Infant's Information

Last _____ First _____ M. _____ Case Number _____

1 **Identify all persons who were in contact with the infant in the 24 hours prior to the infant's death.**
(being in the same room, living in/staying in/visiting the infant's primary residence - if more than 3 persons, use additional pages)

	Person 1	Person 2	Person 3
a) Last name of person			
b) First name of person			
c) Maiden Name *(if applicable)*			
d) Relationship to infant			
e) Street			
f) City			
g) State			
h) DOB	___/___/___ Month Day Year	___/___/___ Month Day Year	___/___/___ Month Day Year
i) Where did contact with the infant occur (*ex. house, daycare, playground)*			
j) Date of last contact with the infant	___/___/___ Month Day Year	___/___/___ Month Day Year	___/___/___ Month Day Year
k) Approximate time of last contact with the infant	___:___ Military Time	___:___ Military Time	___:___ Military Time
l) During the week prior to the infant's death, was this person sick? *(If "Yes", explain the circumstances below)*	☐ Unknown ☐ No ☐ Yes ↴	☐ Unknown ☐ No ☐ Yes ↴	☐ Unknown ☐ No ☐ Yes ↴
m) For persons biologically related to the infant *(d above)* are there any known conditions/diseases that run in the family? *(down syndrone)*	☐ Not applicable ☐ No ☐ Yes ↴	☐ Not applicable ☐ No ☐ Yes ↴	☐ Not applicable ☐ No ☐ Yes ↴
n) Has this person experienced the death of any of their own children or of any other children while in their care?	☐ Unknown ☐ No ☐ Yes ↴	☐ Unknown ☐ No ☐ Yes ↴	☐ Unknown ☐ No ☐ Yes ↴
I) Child's name			
II) Relationship to caregiver			
III) Date of death	___/___/___ Month Day Year	___/___/___ Month Day Year	___/___/___ Month Day Year
IV) Child's age at death (*years or months if <2 years)*			
V) Cause of death			
VI) Place of death *(City/State)*			

2 **Did the infant visit a location with large numbers of people within the last 24 hours?** ☐ No ☐ Yes ⇨ Please describe:

_____

3 **Are there any factors, circumstances, or environmental concerns?**
(ex. mother smoked while breast feeding, exposed to a large number of people at church or a public event, air travel)

☐ No ☐ Yes ⇨ Please describe: _____

Continued on the next page ▶▶

4 Daycare

Did the infant visit a daycare in the 24 hours prior to the death?

☐ Yes ☐ No

How many adults were supervising the children?

_____ Number of people *(18 years or older)*

Were any of these adults sick?

☐ No ☐ Yes ⇨ Specify: _____

How many children were under the care of the provider at that day?

_____ Number of children *(under 18 years)*

Identify any children in daycare who were sick and were in contact or close proximity to the infant in the 24 hours prior to the death?

	Child ____	Child ____	Child ____
a) First name of child			
b) Last name of child			
c) Date of birth	____/____/____ Month Day Year	____/____/____ Month Day Year	____/____/____ Month Day Year
d) Where did contact with the infant occur (*ex. house, daycare, playground*)			
e) Date of last contact with the infant	____/____ Month Day	____/____ Month Day	____/____ Month Day
f) Approximate time of last contact with the infant	____:____ Military Time	____:____ Military Time	____:____ Military Time
g) During the week prior to the infant's death, was this person sick? *(If "Yes", explain the circumstances below)*	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes	☐ Unknown ☐ No ☐ Yes

If more than 3 children, use additional pages

Section completed on ____/____/____ at ____:____ by _____

How conducted: ☐ In person ☐ Telephone ☐ Other _____