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INTRODUCTION

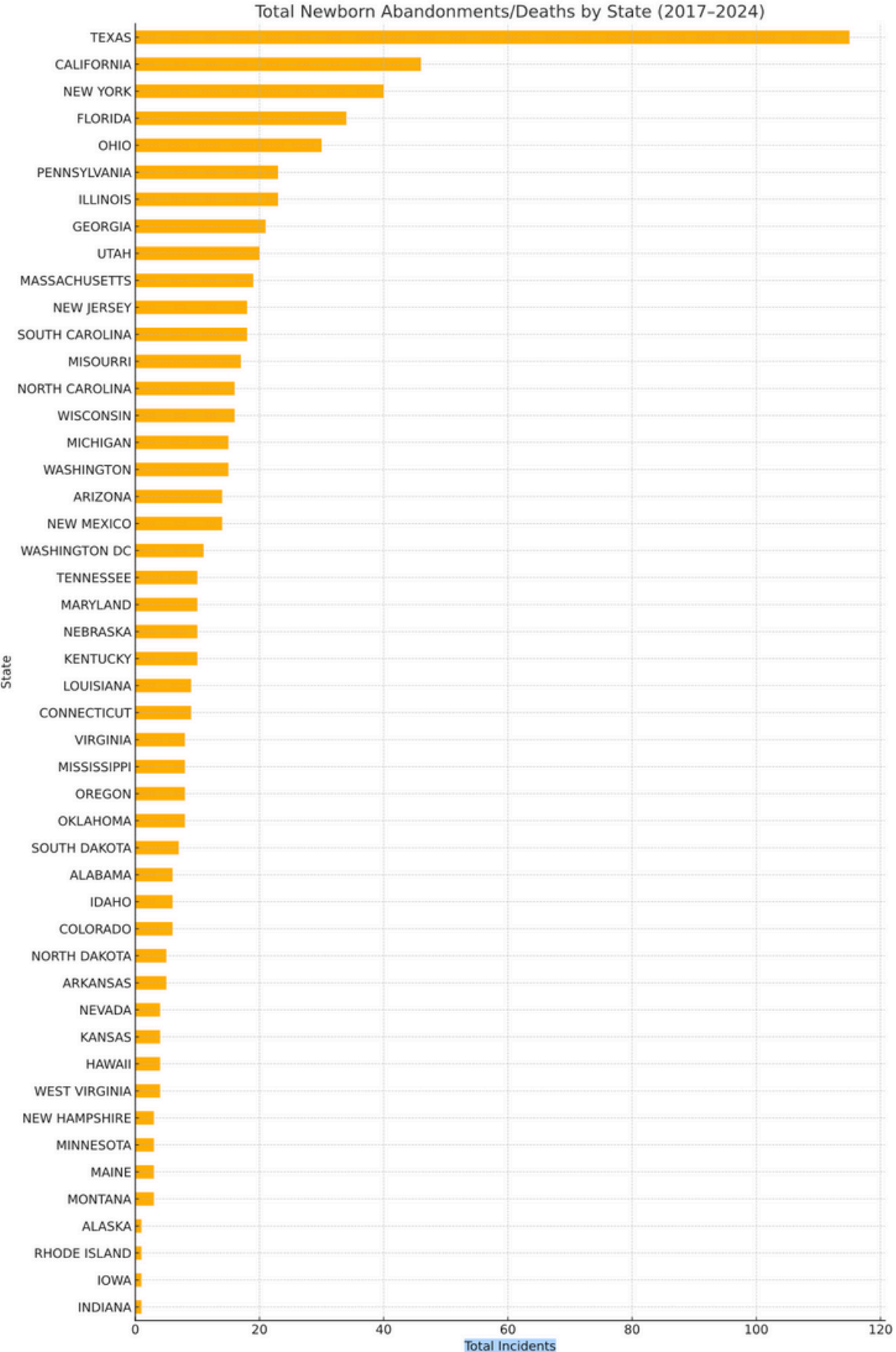
Safe Haven Baby Boxes offer a compassionate and secure option for mothers in crisis who are unable to care for their newborns. Designed with innovative safety features and installed on the exterior walls of fire stations and hospitals, each box ensures the safe and anonymous surrender of infants. The exterior door locks automatically when a newborn is placed inside, and an interior door allows medical personnel to promptly and securely retrieve the baby, ensuring immediate care and protection. Safe Haven Baby Boxes are a vital resource, providing a lifeline for mothers and a safe beginning for their newborns.

Every year, countless infants are heartbreakingly abandoned in the United States. While each situation is unique, parents are continuously finding themselves in times of crisis, facing emotional and practical challenges that can lead to desperate and unsafe decisions. These tragic stories underscore the urgent need for a secure and compassionate alternative that provides parents with a safe and anonymous option for child surrender and gives children the possibility of a brighter future.

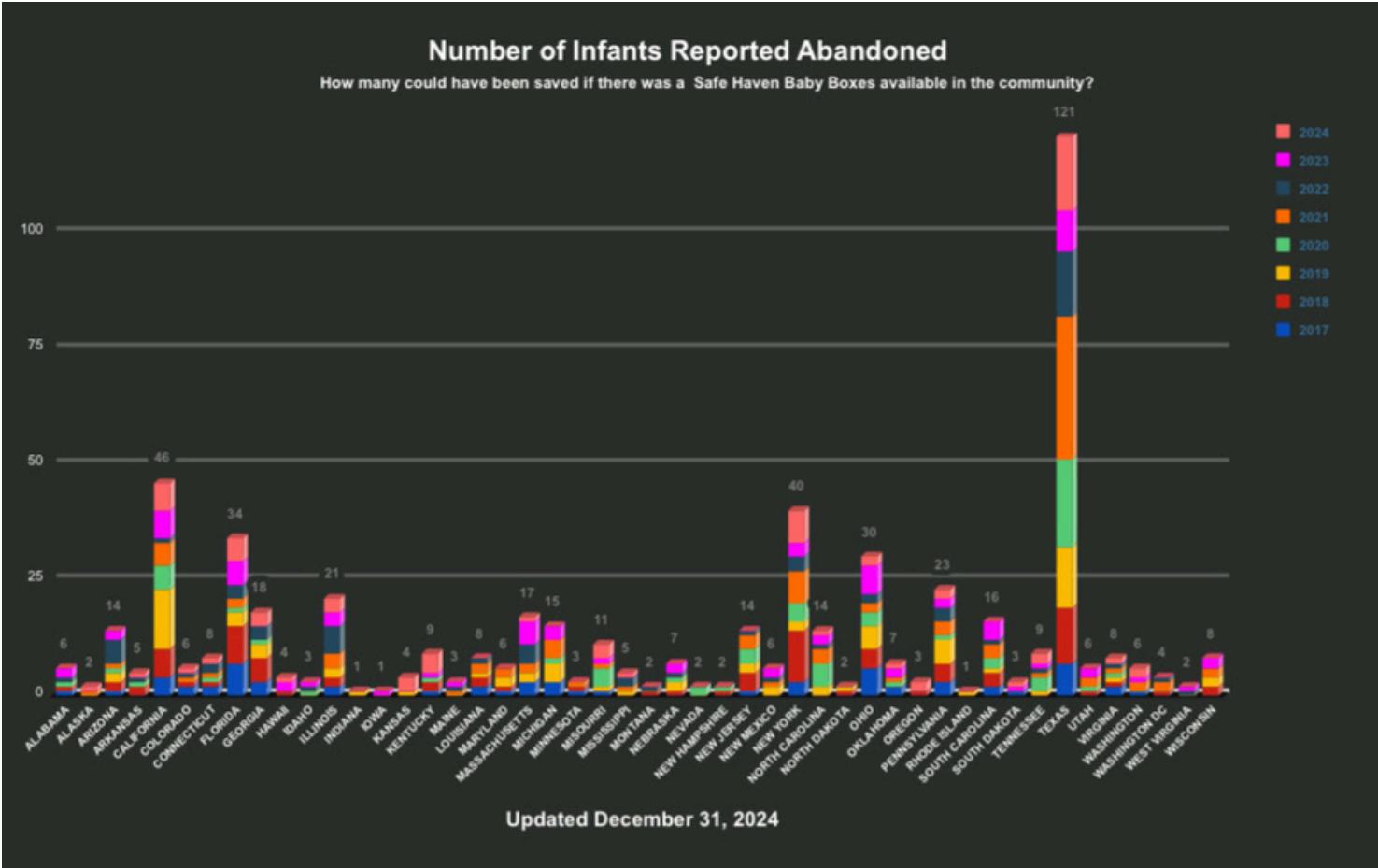
Since 2016, Safe Haven Baby Boxes have provided a discreet and secure option for parents to surrender their newborns. By raising awareness of the Safe Haven Law, operating a national 24-hour hotline, and carefully designing and implementing Baby Boxes in fire stations across the United States, Safe Haven Baby Boxes help ensure that no child is left without care and no parent feels like they have no options.

Our legislative packet offers a comprehensive guide to legislators seeking to amend their state's safe haven law to allow for anonymous surrender through baby boxes. We provide a thorough look at the issue of infant abandonment, how surrenders work through the baby boxes as well as model legislation with testimony for your reference.

INFANT ABANDONMENT DATA



INFANT ABANDONMENT DATA



FAQ

1. Have the Safe Haven Baby Boxes been tested?

The Safe Haven Baby Box is tested. At every stage of design, development and deployment, the Box undergoes stringent testing. While there are no standards that exist, the Safe Haven Baby Box organization is developing standards by adopting the most stringent requirements.

The ultimate test came on November 7, 2017 at the CoolSpring Fire Department. A courageous mother anonymously surrendered Baby Hope in the Safe Haven Baby Box located in Michigan City, IN. After the notification system notified the first responders flawlessly, she was safely received and evaluated under the Safe Haven Baby Box Protocol for Surrender and the laws of Indiana. It is noted the Box performed within the design parameters and the surrender is considered legal under the Indiana Safe Haven law.

2. Why are the Safe Haven Boxes not regulated by the FDA or the CSPC?

It has been determined by the FDA that the Safe Haven Baby Box, like the baby drawers in Arizona, is not a medical device and does not require FDA approval. The baby box and the baby drawer are not available for sale to the public and do not require CSPC regulation.

3. Are the Safe Haven Baby Boxes and baby drawers UL listed and approved?

UL approval is not legally required and there is no legislation mandating certification by UL or any other agency, public or private in the US. SHBB partners with a third party for performance testing to ensure the baby boxes function properly.

4. Do baby boxes exist that are not from the Safe Haven Baby Boxes organization?

Yes. In fact, "baby hatches" existed in one form or another for centuries and [was](#) quite common in medieval times. Modern versions appear in other countries, including Germany, Switzerland, Pakistan, and Malaysia.

Arizona also has baby drawers and are available at designated hospitals. (For more information, please see the back of this page.)

5. Is Safe Haven Baby Boxes the only organization that offers complete anonymity?



















For individuals contacting our National Safe Haven Crisis Hotline, contact is confidential and anonymous, should the caller wish. For individuals using our Safe Haven Baby Boxes, there are no cameras, so the individual remains anonymous.

The Hotline and counselors are supervised by a Clinical Staff Psychologist with over 25 years of crisis pregnancy hotline experience. We will not ask for a name. We do ask for location so we can provide information on the laws that apply and resources that may be available. Our goal is to provide the mothers-in-crisis with the resources that allow themselves to stabilize their situation and have time to make a decision that is in the best interest of themselves and their child.

FAQ

While other organizations may, we can only confirm Safe Haven Baby Boxes and our National Safe Haven Crisis Hotline is the only organization that offers complete anonymity.

Safe Haven Baby Boxes is thankful for all efforts to support the safe haven laws and for the availability of the Safe Baby Haven baby drawers at selected Banner Hospital locations in Arizona. The baby drawers have been around for a number of years and prove to be an additional option for mothers-in-crisis. Safe Haven Baby Boxes, Inc. has taken extra steps with the Baby Box to ensure quality and safety when surrendering an infant. The diagram below includes pertinent information | about both devices based on their protocols.

Offered for Use in Hospitals AND Fire Stations		
Available in Multiple States		
Established Program for Increased Awareness and Education		
Dedicated National Hotline Available 24/7/365		
Resources Offered to Support Mothers-in-Crisis		
Multiple Alarm System to Ensure No-Fail		
Medical Bassinet Included for Increased Safety		
Alarm System Tested	WEEKLY	MONTHLY
Visual Checks	DAILY	DAILY
FDA Inspected and Confirmed not a Medical Device		<input type="checkbox"/>
Patented		<input type="checkbox"/>
3rd Party Performance Tested		<input type="checkbox"/>
Outside of Device Locks for Infant Safety		<input type="checkbox"/>

FAQ

What does the installation of a baby box in a building require?

Installing a Baby Box is as simple as installing a window in a building. It is very rare that a permit or additional alterations are needed on a building for installation. The Baby Box simply slides into the wall, insulation is added around the outside of the Baby Box, and it is sealed on both sides. The electronics in the Baby Box can be connected to a building's existing alarm system or will be set up with alarm monitoring with a 3rd party vendor.

How is the Baby Box safe in locations where there are extreme temperatures?

There is a heating and cooling unit inside the baby box to work with the interior of the building to ensure the proper temperature is constant.

Are there security cameras to ensure the safety of emergency personnel?

The only requirement for the Safe Haven Baby Box program is to not have a camera directly on the baby box. Cameras are allowed in all other areas around the building. To date, no location has had an issue with this requirement, nor has any location declined the Safe Haven Baby Boxes program because of it.

What happens if something fails on the Baby Box?

Weekly testing and daily visual checks ensure the Baby Box is functioning properly. Should any issues arise, the Safe Haven Baby Box policy is to have a representative at the location hang a sign (provided) that the baby box is not in service and the door will be locked. Safe Haven Baby Boxes will immediately notify the hotline counselor(s) and update the website and other social media sites to show the location is temporarily not in service. The average time a Baby Box is out of service is about 5 business days.

How do the Baby Box alarms work?

Alarm and 911 Dispatch Overview – Safe Haven Baby Box

The Safe Haven Baby Box is equipped with three automatic alert signals:

1. Door Opened – Triggered 2 seconds after the exterior door is opened and automatically calls 911 dispatchers.
2. Baby Placed – Activated 60 seconds after the infant is placed in the bassinet; the door locks automatically.
3. Power Loss – Sends an alert if the box loses power.

These alerts are connected to a third-party alarm system, which notifies 911 dispatch. The provider location is responsible for installing the box and alarm system. After installation, the system must pass 7 consecutive days of testing to confirm proper function—ensuring alerts are triggered, dispatch is notified, and first responders are on scene within 5 minutes of a simulated placement.

What happens if the Baby Box Alarm fails?

The Baby Box is set up with 3 alarms that are each triggered by an action and not dependent upon an initial alarm. Daily visual checks and weekly alarm tests ensure the function of a Baby Box. If a Baby Box loses power, the device initiates a 911 call. There is also a battery backup built in in case a location does not have a generator.

Has a Baby Box ever been improperly used?

Not a single Baby Box has had damage or been vandalized in the past 8 years of being in service. Occasionally a curious person has opened the box without reading the sign about the alarm, but this is very rare. In December 2019, a crate of kittens was placed in a Baby Box. While this is an instance of improper use, it did serve as an opportunity to further educate the community and surrounding areas about the availability of the Baby Box and the Safe Haven law.

FAQ

How much government funding is required to support the Safe Haven Baby Boxes program?

None! The Safe Haven Baby Boxes program is voluntary and does not require funding by the local, state, or federal government. Funding is often generated through individual donors and/or charitable organizations in support of the Safe Haven Baby Boxes program within the community.

Is a Safe Haven Baby Box needed at every fire station and hospital?

No. This is a voluntary program initiated by a hospital staff member, a firefighter, and/or individuals in the community. Safe Haven Baby Boxes sees the benefit of having a baby box in every community, but not one in every fire station and hospital.

Do fire, hospital, and community leaders support the Safe Haven Baby Boxes program?

Yes! Safe Haven Baby Boxes would not be able to implement its program in communities without the support of the Fire Chief, Mayor, Hospital Administrators and/or Town officials.

Does the addition of the Safe Haven Baby Boxes program cause confusion in states where the existing Safe Haven law has been in effect for 20 or more years and other Safe Haven organizations are present?

Safe Haven Baby Boxes supports all organizational efforts to provide resources to assist mothers in crisis and to educate about the Safe Haven law. The Safe Haven Baby Boxes program is not intended to replace any organization or efforts focused on ending infant abandonment. Saving the lives of infants is the ultimate goal, and we believe that it should not be measured by the amount of effort or by a monetary value, but instead by the quality and availability of resources made available to end abandonment and focus on those in crisis.

The Safe Haven Baby Boxes program can help with the addition of the baby boxes in communities, billboard campaigns, and with the National Crisis Hotline. To date, the hotline has received over 10,000 calls and assisted with over 150 face-to-face safe surrenders and provided support to 6 women in the adoption process. We have had 61 safe surrenders using a Safe Haven Baby Box since 2016. Hundreds of women have been referred to local resources for assistance and a licensed doctor is available should any medical advice be needed.

FAQ

Is placing a baby in a box humane?

The surrendered newborn is placed in a secured medical bassinet, in a temperature controlled environment, and retrieved within a few minutes after the outside door is closed. This should be considered more humane than where illegal abandonments have occurred in your state.

Isn't a mother at risk if the surrender is anonymous and not in person?

A surrender in the Safe Haven Baby Boxes provides a last resort option. Women who call the National Safe Haven Crisis Hotline are encouraged to do a face-to-face surrender for the sake of their rights and health. Each location offers copies that provide information about mother's rights and medical information, along with reference to the National Safe Haven Crisis Hotline and website in a bag that can be taken (and has been taken) at the time a baby is placed in a baby box.

Should the mother contact Safe Haven Baby Boxes after the surrender, she will be provided the same information provided with a face-to-face surrender and given guidance on where to seek help.

What states have updated the Safe Haven law to include safety devices for an anonymous surrender?

There are 27 states that allow safety devices like the Safe Haven Baby Box to be installed and many other states are currently reviewing legislation considering the update.

Are there any statistics or facts that support the need for the Safe Haven Baby Boxes program?

- Only 1 illegal abandonment has been reported in Indiana from 2016 to 2024. Prior to 2016, Indiana averaged 2 reports of abandonment a year.
- Ohio's number of infant abandonment reports continue to decline with the addition of the first Safe Haven Baby Boxes in 2018.
- Arkansas has not had an illegal abandonment reported since the bill was passed in early 2019. The first Baby Box went live in Benton, Arkansas in September 2019.
- Indiana has had 32 babies surrendered in baby boxes and no deaths from abandonment since Safe Haven Baby Boxes launched.

ARGUMENTS AGAINST BABY BOXES AND ANSWERS

ARGUMENT 1: *Baby Boxes remove the chance for a mother to be offered medical care and supportive services. About 25% of parents who come to a Safe Haven, initially planning to use the Safe Haven Law, when given the opportunity to talk about options, choose to either make an adoption or parenting plan.*

ANSWER: Safe Haven Baby Boxes has a National Crisis Line (1-866-99BABY1), answered by a licensed counselor, not voicemail, 24 hours per day, 7 days per week) that offers mothers every possible supporting service and option including a parenting plan, adoption plan, referrals to pregnancy resource centers, face to face surrenders and, as a last resort, assistance with a safe surrender in a Safe Haven Baby Box, and much more. When a mother or parent comes to our Baby Box, an orange bag is made available to them inside the box with resources and information, including our National Crisis Line, if they need to reach out.

ARGUMENT 2: *Baby Boxes strip away any chance of personal contact, which means the parent is completely alone, contributing to her being frightened. She does not have the comfort of placing her baby into the arms of anyone. Instead, she has the idea reinforced that what she is doing is 'bad' and something that she should feel ashamed about*

ANSWER: We promote many different options, which include a face to face surrender. There are still mothers who want total anonymity because they feel they are being judged, have outstanding arrest warrants, have involvement with the department of child service for their other children, are addicted to drugs or alcohol, or many other reasons. It is just a bridge too far for them to relinquish their child face to face to an authority.

ARGUMENT 3: *Baby Boxes will add tremendous confusion as to where and what is considered a Safe Haven location. There are so many bad possible outcomes. Imagine a mother coming to a hospital, looking for a Baby Box, but that hospital does not have one. She becomes frustrated, confused, and leaves the baby alone, abandoned. Will the baby survive? The mother is bleeding, in need of medical help that she does not get. How will people feel when she is found having bled to death?*

ANSWER: Safe Haven Baby Boxes provides constant awareness and informs the public when Baby Boxes become available in a certain area. When someone calls our National Crisis Line in search of a place to surrender their infant, we give them locations and explain what will happen during the surrendering process. Our Baby Box [locations](#) are on our website, and a [visual map](#) is also available.

ARGUMENTS AGAINST BABY BOXES AND ANSWERS

ARGUMENT 4: *Many women are looking for a place that will offer delivery of their baby in the hospital. Baby Boxes will confuse hopes for a safe delivery by suggesting that her only option is to leave the baby in a Baby Box.*

ANSWER: **We have never EVER remotely suggested that our Baby Boxes should be the only option available to a mother. In fact, we promote all options available with the Safe Haven Baby Box being the last resort.**

ARGUMENT 5: *Many States offer a packet of information for the relinquishing parent. The packet may provide a request for medical information and explain parental rights under the law. Using Baby Boxes prevents the parents from receiving this important information.*

ANSWER: **A bag is available in each of our baby boxes specifically for the mother. The bag includes information about where they can receive medical help if needed..**

ARGUMENT 6: *A large concern comes from the Nassau County Police Department and New York City Police Department's Bureau of Special operations (BSO) known as Homeland Security. The Department has concerns about pipe bombs being placed inside one of them by terrorists and causing catastrophic injuries to doctors, hospital staff and first responders. If a terrorist makes a coordinated attack on a hospital, police/fire station, key emergency personnel will be killed or critically wounded. "Baby Boxes" will be added to the list as a high risk location making them a "soft target" and will require costly increases in the liability insurance at these locations.*

ANSWER: **This question comes from Tim Jaccard formerly of the Nassau county Police Department and it is answered in this video. [SHBB response to AMT--Children of Hope](#)**

ARGUMENT 7: Each box will cost approximately \$15,000 to build with a plan to install 100. Half a million dollars! What about the cost of installation? Most hospital, fire and police stations are brick or stone buildings, and the installation would be nearly impossible. These buildings are built as the strongest structures in the neighborhoods. It would be extremely costly to cut a hole into one of these buildings to place a Baby Box in a prominent place that could be easily found by a woman in crisis. Do the states have money to purchase and install them? Think about what that money could do if used for an awareness campaign instead. How many more babies and mothers would be saved by reaching all women? What is needed is awareness campaigns NOT Baby Boxes.

ARGUMENTS AGAINST BABY BOXES AND ANSWERS

ANSWER: Tax dollars are not used to pay for our Baby Box Program. Funding comes fully from private donors, fundraising campaigns, or other organizations. Baby Boxes are just a small part of what we do. We also put full effort into awareness campaigns, including education, training, billboards, and other Safe Haven Awareness projects. Our latest video posted on the social media platform Tik Tok, used by many teens and young women as their source of information, has had over 24 million views around the world and many inquiries. The production and distribution were not funded by one penny of taxpayer money.

https://www.tiktok.com/@safehavenbabyboxes/video/6946269069683248389?lang=en&is_copy_url=0&is_from_webapp=v1&sender_device=pc&sender_web_id=6960111869245081094

ARGUMENT 8: *What about safety? What happens if a baby is left in a box for a long period of time or overnight and the mother does not follow "Back to Sleep" instructions? What if the alarm malfunctions? What if a dead or injured baby is left in the box?*

ANSWER: This argument can be answered by viewing our short video that shows [How the Baby Box works](#). There are three fail safe silent alarms that go off when a mother places her baby inside our Baby Box. The initial alarm dispatches to 911 ensuring medical personnel will respond immediately. If one alarm malfunctions, there is still another one that will go off. If there is a loss of power, there is an alarm that will go off to notify the staff. The average time that a newborn stays in the box is two minutes. In most cases the maximum time is five minutes. Along with the silent alarms, the Baby Box locks from the outside and cannot be reopened until it is reset, and the box is also climate controlled. The baby relinquished in the Safe Haven Baby Box in Clarksville, Indiana, May 2, 2021 was in the Baby Box 15 seconds. [Baby surrendered to 'Safe Haven' box in Clarksville, Indiana | khou.com](#)

ARGUMENT 9: *What if the baby has been kidnapped, relinquished without the father consenting, or is abused?*

ANSWER: Protocols to address these possibilities are followed if the baby has been relinquished face to face or in a Safe Haven Baby Box. Safeguards include:

- The anonymous relinquishment of an abused or deceased child is not legal and a full investigation is pursued. The privileges of anonymity and immunity are forfeited if there is evidence of child abuse or neglect.
- Law enforcement agencies are tasked with determining whether the baby has been reported as a missing child.
- Before the infant can be adopted reasonable efforts are made to find the father according to the laws in each state.

ARGUMENTS AGAINST BABY BOXES AND ANSWERS

NOTE:

- **These arguments were taken from the websites of organizations opposing Safe Haven Baby Boxes and other news sources.**
- **The Safe Haven Baby Box project was never intended to be a replacement for face to face relinquishments or any other safe surrender options. Relinquishment in a Baby Box is only intended to expand the options for a mother in crisis. Baby Boxes are a last resort but lifesaving for the babies of mothers choosing between a dumpster and a Baby Box.**

1 State of Arkansas
2 92nd General Assembly
3 Regular Session, 2019

As Engrossed: S2/5/19

A Bill

SENATE BILL 168

4
5 By: Senator Bledsoe
6 By: Representative Petty

For An Act To Be Entitled

9 AN ACT TO AMEND THE SAFE HAVEN ACT; AND FOR OTHER
10 PURPOSES.

Subtitle

14 TO AMEND THE SAFE HAVEN ACT.

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

19 SECTION 1. Arkansas Code § 5-27-205(c), concerning endangering the
20 welfare of a minor, is amended to read as follows:

21 (c)(1) It is an affirmative defense to a prosecution under this
22 section that a parent voluntarily delivered a child to and left the child
23 with, or voluntarily arranged for another person to deliver a child to and
24 leave the child with, a medical provider ~~or law enforcement agency,~~ law
25 enforcement agency, or fire department as provided in § 9-34-201 et seq.

26 (2)(A) ~~Nothing in subdivision~~ Subdivision (c)(1) of this section
27 ~~shall be construed to~~ does not create a defense to any prosecution arising
28 from any conduct other than the act of delivering a child as described in
29 subdivision (c)(1) of this section.

30 (B) Subdivision (c)(1) of this section specifically does
31 not constitute a defense to any prosecution arising from an act of abuse or
32 neglect committed ~~prior to~~ before the delivery of a child to a medical
33 provider ~~or law enforcement agency,~~ law enforcement agency, or fire
34 department as provided in § 9-34-201 et seq.

36 SECTION 2. Arkansas Code § 9-34-201, concerning definitions, is



1 amended to add an additional subdivision to read as follows:

2 (3) "Fire department" means any organization that is staffed
3 twenty-four (24) hours a day and established for the prevention or
4 extinguishment of fires, including, but not limited to, fire departments
5 organized under municipal or county ordinances, improvement districts,
6 membership fee-based private fire departments, and volunteer fire
7 departments.

8

9 SECTION 3. Arkansas Code § 9-34-202 is amended to read as follows:

10 9-34-202. Delivery to medical provider ~~or law enforcement agency, law~~
11 ~~enforcement agency, or fire department.~~

12 (a) Any medical provider ~~or law enforcement agency, law enforcement~~
13 ~~agency, or fire department~~ shall ~~without a court order~~ take possession of a
14 child who is thirty (30) days old or younger without a court order if the
15 ~~child is left with or voluntarily delivered to the medical provider or law~~
16 ~~enforcement agency by the child's parent who does not express an intent to~~
17 ~~return for the child~~ parent of the child, without expressing an intent to
18 return for the child, leaves the child:

19 (1) With or voluntarily delivers the child to the medical
20 provider, law enforcement agency, or fire department; or

21 (2) In a newborn safety device that is:

22 (A) Voluntarily installed by the medical provider, law
23 enforcement agency, or fire department;

24 (B) Physically located inside a hospital, law enforcement
25 agency, or fire department that is staffed twenty-four (24) hours a day by a
26 medical services provider; and

27 (C) Located in an area that is conspicuous and visible to
28 the employees of the hospital, law enforcement agency, or fire department.

29 (b)(1) A medical provider ~~or law enforcement agency, law enforcement~~
30 ~~agency, or fire department~~ that takes possession of a child under subsection
31 (a) of this section shall perform any act necessary to protect the physical
32 health and safety of the child.

33 (2) A medical provider ~~or law enforcement agency, law~~
34 ~~enforcement agency, or fire department~~ shall:

35 (A) keep ~~Keep~~ the identity of a parent who relinquishes a
36 child under this section confidential; and

1 ~~(B) shall not~~ Not release or otherwise make the identity
2 of the parent available except to a:

3 ~~(A)(i)~~ Law enforcement agency investigating abuse or
4 neglect of the child that was committed before the child was delivered to the
5 medical provider or law enforcement agency; or

6 ~~(B)(ii)~~ Prosecuting attorney pursuing charges
7 against a parent for abuse or neglect of the child that was committed before
8 the child was delivered to the medical provider ~~or law enforcement agency,~~
9 law enforcement agency, or fire department.

10 (c) A medical provider ~~or law enforcement agency,~~ law enforcement
11 agency, or fire department shall incur no civil or criminal liability not be
12 criminally or civilly liable for any good faith acts or omissions performed
13 pursuant to under this section.

14 (d) A medical provider, law enforcement agency, or fire department
15 that voluntarily installs a newborn safety device shall:

16 (1) Be responsible for the cost of the installation; and

17 (2) Install an adequate dual alarm system connected to the
18 physical location of the newborn safety device that is:

19 (A) Tested at least one (1) time per week to ensure the
20 alarm system is in working order; and

21 (B) Visually checked at least two (2) times per day to
22 ensure the alarm system is in working order.

23
24 SECTION 4. Arkansas Code § 9-34-203 is amended to read as follows:
25 9-34-203. Care of the child.

26 (a) Upon delivery of the child to a ~~law enforcement agency or a~~
27 medical provider ~~medical provider, law enforcement agency, or fire~~
28 department, the law enforcement officer ~~or an appropriate hospital employee,~~
29 an appropriate employee of the fire department, or an appropriate employee of
30 the hospital shall take the child into protective custody for seventy-two
31 (72) hours under the Child Maltreatment Act, § 12-18-101 et seq.

32 (b) The law enforcement officer ~~or hospital employee,~~ employee of the
33 fire department, or employee of the hospital shall immediately notify the
34 Division of Children and Family Services of the Department of Human Services,
35 which shall initiate a dependency petition pursuant to under the Arkansas
36 Juvenile Code of 1989, § 9-27-301 et seq.

As Engrossed: S2/5/19

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/s/Bledsoe

INSTRUCTIONS FOR TESTIMONY

Our experience in working with over 20 states has taught us some hard-won lessons about testimony in committees. Most importantly, “be prepared” and “stay on point.” This packet is meant to answer most of the questions we have encountered over the past 8 years and provide guidance in avoiding pitfalls in the process.

Be Prepared: Ensure the sponsoring legislator(s) have read through the material and are familiar with the basic FAQs in this packet. Anyone else attending, providing testimony, or speaking at a hearing should be able to answer basic questions about the “infant safety device,” its function, and basic procedure. The most common questions from legislators in hearings are answered in the above documents.

SHBB will provide written testimony from Monica Kelsey, Founder, Joe Kelsey, Chief Operations Officer as well as Pamela Stenzel, MFT Therapist, Hotline Director. We will not be able to attend in person or virtually because of the cost and time involved while legislation is being processed in over ten separate states. Because we do not want this legislation to be considered a “Vendor” bill, it is best to keep the language “infant safety device” and not “Baby Boxes” and limit testimony from SHBB to the written testimony provided here.

STAY ON POINT: The most common problem in the committee hearings we have attended has been legislators attempting to argue the validity of the SAFE HAVEN LAW itself and not the addition of language allowing for the use of an “infant safety device.” Almost every argument against amending the state law has been an argument that could be used to nullify the existing law. Arguments such as rights of the non-surrendering parent, what if the infant is being trafficked, obtaining medical information from the surrendering parent, etc. Many of these questions have been answered in the FAQ section. What is essential is not to allow members of the committee to get sidetracked with questions that pertain to existing laws and focus the discussion on the inclusion of an “infant safety device” as one more legal option for safe surrender. Also, it is the ONLY option of safe surrender that offers anonymity. Confidentiality is NOT anonymity.

Ensure you have local people ready to provide written, virtual, or in-person support during committee hearings. The more grassroots support in your state, the better. We will give you all the names of interested individuals from your state who contact us. We will update that list monthly,

WRITTEN TESTIMONY

{Senator Carney and Representative Harnett and members of the Joint Standing Committee on Judiciary}, my name is Pamela Stenzel and I am a founding member of the Board of Directors for Safe Haven Baby Boxes. I am a licensed counselor with a masters in Marriage and Family Therapy and the Director of the National Safe Haven Crisis Line 1-866-99BABY1. I have over thirty years of experience counseling women experiencing unintended pregnancy.

Since we began operating the National Safe Haven Crisis Line in March of 2016, we have received over 10,000 calls on our hotline and have assisted hundreds of parents in the safe surrender of their newborn. I have personally taken most of those calls, and continue to offer help and hope to parents in crisis. My experience has shown that one of the biggest hindrances for parents who are considering utilizing existing Safe Haven laws is anonymity. While surrendering your infant to medical personnel may claim to provide confidentiality, it clearly does not provide anonymity. One such mother, in the state of Indiana, was terribly frightened of a face to face surrender and because she lived in a rural area and was not close enough at that time to utilize an existing Safe Haven Baby Box, I had to convince her to make a call to 911 and surrender to the paramedics who met her. Of course, one of the firefighters that responded to the call knew this young woman and was a former classmate. Her fears were not unfounded.

When you study illegal abandonments across the country, one fact becomes clear. Most wanted to do the right thing, but fear prevented them from walking that infant into the hospital or fire station. Many of these women placed their infants near a safe haven surrender location or in a place where they clearly wanted the baby to be found, they were just too afraid of a face-to-face encounter. The opportunity to utilize a “newborn safety device” provides this mother with a way to surrender their unharmed newborn by placing them in a safe, tested, electronically monitored device built into the walls of hospitals or fire stations where the infant will be retrieved and receive medical attention in under 5 minutes.

While it is our desire that mothers in crisis receive help and support, surrendering their newborn legally and safely is a last resort option that must be available. A dumpster, or trash bin or toilet is no place for an infant. These women are crying out for help, I trust that this body in the state of {Maine} will hear those cries and provide this beacon of hope to families in crisis in your community.

I respectfully request that you vote {LD 560} as Ought to Pass. Thank you for your time and consideration today.

Pamela Stenzel, M.F.T.
Safe Haven Baby Boxes

{Distinguished members of the committee} Thank you for allowing me to provide information on the Safe Haven Baby Box.

The Safe Haven Baby Box is a safety device designed to allow for a safe and secure surrender of an infant at authorized locations under the state “Safe Haven Law”. Most often, they are installed at full time 24/7 staffed fire/EMS stations, and hospitals.

The location is required to sign a lease and service agreement for the Safe Haven Baby Box program with our organization. This agreement must be signed, and the program fee must be paid before the location receives the baby box.

The Safe Haven Baby Box includes 3 pre-programmed output signals. The first output notification signal is from opening the outside door and is activated after 2 seconds. Once the baby is placed in the bassinet, the outside door will automatically lock upon closing. The second signal is sent out 60 seconds after the baby is placed in the bassinet. The third signal is activated in the event that the baby box loses power.

The baby box will alert 911 dispatch via a third-party alarm system connected to the three output ports of the baby box corresponding to each signal. It is the responsibility of the provider location to install the baby box and set up a third-party alarm system. Once installed, the location must perform 7 consecutive days of testing to ensure the device and alarm are operating properly. This includes simulating a baby being placed; the door locks properly; the corresponding alarm signals are generated; 911 dispatch is notified by the third-party alarm provider; and the first responders are alerted to retrieve the baby with 5 minutes of being placed.

Once the physical testing is completed, the provider location is required to perform this test once per week and this must be logged as physical evidence of testing. We also require spot checks two times per day. These spot checks include a visual check through the acrylic door to confirm the basinet sensor has 1 green light; the heater is operating, and the alarm is powered on.

Respectfully submitted,
Joe Kelsey, Chief Operations Officer
Safe Haven Baby Boxes

My name is Monica Kelsey, and I am the founder and current CEO of Safe Haven Baby Boxes. I started this ministry based on my beginnings of being abandoned by my birth mother 2 hours after I was born. She was 17 years old, brutally attacked and raped, and left along the side of the road. Knowing her story gave me the drive to bring more resources to parents who don't want to face anyone when they surrender.

After I started SHBB, the vision became much more precise and was based on statistics of where the babies are being dumped. Would it surprise you if I told you that we find a baby every 3 days in America on average? It is shocking when you think about how much support we have, from Crisis Pregnancy Centers to Govt. assistance, yet we still have babies being thrown away in trash cans. And do you know the main reason why? This is because women want anonymity. They currently get confidentiality when they walk into a hospital and surrender their baby, but they don't get anonymity. This is very important to some parents who want to do the right thing but don't want to talk to or see anyone. This is why the baby box is so important and has been very successful in many states in America. Now, a parent can still walk in and hand their baby to personnel inside the facility; we haven't changed that. We just added an anonymous option. Instead of taking a baby from a parent, you pull a baby from a box.

The process after the baby is received won't change. The child will still be given emergency medical care, transported to the hospital, and then turned over to the Dept of Child Services. During this time, the Missing and Exploited Children Database is still notified, and in the meantime, they are looking for adoptive parents for this child. So, to be clear, adding the safety device to the already existing safe haven law doesn't change anything. It just adds another surrender option.

We hope you will see the need for this anonymous option in your state. We believe that it's better to have boxes and not need them than to need a box and not have them.

Monica Kelsey
Founder/CEO
Safe Haven Baby Boxes