

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: _____ 12

| | |
|---|---------|
| Actual cases reviewed for the current quarter by manner of death: | |
| Natural | _____ 4 |
| Accidental | _____ 3 |
| Homicide | _____ 4 |
| Suicide | _____ 1 |
| Undetermined | _____ |

TOTAL cases reviewed: _____ 12

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; _____ 1

(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; _____

(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: _____ 2

— 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 | Washoe County reviewed one case in which a 1 year old who was in the care of his foster mom drowned in a bathtub containing 2-3 inches of water. |
| Asphyxia, co-sleeping or unsafe sleep environment | Washoe County reviewed one case in which a 23-day old was found face down in bed next to mom's leg after mom fell asleep while breastfeeding. |
| Asphyxia, all others | |
| Accidents, all others | Washoe County reviewed one case involving a 17-year-old male who died of an accidental overdose from an extremely high level of Fentanyl after taking Percocet purchased off the street. |
| Homicide | Comments: |
| GSW | Washoe County reviewed one homicide case involving a 17-year-old with a gunshot wound to the abdomen. Washoe County reviewed two homicide cases involving a 16 and 17-year-old siblings who died of gunshot wounds to the head in an apparent murder suicide involving their mother. Their father was also a victim. |
| Abuse | Washoe County reviewed one case involving a 20-day old infant who died of blunt force trauma of the head suspected to be at the hands of his father. This case is still under investigation. |
| Neglect | |
| Shaken Baby Syndrome | |
| Homicides, all others | |
| Suicide | Comments: |
| Asphyxia | |
| GSW | Washoe County reviewed one suicide case involving a 14-year-old with a history of depression who died of an apparent gunshot wound to the head. |
| Overdose | |
| Suicides, all others | |
| Natural | Comments: |
| Maternal drug use | |
| Natural deaths, all others | Washoe County reviewed four natural death cases. Two of which were fetal demise, and two related to cancer. |
| Undetermined | Comments: |

| | |
|--------------|--|
| Undetermined | |
|--------------|--|

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:

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

Concisely state the recommendation for change:

| |
|--|
| |
|--|

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

| |
|--|
| |
|--|

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?

- | | |
|--|--|
| | 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: July 23, 2020

Quarterly Statistics:

| | |
|--|----|
| Total cases referred to the team for review for the current quarter: | 52 |
| Actual cases reviewed for the current quarter by manner of death: | |
| Natural | 29 |
| Accidental | 11 |
| Homicide | 6 |
| Suicide | 2 |
| Undetermined | 4 |
| TOTAL cases reviewed: | 52 |

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; | 3 |
| (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; | 6 |
| (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: | 3 |

— 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 | 2 MVA cases were reviewed this quarter. |
| Drowning | 3 drowning deaths – Reached out to the Southern Nevada Child Drowning Prevention Coalition to disseminate additional information to dispel the idea that young children who have had swimming lessons require less supervision. |
| Asphyxia, co-sleeping or unsafe sleep environment | 5 deaths reviewed this quarter were due to unsafe sleep. |
| Asphyxia, all others | |
| Accidents, all others | 1 death due to skate board accident. |
| Homicide | Comments: |
| GSW | 4 deaths reviewed this quarter were due to gunshot wounds. |
| Abuse | 1 homicide was reviewed this quarter due to blunt force injuries. |
| Neglect | |
| Shaken Baby Syndrome | |
| Homicides, all others | 1 homicide occurred by unspecified means. |
| Suicide | Comments: |
| Asphyxia | |
| GSW | 2 decedents used a firearm as a mechanism. |
| Overdose | |
| Suicides, all others | |
| Natural | Comments: |
| Maternal drug use | |
| Natural deaths, all others | |
| Undetermined | Comments: |
| Undetermined | 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 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: 8.4.2020

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: _____

— 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 | |
| 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: Andrea Valenzuela

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

QTR 2 (APR – JUN) QTR 4 (OCT – DEC)

Date Completed: August 4th 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: _____

— 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 | |
| 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: Kelli Weishaupt

Quarter: QTR 1 (JAN – MAR) QTR 3 (JUL – SEP)
 QTR 2 (APR – JUN) QTR 4 (OCT – DEC)

Date Completed: July 27, 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: 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: _____

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: _____