


1181 CHILDREN LEFT AT HOSPITALS OR SAFE HAVENS	
Chapter: Child Protective Field Services	Section: CPS Family Assessments
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: 05-25 Approved: Effective Date: December 2005 Scheduled Review Date: _____ DCYF Director
	Related Statute(s): RSA 132-A , RSA 169-C , RSA 170-C , and RSA 292:1 Related Admin Rule(s): _____ Related Federal Regulation(s): _____

Purpose

To establish procedures for caring for children left at hospitals or safe havens, pursuant to RSA 132-A.

Definitions

"Attended by a Person" means a person who is trained by, or has regularly scheduled responsibilities with, a hospital or safe haven and includes police or police staff; fire station staff; church or house of worship staff; and emergency 911 responders and to whom the parent is directly handing the child.

"Child" means a newborn infant who is not more than 7 days old.

"Church" means a house of worship that is registered with the New Hampshire secretary of state under RSA 292:1, I for a religious purpose.

"Emergency 911 Responder" means a person who is trained to provide the services of a fire department, police department, or ambulance or rescue unit.

"Hospital" means "hospital" as defined in RSA 132-A:1, II, namely, "a public or private institution which is required to be licensed under RSA 151, and which is engaged in providing to patients, under supervision of physicians, diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitative services for the rehabilitation of these persons."

"Safe Haven" means "safe haven" as defined in RSA 132-A:1, III, namely, "a church that is attended by a person, or a police or fire station that is attended by a person, or a 911 responder at an agreed transfer location."

Selected Provisions of RSA 132-A

- I. According to RSA 132-A:2, a hospital or safe haven shall without a court order take temporary care and control of a child. The hospital or safe haven shall ensure the provision of any necessary medical care to protect the health or safety of the child and notify DCYF Central Intake and law enforcement officials that the hospital or safe haven has assumed temporary care and control of the child.
- II. The hospital or safe haven may request, but shall not require, the child's parent(s) to reveal personally identifiable information.

- III. RSA 132-A modifies Chapter 639 Offenses Against The Family by adding paragraph VI. No person acting in accordance with the provisions of RSA 132-A shall be guilty of an offense under this section.
- IV. RSA 132-A:3 II states The Department (DCYF) shall reimburse the hospital or safe haven for any necessary costs incurred prior to the child's placement in the temporary care and control of the department.

Policy

- I. Upon receipt of notification from a safe haven or hospital that an individual has assumed temporary custody of a child under RSA 132-A:2, the DCYF Central Intake staff:
 - A. To the extent possible, obtains the following information:
 - 1. The name of the hospital or safe haven;
 - 2. The date and time the child was left at the hospital or safe haven;
 - 3. The child's name, gender and date of birth if known;
 - 4. The child's health condition;
 - 5. The name of the attending physician;
 - 6. Any personally identifiable information that was provided to the hospital or safe haven by the child's parent or parents on a voluntary basis, such as:
 - (a) The parent or parents' names and addresses;
 - (b) Family medical history or other family information.
 - 7. Any additional information about the child.
 - B. Requests that the caller take the child to the local hospital for observation, a complete physical examination, and any necessary medical care and treatment; and
 - C. Forwards the referral to the District Office Supervisor for immediate assignment to an Assessment CPSW.
- II. Upon assignment, the Assessment CPSW:
 - A. Requests law enforcement officials within 24 hours of the report to investigate the incident using all resources available, including the National Crime Information Center database to determine if the child is a missing child;
 - B. Seeks to identify and locate absent parent(s) if name(s) or other identifying information is provided;
 - C. Contacts law enforcement, the safe haven or hospital staff, the DO Nurse, and other involved individuals to obtain additional assessment information;

- D. Upon request, assists the police with their investigation;
 - E. Files a [petition](#) with the district or family court alleging neglect by reason of abandonment and request that DCYF be given temporary custody of the child. If the parent(s) identity is known they should be noticed of the hearing and efforts to locate [absent parents](#) must be documented in the BRIDGES contact log;
 - F. Refers all requests for care and custody of the child to the district, or family court that has jurisdiction over the matter, pursuant to RSA 169-C;
 - G. Works with the Foster Care Worker to locate a foster home placement for the child;
 - H. Through the Assessment Supervisor, requests the Nurse Coordinator to go to the hospital to:
 - 1. Observe the child;
 - 2. Review any medical information about the child;
 - 3. Follow up on any health care treatment recommendations;
 - 4. Coordinate with the hospital for the child's discharge from the hospital; and
 - 5. Work with hospital personnel to arrange for further medical services.
 - I. Coordinates with the hospital, Nurse Coordinator and the foster parents for the child's discharge from the hospital and transfer to the foster home;
 - J. Completes the assessment and SDM screens on NH BRIDGES; and
 - K. Transfers the case to the Family Services.
- III. For financial arrangements, the Assessment CPSW:
- A. Requests the Fiscal Specialist to apply for Medicaid on behalf of the child to cover medical care, treatment, and hospitalization;
 - B. Authorizes Medical Services (ME), Family Support (FF), or Initial Clothing Allotment (NB) for diapers, blankets, clothing, formula, and other supplies for the child; and
 - C. Completes the "Assurance for Payment of Medical Services" (Form 2102) for the hospital, if necessary.
- IV. The Family Services CPSW reviews the permanency plan with the Permanency Planning Team and Supervisor.
- V. The Family Services CPSW may petition the probate court or family court on behalf of the child for termination of the parent-child relationship, pursuant to RSA 170-C:5 when reunification is not possible and adoption becomes the permanency plan.

- VI. Any requests from the Media for information should be referred to the Child Protection Administrator at State Office.