## State of Michigan Sudden & Unexplained Child Death Scene Investigation Form



## **Instructions:**

Please fill out this form as much as possible and attach it to your investigation report. Return a copy to the Medical Examiner's Office within 24 hours.

Contact your Prosecuting Attorney's Office to ensure all laws and regulations are followed.

Endorsed by the Michigan Association of Medical Examiners, Michigan State Police, Michigan Association of Chiefs of Police, Michigan Sheriffs' Association, Prosecuting Attorneys Association of Michigan, Michigan Department of Human Services, Tomorrow's Child/Michigan SIDS,
Michigan Public Health Institute, Michigan Department of Community Health

Child, Caregiver and Family Demographic Information	
Name and contact information for person(s) being interviewed:	
Interviewee's relationship to child:	
Child's name:	Date of birth:
Child also known as:	Date of death:
Race/ethnicity of child (Caucasian, African American, Native American, Asian, Hispanic, B	i-racial, Other):
Child's skin tone: Child's sex: <b>M F</b>	
Scene address where child was found unresponsive:	
and the second desired and the second desired and s	
Address(es) where child has been in the last 12 hours:	
Who had responsibility for child at time of death? (list address):	
Who has legal custody of child? (list address):	
Who does child primarily live with? (list address):	
Other care providers (list address):	
Was anyone else present when the child died? (list address):	
Family and Social Conditions	
Number of persons living at scene: Number of individuals under 18 year	rs of age at the scene:
Was the child being supervised by a minor? ☐ Yes ☐ No	
Is the site of the incident or death scene a day care or other child care setting? $\ \square$ Yes $\ \square$	No
If yes: □ Day Care □ Unlicensed Day Care □ Foster Care □ Relatives Home □ Other	
How many children were under the care of the provider at the time of incident or death?	
Are there any cultural practices that may have contributed to the death? $\ \square$ Yes $\ \square$ No Describe:	

Child's Health History (Obtain Medical Records)							
Source of medical information:							
□ Doctor □ Other Health Care Provider □ Medical Record □ Mother/primary caregiver □ Family □ Other							
Name(s) of child's health care provider(s):							
Has the child been sick in the last 2 weeks? ☐ Yes ☐ No If yes, describe:	Was child taken for treatment? ☐ Yes ☐ No If yes, where or to whom?						
Did child receive any medications in the last 2 weeks?  If yes, list home remedies, herbal/prescription/over the counter time/reason given. Obtain containers if possible.							
Has the child had any serious illness or injury in the past? (lung bones, head injuries, other illness, other injuries or allergies):	, disease, heart disease, stopped breathing, seizure, broken						
Did child have any birth defects? ☐ Yes ☐ No Has child re	eceived appropriate well visits?   Yes   No						
Has child ever been hospitalized? ☐ Yes ☐ No If yes, why and where?							
Did the infant visit a location with a large number of people with	nin the last 24 hours? □ Yes □ No						
Has child been exposed to any ill persons or pets recently?	Yes □ No						
Does child go to daycare? ☐ Yes ☐ No If yes: ☐ licensed	d □ non-licenced □ relative						
Name and address of caregiver(s):							
Describe any recent travel by child or caregivers:							
In the past or currently, does any caregiver use over the counter cigarettes, alcohol, other?  Describe:	r medications, prescription medications, herbal remedies,						

Is there a family history (immediate or extended) of infections, a defects, trauma, other infants who died suddenly, other medical	
Have any family members or others who have been around the	baby been reported for past child abuse / neglect or domestic
violence, been in the foster care system, or been convicted of a	crime? □ Yes □ No
Contact DHS to obtain information from protective services.	
Birth History	
Birth place name and address:	
How long was the infant in the hospital?	ant's weight at birth: Infant's length at birth:
Was the infant born on time, early or late?	Vaginal or c-section?
Was the infant a twin, triplet or more?	
Did the infant have any health issues when born? ☐ Yes ☐ No Any birth defects?	
At how many weeks/months did mother begin prenatal care?	Did she have regular prenatal visits? ☐ Yes ☐ No
Where did mother receive prenatal care?	
Any problems of pregnancy or maternal health problems? $\hfill\Box$ Yes, explain:	es □ No
Was mother injured at any time during her pregnancy? ☐ Yes	□ No
During pregnancy, was mother taking OTC/Rx medications or he lifyes, list medications used:	erbal remedies for any of the above conditions?   Yes   No
List complete contact information for birth mother, including cumaiden name:	rrent address and SSN, how long she has been at address, and
Feeding History	
Time child last ate:	
Name of the person who last fed the infant:	What is his/her relationship to the infant?
Is child usually bottle fed or breast fed? ☐ Bottle ☐ Breast What foods and liquids were fed in the last 24 hours?	How much? (Have caregiver show/describe anything that was mixed in.)

List any feeding difficulties:							
Vas a new food introduced in the 24 hours prior to his/her death? ☐ Yes ☐ No							
Was the infant last placed to sleep with a bottle? ☐ Yes ☐ No ☐ If yes, was the bottle propped? ☐ Yes ☐ No What was the quantity of liquid (in ounces) in the bottle?							
Did death occur during breastfeeding, bottle feeding, or eating	solid foods? ☐ Yes ☐ No						
Any known food intolerances or allergies? ☐ Yes ☐ No Describe:							
Condition of Child							
Describe condition/behavior of child during the last 24 hours:	Was there anything unusual with the child's behavior or appearance?						
When Last Known Alive							
Time the child was last known alive: By whom? (list address):							
Explain how you knew the infant was still alive:							
What was the infant wearing when last known alive?							
When Found Unresponsive							
Time the child found unresponsive: By whom? (list address):							
How was the child when found unresponsive? (Leave open ended but can give examples such as breathing, not breathing):							
What did the infant feel like when found unresponsive?  □ Sweaty □ Limp, flexible □ Rigid, stiff □ Warm to touch □	□ Cool to touch □ Other □ Unknown						
What was the infant wearing when found unresponsive?							
Was the infant tightly wrapped or swaddled? $\ \square$ Yes $\ \square$ No $\ $ An	y discolorations around the face, nose or mouth? ☐ Yes ☐ No						
Were there any secretions? (foam, froth): $\ \square$ Yes $\ \square$ No An	y pressure marks? (pale, blanching): ☐ Yes ☐ No						
Any rash or petechiae? (Small, red blood spots on skin, membr	ranes or eves): □ Yes □ No						

Body temp if known (degree, time, method):					
Were there any birthmarks or injuries of any type, including bru Describe shapes and sizes:	ises, scrapes, burns	or diaper rash? □ Yes □ No			
Position of Child (Conduct Doll Reenacment and Pho	tograph)				
Child Last Placed					
Where was the infant last placed? (bassinette, crib, car seat, ac	dult bed, swing):				
In what room and what proximity to people?					
By whom? (list address):					
In what position was the infant last placed?  □ Sitting □ Back □ Right side □ Left side □ Stomach  □ Other □ Unknown	Was this the infant's usual position? ☐ Yes ☐ No				
What was the child's <b>face</b> position when last placed?  □ Face Down □ Face Up □ Face Right □ Face Left □ Other □ Unknown		neck position when last placed?  □ Flexed □ Neutral □ Turned □ Other			
Child Last Known Alive	- Cinatown				
Where was the infant last known alive? (bassinette, crib, car se	eat, adult bed, swing	):			
, , ,		,			
In what room and what proximity to people?					
In what position was the infant last known alive?  □ Sitting □ Back □ Right side □ Left side □ Stomach □ C	Other 🗆 Unknown	Was this the infant's usual position?  ☐ Yes ☐ No			
What was the infant's <b>face</b> position when last known alive? $\hfill\Box$ Unknown	Face Down □ Face	Up □ Face Right □ Face Left □ Other			
What was the infant's neck position when last known alive? □ H □ Unknown	Hyperextended □ F	Texed □ Neutral □ Turned □ Other			
Child Found Unresponsive					
Where was the infant found unresponsive? (bassinette, crib, ca	ır seat, adult bed, sv	ving)			
In what room and what proximity to people?					
By whom? (List address):					
In what position was the infant found unresponsive? □ Sitting □ Back □ Right side □ Left side □ Stomach □ C	Other 🗆 Unknown	Was this the infant's usual position?  ☐ Yes ☐ No			
What was the infant's <b>face</b> position when found unresponsive? □ Face Down □ Face Up □ Face Right □ Face Left □ Other □ Unknown	nt's neck position when found  Hyperextended □ Flexed □ Neutral  r □ Unknown				

If found face down, was there a visible cup, pocket or depression in bedding?   Yes   No  If yes, investigator try to measure diameter and obtain photos. Attach photos to report.   Diameter:																								
Draw the following: Infant's position when last placed and when found. Indicate direction of child's head.																								
																								Was it hard to get child out of a space?
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If chil	ld wa	s N	<b>0T</b> i	n a	crib	or	bas	ssir	net a	at th	e tir	ne o	of de	eat	h, ۱	vas	on	e av	/ail	able	e ir	ı th	e h	ome? □ Yes □ No
Poss	sible	Oh	str	uct	ion	s (	Dο	II F	Ree	nac	:me	ent.	Ph	oto	ogr	rar	h. I	Fvi	de	nce	(	coll	lec	tion)
Possible Obstructions (Doll Reenacment, Photograph, Evidence Collection)  List all materials and objects near child when found, including blankets, sheets, pillows, bumper pads, other covers, stuffed animals, toys, household objects, etc:  Indicate types and numbers of layers of bedding, both over and under infant, not including wrapping blankets:																								
Secretion found on any blanket, sheet, clothing, pillow, other? ☐ Yes ☐ No If yes, list types of secretions (blood, purge, vomit, etc):																						not	inc	cluding wrapping blankets:
	, list	type	es o	f se	cret	ion	s (b	loc	neet	t, clo	othir	ng, p	oillov	w, c c):	othe	er?		Yes	5 <b></b>	No	)			
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Was	, list	slee	es o	g all s sl	one eep e	ing	s (the state of the  rnsi	hild	No - n	ame ge	ng, r omit s, ag <b>H</b>	ge, h	w, cc):  If  Ieig	no ght,	er?	ho v	Yes	chi	No No	ns	epii	ng v	with? elation to infant:	
Was of List for Where	, list child  or all  n chil	slee	son N as f	g all s sl	eep e	ing	s (the state of the  /es h c	hild	No - n A werr	ame ge	ng, r pomiti e, ag H	ge, h	w, cc):  If  Ieig	no ght,	er?	ho v	Yes  vas  t, ar	chi	l No	ns	epii	ng v	with? elation to infant:  Location	

Picture of body for documentation - ASAP after death.	PBT results:
	Duo etha luman ya ayıltay
	Breathalyzer results:
	Blood/urine results:
	Does reenactment match lividity patterns?
	□ Yes □ No
	Does family/caregiver story match doll reenactment?
	□ Yes □ No
Environmental Conditions (Photograph and Evidence Collections)	tion)
When the child was found unresponsive, was the room temperature too	•
When the dring was round diffeopolished, was the room temperature too	warm, too oola, or just about right.
Current temperature in the room where the child was found unresponsi <b>Thermostat setting:</b> Thermostat reading:	ve: Outside temperature:
Heating or cooling sources being used at time of death:	
□ Central Air □ A/C Unit □ Ceiling Fan □ Floor/Table Fan □ Window	
□ Electric Furnace/Boiler □ Space Heater □ Baseboard Heater □ El	ectric Radient   Fireplace (Wood)   Fireplace (Coal)
☐ Kerosene Heater ☐ Wood Burning Stove ☐ Other ☐ Unknown  Where was the child found in proximity to the heating/cooling source?	
where was the child found in proximity to the heating, cooling source:	
Any devices operating in the infant's room? Collect apnea monitor as ev	idence.
□ None □ Apnea Monitor □ Humidifier □ Vaporizer □ Air Purifier	□ Other
Describe the general appearance of the incident scene (cleanliness, ha	zards, overcrowding):
Describe any environmental hazards at the scene (insects, smokey sme	II, dampness, mold growth, pets, peeling paint, rodents
Describe any environmental hazards at the scene (insects, smokey sme or vermin, odors or fumes, presence of alcohol containers or drug parag	
or vermin, odors or fumes, presence of alcohol containers or drug parag	
or vermin, odors or fumes, presence of alcohol containers or drug parag	
or vermin, odors or fumes, presence of alcohol containers or drug parag	ohernalia, prescription drugs, OTC drugs, electric haz-

Investigator Act	ivities									
Investigator Name:			Agency:							
Phone:	Date Completed:									
Date and time child	d pronounced dead:									
Name of authorizing	ng physician who pronoun	ced child dead:								
Times - law enforce	ement at scene, other inve	estigator at scene,	infant at hospi	tal:						
<b>Evidence Collection</b>	on									
Describe all items	recovered from the site of	the incident or de	ath scene:							
Evidence #	Origin	Descrip	tion	Disposition	Collectors Name					
	- 0									
EMS/First Respon										
Was there a responsion Name of agency(ie	nse to the scene?   Yes	□ No	Was anyone	doing CPR when EMS ari	rived? □ Yes □ No					
name of agency(ie	5).									
Did FMC administra	ou vee vee itetive effected.	Z Van 🖂 Na								
If yes, list what was	er resuscitative efforts? [ s done:	⊥ Yes ⊔ No								
Conveyed to a med	lical facility? 🗆 Yes 🗆 No	)								
If yes, name and a	ddress:									
Was there evidenc	e of livor mortis (lividity)?	□ Yes □ No	Was there evi	dence of rigor mortis?	Yes □ No					
If yes, describe wh				G						
□ FMS run sheet	/report obtained									
<ul><li>EMS run sheet,</li><li>911 tape obtai</li></ul>										
□ Photos or video										
	ent/scene re-creation									

□ Interviews completed with parents and other caregivers, physicians, witnesses, first responders, others as appropriate
□ Notify next of kin or verify notification
□ Referral(s) for counseling
<ul> <li>Other agencies informed and involved as appropriate: public health (especially for bereavement support), social services, prosecuting attorney.</li> </ul>
□ Other law enforcement investigation as appropriate
□ Other scenes visited and investigated as appropriate
Alerts to Pathologist
Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified?
If more than one person was interviewed, does the information differ? □ Yes □ No Detail any discrepancies of relevant information:
Does the caregiver's explanation fit with investigative findings? ☐ Yes ☐ No
Indicate whether preliminary investigation suggests the following:
□ Asphyxia
□ Diet issues
□ Recent hospitalization
□ Previous medical diagnosis
☐ Change in sleeping condition
☐ Sharing of sleeping surface with adults, children or pets
☐ Hyperthermia/hypothermia
□ Environmental hazards
☐ Unsafe sleeping conditions
☐ History of acute life-threatening events
☐ History of medical care without diagnosis
□ Recent fall or other injury
☐ History of religious, cultural or ethnic remedies
□ Any finding in history that could indicate natural death
□ Other deaths of children in home or family
□ Previous encounters with police or social service agencies
□ Request for tissue or organ donation
□ Objection to autopsy
□ Pre-terminal resuscitative treatment
□ Death possibly due to trauma (injury), poisoning or intoxication
□ Suspicious circumstances
□ Other alerts for pathologist's attention
Pathologist information
Name: Agency:
Phone: Fax:
Date and Time when this form was shared with Pathologist:

For additional copies or for information, contact:

## **Keeping Kids Alive**

## **The Michigan Child Death Review Program**

Michigan Public Health Institute

2455 Woodlake Circle

Okemos, MI 48864

PH: (517) 324-7330

FAX: (517) 324-7365

www.keepingkidsalive.org

Additional Notes/Narrative:	

This tool is based in part on the SUIDIRF, published by the Centers for Disease Control and Prevention.