# NEVADA CHILD DEATH REVIEW
# REGIONAL MDT QUARTERLY SUMMARY REPORT AND RECOMMENDATIONS

Team: [x] Washoe [ ] Clark [ ] Elko [ ] Carson [ ] Fallon [ ] Pahrump

Contact Person: _____

Calendar Quarter: [ ] QTR 1 (JAN – MAR) [ ] QTR 3 (JUL – SEP)

[ ] QTR 2 (APR – JUN) [x] QTR 4 (OCT – DEC)

Date Completed: _____

## Quarterly Statistics:

| | |
|---|---|
| Total cases referred to the team for review for the current quarter: | 15 |
| Actual cases reviewed for the current quarter by manner of death: | |
| Natural | 10 |
| Accidental | 3 |
| Homicide | 1 |
| Suicide | |
| Undetermined | 1 |
| TOTAL cases reviewed: | 15 |

## Mandatory Reviews Per NRS 432B.405:

| | |
|---|---|
| (1) Upon receiving a written request from an adult related to the child within the third degree of consanguinity, if the request is received by the agency within 1 year after the date of death of the child; | |
| (2) If the child dies while in the custody of or involved with an agency which provides child welfare services, or if the child's family previously received services from such an agency; | |
| (3) If the death is alleged to be from abuse or neglect of the child; | |
| (4) If a sibling, household member or daycare provider has been the subject of a child abuse and neglect investigation within the previous 12 months, including cases in which the report was unsubstantiated or the investigation is currently pending; | |
| (5) If the child was adopted through an agency which provides child welfare services; or | |
| (6) If the child died of Sudden Infant Death Syndrome. | |
| Cases for which more than one of the above apply: | 0 |

## — Recommendations to Administrative Team —

### Recurring Recommendations:

Please indicate if there were cases reviewed in the previous quarter or ongoing concerns regarding leading causes of death in Nevada and targeted areas for CDR as follows:

| Accidental | Comments: |
|---|---|
| MVA | |
| Drowning | |
| Asphyxia, co-sleeping or unsafe sleep environment | |
| Asphyxia, all others | |
| Accidents, all others | Washoe County reviewed three accidental cases. One involving a 9-year-old in a bounce house that was swept away by a gust of wind. She went up a power pole and was stuck in the power line. COD was blunt force trauma.<br>The next was a crushing injury involving a 3-year-old where an old 32-inch tube tv and dresser fell on top of her. And the last one was a 17-year-old with Prader-Willi syndrome who ingested an unknown number of pills. Children with this disease are unable to control what they put into their mouths. |
| **Homicide** | **Comments:** |
| GSW | Washoe County reviewed one homicide case involving a 15-year-old with multiple gunshot wounds of the back. |
| Abuse | |
| Neglect | |
| Shaken Baby Syndrome | |
| Homicides, all others | |
| **Suicide** | **Comments:** |
| Asphyxia | |
| GSW | |
| Overdose | |
| Suicides, all others | |
| **Natural** | **Comments:** |
| Maternal drug use | |
| Natural deaths, all others | Washoe County reviewed ten natural cases. One involving an infant who tested positive for listeria. The second involving a 17-year-old male who contracted the Hanta virus after doing summer cleaning in his garage. Another infant who |

| | |
|---|---|
| | passed due to complications of Leukemia. A two-year-old who had Kawasaki disease and a two-year-old who had croup as well as parainfluenza, adenoid virus and rhino enterovirus. The other five natural deaths were related to prematurity. |
| | |
| Undetermined | Washoe County review one undetermined case involving an infant. |

## New Recommendations:

Recommendations should relate to specific observations and conclusions drawn from the case review process. Please prioritize your recommendations to those in which 3 or more cases this quarter, or cumulatively, demonstrate a trend related to this specific recommendation. If no trend has been identified but the team feels the recommendation must be made, the Administrative Team will assess and determine priority status. Please do not submit recommendations that have been previously identified unless additional gaps relating to this recommendation have occurred. The recommendation format is as follows:

## Recommendation 1:

Brief summary of case details that led to this recommendation. Please be reminded that no specific identifying information or details compromising confidentiality should be included:

Toddler died after she climbed up dresser, the TV and dresser crushing her.

Define the problem by summarizing related risk factors and required protective factors:

Dressers that are not stabilized.

Provide related case data: Is there more than one case or additional data that substantiates this problem?

Only this case

Concisely state the recommendation for change:

Agency to purchase dresser straps and include in child safety kits.

Identify best practices or other solutions the Team believes are appropriate to help implement this change:

HSSS's within the Agency assist parents in requesting landlords or maintenance staff in rented units to install the straps. HSSS's to review safety measures with families of children developmentally able to climb up furniture upon the request of a worker. Agency to collaborate with children's coalitions or other agencies to assist with funding of safety kits and educating parents.

Identify existing community or statewide efforts the Team is aware of that may already be contributing to the change. Please provide staff names and contact information where applicable for known programs:

| |
|---|
| |

Change partners: What persons and/or organizations does the Team believe this recommendation for change should be focused on?

| |
|---|
| |

Change focus: What type of change does this recommendation focus on?

| | |
|---|---|
| x | Strengthening parent/caregiver knowledge and skills |
| | Public awareness and promoting community education |
| | Educating child welfare staff, service providers, law enforcement, and/or others |
| | Changing organizational policies and practices |
| | Fostering coalitions and networks |
| | Mobilizing neighborhoods and communities |
| | Influencing laws and legislation |

# NEVADA CHILD DEATH REVIEW
# REGIONAL MDT QUARTERLY SUMMARY REPORT AND RECOMMENDATIONS

Team: ☐ Washoe ☒ Clark ☐ Elko ☐ Carson ☐ Fallon ☐ Pahrump

Contact Person: Dawn L Davidson

Calendar Quarter: ☐ QTR 1 (JAN – MAR) ☐ QTR 3 (JUL – SEP)

☐ QTR 2 (APR – JUN) ☒ QTR 4 (OCT – DEC)

Date Completed: January 24, 2020

## Quarterly Statistics:

| | |
|---|---|
| Total cases referred to the team for review for the current quarter: | 106 |
| Actual cases reviewed for the current quarter by manner of death: | |
| Natural | 76 |
| Accidental | 18 |
| Homicide | 1 |
| Suicide | 4 |
| Undetermined | 7 |
| TOTAL cases reviewed: | 106 |

## Mandatory Reviews Per NRS 432B.405:

| | |
|---|---|
| (1) Upon receiving a written request from an adult related to the child within the third degree of consanguinity, if the request is received by the agency within 1 year after the date of death of the child; | 0 |
| (2) If the child dies while in the custody of or involved with an agency which provides child welfare services, or if the child's family previously received services from such an agency; | 0 |
| (3) If the death is alleged to be from abuse or neglect of the child; | 1 |
| (4) If a sibling, household member or daycare provider has been the subject of a child abuse and neglect investigation within the previous 12 months, including cases in which the report was unsubstantiated or the investigation is currently pending; | 11 |
| (5) If the child was adopted through an agency which provides child welfare services; or | 0 |
| (6) If the child died of Sudden Infant Death Syndrome. | 0 |
| Cases for which more than one of the above apply: | 0 |

## — Recommendations to Administrative Team —

### Recurring Recommendations:

Please indicate if there were cases reviewed in the previous quarter or ongoing concerns regarding leading causes of death in Nevada and targeted areas for CDR as follows:

| Accidental | Comments: |
|---|---|
| MVA | 1 MVA was reviewed this quarter. |
| Drowning | 3 drowning deaths – support recommendations already made related to drowning prevention education. |
| Asphyxia, co-sleeping or unsafe sleep environment | 12 deaths reviewed this quarter were due to unsafe sleep. |
| Asphyxia, all others | |
| Accidents, all others | |
| **Homicide** | **Comments:** |
| GSW | |
| Abuse | 1 homicide was reviewed this quarter due to physical abuse, specifically arson. |
| Neglect | |
| Shaken Baby Syndrome | |
| Homicides, all others | |
| **Suicide** | **Comments:** |
| Asphyxia | 4 decedents that died by suicide used hanging as the mechanism. |
| GSW | 1 decedent used a firearm as a mechanism. |
| Overdose | |
| Suicides, all others | |
| **Natural** | **Comments:** |
| Maternal drug use | |
| Natural deaths, all others | |
| **Undetermined** | **Comments:** |
| Undetermined | Again the majority of undetermined deaths reviewed include infants less than one year placed in an unsafe sleep position and/or an unsafe sleep environment. |

# NEVADA CHILD DEATH REVIEW
# REGIONAL MDT QUARTERLY SUMMARY REPORT AND RECOMMENDATIONS

Team: [ ] Washoe [ ] Clark [x] Elko [ ] Carson [ ] Fallon [ ] Pahrump

Contact Person: _____

Calendar Quarter: [ ] QTR 1 (JAN – MAR) [ ] QTR 3 (JUL – SEP)

[ ] QTR 2 (APR – JUN) [x] QTR 4 (OCT – DEC)

Date Completed: 3.9.2020

## Quarterly Statistics:

Total cases referred to the team for review for the current quarter: 0

Actual cases reviewed for the current quarter by manner of death:

- Natural _____
- Accidental _____
- Homicide _____
- Suicide _____
- Undetermined _____

TOTAL cases reviewed: 0

## Mandatory Reviews Per NRS 432B.405:

(1) Upon receiving a written request from an adult related to the child within the third degree of consanguinity, if the request is received by the agency within 1 year after the date of death of the child; _____

(2) If the child dies while in the custody of or involved with an agency which provides child welfare services, or if the child's family previously received services from such an agency; _____

(3) If the death is alleged to be from abuse or neglect of the child; _____

(4) If a sibling, household member or daycare provider has been the subject of a child abuse and neglect investigation within the previous 12 months, including cases in which the report was unsubstantiated or the investigation is currently pending; _____

(5) If the child was adopted through an agency which provides child welfare services; or _____

(6) If the child died of Sudden Infant Death Syndrome. _____

Cases for which more than one of the above apply: _____

# NEVADA CHILD DEATH REVIEW
# REGIONAL MDT QUARTERLY SUMMARY REPORT AND RECOMMENDATIONS

Team: [ ] Washoe [ ] Clark [ ] Elko [ ] Carson [x] Fallon [ ] Pahrump

Contact Person: Kelli Weishaupt

Quarter: [ ] QTR 1 (JAN – MAR) [ ] QTR 3 (JUL – SEP)

[ ] QTR 2 (APR – JUN) [x] QTR 4 (OCT – DEC)

Date Completed: 12/18/19

## Quarterly Statistics:

Total cases referred to the team for review for the current quarter: 2

Actual cases reviewed for the current quarter by manner of death:

| | |
|---|---|
| Natural | |
| Accidental | |
| Homicide | |
| Suicide | |
| Undetermined | |

TOTAL cases reviewed: 1

## Mandatory Reviews Per NRS 432B.405:

| | |
|---|---|
| (1) Upon receiving a written request from an adult related to the child within the third degree of consanguinity, if the request is received by the agency within 1 year after the date of death of the child; | |
| (2) If the child dies while in the custody of or involved with an agency which provides child welfare services, or if the child's family previously received services from such an agency; | |
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| (4) If a sibling, household member or daycare provider has been the subject of a child abuse and neglect investigation within the previous 12 months, including cases in which the report was unsubstantiated or the investigation is currently pending; | |
| (5) If the child was adopted through an agency which provides child welfare services; or | |
| (6) If the child died of Sudden Infant Death Syndrome. | |

Cases for which more than one of the above apply: 0

## — Recommendations to Administrative Team —

### Recurring Recommendations:

Please indicate if there were cases reviewed in the previous quarter or ongoing concerns regarding leading causes of death in Nevada and targeted areas for CDR as follows:

| Accidental | Comments: |
|---|---|
| MVA | |
| Drowning | PSA's on local social media and radio stations when irrigation season starts in Spring of 2020 for water safety and awareness. |
| Asphyxia, co-sleeping or unsafe sleep environment | |
| Asphyxia, all others | |
| Accidents, all others | |
| **Homicide** | **Comments:** |
| GSW | |
| Abuse | |
| Neglect | |
| Shaken Baby Syndrome | |
| Homicides, all others | |
| **Suicide** | **Comments:** |
| Asphyxia | |
| GSW | |
| Overdose | |
| Suicides, all others | |
| **Natural** | **Comments:** |
| Maternal drug use | |
| Natural deaths, all others | |
| **Undetermined** | **Comments:** |
| Undetermined | |

# NEVADA CHILD DEATH REVIEW
# REGIONAL MDT QUARTERLY SUMMARY REPORT AND RECOMMENDATIONS

Team: ☐ Washoe ☐ Clark ☐ Elko ☐ Carson ☐ Fallon ☒ Pahrump

Contact Person: _____

Calendar Quarter: ☐ QTR 1 (JAN – MAR) ☐ QTR 3 (JUL – SEP)

☐ QTR 2 (APR – JUN) ☒ QTR 4 (OCT – DEC)

Date Completed: _____

## Quarterly Statistics:

Total cases referred to the team for review for the current quarter: 0

Actual cases reviewed for the current quarter by manner of death:

| | |
|---|---|
| Natural | |
| Accidental | |
| Homicide | |
| Suicide | |
| Undetermined | |

TOTAL cases reviewed: 0

## Mandatory Reviews Per NRS 432B.405:

(1) Upon receiving a written request from an adult related to the child within the third degree of consanguinity, if the request is received by the agency within 1 year after the date of death of the child;

(2) If the child dies while in the custody of or involved with an agency which provides child welfare services, or if the child's family previously received services from such an agency;

(3) If the death is alleged to be from abuse or neglect of the child;

(4) If a sibling, household member or daycare provider has been the subject of a child abuse and neglect investigation within the previous 12 months, including cases in which the report was unsubstantiated or the investigation is currently pending;

(5) If the child was adopted through an agency which provides child welfare services; or

(6) If the child died of Sudden Infant Death Syndrome.

Cases for which more than one of the above apply: