

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

Team: Washoe  
Clark  
Rural Region

Contact Person:

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

Date Completed: May 2, 2022

## Quarterly Statistics:

Total cases referred to the team for review for the current quarter:	1
Actual cases reviewed for the current quarter by manner of death:	
Natural	
Accidental	1
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;	
(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	
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	

## 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:

<b>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:</b>
<b>Define the problem by summarizing related risk factors and required protective factors:</b>
<b>Provide related case data: Is there more than one case or additional data that substantiates this problem?</b>
<b>Concisely state the recommendation for change:</b>
<b>Identify best practices or other solutions the Team believes are appropriate to help implement this change:</b>
<b>Identify existing community or statewide efforts the Team are aware of that may already be contributing to the change. Please provide staff names and contact information where applicable for known programs:</b>
<b>Change partners: What persons and/or organizations does the Team believe this recommendation for change should be focused on?</b>

**Change focus: Please place an X to indicate on what type of change(s) this recommendation focuses.**

	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

### Recommendation 2:

<b>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:</b>
<b>Define the problem by summarizing related risk factors and required protective factors:</b>
<b>Provide related case data: Is there more than one case or additional data that substantiates this problem?</b>
<b>Concisely state the recommendation for change:</b>

<b>Identify best practices or other solutions the Team believes are appropriate to help implement this change:</b>
<b>Identify existing community or statewide efforts the Team are aware of that may already be contributing to the change. Please provide staff names and contact information where applicable for known programs:</b>
<b>Change partners: What persons and/or organizations does the Team believe this recommendation for change should be focused on?</b>

**Change focus: Please place an X to indicate on what type of change(s) this recommendation focuses.**

<input type="checkbox"/>	Strengthening parent/caregiver knowledge and skills
<input type="checkbox"/>	Public awareness and promoting community education
<input type="checkbox"/>	Educating child welfare staff, service providers, law enforcement, and/or others
<input type="checkbox"/>	Changing organizational policies and practices
<input type="checkbox"/>	Fostering coalitions and networks
<input type="checkbox"/>	Mobilizing neighborhoods and communities
<input type="checkbox"/>	Influencing laws and legislation

### **Recommendation 3:**

<b>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:</b>
<b>Define the problem by summarizing related risk factors and required protective factors:</b>
<b>Provide related case data: Is there more than one case or additional data that substantiates this problem?</b>
<b>Concisely state the recommendation for change:</b>
<b>Identify best practices or other solutions the Team believes are appropriate to help implement this change:</b>
<b>Identify existing community or statewide efforts the Team are aware of that may already be contributing to the change. Please provide staff names and contact information where applicable for known programs:</b>
<b>Change partners: What persons and/or organizations does the Team believe this recommendation for change should be focused on?</b>

**Change focus: Please place an X to indicate on what type of change(s) this recommendation focuses.**

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<input type="checkbox"/>	Changing organizational policies and practices
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