

☐ NEONATE/INFANT ABDUCTION    ☐ DISCHARGE OF A NEONATE/INFANT TO WRONG FAMILY OR ORGANIZATION

**INSTRUCTIONS FOR COMPLETION OF  
NEONATE/INFANT ABDUCTION OR NEONATE/INFANT DISCHARGE TO WRONG FAMILY OR ORGANIZATION  
MATERNITY LICENSURE**

**General Instructions:**

1. Complete each applicable section of the form by printing or typing. Please use black ink.
2. If there is insufficient space to complete an answer, continue the answer on an additional separate page.
3. Call the Ohio Department of Health (ODH), Office of Health Assurance and Licensing (information provided below) if you have any questions.
4. Please submit this report **within 24 hours** of the time the hospital staff became aware of the neonate/infant abduction or neonate/infant discharge to wrong family or organization to:

Ohio Department of Health  
Office of Health Assurance and Licensing,  
Maternity/Newborn  
246 North High Street – 2<sup>nd</sup> Floor  
Columbus, Ohio 43215  
(614) 387-0801

Or fax the form along with any supporting documentation to: 614-564-2475

Or you can print this form at link: <http://www.odh.ohio.gov/odhprograms/chcf/comhfs/munit/mu1.aspx>,  
complete it and attach it in an e-mail to [community@odh.ohio.gov](mailto:community@odh.ohio.gov)

**Line-by-Line Instructions:**

Please place the appropriate checkmark in box identifying whether neonate/infant abduction or discharge of neonate/infant to wrong family or organization.

Lines 1- 3: Complete for neonate/infant abduction or discharge of a neonate/infant to wrong family or organization.

Line 2: This date is the date the neonate/infant was found missing or date of wrongful discharge.

Line 3: Please identify what authority with jurisdiction was notified (e.g., coroner, county sheriff, local law enforcement, state highway patrol, etc.). ODH should be listed where notification prior to submission of this form occurred.

Line 4: Complete for neonate/infant abductions. Be specific as to ward, floor, unit, etc.

Line 5: Complete for discharge of a neonate/infant to wrong family or organization. Be specific as to the name of the individual, family member or individual representing an organization.

Line 6: Provide as much information as possible to describe the conditions that may have led to the abduction or wrongful discharge.