



Responsibilities of First Responders at the Scene of a Child Fatality or Near Fatality-Extended Guidance

The following guide supports scene documentation of a child fatality/near fatality to enhance a multidisciplinary approach. Successful investigations require coordination and communication with CPS investigators, medical experts and others who may have important information on the child and family involved.

- Check for signs of life and document the condition of the child when found (labored breathing, crying, active, lethargic, unresponsive, etc).
- If the child is alive, EMS should transport immediately, and report to DCBS if there are any concerns of possible abuse or neglect.
- If deceased, notify the detective, county attorney and coroner (coroner must immediately notify the Department for Community Based Services, Public Health and law enforcement [CPS/DCBS]-KRS 72.410).
 - If other children are at imminent risk, they may be taken into protective custody, KRS 620.040. Note evidence of injury on surviving children at the scene. Consider medical screening as appropriate and collaborate with DCBS.
- Identify/secure the potential crime scene or location where the child was injured/discovered. This may include more than one room, the inside/outside of a property, and/or vehicle.
- Obtain names of those present and their relationship to the child. No one should leave the location until this information is obtained. If children are present, DCBS should assess the situation. Should any adult leave the scene with children prior to DCBS arrival, make note of their contact information and communicate with DCBS.
- Clear all individuals from the scene to prevent tampering or removal of evidence. Due to the emotional nature of the situation this may be difficult.
- Note the arrival time, weather conditions and activities occurring at the scene. Establish the room temperature.
- Identify who discovered the child, if first aid was administered, and if the child was moved, dressed, undressed, bathed, or anything else. If a caregiver reports CPR was given, obtain details about how exactly this was administered. This is important to rule in/rule out injuries as being secondary to CPR administration. (Breaths only? Compressions? How were compressions given? Two hands encircling the baby, fingers on sternum, heel of hand on sternum, etc. Any back blows?)



- KRS 620.040 if law enforcement believes any parent or person exercising custodial control or supervision of the child was under the influence of alcohol or drugs at the time of the fatality or near fatality, the officer shall request a test of blood, breath or urine from that person if consent is not given a search warrant shall be requested.
- Remember to treat each pediatric death as a homicide until proven otherwise. The findings can be extremely subtle.
- Evaluate the need for a search warrant prior to taking any investigation steps.
- The crime scene and surrounding areas should be checked for evidence of drug use. This includes the garbage (inside/outside), recent diapers, child-related discarded objects, and evidence of blood stains.
- Wait for the arrival of the coroner prior to moving any items or the body. This does not preclude collection of trace evidence that will be lost if not immediately collected.
- Have the scene photographed and videotaped.
 - Check for outdoor or indoor security cameras or electronic door notifications (i.e. Ring).
 - Photograph all prescription bottle labels if the case potentially involves ingestion of substances or medications.
- If the case involves hot water burns, obtain water temperature.
- Note unusual findings such as locks outside of a child's bedroom door or refrigerator, or evidence of restraint.
- Make note of unusual or foul odors and environmental concerns.
- Note the presence of age-appropriate toys/objects and whether the child had a safe place to sleep.
- Sketch the scene. Note any evidence of violence such as holes in the walls, broken items or blood.
- Information to be obtained:
 - Record or photograph the size, shape, color and location of any sores, scars, diaper rash, abrasions, bite marks, bruises or cuts and indicate if there is evidence of pattern injuries (handprints, belt buckles...) or different colored bruises in various stages of healing.
 - Is the child clean?
 - Note repair and cleanliness of clothing and the general home environment.
- Document the following as medical examiners determine if rigor mortis and livor mortis patterns match: position, when and where body was found and if skin temperature (often taken by EMS or documented by the hospital) agrees with parental statements.
- When the body is removed, work with the coroner to ensure clothing, bed covers, diapers, bottles, rugs, toys, plastics, medication, etc. as appropriate are included.

Interviewing Witnesses Surrounding a Child Fatality/Near Fatality:

- Were parental explanations of incidents or injuries inconsistent?
- Was there a delay in seeking medical attention?
- Evidence of repeated visits to different medical providers?
- Primary caregivers' relationship to decedent?
- Family history of substance/alcohol use or misuse?
- Previous child deaths in the family?
- Family violence?
- Are parents employed? If so, where?
- When the child last ate, food/drinks consumed, how much, was it the normal amount of food/drink intake? If an infant, note the type of formula and if they used a bottle.
- What time was the child discovered? What position? Were they moved?
- What was the time lapse from discovery of the child to emergency call? Who was home during this time? Who made the call?
- Any recent complaints of the child feeling badly, fussiness, vomiting, altered mental status or other unusual behavior?
- Any recent unusual behavior or medical problems? If so, was the child treated (where, when, name of physician, diagnosis and what was done)?
- Characteristics of the child (fussy, sleeping habits...)?
- Was the child toilet trained or in the process of being trained?
- How is child disciplined/punished? Any recent cause for discipline/punishment?
- Any chemicals or medications missing or ingested?

NOTE: Doll reenactments can support these questions to help identify cause and manner of death.



Resources for First Responders

- **DCBS:** 1-800-752-6200 (M-F business hours)
1-877-KYSAFE1 holidays/weekends
- **Closest child abuse consultation program:**
 - Louisville: Norton Children’s Pediatric Protection Specialists Affiliated with University of Louisville School of Medicine (502) 629-3099 or (502) 629-6000 (after hours)
 - Lexington: Kentucky Children’s Hospital Division of Pediatric Forensic Medicine (859) 218-6727 or (859) 257-5522 (after hours)

Coroner:

Important Numbers:

Additional Information for Multidisciplinary Approaches:

- Check criminal records of caretakers and those with access to the child, as well as prior police responses.
- Coordinate with DCBS to determine previous contacts with the family or if a history of abuse or neglect is present. It is important for law enforcement to collaborate with DCBS beyond establishing the family history. This is not solely the purview of DCBS.
- Contact the child’s teacher and school/daycare for additional information.
- Obtain all medical records relevant to the child.
- Consider consultation with pediatric forensic medicine to determine if injuries/findings are consistent with history provided and for any additional suggestions about working the scene.
- Doll reenactment resources. Contact the Department for Public Health for more information at 1-502-564-2154.

SOURCES: Kentucky Child Fatality and Near Fatality External Review Panel; Investigating Child Fatalities, U.S. Department of Justice: Office of Justice Programs; Kentucky Child Fatality Review System Handbook, The Kentucky Cabinet for Health and Family Services; and Kentucky Revised Statute 620 and 72.410