the public. A record of a proceeding under this chapter is confidential, except that the record is available to any individual who is a party to that proceeding.

(2) All child placing agency records created under this chapter are confidential except as otherwise provided in the provisions of this chapter.

(3) An individual who discloses information made confidential under subsection (1) or (2) without a court order or specific authorization under federal or state law is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $100.00, or both. An individual who discloses information made confidential under subsection (1) or (2) without a court order or specific authorization under federal or state law is civilly liable for damages proximately caused by disclosure of that information.

Sec. 3. (1) If a parent surrenders a child who may be a newborn to an emergency service provider, the emergency service provider shall comply with the requirements of this section under the assumption that the child is a newborn. The emergency service provider shall, without a court order, immediately accept the newborn, taking the newborn into temporary protective custody. The emergency service provider shall make a reasonable effort to do all of the following:

(a) Take action necessary to protect the physical health and safety of the newborn.

(b) Inform the parent that by surrendering the newborn, the parent is releasing the newborn to a child placing agency to be placed for adoption.

(c) Inform the parent that the parent has 28 days to petition the court to regain custody of the newborn.

(d) Provide the parent with written material approved by or produced by the department that includes, but is not limited to, all of the following statements:

(i) By surrendering the newborn, the parent is releasing the newborn to a child placing agency to be placed for adoption.

(ii) The parent has 28 days after surrendering the newborn to petition the court to regain custody of the newborn.

(iii) After the 28-day period to petition for custody elapses, there will be a hearing to determine and terminate parental rights.

(iv) There will be public notice of this hearing, and the notice will not contain the parent’s name.

(v) The parent will not receive personal notice of this hearing.

(vi) Information the parent provides to an emergency service provider will not be made public.

(vii) A parent can contact the safe delivery line established under section 20 of this chapter for more information.

(2) After providing a parent with the information described in subsection (1), an emergency service provider shall make a reasonable attempt to do all of the following:

(a) Encourage the parent to provide any relevant family or medical information.

(b) Provide the parent with the pamphlet produced under section 20 of this chapter and inform the parent that he or she can receive counseling or medical attention.

(c) Inform the parent that information that he or she provides will not be made public.

(d) Ask the parent to identify himself or herself.

(e) Inform the parent that in order to place the newborn for adoption the state is required to make a reasonable attempt to identify the other parent, and then ask the parent to identify the other parent.

(f) Inform the parent that the child placing agency that takes temporary protective custody of the newborn can provide confidential services to the parent.

(g) Inform the parent that the parent may sign a release for the newborn that may be used at the parental rights termination hearing under this chapter.

(3) A newborn whose birth is described in the born alive infant protection act, 2002 PA 687, MCL 333.1071 to 333.1073, and who is in a hospital setting or transferred to a hospital under section 3(1) of the born alive infant protection act, 2002 PA 687, MCL 333.1073, is a newborn surrendered as provided in this chapter. An emergency service
provider who has received a newborn under the born alive infant protection act, 2002 PA 687, MCL 333.1071 to 333.1073, shall do all of the following:

(a) Comply with the requirements of subsections (1) and (2) to obtain information from or supply information to the surrendering parent by requesting the information from or supplying the information to the attending physician who delivered the newborn.

(b) Make no attempt to directly contact the parent or parents of the newborn.

(c) Provide humane comfort care if the newborn is determined to have no chance of survival due to gestational immaturity in light of available neonatal medical treatment or other condition incompatible with life.

Sec. 7. Upon receipt of notice from a hospital under section 5 of this chapter, the child placing agency shall do all of the following:

(a) Immediately assume the care, control, and temporary protective custody of the newborn.

(b) If a parent is known and willing, immediately meet with the parent.

(c) Unless otherwise provided in this subdivision, make a temporary placement of the newborn with a prospective adoptive parent who has an approved preplacement assessment. If a petition for custody is filed under section 10 of this chapter, the child placing agency may make a temporary placement of the newborn with a licensed foster parent.

(d) Unless the birth was witnessed by the emergency service provider, immediately request assistance from law enforcement officials to investigate and determine, through the missing children information clearinghouse, the national center for missing and exploited children, and any other national and state resources, whether the newborn is a missing child.

(e) Not later than 48 hours after a transfer of physical custody to a prospective adoptive parent, petition the court in the county in which the prospective adoptive parent resides to provide authority to place the newborn and provide care for the newborn. The petition shall include all of the following:

(i) The date of the transfer of physical custody.

(ii) The name and address of the emergency service provider to whom the newborn was surrendered.

(iii) Any information, either written or verbal, that was provided by and to the parent who surrendered the newborn. The emergency service provider that originally accepted the newborn as required by section 3 of this chapter shall provide this information to the child placing agency.

(f) Within 28 days, make reasonable efforts to identify, locate, and provide notice of the surrender of the newborn to the nonsurrendering parent. The child placing agency shall file a written report with the court that issued the order placing the child. The report shall state the efforts the child placing agency made in attempting to identify and locate the nonsurrendering parent and the results of those efforts. If the identity and address of the nonsurrendering parent are unknown, the child placing agency shall provide notice of the surrender of the newborn by publication in a newspaper of general circulation in the county where the newborn was surrendered.

Sec. 10. (1) If a surrendering parent wants custody of a newborn who was surrendered under section 3 of this chapter, the parent shall, within 28 days after the newborn was surrendered, file a petition with the court for custody. Not later than 28 days after notice of surrender of a newborn has been published, an individual claiming to be the nonsurrendering parent of that newborn may file a petition with the court for custody. The surrendering parent or nonsurrendering parent shall file the petition for custody in 1 of the following counties:

(a) If the parent has located the newborn, the county where the newborn is located.

(b) If subdivision (a) does not apply and the parent knows the location of the emergency service provider to whom the newborn was surrendered, the county where the emergency service provider is located.

(c) If neither subdivision (a) nor (b) applies, the county where the parent is located.

(2) If the court in which the petition for custody is filed did not issue the order placing the newborn, the court in which the petition for custody is filed shall locate and contact the court that issued the order and shall transfer the proceedings to that court.

(3) Before holding a custody hearing on a petition filed under this section and not later than 7 days after a petition for custody under this section has been filed, the court shall conduct a hearing to make the determinations of paternity or maternity as described in section 11.

Sec. 11. (1) In a petition for custody filed under this chapter, the court shall order the child and each party claiming paternity to submit to blood or tissue typing determinations or DNA identification profiling, as described in section 16 of the paternity act, 1958 PA 205, MCL 722.716.

(2) Unless the birth was witnessed by the emergency service provider and sufficient documentation exists to support maternity, in a petition for custody filed under this chapter, the court shall order the child and each party claiming maternity to submit to blood or tissue typing determinations or DNA identification profiling, as described in section 16 of the paternity act, 1958 PA 205, MCL 722.716.
(3) If the probability of paternity or maternity determined by the blood or tissue typing or DNA identification profiling is 99% or higher and the DNA identification profile and summary report are admissible, paternity or maternity is presumed and the petitioner may move for summary disposition on the issue of paternity or maternity.

(4) The court may order the petitioner to pay all or part of the cost of the paternity or maternity testing.

(5) If the result of the paternity or maternity testing is admissible and establishes that the petitioner could not be the parent of the newborn, the court shall dismiss the petition for custody.

Sec. 15. Based on the court’s finding under section 14 of this chapter, the court may issue an order that does 1 of the following:
(a) Grants legal or physical custody, or both, of the newborn to the parent and either retains or relinquishes jurisdiction.
(b) Determines that the best interests of the newborn are not served by granting custody to the petitioner parent and terminates the parent’s parental rights and gives a child placing agency custody and care of the newborn.
(c) Dismisses the petition.

Sec. 17. (1) A parent who surrenders a newborn under section 3 of this chapter and who does not file a custody action under section 10 of this chapter is presumed to have knowingly released his or her parental rights to the newborn.

(2) If the surrendering parent has not filed a petition for custody of the newborn within 28 days of the surrender, the child placing agency with authority to place the newborn shall immediately file a petition with the court to determine whether the release shall be accepted and whether the court shall enter an order terminating the rights of the surrendering parent.

(3) If the nonsurrendering parent has not filed a petition for custody of the newborn within 28 days of notice of surrender of a newborn under section 10 of this chapter, the child placing agency with authority to place the newborn shall immediately file a petition with the court to determine whether the court shall enter an order terminating the rights of the nonsurrendering parent.

(4) The court shall schedule a hearing on the petition from the child placing agency within 14 days of receipt of that petition. At the hearing, the child placing agency shall present evidence that demonstrates that the surrendering parent released the newborn and that demonstrates the efforts made by the child placing agency to identify, locate, and provide notice to the nonsurrendering parent.

(5) If the court finds by a preponderance of the evidence that the surrendering parent has knowingly released his or her rights to the child and that reasonable efforts were made to locate the nonsurrendering parent, the court shall enter an order terminating parental rights of the surrendering parent and the nonsurrendering parent under this chapter.

Enacting section 1. Sections 12 and 13 of chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.12 and 712.13, are repealed.

Enacting section 2. This amendatory act takes effect January 1, 2007.

This act is ordered to take immediate effect.
STATE OF MICHIGAN
90TH LEGISLATURE
REGULAR SESSION OF 2000

Introduced by Senators Johnson, Emmons and Hammerstrom

ENROLLED SENATE BILL No. 1052

AN ACT to amend 1939 PA 288, entitled “An act to revise and consolidate the statutes relating to certain aspects of the family division of circuit court, to the jurisdiction, powers, and duties of the family division of circuit court and its judges and other officers, to the change of name of adults and children, and to the adoption of adults and children; to prescribe certain jurisdiction, powers, and duties of the family division of circuit court and its judges and other officers; to prescribe the manner and time within which certain actions and proceedings may be brought in the family division of the circuit court; to prescribe pleading, evidence, practice, and procedure in certain actions and proceedings in the family division of circuit court; to provide for appeals from certain actions in the family division of circuit court; to prescribe the powers and duties of certain state departments, agencies, and officers; and to provide remedies and penalties,” by amending the title and section 19b of chapter XIIA (MCL 712A.19b), the title as amended by 1997 PA 163 and section 19b of chapter XIIA as amended by 2000 PA 46, and by adding chapter XII.

The People of the State of Michigan enact:

TITLE

An act to revise and consolidate the statutes relating to certain aspects of the family division of circuit court, to the jurisdiction, powers, and duties of the family division of circuit court and its judges and other officers, to the change of name of adults and children, and to the adoption of adults and children; to prescribe certain jurisdiction, powers, and duties of the family division of circuit court and its judges and other officers; to prescribe the manner and time within which certain actions and proceedings may be brought in the family division of the circuit court; to prescribe pleading, evidence, practice, and procedure in certain actions and proceedings in the family division of circuit court; to provide for appeals from certain actions in the family division of circuit court; to prescribe the powers and duties of certain state departments, agencies, and officers; to provide for certain immunity from liability; and to provide remedies and penalties.

CHAPTER XII

SAFE DELIVERY OF NEWBORNS

Sec. 1. (1) This chapter shall be known and may be cited as the “safe delivery of newborns law”.
(2) As used in this chapter:
(a) “Child placing agency” means that term as defined in section 1 of 1973 PA 116, MCL 722.111.
(b) “Court” means the family division of circuit court.
(c) “Department” means the family independence agency.
(d) “Domestic violence” means that term as defined in section 1 of 1978 PA 389, MCL 400.1501.

(e) “Emergency service provider” means 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.

(f) “Fire department” means an organized fire department as that term is defined in section 1 of the fire prevention code, 1941 PA 207, MCL 29.1.

(g) “Gross negligence” means conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results.

(h) “Hospital” means a hospital that is licensed under article 17 of the public health code, 1978 PA 368, MCL 333.20101 to 333.22260.

(i) “Lawyer-guardian ad litem” means an attorney appointed under section 2 of this chapter. A lawyer-guardian ad litem represents the newborn, and has the powers and duties, as set forth in section 17d of chapter XII A.

(j) “Newborn” means a child who a physician reasonably believes to be not more than 72 hours old.

(k) “Police station” means that term as defined in section 43 of the Michigan vehicle code, 1949 PA 300, MCL 257.43.

(l) “Preplacement assessment” means an assessment of a prospective adoptive parent as described in section 23f of chapter X.

(m) “Surrender” means to leave a newborn with an emergency service provider without expressing an intent to return for the newborn.

Sec. 2. (1) The court has jurisdiction over a newborn who is surrendered to an emergency service provider as provided in section 3 of this chapter. The court may appoint a lawyer-guardian ad litem to represent a newborn in proceedings under this chapter.

(2) Except as provided in section 5 of this chapter, the reporting requirement of section 3 of the child protection law, 1975 PA 238, MCL 722.623, does not apply regarding a child surrendered to an emergency service provider as provided in section 3 of this chapter.

(3) Unless this chapter specifically provides otherwise, a provision in another chapter of this act does not apply to a proceeding under this chapter. Unless this chapter specifically provides otherwise, the child custody act of 1970, 1970 PA 91, MCL 722.21 to 722.30, does not apply to a proceeding under this chapter.

(4) A hospital and a child placing agency, and their agents and employees, are immune in a civil action for damages for an act or omission in accepting or transferring a newborn under this chapter, except for an act or omission constituting gross negligence or willful or wanton misconduct. To the extent not protected by the immunity conferred by 1964 PA 170, MCL 691.1401 to 691.1415, an employee or contractor of a fire department or police station has the same immunity that this subsection provides to a hospital’s or child placing agency’s agent or employee.

Sec. 3. (1) If a parent surrenders a child who may be a newborn to an emergency service provider, the emergency service provider shall comply with the requirements of this section under the assumption that the child is a newborn. The emergency service provider shall, without a court order, immediately accept the newborn, taking the newborn into temporary protective custody. The emergency service provider shall make a reasonable effort to do all of the following:

(a) Take action necessary to protect the physical health and safety of the newborn.

(b) Inform the parent that by surrendering the newborn, the parent is releasing the newborn to a child placing agency to be placed for adoption.

(c) Inform the parent that the parent has 28 days to petition the court to regain custody of the newborn.

(d) Provide the parent with written material approved by or produced by the family independence agency that includes, but is not limited to, all of the following statements:

(i) By surrendering the newborn, the parent is releasing the newborn to a child placing agency to be placed for adoption.

(ii) The parent has 28 days after surrendering the newborn to petition the court to regain custody of the newborn.

(iii) After the 28-day period to petition for custody elapses, there will be a hearing to terminate parental rights.

(iv) There will be public notice of this hearing, and the notice will not contain the parent’s name.

(v) The parent will not receive personal notice of this hearing.

(vi) Information the parent provides to an emergency service provider will not be made public.

(vii) A parent can contact the safe delivery line established under section 20 of this chapter for more information.

(2) After providing a parent with the information described in subsection (1), an emergency service provider shall make a reasonable attempt to do all of the following:

(a) Encourage the parent to provide any relevant family or medical information.
(b) Provide the parent with the pamphlet produced under section 20 of this chapter and inform the parent that he or she can receive counseling or medical attention.

(c) Inform the parent that information that he or she provides will not be made public.

(d) Ask the parent to identify himself or herself.

(e) Inform the parent that in order to place the newborn for adoption the state is required to make a reasonable attempt to identify the other parent, and then ask the parent to identify the other parent.

(f) Inform the parent that the child placing agency that takes temporary protective custody of the newborn can provide confidential services to the parent.

(g) Inform the parent that the parent may sign a release for the newborn to be used at the parental rights termination hearing.

Sec. 5. (1) An emergency service provider that is not a hospital and that takes a newborn into temporary protective custody under section 3 of this chapter shall transfer the newborn to a hospital. The hospital shall accept a newborn who an emergency service provider transfers to the hospital in compliance with this chapter, taking the newborn into temporary protective custody.

(2) A hospital that takes a newborn into temporary protective custody under this chapter shall have the newborn examined by a physician. If a physician who examines the newborn either determines that there is reason to suspect the newborn has experienced child abuse or child neglect, other than being surrendered to an emergency service provider under section 3 of this chapter, or comes to a reasonable belief that the child is not a newborn, the physician shall immediately report to the department as required by section 3 of the child protection law, 1975 PA 238, MCL 722.623.

(3) If a physician is not required to report to the department as provided in subsection (2), the hospital shall notify a child placing agency that the hospital has taken a newborn into temporary protective custody under this chapter.

Sec. 7. Upon receipt of notice from a hospital under section 5 of this chapter, the child placing agency shall do all of the following:

(a) Immediately assume the care, control, and temporary protective custody of the newborn.

(b) If a parent is known and willing, immediately meet with the parent.

(c) Make a temporary placement of the newborn with a prospective adoptive parent who has an approved preplacement assessment and resides within the state.

(d) Immediately request assistance from law enforcement officials to investigate and determine, through the missing children information clearinghouse, the national center for missing and exploited children, and any other national and state resources, whether the newborn is a missing child.

(e) Not later than 48 hours after a transfer of physical custody to a prospective adoptive parent, petition the court in the county in which the prospective adoptive parent resides to provide authority to place the newborn and provide care for the newborn. The petition shall include all of the following:

(i) The date of the transfer of physical custody.

(ii) The name and address of the emergency service provider to whom the newborn was surrendered.

(iii) Any information, either written or verbal, that was provided by and to the parent who surrendered the newborn. The emergency service provider that originally accepted the newborn as required by section 3 of this chapter shall provide this information to the child placing agency.

(f) Within 28 days, make reasonable efforts to identify and locate a parent who did not surrender the newborn. If the identity and address of that parent are unknown, the child placing agency shall provide notice by publication in a newspaper of general circulation in the county where the newborn was surrendered.

Sec. 10. (1) If a biological parent wants custody of a newborn who was surrendered under section 3 of this chapter, the parent must, within 28 days after the newborn was surrendered, file an action with the court for custody. The parent shall file the custody action in 1 of the following counties:

(a) If the parent has located the newborn, the county where the newborn is located.

(b) If subdivision (a) does not apply and the parent knows the location of the emergency service provider to whom the newborn was surrendered, the county where the emergency service provider is located.

(c) If neither subdivision (a) nor (b) apply, the county where the parent is located.

(2) Before holding a custody hearing in an action filed under this section, the court shall determine whether the individual filing the custody action is the newborn’s biological parent.

Sec. 11. (1) In a custody action filed under this chapter, the court shall order that each party claiming paternity or maternity and the child submit to blood or tissue typing determinations, which may include, but are not limited to,
determinations of red cell antigens, red cell isoenzymes, human leukocyte antigens, serum proteins, or DNA identification profiling, to determine whether each party is likely to be, or is not, a biological parent of the child. If the court orders a blood or tissue typing or DNA identification profiling to be conducted and a party refuses to submit to the typing or DNA identification profiling, in addition to any other remedies available, the court may do either of the following:

(a) Dismiss the custody action in regard to the party who refuses.

(b) If a hearing is held, allow the disclosure of the fact of the refusal unless good cause is shown for not disclosing the fact of refusal.

(2) A blood or tissue typing or DNA identification profiling shall be conducted by a person accredited for paternity or maternity determinations by a nationally recognized scientific organization, including, but not limited to, the American association of blood banks.

(3) The court shall fix the compensation of an expert at a reasonable amount. Except for an individual who the court determines is indigent, the court shall direct each party claiming paternity or maternity to pay the compensation for his or her own testing plus a portion of the compensation for testing the child equal to the total amount divided by the number of parties claiming paternity and maternity. Before blood or tissue typing or DNA identification profiling is conducted, the court may order a part or all of the compensation paid in advance. Documentation of the genetic testing expenses is admissible as evidence of the amount, which evidence constitutes prima facie evidence of the amount of those expenses without third party foundation testimony.

Sec. 12. (1) Subject to subsection (2), the result of blood or tissue typing or a DNA identification profile made under this chapter and the summary report shall be served on the party who was the test subject. The summary report shall be filed with the court. Objection to the DNA identification profile or summary report is waived unless made in writing, setting forth the specific basis for the objection, within 14 calendar days after service on the party. The court shall not schedule a hearing on the issue of paternity or maternity until after the expiration of the 14-day period. If an objection is not filed, the court shall admit in proceedings under this chapter the result of the blood or tissue typing or the DNA identification profile and the summary report without requiring foundation testimony or other proof of authenticity or accuracy. If an objection is filed within the 14-day period and on the motion of a party, the court shall hold a hearing to determine the admissibility of the DNA identification profile or summary report. The objecting party has the burden of proving by clear and convincing evidence by a qualified person described in section 11 of this chapter that foundation testimony or other proof of authenticity or accuracy is necessary for admission of the DNA identification profile or summary report.

(2) If the probability of paternity or maternity determined by the qualified person described in section 11 of this chapter conducting the blood or tissue typing or DNA identification profiling is 99% or higher, and the DNA identification profile and summary report are admissible as provided in subsection (1), paternity or maternity is presumed. If the results of the analysis of genetic testing material from 2 or more persons indicate a probability of paternity or maternity greater than 99%, the contracting laboratory shall conduct additional genetic testing until all but 1 of the putative fathers or putative mothers is eliminated, unless the dispute involves 2 or more putative fathers or putative mothers who have identical DNA.

(3) Upon the establishment of the presumption of paternity or maternity as provided in subsection (2), the party who has the benefit of the presumption may move for summary disposition under the court rules on the issue of his paternity or her maternity.

Sec. 13. (1) Except as authorized under this chapter, a person shall not disclose information obtained from genetic testing that is authorized under this chapter.

(2) If a party who is tested as part of an action under this chapter is found to be the child’s biological parent, the contracting laboratory shall retain the genetic testing material of the parent and the child for no longer than the period of years prescribed by the national standards under which the laboratory is accredited. If a party is found not to be the child’s biological parent, the contracting laboratory shall destroy the party’s genetic testing material after it is used in the action, in compliance with section 13811 of the public health code, 1978 PA 368, MCL 333.13811, and in the presence of a witness. The witness may be an individual who is a party to the destruction of the genetic testing material. After the genetic testing material is destroyed, the contracting laboratory shall make and keep a written record of the destruction and have the individual who witnessed the destruction sign the record. The contracting laboratory shall also expunge the contracting laboratory’s records regarding the genetic testing performed on the genetic testing material in accordance with the national standards under which the laboratory is accredited. The contracting laboratory shall retain the genetic testing material of the child for no longer than the period of years prescribed by the national standards under which the laboratory is accredited. After a contracting laboratory destroys an individual’s genetic testing material as provided in this subsection, it shall notify the adult individual, or the parent or legal guardian of a minor individual, by certified mail that the genetic testing material was destroyed.
(3) A contracting laboratory or another entity involved with the genetic testing are all required to protect the confidentiality of genetic testing material, except as required for a paternity or maternity determination under this chapter. The court and its officers shall not use or disclose genetic testing material for a purpose other than the paternity or maternity determination as authorized by this chapter.

(4) A person shall not sell, transfer, or offer genetic testing material obtained under this chapter except as authorized by this chapter.

(5) A contracting laboratory shall annually cause to be conducted an independent audit verifying the contracting laboratory’s compliance with this section and sections 11 and 12 of this chapter. The audit shall not disclose the names of, or otherwise identify, the test subjects required to submit to blood or tissue typing or DNA identification profiling under section 11 of this chapter during the previous year. The contracting laboratory shall forward the audit to the department of consumer and industry services.

(6) A violation of this section is a misdemeanor punishable by a fine of not more than $5,000.00. A second or subsequent violation of this section is a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than $10,000.00, or both.

Sec. 14. (1) In a custody action under this chapter, the court shall determine custody of the newborn based on the newborn’s best interest. The court shall consider, evaluate, and make findings on each factor of the newborn's best interest with the goal of achieving permanence for the newborn at the earliest possible date.

(2) A newborn’s best interest in a custody action under this chapter is all of the following factors regarding a parent claiming parenthood of the newborn:

(a) The love, affection, and other emotional ties existing between the newborn and the parent.

(b) The parent’s capacity to give the newborn love, affection, and guidance.

(c) The parent’s capacity and disposition to provide the newborn with food, clothing, medical care, or other remedial care recognized and permitted under the laws of this state in place of medical care, and other material needs.

(d) The permanence, as a family unit, of the existing or proposed custodial home.

(e) The parent’s moral fitness.

(f) The parent’s mental and physical health.

(g) Whether the parent has a history of domestic violence.

(h) If the parent is not the parent who surrendered the newborn, the opportunity the parent had to provide appropriate care and custody of the newborn before the newborn’s birth or surrender.

(i) Any other factor considered by the court to be relevant to the determination of the newborn’s best interest.

Sec. 15. Based on the court’s finding of the newborn’s best interest under section 14 of this chapter, the court may issue an order that does 1 of the following:

(a) Grants legal or physical custody, or both, of the newborn to the parent, and either retains or relinquishes jurisdiction.

(b) Terminates the parent’s parental rights and gives a child placing agency custody and care of the newborn.

Sec. 17. (1) A parent who surrenders a newborn under section 3 of this chapter and who does not file a custody action under section 10 of this chapter is presumed to have knowingly released his or her parental rights to the newborn.

(2) If a custody action is not filed under section 10 of this chapter, the child placing agency shall petition the court for termination of parental rights under section 19b of chapter XIIA. If the agency has complied with section 7(f) of this chapter, the notice under that section is the notice to the newborn's parents required by section 19b of chapter XIIA.

CHAPTER XIIA

JURISDICTION, PROCEDURE, AND DISPOSITIONS INVOLVING MINORS

Sec. 19b. (1) Except as provided in subsection (4), if a child remains in foster care in the temporary custody of the court following a review hearing under section 19(3) of this chapter or a permanency planning hearing under section 19a of this chapter or if a child remains in the custody of a guardian or limited guardian, upon petition of the prosecuting attorney, whether or not the prosecuting attorney is representing or acting as legal consultant to the agency or any other party, or petition of the child, guardian, custodian, concerned person as defined in subsection (6), agency, or children’s ombudsman as authorized in section 7 of the children’s ombudsman act, 1994 PA 204, MCL 722.927, the court shall hold a hearing to determine if the parental rights to a child should be terminated and, if all parental rights to the child are terminated, the child placed in permanent custody of the court. The court shall state on the record or in writing its findings of fact and conclusions of law with respect to whether or not parental rights should be terminated. The court
shall issue an opinion or order regarding a petition for termination of parental rights within 70 days after the commencement of the initial hearing on the petition. However, the court’s failure to issue an opinion within 70 days does not dismiss the petition.

(2) Not less than 14 days before a hearing to determine if the parental rights to a child should be terminated, written notice of the hearing shall be served upon all of the following:

(a) The agency. The agency shall advise the child of the hearing if the child is 11 years of age or older.
(b) The child’s foster parent or custodian.
(c) The child’s parents.
(d) If the child has a guardian, the child’s guardian.
(e) If the child has a guardian ad litem, the child’s guardian ad litem.
(f) If tribal affiliation has been determined, the Indian tribe’s elected leader.
(g) The child’s attorney and each party’s attorney.
(h) If the child is 11 years of age or older, the child.
(i) The prosecutor.

(3) The court may terminate a parent’s parental rights to a child if the court finds, by clear and convincing evidence, 1 or more of the following:

(a) The child has been deserted under any of the following circumstances:

(i) The child’s parent is unidentifiable, has deserted the child for 28 or more days, and has not sought custody of the child during that period. For the purposes of this section, a parent is unidentifiable if the parent’s identity cannot be ascertained after reasonable efforts have been made to locate and identify the parent.

(ii) The child’s parent has deserted the child for 91 or more days and has not sought custody of the child during that period.

(iii) The child’s parent voluntarily surrendered the child to an emergency service provider under chapter XII and did not petition the court to regain custody within 28 days after surrendering the child.

(b) The child or a sibling of the child has suffered physical injury or physical or sexual abuse under 1 or more of the following circumstances:

(i) The parent’s act caused the physical injury or physical or sexual abuse and the court finds that there is a reasonable likelihood that the child will suffer from injury or abuse in the foreseeable future if placed in the parent’s home.

(ii) The parent who had the opportunity to prevent the physical injury or physical or sexual abuse failed to do so and the court finds that there is a reasonable likelihood that the child will suffer injury or abuse in the foreseeable future if placed in the parent’s home.

(iii) A nonparent adult’s act caused the physical injury or physical or sexual abuse and the court finds that there is a reasonable likelihood that the child will suffer from injury or abuse by the nonparent adult in the foreseeable future if placed in the parent’s home.

(c) The parent was a respondent in a proceeding brought under this chapter, 182 or more days have elapsed since the issuance of an initial dispositional order, and the court, by clear and convincing evidence, finds either of the following:

(i) The conditions that led to the adjudication continue to exist and there is no reasonable likelihood that the conditions will be rectified within a reasonable time considering the child's age.

(ii) Other conditions exist that cause the child to come within the court’s jurisdiction, the parent has received recommendations to rectify those conditions, the conditions have not been rectified by the parent after the parent has received notice and a hearing and has been given a reasonable opportunity to rectify the conditions, and there is no reasonable likelihood that the conditions will be rectified within a reasonable time considering the child’s age.

(d) The child’s parent has placed the child in a limited guardianship under section 5205 of the estates and protected individuals code, 1998 PA 386, MCL 700.5205, and has substantially failed, without good cause, to comply with a limited guardianship placement plan described in section 5205 of the estates and protected individuals code, 1998 PA 386, MCL 700.5205, regarding the child to the extent that the noncompliance has resulted in a disruption of the parent-child relationship.

(e) The child has a guardian under the estates and protected individuals code, 1998 PA 386, MCL 700.1101 to 700.8102, and the parent has substantially failed, without good cause, to comply with a court-structured plan described in section 5207 or 5209 of the estates and protected individuals code, 1998 PA 386, MCL 700.5207 and 700.5209, regarding the child to the extent that the noncompliance has resulted in a disruption of the parent-child relationship.
(f) The child has a guardian under the estates and protected individuals code, 1998 PA 386, MCL 700.1101 to 700.8102, and both of the following have occurred:

(i) The parent, having the ability to support or assist in supporting the minor, has failed or neglected, without good cause, to provide regular and substantial support for the minor for a period of 2 years or more before the filing of the petition or, if a support order has been entered, has failed to substantially comply with the order for a period of 2 years or more before the filing of the petition.

(ii) The parent, having the ability to visit, contact, or communicate with the minor, has regularly and substantially failed or neglected, without good cause, to do so for a period of 2 years or more before the filing of the petition.

(g) The parent, without regard to intent, fails to provide proper care or custody for the child and there is no reasonable expectation that the parent will be able to provide proper care and custody within a reasonable time considering the child's age.

(b) The parent is imprisoned for such a period that the child will be deprived of a normal home for a period exceeding 2 years, and the parent has not provided for the child's proper care and custody, and there is no reasonable expectation that the parent will be able to provide proper care and custody within a reasonable time considering the child's age.

(i) Parental rights to 1 or more siblings of the child have been terminated due to serious and chronic neglect or physical or sexual abuse, and prior attempts to rehabilitate the parents have been unsuccessful.

(j) There is a reasonable likelihood, based on the conduct or capacity of the child's parent, that the child will be harmed if he or she is returned to the home of the parent.

(k) The parent abused the child or a sibling of the child and the abuse included 1 or more of the following:

(i) Abandonment of a young child.

(ii) Criminal sexual conduct involving penetration, attempted penetration, or assault with intent to penetrate.

(iii) Battering, torture, or other severe physical abuse.

(iv) Loss or serious impairment of an organ or limb.

(v) Life threatening injury.

(vi) Murder or attempted murder.

(vii) Voluntary manslaughter.

(viii) Aiding and abetting, attempting to commit, conspiring to commit, or soliciting murder or voluntary manslaughter.

(l) The parent’s rights to another child were terminated as a result of proceedings under section 2(b) of this chapter or a similar law of another state.

(m) The parent’s rights to another child were voluntarily terminated following the initiation of proceedings under section 2(b) of this chapter or a similar law of another state.

(n) The parent is convicted of 1 or more of the following, and the court determines that termination is in the child’s best interests because continuing the parent-child relationship with the parent would be harmful to the child:

(i) A violation of section 316, 317, 520b, 520c, 520d, 520e, or 520g of the Michigan penal code, 1931 PA 328, MCL 750.316, 750.317, 750.520b, 750.520c, 750.520d, 750.520e, and 750.520g.

(ii) A violation of a criminal statute, an element of which is the use of force or the threat of force, and which subjects the parent to sentencing under section 10, 11, or 12 of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.10, 769.11, and 769.12.

(iii) A federal law or law of another state with provisions substantially similar to a crime or procedure listed or described in subparagraph (i) or (ii).

(4) If a petition to terminate the parental rights to a child is filed, the court may enter an order terminating parental rights under subsection (3) at the initial dispositional hearing. If a petition to terminate parental rights to a child is filed, parenting time for a parent who is a subject of the petition is automatically suspended and, except as otherwise provided in this subsection, remains suspended at least until a decision is issued on the termination petition. If a parent whose parenting time is suspended under this subsection establishes, and the court determines, that parenting time will not harm the child, the court may order parenting time in the amount and under the conditions the court determines appropriate.

(5) If the court finds that there are grounds for termination of parental rights, the court shall order termination of parental rights and order that additional efforts for reunification of the child with the parent not be made, unless the court finds that termination of parental rights to the child is clearly not in the child’s best interests.

(6) As used in this section, “concerned person” means a foster parent with whom the child is living or has lived who has specific knowledge of behavior by the parent constituting grounds for termination under subsection (3)(b) or (g) and who has contacted the family independence agency, the prosecuting attorney, the child’s attorney, and the child’s guardian ad litem, if any, and is satisfied that none of these persons intend to file a petition under this section.
Enacting section 1. Section 19b of chapter XIIA of the probate code of 1939, 1939 PA 288, MCL 712A.19b, as amended by this amendatory act, and chapter XII of the probate code of 1939, 1939 PA 288, as added by this amendatory act, do not apply to a proceeding that arises before the effective date of this amendatory act.

Enacting section 2. This amendatory act takes effect January 1, 2001.

Enacting section 3. This amendatory act does not take effect unless all of the following bills of the 90th Legislature are enacted into law:
(a) Senate Bill No. 1053.
(b) Senate Bill No. 1187.
(c) House Bill No. 5543.

This act is ordered to take immediate effect.

Carol Morey Viventi
Secretary of the Senate.

Gary E. Randall
Clerk of the House of Representatives.

Approved

Governor.
ENROLLED SENATE BILL No. 1187

AN ACT to amend 1975 PA 238, entitled “An act to require the reporting of child abuse and neglect by certain persons; to permit the reporting of child abuse and neglect by all persons; to provide for the protection of children who are abused or neglected; to authorize limited detention in protective custody; to authorize medical examinations; to prescribe the powers and duties of the state department of social services to prevent child abuse and neglect; to prescribe certain powers and duties of local law enforcement agencies; to safeguard and enhance the welfare of children and preserve family life; to provide for the appointment of legal counsel; to provide for the abrogation of privileged communications; to provide civil and criminal immunity for certain persons; to provide rules of evidence in certain cases; to provide for confidentiality of records; to provide for the expungement of certain records; to prescribe penalties; and to repeal certain acts and parts of acts,” by amending section 8 (MCL 722.628), as amended by 2000 PA 45.

The People of the State of Michigan enact:

Sec. 8. (1) Within 24 hours after receiving a report made under this act, the department shall refer the report to the prosecuting attorney if the report meets the requirements of section 3(6) or shall commence an investigation of the child suspected of being abused or neglected. Within 24 hours after receiving a report whether from the reporting person or from the department under section 3(6), the local law enforcement agency shall refer the report to the department if the report meets the requirements of section 3(7) or shall commence an investigation of the child suspected of being abused or neglected. If the child suspected of being abused is not in the physical custody of the parent or legal guardian and informing the parent or legal guardian would not endanger the child’s health or welfare, the agency or the department shall inform the child’s parent or legal guardian of the investigation as soon as the agency or the department discovers the identity of the child’s parent or legal guardian.

(2) In the course of its investigation, the department shall determine if the child is abused or neglected. The department shall cooperate with law enforcement officials, courts of competent jurisdiction, and appropriate state agencies providing human services in relation to preventing, identifying, and treating child abuse and neglect; shall provide, enlist, and coordinate the necessary services, directly or through the purchase of services from other agencies and professions; and shall take necessary action to prevent further abuses, to safeguard and enhance the child’s welfare, and to preserve family life where possible.

(3) In conducting its investigation, the department shall seek the assistance of and cooperate with law enforcement officials within 24 hours after becoming aware that 1 or more of the following conditions exist:

(a) Abuse or neglect is the suspected cause of a child’s death.

(b) The child is the victim of suspected sexual abuse or sexual exploitation.

(c) Abuse or neglect resulting in severe physical injury to the child requires medical treatment or hospitalization. For purposes of this subdivision and section 17, “severe physical injury” means brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocation, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impairs the health or physical well-being of a child.
(d) Law enforcement intervention is necessary for the protection of the child, a department employee, or another person involved in the investigation.

(e) The alleged perpetrator of the child’s injury is not a person responsible for the child’s health or welfare.

(4) Law enforcement officials shall cooperate with the department in conducting investigations under subsections (1) and (3) and shall comply with sections 5 and 7. The department and law enforcement officials shall conduct investigations in compliance with the protocols adopted and implemented as required by subsection (6).

(5) Involvement of law enforcement officials under this section does not relieve or prevent the department from proceeding with its investigation or treatment if there is reasonable cause to suspect that the child abuse or neglect was committed by a person responsible for the child’s health or welfare.

(6) In each county, the prosecuting attorney and the department shall develop and establish procedures for involving law enforcement officials as provided in this section. In each county, the prosecuting attorney and the department shall adopt and implement standard child abuse and neglect investigation and interview protocols using as a model the protocols developed by the governor’s task force on children’s justice as published in FIA Publication 794 (revised 8-98) and FIA Publication 779 (8-98), or an updated version of those publications.

(7) If there is reasonable cause to suspect that a child in the care of or under the control of a public or private agency, institution, or facility is an abused or neglected child, the agency, institution, or facility shall be investigated by an agency administratively independent of the agency, institution, or facility being investigated. If the investigation produces evidence of a violation of section 145c or sections 520b to 520g of the Michigan penal code, 1931 PA 328, MCL 750.145c and 750.520b to 750.520g, the investigating agency shall transmit a copy of the results of the investigation to the prosecuting attorney of the county in which the agency, institution, or facility is located.

(8) A school or other institution shall cooperate with the department during an investigation of a report of child abuse or neglect. Cooperation includes allowing access to the child without parental consent if access is determined by the department to be necessary to complete the investigation or to prevent abuse or neglect of the child. However, the department shall notify the person responsible for the child’s health or welfare about the department’s contact with the child at the time or as soon afterward as the person can be reached. The department may delay the notice if the notice would compromise the safety of the child or child’s siblings or the integrity of the investigation, but only for the time 1 of those conditions exists.

(9) If the department has contact with a child in a school, all of the following apply:

(a) Before contact with the child, the department investigator shall review with the designated school staff person the department’s responsibilities under this act and the investigation procedure.

(b) After contact with the child, the department investigator shall meet with the designated school staff person and the child about the response the department will take as a result of contact with the child. The department may also meet with the designated school staff person without the child present and share additional information the investigator determines may be shared subject to the confidentiality provisions of this act.

(c) Lack of cooperation by the school does not relieve or prevent the department from proceeding with its responsibilities under this act.

(10) A child shall not be subjected to a search at a school that requires the child to remove his or her clothing to expose his buttocks or genitalia or her breasts, buttocks, or genitalia unless the department has obtained an order from a court of competent jurisdiction permitting such a search. If the access occurs within a hospital, the investigation shall be conducted so as not to interfere with the medical treatment of the child or other patients.

(11) The department shall enter each report made under this act that is the subject of a field investigation into the CPSI system. The department shall maintain a report entered on the CPSI system as required by this subsection until the child about whom the investigation is made is 18 years old or until 10 years after the investigation is commenced, whichever is later, or, if the case is classified as a central registry case, until the department receives reliable information that the perpetrator of the abuse or neglect is dead. Unless made public as specified information released under section 7d, a report that is maintained on the CPSI system is confidential and is not subject to the disclosure requirements of the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(12) After completing a field investigation and based on its results, the department shall determine in which single category, prescribed by section 8d, to classify the allegation of child abuse or neglect.

(13) Except as provided in subsection (14), upon completion of the investigation by the local law enforcement agency or the department, the law enforcement agency or department may inform the person who made the report as to the disposition of the report.

(14) If the person who made the report is mandated to report under section 3, upon completion of the investigation by the department, the department shall inform the person in writing as to the disposition of the case and shall include in the information at least all of the following:

(a) What determination the department made under subsection (12) and the rationale for that decision.

(b) Whether legal action was commenced and, if so, the nature of that action.
(c) Notification that the information being conveyed is confidential.

(15) Information sent under subsection (14) shall not include personally identifying information for a person named in a report or record made under this act.

(16) Unless section 5 of chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.5, requires a physician to report to the department, the surrender of a newborn in compliance with chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20, is not reasonable cause to suspect child abuse or neglect and, therefore, is not subject to the section 3 reporting requirement. This subsection does not apply to circumstances that arise on or after the date that chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20, is repealed.

Enacting section 1. This amendatory act takes effect January 1, 2001.

Enacting section 2. This amendatory act does not take effect unless Senate Bill No. 1052 of the 90th Legislature is enacted into law.

This act is ordered to take immediate effect.

__________________________________________
Carol Meyn Viventi
Secretary of the Senate.

__________________________________________
G. E. Randall
Clerk of the House of Representatives.

Approved ____________________________________

__________________________________________
Governor.
• Safe delivery training plan:
  • A web-based training for emergency service providers and adoption agencies is available and can be accessed at [www.michigan.gov/dhs](http://www.michigan.gov/dhs).
  • Sample training outline in the handbook.
  • PowerPoint presentation on Safe Delivery of Newborns law is now available at the Department of Human Services Web site ([www.michigan.gov/dhs](http://www.michigan.gov/dhs)) and will provide a model that can be used to provide staff training.
  • A list of children’s services staff from around the state that participated in the Safe Delivery Train-the-Trainers session is available on the Safe Delivery Web site at [www.michigan.gov/dhs](http://www.michigan.gov/dhs) or call the hotline.
  • Contact the Hotline Number (24/7) 1–866–733–7733.
TRAINING OPTIONS FOR SAFE DELIVERY

SAFE DELIVERY OF NEWBORNS
SAMPLE TRAINING OUTLINE FOR EMERGENCY SERVICE PROVIDERS (ESP)

I. Introductions
   a. Trainer(s)
   b. Participants

II. Why was the Safe Delivery of Newborns Law enacted?
   a. Intent of law
   b. Review Public Acts 488, 232 and 233

III. Michigan Data
    a. Safe Delivery FACT Sheet (DHS Web site: www.michigan.gov/dhs)

IV. Roles and Responsibilities of the ESP
    a. Reference Response and Resource Handbook
    b. Play training DVD from handbook
    c. Discuss Forms and Publications for the Surrendering Parent(s):
       1. Safe Delivery Program FACT Sheet (DHS Pub 867)
       2. Voluntary Medical Background (DHS Form 4819)
       3. Voluntary Release for Adoption (DHS Form 4820)
       4. What am I going to do? (DHS Pub 864)
    d. Public Awareness
       1. Safe Delivery poster
       2. Building signage

V. Agency Policy and Procedures
   a. Safe Delivery Surrender Checklist
   b. Sample protocol or local agency protocol and flowcharts
   c. Local referral sources
   d. Frequently Asked Questions

VI. Safe Delivery Forms and Publications
    a. Where to order forms and publications

VII. Role Play Required Actions for a Surrendered Newborn

VIII. Questions and Answers

Course Preparation

<table>
<thead>
<tr>
<th><strong>Equipment:</strong></th>
<th><strong>Handouts:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>TV/DVD player, PSA/DVD</td>
<td>1. Safe Delivery Law</td>
</tr>
<tr>
<td></td>
<td>2. FACT Sheet</td>
</tr>
<tr>
<td></td>
<td>3. Forms &amp; Publications</td>
</tr>
<tr>
<td></td>
<td>4. Checklist</td>
</tr>
<tr>
<td></td>
<td>5. Local Protocols/SOG</td>
</tr>
<tr>
<td></td>
<td>6. Flowcharts</td>
</tr>
<tr>
<td></td>
<td>7. Local Referral Sources</td>
</tr>
<tr>
<td></td>
<td>8. Frequently Asked Questions</td>
</tr>
</tbody>
</table>
“The people of Michigan value our most important resource, our children, who are the foundation and future of the Great Lakes State.”

~ as stated by Governor Jennifer M. Granholm in Michigan’s first Safe Delivery Day Proclamation (April 3, 2006)