



Wisconsin Department of Justice

Infant Death Investigation Guide

Documentation: What are you looking for?

Potential for child abuse and child homicide should be considered and thoroughly investigated at every call for a distressed or deceased infant. A thorough investigation includes gathering information about all of the areas below:

Scene & Environment

- Evidence of forced entry or struggle.
- Unsecured dangerous items (weapons, drugs, chemicals).
- History of prior Child Welfare/Child Protective Services (CPS) reports or domestic violence.

Infant's Condition

- Suspicious bruising, fractures, burns, or abrasions. [OJP Burn Injuries Investigative Guide](#)
- Patterned injuries indicative of abuse.
- Injuries inconsistent with caregiver's explanation.
- Injuries in non-mobile infant ****Many fatal injuries to children cannot be observed externally.**

History & Statements Consistency

- Caregiver statements remain consistent/inconsistent.
- Delayed reporting or false claims of resuscitation efforts.
- Prior unexplained infant deaths in the family.
- History of repeated Sudden Unexpected Infant Death (SUID) incidents in caregiver's care.

Medical History & Findings

- History of previous suspicious injuries or emergency visits.
- Signs of malnutrition or dehydration.
- Toxic substances in toxicology report inconsistent with prescribed medications.
- Prior CPS involvement or neglect concerns.

Social & Family Risk Factors

- History of violent behavior in the home.
- Recent domestic disturbances, drug use, or unstable living conditions.

Unrealistic or conflicting explanations of events.

Checklist:

I. Initial Response & Scene Safety

- ☐ Confirm infant's death with EMS or hospital staff.
- ☐ Secure the scene and restrict unnecessary access.
- ☐ Identify and separate key witnesses to interview (siblings, neighbors, visitors etc).
- ☐ Obtain preliminary information from first responders.
- ☐ Identify whether there will be a child welfare response and coordinate with assigned Initial Assessment Specialist.

II. Interviews

Utilize Wisconsin Infant Death Investigation Questionnaire, if needed.

Primary Caregivers within last 96 hours (Parents, Guardians, or Babysitters)

- ☐ Last time the infant was seen alive and condition at that time (request any recent pictures or videos of infant).
- ☐ Time and circumstances of discovery of unresponsiveness.
- ☐ Actions taken after discovering the infant unresponsive (CPR, calling 911, etc.).
- ☐ Infant's recent health history (illness, fever, congestion, lethargy, vomiting, etc.).
- ☐ Past medical history, including any diagnoses, medications, or preterm birth.
- ☐ Details of feeding history (last feeding time, type of food, bottle/breast, quantity).
- ☐ Sleep routine, including usual sleep position and location.
- ☐ Position of infant when placed to sleep vs. position found.
- ☐ Presence of bed-sharing or other individuals and/or animals in the sleeping area.
- ☐ Bedding, pillows, stuffed animals, or hazards in sleep area.
- ☐ History of previous SUID cases in the family.
- ☐ Alcohol or drug use by caregivers before or during sleep period.
- ☐ Mental health history of caregivers.
- ☐ Routine or life changes that could cause stress to caregiver
- ☐ Timeline of last 72-96 hours.

- ☐ Presence and activities of any other adults, siblings, or visitors and length and nature of contact.
- ☐ Child's or infant's developmental milestones as it relates to caregiver's explanation of injuries.
- ☐ Any historical visible injuries on the child

Other Household Members, Neighbors (if applicable)

- ☐ Confirm/Compare of caregiver's statements.
- ☐ Presence and activities of any other adults, siblings, or visitors.
- ☐ Any atypical behavior before or after the incident.
- ☐ Coordinate Forensic Interviews of any siblings age 3 or above.

First Responders & Medical Personnel

- ☐ Condition of the scene upon arrival.
- ☐ Position of the infant when found.
- ☐ Interventions attempted (CPR, oxygen, defibrillator, medications).
- ☐ Any injuries, lividity, rigor mortis, or signs of trauma.
- ☐ Observations of caregiver's behavior and statements.
- ☐ Obtain 911 call.

III. Scene Walkthrough & Documentation

- ☐ Conduct a detailed walkthrough before disturbing the scene.
- ☐ Identify hazards (soft bedding, positional asphyxia risks, heating elements, etc.).
- ☐ Check for signs of forced entry, disturbances, or violence.
- ☐ Identify drug paraphernalia, alcohol, or unsafe sleeping conditions.
- ☐ Document environmental conditions (room temperature, ventilation, lighting).
- ☐ If burns identified, document water temperature on heater; seconds to turn water to max temperature.
- ☐ Examine cribs, beds, or sleeping surfaces for safety compliance.
- ☐ Observe and document pet presence or any other potential external factors.

IV. Photographic Documentation

- ☐ Full-body photographs of the infant at the scene (e.g., medium-range shot).
- ☐ Close-up photographs of any injuries, skin conditions, or abnormalities. With and without scale.
- ☐ Scene overview, including entire sleep environment (e.g., general view of room).

- ☐ Position of the infant as found (if not disturbed).
- ☐ Surrounding objects, bedding, hazards.
- ☐ Any evidence of neglect, trauma, or substance abuse.

V. Evidence Collection (As Necessary)

- ☐ Bedding, blankets, pillows, or stuffed animals near the infant.
- ☐ Bottles, formula, medication, or other substances given to the infant.
- ☐ Any items with potential biological evidence (e.g., vomit-stained fabric).
- ☐ Diapers, clothing, or any evidence of bodily fluids.
- ☐ Photos of room, sleep environment, infant's position, and any potential hazards.
- ☐ Collection of home surveillance footage (inside and outside) if available.

VI. Doll Reenactment

Requested/Conducted by Trained Investigator.

- ☐ Caregiver places a doll in the same position the infant was last seen alive. Proxy use if caregiver unwilling to reenact — document rationale from caregiver if reenactment refused.
- ☐ Caregiver demonstrates how the infant was found.
- ☐ Documentation of reenactment via video.
- ☐ Notes on inconsistencies between statements and reenactment.

Wisconsin Infant Death Investigation Questionnaire

Scene Investigated by _____ Agency _____ Phone Number _____ County _____

Case Number _____

General Information per _____

1. Infant Name _____ Sex _____ Age _____ Date of Birth _____
2. Date of Death _____ Time of Death _____ AM/PM Location of Death _____
3. Father's name _____ DOB _____ Occupation _____
Telephone number _____ Clothing description _____
4. Mother's name _____ DOB _____ Occupation _____
Telephone number _____ Clothing description _____
5. Are there siblings Y/N If yes, list name, age, current location _____
6. Home address (if different from location of death) _____

7. Pediatrician (family physician) _____ Physician's Phone _____

Past History per _____

1. Place of Birth (Hospital and City/State) _____

2. Any problems with pregnancy/ delivery? Y/N If yes, explain _____
3. During pregnancy, did anyone smoke? Y/N Who? _____ Drugs? Y/N Who? _____
What? _____
4. Has infant ever required hospitalization or emergency care? Y/N If yes, explain,
When _____ Where? _____ Why? _____
5. Timeline of infant/child's behavior and schedule for the last 72-96 hours (sleeping, breathing,
peeing, pooping, eating, other symptoms or changes in behavior) _____

6. Any other medical problems or concerns? Y/N If yes, explain _____

Recent History per _____

1. Was infant breast-fed/ bottle-fed / Both? Last feeding _____ AM/PM
What was last feeding? _____
2. Recent illness? Y/N If yes, what? _____
Were medications or home remedies given? Y/N If yes, what _____ Amount _____
Time _____

3. Was there recent exposure to chemicals? Y/N If yes, what _____ When _____
4. Is anybody in the house sick? Y/N If yes, who _____ Illness _____
5. In the last 72-96 hours, who has cared for the infant? _____
6. In the last 72-96 hours, who has had access to the infant, even if not a caregiver? _____
7. Observable behaviors of caregiver? _____
8. Names of people who were at the scene since infant was found _____
9. Last date infant was seen by a medical provider _____ Where? _____
Reason _____

Scene Questions for People on Scene

1. Describe condition of child when found _____
2. Describe any attempts to revive child/infant _____
3. Any observed minor bruises historically? Ask to see pictures/videos of the baby for the past few weeks and describe. _____
4. Was the infant located inside or outside? _____ If inside, temperature? _____
If outside, temperature and weather conditions? _____
5. Position infant was in when found? By caregiver _____
By first responder (if different) _____
Position when put to bed? _____ What was infant wearing (and was infant changed? _____ How was the infant covered? _____
6. Describe infant sleeping environment (blankets, pillows, temperature, mold, water, other people) _____
7. Describe any objects covering or blocking the nose, mouth or face. _____
8. Drugs or alcohol used by caregivers? _____
9. Was there an apnea monitor or baby monitor in the room? Y/N If yes, explain _____

Scene Questions for Law Enforcement

1. Entrance made by (forced entry, key, cutting chain, open door, etc) _____
2. Identify any video cameras present on the scene (inside and outside) and obtain footage. _____
3. Any injuries, lividity, rigor mortis or signs of trauma? Y/N If yes, explain _____
4. What was the condition of the scene (odor, orderly, untidy, disarray)? _____

Describe the cleanliness of the dwelling: _____

5. Any signs of drugs, alcohol use? _____

6. Are there any signs of forced entry, disturbances, or violence? Y/N If yes, explain _____

7. **For deaths involving bathtub or other water situation:** Depth of water _____ Water Temperature _____ Type of container holding water _____ Location of hot and cold-water sources near child _____

8. Was the infant warm or cold? _____

9. Were attempts made to revive the infant? Y/N If yes, by whom? _____ Time of attempt _____ Method of attempt? _____

Questions for other Caregivers and close proximity neighbors within last 96 hours

1. Timeline of any observations related to infant over the last 72-96 hours.
2. Any observed minor bruises historically?
3. Describe any previous concerns about the caregiving of others.
4. Describe child's developmental abilities.
5. Describe any changes in behavior of the infant.
6. Describe any concerns about the infant's sleeping environment.
7. Identify any video cameras present pointed at the residence and obtain footage.

Resources for Families

Star Legacy Foundation/WI Center for Stillbirth and Infant Death has a contract with the Wisconsin Department of Health to provide centralized access to resources for families who experience the death of a baby during pregnancy or infancy (**1 and under**). All services are free and interpreters are available. Anyone can refer a family or the family can request support themselves. Common services include support groups, local in-person resources, peer support, counseling/therapy, financial support referrals, burial/cremation/funeral logistics, grief education and information, and sibling support for living children.

- Call or text **920-561-1600**
- Email wicisd@starlegacyfoundation.org
- Submit a referral at <https://www.wicsid.org>
- National Telephone and Grief Support Line 952-715-7731 ext 1
- If the family doesn't want a referral or even if they do it's helpful to have brochures on hand for something tangible to give to families. Star Legacy often gets families reaching out months later from finding the brochures. Always free for agencies and no shipping charges. [Order Free Brochures Here](#)

Children's Wisconsin provides a variety of services including short term individual grief counseling for adults, support groups, programming and workshops, overnight camp for families, and spiritual care. The Infant Death Center offers support for anyone affected by the sudden and unexpected death of an infant (**1 and under**).

- Website: [Grief and bereavement counseling | Children's Wisconsin](#)

National Maternal Mental Health hotline offers free, confidential support, resources, and referrals from professional counselors for pregnant and postpartum individuals experiencing mental health issues.

- Call or text 1-833-943-5746
- Available 24/7

Bereaved Parents of the USA provides support to parents, siblings, and grandparents who have experienced the loss of a child. . There are local chapters that hold monthly meetings designed to provide a supportive environment for members to share their stories and feelings.

- Website: [Bereaved Parents of the USA](#)
- Support Groups/Chapters: [Find A Chapter – Bereaved Parents of the USA](#)

Miss Foundation provides support for families struggling with traumatic grief. They have quick access to counseling resources, advocacy information, research on traumatic grief, and education for healthcare providers and community members. .

- Website: [MISS Foundation | Support for Bereaved/Grieving Parents & Families](#)
- Peer Companions for parents/grandparents, etc and help finding counselors:
[Counseling and Support Services for Bereaved/Grieving Parents & Families](#)

Compassionate Friends Foundation provides support after the loss of a child at any age. . They have local chapters, both in-person and virtual, with members available to listen, share, and offer emotional support . Compassionate Friends offers support for bereaved siblings and grandparents as well.

- Website: [The Compassionate Friends Non-Profit Organization for Grief](#)

Suicide & Crisis Hotline

- Dial 988

Hopeline provides access to Crisis Counselor for emotional support

- Text HOME to 741741

Local mental health and grief resources by texting or calling **211**