

POLICIES AND PROCEDURES

STANDARD OPERATING PROCEDURES

Daniel's Law – Children at Risk

SECTION II 6.0 – 6.2

July 1, 2010

Approved by R. Dale Horne – Fire Chief

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6.0 PURPOSE:

- a. South Carolina State Law Title 63 Section 63-7-40. This SOG will outline what AFD members should do if they are approached by an individual who wants to leave their infant at an Anderson City fire station. and what to do if an on-duty firefighter encounters a child at risk.

6.1 DANIEL'S LAW

- a. "A safe haven in this State must, without a court order, take temporary physical custody of an infant who is voluntarily left with the safe haven by a person who does not express intent to return for the infant and the circumstances give rise to a reasonable belief that the person does not intend to return for the infant.
- b. If the safe haven is a hospital or hospital outpatient facility, the hospital or hospital facility shall perform any act necessary to protect the physical health or safety of the infant; any other safe haven shall, as soon as possible, but no later than six hours after receiving an infant, transport the infant to a hospital or hospital outpatient facility.
- c. The person leaving the infant is not required to disclose his or her identity; however, the person must leave the infant in the physical custody of a staff member or employee of the safe haven."

6.2 PROCEDURE:

- a. If a person presents an infant to a member of the AFD, that member will immediately notify the station OIC who will also notify the shift OIC.
- b. The OIC must offer the person leaving the infant information concerning the legal effect of leaving the infant with the safe haven. The DSS Flyer 2496 at the end of this SOG will meet this requirement.
- c. The OIC must ask the person leaving the infant to identify any parent of the infant other than the person leaving the infant with the safe haven.
- d. The OIC also must attempt to obtain from the person information concerning the infant's background and medical history as specified on a form provided by the Department of Social Services. *DSS Form 3082 attached.*

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1. The OIC shall give the person a copy of the form and a prepaid envelope for mailing the form to the Department of Social Services if the person does not wish to provide the information to the OIC. Forms and envelopes are provided in the Battalion Chief's or OIC's office.
2. The address and phone number of the Anderson Office of DSS is:

Anderson County DSS
224 McGee Rd.
Anderson, SC 29625
Telephone: (864) 224-6576 (24/7)

- e. Any identifying information disclosed by the person leaving the infant must be kept confidential by the safe haven and disclosed to no one other than the department.
- f. As quickly as possible, Central will be notified and a police officer and an ambulance requested for transport to Anderson Area Medical Center.
 1. All information collected as stipulated above will be given to EMS to be transported with the infant.
 2. The police officer will make a written report of observed conditions and report to DSS.
 - i. If, for some reason, this is not done, the OIC should contact DSS directly at the above 24/7 phone number,

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The Safe Haven for Abandoned Babies Act

Your Rights and Responsibilities Under the Law

In accordance with the law, this Safe Haven (defined as hospitals, law enforcement agency, fire station, emergency medical services station, and a house of worship during hours staff is there) and the South Carolina Department of Social Services are required to inform you about the legalities involved in your choice to place the infant in the care of the hospital facility. In accepting this document you understand the following:

- You are voluntarily placing this infant in the temporary care of the safe haven.
- The parent of this child did not express intent to return for the child.
- The child is thirty-days old or younger.
- The parent is granted immunity from prosecution for unlawful conduct or cruelty toward a child or any other violation for leaving the child if he or she is left with personnel or staff at a hospital or facility, law enforcement agency, fire station, emergency medical services station, and a house of worship during the hours that staff is there.
- Although your anonymity is guaranteed, you will be asked to provide any specific medical information regarding the infant and his or her parent(s) to help with the child's medical needs or treatment.
- The child has not sustained physical harm or injury. If the child has been harmed, you may not qualify for immunity under Daniel's Law.
- All information regarding the infant's health and medical history is confidential and will not be disclosed to anyone other than DSS.
- The South Carolina Department of Social Services (DSS) will be notified of this abandonment and will take custody of the child. Upon this notification, DSS assumes legal custody of the child.
- Within 48 hours after DSS has been notified, the department must file a petition with the local family court alleging the infants' abandonment.
- A hearing on the petition will take place no earlier than 30 and no later than 60 days of the petition. If there are any family members willing to claim custody of the infant, they must attend this hearing to assert their claim.
- DSS will publicize notice of the abandonment in all local newspapers where the child was abandoned.

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South Carolina Department of Social Services ABANDONED INFANTS FORM FOR SAFE HAVENS

For Use By Receiving Safe Haven			
Date and Time Infant Left:			
Name/Address of Safe Haven Where Infant Left:			
Name and Phone Number of Person Receiving Infant:			
Section I. Information On Infant			
Name:	Date of Birth:	Race:	Sex: Select Gender ...
Physical Description of Person Leaving Infant:			
Section II. Information On Parent/Caregiver			
Mother's Name:	DOB/Age:	Address:	
Physical Description of Mother:			
Father's Name:	DOB/Age:	Address:	
Physical Description of Father:			
Section III. Medical History/Health Status (This information is confidential.)			
1. Did the mother use any illegal substances or alcohol during the pregnancy? If yes, what? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
2. Did the mother have prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
3. Is either parent HIV positive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
4. Does either parent have AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
5. Is either parent mentally ill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
6. Other Medical History: (i.e. heart disease, hypertension, diabetes, sickle cell, allergies, etc.) _____			

Section IV. Summary of Incident			
Details surrounding the abandonment of this infant: (Including location of birth, if known)			

Section V. Receipt of Infant by Hospital			
Name of Hospital Staff Receiving Infant:	Telephone Number:		
Name of Hospital Receiving Infant:			
Date and Time Received:			
Date and Time County DSS Called:	Name of DSS Person Taking Referral:		

DISTRIBUTION: White Copy (original) - DSS Yellow Copy - Safe Haven Pink Copy - Parent/Caregiver Blue Copy - Hospital
DSS Form 3082 (OCT 06) Edition of JAN 01 is obsolete.

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INSTRUCTIONS FOR DSS FORM 3082

Purpose

1. To record information provided by person leaving infant regarding infant's health.
2. To document a description of the parents in order to publish facts surrounding infant being left at a safe haven, defined as a hospital or hospital outpatient facility, law enforcement agency, a fire station, an emergency medical services station, or any staffed house of worship during hours when facility is staffed.
3. To identify person accepting infant and document follow-up contact with the hospital and DSS, Child Protective Services and/or Foster Care Unit.

General Instructions

This form should be completed as fully as possible on all infants under 30 days old left with safe haven staff when the caregiver expresses intent to leave the infant. If the person leaving the infant prefers to complete and mail in the form, a form and self-addressed, stamped envelope (SASE) should be provided. Form and SASE can be obtained from county DSS offices.

Specific Instructions

Section I. Information on Infant: Self-explanatory.

Complete name, date of birth, race and sex of infant; date and time infant left; and name and address of the safe haven where infant was left. Provide a physical description of person leaving infant.

Section II. Information on Parent/Caregiver: Self-explanatory.

Complete name, date of birth, address and physical descriptions of parents/caregiver (if provided by parent/caregiver).

Section III. Medical History/Health Status: Self-explanatory.

Obtain medical history/health status of parents. Parent is not required to give this information but it would help in treating infant.

Section IV. Summary of Incident: Document information regarding the circumstances leading to child's abandonment.

Section V. Receipt of Infant by Hospital: If safe haven is not hospital, complete Section V. to show name of hospital staff receiving infant, date and time received by hospital. Complete date, time and name of DSS staff taking referral.

Distribution

Original to DSS; copy retained by safe haven staff; copy to person leaving infant. Hospital where child taken makes a copy of original.