

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>		
	<b>Chapter:</b>	(20) Special Circumstances	<b>Effective Date:</b> December 2021
	<b>Policy Title:</b>	Safe Place for Newborns	
<b>Policy Number:</b>	20.4	<b>Previous Policy #:</b> 5.10	

### CODES/REFERENCES

O.C.G.A. § 15-11-211 Relative Search by DFCS  
O.C.G.A. § 19-7-5 Reporting of Child Abuse  
O.C.G.A. § 19-10A Safe Place for Newborns Act  
O.C.G.A. § 19-11-9 Putative Father Registry; Location of Absent Parents by Department; Assistance of Other Governmental Agencies; Use of Information Obtained  
O.C.G.A. § 25-3-1 General Powers of Fire Departments  
O.C.G.A. § 25-3-2 Powers of Fire Departments in Event of Emergencies  
O.C.G.A. § 49-5-8 Powers and Duties of the Department  
O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records  
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191  
Indian Child Welfare Act of 1978 Final Rule (25 CFR Part 23)  
Title IV-E of the Social Security Act Sections 471(a)(19) and 471(a)(29)  
45 CFR Section 1356.21(b)(5)

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Utilize the Safe Place for Newborns to assist mothers in crisis to safely relinquish their newborn babies to protect newborns from endangerment by providing mothers an alternative to abandonment.
2. Review the intake assessment and confirm the reported information meets the criteria for the Safe Place for Newborn Act:
  - a. The newborn is no more than 30 days old; and
  - b. The newborn was left by the mother in the physical custody of a paid or volunteer agent, employee, or member of the staff who is on duty at a:
    - i. Medical facility: any licensed general or specialized hospital, institutional infirmary, health center operated by a county board of health, or a facility where human births occur on a regular and ongoing basis which is classified by the Department of Community Health as a birthing center.  
**EXCEPTION:** Medical facilities do not include physician's or dentist's private offices.
    - ii. Fire station: a facility of any fire department which is authorized to exercise the general and emergency powers to protect life and property against fire, explosions, hazardous materials, or electrical hazards; or
    - iii. Police station: a facility of any sheriff's office, municipal police department or county police department.

**NOTE:** Intake assessments that do not meet the Safe Place for Newborn Act criteria

shall not be assessed as a special circumstance. Contact the Child Protective Services Intake Communications Center (CICC) to have the intake report processed as a child abuse report.

3. Take legal and physical custody of the newborn within six-hours of notification from the fire station, police station, or medical facility.  
**NOTE:** The newborn may remain in a medical facility if not medically cleared for discharge within the six-hour timeframe, however, legal custody with DFCS must be established.
4. Obtain a medical evaluation and clearance of the newborn if one has not been completed.
5. Initiate diligent search efforts to identify and locate persons that could be a placement or visiting resource for the child, and support for the family.
6. Afford all rights under the Indian Child Welfare Act (ICWA) to any Indian child subject to the Safe Place for Newborns to promote the stability and security of Indian Tribes and their families in accordance with policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#).
7. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies [2.5 Information Management: Health Insurance Portability and Accountability Act \(HIPAA\)](#) and [2.6 Information Management: Confidentiality/Safeguarding Information](#).
8. Submit a referral to Babies Can't Wait (BCW) via Children 1st for a developmental screening in accordance with policy [19.28 Case Management: Children 1st and Babies Can't Wait](#).
9. Develop and implement a Plan of Safe Care for a newborn identified as being affected by substance abuse (illegal and/or legal), or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD) in accordance with policy [19.27 Case Management: Plan of Safe Care for Newborns Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \[FASD\]](#).
10. Reimburse the medical facility which accepts for inpatient admission; or a fire or police station which accepts a newborn pursuant to the Safe Place for Newborn Act all reasonable medical and other reasonable costs associated with the newborn prior to being placed in DFCS's legal custody (see policy [9.2 Eligibility: Applying for Medical Services at Initial Entry and Exit](#)).
11. Complete the Special Circumstance Safe Place for Newborns within 45 calendar days of the receipt of the intake report.
12. Document case activities in Georgia SHINES within 72 hours of the occurrence.

## PROCEDURES

The Social Services Case Manager (SSCM) will:

1. Contact the reporter for clarification and/or additional information, as needed.
2. Participate in a supervisor staffing:
  - a. Confirm the reported information falls under the Safe Place for Newborn Act.
  - b. Determine next steps to ensure physical and legal custody of the newborn is taken within six hours of receipt of the intake report.
3. Request emergency legal custody of the newborn through Juvenile Court (see policy [17.1 Legal: The Juvenile Court Process](#)).
4. Interview the person from the medical facility, fire station, or police station, with whom

newborn was left to:

- a. Gather information surrounding the circumstances in which the newborn was left;
  - b. Determine if the mother provided any identifying information; and
  - c. Determine medical care provided to the newborn.
5. Take physical custody of the newborn within six-hours of the receipt of the intake report.
    - a. Conduct a visual assessment of the newborn to assess his/her general well-being.
    - b. Ensure the newborn receives a medical evaluation and clearance.
    - c. Obtain a determination from the medical provider regarding the newborn's approximate age if no information was left by the mother; and
    - d. Obtain a medical opinion on the health and general well-being of the newborn.
  6. Interview the biological mother and father when their identifying information is known:
    - a. Determine if there are any services that would support reunification of the newborn with the biological parent(s);
    - b. Secure background information from the birth parents (including a copy of the birth certificate) and inform of the provisions of the Adoption Reunion Registry in accordance with policy [11.1 Adoption: Preparation for Adoption](#); and
    - c. Construct a genogram to identify the relatives, family's support system, and possible placement resources.
  7. Confirm with law enforcement that no child resembling the newborn's age and/or description has been reported missing, when the newborns' identity cannot be verified through official documents (i.e., birth records, birth certificate).
  8. Conduct a diligent search and contact individuals who may be willing to serve as a placement resource for the newborn when the biological mother or father's identity is known in accordance with policy [19.20 Case Management: Diligent Search](#).
  9. Arrange for a placement in accordance with policy [10.1 Foster Care: Placement of a Child](#).
  10. Complete and submit the Children 1st Referral and Screening Form for the newborn for a development assessment (see policy [19.28 Case Management: Children 1st and Babies Can't Wait](#)).
  11. Participate in the case transfer process in accordance [19.4 Case Management: Case Transfer](#).
  12. Complete the following in Georgia SHINES:
    - a. Custody Tab generating the FCC stage.
      - i. Select "Court Ordered" as the removal type;
      - ii. Select "Relinquishment" as the caretaker related removal reason; and
      - iii. Denote in the comments that this is a Safe Place for Newborns case.
    - b. Legal Actions page to capture the Emergency Shelter Care hearing and the Preliminary Protective (72 hr.) findings issued by the Juvenile Court. Submit the page for Supervisor approval upon completion.
  13. Investigation Conclusion page:
    - a. Complete the Investigation Conclusion Summary; and
    - b. Select Special Circumstances-Open for Placement Services as the investigation disposition.

**NOTE:** This assessment is not an investigation. Maltreatment codes will not be identified, and the allegation detail page will not generate.
  14. Submit the Special Circumstance Safe Place for Newborns to the Social Services Supervisor (SSS) for approval within 45 calendar days of the receipt of the intake report.

The SSS will:

1. Conduct a supervisor staffing with the SSCM prior to initial contact to:
  - a. Verify the case meets the criteria for the Safe Place for Newborn Act;
  - b. Provide guidance to ensure physical and legal custody of the newborn is taken within six hours of receipt of the intake report.
2. Document the supervisor staffing in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).
3. Ensure the biological parent(s) are interviewed, when their identity is known, to offer services to support reunification, secure background information and inform of the provisions of the Adoption Reunion Registry in accordance with policy [11.1 Adoption: Preparation for Adoption](#).
4. Ensure a diligent search is completed when the identity of the biological parent(s) is known.
5. Ensure the newborn receives a medical evaluation and clearance.
6. Assist the SSCM in arranging a placement for the child in accordance with policy [10.1 Foster Care: Placement of a Child](#).
7. Ensure the newborn is referred to Babies Can't Wait in accordance with policy [19.28 Case Management: Children 1st and Babies Can't Wait](#).
8. Participate in the case transfer process in accordance with policy [19.4 Case Management: Case Transfer](#).
9. Review the submitted Special Circumstance Safe Place for Newborn make an approval decision in Georgia SHINES within 45 calendar days of receipt of the intake report.

## **PRACTICE GUIDANCE**

Georgia's safe haven law, the Safe Place for Newborns Act of 2002, provides an opportunity for mothers in crisis to safely relinquish their newborn babies to designated locations where the babies are protected. The purpose of the law is to protect newborns from endangerment by providing mothers an alternative to abandonment. The Act shields the mother from prosecution for abandonment or neglect if the following requirements are met:

1. The newborn baby must be no more than 30 days old; and
2. The newborn is left in the physical custody of a paid or volunteer agent, employee, or member of the staff who is on duty at a medical facility, fire station, or police station.

The mother is not required to provide identification upon leaving the newborn at an approved safe haven location; however, if she is willing, the individual receiving the newborn should obtain her name and address. The Act also has provisions for the medical facility, fire station, and police station to notify DFCS at the time the newborn is left. Upon notification, DFCS shall take physical custody of the child within six hours. Upon taking physical custody, DFCS shall promptly bring the child before the juvenile court.

### **Safe Place for Newborns – When is Diligent Search Applicable?**

The Safe Place for Newborn Act allows the mother, if willing, to provide her name and address to the Safe Haven provider. When the mother discloses her information, anonymity does not apply and DFCS is required to conduct a diligent search in accordance with policy [19.20 Case Management: Diligent Search](#). For example, a mother gave birth in the hospital and left the infant at the hospital; anonymity does not apply because she disclosed her information to the

hospital during registration. When the mother does not willingly provide her name and address, to the Safe Haven provider she is considered “anonymous”. The mother has the right to remain anonymous and DFCS should make no further efforts to determine her identity. In this circumstance, DFCS is unable to conduct a diligent search due to the lack of information, and this must be clearly documented in the case record.

<b>FORMS AND TOOLS</b>
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N/A