

## Who can bring a baby to a Safe Haven?

You (or a person acting on your behalf) can bring your baby, up to 30 days old, to any Safe Haven in Vermont.

You can do so without fear of being arrested or charged—as long as your baby has not been abused or neglected.

## What are Safe Havens in Vermont?

A Safe Haven is any:

- Fire or police station
- Health care facility
- Place of worship
- Adoption agency licensed in Vermont; or
- A place an emergency responder, contacted through 911, agrees to meet you to receive your baby.

**Note:** Safe Havens may not be staffed 24/7

## Who do I leave my baby with?

To be covered by law, you must **physically hand** the baby to a volunteer or employee of a Safe Haven. **You cannot leave the baby alone.**

## Do I have to call first?

No. You can walk in anytime. The only exception is when you call 911 to arrange to meet an emergency responder who will receive your baby

## What will happen to me?

Depending on where you decide to bring your baby, you may be offered medical help, counseling, or other support. You may accept or decline; it's up to you. Once you have safely turned over your baby, you are free to leave.

## What will happen to my baby?

People at the Safe Haven will receive your baby, make sure they get any needed medical care, and contact the Department for Children and Families. The Department will place the baby in a pre-adoptive home, start the legal procedures required to terminate parental rights, and then proceed with the baby's adoption.

## Will I have to give any information to the person receiving my baby?

No, none is required. However, providing basic health information will help us provide the best possible care for the baby.

## What if I change my mind?

If you decide that you want to care for your baby, call **1-802-241-0891**. You will be connected with staff with the Department for Children and Families who will explain your options and assist you through the process.

**You must act quickly.** Without knowing your identity the Court process will move quickly. Once your child has been adopted you may not be able to have any contact with them until they are an adult.

## Is there a form I can use to provide my baby's medical/cultural history?

Yes. A voluntary medical/cultural form is included in this brochure. The questions on the form may be answered anonymously; you do not need to give your name.

If you choose to complete it, we encourage you to leave the form with the person receiving your baby. Or, you can email or mail it in later to the address below.

**The Vermont Adoption Registry**  
**280 State Drive, HC 1 North**  
**Waterbury, VT 05671-1030**

[ahs.dccfssadoptionregistryprogram@vermont.gov](mailto:ahs.dccfssadoptionregistryprogram@vermont.gov)

You can also visit our website at  
[babysafehaven.vermont.gov](http://babysafehaven.vermont.gov)

**In an emergency, please call 911.**

## Can I provide more information about myself later?

Yes. Absolutely! As your life changes over the next 10, 20, and more years, you may decide that you want your identifying information (e.g. your full name, date of birth, and last known address) to be available to your child should they wish to contact you. You may also provide a detailed medical history for your child's record. It is entirely up to you. **To find out more, call the Vermont Adoption Registry at 802-241-0906.**

## What if I am not sure what to do and I want help?

For help, you can contact LUND at 802-318-8655 or Friends In Adoption at 800-982-3678. Both lines are staffed 24 hours a day, 7 days a week, and can answer your questions about the Safe Haven Law or refer you to resources in your area that can:

- Help you find prenatal care and transportation to prenatal appointments.
- Help you find financial assistance and other support if you choose to parent this child.
- Help you make an adoption plan for your baby.

## Voluntary Medical/Cultural History

### About the Baby

First name (if given): \_\_\_\_\_

Sex: \_\_\_\_\_

Race & Ethnicity: \_\_\_\_\_

Date & time of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_  
(Town) (State)

Was the baby premature? ☐ Yes ☐ No

Does the baby have any special needs?

☐ Yes ☐ No

(Specify) \_\_\_\_\_

### About the Parent

Check all that are known.

	Parent who birthed child	Parent 2
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Biopolar Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>
Headaches or migraines	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>

### During pregnancy did you:

Use alcohol ☐ Yes ☐ No

Use tobacco ☐ Yes ☐ No

Use other drugs ☐ Yes ☐ No

Experience intimate partner violence ☐ Yes ☐ No

Other/additional health/cultural information: \_\_\_\_\_

Date baby was received: \_\_\_\_\_

Safe Haven: \_\_\_\_\_

**Not ready to be  
a parent?**



**There is a safe way.**

# Safe Havens for Babies in Vermont

 **VERMONT**  
DEPARTMENT FOR CHILDREN & FAMILIES  
FAMILY SERVICES DIVISION