

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:
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:	

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 60 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.