

A Safe Place For Newborns *Report Form*

Today's Date _____

Time baby was left at your facility _____ *am pm*

Your Name _____

Location where child was left _____

Facility Name _____

Facility Address and Phone Number: _____

Did you give the parent a "Dear Birth Parent" letter and the list of local CHS Child Welfare office phone numbers? *Yes* *No*

Did you give the parent a Medical and Genetic History form? *Yes* *No*

Did the parent fill out a Medical and Genetic History form? *Yes* *No*
If yes, please attach the Medical and Genetic History form to this form.

Please describe the event of the parent leaving the child with you at your facility. Include any information the parent may have stated about the child. _____

Signature

Date