

BACK TO BASICS: INFANT FATALITY CHECKLIST

THE CHILD ABUSE PROSECUTION PROJECTS' BACK TO BASICS SERIES

The Association of Prosecuting Attorneys, Child Abuse Prosecution Project is pleased to offer its Back-to-Basics Series, a "to-do" list for both new and experienced child abuse prosecutors and their multi-disciplinary teams.

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QUESTIONS FOR THE CAREGIVER: (REGARDING BACKGROUND OF PARENTS AND CHILD)

1. Pedigree information for birth mother, father, and child—Name, DOB, Address, Employment.
2. Did mother get prenatal care? If so, where? Subpoena those records.
3. Was the mother injured during pregnancy?
4. Did mother use over the counter medicine, prescription medication, herbal remedies, alcohol, other substances during pregnancy? Currently? If you receive helpful information pass along to Medical Examiner.
5. Where was child born? Any birth complications? Born on time? Early? Late? Twin or triplet? In If child born at hospital get those records.
6. Who is pediatrician? Has child ever been seen at hospital or clinic other than visits to pediatrician? When/where were last 2 medical visits? Reasons? Action taken? Need to obtain all medical records (including well visits) for child. The information from these records will be helpful for Medical Examiner & future experts and if case ruled a homicide will help to contradict defense that child died of natural causes.

ADDITIONAL BACKGROUND / MEDICAL:

1. Has the parent/caregiver ever had a child die suddenly and unexpectedly? If yes, obtain all applicable information.
2. Is there a prior CPS/ACS history involving any of the infant or caretaker's siblings?
3. In the 72 hours prior to death did the infant have a fever?

a. Excessive sweating?	h. Vomiting?
b. Apnea (stopped breathing)?	i. Choking?
c. Difficulty breathing?	j. Diarrhea?
d. Cyanosis (turned blue or grey)?	k. Stool changes?
e. Lethargy or sleeping more than usual?	l. Seizures or convulsions?
f. Fussiness or excessive crying?	m. Other?
g. Decrease in appetite?	
4. In the 72 hours prior to death was the infant injured or did (s)he have any other conditions not yet mentioned?
5. In the 72 hours prior to death was the infant given any vaccinations or medications?

a. Name of medication.	c. Date and time given.
b. Dose.	d. Reason given.
6. At any time in the infant's life did (s)he have a history of:

a. Allergies? To what?	f. Cardiac abnormalities?
b. Abnormal growth, weight gain, weight loss?	g. Metabolic disorders?
c. Apnea?	h. Other health conditions?
d. Cyanosis?	i. Did the infant have any birth defects? Describe.
e. Seizures or convulsions?	

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WHEN RESPONDING TO SCENE NEED TO GET ANSWERS TO ALL QUESTIONS BELOW FROM ALL CAREGIVERS. MAKE SURE TO SEPARATE CAREGIVERS WHEN ASKING THESE QUESTIONS. IF ANSWERS DIFFER THAT COULD BE SIGNIFICANT AS YOU CONTINUE TO INVESTIGATE DEATH:

1. Who is primary caregiver? Get names/pedigree information for all other caregivers. Establish a time line for last week or so before child's death. Who was watching child and for what period of time? Need to obtain this information as quickly as possible.
2. Establish narrative about what happened from caregivers.
3. Did you notice anything unusual about the infant in the last 24 hours?
4. Did the infant experience any falls or injury within the last 72 hours?
5. When was the infant last placed?
 - a. **Date and time?**
 - b. **Location?** bassinet, cradle, mattress/box spring, mattress on floor, sofa/couch, bedside co-sleeper, car seat, chair, crib, floor, in a person's arms, playpen, portable crib, stroller, swing, water bed, etc.
 - c. **In what position?** Back, sitting, side, stomach, unknown
 - d. **Was this the infant's usual position?**
 - e. **Face position?** Face down on surface, face up, face right, face left
 - f. **Neck position?** Hyperextended (head back), flexed (head to chest), neutral, turned
 - g. **Who observed this?**
6. When was the infant last known alive?
 - a. **Explain how you know the infant was still alive.** eating/sucking on bottle, suckling pacifier, crawling/walking, moving eyes, making noise/talking, playing/holding toy/pacifier/object, moving hands, etc.
7. When was the infant found? By whom?
8. What was the infant wearing?
9. Was the infant changed before help arrived? By whom?
10. Was the infant wrapped tightly or swaddled?
11. Was there bedding under the infant? What was the bedding?
12. Were there any devices operating in the infants room? Apnea monitor, humidifier, air purifier, vaporizer, etc
13. What items, if any, were in the infant's reach?
14. Was anyone sleeping with the infant?
 - a. **Who?**
 - b. **Relationship?**
 - c. **Height, weight, age, location in relation to infant?**
15. Was there evidence of wedging?
16. When the infant was found, was (s)he breathing?
 - a. **If not, did you witness the infant stop breathing?**
17. What led caregiver to check on the infant?

18. Describe infant's appearance when found:

- | | |
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| a. Discoloration around face/nose/mouth? | e. Rash or Petichiae? |
| b. Secretions? Foam/froth/drool | f. Marks on body? Scratches, bruises |
| c. Skin discoloration? | |
| d. Pressure marks? Pale areas/blanching | |

19. What did the infant feel like when found? Sweaty, warm to touch, cool to touch, limp/flexible, rigid/stiff, unknown

20. Did anyone other than EMS try to resuscitate the infant? Who and when?

- a. Describe what was done in attempts to resuscitate.
Injuries from resuscitative efforts may be observed on child in ER or at autopsy. Need to clearly identify for example if anyone did chest compressions, gave medication etc.

FEEDING OF INFANT:

1. On what date and time was infant last fed? Who fed the infant?
2. What foods or liquid was the infant fed in the last 24 hours?
3. Was a new food introduced in the 24 hours prior to death?
4. Was the infant put to sleep with a bottle?
 - a. Was it propped?
 - b. Quantity of liquid?
5. Did death occur during feeding? If so, breast, bottle, eating solid foods?

INVESTIGATION QUESTIONS/OBSERVATIONS:

1. Did the death occur in the primary residence?
2. Is the site of the incident or death a daycare or other childcare setting?
 - a. If so, how many children were under the care of the provider at the time of the incident or death?
 - b. How many adults were supervising the children?
 - c. Licensing number and licensing agency for the daycare.
 - d. How long has the daycare been open for business?
3. How many people live at the site of the incident or death scene? Are they adults or children?
4. What kind of heating or cooling system was in use at the location?
 - a. Central air, A/C Window unity, fans, electric space heater, gas furnace/boiler, wood-burning stove, coal, electric baseboard heat? Record temperature and if thermostat take picture of it. Could be helpful when establishing time of death.
5. What was the source of drinking water at the location?
6. Condition of the site:

a. Insects?	g. Dampness?
b. Rodents or other vermin?	h. Visible standing water?
c. Pets?	i. Peeling paint?
d. Mold growth?	j. Presence of drug paraphernalia?
e. Smoky smell (cigarettes)?	k. Presence of alcohol containers?
f. Odors or fumes?	

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1. If more than one person recounted what happened, does the information provided differ? How?

2. Indicate whether preliminary investigation suggests any of the following. If any condition is present, document and explain.

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| a. Asphyxia | k. History of medical care without diagnosis |
| b. Sharing of sleep surface with adults, children, or pets | l. Cause of death due to natural causes other than SIDS such as birth defects or complications from a pre-term birth |
| c. Change in sleep conditions such as sleep surface, position, location | m. Prior sibling deaths |
| d. Hyperthermia/Hypothermia | n. Previous encounters with police or social service agencies |
| e. Environmental hazards such as carbon monoxide, noxious gases, chemicals, drugs, devices, etc. | o. Request for tissue or organ donation |
| f. Unsafe sleeping conditions | p. Objection to autopsy |
| g. Diet changes, for example the introduction of solid food | q. Pre-terminal resuscitative treatment |
| h. Recent hospitalizations | r. Death due to trauma, injury, poisoning, or intoxication |
| i. Previous medical diagnoses | s. Suspicious circumstances |
| j. History of acute life-threatening events such as apnea, seizures, difficulty breathing | t. Other alerts for pathologists attention. |

3. Are there any other factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified?

- a. Exposure to cigarette fumes at home or elsewhere, infant unusually heave, placed with potential supports or wedges, etc.

EVIDENCE COLLECTION

PHOTOGRAPH & DOCUMENT THE SCENE BEFORE COLLECTING ANY EVIDENCE. MAKE SURE TO EITHER GET WRITTEN CONSENT OR A SEARCH WARRANT. COLLECT THE FOLLOWING:

1. Bottles/formula/breast milk if applicable
2. Bedding
3. Clothing child was wearing & diaper/underwear (if applicable) at time of death. Clothing, diaper, underwear child wore to hospital. Sometimes caregivers change children prior to arrival of EMS.
4. Items used to clean up the scene.
5. Medicines child was taking/substances child may have ingested. If this is not practical, document and photograph items.
6. If it appears child died of malnourishment, take an inventory of the amount of food or formula present. Document and photograph refrigerator, inside of cabinets etc.
7. If child has visible marks on body take all objects capable of causing such injuries—belts, cords, iron etc.
8. If burn marks on body run the water in bathtub and sink and document temperature range. Determine if gas or electric stove.
9. Document evidence of caretaker's alcohol/substance abuse if present
10. If applicable, video surveillance from building showing caregivers' whereabouts
11. If applicable, cell phones and computers from scene. Be sure to obtain passwords and social media account names and passwords
12. If applicable, information relating to finances of caregivers—checking account information, credit cards etc.