

CALIFORNIA SUDDEN INFANT DEATH SYNDROME PROGRAM
PUBLIC HEALTH SERVICES REPORT

INSTRUCTIONS: Page 1 of 2

Name of Infant	Write full legal name of infant. Indicate gender.
Date of Birth / Date of Death	Write the month, day, and year of events.
Race/Ethnicity	Designate race/ethnicity.
Name of Mother	Write first and last name of mother or current legal parent or guardian.
Name of Father	Write first and last name of father or current legal parent or guardian.
Age/Race/Ethnicity	Write age in years. Designate race/ethnicity.
Address	Indicate place or residence of infant. Include street address and city and zip code. Include census tract and district if known or applicable.
Telephone Message	Indicate residence telephone number. If this is a message phone number, so indicate.
Caretaker of Infant	Indicate name of the person who was taking care of the infant at the time of death if different from the primary caretaker. Indicate the relationship to the infant if applicable.
Address/Telephone	Indicate the address and telephone number of the person who was taking care of the infant at the time of death. Include the city, zip, and county.
Health Department Notification	Indicate whether or not the coroner notified the health department of a possible SIDS death or some other person or entity. Enter date when the Health Department was notified of a possible SIDS death by any means. Indicate how this notification was received by the Health Department.
County of Occurrence/ Date	Indicate whether or not the county in which the death occurred was the same as the county of residence. Indicate the date the county of residence was notified of the death, if applicable.
Household Composition	Indicate all that apply to the members of the immediate household where the infant resided. "Other" members may include children other than siblings, or boarders in the home.
Primary Language & Interpreter	Write what is the primary language of the family that is used in the home. Indicate if an interpreter is needed by the service provider to communicate with the family.

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**Primary Caretaker
Contact**

Date: Enter the date(s) of the initial contact and first service contact with the primary caretaker(s). They may or may not be one and the same.

Type of Contact: Enter how the contact was made for the first service to the family.

Length of Contact: Enter the length of the contact in minutes. Add the time of both the initial contact and the first service contact if they were not one and the same.

Service(s) given: Indicate all services given during both the initial and first service contact(s).

Service(s) Refused: Indicate if no services were wanted. Explain the reason the caretaker does not feel services are needed.

No Contact: Indicate if no contact was made with the family. Explain the reason why you were not able to establish contact.

Follow-Up: Indicate if there are plans for further service.

**Childcare Provider
Contact**

Date: Enter the date(s) of the initial contact and first service contact with the childcare provider. They may or may not be one and the same.

Type of Contact: Enter how the contact was made for the first service to the childcare provider.

Length of Contact: Enter the length of the contact in minutes. Add the time of both the initial contact and the first service contact if they were not one and the same.

Service(s) given: Indicate all services given during both the initial and first service contact(s).

Service(s) Refused: Indicate if no services were wanted. Explain the reason the childcare provider does not feel services are needed.

No Contact: Indicate if no contact was made with the childcare provider. Explain the reason why you were not able to establish contact.

Follow-Up: Indicate if there are plans for further service.

Signature/Date: Write the name of the person making the contact and filling out this report. Include the date the report was completed.