

**BAY CITY DEPARTMENT OF PUBLIC SAFETY
BAY CITY, MICHIGAN**

SECTION 1 - ADMINISTRATIVE
GENERAL ORDER

October 14, 2019
INDEX NO. 1.38

SAFE DELIVERY OF NEWBORNS

I. PURPOSE

To establish procedures for the Bay City Department of Public Safety in relation to the Safe Delivery of Newborns Law. A newborn is defined as a baby that is up to 72 hours old.

II. POLICY

It is the policy of the Bay City Department of Public Safety to comply with the statutory requirements of the Safe Delivery of Newborns Law.

III. PROCEDURE

- A. In the event that a person comes to the Law Enforcement Center or a Fire Station and desires to surrender a newborn, officers or firefighters shall:
1. Take the newborn into protective custody.
 2. Provide a “Michigan’s Safe Delivery of Newborns Law FACT Sheet”* to the person(s) surrendering the newborn. (see attached)
 3. Obtain as much medical history as possible using the “Confidential Voluntary Medical Background For A Surrendered Newborn” form* (see attached). Provision of this information is voluntary on the part of the surrendering parent – they are not required to provide any information; however, it may be helpful in making certain the newborn receives proper care in the future.
 4. Ask the person surrendering the newborn to complete and sign a “Voluntary Release For Adoption Of A Surrendered Newborn By Parent” form* (see attached). Provision of this information is voluntary on the part of the surrendering parent – they are not required to provide any information; however, it may be helpful in making certain the newborn receives proper care in the future.
 5. Ensure the newborn is transported to the hospital.
 - a. Any newborn accepted should be transported to the hospital by ambulance. The law specifically requires that the department initially taking custody of the child must “transfer the newborn to a hospital”. An officer should follow the ambulance to the hospital to speak with hospital staff and provide as much information as possible.
 - b. Transfer custody of the newborn to the hospital emergency room staff.
 - c. Attach a copy of the “Confidential Voluntary Medical Background For A Surrendered Newborn” form, if completed.

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6. Contact Centralized Intake for the Department of Human Services to inform them of the newborn being surrendered.
7. Complete an incident report.
8. Forward the incident report to the Department of Human Services as soon as practical.

*Forms are available at www.michigan.gov/safedelivery

By order of:

Michael J. Cecchini
Public Safety Director

SAFE DELIVERY OF NEWBORNS

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

Background:

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

What the law provides?

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

What are the rights of the surrendering parent?

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



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What happens to the baby?

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

Can the parent provide background information?

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

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

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

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

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



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**CONFIDENTIAL VOLUNTARY MEDICAL BACKGROUND
FOR A SURRENDERED NEWBORN**

Michigan Department of Health and Human Services

Where was the child born?		Sex
Date of Birth	Race	American Indian <input type="checkbox"/> Yes <input type="checkbox"/> No

SURRENDERING PARENT BACKGROUND (optional)

Name		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Date of Birth
Address			Phone Number
Race	American Indian Tribe Member or Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Identify Tribe	
Height	Weight	Hair Color	Eye Color
Any Family History of:			
Sickle Cell Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:	
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Genetic Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family History of Mental Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Drug Usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
Hepatitis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Alcohol Usage	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
Other:			
Surgical History			

OTHER PARENT BACKGROUND (optional)

Name		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Date of Birth
Address			Phone Number
Race	American Indian Tribe Member or Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Identify Tribe	
Height	Weight	Hair Color	Eye Color
Any Family History of:			
Sickle Cell Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:	
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Genetic Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Family History of Mental Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	

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HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Drug Usage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:
Hepatitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alcohol Usage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:
Other:			
Surgical History			

INFORMATION ABOUT THE PREGNANCY

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

Comments			
ESP Signature		Date	Phone Number
Address		City	State Zip Code
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.			

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**VOLUNTARY RELEASE FOR ADOPTION OF A
SURRENDERED NEWBORN BY PARENT**
Michigan Department of Health and Human Services

In the matter of _____, a newborn child.

1. I, _____, DOB ____ / ____ / ____ am the mother father of the above child, who was born on ____ / ____ / ____ at _____ (place).
2. I affirm 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 my child to a child placing agency for the purpose of adoption.
6. I acknowledge receipt of the following: Fact Sheet (DHS-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)

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DHS-4820 (Rev. 2-19) Previous edition obsolete.