

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Administrative Issuance: CFSA-11-3.2

TO: Staff

FROM: Ann Reilly
Deputy Director for Program Operations

DATE: June 20, 2011 [Modified & Reissued June 19, 2020]

RE: Implementing the Safe Haven Legislation

The Child and Family Services Agency (CFSA) upholds its commitment to children and youth by protecting the safety, permanency, and well-being of every newborn brought into the child welfare system through the District's *Newborn Safe Haven Amendment Act of 2010* (the Act). The Act allows a parent who is a resident of the District to anonymously surrender, under certain conditions, a newborn to an Authorized Receiving Facility (as of the date of this issuance only District of Columbia hospital are Authorized Receiving Facilities (ARFs)) without classifying the newborn as a neglected child. Such a parent is not required to disclose any information except that he or she is the natural parent of the newborn and is a resident of the District of Columbia. The parent shall not have his or her name entered into the Child Protection Register as a result of surrendering a newborn under the protection of the Act, even after CFSA involvement, provided that the Act requirements are followed. As always, the safety, well-being, and permanency of children is CFSA's primary mission and obligation.

This administrative issuance provides the guidelines and procedures that must be followed by CFSA when a newborn is surrendered to an Authorized Receiving Facility (ARF) under the Act. For purposes of this issuance, an ARF shall be considered any District of Columbia hospital. In accordance with the Act, the Mayor shall have the right to designate additional facilities. As of the writing of this administrative issuance, the Mayor has not designated additional facilities. *Note: CFSA is not designated as an ARF and therefore any newborn brought to CFSA cannot be considered "surrendered" in compliance with the Act. Other examples of facilities that are NOT ARFs are police and fire stations, libraries and school. In such situations of a baby being left in these non ARFs, the CFSA Hotline shall be notified. The Hotline shall accept the referral and follow their normal procedures.*

If you have any questions regarding this issuance, please contact the Office of the General Counsel. If you have questions regarding a surrendered child, please contact CFSA's Permanency Administration.

General Considerations

It is the responsibility and authority of CFSA to collaborate professionally and expediently with any ARF that has notified the Agency that a parent has surrendered a newborn. "Surrender" is defined by a parent bringing a newborn to an ARF during its hours of operation and leaving the newborn with personnel from that facility. "Newborn" is defined as an infant reasonably believed to be 14 days old or less, according to a licensed physician or other person authorized to accept the surrender. A "surrendered newborn" is one whose parent has refused or is unable to assume the responsibility for the infant's care and is brought to an ARF by that parent, left with ARF personnel, and otherwise meets the requirements of the Act.

Process for Transferring a Newborn to CFSA

In order to ensure the smooth transition of a surrendered newborn from an ARF to CFSA, CFSA employees should be familiar with the steps legislatively required of the hospital and CFSA:

1. Except where there is actual or suspected child maltreatment, the surrender of a child must meet the following eligibility requirements:
 - a. The person surrendering the child must be the child's custodial parent and must be a resident of the District of Columbia.
 - b. A licensed physician or other person authorized to accept the surrender must reasonably believe that the infant is 14 days old or less.

2. The surrendering parent has the right to remain anonymous and to leave the place of surrender at any time. The parent shall not be pursued by any person at the time of surrender or prosecuted for the surrender of the newborn. Authorized personnel from the ARF, however, must take the following steps:
 - a. Make a reasonable effort to obtain family and medical history from the surrendering parent, including personal information such as both of the parents' identities.
 - b. Provide to the surrendering parent information on adoption and counseling services.
 - The District's Department of Behavioral Health (DBH) has several core service agencies available to provide the type of counseling that might be needed under these circumstances. The ARF employee should refer the parent surrendering the infant to the DBH Access Helpline at 1(888)7WE-HELP or 1-888-793-4357.
 - c. Complete the *Newborn Safe Haven ARF Report* (see Attachment A), which shall (at a minimum) contain the information delineated below:
 - i. The name of the employee receiving the surrendered newborn
 - ii. The name of the ARF
 - iii. The date of the surrender
 - iv. The time of the surrender
 - v. Family and medical information, if available
 - vi. Acknowledgement by the surrendering parent that he or she is the parent of the surrendered newborn and is a resident of the District of Columbia
 - vii. The circumstances of the surrender
 - viii. The reason why a physician or the person receiving the newborn reasonably believes that the newborn is 14 days old or younger
 - ix. Whether the parent was provided with information on adoption and counseling or the reason, if any, as to why information on adoption and counseling was not provided
 - d. Contact CFSA's Safe Haven Safety Line at 1-855-442-2229 within one hour of the surrender.
3. If a parent arrives at the ARF after surrendering a newborn and requests that the newborn be returned, the facility must advise the parent to contact CFSA.
4. The act of surrender constitutes implied consent for the hospital's medical personnel to treat and provide care, including a medical screening for the newborn, and for CFSA to arrange for placement to a pre-adoptive home, whenever possible.

CFSA Intake Procedures for a Surrendered Newborn

Two designated Permanency Administration staff members (hereafter "designated staff member") shall rotate responsibility for receiving calls on the dedicated CFSA Safe Haven Safety Line (1-855-442-2229). The line shall be open 24 hours a day, seven days a week. In addition, a Permanency Administration program manager and supervisor shall serve as back-up personnel in the event that the designated staff members are on leave or otherwise unavailable.

The moment a designated staff member has received a call from an ARF relating to the surrender of an infant, the following steps shall be taken:

1. The designated staff member shall determine over the phone in discussion with the ARF personnel whether the infant is eligible for surrender under the Act in accordance with the criteria stated above.
 - a. If the infant is not considered eligible based on any of the criteria cited above, the designated staff member shall instruct the ARF to contact the CFSA Hotline.
 - If the infant is ineligible due to residency of the parent in another state, the designated staff member shall instruct the ARF to contact the equivalent of CFSA's Child Protective Services Administration for that jurisdiction.

- b. If the infant meets the criteria for inclusion in the Act, the staff member shall take the following steps:
 - i. Record the telephone conversation with the ARF representative in the Safe Haven Log Book. The following information shall be included in the log:
 - a) Date and time of the call
 - b) Name of ARF representative
 - c) Available information regarding the infant's eligibility for being surrendered per the Act
 - ii. Contact the Placement Unit so that a resource development specialist can begin the process of identifying a pre-adoptive home for the infant. The resource development specialist shall proceed as with any other private adoption in accordance with CFSA policies and procedures.
 - iii. Open a non-investigative case through FACES. *Note: the private adoption process for a surrendered adoption precludes any FACES-generated payments or subsidies to the pre-adoptive parents. If no pre-adoptive home is immediately available, CFSA shall temporarily place the child and ensure payments as appropriate to the placement provider. The staff member shall consult with his or her supervisor for further direction.*
 - iv. Secure one of CFSA's infant car seats and install it in the vehicle that will be used to safely pick up the infant at the ARF as soon as possible but no later than 23 hours after the surrender.
 - v. Upon arrival at the ARF, the designated staff member shall complete the following tasks:
 - a) Show the CFSA identification badge to the ARF representative.
 - b) Obtain a completed copy of the ARF Report on or before the time that CFSA has assumed physical custody of the newborn (see Attachment A).
 - *CFSA cannot accept a child as a "surrendered newborn" without a completed ARF Report. If necessary, the designated staff member must either inform ARF personnel that CFSA has already provided ARF with copies of the blank report or direct the personnel to the Agency's website to download the blank report.*
 - c) Request a copy of any medical screenings or assessments that may have been performed by the hospital. *Note: the designated staff member may request a screening to be performed if an appropriate hospital staff member is in a position to do so under the circumstances.*
 - d) Request any other items that may have been surrendered with the infant, including any items that the hospital offers to ensure that the infant's immediate needs are met (e.g., diapers, formula, swaddling clothes).

Note: Once the designated staff member has accepted the Newborn Safe Haven Authorized Receiving Facility Report, CFSA shall assume immediate care, custody and control of the surrendered newborn. The standard 72-hour waiting period for relinquishment of parental rights does not apply under the terms of the Act.
 - vi. The designated staff member shall ensure that the infant receives a medical screening.
 - a) If the hospital has provided a medical screening for the infant, the designated staff member shall coordinate with the resource development specialist to transport the infant to the identified pre-adoptive home or placement resource.
 - b) If the hospital has not provided a screening, the designated staff member shall transport the infant to CFSA's Healthy Horizons Assessment Center for the screening, and then coordinate with the resource development specialist for transportation to the identified home or placement
2. The designated staff member shall have the pre-adoptive parent(s) review and sign the *Placement Agreement* (attached) at the time of placement.
3. Within 90 days of the surrender, CFSA shall attempt to identify, locate, and notify the non-surrendering parent through each of the following two activities:
 - a. Request the Metropolitan Police Department to conduct a missing child search.

- b. Publish a notice of surrender in at least one newspaper that serves the District of Columbia metropolitan area. The designated staff member shall contact the appropriate “Legal Notices” division of the newspaper and request that the notice be published at least once a week for three successive weeks. The notice shall be published no earlier than 30 days after the surrender and no later than 90 days after the surrender. Notices of surrender shall include the following information:
 - i. The place, date, and time of the surrender.
 - ii. The sex, race, approximate age, and any identifying marks of the surrendered newborn.
 - iii. Any other identifying information that CFSA has about the newborn and any additional information that CFSA considers necessary or useful.
 - iv. A statement that the non-surrendering parent or any other contact person set forth in the notice must notify CFSA of the intent to exercise his or her parental rights and responsibilities within 20 days of the notice’s publication. If the parent does not contact CFSA, this shall be deemed the parent’s irrevocable consent to the termination of all parental rights as well as any right to notice of, or opportunity to participate in, any proceedings related to the termination of parental rights involving the surrendered newborn.
4. The surrender may be revoked and parental rights restored in accordance with a 14-day revocation period provided for by DC Official Code § 4-1406(c) and (d) under the following provisions:
 - a. The parent agrees to genetic testing to establish maternity or paternity.
 - b. The genetic test establishes that the surrendering parent is the biological parent of the newborn.
 - c. A risk assessment is conducted to determine if a further investigation is necessary or if the family needs to be referred for support services and is referred accordingly.
5. Once the 14-day revocation has expired, the assigned CFSA social worker shall within 20 days file a relinquishment of parental rights as well as any revocation of the relinquishment in a properly sealed file with the Family Court of the Superior Court for the District of Columbia, along with the original *Newborn Safe Haven Authorized Receiving Facility Report*. One copy of the report shall remain with the ARF and one copy shall be kept in the child’s adoption case file.

Relinquishment of Parental Rights

Surrender of a newborn pursuant to the guidelines of the Act constitutes an immediate relinquishment of parental rights.

Issues of Eligibility for Protecting a Newborn under the Act

Any one or more of the following circumstances shall make a newborn ineligible for surrender:

1. There is no accompanying *Newborn Safe Haven Authorized Receiving Facility Report* or it is incomplete.
2. The newborn is not reasonably believed by a licensed physician or other person authorized to accept the surrender to be 14 days old or less.
3. The person surrendering the newborn did not identify themselves as being a custodial parent.
4. The surrendering parent is not a resident of the District of Columbia.
5. The newborn was not surrendered during the ARF’s hours of operation.
6. There is actual or suspected child maltreatment.

When an ARF contacts CFSA about an infant that is not eligible for surrender under the Act, CFSA shall direct the ARF, or other facility at which the newborn was left, to file a report of abuse or neglect with the CFSA Hotline (202-671-SAFE [202-671-7233]). The ARF shall share any identifying information it has about the person who brought the infant to the facility with CFSA as well as with the District’s Metropolitan Police Department.

Signage

CFSA shall post uniform Safe Haven signs in a conspicuous place on the exterior of each ARF. The sign shall state in plain terms that a newborn may be surrendered at the facility and shall provide information about how a person can determine whether a particular newborn has been surrendered. The sign shall also list a toll-free number (1-855-442-2229) to call for further information.

ATTACHMENT A

CFSA-Recommended Newborn Safe Haven Guidelines for Hospitals

1) The Newborn Safe Haven Amendment Act of 2010 has authorized all hospitals in the District of Columbia to function as Authorized Receiving Facilities (ARFs) for acceptance of newborns for surrender. The Act states that “the act of surrender shall constitute implied consent” for medical treatment and care of the newborn by the hospital to which the newborn is surrendered or transported, in addition to further placement with CFSA.

2) Definitions: For purposes of this issuance, a “newborn” is an infant who is reasonably believed by a licensed physician or other person authorized to accept the surrender to be 14 days old or less. A “surrendered newborn” is (a) an infant whose custodial parent (who is a District resident) refuses or is unable to assume responsibility for the infant’s care, control, and subsistence; and (b) the infant is surrendered by that parent to an ARF during its hours of operation.

3) Authority to Receive the Newborn: designated hospital staff must be identified, authorized, and trained in procedures and awareness that the hospital is designated by law as an ARF for purposes of receiving surrendered infants by a parent or parents during the hospital’s hours of operation.

4) Four Criteria for Surrender: (a) there must be no actual or suspected child abuse and neglect of the newborn, (b) a custodial parent of the newborn must surrender the newborn, (c) the custodial parent of the newborn must be a resident of the District of Columbia, and (d) the surrender must take place at an ARF to ARF personnel during its hours of operation. **If the surrender does not meet all of the four criteria**, the infant shall be handled according to normal hospital procedures. As mandated reporters, hospital staff is required to notify the Child and Family Services Agency’s (CFSA) Child Protective Services Hotline at (202) 671-SAFE (7233).

5) Medical Treatment of a Surrendered Newborn: as noted under item # 1 above, hospital staff shall provide the infant with any needed medical care.

6) Medical Care & Service Referrals: the parent is free to walk away, but a birth parent may be in need of medical attention and/or social services (e.g. adoption and counseling). Hospital staff should explain that by accepting the offered services, parents will not be giving up the legal protections or anonymity guaranteed under the Safe Haven law.

7) Reasonable Efforts to Obtain Family and Medical History: the law requires the ARF to make a reasonable effort to obtain family and medical history from the surrendering parent without seeking personal information such as the parent’s actual identity or address. The authorized staff member should assist the parent in filling out the attached voluntary family/medical questionnaire, or complete the report if the parent is unable to do so. The staff member should also explain that they are required to seek answers to family and medical history and that the parents are not required to answer. The questionnaire is designed to gather important information, which may be helpful in caring for the infant. Even if parents give their names, they have the same legal protections as those giving up their children anonymously. If the child meets the above-cited criteria for surrender, the parent cannot be arrested or tried for abandonment or charged with child abuse or neglect. *Note: even if the surrendering parent does not leave any information, there are sections of the attached report that the authorized ARF staff members are required to complete. **An incomplete report will not be accepted by CFSA; therefore the child will not be considered a “surrendered child”.** A written statement (see attached) must be received and accepted by CFSA before the Agency will assume physical custody of the newborn.*

8) Newborn Safe Haven Hotline: Hospital personnel must call CFSA’s Safe Haven Safety Line at 1-855-442-2229 within one hour of the surrender to report the surrender of an infant and to arrange transportation of the infant to CFSA within 23 hours.

9) Compliance with Court Orders Obtained By CFSA: The Family Court may order CFSA to take certain actions on behalf of the infant or to obtain certain services for the infant. Such orders might include DNA testing of the infant. Please make every effort to comply with these orders in a timely fashion.

10) Discharge of Infant: When the infant is ready to be discharged, CFSA will take custody and place the infant in a pre-adoptive or foster home.

11) Signage: the law requires signage that states in plain language that a newborn may be surrendered at this facility in accordance with the law. The ARF shall permit CFSA to post such signage in a conspicuous place on the exterior of the ARF.

12) Request by a Parent for Return of a Surrendered Infant: hospital staff members shall inform a parent requesting return of a surrendered infant that the newborn has been placed with CFSA. Hospital personnel shall instruct the parent to contact CFSA’s Safe Haven Safety Line at 1-855-442-2229.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



NEWBORN SAFE HAVEN: AUTHORIZED RECEIVING FACILITY REPORT

Introduction

The “*Newborn Safe Haven Temporary Act of 2009*” allows a parent to surrender a newborn infant, where there is no actual or suspected abuse or neglect, to an Authorized Receiving Facility (ARF) without being pursued by any person at the time of surrender or prosecuted for the surrender of the newborn. Under the law, hospitals and other places authorized by the Mayor are required to accept a surrendered newborn infant and to complete a written report to the Child and Family Services Agency (CFSA) before the Agency will take physical custody of the child. As of May 2020, only hospitals have been designated as ARFs. In order for the newborn to be determined to be a surrendered child, the ARF must first determine whether the person surrendering the newborn is a parent of the newborn as well as a resident of the District of Columbia, and that a physician or person authorized to receive the child has a reasonable belief that the newborn is 14 days old or less.

Authorized personnel receiving the surrendered newborn shall make a reasonable effort to obtain family and medical history from the surrendering parent, on an anonymous basis, without seeking personal information, such as the parents’ identity or address. Hospitals must transfer all information collected from the parent, and received from another ARF, with the infant to CFSA. ARF personnel must provide information on adoption and counseling services to the surrendering parent or state why they were unable to do so. This information is to be included on the ARF Report.

The ARF receiving a newborn shall immediately notify CFSA that a newborn has been surrendered, or if unable to contact CFSA immediately because of circumstances beyond its control, then it shall contact CFSA within 1 hour of the surrender. Once the infant is surrendered to the ARF, the hospital receiving the newborn obtains implied consent for the hospital’s medical personnel to treat and provide care for the newborn and arrange for further placement with CFSA.

CFSA will not accept physical custody of an infant surrendered under the “*Newborn Safe Haven Temporary Amendment Act of 2009*” without reviewing and accepting a completed “Newborn Safe Haven Authorized Receiving Facility Report. When a parent surrenders an infant, ARFs should request that the parent assist in completing Section D of this report, the “Newborn Safe Haven Voluntary Family and Medical Information”. Note that the parent is not required to assist or to answer the questions. If the parent does not answer questions, the ARF must still fill out the attached report.

Instructions:

- **Complete this attached report in its entirety.**
- **Provide the original completed report to the authorized CFSA official, prior to CFSA assuming physical custody.**

NEWBORN SAFE HAVEN: AUTHORIZED RECEIVING FACILITY REPORT

Section A: Authorized Receiving Facility (ARF)			
Facility Name:			
Address: <i>(Street Address/City/ State/Zip)</i>			
Name of Employee Receiving Surrendered Newborn <i>(last, first)</i>			Title
Employee Department:			
Employee Phone Number:			
Employee Email:			
Name of Employee Supervisor <i>(last, first)</i>			Title
Supervisor Phone Number:		Supervisor Email:	
Section B: General Description of Interaction with Surrendering Parent			
<p>Reminder: In order for the newborn to be considered a surrendered child, the ARF must first determine whether the person surrendering the newborn is a custodial parent of the newborn as well as a resident of the District of Columbia, and that a physician or person authorized to receive the child has a reasonable belief that the newborn is 14 days old or less. There must also be no actual or suspected child maltreatment.</p> <p>a. I believe the person surrendering the newborn is the infant's custodial parent.</p> <p>Yes. <input type="checkbox"/> Why?</p> <p>The person surrendering the newborn said that s/he is the custodial parent and I have no reason to doubt it. <input type="checkbox"/></p> <p>Other <input type="checkbox"/> Please explain:</p> <p>If you did not check either of the boxes above, you must immediately report the newborn as a maltreated child to the CFSA Hotline at 671-7233. Stop filling out the report because this child does not quality as a surrendered newborn.</p> <p>b. There appears to be no actual or suspected child abuse or neglect of the surrendered infant.</p> <p>Yes <input type="checkbox"/> If you did not check "Yes", you must immediately report the newborn as a maltreated child to the CFSA Hotline at 671-7233. Stop filling out the report because this child does not quality as a surrendered newborn.</p> <p>c. The custodial parent surrendering the infant gave proof of residency or said that they were a resident in the District of Columbia. Yes <input type="checkbox"/> If you did not check "Yes", you must immediately report the newborn as a maltreated child to the CFSA Hotline at 671-7233. Stop filling out the report because this child does not quality as a surrendered newborn.</p> <p>d. A physician or other person authorized to accept the surrendered newborn reasonably believes that the infant is 14 days old or less. Yes <input type="checkbox"/> Why?</p> <p><input type="checkbox"/> The custodial parent said so and there is no reason to doubt it.</p> <p><input type="checkbox"/> The physician or other person authorized to accept the surrendered newborn said the child is 14 days old or less.</p> <p>Name of physician or authorized person:</p> <p>Telephone number:</p> <p>If you did not check "Yes", you must immediately report the newborn as a maltreated child to the CFSA Hotline at 671-7233. Stop filling out the report because this child does not quality as a surrendered newborn.</p>			

e. I asked the surrendering parent to provide family and medical history. Yes ☐ No ☐
 I was unable to ask because parent refused to give information (or left before giving information).
 Yes ☐ No ☐

f. I gave the surrendering parent information on adoption and counseling services.
 Yes ☐ No ☐
 I was unable because they refused or left the building. Yes ☐ No ☐

g. The baby was delivered/born in the hospital. The mother stated an intention to leave the baby in the hospital and use the SAFE HAVEN law to surrender the baby. The mother left the hospital without the baby and no family member or person expressed an interest in custody of the baby before the mother left the hospital.
 Yes ☐ No ☐

h. Is there any other information about the surrender of the infant that should be noted?

i. Date of surrender: _____

j. Time of surrender: _____

Section C: Signature	
Signature of Receiving Facility Employee:	
Print Name (Last/First Name):	Department and Title:
Date:	
Signature of CFSA Employee: (reviewed, accepted and physical custody transferred to CFSA)	
Print Name (Last/First Name):	Department and Title:
Phone number and email address	
Date:	

Under the Safe Haven law, a surrendering parent has the right to remain anonymous and not to provide authorized receiving facilities (ARFs) any personal information other than whether they are a District of Columbia resident and custodial parent of the newborn. ARF personnel, however, are required to make reasonable efforts to obtain family and medical information from the surrendering parent, including information on both parents' identities. ARFs are also required to fill out attachments A, B, and C of this report and include as much information as is known. If the attached voluntary family/medical questionnaire is filled out, the information should come directly from the surrendering parent. The authorized staff member should assist the parent in filling out the report, or complete the report if the parent is unable to do so. If necessary, attach additional sheets of paper.

Section D: Newborn Safe Haven Voluntary Family and Medical Information

I. Baby's Information

(Reminder: the parent is not required to provide this information to surrender the infant. If the parent does provide this information, it shall not be used against the parent in any manner. Even if the parent is not assisting in filling out this report, the ARF representative must complete the report in its entirety.)

- (1) What is the baby's date of birth? Month: Day: Year:
☐ **Unknown or No Information Given**
- (2) Prior to the surrender, has the baby been sick?
☐ **Yes** ☐ **No** ☐ **No Information Given**
- (3) Does the baby have any physical handicaps?
☐ **Yes** ☐ **No** ☐ **No Information Given**
- (4) Does the baby have any known mental or developmental problems?
☐ **Yes** ☐ **No** ☐ **No Information Given**
- (5) If you answered yes to any of these questions, please give details:
- (6) What is the baby's first and middle name?
☐ **No Information Given**
- (7) Please identify the child's race:
☐ **African American or Black**
☐ **American Indian**
☐ **Asian**
☐ **Hispanic or Latino**
☐ **Native Hawaiian and Other Pacific Islander**
☐ **White**
☐ **Other, please indicate:**
☐ **No Information Given**
- (8) Did mother receive medical care during her pregnancy?
☐ **Yes** ☐ **No** ☐ **No Information Given**
- (9) Where was the baby delivered?
☐ **Hospital** ☐ **Birthing Center** ☐ **Home** ☐ **Other** ☐ **No Information Given**
If "other", please describe:
- (10) Was the baby full term (9 months)?
☐ **Yes** ☐ **No** ☐ **No Information Given**
- (11) If not, how long was the mother pregnant? Months: Days:
☐ **No Information Given**
- (12) What was the infant's birth weight? Pounds: Ounces:
☐ **No Information Given**

(13) Please provide any available information on the reasons the parent surrendered the baby:

☐ **No Information Given**

II. Mother's Medical History

(Reminder: the parent is not required to provide this information to surrender the infant. If the parent does provide this information, it shall not be used against the parent in any manner. Even if the parent is not assisting in filling out this report, the ARF representative must complete the report in its entirety.)

Information provided by Mother ☐ Father ☐ Other ☐ _____

(14) Mother's Name _____

☐ **No Information Given**

(15) If the mother has other children, how many? _____

☐ **No Information Given**

(16) Race of mother:

- ☐ **African American or Black**
- ☐ **American Indian**
- ☐ **Asian**
- ☐ **Hispanic or Latino**
- ☐ **Native Hawaiian and Other Pacific Islander**
- ☐ **White**
- ☐ **Other, please indicate:**
- ☐ **No Information Given**

(17) Age of mother:

☐ **No Information Given**

(18) Has the mother ever had a serious medical problem? (e.g., heart disease, blood pressure, diabetes, cancer)

☐ **Yes** ☐ **No** ☐ **No Information Given**

(19) History of mental illness? (e.g., depression, anxiety, mood disorder)

☐ **Yes** ☐ **No** ☐ **No Information Given**

(20) HIV or AIDS positive?

☐ **Yes** ☐ **No** ☐ **No Information Given**

(21) Drug or alcohol abuse?

☐ **Yes** ☐ **No** ☐ **No Information Given**

(22) Drug or alcohol use during the pregnancy?

☐ **Yes** ☐ **No** ☐ **No Information Given**

(23) If you answered "yes" to any of the above questions, please give details:

(24) Is there any other information about the mother or the maternal family that should be reported?

☐ **No Additional Information Given**

III. Father's Medical History

(Reminder: the parent is not required to provide this information to surrender the infant. If the parent does provide this information, it shall not be used against the parent in any manner. Even if the parent is not assisting in filling out this report, the ARF representative must complete the report in its entirety.)

Information provided by Father ☐ Mother ☐ Other ☐ _____

(25) Father's Name _____

(26) Race of father:

- ☐ **African American or Black**
- ☐ **American Indian**
- ☐ **Asian**
- ☐ **Hispanic or Latino**
- ☐ **Native Hawaiian and Other Pacific Islander**
- ☐ **White**
- ☐ **Other, please indicate:**
- ☐ **No Information Given**

(27) Age of father:

☐ **No Information Given**

(28) Has the father ever had a serious medical problem? (e.g., heart disease, blood pressure, diabetes, cancer)

☐ **Yes** ☐ **No** ☐ **No Information Given**

(29) History of mental illness? (e.g., depression, anxiety, mood disorder)

☐ **Yes** ☐ **No** ☐ **No Information Given**

(30) HIV or AIDS positive?

☐ **Yes** ☐ **No** ☐ **No Information Given**

(31) Drug or alcohol abuse?

☐ **Yes** ☐ **No** ☐ **No Information Given**

(32) If you answered "yes" to any of the above questions, please give details:

☐ **No Information Given**

(33) Is there any other information about the father or the paternal family that should be reported?

☐ **No Additional Information Given**

****End of ARF Report****

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



PLACEMENT AGREEMENT

Click or tap to enter a date.

Dear Click or tap here to enter text.

Thank you for your interest in taking baby boy/girl into your home with the immediate goal of adoption. As we discussed, this infant has been surrendered to CFSA by a parent or both parents under the District of Columbia's Newborn Safe Haven Amendment Act of 2010 also known as "Safe Haven law".

The baby is placed in your care under the Safe Haven law, and the baby has not been found to be abused and/or neglected. Consequently, this child is not in foster care, and is not eligible for benefits and/or services that are rendered to children and families in foster care. As a parent to a Safe Haven baby, you will receive no financial support to care for this baby, now or in the future. This includes NO foster care payments, adoption subsidy or other financial support, with the possible exception stated in the next paragraph.

A Safe Haven baby is NOT eligible for Medicaid. You will be responsible for getting this baby on your health insurance as soon as possible. CFSA will assist you paying the reasonable costs of medical care up until the finalization of the adoption.

The parent who surrendered the baby under the Safe Haven law has relinquished his/her parental rights. However, CFSA will search for the "other" parent.

Please initial each paragraph indicating that you understand what you will or will not receive by accepting this baby into your home. Thank you for agreeing to take this baby into your home and agreeing to adopt the baby.

Although I may be licensed to be a resource parent, who would receive foster care payments, for children who are committed to the District of Columbia, under the Safe Haven provisions, I will not receive any financial support from CFSA. Neither I, nor the child, will receive any short or long-term financial support, including foster care payments or adoption subsidy.

Initial

Because the child is a Safe Haven baby, the child is not eligible for Medicaid. However, until the finalization of adoption, CFSA will reimburse me for my expenditures for the reasonable cost of medical care expenses. I may be able to add this baby to my current medical coverage and I will contact my insurer now.

Initial

Because the baby may have been surrendered only by one parent, CFSA is obligated by law to publish notice to the "other" (non-surrendering) parent, through publication in a newspaper, or other methods. CFSA does not have the name of the "other" parent but it is possible that CFSA will identify and locate the "other" parent. If that happens, CFSA has an obligation to ascertain whether the other parent is interested in parenting this child, as his/her parental rights are still intact.

Initial

Because the baby did not come to CFSA through the foster care system, this is considered a “private adoption” and CFSA will not reimburse me for the costs of an attorney or related fees pertaining to the adoption process.

Initial

A social worker will be assigned to this baby and will visit my home weekly for the first four weeks to assist me with parenting/safety concerns/other issues as necessary. After the first 4 weeks, monthly visits will be held until the finalization of the adoption, unless more frequent visits are deemed necessary by the assigned social worker.

Initial

A social worker will, if I choose, direct me to CFSA’s Office of Volunteer Services’ boutique so I may pick out some clothes and supplies. I understand that there is no guarantee there will be a sufficient supply and I will have to purchase the items on my own.

Initial

I have read and understand all the above. I have been given the opportunity to ask questions about this placement and have signed my name indicating that I understand that I will not receive monetary support, except for possible reimbursement for medical expenses, until the finalization of the adoption.

Printed name of adoptive parent

Signature

Printed name of where baby is currently placed

Signature

Name of Social Worker: _____

Social Worker’s Telephone Number: _____

Social Worker’s Email Address: _____

Name of Social Worker Supervisor: _____

Supervisor’s Telephone Number: _____

Social Worker’s Email Address: _____

Name of Others at CFSA: _____

Others’ Telephone Number(s): _____

Others’ Email Address(es): _____