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A Study of Safe Haven Baby Laws in the United States: One Life Saved or Too Many Unknowns to Evaluate?

Kolby Brock
Ohio Wesleyan University

OHIO WESLEYAN UNIVERSITY

A Study of Safe Haven Baby Laws in the United States: One Life Saved or Too Many Unknowns to Evaluate?

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Kolby Brock

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Honors Examining Committee Members

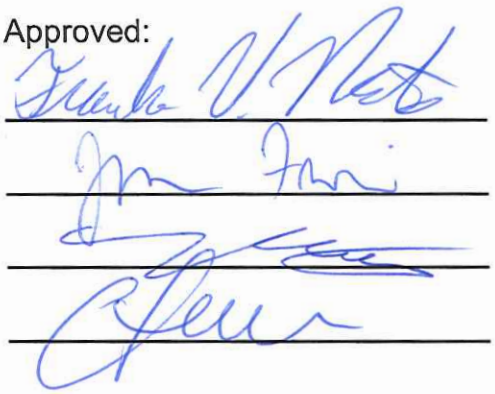
Dr. Franchesca Nestor (Project Advisor)

Dr. James Franklin

Dr. Matthew Vollrath

Dr. Christopher Modica

Approved:



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Introduction

In the 6-3 decision of Dobbs v. Jackson Women's Health Organization (2022), the U.S. Supreme Court made a landmark decision in overturning both Roe v. Wade (1973) and Planned Parenthood v. Casey (1992) as legal precedents. The court found that the United States Constitution did not confer the right to abortion and gave power to individual state jurisdictions to regulate any aspect of abortion not protected by federal law. As a result, many states have moved to restrict or outlaw abortion access or abortion procedures. This ruling has led to a resurgence of attention and more significant consideration of lesser-known and seldom utilized laws, called “Baby Moses,” “Safe Haven,” or “Safe Surrender” laws. Safe Haven laws allow parents or guardians to legally relinquish an infant without fear of prosecution at a designated safe site, where the infants are provided with temporary care until placed into the care of Child Service Professionals. These laws were directly mentioned by the majority opinion as a “modern development” that abortion opponents see as a justification for abortion to be restricted.

However, the minority opinion notes that Safe Haven laws were not created to be a viable alternative to abortion access but were originally designed to prevent the most extreme cases of child abandonment (Dobbs v. Jackson, 2022). A review of current Safe Haven laws indicates that the minority opinion's description of the law's purpose is largely accurate. Parents in most states can be charged with a felony for abandonment of a child when “a parent or guardian willfully deserts a child or willfully surrenders physical possession of a child without making adequate arrangements for the child's needs or the continuing care of the child” (Title 63, 2022). Extreme cases of abandonment include where: (1) a parent(s) in crisis abandons an infant with the intent

for the baby to possibly be found by someone else or die, (2) situations of infanticide where a parent(s) intentionally kills an infant within the first 24 hours after birth, and/or (3) neonaticide where a parent(s) kills an infant within a year of its birth.

The category of Safe Haven laws and programs emerged from child welfare agencies and state legislatures' attempts to devise a method to address what appeared to be a disturbing and increasing trend of babies being abandoned in public places in the 1990s, such as alleys, bathrooms, churches, parking lots, roads, trash cans, schools, outside hospitals, parks, stranger's doorsteps, and more. The United States Department of Health and Human Services (HHS) Administration for Children and Families conducted two studies in the 1990s, finding that in 1991, 65 babies were abandoned, with eight found deceased. This number increased to 105 babies abandoned, with 33 found deceased by 1998. The states of Texas and Illinois saw roughly thirty-three abandoned infants, and Washington saw roughly ten abandoned infants each year before 1999, with other states showing similar abandonment numbers. In an effort to try to curb this problem, the first statewide Safe Haven law was passed in Texas in 1999. The law gave legal protection to mothers who anonymously surrendered their infants to any hospital, fire station, or emergency medical services (EMS) station in the state within up to 60 days of birth rather than abandoning them as long as the baby showed no signs of abuse. As a complement to ensuring surrendered babies would receive proper care, the law also streamlined the process of placing an infant into foster care.

The Texas Safe Haven law was passed in reaction to a series of disturbing high-profile illegal infant abandonment cases that occurred in the Houston Metropolitan area,

where thirteen infants were found abandoned, with three infants being found deceased. The most high-profile case was that of a 15-year-old mother who was charged with murder as an adult after she killed her newborn with multiple blows to the head and then dumped the body in a high school garbage can. These cases left the public and government officials in shock and led to the creation of a public and private joint task force led by Houston Congresswoman Sheila Jackson Lee. The abandonment task force launched a public information campaign with billboards targeting young mothers with the message “Don’t Abandon Your Baby.” It also provided a toll-free number to the Texas Baby Moses Hotline 1-877-904-SAVE, which continues today to give mothers information on the state law (Texas Archive of the Moving Image, 1999; Yardley, 1999; U.S. Legal, 2023).

Within a year after the passage of the Texas Safe Haven Law, several other states had also passed similar legislation, and by 2000, the federal government passed the Infant Adoption Awareness Act, providing funding to states that enacted Safe Haven legislation. This act also required states to provide education and outreach to inform the public about Safe Haven laws and the importance of seeking help if they were considering abandoning their infant (Dailard, 2004). All jurisdictions that have implemented Safe Haven laws share the common goal of preventing infant abandonment or homicide and ensuring that infants are placed in safe homes. These laws are not uniform from state to state, however, with considerable variation in terms of the surrendering age limit of the infant, who may surrender an infant, approved surrendering locations, the termination of parental rights, and the level of anonymity of the parent or guardian. Nevertheless, there are commonalities in that:

(1) A parent(s) is allowed to surrender their infant/newborn at designated approved safe locations. The definition of an infant/newborn varies by state. However, it typically refers to infants who are less than a certain number of days old, usually between three and thirty days.

(2) Laws require that the infant be surrendered to a designated safe location, such as a hospital, fire station, or police station. These locations are required to accept the infant without asking any questions or requiring identifying information from the parent. The infant is then taken into custody by child protective services or a licensed adoption agency and placed into a safe home.

(3) Laws provide a certain level of anonymity for the parents who surrender the infant, depending on each state's law. The parents are not always required to give their names or any other identifying information. Although, some jurisdictions ask for an optional infant medical history form.

(4) Laws provide immunity from prosecution for parents who surrender their infant. If a parent surrenders their baby to a safe location, and the baby shows no signs of abuse or neglect, the parents are not pursued by law enforcement or child protective services. However, the level of protection afforded to the individual who surrenders the child is variable, and states' definitions of abuse or neglect also vary (Atwood, 2008).

Clearly, the evidence above supports the Dobbs' minority opinion perspective of their purpose, but the majority's perception of the place of Safe Haven laws as an abortion preventative is not new. Safe Haven laws (SHL) have long been touted by anti-abortion and adoption advocates as viable abortion alternatives despite the rarity of their usage. In 2021, it was estimated that 73 (Burner, 2022) legal surrenders took place

within the United States, while another source estimates this number was higher, at 115 (Goldstein, 2022). Certainly, in the new, post-Roe environment, with sufficient information made available to the public, particularly expecting mothers, Safe Haven laws have the potential to more widely offer an alternative to mothers seeking to relinquish a baby when there is no access to abortion. However, there is little data collected on Safe Haven programs. There is a paucity of information on both a micro-level, such as the baby's medical history, and a macro-level, such as a study of the parents' circumstances that led to the relinquishment of a baby. At this time, neither the federal government nor most state governments have an official method or database for counting or recording abandoned or surrendered infants, so the prevalence of infant abandonment is, at large, unknown (Douglas et al., 2021). In light of this lack of data, Safe Haven laws cannot account for the underlying causes of child abandonment and infanticide. Further, Safe Haven laws cannot be touted as a viable alternative to the availability of abortion care. There exists no comprehensive study on the underlying causes of child abandonment and infanticide, and therefore little evidence of all the various social, demographic, socioeconomic, or health risk factors that comprise or contribute to the need for Safe Haven laws' existence.

There exists ample data, however, on the risk of failing to provide an accessible alternative to unwilling parents. According to a study by the Centers for Disease Control, infant homicide is the 13th leading cause of death among children less than one-year-old, and those parents most likely to commit infant homicide will do so within the first 24 hours of a newborn’s birth (Wilson et al., 2020). A 2002 study by Dr. Theresa Porter and Dr. Helen Gavin found that the probability of homicide for infants during their first day of

life is ten times greater than at any other age (Wilson et al., 2020). Studies have found that discarded infants die from various causes, including strangulation, drowning, hypothermia from exposure to the elements, stabbing, blunt force trauma, heart defects, and premature birth with a lack of medical care. Infant homicides are primarily perpetrated by the mother, who is likely to be at a young age, unmarried, with lower educational attainment, and attempting to hide an unintended pregnancy and nonhospital birthing, then discard the baby (Wilson et al., 2020; Douglas et al., 2021). Panic or shame have served as motivations for infant abandonment or homicide as a young mother may feel dissociation from pregnancy or incapable or be socioeconomically incapable of raising a baby or fearful of angering their parents (Goldstein, 2022; U.S. Legal, 2023). The mother could also be a victim of human trafficking, homeless, an undocumented immigrant without legal status, experiencing a family breakdown, or experiencing mental illness (Dodson, 2023). Therefore, Safe Haven legislation is often generally premised on the idea that fewer infants will be illegally abandoned if young women have a legal place to anonymously surrender their infant without facing prosecution. At the same time, the babies surrendered will receive the care they need and eventually be adopted (Dailard, 2000).

While Safe Haven laws provide a potential avenue for safety for infants and some parents, for them to constitute a true alternative to the availability of abortion care, a full examination of these laws is required to identify how these programs are currently working, how they could be improved, and how alternative policy approaches may favorably impact the legislation's original objective to help care for the most vulnerable members of society, newborns and infants. This paper analyzes Safe Haven baby laws

in their current form in the United States, finding that Safe Havens laws need to be a complement to other programs, as they alone cannot solve infant abandonment. My findings further recommend the need for policy modifications to Safe Haven laws to ensure data is being tracked to be analyzed. I also emphasize the need to build greater public awareness of the existence of Safe Haven policy.

The History of Safe Haven Laws

The 1988 bipartisan, federal Abandoned Infants Assistance (AIA) Act, authored by Ohio's U.S. Senator Howard Metzenbaum, was the first legislative action taken to address the issue of infant abandonment as a whole. This law provided funding for HHS National Abandoned Infants Assistance Resource Center (from 1988 to 2017) to provide medical attention and support to infants who were abandoned in hospitals or at risk of being abandoned due to being born exposed to drugs, human immunodeficiency virus (HIV), or acquired immune deficiency syndrome (AIDS). Prior to the AIA, many of these drug, HIV, or AIDS-affected babies were struck in hospitals for months after being abandoned as officials struggled to find them foster homes. As a result, the AIA also provided grant funding to nonprofit organizations to increase the number of foster parents, identify the needs of infants, implement residential care programs, support abandonment prevention programs, and train personnel to work with abandoned infants and their biological and adoptive families (Metzenbaum, 1988; Child Welfare Information Gateway, 2018).

Attention leading to statewide consideration of Safe Haven legislation came by way of a local initiative started in 1998 in Mobile, Alabama. Mobile's local NBC news reporter Jodi Brooks and the Mobile County District Attorney John Tyson worked

together to create the “Alabama Secret Safe Place” program to allow mothers to legally and safely relinquish an infant, no questions asked, if done so within 72 hours of giving birth. Brooks brought the issue of infant abandonment to Tyson after covering several cases of illegal infant abandonment and deaths ranging from infants found in bathrooms, dumpsters, and woods. However, the true focusing event to inspire the program’s creation was the case of a local mother who shockingly drowned her baby in a toilet (Carter, 2013; Douglas et al., 2021).

Following in the footsteps of this local initiative, the state of Texas passed the nation’s first Safe Haven Legislation (SHL) in 1999 to try to address the problem of infant abandonment and death in their own state. This law, known as the “Baby Moses Law” in Texas, allows a parent to surrender their baby to any hospital, fire station, or emergency medical services (EMS) station in the state within up to 60 days of birth as long as the baby shows no signs of abuse (Douglas et al., 2021). Afterward, as several other states had also been considering or passing similar legislation, the federal government passed the 2000 Infant Adoption Awareness Act, which provided funding to states that enacted Safe Haven laws. This act also required states to provide education and outreach to inform the public about Safe Haven laws and the importance of seeking help if they were considering abandoning their infant (Dailard, 2004). Since then, all fifty states, the District of Columbia, Guam, and Puerto Rico, have passed some form of Safe Haven legislation. The only remaining jurisdictions in the United States that currently do not have any legislation addressing abandoned infants are the U.S. territories of American Samoa, the Northern Mariana Islands, and the U.S. Virgin Islands (Child Welfare Information Gateway, 2021; Torres et al., 2021).

By 2004, as more and more states adopted Safe Haven legislation, the national nonprofit National Safe Haven Alliance (NSHA) was created. The NSHA aims to support parents facing unplanned pregnancies by providing safe alternatives that prevent infant abandonment and infanticide in the United States by promoting Safe Havens while providing holistic care for both parents and babies. The NSHA monitors and provides support to all U.S. states and territories in the area of infant surrender and has helped over 4,000 mothers surrender a baby to a Safe Haven site. As a part of NSHA, they provide a 24/7 crisis helpline at 1-888-510-BABY where a trained Crisis Response Team made of social workers and nurses can help talk callers through different options and work towards a plan that best fits the caller. Other toll-free hot lines have played a critical role as a part of the implementation of other social and health-related public policies, such as the 988 Suicide & Crisis Lifeline to help those in a mental health, suicide, or substance use crisis, which provides the most direct access for someone to receive life-saving care. The NSHA hotline provides the most direct access for callers to specifically talk through the options of parenting and available parenting resources, adoption, and adoption agencies, and lastly, a Safe Haven surrender (24/7 Crisis Hotline, 2023; Douglas et al., 2021).

While the development of the Safe Haven Laws has been slow, the introduction of new legislation and the need for further study can be expected to accelerate with the Dobbs decision effectively limiting the right to abortion. Going forward, consideration must be given to the challenges faced in evaluating Safe Haven laws and the changes which might be necessary in data gathering in order to have an effective analysis.

Who Can Utilize Safe Havens and When

Being that Safe Haven laws are not uniform from state to state, there is considerable variation in terms of the surrendered age limit of the infant, who may surrender an infant, approved surrendering locations, and the termination of parental rights. The age limits of infants able to be surrendered range from the shortest interval of fewer than 3 days old to the longest interval in North Dakota at less than one year. Table 1 below shows the jurisdiction(s) and their current corresponding age limit for when infants can be legally surrendered. An important distinction is that the North Dakota law aims to address neonaticide, whereas most states aim to address infanticide.

Table 1 – Jurisdictions and respective Safe Haven surrender age limit

U.S. State(s) or Territories	Surrender Age Limit
Alabama, Arizona, California, Colorado, Hawaii, Puerto Rico, Michigan, Mississippi, Utah, Washington, Wisconsin	< 3 days
Florida, Georgia, Massachusetts, Minnesota, New Hampshire, North Carolina, Oklahoma	< 7 days
Maryland	< 10 days
Delaware, District of Columbia, Tennessee, Wyoming	< 14 days
Alaska	< 21 days
Pennsylvania	28 days
Arkansas, Connecticut, Idaho, Illinois, Indiana, Iowa, Guam, Kentucky, Montana, Nebraska, Nevada, New Jersey, New York, Ohio, Oregon, Rhode Island, Vermont, Virginia, West Virginia	< 30 days
Maine	< 31 days
Kansas, Missouri	< 45 days
Louisiana, South Carolina, South Dakota, Texas	< 60 days
New Mexico	< 90 days
North Dakota	< 1 year

Data adapted from: Wilson et al., 2022; Howard, 2021; and Torres et al., 2021

Please see Addendum Exhibit 1 on pages 38-43 to view Table 2, which shows current state laws on eligibility for who can legally surrender an infant and what each jurisdiction has approved as a Safe Haven location. For example, in Alabama, only a parent (either mother or father) may legally surrender an infant, and the relinquishment must be to a hospital with an Emergency Room (ER). On the other hand, in Wyoming, the surrender of the child may be carried out by a parent or another person designated by the parent and may take place at any 24/7 full-time staffed hospital, fire station, police department, sheriff's office, or any other place approved by the State's Department of Family Services. In all cases, these sites can either provide short-term care for the infant or are required to quickly deliver a surrendered infant for medical evaluation and then transfer the infant to a state's social services department. An important distinction is that in four states (Georgia, Maryland, Minnesota, and Tennessee) and two U.S. territories (Guam and Puerto Rico), only the mother may legally surrender an infant, but not the father. According to a study by a Postdoctoral Fellow at Yale's Law School, Kathryn Thomas, and a University of Florida student researcher, Chloe Kaminsky (2022), two aspects of state Safe Haven laws account for 74.4% of the variation in infant mortality where only the mother is permitted to surrender an infant, and if there is no restriction on who is permitted to surrender an infant. This study indicates that limiting who may relinquish an infant could impede the success of Safe Haven legislation (Thomas & Kaminsky, 2022). In addition, many states allow anonymity for surrendering parents to remain anonymous, whereas others do not.

The act of surrendering an infant terminates parental rights to differing levels by each state. In terms of parental rights in eighteen states (Alaska, Delaware, Florida,

Idaho, Illinois, Kentucky, Michigan, Mississippi, Missouri, Montana, Nevada, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, West Virginia, and Wisconsin) Furthermore, only five states (Iowa, Missouri, Montana, South Dakota, and Tennessee) have specific provisions to allow for a non-surrendering father to seek custody of a surrendered infant. Twenty states (California, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Iowa, Kentucky, Louisiana, Michigan, Montana, Nevada, New Mexico, North Dakota, Ohio, Oklahoma, Tennessee, Wisconsin, and Wyoming) and Guam have specific provisions and instructions for surrendering parents to follow to reclaim surrendered infants. More generally, the parental rights of surrendering parents are quickly terminated so the infant can be permanently placed in a foster or adoptive home as soon as possible (Howard, 2021; Torres et al., 2021).

Effectiveness of Safe Havens

The goal of Safe Haven Legislation has been to provide for the safe surrender of infants who might otherwise be abandoned or killed, and in exchange, the parent is immune from legal prosecution. However, while these laws were designed to discourage infanticide, governments enacting the Safe Haven laws lack evidence of broad efficacy because of a lack of data collection. Questions such as (1) whether Safe Haven sites have decreased the prevalence of infant abandonment, (2) whether Safe Haven sites themselves have led to a decrease in infant homicide, or (3) what factors increase the risk for infant abandonment truly cannot be answered definitively as there is no widespread or confirmed historical data. The United States federal government at large and most individual states have not had and do not have an official method or database for counting abandoned or surrendered infants, so the prevalence rate of

infant abandonment is unknown. Past statewide studies have looked to either (1) newspaper accounts of abandoned live and deceased infants or (2) medical examiner's records about deceased infants to attempt to determine the effectiveness, application, or lack thereof in preventing infant abandonment and reducing the risk of harm or death to infants. However, this information can only go so far. Researchers may be able to get a general number of infants abandoned, but not every case will necessarily be covered by the media (Douglas et al., 2021). Medical records can also lump infant deaths into the broader categories of neglect or abuse, not accounting for abandoned infants (Yardley, 1999). As a result, there is a serious lack of substantive and complete data for which to analyze.

Legislative Outcomes

The Child Maltreatment Survey studied Texas' Safe Haven law spanning newspaper data from a 10-year period between 1996 to 2006, and found that infants continued to be illegally abandoned at roughly the same rate as they had been prior to the passage of the Safe Haven law. This finding demonstrates that Texas Safe Haven legislation may be ineffectual in achieving its aim to reduce illegal infant abandonment. Furthermore, data provided by the Illinois nonprofit Save Abandoned Babies Foundation stated that 36 infants had been surrendered at Texas Safe Havens, while the Child Maltreatment Survey had reported only that 11 infants were surrendered (Atwood, 2008). The range of infants legally surrendered across all states in 2021 also ranges from 73-115. Through Safe Haven legislation, an estimated range of between 4,100 to 4,382 to 4,524 to 4,709 infants have been safely surrendered nationwide since 1999. Estimates varying by reporting organizations such as the Charlotte Lozier Institute, the

National Safe Haven Alliance, Florida's A Safe Haven for Newborns, and Illinois' Save Abandoned Babies Foundation once again demonstrate disparities in the monitoring and evaluation of Safe Haven regulations. However, at least one infant is relinquished under Safe Haven laws every week (Wilson et al., 2020; Burner, 2022; Dodson, 2023).

Public Awareness and Education

Even though there is widespread acceptance of Safe Haven laws from a legislative and legal perspective, with Safe Havens in place in all fifty states, the District of Columbia, Guam, and Puerto Rico, babies are still being abandoned illegally. This highlights the need for greater public awareness and education on the availability of these programs. It does not appear that the general public is well informed about the existence of Safe Haven laws, despite governments and nonprofits continuing to make Safe Haven information available. (Please see Addendum Exhibits 2, 3, 4, and 5 on pages 44-48 for various promotional materials of Safe Haven programs.) The National Safe Haven Alliance reports 1,610 illegally abandoned infants at Safe Haven sites since 1999, of which 915 (56.83%) were found to be deceased (Burner, 2022). This number also does not account for the instances of illegal abandonment outside of Safe Haven sites, which may go uncounted but are sometimes highly covered by the news media. One such recent example that gained nationwide shock and media attention occurred in January 2021 in Hobbs, New Mexico, where an 18-year-old mother was charged with attempted murder and felony child abuse resulting in great bodily harm after she placed her newborn into a trash bag and threw the baby into a shopping center dumpster. The baby spent six hours in freezing temperatures and only survived because three unrelated individuals later discovered the baby crying while searching

through the dumpster. The group first assumed they had found an abandoned kitten until they opened the bag and discovered the newborn (Keys et al., 2022). While this individual case and similar cases involving infants abandoned in public places receive a tremendous amount of media attention, little information is available on the frequency of similar events (Dailard, 2000). As a result, some policy analysts say Safe Haven programs are “dubious” with “empirically doubtful efficacy,” merely serving as a “band-aid” on a much larger issue of what leads people to abandon infants in the first place, such as a lack of family support and/or financial issues (Bruce, 2016).

National Safe Haven Alliance Hotline Analysis

Caller data compiled by the National Safe Haven Alliance (NSHA) hotline will be helpful, but even that source’s data had not started to be recorded until 2018. An analysis of the available data from 2018 to 2019 found that of the 388 callers, only 9.3% wanted instructions on relinquishing an infant. More frequently, 56.5% of callers wanted to learn general information about Safe Havens themselves, and 13.7% of callers wanted information about adoptions. NSHA staff connected callers to other resources such as parenting and adoption agencies 69.2% of the time, a standard practice of helpline staff, shown by a study of a suicide helpline which found almost 60% of callers were referred to other resources that could assist. Only 18.1% of NSHA callers were provided information on how to relinquish an infant legally. However, a common problem with health-related case management is missing data concerning actions taken or follow-up with the callers. For example, between 2018 and 2019, NSHA only has "outcome" information on a total of 42 callers. Of the 42 callers, half chose to use a Safe Haven site, and the other half chose adoption (Douglas et al., 2021).

Without definite numbers, the total number of people impacted by Safe Haven policy will remain imprecise. There is no way to know for certain just how many infants' lives have been saved or how many parents would have been prosecuted for infant abandonment without Safe Haven laws. That said, a study of the impact of the Safe Haven Laws on the underlying social, demographic, socioeconomic, and health risk factors that comprise or may contribute to the underlying causes of child abandonment and infanticide is extremely difficult due to the anonymous nature of the relinquishments. Additionally, unlike many other policies, Safe Havens cannot be evaluated through a lens of economic efficiencies such as cost-benefit or cost-effectiveness or an environmental impact assessment. This results from the very nature of Safe Havens themselves as a unique policy area because the premise is often that people will only be more comfortable surrendering their infant if the program is anonymous, wherein data, therefore, cannot be collected to evaluate. As a result, Safe Havens may best be viewed from the perspective of saving one life being a success, and if this is accepted as the metric of success, then Safe Haven legislation has succeeded in saving a life more than 4,000 times. However, to say this is dubious because there is no way to know for certain if all those surrendering parents would have killed their infant otherwise or if an abandoned baby would have been found and saved without Safe Haven laws.

Suggested Improvements to Safe Haven Policies

Even if Safe Haven law's true effectiveness cannot be measured in its current forms, with the overturning of Roe v. Wade, these laws may become more necessary going forward. In order to be used more practically, a variety of data-tracking improvements and standardization of laws, rights, and obligations will be necessary.

Many state legislatures have seldom monitored or modified Safe Haven laws since they were first enacted 15-24 years ago, meaning that many states have not been measuring Safe Haven usage data nor the effectiveness of the programs. This is beginning to change with the overturning of Roe v. Wade. One example is in the State of Georgia, where the state legislature is currently considering expanding Safe Haven to include churches and child-placing agencies as approved locations for infant surrender. The aim of this modification of the current law is to include as many location options as possible, especially in rural areas with fewer Safe Haven sites. The addition of these sites could provide those in need with a closer option (Raymond, 2023). Another example is in the Commonwealth of Virginia, where the legislature - passed four bills with bipartisan support in 2022, which (1) expanded Safe Havens by extending the 14-day surrender period to up to 30 days, (2) allowed for infants to be surrendered to either emergency medical services personnel or a newborn safety device (baby box) staffed by an emergency medical services agency, and (3) required the Virginia Department of Social Services to launch a statewide marketing campaign and create a 24-hour hotline with information on Safe Haven Laws (Masters, 2022). The need to modernize the Safe Haven programs exists throughout the country since most of the current laws were created two decades ago and have never been modified. As many state legislators and advocacy groups are coming to the realization that there will be an increase in Safe Haven demand for those with restricted abortion access, the concept of expanding and improving Safe Havens is working its way to the forefront of discussion in state legislatures.

Improve Anonymity/Implementation of Baby Boxes

1) The most recent major development in Safe Haven legislation started in Indiana in 2016, with the idea of a complementary addition to existing Safe Haven sites in the form of a “newborn safety device” (baby box or baby drawer). If allowed in state law and for an additional $15,000-16,000 per site, existing Safe Havens locations such as fire stations and hospitals can install temperature-controlled, enclosed places for the completely discreet and anonymous surrender of infants (Miller, 2020; Richter, 2022). Even though state law may allow a surrendering parent to remain anonymous, as a result of peer pressure or shame, an individual may still be unwilling to utilize Safe Haven sites if they have to physically stand in front of another individual and tell them they are there to surrender their baby. Baby boxes eliminate the need for any face-to-face interaction and, as a result, should, at least in theory, make the idea of surrender more acceptable, viable, and effective. A surrendering parent would, for example, walk up to a fire station and open a small door triggering a silent alarm to alert staff to prepare to retrieve an infant. A second silent alarm is triggered when there is movement in the box, such as when the baby is placed into a padded bassinet inside. Lastly, upon closing the baby box door or pressing a button, a third silent alarm is triggered, automatically locking the box to protect the infant from the outside as staff quickly respond to care for the infant. (Please see Addendum Exhibit 6 on page 49 to see an image of the inside of a baby box at a fire station in Ocala, Florida.) The goal is for the baby to be retrieved by staff as quickly as possible, between less than a minute to at most four minutes. Currently,

there are at least 140 baby boxes located across Arizona, Arkansas, Florida, Indiana, Kentucky, New Mexico, North Carolina, Ohio, Pennsylvania, and Tennessee. Twenty-five infants have been left in the baby boxes since 2017, and the average amount of time a child has been inside a box is less than two minutes (Salcedo, 2020; Goldstein, 2022; Save Haven Baby Boxes, 2023).

Further developments in Safe Haven laws, including the addition of baby boxes, should be expected to take place in the near future in at least some states considering modernizing their current law. The most common suggestions to improve Safe Haven laws are to:

Expansion of Infant Surrender Period

2) Expand the Safe Haven infant surrender period to a longer time period, to say up to 30 days for the states that only allow infant surrender for shorter periods of time such as < 3 days, < 7 days, < 10 days, < 14 days, < 21 days, and 28 days. This would require modifications to the laws of 23 states (Alabama, Alaska, Arizona, California, Colorado, Delaware, Florida, Georgia, Hawaii, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, North Carolina, Oklahoma, Pennsylvania, Tennessee, Utah, Washington, Wisconsin, and Wyoming) and two U.S. territories (District of Columbia and Puerto Rico).

Increase Safe Haven Surrender Sites

3) Allow for the expansion of Safe Haven surrender sites to include more locations, such as licensed adoption agency offices, climate-controlled baby

boxes or baby drawers, community health centers, college counseling offices and campus police, staffed churches, social services offices, etc.

Equal Access Surrender

4) Remove the restriction in some states that only the mother can surrender an infant and allow the father to surrender the infant. This would require modifications to the laws of 4 states (Georgia, Maryland, Minnesota, and Tennessee) and two U.S. territories (Guam and Puerto Rico).

Modify Unharmed Definition

5) Modify the definition of most states that say infants can only legally be relinquished if “unharmed” to exclude substance abuse to allow for infants born addicted to drugs to be able to receive care. Without this modification, some drug-addicted or drug-affected infants may be more prone to instances of illegal infant abandonment or infanticide (Lewis & Oberman, 2023).

Extend Parental Right Timelines

6) Allow and, in some cases, extend the timelines for parental rights to be reestablished up to 30 days post-surrender prior to termination of parental rights, whether the mother or father. For example, in California, a surrendering parent has 14 days from the date they gave up their baby to regain custody, but in contrast, in Alaska, surrendering an infant terminates parental rights then and there. Parents generally relinquish their babies out of a crisis or out of desperation, not knowing what else to do. Some infants could be returned to their parents’ care if they are provided with parenting resources or are deemed fit at a later time (Donovan, 2023).

Expand Educational Campaigns

7) Improve policy implementation by building on existing or creating new educational campaigns resources such as hotlines and opportunities through signage and literature for the general public, especially youth in high school and college, to learn more about Safe Havens, which vary from state to state (Donovan, 2023). States could benefit from looking at Illinois, which provides targeted Safe Haven education as a part of their high school curriculum (Douglas et al., 2021). In contrast, when the first Safe Haven law out of Texas was passed, there was no designated government funding for a public awareness campaign, and the only way residents in Texas were made aware of the new policy was as a result of efforts by nonprofit organizations operating with limited resources (Atwood, 2008). Nationwide and state nonprofit groups focusing on reducing infant abandonment or, more specifically, on Safe Havens continue to play an important role in generating public awareness of Safe Havens' existence, even if a state's promotion of this resource is lacking.

Implement State Tracking Databases

8) Create statewide tracking databases of infant abandonment and surrender (Atwood, 2008). The previously described wide discrepancy between Safe Haven surrender numbers demonstrates that better recording of information would be valuable for state legislatures, nonprofits, and the general public to view and monitor. California can be looked to as a model for a statewide database through the Safely Surrendered Baby Report, first presented to the

state legislature in 2017. Since January 2001, all California counties have been required to track all Safely Surrendered Babies through the Child Welfare Services/Case Management System (CWS/CMS) database, which is then reviewed by the California Department of Social Services (CDSS). CDSS staff ensure all children put into the system as “abandoned” are appropriately reported, such as if the infant under one year one was abandoned in a public or private location and if they survived the abandonment or were deceased and for what reason. Since 2012, CDSS also requests county social workers submit a special form for Safe Surrendered Babies called “SOC 880” to be compared with CWS/CMS data throughout the year. Additional information is also reviewed from “SOC 826” reports through the Fatal Child Abuse and Neglect Surveillance (FCANS) system through the California Department of Public Health, which record the reason(s) for infant fatality. Further, the CDSS also monitors statewide media for reports of abandoned infants. (California Department of Social Services, 2019).

Other proposed changes are wide-ranging but aimed at either (1) preempting the need for Safe Haven surrenders in the first place or (2) providing greater financial resources to parents who may then feel they can afford to raise a child. Some of the many policy options include:

9) Work within communities to encourage parents to communicate with their children, trying to ensure that teenage mothers would not try to hide the

pregnancy from their families out of fear or shame if an unexpected pregnancy did occur.

10) Providing guaranteed, safe, and affordable subsidized abortions.
11) Providing subsidized contraceptive/birth control programs.
12) Increased access to subsidized mental health care, especially during times of crisis.
13) Providing free or subsidized prenatal medical care during pregnancy, along with hospital stays when giving birth and follow-up appointments after infants are born.
14) Expanding the child tax credit to include while mothers are pregnant and after birth.

While some of these proposals are considered to be controversial, and others are currently in place yet being unfunded/understaffed, many would see one or more of them as better alternatives compared to an instance(s) of infanticide (Dailard, 2000; Bruce, 2016; Donovan, 2023).

Recommended Improvements to Safe Haven Policies

My recommendation is to ensure that going forward, there is better tracking of the number of infants surrendered legally and illegally, is to require state governments to establish a statewide database to be shared nationally. This may require the federal government to mandate reporting and create an integrated nationwide database. If there were such a database, at least some aspects of infant abandonment could be tracked, such as trends in the number of infants abandoned or surrendered. This information could, in turn, lead to further modification of the laws as states can measure

where the number of abandonments and surrenders is increasing, decreasing, or remaining constant. However, one of the biggest challenges with Safe Haven Laws is that each state and U.S. territories with Safe Haven legislation have different requirements for who can surrender an infant, at what age an infant can be surrendered, and what specific locations are legally allowed to serve as Safe Havens which makes educating the public challenging. Aside from garnering general public awareness of Safe Havens, two specific challenges in educating the public include relaying differences in state laws to out-of-state college students and those living on or close to state borders who need to be made aware of the changing requirements from state to state. As a result, there is a need for either state governments to voluntarily converge their Safe Haven laws to be more uniform or for federal standardization such as:

Uniform Safe Surrender Locations Across States

1) Require states to have at least a set of common safe surrender locations, such as hospitals, fire stations, and police departments, along with other locations they can choose to designate independently.

State Requirement to Collect and Report Surrender Data

2) Mandate a minimum amount of infant abandonment and surrender data be collected.

Houston Congresswoman and leader of the 1999 Houston Abandonment Task Force, Sheila Jackson Lee, had proposed federal legislation to study infant abandonment with the “Baby Abandonment Prevention Act of 2001.” Unfortunately, the bill did not make it out of committee to the House floor. Now may be a time for Congress

to revisit the proposed bill. The Baby Abandonment Prevention Act would have been a valuable resource providing nationwide data from which to analyze Safe Haven legislation from 2002 to the present. Jackson's goal was for Congress to direct the Attorney General to establish a Task Force on Baby Abandonment through the Director of the Bureau of Justice Statistics. This task force would (1) collect and compile state and local law enforcement agencies and child welfare agencies data into a comprehensive database, including information on the prevalence of infant abandonment for those under 12 months of age, the demographics of abandoned children and parents, circumstances that led parents to abandon infants, outcomes of children and parents after abandonments, and overall trends; and (2) submit annual reports and recommendations to Congress (Jackson-Lee, 2001). The passage of a similar bill is long overdue and again topical post-Roe. It is critical that States collect and coordinate the data that is available and being tracked alongside ongoing educational improvements to expand public awareness of Safe Havens. Perhaps Safe Haven laws will be more greatly utilized if deficiencies in current Safe Haven laws are remedied and the implementation of the laws themselves improves.

Conclusion

Safe Haven laws were not created as a cure-all to infant abandonment and homicide, nor as a direct alternative to abortion. Safe Havens should be viewed through this lens as one piece of the solution to infant abandonment and infanticide. However, Safe Haven legislation should not be considered the sole solution to prevent infant abandonment, nor as the post-Roe catch-all to take the place of abortions. Although Safe Havens have demonstrated some effectiveness in saving the lives of some infants,

other programs and services, such as access to prenatal care, family planning services, education on parenting skills and resources, and contraceptives, are also important. This is highlighted by the fact that Safe Haven law's impact on the broader issue of the rates of infant abandonment, infanticide, and neonaticide is still a matter of debate. As argued in this paper, a conclusion of Safe Haven legislation's overall effectiveness cannot be made due to the limited available data, which itself is contradictory. The lack of data stems from both the inconsistency in state laws and state data collection and from the underlying premise of the Safe Havens themselves, that infant surrender may be made anonymously. The anonymous nature of the policy necessarily limits the data which can be collected, which in turn makes proper evaluation of the Safe Haven laws and impact of the Safe Havens difficult. This makes Safe Haven legislation a unique policy area that at least currently cannot be examined by other traditional policy evaluation metrics such as cost-benefit analysis or an environmental impact assessment. Without data, it remains uncertain whether Safe Haven legislation achieves its initial goal and outcome of reducing the number of illegal abandonments and infant homicides nationwide. At least at this time, the impact of Safe Havens may not be quantifiable by traditional policy evaluation standards. However, Safe Havens could be seen as a more qualitative policy based on morality and created in response to truly shocking events of infant homicide. If only one life is saved through a Safe Haven program, then the policy can be seen as successful even if not widespread (Mooney, 2000). From this perspective, Safe Haven's success would not be determined by widespread usage but through individual "feel good" cases of infants being surrendered

safely that might otherwise not have been. This may be viewed, in this context, as consistent with the public policy of preserving life.

Opinions from interest groups on the issue vary widely. The two prominent prevailing views are (1) some view Safe Havens, even if rarely used, as critical resources that save lives, while others (2) view Safe Haven laws as completely ineffectual band-aides. Those that view Safe Havens as an utterly ineffective policy point to what they consider to be more significant, more pressing issues. For these groups on both sides of the ideological spectrum, other issues, if addressed, would decrease or eliminate the need for infant surrender. These complements or complete policy alternatives to Safe Havens range from funding parenting resource centers to providing guaranteed safe and affordable abortion and/or contraceptive access to child tax credit expansion and increasing the overall quality of the American medical system as a whole or improving specific areas such as the affordability of hospital stays and prenatal maternity care.

Nevertheless, regardless of Safe Haven policy alternatives, if state governments aim to make Safe Haven laws as effective as possible, they will have to take responsibility not only for their passage but also for providing funding resources to ensure ongoing data tracking and public awareness campaign funding is available to ensure the public is informed of Safe Havens as a resource (Atwood, 2008). With appropriate policy modifications and better public awareness, Safe Haven laws could potentially save the lives of infants most susceptible to adverse outcomes during the first 24 hours of birth. Furthermore, if governments take responsibility for data tracking, this would allow for the development of best practices for Safe Havens policy

implementation (Lewis & Oberman, 2023). Therefore, I encourage further studies to focus on process evaluation, analyzing how well Safe Haven policies are being administered at a county or statewide level and comparing jurisdictions against one another. If certain jurisdictions are implementing a Safe Haven law better, then other jurisdictions could modify their process to improve their own policy implementation. Such a study could include conducting polling on the levels of public awareness of Safe Havens laws to be used in tandem and tracked as Safe Haven educational campaigns are developed. Establishing best practices, however, requires, as I recommend, data tracking from which to develop a strategy that ensures quality data collection and establishes processes by which to evaluate data regularly. Therefore, improving Safe Haven laws depends upon establishing better tracking systems to include accurate numbers of legally and illegally surrendered infants at either a statewide and/or federal level.

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Addendum

Exhibit 1 – Table 2: jurisdictions and respective individual(s) who are allowed to surrender an infant at approved surrender locations.

U.S. State or Territory	Individual Allowed to Surrender an Infant	Locations Approved for Infant Surrender
Alabama	A parent	1.) A hospital with an ER
Alaska	A parent	1.) Peace Officers 2.) Firefighters 3.) Emergency Medical Service Providers 4.) Doctors, Nurses, and Health Aides 5.) Any person the parent reasonably believes would keep the infant safe and provide appropriate care.
Arizona	A parent or an “agent” of the parent	1.) On duty firefighter 2.) On duty EMT 3.) Medical staff member at rural general or general hospital on duty 4.) A staff member or volunteer at an organization including a licensed private child welfare agency, a licensed adoption agency, or a church, that publicly posts notice that it accepts infants under Safe Haven laws 5.) Baby Drawers (similar to baby boxes)
Arkansas	A parent or a person given permission by a parent	1.) Emergency Room 2.) Sheriff or Police Locations 3.) Manned Fire Stations 4.) Baby Box
California	A parent or person with lawful custody	1.) All Hospitals, public or private 2.) Designated Fire Stations 3.) Organizations and Agencies with approval
Colorado	A parent	1.) A firefighter at a fire station 2.) A hospital staff member who is at a hospital, and works in admission, care, or treatment of patients
Connecticut	A parent or “lawful agent” of the parent	1.) Nursing staff at a Hospital Emergency Room
Delaware	A parent	2.) Directly to a staff member or volunteer inside a Delaware hospital ER
District of Columbia	A parent who is a resident of D.C.	1.) A staff member at any D.C. hospital
Florida	A parent	1.) A staffed hospital, emergency medical services (EMS) station, or fire station 2.) Baby Box

Georgia	The mother	1.) Physical relinquishment to an on-duty staff member or volunteer of a medical facility (*excludes dentist's and doctor's offices)
Hawaii	Any person	Personnel at: 1.) Hospital 2.) Police station 3.) Fire station 4.) Emergency services provider
Idaho	A parent	1.) Licensed hospitals 2.) Licensed physicians and staff working at offices and clinics 3.) Advanced practice professional nurses 4.) Licensed physician's assistants 5.) First responders, EMTs, and paramedics
Illinois	A parent	1.) Hospital 2.) Police stations (including campus police) 3.) Fire station 4.) Emergency medical facility
Indiana	A parent or person designated by the parent	1.) Emergency medical services provider 2.) "In a newborn safety device" (baby box) located at a fire department or volunteer fire department
Iowa	A parent or person designated by the parent	1.) An "institutional health facility" meaning a hospital, ER, or health care facility that is open 24/7, or a first responder responding to a 911 call
Guam	The mother	1.) Hospitals 2.) Free-standing Birthing Centers 3.) Community Health Centers 3.) Fire Departments
Kansas	A parent or person with lawful custody of infant	An on-duty employee at: 1.) Police station 2.) Sheriff's office 3.) Law enforcement center 4.) Fire station 5.) City or county health department 6.) Medical care facility
Kentucky	A parent or any person who intends to leave the infant and not return	1.) Hospitals 2.) Emergency medical services (EMS) providers 3.) Staffed police stations 4.) Staffed fire stations 5.) Participating places of worship 6.) Baby Box

Louisiana	A parent	1.) Hospital 2.) Public health unit 3.) Emergency medical services (EMS) provider 4.) Medical clinic 5.) Police station 6.) Fire station 7.) Crisis pregnancy center 8.) Child advocacy center 9.) Call 911 and relinquish to emergency medical services (EMS) responder at a location of choice
Maine	Any person	1.) A law enforcement officer 2.) Staff at a medical emergency room 3.) A medical services provider, including, but not limited to, a physician, nurse, podiatrist, optometrist, chiropractor, physical therapist, dentist, psychologist, physician's assistant, emergency medical services person 4.) A hospital staff member
Maryland	The mother or a person designated by the mother	1.) A responsible adult 2.) Hospital 3.) Facility designated by regulation
Massachusetts	A parent	1.) Hospital 2.) Police department 3.) Staffed fire station
Michigan	A parent	A uniformed employee at: 1.) Police station 2.) Fire department 3.) Hospital 4.) A paramedic or EMT responding to a 911 call
Minnesota	The mother or person designated by the mother	1.) Licensed hospital 2.) Urgent care 3.) A licensed ambulance service reached at 911 by the mother or a person designated by the mother
Mississippi	A parent	1.) A licensed hospital with an ER 2.) A licensed adoption agency
Missouri	A parent	Any staff member or volunteer at: 1.) Any hospital 2.) Maternity home 3.) Pregnancy resource center 4.) Firefighter 5.) EMT

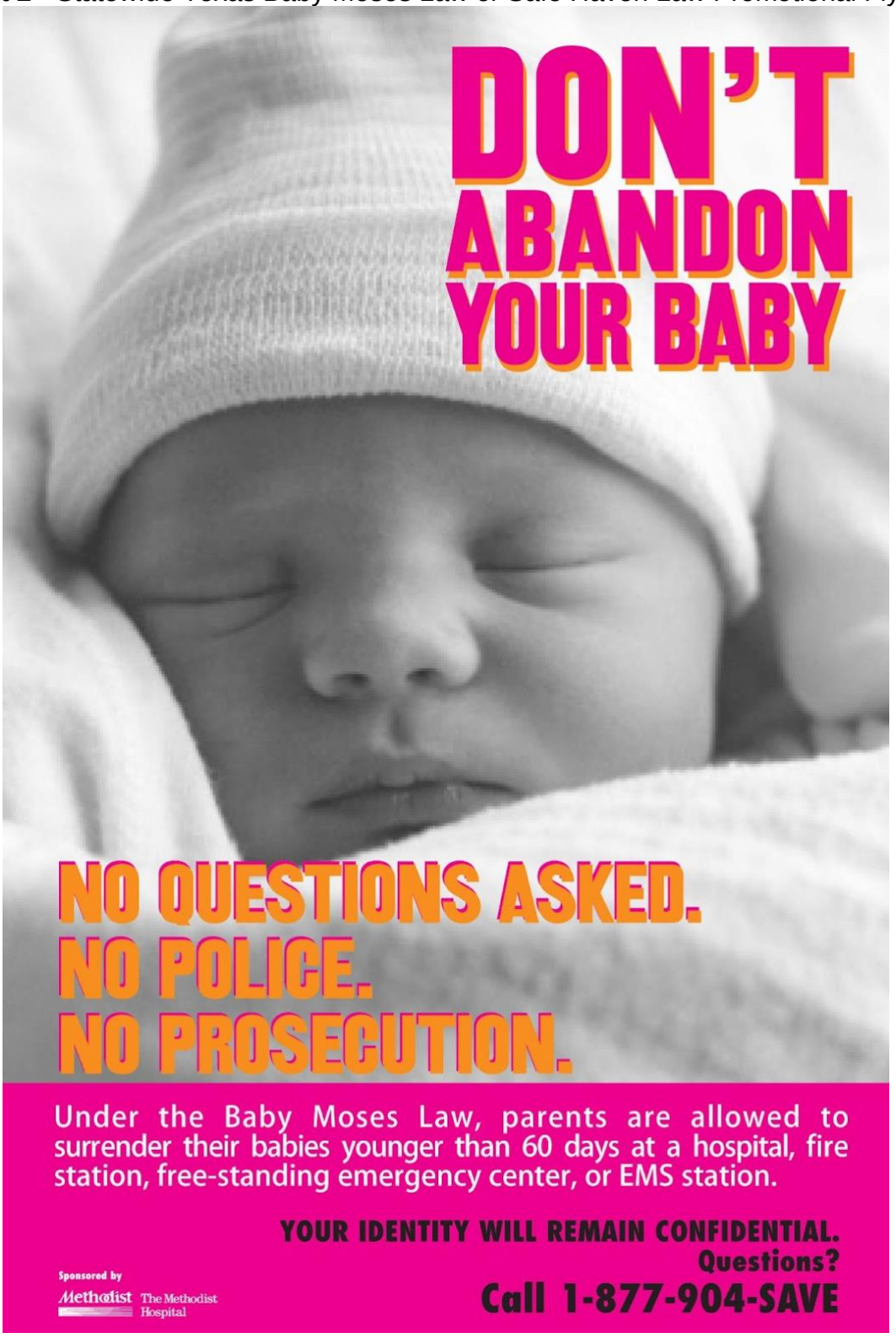
		6.) Law enforcement officer
Montana	A parent	1.) Fire station 2.) Hospital 3.) Law enforcement agency 4.) Prison or jail
Nebraska	Any person	1.) An on-duty employee at a licensed hospital
Nevada	A parent	1.) A hospital, an obstetric center, or an independent center for emergency medical care 2.) A fire department 3.) A law enforcement agency
New Hampshire	A parent	1.) Hospital 2.) Church with staff present 3.) Police station with staff present 4.) Fire station with staff present 5.) A 911 responder at agreed transfer location
New Jersey	A parent or person designated by the parent	1.) Police station 2.) 24/7 staffed fire station or volunteer fire station 3.) Public or private “ambulance, first aid, or rescue squad” that is staffed 24/7 4.) ER at licensed hospital
New Mexico	Any person	1.) Hospital staff
New York	A parent	1.) “The child may be left with an appropriate person at a suitable location.” Examples of suitable locations include a hospital, fire station, or police department.
North Carolina	A parent	1.) A health care provider at a hospital 2.) A law enforcement officer who is on duty or at a police station or sheriff’s department 3.) A social services worker who is on duty or at a local department of social services 4.) A certified emergency medical service worker who is on duty or at a fire or emergency medical services station
North Dakota	A parent or person designated by the parent	1.) Any hospital
Ohio	A parent	1.) A medical worker in a hospital 2.) A medical worker at a fire department or another emergency service location 3.) A peace officer at a law enforcement agency 4.) Baby Box
Oklahoma	A parent	1.) A medical provider An employee at: 2.) Police station

		3.) Fire station
		4.) Child protective services agency
		5.) Another medical facility
Oregon	A parent	1.) Hospital 2.) Birthing clinics 3.) Physician's office 4.) Sheriff's office 5.) Police station 6.) Fire station
Pennsylvania	A parent	1.) A hospital 2.) A police officer at a police station 3.) An emergency services provider at an emergency medical services (EMS) station
Puerto Rico	A mother	1.) Hospital 2.) Emergency medical services provider 3.) Health care facility
Rhode Island	A parent	1.) Hospital 2.) Open medical emergency facility 3.) Police station 4.) Fire station
South Carolina	Any person	1.) Hospital 2.) Hospital out-patient facility 3.) Law enforcement agency 4.) Fire station 5.) Emergency medical services (EMS) station 6.) Staffed house of worship
South Dakota	A parent	1.) Hospitals or clinics 2.) Emergency medical services provider (EMT) 3.) Licensed child placement agency 4.) Law enforcement officers 5.) Any department of social services office 6.) A firefighter
Tennessee	A mother	1.) Hospital 2.) Birthing center 3.) Community health department 4.) Outpatient walk-in clinic 5.) 24/7 staffed fire department 6.) 24/7 staffed police department 7.) 24/7 staffed emergency medical services (EMS) facility

Texas	A parent	1.) Hospital 2.) Fire station 3.) Emergency medical services (EMS) station
Utah	A parent or person designated by the parent	1.) A 24/7 hospital
Vermont	A parent or person designated by the parent	1.) A health care facility 2.) Fire station 3.) Police station 4.) Place of worship 5.) An adoption agency licensed in Vermont 6.) “A 911 emergency responder at a location where the responder and the person have agreed to transfer the child”
Virginia	A parent	1.) Hospital with 24/7 emergency services 2.) An Emergency medical services agency that is staffed 3.) Any hospital or emergency medical services agency that voluntarily installs a “newborn safety device” (baby box)
Washington	A parent	1.) A hospital emergency room 2.) A fire station during hours of operation 3.) A federally designated rural health clinic during hours of operation
West Virginia	A parent	1.) Hospital 2.) Health care facility
Wisconsin	A parent	1.) Hospital 2.) Police station 3.) Fire station 4.) Sheriff’s office 5.) “Any other place where a law enforcement officer, EMT, or hospital staff member is located.”
Wyoming	A parent or person designated by the parent	24/7 staffed, full-time: 1.) Hospital 2.) Fire station 3.) Police department 4.) Sheriff’s office 5.) “Any other place of shelter and safety identified by the Department of Family Services that meets the requirements of rules and regulations” promulgated pursuant to W.S. 14-11-107.”

Data adapted from: Howard, 2021; Torres et al., 2021; Masters, 2022; and Wilson et al., 2022

Exhibit 2 - Statewide Texas Baby Moses Law or Safe Haven Law Promotional Flyer.



Retrieved from: "Baby Moses Law or Safe Haven." Texas Department of Family and Protective Services. Accessed April 4, 2023. https://www.dfps.texas.gov/Child_Protection/Child_Safety/Resources/baby_moses.asp.

Exhibit 3 - Los Angeles County Promotional Poster on Safe Havens. Since the Safe Haven program was launched in LA County in 2002, over 180 infants have been safely surrendered.

Retrieved from: "Baby Safe Surrender Program." LACounty.gov. County of Los Angeles. Accessed August 2, 2022. https://lacounty.gov/residents/public-safety/baby-safe-surrender-program/.

Exhibit 4 - Excerpt from an August 2, 2022, proposed County of Los Angeles public contract with an outside business entity. The contract includes sections where the contractor acknowledges the county's commitment to the California Safely Surrendered Law and voluntarily acknowledges the county's request to post a Safe Haven informational poster in a prominent position at the contractor's place of business and encourage its subcontractors to do the same.

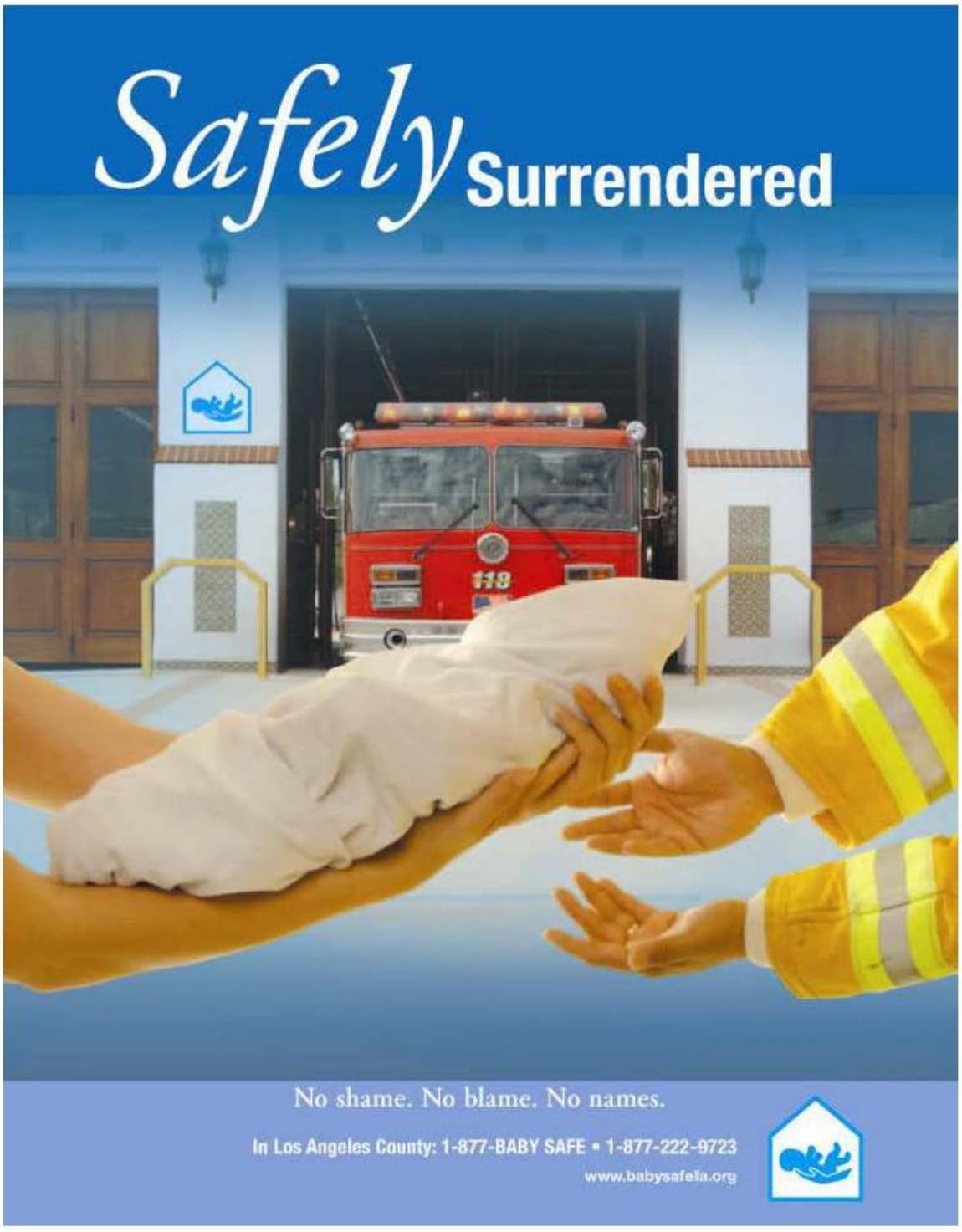
66.0 CONTRACTOR'S ACKNOWLEDGEMENT OF COUNTY'S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW

Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all County Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. The County's Department of Children and Family Services will supply the Contractor with the poster to be used. Information on how to receive the poster can be found on the Internet (at www.babysafela.org).

67.0 NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW

Contractor must notify and provide to its employees and must require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in the County of Los Angeles, and where and how to safely surrender a baby. The fact sheet is set forth in Exhibit I (Safely Surrendered Baby Law) of this Contract and is also available on the Internet (at www.babysafela.org) for printing purposes.

EXHIBIT I: SAFELY SURRENDERED BABY LAW



Retrieved from: "Los Angeles Board of Supervisors Meeting Agenda Item 6." LA County Granicus, August 2, 2022. https://lacounty.granicus.com/MediaPlayer.php?view_id=1&clip_id=10122.

Exhibit 5 - The Florida nonprofit A Safe Haven for Newborns' advertisement for purchasing a specialty license plate that supports the group in bringing greater awareness to the group's mission of ending infant abandonment.

Retrieved from: "A Safe Haven for Newborns Specialty License Plate Pre-Sale Vouchers." Facebook. A Safe Haven for Newborns, March 21, 2023. https://www.facebook.com/photo/?fbid=587196196779647&set=ecnf.100064678148532&locale=br_FR.

Exhibit 6 - Image of an individual looking inside a baby box at a fire station in Ocala, Florida.

Retrieved from: Miller, Austin L. “Ocala Gets Florida's First Baby Box, a Safe Drop-off When Parents Can't Care for Baby.” Ocala Star-Banner, December 16, 2020. https://www.ocala.com/story/news/2020/12/16/baby-box-safe-haven-ocala-florida/3912696001/.