MISSOURI DEPARTMENT OF SOCIAL SERVICES
MISSOURI CHILD FATALITY REVIEW PROGRAM

DEATH SCENE INVESTIGATIVE CHECKLIST FOR CHILD FATALITIES

STAT
PO BOX 208
JEFFERSON CITY, MO 65102-0208
(573) 751-5980
(800) 487-1626

INSTRUCTIONS

When a child dies suddenly and unexpectedly, or suspiciously, a thorough evaluation/investigation of the scene is necessary to accurately determine the cause and manner of death. The scene investigation should happen as soon as possible after the child's death, optimally within 24 hours.

This checklist should be used as a guide to your investigation of the scene of a sudden and unexplained or suspicious death, especially to a child under the age of one. Completing all information appropriate to the fatality will help the pathologist determine how and why the child died. For assistance, call (800) 487-1626.

The questions in the checklist will lead you through a thorough investigation. It is not expected that you will be able to answer all of the questions. You should attempt to interview witnesses, EMS and emergency room personnel, child care providers, law enforcement, and other persons from the scene.

In conducting the investigation, criminality or negligence should not be assumed, but the possibility should not be overlooked. An empathetic, non-confrontational approach is both appropriate and effective.

Complete as many sections as possible. If appropriate, attach this form to your investigation report. Submit a copy to the Medical Examiner's Office prior to the autopsy.

Because the child will probably have already been transported to a hospital or other facility, it is important that, based on evidence and witness accounts, you try to recreate the scene to approximate actual events. This may include the use of dolls or silhouettes to reconstruct location and position of body. Attempt to acquire scene and reconstruction photographs as appropriate.

Contact your Prosecuting Attorney's Office to ensure that all laws and regulations are followed in the search of the area, the interviewing of witnesses, and the collection of evidence. Only use procedures and forms approved by your agency and prosecutor. Sample forms are available from STAT.

VICTIM IDENTIFIERS AND PRE-NATAL HISTORY

1. CHILD'S NAME	2. SOCIAL SECURITY NUMBER

3. SCENE ADDRESS

4. DATE OF BIRTH	5. DATE OF DEATH	6. RACE OF CHILD	7. SEX

8. DECEDENT'S ADDRESS

9. MOTHER'S NAME

10. MOTHER'S ADDRESS

11. MOTHER'S TELEPHONE NUMBER	12. MOTHER'S DATE OF BIRTH	13. MOTHER'S SOCIAL SECURITY NUMBER

14. GESTATION IN WEEKS	15. BIRTH WEIGHT	16. KNOWN MATERNAL PRE-NATAL HEALTH PROBLEMS (DIABETES, HYPERTENSION, ETC.)? ☐ NO ☐ YES ☐ UNKNOWN

IF YES, DESCRIBE

17. WAS MOTHER TAKING PRESCRIPTION MEDICATION FOR ABOVE MEDICAL CONDITION DURING PREGNANCY?
☐ NO ☐ YES ☐ UNKNOWN **If yes, what type of medication?**

18. PRE-NATAL MATERNAL CIGARETTE, ALCOHOL OR DRUG USAGE? ☐ NO ☐ YES ☐ UNKNOWN	IF YES, ☐ Alcohol ☐ Cigarettes ☐ Cocaine ☐ Heroin ☐ Marijuana ☐ Methamphetamine ☐ Other

19. KNOWN COMPLICATIONS OF PREGNANCY OR DELIVERY?
☐ NO ☐ YES ☐ UNKNOWN **If yes, explain:**

20. LOCATION OF BIRTH AND NAME OF FACILITY

21. ATTENDING MEDICAL PRACTITIONER

22. BIRTH DEFECTS OR OTHER ABNORMALITIES OF DECEDENT AT BIRTH, DESCRIBE:

23. ANY FAMILY HISTORY OF SIDS OR OTHER INFANT DEATH?
☐ NO ☐ YES ☐ UNKNOWN

IF YES, DESCRIBE DETAILS INCLUDING DATE OF DEATH AND LOCATION OF OCCURRENCE:

EVENTS SURROUNDING DEATH

24. PLACE OF FATAL EVENT (E.G., IN CRIB, IN CAR)?	25. DEATH WITNESSED? ☐ NO ☐ YES **If yes, provide detail in narrative.**
26. WHO FOUND CHILD?	TIME FOUND
27. STATUS OF CHILD WHEN FOUND ☐ Dead ☐ Unresponsive ☐ In Distress ☐ Unsure	28. WHEN WAS CHILD LAST SEEN ALIVE (TIME, WHERE, BY WHOM)?

29. DESCRIBE CONDITION OF CHILD WHEN LAST SEEN:

30. MEDICAL ASSISTANCE SUMMONED? ☐ NO ☐ YES	31. 911 CALL? ☐ NO ☐ YES **If yes, obtain tapes.**	
32. RESUSCITATION ATTEMPTED? ☐ NO ☐ YES	BY WHOM?	HISTORY OF PREVIOUS RESUSCITATION? ☐ NO ☐ YES ☐ UNKNOWN
33. CONVEYED TO A MEDICAL FACILITY? ☐ NO ☐ YES	WHERE?	NAME AND ADDRESS OF FACILITY

34. WHO PRONOUNCED CHILD DEAD?

CONDITION OF CHILD

35. BODY TEMPERATURE (DEGREES)	TIME	METHOD	SWEATY? ☐ NO ☐ YES
36. LIVOR MORTIS ☐ NO ☐ YES	TIME	WHERE OBSERVED?	CONSISTENT WITH POSITION WHEN FOUND? ☐ NO ☐ YES **(See Question 44)**
37. RIGOR MORTIS ☐ NO ☐ YES	TIME	38. HEMORRHAGE OF EYES, LIPS OR EARS? ☐ NO ☐ YES	

39. CHILD APPEARS CLEAN, WELL NOURISHED AND CARED FOR
☐ NO ☐ YES **If no, explain in narrative.**

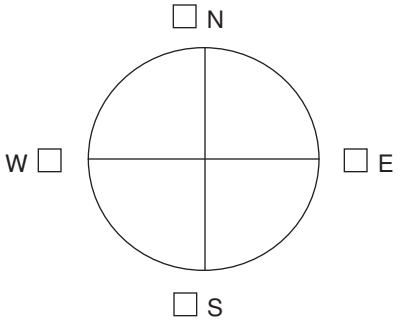
40. CLOTHING CLEAN? ☐ NO ☐ YES	RIGHT SIZE? ☐ NO ☐ YES	CLOTHING REMOVED AFTER DEATH? ☐ NO ☐ YES	CLOTHING TYPE
41. DIAPERS USED? (COLLECT AS NECESSARY) ☐ NO ☐ YES		WET? ☐ NO ☐ YES	SOILED? ☐ NO ☐ YES

42. ARE THERE BIRTHMARKS OR INJURIES OF ANY TYPE, INCLUDING BRUISES, SCRAPES, CUTS, BURNS OR DIAPER RASH?
☐ NO ☐ YES **If yes, describe colors, shapes, sizes and locations in narrative. Ensure that necessary photos are taken if possible.**

POSITION OF CHILD

43. SKETCH POSITION OF CHILD AND IDENTIFY WHERE IN CRIB, BED, OR OTHER PLACE
IF BABY IS NOT PRESENT, ENSURE THAT PHOTOS ARE TAKEN OF POSITIONED DOLL OR SILHOUETTE.

INDICATE DIRECTION OF CHILD'S HEAD (CHECK ONE):



44. WAS CHILD MOVED FROM ORIGINAL POSITION? ☐ NO ☐ YES	WHY?

45. POSITION WHEN DISCOVERED (REFER BACK TO QUESTION 43):

BODY

☐ On Stomach ☐ On Back ☐ Seated Upright ☐ Left Side ☐ Right Side

BODY PINNED

☐ Pinned Vertically ☐ Pinned Horizontally ☐ Other Wedging ☐ Not Pinned

HEAD AND NECK

☐ Face Directly Up ☐ Face Directly Down ☐ Face to Right ☐ Face to Left ☐ Neck Flexed to Chin ☐ Neck Extended Back

USUAL SLEEPING POSITION

☐ On Stomach ☐ On Back ☐ Seated Upright ☐ Left Side ☐ Right Side

46. WAS AIRWAY OBSTRUCTED WHEN DISCOVERED?

☐ Airway Not Obstructed ☐ Right Nostril Blocked ☐ Object Covering Mouth ☐ Objects Near Face
☐ Both Nostrils Blocked ☐ Left Nostril Blocked ☐ Object Covering Nose

47. DESCRIBE ANY OBJECTS COVERING NOSE, MOUTH OR FACE:

48. IF CHILD WAS FOUND FACE DOWN, IS THERE A VISIBLE CUP, POCKET OR DEPRESSION IN THE BEDDING?

☐ NO ☐ YES Depth: Diameter:

49. IS THERE A VISIBLE CREASE ON FACE, NECK OR HANDS FROM PILLOWS OR BEDDING?

☐ NO ☐ YES

50. MATERIAL FOUND IN NOSE OR MOUTH:

☐ None ☐ Formula ☐ Bloody Froth ☐ Blood Tinged Secretion
☐ Mucous ☐ Vomit ☐ Dried Secretion ☐ Other
☐ Food ☐ Froth ☐ Urine or Stool

51. SECRETION FOUND ON:

☐ Blanket ☐ Sheet ☐ Clothing ☐ Pillow ☐ Other Item

52. WHAT TYPE OF SECRETION

☐ None ☐ Formula ☐ Bloody Froth ☐ Blood Tinged Secretion
☐ Mucous ☐ Vomit ☐ Dried Secretion ☐ Other Secretion
☐ Food ☐ Froth ☐ Urine or Stool

53. FACE IN CONTACT WITH WET MATERIALS

☐ NO ☐ YES

DESCRIBE:

54. IF FOUND WHILE SLEEPING, WAS CHILD SLEEPING ALONE?

☐ NO ☐ YES **If no, who was child sleeping with?**

55. DESCRIBE BED AND/OR OTHER SLEEPING SURFACE.

56. LIST ALL MATERIALS AND OBJECTS NEAR CHILD WHEN FOUND, INCLUDING BED, SHEETS, PILLOWS, COVERS, TOYS, HOUSEHOLD OBJECTS, ETC.

57. COULD ANY OF THESE MATERIALS AND OBJECTS HAVE INFLUENCED THE DEATH?

☐ NO ☐ Yes **If yes, describe in narrative.**

58. IS THERE ANY POSSIBILITY OF OVERLYING? FOR EXAMPLE, TOO LITTLE ROOM FOR TOO MANY PEOPLE, RECENT ALCOHOL OR OTHER DRUG CONSUMPTION BY PERSON SLEEPING WITH CHILD.

☐ NO ☐ YES **If yes, explain in narrative.**

59. IS THERE AN APNEA MONITOR IN THE HOME?

☐ NO ☐ YES **Download information from monitor.**

WAS CHILD ON MONITOR AT TIME OF DEATH?

☐ NO ☐ YES **Collect monitor as evidence.**

SOCIAL AND ENVIRONMENTAL CONDITIONS

60. WHO DOES CHILD LIVE WITH?

61. WHO HAD RESPONSIBILITY FOR CHILD AT TIME OF DEATH? **IN NARRATIVE, DESCRIBE ACTIVITIES OF CAREGIVERS DURING DAYS LEADING UP TO THE DEATH.**

62. HAVE FAMILY MEMBERS OR CARETAKERS BEEN REPORTED FOR PAST ABUSE OR NEGLECT?

☐ NO ☐ YES **Contact Hotline to obtain information. (800-392-3738)**

FOR DOMESTIC VIOLENCE?

☐ NO ☐ YES

63. LIST CHILD CARE PROVIDERS - LICENSED

UNLICENSED

64. DO SIBLINGS EVER WATCH CHILD UNATTENDED?

☐ NO ☐ YES **If yes, age:**

65. ARE THERE ANY CULTURAL PRACTICES THAT MAY HAVE INFLUENCED THE DEATH?

☐ NO ☐ YES **If yes, explain fully in the narrative.**

66. DESCRIPTION OF DWELLING:

67. CLEANLINESS OF DWELLING

☐ BELOW AVERAGE ☐ ABOVE AVERAGE ☐ AVERAGE

68. NUMBER OF CHILDREN LIVING AT ADDRESS

NUMBER OF ADULTS

OVERCROWDED?

☐ NO ☐ YES

69. ARE THERE ANY ENVIRONMENTAL HAZARDS?

☐ NO ☐ YES **If yes, check all that apply.**

☐ Tobacco Smoke	☐ High Room Temp	☐ Recent Remodeling	☐ Tobacco	☐ Animals
☐ Drugs or Alcohol	☐ Low Room Temp	☐ Toxic Gases	☐ Lead	☐ Other
☐ Medicines	☐ Unusual Dampness	☐ Toxic Products	☐ Electrical	

70. ROOM TEMPERATURE	OUTSIDE TEMPERATURE	HEATING/COOLING SOURCE	PROXIMITY OF CHILD TO HEAT/COOLING SOURCE

CHECKLIST FOR DISCRETIONARY COLLECTION OF EVIDENCE

☐ Clothing	☐ Medicines	☐ Baby Bottles	☐ Toys
☐ Bedding	☐ Drug Paraphernalia	☐ Formula/Food	☐ Equipment
☐ Diapers	☐ Folk Remedies	☐ Honey, if fed within 30 days	☐ Other

TRACE EVIDENCE COLLECTED: LIST	LOCATION FOUND	DISPOSITION AND PRESENT LOCATION

PHOTOS TAKEN?

☐ NO ☐ YES **If yes, by whom?**

ALL WITNESSES, RESPONDERS, AND OTHER PERSONS AT SCENE

List all persons at scene during time child died.

NAME	ADDRESS	RELATIONSHIP

NARRATIVE (USE ADDITIONAL PAGES AS NECESSARY)

71. DATE/TIME OF INVESTIGATION	72. CASE NUMBER
73. INVESTIGATOR'S NAME	74. AGENCY/DEPARTMENT