**10 DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**148 OFFICE OF CHILD AND FAMILY SERVICES**

**Chapter 22: SAFE HAVEN BABY BOXES**

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**SECTION 1. PURPOSE AND SCOPE**

This rule establishes the guidelines to ensure the safe design, installation, and use of each Safe Haven Baby Box before it may be put into service by a hospital, law enforcement agency, or fire department.

All Safe Haven Babies will be considered abandoned children under 22 M.R.S.A. §4018 and the Office of Child and Family Services Policy IV, C-3 (Safe Haven Policy).

The requirements established by this rule do not preclude the protocols Safe Haven Baby Box Locations must adhere to when conducting building construction modifications as outlined by 5 M.R.S.A §2448 and 25 M.R.S.A §2447-B. Additionally, the requirements established by this rule do not preclude the protocols set forth by 25 M.R.S.A. §2926 and all accompanying rules and procedures established by the Emergency Services Communication Bureau that public safety answering points must follow when receiving a notification from a Safe Haven Baby Box’s alarm.

**SECTION 2. DEFINITIONS**

1. **Certifying Professional** means an individual holding an active license, issued under the laws of the State of Maine and in good standing, as a Professional Engineer, Architect, Electrician or Interior Designer.
2. **Department** means the Maine Department of Health and Human Services.
3. **Medical Services Provider** means an individual certified, registered or licensed within the state of Maine in the healing arts, including, but not limited to, a physician, nurse, podiatrist, optometrist, chiropractor, physical therapist, dentist, psychologist, physician assistant or emergency medical services person.
4. **Safe Design, Installation, and Use Registration (SDIU Registration)** means a document issued by the Maine Department of Health and Human Services registering the Safe Haven Baby Box as meeting the requirements set by this rule.
5. **Safe Haven Baby** means a child who is younger than thirty-one (31) days old relinquished at a Safe Haven Baby Box.
6. **Safe Haven Baby Box** has the same meaning as in 22 M.R.S.A. §4018(1)(A-1).
7. **Safe Haven Baby Box Certification (Certification)** means a document that a Certifying Professional produces and signs to attest to their inspection and approval of a Safe Haven Baby Box as meeting the requirements under 22 M.R.S.A. §4018(1)(A-1) and this rule.
8. **Safe Haven Baby Box Location (Location)** means a location that meets the requirements set by this rule for the installation of a Safe Haven Baby Box and that installs a Safe Haven Baby Box.
9. **Safe Use Plan** means a document prepared by a Location describing the procedures the Location will follow to ensure the safe use of each Safe Haven Baby Box before it is put into service.

**SECTION 3. SAFE HAVEN BABY BOX LOCATIONS**

A. Locations must meet the following criteria to install and register a Safe Haven Baby Box:

1. Must be a hospital, law enforcement facility, or fire department facility; and
2. Must be staffed 24 hours a day and 365 days a year by a Medical Services Provider.

**SECTION 4. SAFE DESIGN, INSTALLATION, AND USE REGISTRATION (SDIU REGISTRATIONS)**

A. SDIU Registrations

1. The Department shall maintain a registry of all Safe Haven Baby Boxes and issue SDIU Registrations to Locations that have met the requirements for safe design, installation, and use outlined within this rule.
2. To obtain an SDIU Registration, the Location shall send their Certification and Safe Use Plan to the Department via U.S. mail or fax:

Office of Child and Family Services

Department of Health and Human Services

2 Anthony Avenue

Augusta, ME 04333

Phone: (207) 624-7900

FAX: (207) 287-6156

TTY: 711

1. Locations shall keep a copy of their Certification on-site, visible to the public, and available for inspection upon request by Department staff.
2. The SDIU Registration issued by the Department will include issue date, expiration date, and the name and address of the Location. The SDIU Registration must be kept on-site by the Location and must be made available for inspection upon request by Department staff.
3. The Department will issue an SDIU Registration within fifteen (15) days of receiving a Location’s Certification and Safe Use Plan that complies with this Rule. The Department may request additional information from each Location, if necessary, before issuing an SDIU Registration.
4. No Safe Haven Baby Box may be put into service until the Department can ensure its safe design, installation, and use.
5. Unregistered Safe Haven Baby Boxes shall not be put into service by any Location.
6. Installed but unregistered Safe Haven Baby Boxes must be unable to be opened from the outside and:
7. Cannot be visible from outside the Safe Haven Baby Box Location; or
8. Have signage posted that clearly indicates that the unregistered Safe Haven Baby Box is not in service and cannot be accessed by the public.

B. Safe Haven Baby Box Certifications

1. Before being put into service, and annually thereafter, the Safe Haven Baby Box Location must obtain a Certification by a Certifying Professional that the Safe Haven Baby Box is:

a. Designed and installed in accordance with US Patent No. US 10,632,035 B1 (See Appendix A);

b. Temperature regulated and maintains a consistent ambient temperature range within the box of 68 to 78 degrees Fahrenheit, regardless of the outdoor temperature;

c. Meeting the recommendations regarding safe sleep published by the Maine Center for Disease Control and Prevention (See Appendix B);

d. Equipped with an alarm system that immediately notifies both a Medical Services Provider present in the Safe Haven Baby Box Location, and the public safety answering point local to the Safe Haven Baby Box Location that the exterior door of the Safe Haven Baby Box has been opened; and

e. Equipped with a mechanism that locks the device after a child is placed inside it so a person outside the Safe Haven Baby Box Location cannot access the child.

1. Locations must provide a copy of their Certification to the Department to obtain an SDIU Registration.
2. Locations shall keep a copy of their Certifications on-site, visible to the public, and available for inspection upon request by Department staff.

C. Safe Use Plans

1. Before being put into service, and annually thereafter, the Location must develop a Safe Use Plan and submit it to the Department. The Safe Use Plan is a document that outlines the procedures a Medical Services Provider will follow when a child is relinquished at a Location. Locations must keep a copy of their Safe Use Plans on-site and they must be made available for inspection upon request by Department staff.
2. A Safe Use Plan must include, but is not limited to:
	1. Description of the area within the Location where the Safe Haven Baby Box will be situated, explaining how the area is conspicuous and visible to employees;
	2. Documentation that the Location will post signage next to the Safe Haven Baby Box that contains the Safe Sleep recommendations published by the Maine Center for Disease Control and Prevention (Appendix B);
	3. If the Location is a hospital, a provision that any Safe Haven Baby shall not be discharged from a hospital to any individual or entity other than the Maine Department of Health and Human Services, Office of Child and Family Services;
	4. The procedures a Medical Services Provider will follow when a child is relinquished at a Safe Haven Baby Box, describing at minimum:
		1. When the Safe Haven Baby Box alarm that indicates a child has been placed inside the box is activated, how a Medical Services Provider will respond as soon as is practicable to the interior side of the box and retrieve the child;
		2. The procedures Medical Services Providers will follow to provide any urgent medical care, if necessary, to a child relinquished at a Safe Haven Baby Box at their Location;
		3. Actions to have the child transported to the nearest appropriate emergency room facility for care, unless the child was initially relinquished at a Safe Haven Baby Box located at a hospital;
		4. Once the medical care of the child has been transferred to emergency medical personnel or hospital staff, that a Medical Services Provider will notify the Department of Health and Human Services, Office of Child and Family Services, Central Intake Division at 1-800-452-1999. The notification must specify:
			1. The name of the Medical Services Provider;
			2. The location of the Safe Haven Baby Box;
			3. The fact that a Safe Haven Baby has been received;
			4. The hospital the child is located at or is being transported to; and
			5. All information provided by the person that delivered the child to the Safe Haven Baby Box Location, if applicable.
		5. Actions to contact the local public safety or law enforcement office as soon as is practicable to notify them that a child has been retrieved from the Safe Haven Baby Box;
	5. Description of the weekly testing to be conducted on the Safe Haven Baby Box to ensure the alarm system is fully functional, including how testing will be documented and logged by the Location, and providing that record of testing must be made available upon request by Department staff, law enforcement personnel, and medical personnel.
3. Locations must keep a copy of their Safe Use Plans on-site and they must be made available for review upon request by Department staff.

D. Renewal of SDIU Registrations

At least thirty (30) days prior to the expiration of the SDIU Registration, Locations shall obtain new Certifications. New Certifications may be obtained through the required manufacturer re-inspections of Safe Haven Baby Boxes as outlined within US Patent No. US 10,632,035 B1 (See Appendix A). Locations shall send their new Certifications to the Department at least fifteen (15) days prior to the expiration of the SDIU Registration. Additionally, Locations shall update their Safe Use Plans, if necessary, and submit to the Department for review. The Department may request further information before renewing the Location’s SDIU Registration.

**STATUTORY AUTHORITY:**

22 M.R.S.A. § 42(1); 22 M.R.S.A § 4018; PL 2021, c. 466

**EFFECTIVE DATE (NEW):** May 17, 2025 – filing 2025-113

APPENDIX A: US Patent No. US 10,632,035 B1



**Abstract**

A system for surrendering a baby includes a receptacle defining a space large enough to contain a baby. The receptacle includes a front located on an exterior wall of a building and an opposing back accessible from the interior of the building. An exterior door is arranged in the front and a second door is located in the back and sized to allow a baby to pass out of the receptacle. The system includes a multi-level alarm system arranged to activate when the baby is placed in the receptacle, the multi-level alarm system including a first alarm that is actuated upon opening of the exterior door and a second alarm that is actuated when the baby is placed in a medical bassinet located in the receptacle. When the exterior door is opened the first alarm sounds and when the baby is placed in the medical bassinet the second alarm sounds.

**Background/Summary**

BACKGROUND

(1) The present disclosure relates to devices arranged and constructed to accept surrenders of babies. More particularly, the present disclosure relates to a secured environmentally controlled device for the safekeeping of babies when surrendered at locations for retrieval by first responders.

(2) Historically, a baby hatch or baby box is a place where people (typically mothers) can bring babies, usually newborn, and abandon them anonymously in a safe place to be found and cared for by someone other than the person who abandoned the baby. This kind of arrangement was common in the Middle Ages, when the device was known as a foundling wheel. A foundling wheel was a cylinder set upright in the outside wall of the building, and operated similar to a revolving door. Mothers could place the baby in the cylinder, turned it around so that the baby was inside the church, and then rang a bell to alert caretakers.

(3) From the late 1100s, the first foundling wheels were used in Italy. Pope Innocent III decreed that these should be installed in homes for foundlings so that women could leave their baby in secret instead of killing them, a practice clearly evident from the numerous drowned infants found in the Tiber River. Foundling wheels were taken out of use in the late 19th century but a modern form, the baby hatch, began to be introduced again sometime in the 1950s and now are used to some extent in many countries, including Germany, Pakistan.

(4) Generally, the hatches may be located in hospitals, social centers, fire departments, police stations, or churches, depending on the country of location. The hatches consist of a door or flap in an outside wall which opens onto a soft bed, heated or at least insulated. Sensors in the bed are used to alert caregivers when a baby has been put on the bed so that they can come and take care of the baby.

(5) The first modern baby hatch was in South Africa in July 1999 and was installed by Door of Hope Children's Mission (Hole in the Wall) at a small mission church in Berea in Johannesburg. In 1999 the pastor, Cheryl Allen, and deacons learned with deep distress that a high number of newly born infants were abandoned. Pastor Allen realized that many of those desperate women and girls may well have acted differently if there had been an alternative. The church made a hole in their wall and a “baby bin” was installed allowing for mothers to leave their babies any time, day or night.

(6) The moment a baby is placed on the bed in the “baby bin,” care workers on duty receive an electronic signal alerting them. The baby is taken in and the anonymity of the “donor” ensured. Baby M was the first baby that came through the “baby bin”, arriving on 3 Oct. 1999. The second modern baby hatch in Germany was installed in the Altona district of Hamburg in April 2000, after a series of cases in 1999 where children were abandoned and found dead from exposure. It consisted of a warm bed in which the baby could be placed from outside the building. After a short delay to allow the person who left the baby to leave anonymously, a silent alarm was set off which alerted staff.

(7) In the past, a main reason many babies were surrendered was they were born out of wedlock. Today, baby hatches are more likely used by mothers who are in crisis for any number of reasons. For example, the mother may lack sufficient resources to care for the child, or the mother may be at a point in her life where she believes she is too old or too young to care for a baby. They want to surrender the baby to someone who is able to care for the baby, but do not wish to divulge their identity. In some countries, it is not legal for mothers to give birth anonymously in a hospital, and the baby hatch is the only way they can safely and secretly leave their baby to be cared for by others.

(8) One of the shortcomings of existing systems is the lack of backup alarms to alert potential care givers that a baby has been left in the device. If the sensor fails, then a baby could be placed in the device and left there for an extended period of time before being discovered by a caregiver, thus endangering the health of the baby. Another shortcoming of existing systems is they are limited to locations that are staffed 24 hours a day so as to ensure there is always a caregiver available to retrieve and care for a baby left in the device.

(9) What is needed is a system with multiple redundancies to ensure a caregiver is notified when a baby is placed in the device. What is also needed is a device that can be located in a building that is not necessarily staffed 24 hours/day, but can be quickly accessed by first responders from nearby locations when a baby is placed in the device. Embodiments of the present disclosure solve these and other problems with existing devices.

SUMMARY OF THE INVENTION

(10) The system for anonymously receiving a baby of the present disclosure includes a receptacle having a front and an opposing back, the receptacle defining a space at least large enough to contain a baby. An exterior door is arranged in the front and sized to allow the baby to pass through the exterior door into the space. The system also includes a lock constructed for locking the exterior door and a second door arranged in the back that allows access to the receptacle from an interior of a building. The second door is sized to allow a baby to pass through the second door into the building. The second door includes at least one ventilation opening for providing conditioned air to the receptacle from the building. A baby receiving area is located in the receptacle between the front and the back.

(11) The system for anonymously receiving a baby of the present disclosure further includes a multi-level alarm system for notifying an alarm monitor that the baby is in the receptacle, the multi-level alarm system includes a first alarm that is actuated upon opening of the exterior door and a second alarm that is actuated when the baby is placed in the baby receiving area. At least one of the alarms is controlled via an ECU. When the exterior door is opened the first alarm sounds until the exterior door is closed and when the baby is placed in the baby receiving area the second alarm sounds. When the exterior door is closed after the baby has been placed in the baby receiving area, the exterior door locks and cannot be opened until the baby is removed from the baby receiving area.

(12) The system for anonymously receiving a baby of the present disclosure further includes a medical bassinet located in the baby receiving area wherein the second alarm includes an optical sensor system that projects a beam of light through the medical bassinet such that when the baby is placed in the medical bassinet, the beam of light is interrupted causing the second alarm to actuate. The system for anonymously receiving a baby of the present disclosure further includes a visual alarm located in the interior of the building such that when the exterior door is opened and the visual alarm is activated, the visual alarm cannot be observed from the exterior door.

**Description**

DESCRIPTION OF THE FIGURES

(1) FIG. 1 is a non-limiting front-facing perspective view of the device according to one aspect of the present disclosure.

(2) FIG. 2 is a rear-facing non-limiting perspective view of the device according to one aspect of the present disclosure.

(3) FIG. 3 is a non-limiting side view of the device according to one aspect of the present disclosure.

(4) FIG. 4 is a non-limiting view of the back of the device according to one aspect of the present disclosure.

(5) FIG. 5 is another non-limiting view of the device containing a baby according to one aspect of the present disclosure.

(6) FIG. 6 is a non-limiting view of the details of the device as viewed from the front according to one aspect of the present disclosure.

(7) FIG. 7 is another non-limiting view of the device as viewed from the front showing additional details according to one aspect of the present disclosure.

DETAILED DESCRIPTION

(8) For the purposes of promoting an understanding of the principles of the disclosure, reference will now be made to the embodiments illustrated in the drawings and described in the following written specification. It is understood that no limitation to the scope of the disclosure is thereby intended. It is further understood that the present disclosure includes any alterations and modifications to the illustrated embodiments and includes further applications of the principles disclosed herein as would normally occur to one skilled in the art to which this disclosure pertains.

(9) Newborn usually refers to a child from birth to about 2 months of age. Infants can be considered children anywhere from birth to 1 year old. Baby can be used to refer to any child from birth to age 4 years old, thus encompassing newborns, infants, and toddlers.

(10) Now referring to FIGS. 1-7, an embodiment of the device **10** for anonymously accepting a surrendered baby **1** is arranged and constructed to be installed in a building **14** that includes an interior **18** of building **14**. Building **14** further includes multiple outside walls **12**, a roof, a foundation and floors as is typical and necessary to complete a particular building for a particular purpose.

(11) The device **10** for anonymously accepting a surrendered baby **1** includes a substantially rectangular receptacle **20** defining a space at least large enough to contain a baby. The receptacle **20** includes a front **30**, an opposing back **40**, a top **50**, a bottom **60**, a first side **70**, and an opposing second side **80**. The front includes a front fascia **32** defining the outer perimeter of the front **30**. An opening **34** is defined in the front **30** and is sized to allow the baby **1** to pass into the receptacle **20**. The receptacle is constructed to be mounted through a wall **12** of a building **14** with the front **30** displayed on the outside **16** of the building **14** and the back **40** of receptacle **20** accessible from the inside **18** of the building **14**.

(12) The device **10** further includes an exterior door **90** arranged in the front **30**, the exterior door **90** having a handle **100** and a hinge **102**. Handle **100** may be a latching handle to ensure that when the exterior door is closed it remains closed unless the handle **100** is actuated to open the exterior door. The hinge **102** may be a continuous hinge, such as a piano hinge that is properly sized for the exterior door **90**. In other embodiments, the hinge **102** may comprise multiple hinges appropriately spaced on an edge of the exterior door **90**. However, any suitable hinge or group of hinges may be used as long as the exterior door **90** is arranged to open up enough to allow the baby to pass into the receptacle **20**. The exterior door **90** may be insulated or not depending on where a particular device **10** is installed. The insulation may include an insulating strip **92** mounted on the front **30** along the perimeter of opening **34**. However, insulation may also be installed in or on exterior door **90**.

(13) The device further includes a lock **110** for locking the exterior door as will be discussed in more detail below. In one embodiment the lock **110** comprises an electromagnetic lock. The electromagnetic lock consists of an electromagnet **120** and a corresponding armature plate **130**. In one embodiment the electromagnet **120** is attached to a frame of the exterior door **90**. The mating armature plate **130** is attached to the exterior door **90**. The electromagnet **120** and the armature plate **130** are in contact when the exterior door **90** is closed. When the electromagnet **120** is energized, a current passing through the electromagnet **120** creates a magnetic flux that causes the armature plate **130** to attract to the electromagnet **120**, creating a locking action. In other embodiments, one of ordinary skill in the art would understand that other types of locks and locking systems may be used to secure the exterior door **90**.

(14) The device further includes a second door **150** arranged roughly opposite the exterior door **90**. In one embodiment, the second door **150** opens into the inside **18** of building **14**. The second door includes a second door handle **152** that includes a latch mechanism to keep the second door in the closed position when not opened. The second door **150** is arranged and sized to allow a first responder or another caregiver to remove the baby **1** from the receptacle **20** through the second door **150**. The second door **150** is preferably constructed of a transparent or semi-transparent material such that a first responder or other care provider can see into the receptacle **20** and visually determine if a baby **1** is in the receptacle. Second door **150** may be constructed with at least one ventilation opening **160** and preferably, multiple ventilation openings **160**. The ventilation openings **160** allow conditioned air, which may be either heated or cooled, from the inside **18** of the building **14** to flow through ventilation openings **160** into the receptacle **20**.

(15) Referring to FIGS. 3, 4 and 5, an embodiment of the present disclosure includes a baby receiving area **170** located in receptacle **20** between the front **30** and the back **40**. In one embodiment of the present disclosure, the baby receiving area **170** may include a floor or platform **180** that is support above the bottom **60** of receptacle **20**. One embodiment of the present disclosure includes a bassinet **190** arranged on the floor **180**. In one embodiment, the bassinet **190** is a medical bassinet. The bassinet may be constructed of any material suitable of its intended purpose. Preferably the bassinet **190** is constructed of a material that will allow a beam of light to travel through the material. The bassinet **190** may include a soft yet supportive liner, such as a mattress **200**, arranged on the platform **180**. Another embodiment may not include a bassinet, but only a mattress **200**. Mattress **200** may include a means for providing heat that may be controlled so as not to provide too much heat for the baby.

(16) One embodiment of the present disclosure includes an electronics bay **210**, which may be located below the platform **180**. However, one of ordinary skill would understand that the electronics bay may be located in any suitable location within the receptacle **20** or outside of receptacle **20**. The electronics bay includes the electronics required to monitor and control the device of the present disclosure. For example, one embodiment includes an Electronics Control Unit (“ECU”) **220** located in electronics bay **210** while another embodiment (not shown) includes an ECU located outside of the electronics bay.

(17) One embodiment of the present disclosure includes a multilevel alarm system **230**. The multilevel alarm system **230** may be a hardwired system, meaning the alarms are hardwired into the location of the device **10**. In another embodiment of the present disclosure, the multilevel alarm system **230** may be a wireless system meaning one or more alarms are wirelessly connected to the location of the alarm monitor. In other embodiments, the wireless system may also include wireless connectivity between the various sensors and ECU **220**. In other embodiments of the present disclosure, the wireless connectivity may be direct between sensors and the alarm monitor. Still other embodiments may include a combination of hardwired connections and wireless connections.

(18) The multilevel alarm system **230** may include a first alarm **232** which is activated when the exterior door **90** is opened and remains activated until the exterior door is closed. An exterior door sensor **234**, located in close proximity to the inside of the exterior door **90** when it is closed, may comprise a magnetic proximity switch. The exterior door sensor/magnetic proximity switch **234** is a part of the exterior door status circuit **240**. When the exterior door **90** is closed, the proximity switch **234** opens the exterior door status circuit **240** and when the exterior door is opened, the proximity switch **234** closes the exterior door status circuit. When the exterior door **90** is open, the exterior door status circuit **240** is closed allowing exterior door sensor **234** to send an “exterior door open” signal **236** to the ECU **220** indicating the exterior door **90** is open. The ECU includes software code **238** that causes a first alarm signal **242** to be sent to an alarm monitor **244**, thereby notifying the alarm monitor that the exterior door **90** has been opened. An alarm monitor is the organization or person monitoring the alarms of the device **10**. Examples of alarm monitors include but are not limited to an alarm monitoring company, a **911** dispatch office, fire station dispatch office, police station dispatch office, a security dispatch office, any person located at the building **14** or other remote location responsible for monitoring the alarms described herein. The software code **238** may include code that creates a predetermined delay before sending the first alarm signal **242** to the alarm monitor **244**. Once the exterior door **90** closes, the circuit opens, thus terminating the exterior door open signal **236** from the sensor **234** to ECU **220** and terminating the first alarm signal **242** to the alarm monitor.

(19) In another embodiment of the present disclosure, a light **246** is constructed to turn on when exterior door **90** is opened. Light **246** may serve as another alarm to notify first responders/care givers located at the site of device **10** that exterior door **90** is open. Light **246** may be located on the inside **18** of building **14** in any convenient location. For example, and without limitation, light **246** may be located in close proximity to receptacle **20** such that when the exterior door **90** is open and light **246** is on, the light emitted cannot be seen by the individual surrendering the baby **1**, but is readily seen by someone located in building **14**. Another non-limiting example of locations for light **246** may include a break room at a hospital or police station or an engine bay, break room or sleeping quarters at a fire station.

(20) Light **246** may be arranged to turn on and off under multiple conditions, as appropriate for a particular location and situation as would be understood by one of ordinary. As previously discussed, light **246** may be constructed to turn on upon opening of exterior door **90**. Light **246** may be also arranged to turn on when a baby **1** is placed in the bassinet **190**. Light **246** may be either turned on via a direct wired or wireless connection to the exterior door sensor **234** or other sensor or via the combination of sensor **234**, ECU **220** and appropriate software code loaded on ECU **220**. In other embodiments, the light **246** may be turned off manually upon removal of the baby from the receptacle via second door **150** or automatically when the baby is removed from the bassinet in connection with the second alarm **250** as discussed below.

(21) The multilevel alarm system **230** further includes a second alarm **250** that is activated when the baby is placed in the baby receiving area **170**. In one embodiment of the present disclosure, the second alarm **250** is activated when a beam of light **260** is interrupted by the baby being placed in the baby receiving area and, more particularly, as the baby is being placed in the bassinet **190**. In one embodiment of the present disclosure, the second alarm **250** may be activated via an optical sensor system **270**. Such a system may include a retro reflective photo eye **280** mounted in the receptacle **20** with a reflector **290** aligned with the retro reflective photo eye **280** and mounted in the receptacle **20** opposite the retro reflective photo eye. Photo eye **280** also serves to emit beam of light **260**. The beam of light **260** extends between the retro reflective photo eye **280** and reflector **290** and passes through the bassinet **190**.

(22) When the baby **1** is placed in the baby receiving area **170**, which may include medical bassinet **190**, the beam of light **260** is interrupted. Interrupting the beam of light closes a second circuit **300** causing a “beam interruption” signal **310** to be sent to the ECU **220**. Once the ECU receives the “beam interruption” signal **310**, multiple actions may follow. One such action may include energizing the electromagnet **120** in preparation for the closing of exterior door **90**. Thus, once a baby has been detected via interruption of the beam of light **260**, the electromagnet **120** is energized such that when the exterior door **90** is closed, exterior door **90** becomes locked.

(23) In one embodiment of the present disclosure, another action that may be occur after the ECU **220** receives the “beam interruption” signal **310** is a “baby present” signal **320** is sent to the alarm monitor **244**. ECU **220** may include second alarm software code **330** that includes a variable delay code **340** that causes the “baby present” signal **320** to be sent to the alarm monitor **244** after a predetermined delay **350**. One purpose of the predetermined delay **350** is to increase the likelihood that a first responder will not retrieve the baby **1** prior to surrendering of the baby has been completed. Predetermined delay **350** may be set for any time delay that is appropriate for a particular location of device **10**. For example, the predetermined delay **350** may be dictated by a state statute. The predetermined delay **350** can be seconds long or many minutes as appropriate.

(24) Once the baby **1** has been placed in the baby receiving area **170** and preferably in bassinet **190**, as discussed above, the beam of light **260** is interrupted causing the electromagnet **120** to be energized. Once the exterior door **90** closes, the energized electromagnet **120** creates a strong magnetic attraction to armature plate **130**, thus locking exterior door **90**. As long as the baby **1** remains in the baby receiving area **170**, the beam of light **260** will continue to be interrupted and the exterior door **90** will continue to be locked.

(25) Once the baby is removed from the bassinet **190**, the beam of light **260** will once again span the area between the photo eye **280** and the reflector **290**. This results in a signal sent to the ECU **220**. Code within the ECU causes electromagnet **120** to de-energize resulting in unlocking of exterior door **90**. At this time, the baby present signal **320** is cleared and the multilevel alarm system is essentially reset and ready for the next placement of a baby in the device **10**. In some embodiments, when the baby present signal **320** is cleared, ECU **220** sends a signal resulting in light **246** turning off.

(26) In one embodiment of the present disclosure, device **10** includes a lighted button **360** located near exterior door **90**. In one embodiment, the lighted button **360** may be a button and light combined into a single unit. In other embodiments, the light **362** and button **364** may be separate structures. The light **362** and corresponding button **364** serve as another means of notifying first responders or caregivers that a baby has been placed in the baby receiving area **170**.

(27) Associated with the light/button **362**/**364**, may be signage directing the individual placing the baby **1** in the baby receiving area **170** of device **10** to push the button **364** after placing the baby in the baby receiving area. Once the button **364** is pushed, a signal **366** is sent to the ECU **220**. Code in the ECU **220** acts to turn off the light, whether it is the light **362** or light in lighted button **360**. The ECU **220** may also include code to send a signal to the alarm monitored that the button **364** has been pushed. Another purpose of the light/button is to provide a placebo effect for the individual placing the baby in the device **10** to reinforce the fact that the baby is being surrendered. Additionally, pushing of the button **364** provides proof that the individual surrendering the baby is consenting to the surrender. The individual not only places the baby in the device, but affirmatively takes an action, i.e., pushing the button, to notify someone that the individual has surrendered the baby to someone else's care and affirmatively consents to that surrender.

(28) In one embodiment of the present disclosure, device **10** includes a fan **370** and a heater **380** mounted in receptacle **20**. The fan **370** may run continuously or may cycle on and off depending on the location of device **10**. The heater **380** may be controlled by ECU **220** or may include its own controller, which may be part of the controller located in the heater or may be separate from the heater, but not part of the ECU.

(29) In one embodiment of the present disclosure, a thermostat **390** may be used to monitor the temperature in the receptacle **20** and will be used by the controller or ECU to determine when to turn on and turn off the heater **380**. The thermostat **390** may be located in any appropriate location within the receptacle **20** that ensures accurate temperature monitoring of the environment surrounding the surrendered baby. The heater **380**, whether controlled by the ECU **20** or a separate controller, may be programmed to turn on at a predetermined temperature **400**. For example, the heater **380** could be programmed to turn on once the internal temperature of receptacle **20** falls below 76 degrees F. The heater **380** may also be programmed to turn off when the temperature in the receptacle exceeds a second predetermined temperature **410**, such as for example 79 degrees F. The first and second predetermined temperatures may be selected to be any appropriate temperature, as would be understood by one of ordinary skill in the art.

(30) Referring to FIG. 3, one embodiment of the present disclosure includes video monitoring of the baby receiving area **170**. An infrared low light camera **420** is mounted inside of receptacle **20** on or near the top **50** of receptacle **20**. Camera **420** is positioned such that its field of view is limited to the baby receiving area **170** and does not include any view past the interior of receptacle **20**, such that the camera cannot record the identity of the person placing the baby in the baby receiving area **170**. In one embodiment of the present disclosure, the camera **420** is turned on and begins recording when exterior door **90** is opened and continues to record until the baby **1** is removed from the baby receiving area **170**.

(31) However, recording by video camera **420** can begin and end at other times during the process of using device **10** depending on the location of device **10** and the particular circumstances of its use. For example, in one embodiment, recording by video camera **420** may begin when beam of light **260** is interrupted by the baby **1** when the baby is placed in bassinet **190** and ended when the baby **1** is removed from bassinet **190** and beam of light **260** integrity is restored.

(32) Control of video camera **420** may be accomplished via ECU **220**. For example, in one embodiment of the present disclosure, when the exterior door **90** is open, the exterior door status circuit **240** is closed allowing exterior door sensor **234** to send an exterior door open signal **236** to the ECU **220** indicating the exterior door **90** is open. The ECU **220** may include software code **430** that causes a signal to be sent to video camera **420** that turns on the video camera so that it begins to record. This action would roughly correspond to the first alarm signal **242** being sent to the alarm monitor. Video camera recording may be terminated when the baby is removed from bassinet **190** as discussed in more detail below, or may be terminated by the alarm monitor sometime after the exterior door **90** closes. Termination of recording may also be based on opening of the second door/interior door **150** and/or removal of the baby through second door **150**.

(33) In another embodiment of the present disclosure, video camera **420** may be controlled by ECU **220** based on placement and removal of the baby from bassinet **190**. When the baby **1** is placed in the baby receiving area **170**, which may include medical bassinet **190**, the beam of light **260** is interrupted. Interrupting the beam of light closes a second circuit **300** causing a “beam interruption” signal **310** to be sent to the ECU **220**. Once the ECU receives the “beam interruption” signal **310**, software code may cause multiple actions including sending a “turn on video camera” signal **430** to video camera **420** to turn on and begin recording.

(34) Once the baby is removed from the bassinet **190**, the beam of light **260** will once again span the area between the photo eye **280** and the reflector **290**, a “baby removed from bassinet” signal **440** is sent to the ECU **220**. ECU **220** includes code **450** that causes a “turn off video camera” signal **460** to be sent to the video camera **420** in response to receiving the “baby removed from bassinet” signal **440**. Recordings may be saved in any manner as understood in the art, including download to the cloud or server or other device as would be understood by one of ordinary skill.

(35) It should be understood, that relative positional terms such as, “front, “back,” “left,” “right,” “top,” “bottom,” and the like, are with reference to the normal operational position of the device disclosed herein with respect to its normal intended use in providing a safe and secure environment for anonymously abandoning a baby. Such positional terms should not be considered otherwise limiting.

(36) The present invention has been described in an illustrative manner. It is to be understood that the terminology that has been employed herein is intended to be in the nature of words of description rather than word of limitation. While there have been described herein what are considered to be exemplary embodiments of the present invention, other modifications of the invention shall be apparent to those skilled in the art from the teachings herein and, it is, therefore, desired to be secured in the appended claims all such modification as fall within the true spirit and scope of the invention.

**Claims**

1. A system for receiving a baby, comprising: a receptacle having a front and an opposing back, the receptacle defining a space at least large enough to contain a baby; an exterior door arranged in the front and sized to allow the baby to pass through the exterior door into the space; a lock constructed for locking the exterior door; a second door arranged in the back that allows access to the receptacle from an interior of a building, the second door sized to allow a baby to pass through the second door into the building, the second door having at least one ventilation opening for providing conditioned air to the receptacle from the building; a baby receiving area located between the front and back; a multi-level alarm system for notifying an alarm monitor that the baby is in the receptacle, the multi-level alarm system including a first alarm that is actuated upon opening of the exterior door and a second alarm that is actuated when the baby is placed in the baby receiving area; and an ECU for controlling at least one of the alarms; wherein when the exterior door is opened the first alarm sounds until the exterior door is closed; wherein when the baby is placed in the baby receiving area the second alarm sounds and when the exterior door is closed after the baby has been placed in the baby receiving area, the exterior door locks and cannot be opened until the baby is removed from the baby receiving area.

2. The system for receiving a baby of claim 1, further comprising a medical bassinet located in the baby receiving area wherein the second alarm includes an optical sensor system that projects a beam of light through the medical bassinet such that when the baby is placed in the medical bassinet, the beam of light is interrupted causing the second alarm to actuate.

3. The system for receiving a baby of claim 1, further including a visual alarm located in the interior of the building such that when the exterior door is opened and the visual alarm is activated, the visual alarm cannot be observed from the exterior door.

4. The system for receiving a baby of claim 1 wherein the multilevel alarm system further comprises either a hardwired connection or a wireless connection to a location of the alarm monitor.

5. The system for receiving a baby of claim 1 wherein the exterior door includes an insulating layer.

6. The system for receiving a baby of claim 1, wherein the lock is an electromagnetic lock and when the beam of light is interrupted a signal is sent to the ECU and the ECU causes the electromagnetic lock to energize, the ECU further causes a second signal to be sent to the alarm monitor indicating that the baby is in the medical bassinet.

7. The system for receiving a baby of claim 6 wherein the ECU includes a software code for causing a delay in sending the second signal to the alarm monitor.

8. A system for anonymously surrendering a baby, comprising: a receptacle defining a space at least large enough to contain a baby, the receptacle having a front, an opposing back, a top and opposing bottom; an exterior door arranged in the front and sized to allow the baby to pass through the exterior door into the space; a lock constructed for locking the exterior door; a second door arranged in the back sized to allow a baby to pass through the second door and out of the receptacle, the second door having at least one ventilation opening for providing conditioned air to the receptacle; a baby receiving area located between the front and back; a multi-level alarm system arranged to activate when the baby is placed in the receptacle, the multi-level alarm system including a first alarm that is actuated upon opening of the exterior door, a second alarm that is actuated when the baby is placed in a medical bassinet located in the baby receiving area and a third alarm comprising a visual alarm; and an ECU for controlling at least one of the alarms; wherein when the exterior door is opened the first alarm sounds and when the baby is placed in the medical bassinet the second alarm sounds.

9. The system for anonymously surrendering a baby of claim 8 wherein when the exterior door is closed after the baby has been placed in the baby receiving area, the exterior door locks and cannot be opened until the baby is removed from the baby receiving area.

10. The system for anonymously surrendering a baby of claim 8 wherein when either the exterior door is opened or the baby is place in the medical bassinet, the visual alarm activates such that the visual alarm cannot be seen when the baby is placed in the receptacle.

11. The system for anonymously surrendering a baby of claim 8 further comprising an optical sensor system that projects a beam of light through the medical bassinet such that when the baby is placed in the medical bassinet, the beam of light is interrupted causing the second alarm to actuate.

12. The system for anonymously surrendering a baby of claim 8 further comprising an optical sensor system that includes a photo eye and opposing reflector wherein a beam of light is projected between the photo eye and reflector and through the medical bassinet located between the photo eye and reflector and wherein when the baby is placed in the medical bassinet, the beam of light is interrupted causing the second alarm to actuate.

13. The system for anonymously surrendering a baby of claim 8 further comprising a video monitoring system to monitor the baby placed in the receptacle, the video monitoring system comprising a camera arranged in the receptacle wherein the camera begins to record when the exterior door is opened.

14. The system for anonymously surrendering a baby of claim 8 further comprising a system for controlling the temperature in the receptacle, the system comprising a fan, a heater and a thermostat, wherein at least one of the fan and the heater is turned on at a predetermined temperature.[[1]](#footnote-2)

APPENDIX B: Maine Center for Disease Control and Prevention Safe Sleep Recommendations[[2]](#footnote-3)

Safe Sleep

Making sure your baby is sleeping in a safe environment is the first step in ensuring a happy and healthy first year for your little one. Follow the ABC's of sleep so you and your baby can rest safe and sound:

**A Is For Alone**

Share the room, not the bed. The safest place for your baby to sleep is in your room, but NOT in your bed. Sleeping in the same room is encouraged but sleeping in the same bed is not. Sleeping with another person is dangerous for babies.

A baby should always sleep alone in their own crib, bassinet, or portable crib.

**B Is For Back**

Whether at night or during nap time, a baby should always sleep on their back. Back-sleeping on a firm mattress in a crib or portable crib decreases the risk for SIDS. It does NOT increase the risk for choking or affect baby's sleep quality.

It is not safe to place babies on their stomach or side to sleep. Make sure all caregivers know Back to Sleep is best.

**C Is For Crib**

A firm mattress in a crib, bassinet, or portable crib should be free of clutter. Toys, pillows, blankets, or bumper pads can suffocate the baby and should NOT be placed in the crib. The most common sleep-related risk factor identified was an infant being placed on a surface not designed for infant sleep. A baby should never sleep on a couch, a swing, an adult bed, or on an adult's chest while lying down. These places are not designed for a baby and could cause the child to suffocate. A baby sleeping in a car seat should be moved to a crib, bassinet, or play yard as soon as you get out of the car.

**D Is For Drug-Free**

Be aware, not impaired. Drinking and drug use can impair your ability to care for a baby, making bed-sharing and other unsafe sleep even more dangerous for the baby. Avoid smoking around your baby. Secondhand smoke weakens babies' lungs and can increase the risk of SIDS.

1. Kelsey, M., & Kelsey, J. F. (2020, April 28). Device For Receiving A Surrendered Baby. [↑](#footnote-ref-2)
2. Maine Center for Disease Control and Prevention. *Safe Sleep*. Maine.gov. [↑](#footnote-ref-3)