



County of Los Angeles
CHIEF ADMINISTRATIVE OFFICE

713 KENNETH HAHN HALL OF ADMINISTRATION • LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
<http://cao.co.la.ca.us>

DAVID E. JANSSEN
Chief Administrative Officer

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

June 21, 2006

To: All Department Heads

From: David E. Janssen,
Chief Administrative Officer

UPDATED SAFELY SURRENDERED BABY LAW TRAINING CURRICULUM

I am pleased to announce that the updated Safely Surrendered Baby (SSB) Law training curriculum is now available. This curriculum was updated through a collaborative effort led by the Inter-Agency Council on Child Abuse and Neglect (ICAN), including members of the New Directions Task Force, the Fire Department, County Counsel, the District Attorney's Office, Chief Administrative Office (CAO), and other community- and faith-based organizations in support of the County's Safe Haven Task Force II recommendations.

The updated training curriculum was prepared in response to the March 8, 2005, Board adopted recommendations from the Children's Planning Council (CPC) to: a) revise and enhance the SSB Law training; b) provide SSB Law training to appropriate County staff; and c) inform all County employees of the Law, particularly those provisions related to the responsibilities of, and legal protection for, individuals assisting with a safe surrender. The updated training curriculum provides flexibility for use by departments/agencies, and a "core" portion for use by all departments/agencies consisting of background information and basic requirements of the SSB Law.

With the release of the new training curriculum, Department Heads are requested to inform all County staff of the SSB Law. In addition, departments should inform community partners, particularly private health and human services professionals and clergy, to ensure that mothers who choose to safely surrender their baby have the opportunity to do so.

All Department Heads
June 21, 2006
Page 2

Additionally, I am requesting the Departments of Children and Family Services (DCFS), Health Services (DHS), and Fire to report back to the CAO in 60 days with a training plan, which includes estimated completion dates, to train appropriate staff within their departments and to develop agency specific training modules for staff that could potentially have direct contact with a safely surrendered baby.

A copy of the updated training curriculum is attached. You may also download a camera ready copy of the curriculum from the County's website at www.babysafela.org. While the Speakers Bureau established by ICAN is available to provide information and make presentations about the SSB Law to public and private agencies, it does not have the capacity to conduct Countywide training. For more information on the Speakers Bureau or to request a speaker, please contact ICAN at (626) 455-4586.

The Board of Supervisors and I appreciate your responsiveness in training your employees on the SSB Law and integrating SSB training modules into your department's ongoing training. DCFS, DHS, and Fire should provide their training plans to Tiffany Williams, of my staff, and you may also address questions on the training curriculum to Ms. Williams. Her contact information is (213) 974-4134 and email ttwill@cao.co.la.ca.us.

DEJ:LS
KH:TW

Attachment (1)

c: Each Supervisor
Yolie Flores Aguilar, Children's Planning Council
Deane Tilton, Interagency on Child Abuse and Neglect



SAFE SURRENDER
Don't Abandon Your Baby



Safely Surrendered Baby (SSB) Law
&
Prevention of Infant Abandonment
Training Curriculum

1-877-BABY SAFE or 1-877-222-9723
www.babysafela.org

"Every baby deserves a chance for a healthy life."

Acknowledgements

Numerous County and community representatives worked collaboratively to develop the Safely Surrendered Baby Law Training. Many thanks to those listed below for their contributions.

- *Lorena Bautista, Chief Administrative Office (CAO)
- Thelma Bell, Info Line
- *Pamela Booth, Office of the District Attorney (LADA)
- **Teri Breuer, County Counsel
- *Ron Burke, Department of Children and Family Services (DCFS)
- *Mary Jo Cysewski, Department of Children and Family Services (DCFS)
- *Ilda Rueda De Leon, Department of Mental Health (DMH)
- *Norma Espinoza, Department of Children and Family Services (DCFS)
- *Michael Flocks, Los Angeles County Fire Department (LACoFD)
- **Margie Gins, Los Angeles Community Child Abuse Councils
- *Sari Grant, Department of Children and Family Services (DCFS)
- Gayle Grether, Department of Children and Family Services (DCFS)
- *Sandra Guine, Department of Health Services (DHS)
- *Kristina Hajjar, Los Angeles County Fire Department (LACoFD)
- *Cordelia Hanna, Pasadena Public Health Department
- *Andrea Hoberman, PAC/LAC - Perinatal Advisory Council
- Kathleen Lang, Department of Health Services (DHS)
- John Langstaff, Department of Children and Family Services (DCFS)
- **Kathy Cooper-Ledesma, California Council of Churches
- *Cori Lee, Los Angeles County Fire Department (LACoFD)
- *Maria Lieras, Department of Health Services (DHS)
- **Deena Margolis, Chief Administrative Office (CAO)
- Patricia Matesic, Department of Children and Family Services (DCFS)
- Moraya Moini, PAC/LAC - Perinatal Advisory Council
- *Elaine Powell, Department of Mental Health (DMH)
- *Cathy Sabag, Los Angeles County Child Support Services Department
- *Naftali Sampson, Department of Children and Family Services (DCFS)
- *Brenda Sapp-Pradia, Department of Public Social Services (DPSS)
- **Eddie Shulman, Inter-Agency Council on Child Abuse and Neglect (ICAN)
- *Ellen Silver, PAC/LAC - Perinatal Advisory Council
- **Patricia Sleeper, Inter-Agency Council on Child Abuse and Neglect (ICAN)
- *Jeanne Smart, Department of Health Services (DHS)
- *Lisa Song, Department of Mental Health (DMH)

*Bill Thomas, Department of Children and Family Services (DCFS)

*Guy Trimarchi, Department of Children and Family Services (DCFS)

*Anita Vigil, Department of Probation

Penny Weiss, Inter-Agency Council on Child Abuse and Neglect (ICAN)

*Allen Welbourn, Department of Health Services (DHS)

*Gail Winston, Department of Children and Family Services (DCFS)

*Tiffany Williams, Chief Administrative Office (CAO)

Jeff Wong, Chief Administrative Office (CAO)

*Mary Zartman, Department of Health Services (DHS)

* assisted in the 2005 curriculum revision

** developed the original 2002 curriculum AND assisted in the 2005 curriculum revisions

A special thanks to Bryce Lowery, Children's Planning Council for developing the original training curriculum guide and Guy Trimarchi, DCFS, for formatting this revised curriculum.

“In a statement to police, Lauren explained she had wanted the baby to be found, only not in a way that could be traced to her. She didn’t want to go to an emergency room, or get prenatal care, or call anyone, because her parents would have found out. But she never wanted him to die.”

Taken from: Lauren’s Choice: A family grapples with the tragedy of a desperate act.

The Detroit Free Press

September 13, 2000

Available at www.freep.com/news/metro/aband13_20000913.htm

About this Curriculum

This curriculum is the result of a collaborative effort by the Department of Children and Family Services (DCFS), Inter-Agency Council on Child Abuse and Neglect (ICAN), Chief Administrative Office (CAO), Children’s Planning Council (CPC), and other community-based organizations in support of recommendations made by the Safely Surrendered Baby (SSB) Law Task Force and approved by the Board of Supervisors on June 4, 2002 and March 8, 2005.

On June 4, 2002, the Board ordered that this curriculum be developed, as follows:

The Director of DCFS—in consultation with the directors of the Department of Health Services, Department of Mental Health, First 5 LA, and the Hospital Association of Southern California—develop a standardized training module to be used to educate staff and the families served by their agencies about the Safely Surrendered Baby Law.

On March 8, 2005, the Board ordered the revision of this training curriculum, mandating the following recommendation made by the reconvened Task Force:

The Director of ICAN—in collaboration with the CAO, County Counsel, the DA, the Fire Chief, members of the New Directions Task Force, First Five LA, the Hospital Association of Southern California (HASC), Long Beach and Pasadena City Health Departments and the California Council of Churches, and other faith-based organizations and key stakeholders—to: (a) revise and enhance the SSB Law training with information regarding how individuals can assist mothers who choose to safely surrender their babies; and (b) provide the SSB Law-related training to appropriate County staff and promote and encourage private health care providers, private health and human services professionals, the clergy and other interested individuals to participate in the training to enhance their abilities to support these mothers within their communities; and (c) inform all County employees of the SSB Law particularly those provisions related to the responsibilities of, and legal protections for, individuals assisting with a safe surrender.

This curriculum is designed to support the efforts of Los Angeles County to educate its employees and community-based providers, as well as the public, about the SSB Law. The curriculum is designed to provide you with key information on the SSB Law and includes the following handouts:

- Clarifying Legal and Procedural Issues in the Safely Surrendered Baby Law (Handout 1)
- Adoption through Voluntary Relinquishment Information (Handout 2)
- Women's Stories (Handout 3)
- Social and Psychological Factors of Unintended Pregnancy and Infant Abandonment (Handout 4)
- How Can You Help a Pregnant Woman Make Safe Decisions? (Handout 5)
- Information and Referral Hotlines (Handout 6)

Divided into separate training modules, the curriculum can be used in a variety of settings and with a variety of audiences. While we recommend that you share the entire curriculum with participants, each module can be used independently, in or out of sequence, to allow the trainer to tailor the information to the expertise and educational goals of the audience. It should be noted that those agencies that have a more in-depth role with the safe surrender process (i.e., the Department of Children and Family Services, hospitals and fire stations) will need to provide additional, specific information to appropriate staff who will be working with cases of safe surrender.

Learning Objectives:

At the conclusion of the entire training curriculum, participants will:

1. Understand the health and legal details of the SSB Law;
2. Understand the options available to parents who decide not to keep their baby and the differences between adoption through voluntary relinquishment and safe surrender, including the impact of each option on birth parents;
3. Understand some of the social, cultural, and psychological aspects of newborn baby abandonment;
4. Understand possible techniques for assisting pregnant women, including those who are in denial and/or attempting to conceal their pregnancies, make safe decisions; and
5. Be able to locate and inform others of Safe Surrender sites, as well as resources for pregnant women, in Los Angeles County and understand the responsibilities of, and legal protections for, individuals assisting with a safe surrender.

Module I: Introduction

Objective: Participants will receive an overview of the purpose of the Safely Surrendered Baby (SSB) Law and the scope of the problem of infant abandonment in Los Angeles County.

Materials: Chart/blackboard/dry-erase board to record participant responses (optional)

Recommended Time: 20 minutes

Teaching Technique: Lecture and/or facilitated discussion

Trainer's Note: Familiarize yourself with the following information before using this curriculum. It provides an overview of the history and importance of providing the safe surrender option for babies who would otherwise be abandoned.

Training: Depending upon your audience and allotted time, you can read the following section aloud (either in its entirety or the parts that seem most pertinent to the participants) or you can engage the participants in a discussion of their knowledge of the SSB Law. Ask them what they know about the Law, where "Safe Surrender" sites are located in their communities, and how they think this training might be useful, given their field of expertise. This is particularly useful if you plan to review "lessons learned" with the group at the conclusion of the training.

Introduction

Two stuffed teddy bears mark the graves of Baby Boy Johnson #1 and Baby Boy Johnson #2; babies denied their chance at life. Their mother, Kimberly Johnson, age 26, now resides in state prison serving a sentence of 25 years to life for the murder of her twin baby boys. Kimberly had given birth to the babies in her bathroom at home, wrapped them each in a towel, put the towels into a plastic bag and put the plastic bag into a laundry detergent box.

Such a story seems impossible to believe, but sadly, many babies each year all over the United States are left to die after they are abandoned or killed by their parents. California, like many states, has enacted the Safely Surrendered Baby Law ("Law") that allows a parent to legally, confidentially and safely give up a baby within the first 72 hours of the baby's life. This Law is designed to protect a baby from being abandoned (which is illegal) and to offer a last resort to parents who, in a time of severe emotional distress, may otherwise believe they have no other options.

Despite this Law, adoption through voluntary relinquishment has always been and continues to be an option for parents whom, for whatever reason, cannot care for a baby. In fact, adoption through voluntary relinquishment is the best option as it affords rights to the parent placing the baby for adoption and best serves the needs of the adopted baby and the adoptive parents. With adoption through voluntary relinquishment, a professional social worker assists the parent(s) in making decisions, advising them of their rights and guiding them through the process of signing legal documents that will terminate their parental rights so that their baby may be legally adopted by another individual or couple.

The SSB Law was enacted in hope that, by allowing a parent to safely surrender a baby to an employee at a hospital or other site designated by the Board of Supervisors, those who believe they have no other option but to abandon a baby in an unsafe manner will at least take this step of last resort, thus ensuring their baby's safety and their freedom from prosecution.

Background

In 1999, Texas experienced a number of highly publicized cases of infant abandonment. As a result, Texas passed the first “Safely Surrendered Baby Law” in March 1999. In the aftermath of these cases, nationwide publicity of these and similar events escalated and policy-makers across the nation began to implement legislation similar to the law enacted in Texas. Since that time, 40 other states have passed legislation intended to prevent the abandonment of babies by their parents. In January 2001, California enacted its own Safely Surrendered Baby Law. Health and Safety Code Section 1255.7 and Penal Code Section 271.5 currently state that:

“no parent or other individual with *lawful custody of a minor child 72 hours old or younger may be prosecuted for a violation of Section 270, 270.5, 271 or 271a if he or she voluntarily surrenders physical custody of the child to personnel on duty at a safe surrender site..”

*Note: “lawful custody” is defined as “physical custody of a minor 72 hours old or younger accepted by a person from a parent of the minor, who the person believes in good faith is the parent of the minor, with the specific intent and promise of effecting the safe surrender of the child.”

In response to this Law and the number of abandonments in Los Angeles County, the Board of Supervisors asked that the Children’s Planning Council (CPC), in consultation with the Inter-Agency Council on Child Abuse and Neglect (ICAN), the Commission on Children and Families, the Healthcare Association of Southern California, the Los Angeles County Children and Families First–Proposition 10 Commission (now known as First 5 LA), religious leaders, and other appropriate organizations, develop recommendations on how to effectively implement the SSB Law. This curriculum is a direct result of the recommendations made by the Task Force to the Board of Supervisors.

Scope of Problem

Unfortunately, it is very difficult to know the number of babies who die each year as a result of abandonment. While many abandoned babies are discovered, it is likely that countless others are never found, complicating our ability to fully understand the extent of the problem. In 2001, the first year the Law was implemented, there were no safe surrenders and 14 cases of abandonment in Los Angeles County. Since 2002, when implementation of the Task Force recommendations began through the end of 2005, there were 36 safe surrenders in Los Angeles County. Unfortunately, however, during that same time period, infant abandonment continued to occur in Los Angeles County. Thirty-three babies were abandoned during calendar years 2002 to 2005.

**Safely Surrendered and Abandoned Infants
Los Angeles County
2001 – 2005**

	2001	2002	2003	2004	2005
Safely Surrendered	0	10	8	10	8
Abandoned Surviving	3	5	1	1	0
Abandoned Deceased	11	8	7	7	4

[NOTE TO TRAINER: It is important to provide the most recent data if participants inquire. You must go to the County’s website—www.babysafela.org—under “How Many Babies Have Been Safely Surrendered in Los Angeles County?” to access data from 2001 to present.]

Data collected indicate that mothers who abandon or surrender their babies do not necessarily fit into the stereotype of a young, unmarried woman with no other children who lives at home with her parents. They cross all demographic categories, including age, race, culture, marital status and socio-economic status. They may have no other children or several other children. Safe surrender and abandonment occur throughout the County and are not limited to one area or another. We have learned that any public information campaign must be very broad; it must be directed to females of childbearing age of all ethnicities, socio-economic classes and geographic locations throughout Los Angeles County. Further, information must reach those individuals who surround women of childbearing age; families, friends and co-workers must be made aware of the option to safely surrender and support women at risk for abandoning or harming their babies. There are many reasons why a woman might conceal her pregnancy, including fear, denial, shame and stigma, and sensitivity to these concerns is vital.

The County has embarked upon a public information campaign that includes public service announcements, bumper stickers, a transit ad campaign, and media outreach, as well as a Speaker’s Bureau available for presentations to public agencies and private groups throughout the County.

Module II: Key Elements of the Safely Surrendered Baby Law

Objective: Participants will understand the health and legal details of the Safely Surrendered Baby Law.

Materials: Chart/blackboard/dry-erase board to record participant responses (optional), Handout 3 (Women's Stories), Handout 1 (Clarifying Legal and Procedural Issues in the Safely Surrendered Baby Law)

Recommended Time: 20 minutes

Trainer's Note: This module should entail reading and facilitated discussion.

Training: Allow participants five minutes to read over Susan's Story found on Handout 3 (Women's Stories). This will provide the opportunity to ask the participants any combination of the following:

- 1) How did Susan know she could safely surrender her baby at the hospital?
- 2) If you thought a friend was concealing her pregnancy, would you ask her if she were pregnant?
- 3) What are some of the aspects of the Safely Surrendered Baby Law, according to the reading?
- 4) What may have happened if Susan had not seen the poster for the Safely Surrendered Baby Law?

You will want to record the answers, if possible, so that you can review them as you reveal possible answers, which might include:

- 1) The Safely Surrendered Baby Law poster in the clinic. You may discuss the fact that similar posters and bumper stickers are posted around Los Angeles County in the hopes that, through informal communication networks and word-of-mouth, information about the SSB Law will be shared throughout the communities of Los Angeles.
- 2) Responses will vary. Some will find it difficult to believe that someone did not intervene sooner to acknowledge that Susan was pregnant. Others will say yes, arguing that it would be impossible for them not to know if a friend was pregnant, while the rest might find it difficult to decide what they would do.
- 3) Participants may cite that:
 - Safe Surrender sites include hospitals.
 - Babies who are safely surrendered may be reclaimed for up to 14 days.
 - Parents who surrender their baby are given an ID bracelet to match them to the surrendered baby.
 - Parents who surrender their baby are given an opportunity to leave important information about the medical history of the baby's family.
 - Babies who are surrendered are placed in adoptive homes.
- 4) Responses may include:
 - She may have abandoned her baby in an unsafe manner; if the baby had died, she may have been arrested and charged with murder.
 - She may have given her baby up for adoption through the voluntary relinquishment process.
 - It is difficult to say what someone who conceals her pregnancy might do.

Following this discussion, participants should refer to Handout 1 (Clarifying Legal and Procedural Issues in the Safely Surrendered Baby Law). Lead participants through a review of the key aspects of the SSB Law. Allow them the opportunity to discuss the various aspects of the Law and help them understand the implications of the Law, particularly as they apply to their agency, community-based organization, clients, and community.

[NOTE TO TRAINER: Let participants know that they can find this scenario on Handout 3, Women's Stories.]

Susan's Story

Susan*, a 21-year old single Asian woman, became pregnant by a casual acquaintance she met at a fraternity party. Susan was a junior in college in New York and did not discover that she was pregnant until she was five months along and the father was nowhere to be found. She did not feel capable of having an abortion while carrying a 5-month gestational fetus and struggled with what to do about her pregnancy. She realized that she would be returning to her family's home for summer break near the time she was due and did not want her parents to know of her pregnancy.

Susan returned to her parents' home in an upper-class suburb of Los Angeles when she was seven months' pregnant. Although her parents observed her weight gain, she explained it as "dorm food" and her parents believed her. She was very confused and afraid, so she continued to hide her pregnancy. One day she began having some pain and decided she should go to a clinic to be examined. She was examined and the clinic doctor told her that she was only having some slight contractions. She did not put her correct name or address on the clinic forms and refused all offers of assistance. However, while at the clinic, she saw a poster that advertised "Safely Surrender Your Baby," a law that would allow her to confidentially leave her baby at a hospital or fire station without prosecution for child abandonment.

Two months later Susan gave birth alone in her family's bathroom while her parents were at work. She wrapped her baby in a sheet and drove herself and her newborn daughter to a local hospital where she turned the baby over to an emergency room nurse. She asked the nurse what would happen to her baby and was told that the baby would be placed for adoption unless Susan returned within 14 days to reclaim the baby. The nurse asked Susan to complete a medical form regarding her medical history so that the baby and the baby's adoptive family would have this information and gave Susan an ID bracelet that would match her as the baby's mother in the event she wished to reclaim the baby. Susan took the medical history form with her and left the hospital without obtaining recommended medical treatment for herself. She was afraid, but believed she was doing the right thing for her baby and herself. She completed the medical questionnaire at home and mailed it to the hospital in the envelope they had provided.

Susan did not return to the hospital to reclaim her baby, and the baby was placed for adoption with a couple who had been approved by the Department of Children and Family Services (DCFS) Adoptions Division. The couple had waited several years to adopt and was thrilled to adopt the baby, whom they named Nicolette. They are grateful to Nicolette's birth mother and were pleased to have medical information for their child; however, they wish the mother had provided identifying information to the adoption agency so that Nicolette could make connection with her birth relatives when she is older, if she desires to do so.

*Names have been changed.

Clarifying Legal and Procedural Issues in the Safely Surrendered Baby Law

On January 1, 2001, a new law went into effect in California. Known as the “Safely Surrendered Baby Law,” the Law states that **“no parent or other person who has lawful custody of a minor child 72 hours old or younger may be prosecuted for child abandonment if he or she voluntarily surrenders physical custody of the child to an employee at a public or private emergency room.”** The Law was subsequently revised to allow surrenders to staff at locations designated by each hospital rather than restricting surrenders to emergency rooms. Newborn babies may also be safely surrendered at Los Angeles County Fire Department stations and other fire stations designated by the County Board of Supervisors.

The following are common questions and answers regarding the legal provisions and procedures included in the Law:

What is the Safely Surrendered Baby Law?

California’s Safely Surrendered Baby Law allows parents to confidentially give up their baby, 72 hours or younger. As long as the baby has not been abused or neglected, parents may give up their baby without fear of arrest or prosecution.

What is a “Safely Surrendered Baby?”

In Los Angeles County, a safely surrendered baby is defined as:

- *under 72 hours of age **AND***
- *surrendered at a hospital, fire station or with paramedics **OR***
- *delivered at a hospital and mother clearly indicates that she is aware of the Law and wishes to surrender her baby under the Law*

Excluded from Los Angeles County’s definition of safely surrendered babies are those with any evidence of abuse or neglect. Also excluded are cases in which hospital staff notify a mother who was previously unaware of the Law of the option to safely surrender her infant upon learning that the mother may decide not to keep her baby.

What is an “abandoned surviving baby?”

In Los Angeles County, an abandoned surviving baby is defined as:

- *under 72 hours of age **AND***
- *abandoned in a public location (e.g., dumpsters, alleys, rail yards, residence steps, stairwells, etc.) **OR***
- *abandoned in a private location (e.g., hidden and/or abandoned in private residence closets, bathtubs, wastebaskets, etc.) **AND***
- *survives.*

Excluded from Los Angeles County's definition of abandoned surviving babies are:

- babies "abandoned" in the care of persons, even those who are strangers to the parent
- babies left in hospitals after birth by mothers who fail to make plans for their care (i.e., "boarder babies")

What is an "abandoned deceased baby?"

In Los Angeles County, an abandoned deceased baby is defined as:

- under 72 hours of age **AND**
- killed (e.g., asphyxiated, stabbed, etc.) in a public (e.g., dumpster, alley, rail yard, residence steps, stairwell, ocean, etc.) or private (e.g., private residence closet, bathtub, wastebasket, etc.) location **OR**
- died from abandonment (e.g., dehydration, hyper/hypothermia, etc.) in a public or private location

Who does the Law allow to bring the baby to a Safe Surrender site?

The Law allows the parent or other person with lawful custody to bring the baby to a Safe Surrender site. Lawful custody is defined as "physical custody of a minor 72 hours old or younger accepted by a person from a parent of the minor, who the person believes in good faith is the parent of the minor, with the specific intent and promise of effecting the safe surrender of the child."

Can people assist a parent surrendering the baby under the Safely Surrendered Baby Law?

YES. As stated in the Law, people can "assist" the parent surrendering the baby for the purpose of effecting the safe surrender, if they do so without compensation, and in good faith. In these instances, a person assisting in a safe surrender would not be civilly liable for injury to or death of the baby as a result of any act or omission except those acts or omissions constituting gross negligence, recklessness, or willful misconduct.

Does the Law allow a parent or other surrendering individual to leave his or her baby at the entrance of a Safe Surrender site?

NO. To ensure the safety of the baby, the parent or person with lawful custody must give the baby to an employee of the Safe Surrender site.

The Law guarantees confidentiality to the surrendering adult. What does this mean?

A parent or other individual who safely surrenders a baby does not have to give his or her name, thus guaranteeing confidentiality. In cases where a parent's name is known (e.g., mother registers at the hospital where she gives birth), the Law states that "Any personal identifying information that pertains to a parent or individual who surrenders a child shall be redacted from any medical information provided to child protective services or the county agency providing child welfare services . . .and shall not be disclosed by any personnel of a safe-surrender site that accepts custody of a child. . ."

Does the parent or surrendering individual have to tell anything to the person accepting the baby at the Safe Surrender site?

NO. However, the parent or surrendering individual will be asked to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the baby. Although filling out the questionnaire is not required, it is encouraged. If the parent or surrendering individual wishes, the questionnaire can be taken home and mailed back to the hospital once it has been completed. The medical questionnaire does not require any information that would compromise the confidentiality of the parent.

What is the purpose of the identification bracelet that is placed on the baby and provided to the parent or surrendering individual at the Safe Surrender site?

The bracelet assists social workers in determining who a baby's parents may be in those cases where a parent requests the baby back. The bracelet does not establish parentage or a right to custody of the baby.

What is the process for a parent to reclaim his or her baby within the 14-day timeframe outlined in the Safe Surrender Law?

Within 14 days from the date a parent surrenders a baby, the parent should call the Los Angeles County Department of Children and Family Services Child Protection Hotline at 1-800-540-4000. A social worker will meet with the parent and assess his or her home to determine whether the baby can be safely returned to the parent.

What happens if a parent wants to reclaim his or her baby after the 14-day timeframe?

A parent should call the Los Angeles County Department of Children and Family Services Child Protection Hotline at 1-800-540-4000. Because the baby's case will be in court, the parent may have to attend court hearings in addition to meeting with social workers and having his or her home assessed.

What happens to the baby if a parent does not attempt to reclaim his or her child?

Upon receiving the surrendered baby, social workers immediately place the baby in a safe and loving home and begin the adoption process.

Module III: Safe Surrender vs. Adoption through Voluntary Relinquishment

Objective: Participants will understand the options available to parents who decide not to keep their baby.

Materials: Chart/blackboard/dry-erase board to record participant responses (optional), and Handout 2 (Adoption through Voluntary Relinquishment Information)

Recommended Time: 10 minutes

Teaching Technique: Lecture and/or facilitated discussion

Trainer's Note: If you are running over schedule or have less time to conduct the training, you may review Handout 2 and address any questions from the participants. Remember that any questions you do not feel comfortable answering should be referred to the Los Angeles County Adoption Hotline at (888) 811-1121.

Training: Open by asking participants, "What do you think might be the differences between adoption through voluntary relinquishment and safe surrender?" and "Why might one be preferable over the other?" You can record participant responses to refer back to later in the lesson.

As previously stated, adoption through voluntary relinquishment has long been and continues to be an option for parents who decide not to keep their baby. In such cases, legal adoption through voluntary relinquishment is the best option as it affords rights and support to the parents placing the baby for adoption and best meets the needs of the adopted baby and his or her adoptive family. The Safely Surrendered Baby (SSB) Law was not designed to undermine or replace the established process of adoption through voluntary relinquishment; rather, it was created to provide an option to women who are so desperate that they believe their only option is to abandon their baby in an unsafe manner. Once you have discussed the differences and reasons why adoption through voluntary relinquishment is preferable to safe surrender, have participants refer to Handout 2. Review this material with them and tell them that if they have any specific questions, they can call the Los Angeles County Adoption Hotline at (888) 811-1121.

Adoption through Voluntary Relinquishment Information

Parents who do not believe they have the means, ability and/or desire to parent their baby may choose to place the baby for adoption. Adoption through voluntary relinquishment is the best option for a parent who is unable to care for a baby, as it affords rights to the parent placing the baby for adoption and best serves the needs of the adopted baby and the adoptive parents. Babies can be voluntarily relinquished for adoption, which preserves the life of the baby, creates a new, loving family, and offers the relinquishing parent additional psychological benefits without fear of criminal prosecution.

The following information answers common questions birth parents may have regarding placing their baby for adoption:

- “Relinquishment of a baby” for adoption means the voluntary action of a parent who signs a relinquishment form in which he or she surrenders custody, control and any responsibility for the care and support of the baby to any licensed public or private adoption agency for purposes of adoption.
- Parents can designate a family to adopt their baby; however, the baby cannot be placed with the new family until the new family has an approved adoption home study conducted by a licensed adoption agency.
- If the birth parent does not designate a particular family, the adoption agency selects the adoptive family, although the birth parent may participate in this process. Every effort is made to honor reasonable requests of the birth parents.
- Birth parents may meet the adoptive parents if all parties agree.
- Birth parents are able to provide vital family history and medical background information that will be of interest and assistance to the baby and his or her adoptive family.
- Birth parents may select a religion for their baby.
- Any parent can sign a voluntary relinquishment form.
- If only one parent chooses to voluntarily relinquish his or her baby, the law requires that efforts be made to identify and inform the other parent of the adoption plan.
- Minor children who are parents do not need their parent’s consent to relinquish.
- Relinquishment must be entirely voluntary. The court cannot order a parent to sign a relinquishment.
- A voluntary relinquishment may only be taken by a social worker from a licensed adoption agency.
- There can be no bribes, payments or promises made in exchange for a voluntary relinquishment.

Adoption through Voluntary Relinquishment Information
(continued)

- The birth parent's legal rights and responsibilities for the baby end when the voluntary relinquishment is reviewed and filed by the California Department of Social Services and an acknowledgement is issued.
- Parents may request to revoke (before the voluntary relinquishment is filed) or rescind (after the voluntary relinquishment is filed) the voluntary relinquishment, but this request will be granted only with the consent of the adoption agency.
- Parents must be informed that there are services available which may help them keep their baby prior to the taking of a voluntary relinquishment. These services include: legal consultation, financial resources, employment resources, education, childcare, housing, health services and counseling.

In addition to the voluntary relinquishment of a baby through the Los Angeles County Department of Children and Family Services (DCFS) Adoption Division, parents may also arrange for adoption of their baby through a private, licensed adoption agency or through an independent adoption with the assistance of an attorney. With a private adoption, it is **possible** that some or all of the mother's maternity and adoption-related expenses could be paid for by the adoptive family.

For more information on the voluntary relinquishment of a baby for purposes of adoption, please call the Los Angeles County Adoption Hotline:

(888) 811-1121

Module IV: Social and Psychological Aspects of Newborn Baby Abandonment

Objective: Participants will understand some of the social, cultural, and psychological aspects of child abandonment

Materials: Chart/blackboard/dry-erase board to record participant responses (optional), Handout 3 (Women's Stories), and Handout 4 (Social and Psychological Factors of Unintended Pregnancy and Newborn Baby Abandonment)

Recommended Time: 20 minutes

Teaching techniques: Read/discuss scenarios and motivations of the mothers who were characterized.

Trainer's Note: This activity is designed to eliminate participants' preconceived notions about individuals who might abandon their baby and expand their understanding of the characteristics of those who abandon or surrender their babies.

Training Points:

What we have learned:

1. There is no "stereotype" or common "profile" that fits all the women who abandon or surrender their babies. We cannot predict by their age, socio-economic status, culture or educational level whether or not they will choose to abandon, relinquish to an adoption agency or safely surrender their baby at a fire station or hospital.
2. Characteristics of the mothers who abandon their babies may involve:
 - Denial or concealment of the pregnancy and/or bodily changes related to the pregnancy
 - Despair, feeling of inadequacy and hopelessness for the future
 - Low self-esteem, feelings of guilt and worthlessness
 - Depression before and after the birth (e.g., low energy, sadness, indifference, tearfulness, sleep and appetite disruption, anger, defensiveness, etc.)
 - Mental illness on the part of the woman, spouse or boyfriend
 - Concerns with the impact of the pregnancy on life goals (e.g., college or career)
 - Fear of rejection by her family, spouse/boyfriend, co-workers, friends, etc.
 - Fear of judgment and rejection by her culture and/or faith-based community
 - Lack of immediate financial resources needed to provide for the baby
 - Fear of abuse by the spouse/boyfriend or other family members
 - Lack of social support (e.g., single parent mother, isolation due to immigration and separation from extended family and country of origin)
 - Fear of loss of social support or financial support
 - Fear of encountering the health, child protection, immigration and/or law enforcement systems
 - Fear of seeking prenatal care services related to one or more of the above characteristics
 - Lack of awareness of alternative options (e.g., relinquishment adoption)

What we are learning:

1. What interventions are effective in reversing a woman's decision(s) to conceal her pregnancy and/or abandon her baby in an unsafe manner
2. What social supports are needed to ensure a woman acknowledges her pregnancy and makes safe decisions
3. What can be done to assist the woman following delivery of the baby that will direct her to appropriate medical care, family planning services and social supports, as needed

WOMEN'S STORIES

Susan's Story

Susan*, a 21-year old single Asian woman, became pregnant by a casual acquaintance she met at a fraternity party. Susan was a junior in college in New York and did not discover that she was pregnant until she was five months along and the father was nowhere to be found. She did not feel capable of having an abortion while carrying a 5-month gestational fetus and struggled with what to do about her pregnancy. She realized that she would be returning to her family's home for summer break near the time she was due and did not want her parents to know of her pregnancy.

Susan returned to her parents' home in an upper-class suburb of Los Angeles when she was seven months pregnant. Although her parents observed her weight gain, she explained it as "dorm food" and her parents believed her. She was very confused and afraid, so she continued to hide her pregnancy. One day she began having some pain and decided she should go to a clinic to be examined. She was examined and the clinic doctor told her that she was only having some slight contractions. She did not put her correct name or address on the clinic forms and refused all offers of assistance. However, while at the clinic, she saw a poster that advertised "Safely Surrender Your Baby," a law that would allow her to confidentially leave her baby at a hospital or fire station without prosecution for child abandonment.

Two months later Susan gave birth alone in her family's bathroom while her parents were at work. She wrapped her baby in a sheet and drove herself and her newborn daughter to a local hospital where she turned the baby over to an emergency room nurse. She asked the nurse what would happen to her baby and was told that the baby would be placed for adoption unless Susan returned within 14 days to reclaim the baby. The nurse asked Susan to complete a medical form regarding her medical history so that the baby and the baby's adoptive family would have this information and gave Susan an ID bracelet that would match her as the baby's mother in the event she wished to reclaim the baby. Susan took the medical history form with her and left the hospital without obtaining recommended medical treatment for herself. She was afraid, but believed she was doing the right thing for her baby and herself. She completed the medical questionnaire at home and mailed it to the hospital in the envelope provided.

Susan did not return to the hospital to reclaim her baby, and the baby was placed for adoption with a couple who had been approved by the Department of Children and Family Services (DCFS) Adoptions Division. The couple had waited several years to adopt and was thrilled to adopt the baby, whom they named Nicolette. They are grateful to Nicolette's birth mother and were pleased to have medical information for their baby; however, they wish the mother had provided identifying information to the adoption agency so that Nicolette could make connection with her birth relatives when she is older, if she desires to do so.

*Names have been changed.

Juana's Story

Juana*, a 19-year old Latina, and her husband Frank, a 20-year old African American, lived with Frank's parents in a middle class neighborhood. Juana and Frank were married two years prior, shortly after Juana became pregnant with their daughter, Julie. Neither Juana's or Frank's parents were pleased when Juana became pregnant because the couple had plans to attend college, and these plans were thwarted by their early parenthood. Frank's parents agreed to let the young couple and child live in their home but did not hesitate to express their displeasure that they had to financially support the couple.

Although Juana and Frank were careful, Juana again became pregnant. The couple was terrified that both sets of parents would be angry with them, as the couple could not afford to care for Julie let alone a new baby. Juana would not consider abortion as it violated her religious beliefs and, although the couple discussed adoption, they made no efforts to contact an adoption agency. They later stated that they "just wished it would go away." They hid Juana's pregnancy and told no one of her condition.

Juana went into labor in her eighth month of pregnancy while Frank was out playing pool with friends. She gave birth by herself in her bathroom, cut the umbilical cord and wrapped her newborn son tightly in plastic bags to prevent him from crying. After her in-laws had gone to bed, she placed the plastic bag in a trash dumpster near their home. The baby was found deceased in the dumpster by a transient who notified law enforcement. Coroner records indicate that the child died of asphyxiation and caregiver neglect and the death was classified as a homicide. Juana was eventually located by police who traced her by way of a receipt found in the plastic bag in which the baby died. She was arrested for Penal Code 187, murder, and awaits trial at this time.

*Names have been changed.

Martha's Story

Martha*, a 22-year old woman of mixed African American – Caucasian identity, became pregnant by her boyfriend with whom she had an “on again—off again” relationship. A few months after their final break up, Martha learned that she was pregnant. She had recently graduated from college and was working in a law office while she applied for law school and did not believe she was ready to start a family. When she informed her ex-boyfriend of her pregnancy, he agreed, stating that he was not ready to take on the challenges of fatherhood. After he learned of the pregnancy, he dropped out of sight and Martha was unable to locate him. Martha told no one other than her ex-boyfriend of her pregnancy. She did not want her parents to know as they would worry about her and were excited about her future plans; she was the first in her family to graduate from college, and her parents were very proud that she wanted to become an attorney.

Martha managed to hide her pregnancy from her family, seeing them infrequently in the later months, although they noticed her weight gain and questioned her more than once about possibly being pregnant. Martha gave birth to a healthy baby boy in the hospital where she received prenatal care and told the nurses providing her with care that she “couldn’t keep the baby.” Hospital staff contacted the Department of Children and Family Services Adoptions Division, and a social worker met with Martha in the hospital. The social worker discussed options with Martha, and Martha decided she would voluntarily relinquish her rights to the baby so that he could be adopted. She was advised that she could participate in an “open” adoption or choose to sign paperwork that would facilitate possible contact when her son became an adult. Martha requested that her son be placed with a two-parent Christian family with no other children and the social worker stated that all efforts would be made to honor this request. The adoption social worker met with Martha on two additional occasions at Martha’s apartment, advising her of her rights at the first visit and having Martha complete and sign voluntary relinquishment paperwork at the second visit. The social worker informed Martha that legal procedures would also be undertaken to make efforts to locate the baby’s father so that he could voluntarily relinquish his parental rights or his rights would be terminated by court action.

Martha felt supported throughout the adoption through the voluntary relinquishment process and was glad she could provide medical background and family history that would benefit her son and his new family. Martha’s son was placed with a couple who had been waiting to adopt for some time and were thrilled to bring baby “Justin” into their family.

*Names have been changed.

Social and Psychological Factors of Unintended Pregnancy and Newborn Baby Abandonment

The three scenarios found on Handout 3 (Women's Stories) are based upon real incidents and depict different outcomes to an unwanted pregnancy. The choices these women made have had a lasting impact on the health and well-being of their babies as well as their own futures.

Los Angeles County is currently collecting data on women who abandon their babies. What we have learned to date is that there is no generalized "profile" for parents/women who abandon their newborn babies in an unsafe manner. The abandonment and surrender of newborn babies have been reported among girls and women of all reproductive ages, among all racial/ethnic groups and across all socio-economic and educational levels. In some cases, there have been reports of fathers assisting in the abandonment or safe surrender of their babies.

What we have learned:

1. There is no "stereotype" or common "profile" that fits all the women who abandon or surrender their babies. We cannot predict by their age, socio-economic status, culture or educational level whether or not they will choose to abandon, relinquish to an adoption agency or safely surrender their baby at a fire station or hospital.
2. Characteristics of the mothers who abandon their babies may involve:
 - Denial or concealment of the pregnancy and/or bodily changes related to the pregnancy
 - Despair, feeling of inadequacy and hopelessness for the future
 - Low self-esteem, feelings of guilt and worthlessness
 - Depression before and after the birth (e.g., low energy, sadness, indifference, tearfulness, sleep and appetite disruption, anger, defensiveness, etc.)
 - Mental illness on the part of the woman, spouse or boyfriend
 - Concerns with the impact of the pregnancy on life goals (e.g., college or career)
 - Fear of rejection by her family, spouse/boyfriend, co-workers, friends, etc.
 - Fear of judgment and rejection by her culture and/or faith-based community
 - Lack of immediate financial resources needed to provide for the baby
 - Fear of abuse by the spouse/boyfriend or other family members
 - Lack of social support (e.g., single parent mother, isolation due to immigration and separation from extended family and country of origin)
 - Fear of loss of social support or financial support
 - Fear of encountering the health, child protection, immigration and law enforcement systems
 - Fear of seeking prenatal care services related to one or more of the above characteristics
 - Lack of awareness of alternative options (e.g., relinquishment adoption)

What we are learning:

1. What interventions are effective in reversing a woman's decision(s) to conceal her pregnancy and/or abandon her baby in an unsafe manner
2. What social supports are needed to ensure a woman acknowledges her pregnancy and makes safe decisions
3. What can be done to assist the woman following delivery of the baby that will direct her to appropriate medical care, family planning services and social supports, as needed

Module V: Assisting a Woman (Family) Who Conceals a Pregnancy

Objective: Participants will understand possible techniques for assisting a woman who is concealing her pregnancy.

Materials: Chart/blackboard/dry-erase board to record participant responses (optional), Handout 5 (How Can You Help a Pregnant Woman Make Safe Decisions?)

Recommended Time: 15 minutes

Teaching Technique: Facilitated discussion & brainstorming

Training: Ask participants, "What do you think you would do if you suspected that a friend or family member was concealing a pregnancy?" You may record everyone's responses.

Training Points:

1. Concealing a pregnancy—whether or not it is the prospective mother, father, or someone close to the family—puts both the prospective mother and baby at risk.
2. Acknowledge that it is a difficult topic to discuss; if you are not endangering yourself by addressing the situation, give the woman an opening and a "safe" place to discuss her possible pregnancy.
3. Use Handout 5 that outlines the importance of opening this sensitive issue with someone you suspect is concealing a pregnancy.
4. Understand you are also dealing with a possible denial by the mother on her pregnancy, and her reaction may be one of full disbelief or refusal to discuss this issue.
5. Always leave the woman with information regarding possible resources she may use if she "discovers" she is pregnant.

How Can You Help a Pregnant Woman Make Safe Decisions?

Women facing an unintended pregnancy often experience initial reactions of disbelief, fear, anger and confusion when they learn or suspect they may be pregnant. In some cases, women do not know they are pregnant for many months, or are in denial of the pregnancy. Often, the loving support and understanding of a friend, family member or spouse is all that is needed to help a woman deal with an unintended pregnancy and make safe and legal decisions regarding the outcome of that pregnancy.

If you suspect your daughter, friend, wife or relative is denying or concealing her pregnancy and you are not endangering yourself by addressing the situation, you have an opportunity to help her by doing the following:

1. Ask her if she is pregnant;
2. Acknowledge the pregnancy in a non-judgmental manner;
3. Provide her with information on her options and offer support, love and guidance so that she can make an informed decision about the best way to handle the unintended pregnancy;
4. Assist her in finding a doctor or health clinic to receive medical care;
5. Provide her with the emotional support she needs during this often confusing and difficult time; and
6. Maintain an “open-door” policy in regard to future discussions regarding her pregnancy, as many women may be initially afraid to share their secret.

Often women facing an unintended pregnancy are afraid to share their secret with anyone, even close family and friends. If you suspect someone close to you is denying or concealing a pregnancy and you are not endangering yourself by addressing the situation, please have the courage to reach out to her and offer your support and assistance.

Module VI: Additional Resources

Objective: Participants will receive additional resources to support pregnant parents.

Materials: Handout 6 (Information and Referral Hotlines)

Recommended Time: 5 minutes

Teaching Technique: Facilitated discussion

Training: Ask participants to turn to Handout 6 (Information and Referral Hotlines). Review with them this list of possible sources of information concerning the Safely Surrendered Baby (SSB) Law and resources available to pregnant women.

Ask them if they are aware of additional sources of support for pregnant women in their own community. Share with them that, because of the nature of this dilemma, it is important to remember that some of these women may turn to local organizations, places of worship, and their community networks to cope with their pregnancy. We must be mindful that the more we can spread the word about the SSB Law, the more we can ensure that someone will be there when a pregnant woman comes forward looking for assistance in making some very difficult decisions.

Information and Referral Hotlines

Information on a variety of issues related to pregnancy, adoption and the safe surrender of a baby can be found by calling:

Safely Surrendered Baby Hotline

Info Line of Los Angeles sponsors the Safely Surrendered Baby Hotline. Staff members trained in the provisions of the Safely Surrendered Baby Law provide information on how to safely surrender a baby under the Law, as well as the location of Safe Surrender sites. This hotline is available 24 hours a day, seven days a week. Calls to the Safely Surrendered Baby Hotline are confidential, and English, Spanish and 140 other languages are spoken. The Safely Surrendered Baby Hotline may be reached at:

1-877-222-9723

Los Angeles County Adoption Hotline

The Hotline provides information on the voluntary relinquishment of a baby for purposes of adoption through the Department of Children and Family Services. The Hotline is also able to provide information and referrals for those interested in private adoption. The Hotline may be reached at:

1-888-811-1121

211 LA County

211 LA County is a free, 24 hours a day, seven days a week information and referral hotline, with specialists fluent in English and Spanish, and interpreters are available in other languages. The hotline provides confidential information and referrals on family problems, health services, legal services, substance abuse programs, counseling, family planning, youth programs, mental health services, and other social services. 211 LA County may be reached at:

2-1-1

or

1-800-339-6993

Module VII: Safe Surrender Sites

Objective: Participants will be able to locate and inform others of Safely Surrendered Baby sites in Los Angeles County.

Materials: Chart/blackboard/dry-erase board to record participant response (optional)

Recommended Time: 5 minutes

Teaching Technique: Facilitated discussion

Training: Ask participants if they know of a Safe Surrender site in their community or in the community in which they work. You may record some of the locations just to provide participants with an idea of the location and number of sites in Los Angeles County. Remind them that all hospitals are designated as Safe Surrender sites for babies in California. In addition, in Los Angeles County, the Board of Supervisors has also designated fire stations throughout the County as safe surrender sites. Each surrender site is required to post a standard sign with the Safely Surrendered Baby logo in a visible location. Encourage participants to call the Safely Surrendered Baby Hotline or go to the website (www.babysafela.org) to find designated sites in their communities.

Closing

If you have time, you should review “lessons learned” with participants. What aspects of the training were helpful to the participants and what aspects were not as helpful? How can we continue to work to effectively communicate this information to a wider audience?

Thank them for coming and make sure they know that if they have questions, they can call any of the numbers listed on Handout 8 (Information and Referral Hotlines).