STATE OF NEVADA

DIVISION OF CHILD AND FAMILY SERVICES

2017 STATEWIDE CHILD DEATH REPORT

Submitted by:

The Executive Committee to Review the Death of Children

Special thanks go to the following who contributed to complete the 2017 Statewide Child Death Report:

2017 Executive Committee to Review Death of Children

2020 Executive Committee to Review Death of Children

Division of Child and Family Services (DCFS)

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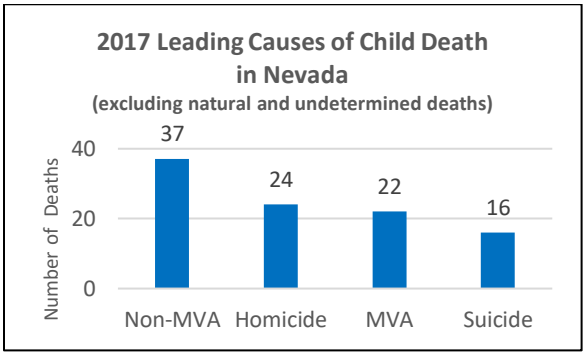
Executive Summary

The purpose of this report is to provide comprehensive information regarding the circumstances by which children die in Nevada in order to prevent future child deaths and improve the health and safety of children in the state.

What are the leading causes of child death in Nevada?

Excluding natural and undetermined deaths, in 2017, the four leading causes of child death were:

1. Non-motor vehicle accidents such as asphyxia (suffocation) and drowning.
2. Homicide
3. Motor vehicle accidents
4. Suicide



Why is child death prevention important?

Ensuring child safety is critical to help reduce the risk of injury and death for infants, children, and adolescents. Each year in Nevada, over 100 children die from preventable causes of death.

Different age groups of children and adolescents are at risk for different types of death. Infants and young children are at greater risk of accidental asphyxia deaths, which often result from unsafe sleeping environments and parents sharing a bed with their children. Sadly, they are also at greater risk of homicide by abuse and neglect. Adolescents are at greater risk of motor vehicle accidents, suicide, and drug overdoses. All age groups are at risk of drowning, especially children between ages one and four.

How does child death in Nevada compare with the United States as a whole?

	Nevada	United States
Number of child deaths in 2017	359	36,648[1]
Number of child deaths in 2016	318	37,514[2]
Change in number of child deaths from 2016 to 2017	Increase of 41 (12.9%)	Decrease of 866 (2.3%)
Infant mortality rate per 1,000 live births in 2017[3]	5.8	5.8
Age group experiencing largest number of child deaths in 2017	Under 1 year	Under 1 year[4]
Leading cause of child death in 2017	Natural	Natural

[1] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

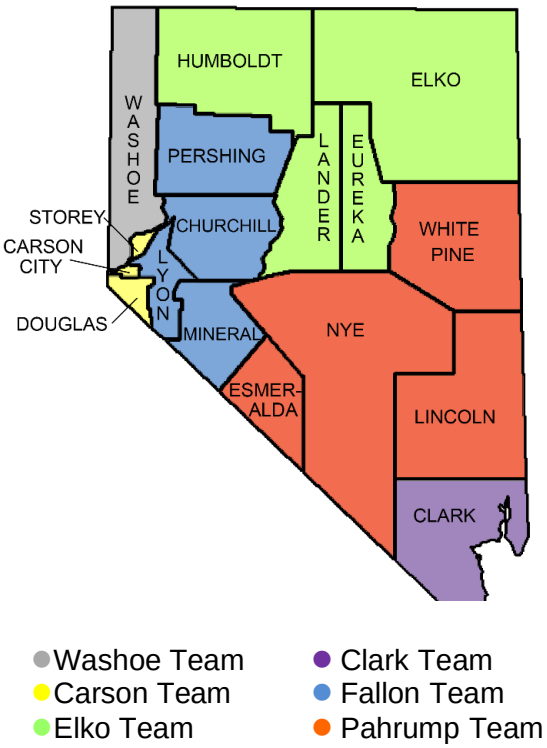
[2] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

[3] Centers for Disease Control (2019). *Infant Mortality 2017*. Retrieved March 3, 2020 from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

[4] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

Where does Nevada's child death data come from?

The 2017 child deaths were reviewed by Nevada's regional child death review (CDR) teams, which are organized and operational pursuant to Nevada Revised Statutes (NRS) chapter 432B, sections 403 through 4095. There are currently six regional CDR teams in the state actively engaged in child death reviews. The map below depicts the geographic regions that each team covers.



The two urban teams, Clark and Washoe, review child deaths in the major population centers of the state, in the areas of Las Vegas and Reno, respectively. The four rural teams review child deaths in all other counties, which comprise Nevada's rural region. The Executive Committee to Review the Death of Children (Executive Committee) is the statewide group, which provides coordination and oversight for the review of child deaths in Nevada. The Executive Committee reviews reports and recommendations from the regional CDR teams and makes decisions regarding recommendations for improvements to laws, policies, and practices related to the prevention of child death. The Executive Committee also makes decisions about funding initiatives to prevent child death, which might be based on recommendations from the regional CDR teams and analyses of the annual data. Additionally, the Executive Committee adopts statewide protocols for the review of the death of children; oversees training and development for the regional CDR teams; and compiles and distributes this statewide annual report.

How do the regional CDR teams and the Executive Committee work to prevent child deaths?

1. The regional CDR teams submit recommendations to the Executive Committee to improve laws, policies, and practices that may help prevent child death. The Executive Committee primarily works with state, county, and local agencies to make internal or systemic changes that focus on increased safety for children.

2.The Executive Committee funds annual public awareness campaigns for the prevention of child death in cooperation with community-based organizations, focused on the leading preventable causes of death. Highlights of prevention efforts that occurred in 2017 are included in the body of the report and past prevention efforts can be found in Appendix A.

Data Overview and General Analysis

Data Sources

All Nevada data in this report are derived from the regional CDR teams, which collect and enter data into an electronic case reporting system maintained by the National Center for Fatality Review and Prevention (CFRP). Based on the multidisciplinary reviews conducted for child deaths that occurred in calendar year 2017, there were a total of 359 child deaths in the state. These fatalities include children

and adolescents from birth through 17 years of age. National comparison and supplementary research data are primarily obtained from federal sources including the Centers for Disease Control and Prevention (CDC).

Data Confidentiality

Portions of the collective information and data contained in this report were compiled from child records that are confidential and contain information that is protected from disclosure to the public, pursuant to Nevada Revised Statutes (NRS) and federal laws and regulations.

Data Limitations

- Some child deaths are not reviewed by the regional CDR teams. While the teams review all coroner-referred deaths, there may be some cases where the death certificate is issued by a private attending physician (non-coroner-referred) and is not referred to a team for review. Additionally, some deaths of out-of-state residents may not be processed through a Nevada coroner or medical examiner.

- Although a national data instrument is used for the collection of data, there may be inconsistencies at the regional CDR team level in terms of how these data are collected and entered.

- There may be data errors due to problems with a child's name. The most common issue occurs with infants who are not given a name at the time of their death and are assigned a designation such as "baby boy" or "baby girl." When a death certificate is issued, in most cases, a name is given, which creates discrepancies in the data. These cases are examined, and attempts are made to reconcile these differences, but not all discrepancies can be corrected.

- There may be data errors due to coding for the cause of death. For coroner and medical examiner data, groupings are made based on International Classification of Diseases (ICD)-10 codes and information grouping details. The ICD-10 classification system is developed and published by the World Health Organization (WHO) and used to code and classify mortality data from death certificates.[5] For regional CDR team data, cause of death is entered as reported on the death certificate or based on findings from the multidisciplinary review process, which might differ from the coroner's or medical examiner's findings.

- Although the coroner or medical examiner may conclude that the manner of death is undetermined in some cases, the multidisciplinary reviews completed by the regional CDR teams might provide details that allow alternate classification of the death for the purposes of this report.

Data Instrument Changes in 2018

Version 5.0 of the CDR Case Reporting System was released on April 23, 2018, which resulted in significant changes to future data collection as well as data from prior years. This version changed and/or removed many data elements previously used to make determinations about targeted causes of death including maternal drug use and abuse- and neglect-related deaths. Additionally, case details

[5] National Center for Health Statistics. (2020). *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)*. Retrieved April 22, 2020 from https://www.cdc.gov/nchs/icd/icd10cm.htm#FY%202020%20release%20of%20ICD-10-CM

around several other causes of death were changed. Although these changes were made in 2018, all data from prior years were retroactively "cross walked" into the changed or new data elements. Overall, this has increased the accuracy of 2017 data in that certain types of cases or case details are more likely to be identified. However, this means that certain targeted causes of death might appear to have increased during 2017 when compared with prior years, but the increases might be a result of changes to the data instrument and resulting analysis, rather than a significant increase in actual deaths.

Review Requirements

The purpose, organization, and functions of the regional CDR teams are mandated by Nevada Revised Statutes (NRS) Chapter 432B, sections 403 through 4095. State-mandated child death reviews include the following:

- Reviews requested by adults related to the child within one year of the date of death.
- Children who were in the custody of a child welfare agency or whose family received services from such an agency.
- Children who died from alleged abuse or neglect.
- Children whose siblings, household members, or day care providers were subject to an abuse or neglect investigation within the previous 12 months.
- Children who were adopted through a child welfare agency.
- Children who died from Sudden Infant Death Syndrome (SIDS).

Deaths Reviewed vs. Deaths not Reviewed

Each of the six regional CDR teams reviews all coroner-referred child deaths within their region that meet the above criteria. In Clark County, the team meets monthly due to their high caseload. In Washoe County, the team meets every other month. In the rural areas, most of the regional CDR teams meet quarterly to review child death cases referred by coroners' offices, or as requested, in their respective regions. However, the rural regional teams might meet less frequently if no child fatalities are reported in a given quarter.

Overall Findings

Demographics

In the sections that follow, the demographics of child deaths in Nevada in 2017 are reviewed with comparisons to the demographics of child deaths in Nevada in 2016. The demographics reviewed include age, gender, race and ethnicity, county of residence, and manner of death.

Age

As seen in Table 1, the majority (65.2%) of child deaths in 2017 occurred among children under 1 year of age. This finding is consistent with national data from 2017 in which the largest percentage (60.9%) of child deaths occurred among those from birth to one year of age.[6]

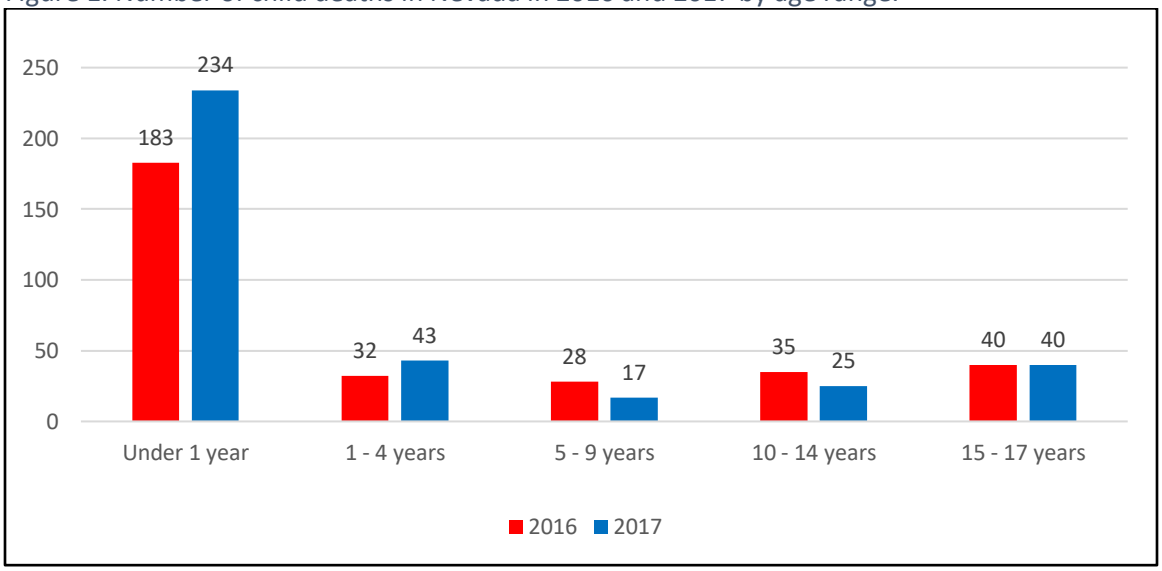
The percentage of child deaths that occurred in Nevada in 2017 among other age ranges was considerably lower than those that occurred among those under one year of age with those in the 1 – 4 years age range accounting for the next largest percentage of child deaths at 12.0%. See Table 1.

Table 1. Number and percent of child deaths in Nevada in 2017 by age range of decedent.

	Number	Percent
Under 1 year	234	65.2%
1 – 4 years	43	12.0%
5 – 9 years	17	4.7%
10 – 14 years	25	7.0%
15 – 17 years	40	11.1%
Total	359	100%

As seen in Figure 1, there were more child deaths among those under one year of age and in the 1 – 4 years age range in Nevada in 2017 as compared to 2016.

Figure 1. Number of child deaths in Nevada in 2016 and 2017 by age range.



[6] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

Gender

The data used for this report come from the National Fatality Review Case Reporting System, which is the case reporting system used by the regional CDR teams. The response options in the system to report on a child's "sex" include, "Male," "Female," and "Unknown." Based on the available data and to remain consistent with previous reports, the terms gender, male, female, and unknown will be used in the current report.

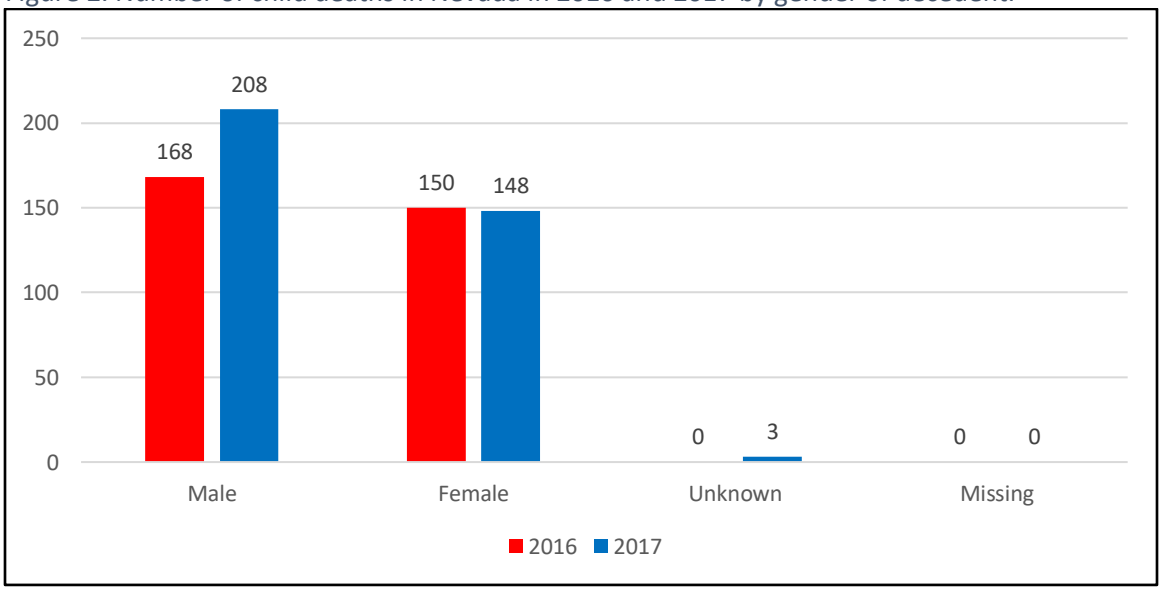
As seen in Table 2, a larger percentage of child deaths in Nevada in 2017 occurred among males (57.9%) as compared to females (41.2%). This finding is consistent with national data, which indicate that a larger percentage of child deaths occurred among males (63.9%) as compared to females (36.1%) in 2017.[7]

Table 2. Number and percent of child deaths in Nevada in 2017 by gender of decedent.

	Number	Percent
Male	208	57.9%
Female	148	41.2%
Unknown	3	0.8%
Missing	0	0.0%
Total	359	100%

As seen in Figure 2, the increase in the number of child deaths in Nevada in 2017 from 2016 was largely driven by the number of deaths that occurred among males. Specifically, there were 40 more male deaths in 2017 as compared to 2016 and two fewer female deaths in 2017 as compared to 2016. In 2017, there were three deaths in which the gender of the child was unknown as compared to no child deaths in 2016 in which the gender of the child was unknown.

Figure 2. Number of child deaths in Nevada in 2016 and 2017 by gender of decedent.



[7] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

Race and Ethnicity

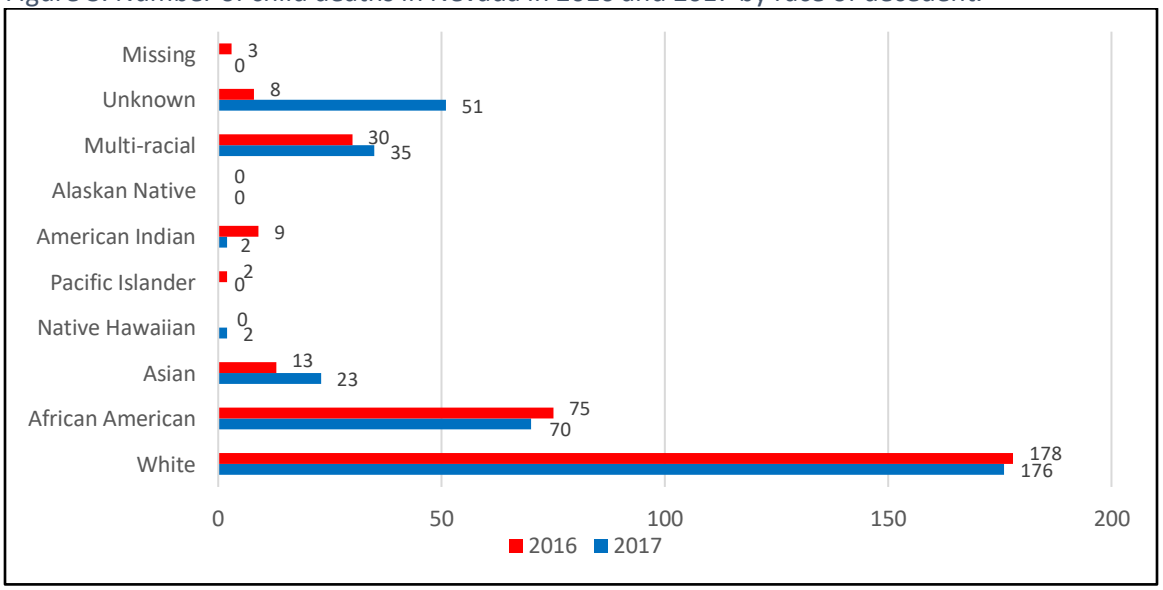
As seen in Table 3, approximately half (49.0%) of child deaths in Nevada in 2017 occurred among white children. The next largest percentage of child deaths occurred among African American children at 19.5%.

Table 3. Number and percent of child deaths in Nevada in 2017 by race of decedent.

	Number	Percent
White	176	49.0%
African American	70	19.5%
Asian	23	6.4%
Native Hawaiian	2	0.6%
Pacific Islander	0	0.0%
American Indian	2	0.6%
Alaskan Native	0	0.0%
Multi-racial	35	9.7%
Unknown	51	14.2%
Missing	0	0.0%
Total	359	100%

In Nevada in 2017, there were 43 more deaths among children in which the child's race was reported as unknown as compared to 2016. There was also an increase in the number of child deaths among Asian, multi-racial, and Native Hawaiian children in 2017 as compared to 2016. See Figure 3.

Figure 3. Number of child deaths in Nevada in 2016 and 2017 by race of decedent.



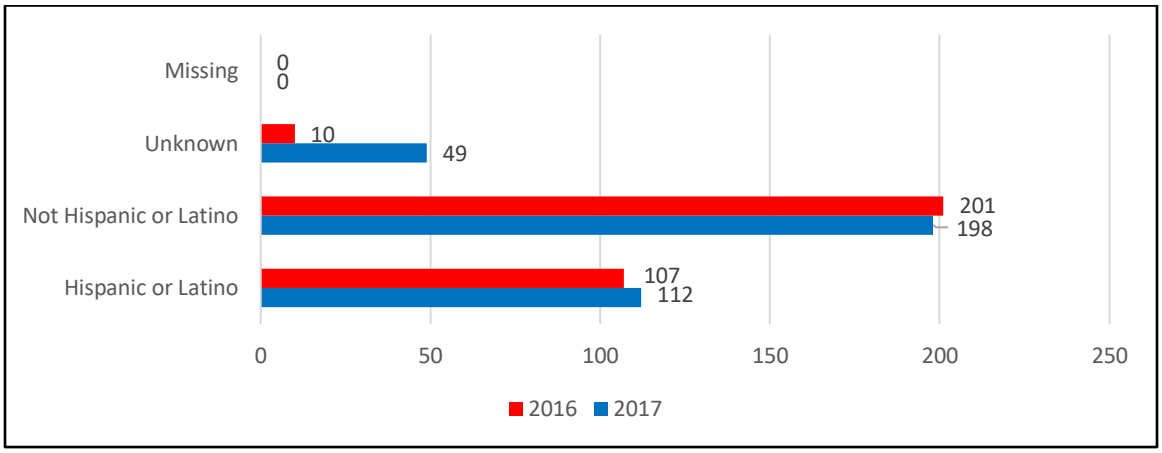
As seen in Table 4, more than half of child deaths in Nevada in 2017 occurred among children who were not Hispanic or Latino (55.2%)

Table 4. Number and percent of child deaths in Nevada in 2017 by Hispanic or Latino ethnicity of decedent.

	Number	Percent
Hispanic or Latino	112	31.2%
Not Hispanic or Latino	198	55.2%
Unknown	49	13.6%
Missing	0	0.0%
Total	359	100%

The number of child deaths in Nevada in 2016 and 2017 were similar with regard to the number of decedents that were identified as being of Hispanic or Latino ethnicity and those that were identified as not being of Hispanic or Latino ethnicity. However, there were 39 more child deaths in which the Hispanic or Latino ethnicity of the decedent was not known in 2017 as compared to 2016. See Figure 4.

Figure 4. Number of child deaths in Nevada in 2016 and 2017 by Hispanic or Latino Ethnicity of decedent.



The number and percent of the Nevada population under age 18 in 2017 by race is shown in Table 5. These data were reported in the *Nevada KIDS COUNT Data Book 2017* as provided by the State Demographer.[8]

Table 5. Number and percent of Nevada population under the age of 18 in 2017 by race.

	Number	Percent
White*	280,701	39.4%
African American*	71,500	10.0%
Asian and Pacific Islander*	64,036	9.0%
American Indian, Eskimo, and Aleut*	7,734	1.1%
Hispanic	287,665	40.4%
Total	711,636	100%
*Not of Hispanic origin		

[8] Center for Business and Economic Research (2017). *Nevada KIDS COUNT Data Book 2017*. Retrieved April 9, 2020 from https://www.caanv.org/wp-content/uploads/2018/10/2017-NEVADA-KIDS-COUNT-DATA-BOOK.pdf

The State Demographer data include Hispanic as a race category, which makes comparisons to the National Fatality Review Case Reporting System data challenging. However, Table 6 shows the number and percent of child deaths in Nevada in 2017 using the State Demographer race categories. Child deaths occurring in the race categories of Native Hawaiian, multi-racial, unknown, and the Hispanic or Latino ethnicity category of unknown are not included in Table 6, which eliminates 81 child deaths for a total of 278 child deaths.

Table 5 and Table 6 show that although white children made up 39.4% of the population under the age of 18 in Nevada in 2017, they accounted for 28.8% of child deaths. In contrast, African American children made up 10.0% of the population but accounted for 22.7% of child deaths.

Table 6. Number and percent of child deaths in Nevada in 2017 by state population race categories.

	Number	Percent
White*	80	28.8%
African American*	63	22.7%
Asian and Pacific Islander*	21	7.6%
American Indian*	2	0.7%
Hispanic or Latino ethnicity	112	40.3%
Total	278	100%

*Not Hispanic or Latino ethnicity
Note: Child deaths occurring in the race categories of Native Hawaiian, multi-racial, unknown, and the Hispanic or Latino ethnicity category of unknown are not included in this table (n = 81).

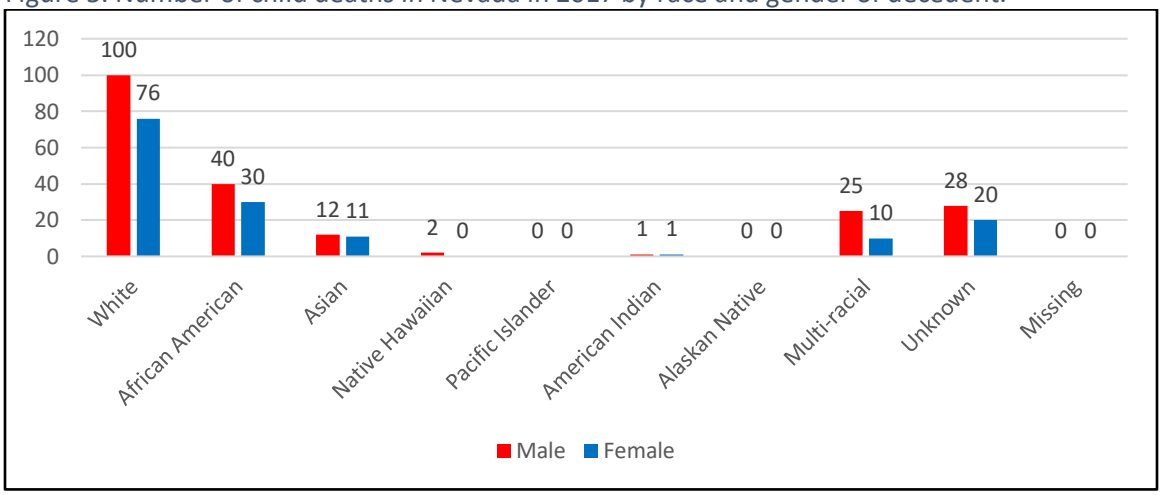
As seen in Table 7, the largest percentage of child deaths in Nevada in 2017 occurred among white males (27.9%) followed by white females (21.2%). African American males (11.1%) and African American females (8.4%) made up the next largest percentages of child deaths in Nevada in 2017.

Table 7. Number and percent of child deaths in Nevada in 2017 by race and gender of decedent.

	Male	Female	Unknown	Total
White	100 (27.9%)	76 (21.2%)	0 (0.0%)	176 (49.0%)
African American	40 (11.1%)	30 (8.4%)	0 (0.0%)	70 (19.5%)
Asian	12 (3.3%)	11 (3.1%)	0 (0.0%)	23 (6.4%)
Native Hawaiian	2 (0.6%)	0 (0.0%)	0 (0.0%)	2 (0.6%)
Pacific Islander	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
American Indian	1 (0.3%)	1 (0.3%)	0 (0.0%)	2 (0.6%)
Alaskan Native	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Multi-racial	25 (7.0%)	10 (2.8%)	0 (0.0%)	35 (9.7%)
Unknown	28 (7.8%)	20 (5.6%)	3 (0.8%)	51 (14.2%)
Missing	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total	208 (57.9%)	148 (41.2%)	3 (0.8%)	359 (100%)

As seen in Figure 5, within each race in which there were child deaths in Nevada in 2017, there were more male than female deaths.

Figure 5. Number of child deaths in Nevada in 2017 by race and gender of decedent.



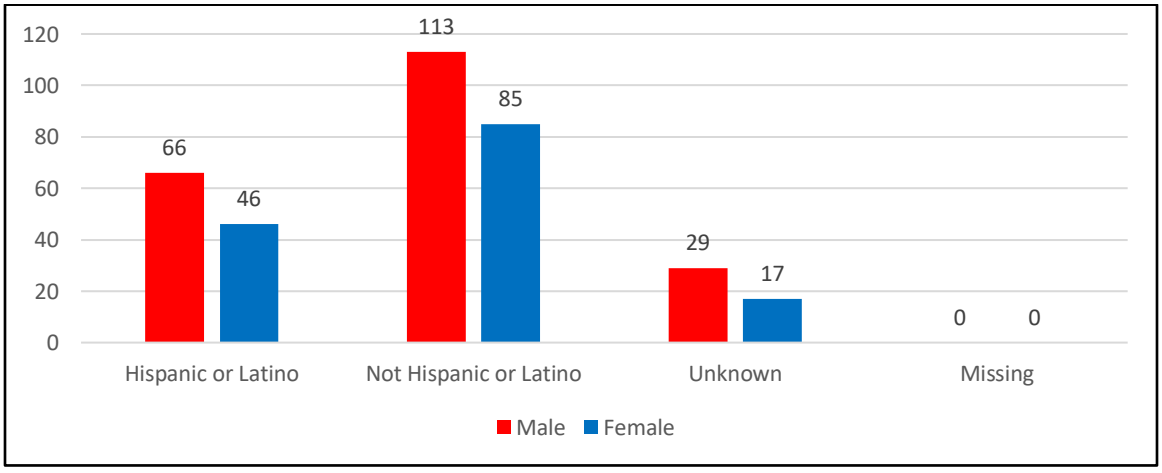
As seen in Table 8, when examining Hispanic or Latino ethnicity and gender, the largest percentage of child deaths in Nevada in 2017 occurred among males who were not Hispanic or Latino (31.5%) followed by females who were not Hispanic or Latino (23.7%).

Table 8. Number and percent of child deaths in Nevada in 2017 by Hispanic or Latino ethnicity and gender of decedent.

	Male	Female	Unknown	Total
Hispanic or Latino	66 (18.4%)	46 (12.8%)	0 (0.0%)	112 (31.2%)
Not Hispanic or Latino	113 (31.5%)	85 (23.7%)	0 (0.0%)	198 (55.2%)
Unknown	29 (8.1%)	17 (4.7%)	3 (0.8%)	49 (13.6%)
Missing	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total	208 (57.9%)	148 (41.2%)	3 (0.8%)	359 (100%)

As seen in Figure 6, there were fewer child deaths among females as compared to males with regard to each category of Hispanic or Latino ethnicity category in Nevada in 2017.

Figure 6. Number of child deaths in Nevada in 2017 by Hispanic or Latino ethnicity and gender of decedent.



County of Residence

The number and percent of 2017 child deaths in Nevada by county of residence can be seen in Table 9. Out of state deaths are included in Table 9 because, although the residence of these children was out of state, the children died while in Nevada and these cases were reviewed by a regional CDR team. The largest percentage of child deaths in Nevada in 2017 occurred among residents in the two most populous counties in the state: Clark County (76.9%) and Washoe County (10.0%). When compared to the 2017 population estimates in which the children of Clark County made up 74.6% of the state child population and the children of Washoe County made up 14.8% of the state child population, this suggests that the number of child deaths in these counties were somewhat proportional to the county populations.[9]

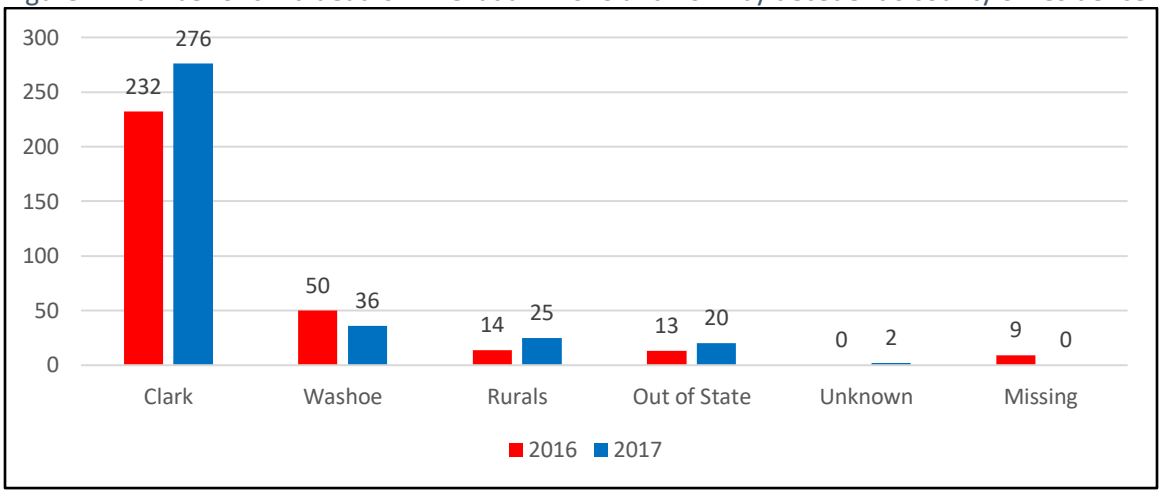
Table 9. Number and percent of child deaths in Nevada in 2017 by decedent's county of residence.

	Number	Percent
Carson City	5	1.4%
Clark	276	76.9%
Churchill	2	0.6%
Douglas	3	0.8%
Elko	2	0.6%
Esmeralda	0	0.0%
Eureka	0	0.0%
Humboldt	0	0.0%
Lander	0	0.0%
Lincoln	0	0.0%
Lyon	6	1.7%
Mineral	0	0.0%
Nye	7	1.9%
Pershing	0	0.0%
Storey	0	0.0%
Washoe	36	10.0%
White Pine	0	0.0%
Out of state	20	5.6%
Unknown	2	0.6%
Missing	0	0.0%
Total	359	100%

[9] U.S. Census Bureau (2019). *2013-2017 American Community Survey 5-Year Estimates*. http://factfinder.census.gov

As seen in Figure 7, there was a decrease in the number of deaths of children who resided in Washoe County from 2016 to 2017. In contrast, there was an increase in the number of deaths of children who resided in Clark County, the rural counties, out of state, and unknown residences from 2016 to 2017.

Figure 7. Number of child deaths in Nevada in 2016 and 2017 by decedent's county of residence.



Note: "Rurals" includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

Manner of Death

A coroner or medical examiner lists one of five manners of death on the death certificate as follows:

1. **Natural**: Deaths that result from natural disease mechanisms and include prematurity, intra-uterine fetal demise, and Sudden Infant Death Syndrome (SIDS) cases.
2. **Accident**: Deaths not caused by an intent to harm, including causes such as motor vehicle accidents, asphyxia, and drowning.
3. **Homicide**: The killing of one human by another.
4. **Suicide**: Taking of one's own life voluntarily and intentionally.
5. **Undetermined**: Deaths where sufficient evidence or information cannot be deduced during the initial investigation, usually about intent, to assign a manner of death.

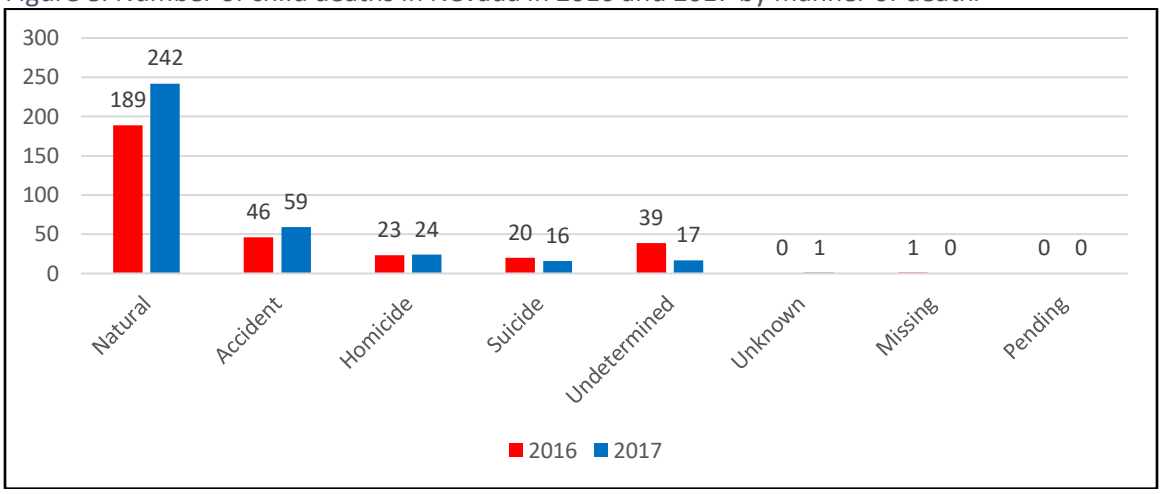
As seen in Table 10, the largest percentage of child deaths by manner in Nevada in 2017 were natural (67.4%), followed by accident (16.4%), homicide (6.7%), undetermined (4.7%), and suicide (4.5%).

Table 10. Number and percent of child deaths in Nevada in 2017 by manner of death.

	Number	Percent
Natural	242	67.4%
Accident	59	16.4%
Homicide	24	6.7%
Suicide	16	4.5%
Undetermined	17	4.7%
Unknown	1	0.3%
Missing	0	0.0%
Pending	0	0.0%
Total	359	100%

As seen in Figure 8, there were more natural, accident, and homicide child deaths in Nevada in 2017 as compared to 2016. In contrast, there were fewer suicide and undetermined child deaths in Nevada in 2017 as compared to 2016.

Figure 8. Number of child deaths in Nevada in 2016 and 2017 by manner of death.



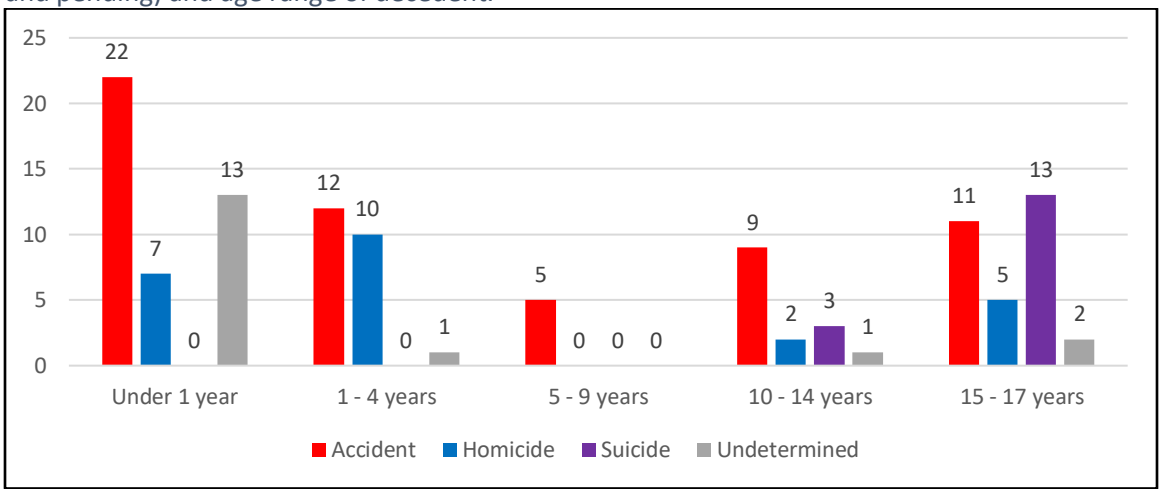
When examining child deaths by manner and age range of the decedent, the largest percentage of child deaths in Nevada in 2017 were natural deaths of children under one year of age (53.2%), followed by accident deaths of children under one year of age (6.1%), and natural deaths of children 1 – 4 years of age (5.6%). See Table 11.

Table 11. Number and percent of child deaths in Nevada in 2017 by manner and age range of decedent.

	Age Range					Total
	Under 1 year	1 – 4 years	5 – 9 years	10 – 14 years	15 – 17 years	
Natural	191 (53.2%)	20 (5.6%)	12 (3.3%)	10 (2.8%)	9 (2.5%)	242 (67.4%)
Accident	22 (6.1%)	12 (3.3%)	5 (1.4%)	9 (2.5%)	11 (3.1%)	59 (16.4%)
Homicide	7 (1.9%)	10 (2.8%)	0 (0.0%)	2 (0.6%)	5 (1.4%)	24 (6.7%)
Suicide	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (0.8%)	13 (3.6%)	16 (4.5%)
Undetermined	13 (3.6%)	1 (0.3%)	0 (0.0%)	1 (0.3%)	2 (0.6%)	17 (4.7%)
Unknown	1 (0.3%	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.3%)
Missing	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Pending	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total	234 (65.2%)	43 (12.0%)	17 (4.7%)	25 (7.0%)	40 (11.1%)	359 (100%)

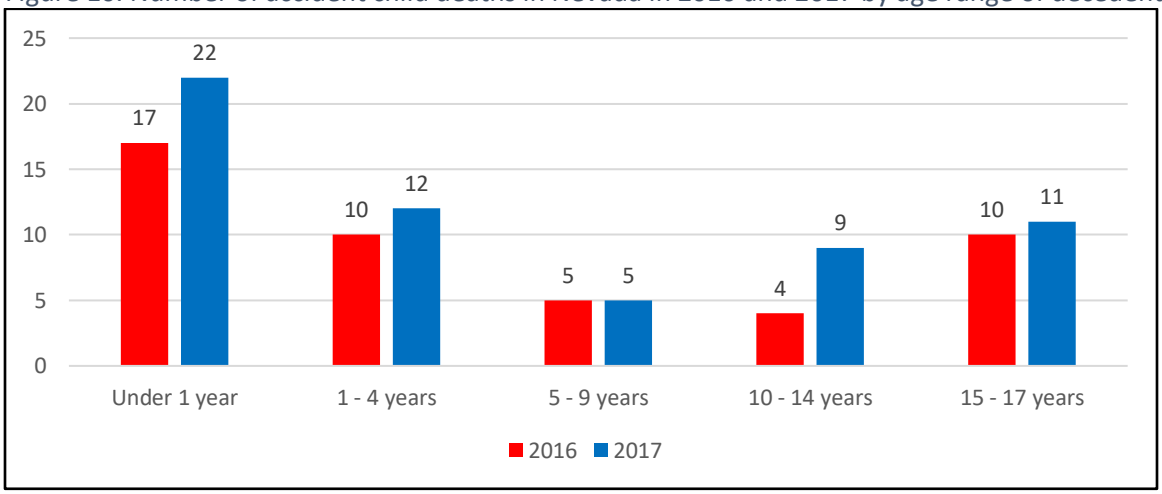
As seen in Figure 9, when excluding natural, unknown, missing, and pending manners of death, the most common manner of death in Nevada in 2017 for each age range of decedent, with the exception of 15 – 17 years, was accident. Among those in the 15 – 17 year age range, the most common manner of death was suicide.

Figure 9. Number of child deaths in Nevada in 2017 by manner (excluding natural, unknown, missing, and pending) and age range of decedent.



Nationally, 2017 accident child deaths followed a u-shaped pattern across age ranges with the highest number of deaths occurring among children under one year of age and children 15 – 17 years of age and the lowest number occurring among children 5 – 9 years of age.[10] As seen in Figure 10, child accident deaths in Nevada deviated from this pattern in 2016 and 2017 with more accident child deaths occurring among those under one year of age. In addition, except for the age range of 5 – 9 years, there was an increase in the number of child deaths for each age range in Nevada in 2017 as compared to 2016.

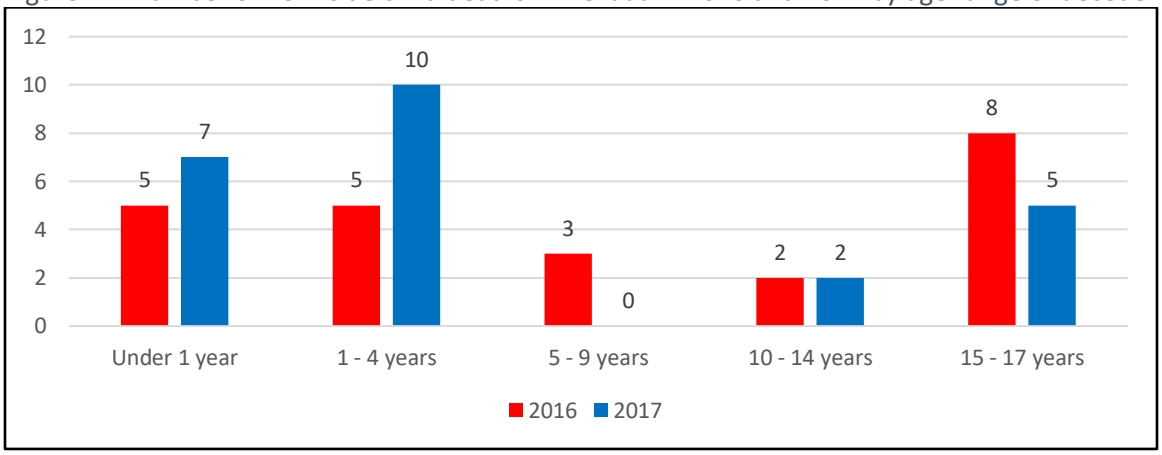
Figure 10. Number of accident child deaths in Nevada in 2016 and 2017 by age range of decedent.



[10] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

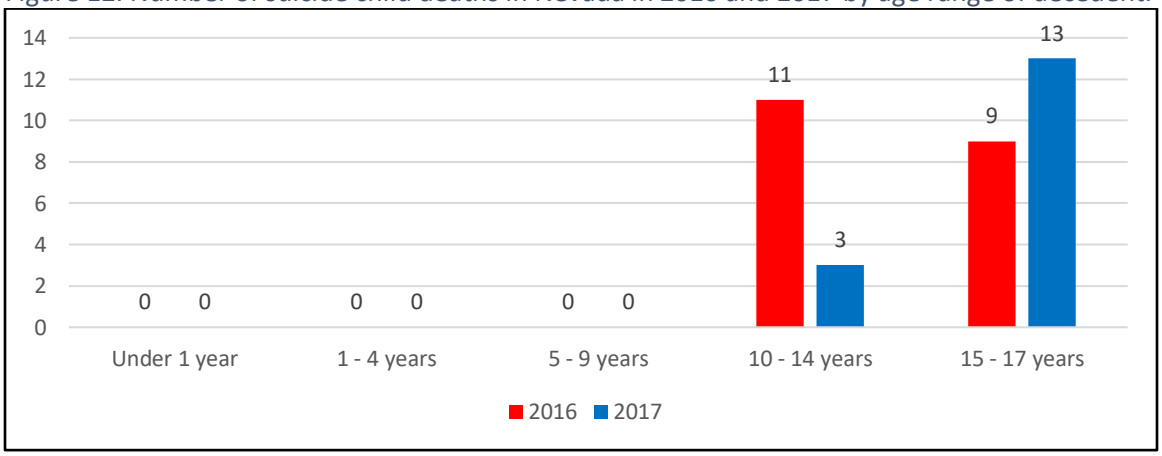
Nationally in 2017, the highest number of homicide child deaths occurred among the 15 – 17 year age range.[11] In Nevada in 2017, the highest number of homicide child deaths occurred among the 1 – 4 year age range and the second highest number occurred among children under 1 year of age. For both age ranges, the number of child deaths were higher in 2017 than 2016. In contrast, the number of homicide child deaths in 2017 among the other age ranges were at or below 2016 numbers (see Figure 11).

Figure 11. Number of homicide child deaths in Nevada in 2016 and 2017 by age range of decedent.



Nationally, in 2017, suicide child deaths occurred among those in the 5 – 9 year age range, the 10 – 14 year age range, and the 15 – 17 year age range with the number of deaths increasing across the age ranges.[12] In Nevada in 2017, suicide child deaths only occurred among children in the 10 – 14 year age range and the 15 – 17 year age range, which is similar to previous years. As seen in Figure 12, there were fewer suicide child deaths among children 10 – 14 years of age and more suicide child deaths among children 15 – 17 years of age in Nevada in 2017 as compared to 2016.

Figure 12. Number of suicide child deaths in Nevada in 2016 and 2017 by age range of decedent.



[11] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

[12] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

Leading Manners and Causes of Death

As cited previously in this report, the leading manners of child death in Nevada in 2017 included natural (67.4%), accident (16.4%), homicide (6.7%), undetermined (4.7%), and suicide (4.5%). In this section, a brief overview will be provided of each of the following manners and causes of child deaths: natural, non-motor vehicle accidents, motor vehicle accidents, homicide, and suicide.

Natural Deaths

In spite of advancements in medical practice and technology, newborn infants are at risk of a variety of natural diseases. Some of these risks result from genetic disorders, while others relate to environmental factors and the health and wellbeing of mothers during pregnancy. Infant prematurity (pre-term birth) and congenital anomalies were leading causes of natural death among infants in 2017 both nationally and in Nevada.[13] Below are risk factors associated with infant prematurity and congenital anomalies.[14]

Risk factors for infant prematurity:

- Prior pre-term delivery or family history of pre-term birth
- Smoking and other harmful environmental exposures to substances
- Pregnancy with multiple births
- Interval of less than 6 months between pregnancies
- Inadequate prenatal care
- Medical conditions of the mother
- Maternal age (teens and women over 35)
- Under or overweight mother before pregnancy
- Low income
- Substance, alcohol, and tobacco use
- Stressors and lack of social support
- Domestic violence

Risk factors for medical/genetic conditions of infant:

- Smoking, drinking alcohol, or taking certain illicit drugs during pregnancy
- Having certain medical conditions, such as being obese or having uncontrolled diabetes before and during pregnancy
- Taking certain medications, such as isotretinoin (a drug used to treat severe acne)
- Family history of birth defects
- Being an older mother, typically over the age of 34 years
- Lack of prenatal care

[13] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html.

[14] Mayo Clinic (2017). *Premature Birth*. Retrieved March 16, 2020 from https://www.mayoclinic.org/diseases-conditions/premature-birth/symptoms-causes/syc-20376730; Centers for Disease Control and Prevention. (2019). *Reproductive Health*. Retrieved March 16, 2020 from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm; Centers for Disease Control and Prevention (2019). *Birth Defects.* Retrieved March 16, 2020 from https://www.cdc.gov/ncbddd/birthdefects/facts.html#causes

Natural deaths were the leading manner of child deaths in Nevada in 2017, accounting for 67.4% of child deaths and occurring primarily in children under one year of age. This is consistent with 2017 national data in which the majority of child deaths were natural deaths occurring among those under one year of age.[15] As seen in Table 12, the most common primary cause of death among natural child deaths in Nevada in 2017 was "other medical condition" (31.0%), followed by "other perinatal condition" (18.2%), prematurity (16.1%), and congenital anomaly (12.8%). "Other medical condition" and "other perinatal condition" are response options in the data collection tool and include natural deaths in which the primary cause of death was due to a medical condition other than those listed in Table 12.

Table 12. Number and percent of natural child deaths in Nevada in 2017 by primary cause of death.

	Number	Percent
Asthma/respiratory	5	2.1%
Cancer	9	3.7%
Cardiovascular	8	3.3%
Congenital anomaly	31	12.8%
HIV/AIDS	0	0.0%
Influenza	2	0.8%
Low birth weight	1	0.4%
Malnutrition/dehydration	0	0.0%
Neurological/seizure disorder	0	0.0%
Pneumonia	8	3.3%
Prematurity	39	16.1%
SIDS	0	0.0%
Other infection	10	4.1%
Other perinatal condition	44	18.2%
Other medical condition	75	31.0%
Undetermined medical cause	0	0.0%
Diabetes	0	0.0%
Unknown	10	4.1%
Total	242	100%

All-natural deaths are reviewed by the regional CDR teams with particular focus on:

- Sudden Infant Death Syndrome (SIDS): Review of these deaths are mandated by NRS 432B.405.
- Natural deaths for children with a current or prior child protective services (CPS) history: Review of these deaths are mandated by NRS 432B.405.
- Natural causes that might be associated with abuse and/or neglect: Although a coroner or medical examiner might determine that a child death resulted from identifiable natural causes, investigation findings might suggest signs of abuse and/or neglect such as over-medication or medical neglect.
- Toxicology reports suggesting maternal drug use and drug exposure for infants: Although a coroner or medical examiner might determine that a child death resulted from identifiable natural causes, toxicology tests conducted at birth might suggest that drug exposure contributed to the fatality.

More information on case reviews is included in the Detailed Reviews section on page 35.

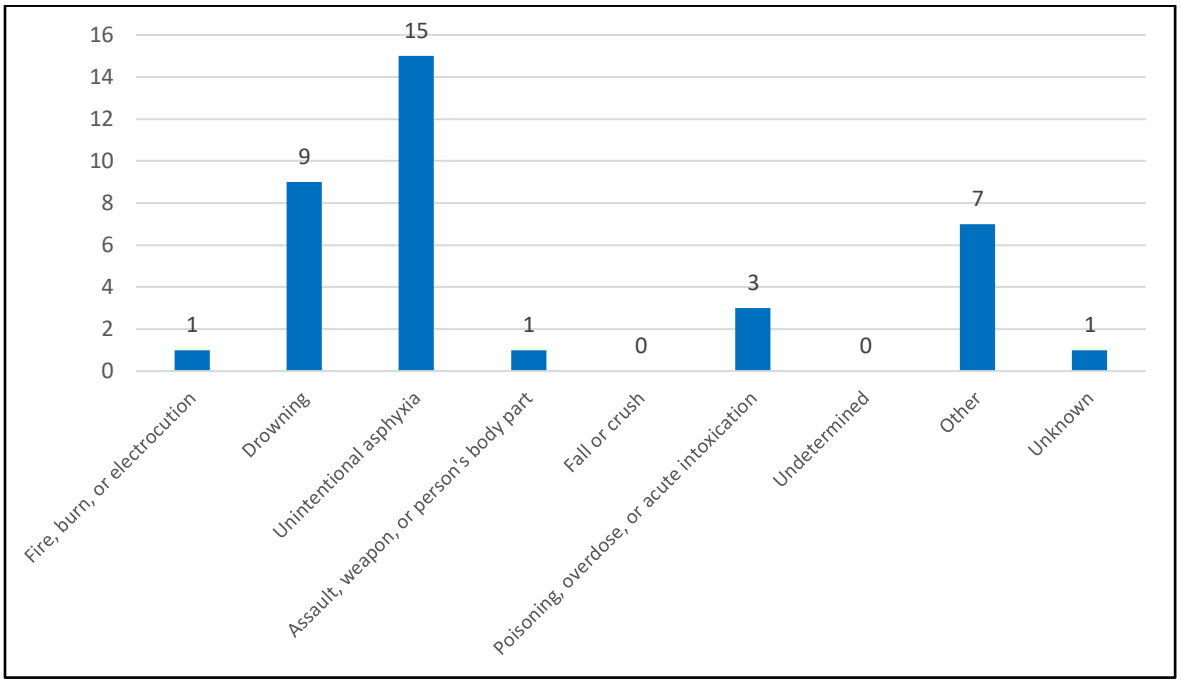
[15] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

Non-motor vehicle accidents

Non-motor vehicle accidents were the primary cause of accident child deaths in Nevada in 2017, accounting for 62.7% of all accidents. This differs from the 2017 national data, which indicate that motor vehicle accidents were the primary cause of accident child deaths in 2017.[16]

As shown in Figure 13, the most common primary causes of non-motor vehicle accident child deaths in Nevada in 2017 were unintentional asphyxia followed by drowning.

Figure 13. Number of non-motor vehicle accident child deaths in Nevada in 2017 by primary cause of death.



Safe Sleep Related Public Awareness Efforts Supported by the Executive Committee

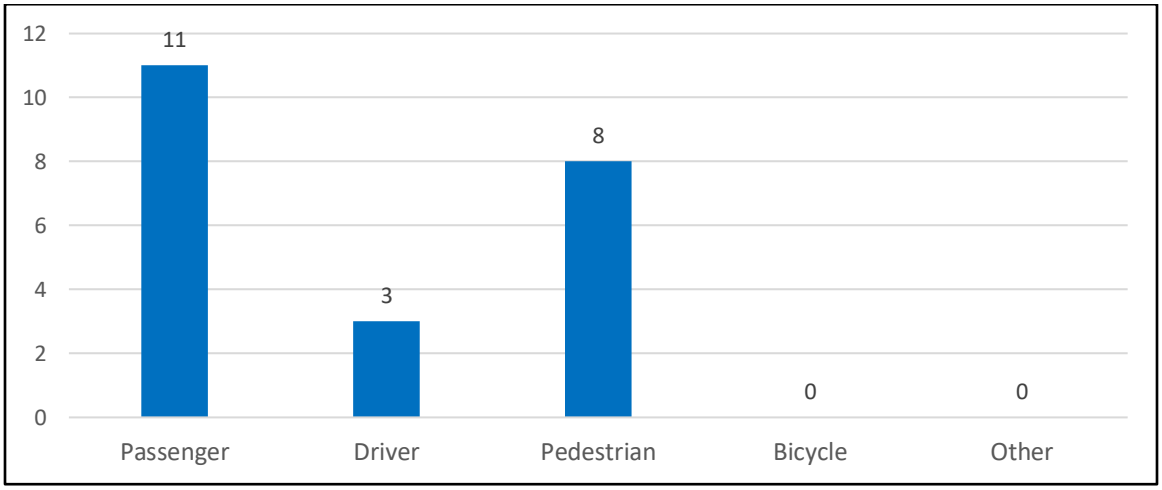
Unintentional asphyxia deaths are usually due to unsafe sleeping arrangements such as co-sleeping. To promote safe sleep and prevent accidents involving unintentional asphyxia, the Executive Committee has supported numerous public awareness efforts over the years. In 2017, the Executive Committee, in cooperation with the Nevada Division of Public and Behavioral Health and the Nevada Broadcasters Association funded a statewide campaign of safe sleep public service announcements on radio and television, in English and Spanish. Details may be found in Appendix A.

[16] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

Motor vehicle accidents

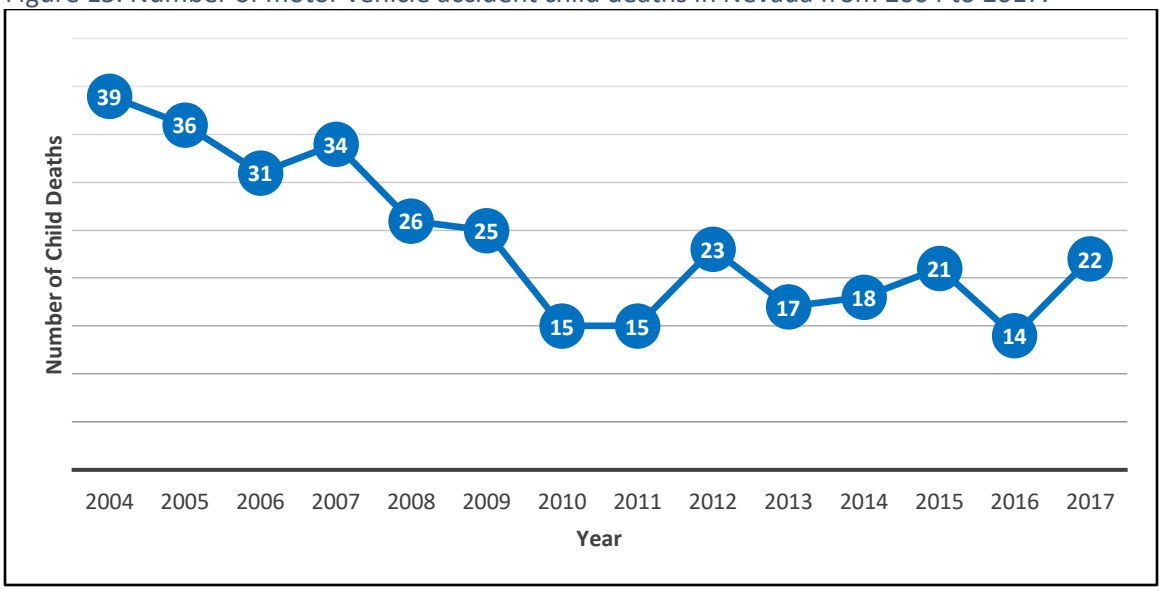
Motor vehicle accident child deaths accounted for 37.2% of accident child deaths in Nevada in 2017. As shown in Figure 14, in most of these motor vehicle accident deaths, the decedent was a passenger in the motor vehicle or a pedestrian.

Figure 14. Number of motor vehicle accident child deaths in Nevada in 2017 by child position during the accident.



As seen in Figure 15, there was a decline in the number of annual motor vehicle accident child deaths in Nevada from 2004 through 2010/2011. In 2012, there was a slight increase in the number of motor vehicle accident child deaths to 23. However, since then, Nevada has not seen the number of annual motor vehicle accident child deaths rise above this number. Nationally, there was a similar decline in the number of motor vehicle accident deaths overall from 2005 through 2011, but there has been an upward trend from 2012 through 2017.[17]

Figure 15. Number of motor vehicle accident child deaths in Nevada from 2004 to 2017.



[17] United States Department of Transportation. *National Highway Traffic Safety Administration*. Retrieved April 20, 2020 from https://www-fars.nhtsa.dot.gov/Main/index.aspx.

Motor Vehicle Accident Related Public Awareness Efforts Supported by the Executive Committee

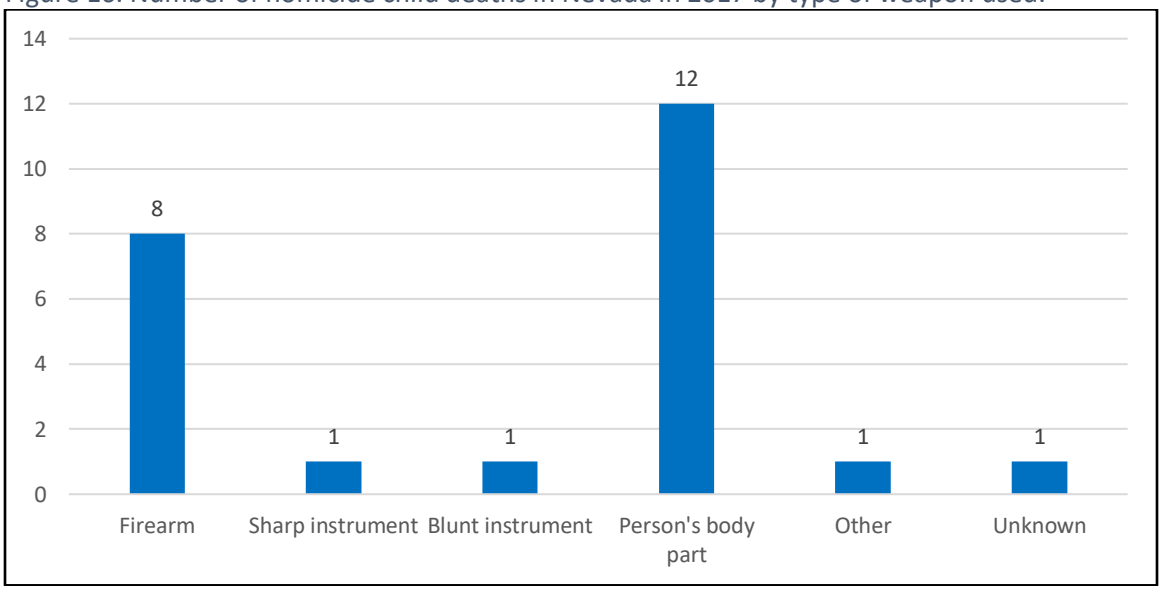
Traffic safety campaigns, including child seat safety, are managed and implemented by the Nevada Department of Public Safety (DPS) through the Office of Traffic Safety (OTS) (http://ots.nv.gov/).

In general, the Executive Committee avoids duplication of effort when other state or county agencies have well-established campaigns in place for safety and child death prevention. The Executive Committee did not engage in any public awareness or prevention efforts of its own related to motor vehicle accidents in 2017, however, details regarding previous efforts can be found in Appendix A.

Homicide

Homicide child deaths accounted for 6.7% of all child deaths in Nevada in 2017. As shown in Figure 16, among these homicide child deaths, the most common type of weapon used in these deaths was a person's body part.

Figure 16. Number of homicide child deaths in Nevada in 2017 by type of weapon used.



Abuse, Neglect, and Firearm Related Public Awareness Efforts Supported by the Executive Committee

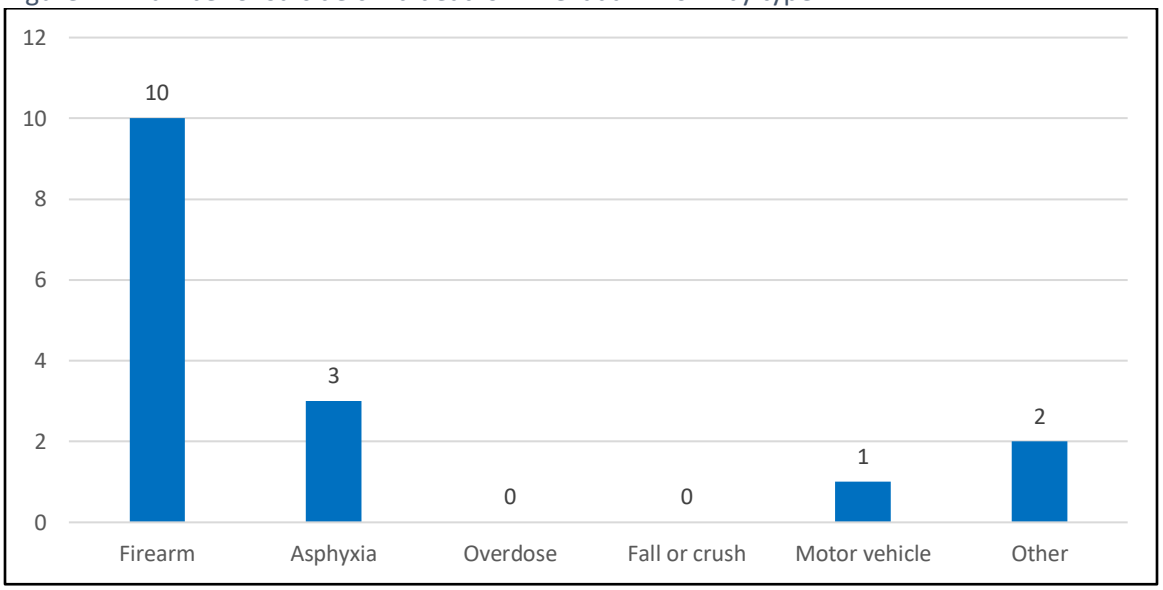
Primary prevention efforts for deaths caused by abuse and neglect are undertaken by the Nevada Children's Trust Fund (CTF), which engages in annual public awareness and prevention campaigns (http://dhhs.nv.gov/Programs/Grants/Funding/CTF/Childrens_Trust_Fund/).

In general, the Executive Committee avoids duplication of effort when other state or county agencies have well-established campaigns in place for safety and child death prevention. The Executive Committee did not engage in any public awareness or prevention efforts of its own related to abuse, neglect, or firearms in 2017, however, details regarding previous efforts can be found in Appendix A.

Suicide

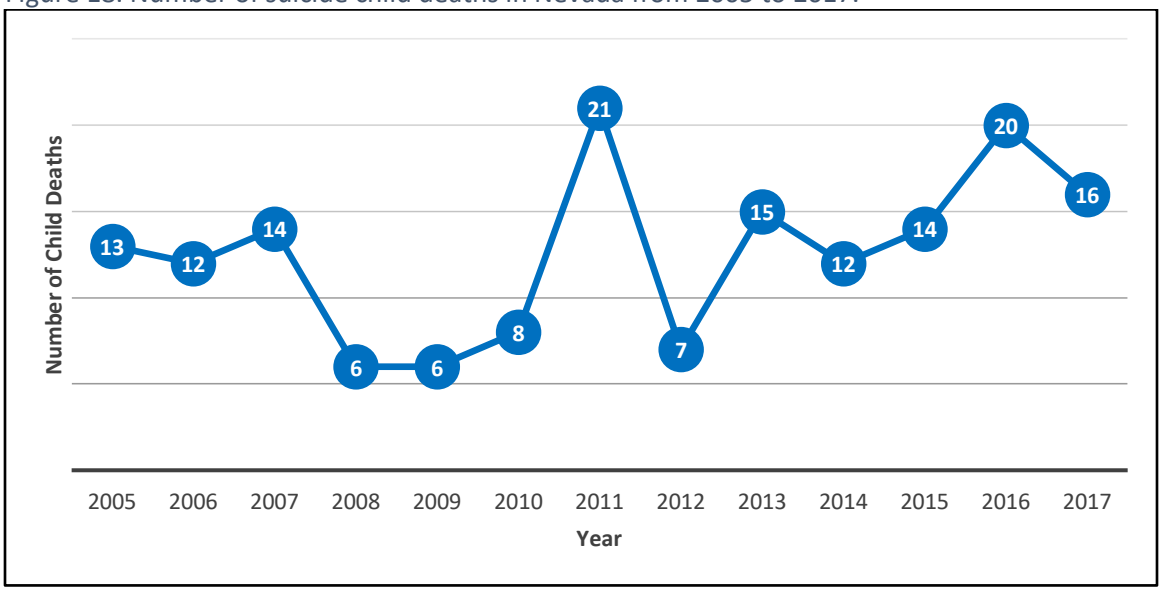
As noted previously in this report, suicide child deaths accounted for 4.5% of all child deaths in Nevada in 2017. As shown in Figure 17, among suicide child deaths, the most common type of death was the result of a firearm.

Figure 17. Number of suicide child deaths in Nevada in 2017 by type.



As seen in Figure 18, Nevada experienced a peak in the annual number of suicide child deaths in 2011. This peak was followed by a sharp decline the following year, however, the annual number of suicide child deaths has been trending upward since that time.

Figure 18. Number of suicide child deaths in Nevada from 2005 to 2017.



Suicide Prevention Related Public Awareness Efforts Supported by the Executive Committee

In 2017, the Executive Committee provided funding to four public awareness and education campaigns focused on suicide prevention. These campaigns included the following:

- Text4Life: The Executive Committee first began funding this effort, operated by the Crisis Call Center, in SFY 2015. This texting program is targeted to individuals, especially youth, who use texting as a primary means of communication and who might contact the center regarding problems such as suicide, drug abuse, or other issues via text when they otherwise would not call. The goal of the program is to provide education and support regarding abuse, addiction, physical and mental health, and suicide prevention.
- Reducing Access to Lethal Means: This campaign was carried out by the Nevada Coalition for Suicide Prevention (NCSP) with the goal to reduce the rate of suicide involving guns and medication by educating the public through the dissemination of information on gun safety and medication concerns.
- Child Abuse Prevention and Safety Conference: This is an annual conference sponsored by Prevent Child Abuse Nevada (PCANV) and Child Abuse and Neglect Prevention Taskforce (CAN Prevention). For 2017, participants were provided with continuing education about recommended strategies for addressing suicide prevention through upstream research and programs, which focused on decreasing risk factors associated with mood and anxiety disorders, social isolation, persistent high levels of stress, and adverse childhood experiences.
- Social Emotional Learning (SEL) Program: This was a collaboration between a variety of statewide and local Nye County agencies that focused on conducting program evaluation and researching outcomes from a curriculum designed for elementary school students, which was developed to promote universal prevention strategies for healthy populations. This program provided training for teachers, school staff, and parents to help them reinforce social and emotional life skills in students.

Details regarding previous suicide prevention efforts supported by the Executive Committee can be found in Appendix A.

Detailed Reviews

Undetermined Deaths

Although a coroner or medical examiner might conclude that the manner of death for a case is undetermined, in some cases the reviews completed by the regional CDR teams result in the classification of a cause of death based on the additional case details obtained by the team and/or the consensus of the multidisciplinary partners. This difference of opinion regarding cause of death is expected given the multidisciplinary approach to death reviews implemented by the regional CDR teams. However, in 2017, there were no cases in which the regional CDR teams reclassified the cause of death.

There were 17 undetermined child deaths in Nevada in 2017, which accounted for 4.7% of all child deaths in the state. As seen in Table 13, for the majority of these cases, it was undetermined if the primary cause of death was due to an injury or medical cause.

Table 13. Number and percent of undetermined child deaths in Nevada in 2017 by primary cause of death.

	Number	Percent
Drowning	1	5.9%
Assault, weapon, or person's body part	2	11.8%
Undetermined injury	1	5.9%
Undetermined if injury or medical cause	13	76.5%
Total	17	100%

As seen in Table 14, child abuse or neglect contributed to the death in nine of the 17 undetermined child deaths in Nevada in 2017.

Table 14. Number of undetermined child deaths in Nevada in 2017 in which child abuse or child neglect contributed to the death.

	Number of cases
Child abuse contributed	1
Child neglect contributed	8
No abuse or neglect	8

Accidents Involving Asphyxia

There were 15 accident child deaths involving asphyxia in Nevada in 2017. As seen in Table 15, the majority of these deaths occurred among residents of Clark County (86.7%). See Appendix B for details regarding all counties.

Table 15. Number and percent of accident child deaths involving asphyxia in Nevada in 2017 by decedent's county of residence.

	Number	Percent
Clark County	13	86.7%
Washoe County	0	0.0%
Rural Counties	1	6.7%
Out of state	1*	6.7%
Unknown	0	0.0%
Missing	0	0.0%
Total	15	100%
*Reviewed by the Clark County CDR Team		

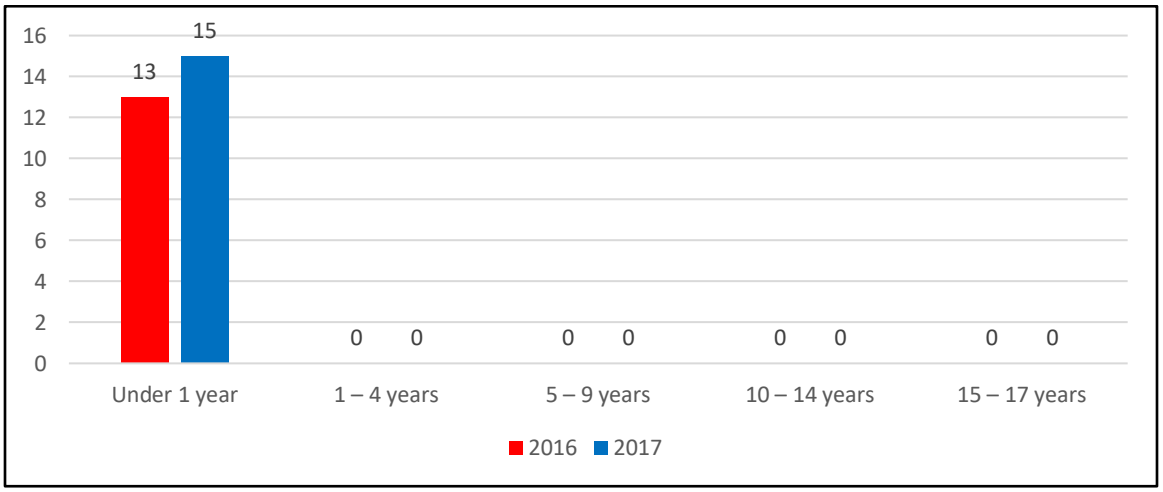
As seen in Table 16, all of the accident child deaths involving asphyxia in Nevada in 2017 were of those under one year of age. This is consistent with 2017 national data, which indicate that this age group experienced the highest number of accident child deaths involving asphyxia.[18]

Table 16. Number and percent of accident child deaths involving asphyxia in Nevada in 2017 by age range of decedent.

	Number	Percent
Under 1 year	15	100%
1 – 4 years	0	0.0%
5 – 9 years	0	0.0%
10 – 14 years	0	0.0%
15 – 17 years	0	0.0%
Total	15	100%

The distribution of accident child deaths involving asphyxia across age ranges was the same in Nevada in 2017 as 2016 with all of the deaths occurring among children less than one year of age (see Figure 19).

Figure 19. Number of accident child deaths involving asphyxia in Nevada in 2016 and 2017 by age range of decedent.



As seen in Table 17, the majority of accident child deaths involving asphyxia in Nevada in 2017 occurred among females (66.7%).

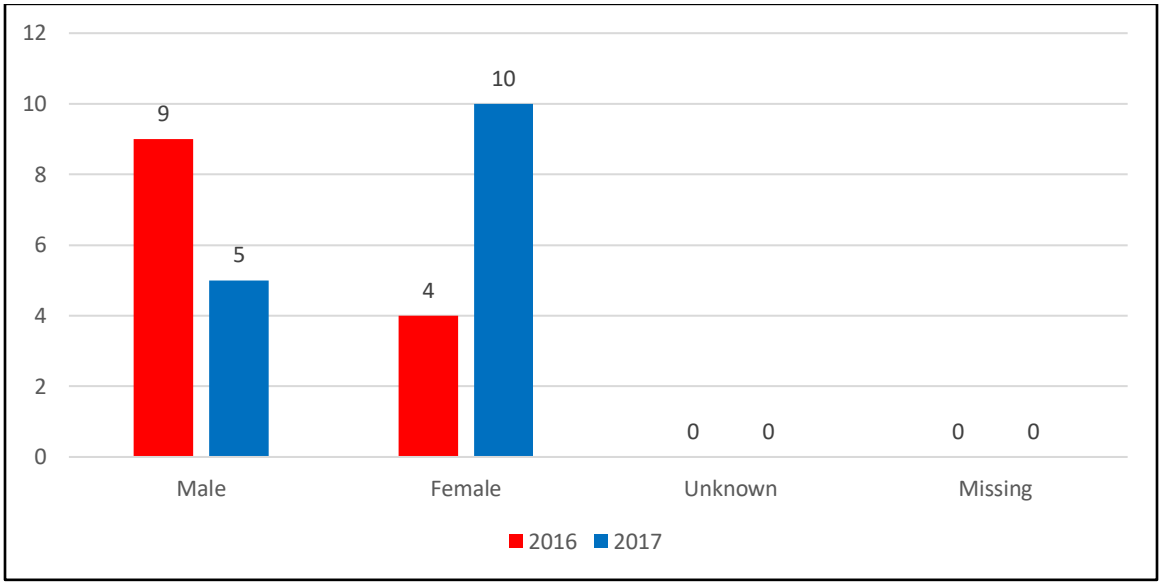
Table 17. Number and percent of accident child deaths involving asphyxia in Nevada in 2017 by gender of decedent.

	Number	Percent
Male	5	33.3%
Female	10	66.7%
Unknown	0	0.0%
Missing	0	0.0%
Total	15	100%

[18] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

There were more accident child deaths involving asphyxia among females in Nevada in 2017. However, as seen in Figure 20, this is the opposite of what was seen in 2016 in which the majority of accident child deaths involving asphyxia occurred among males.

Figure 20. Number of accident child deaths involving asphyxia in Nevada in 2016 and 2017 by gender of decedent.



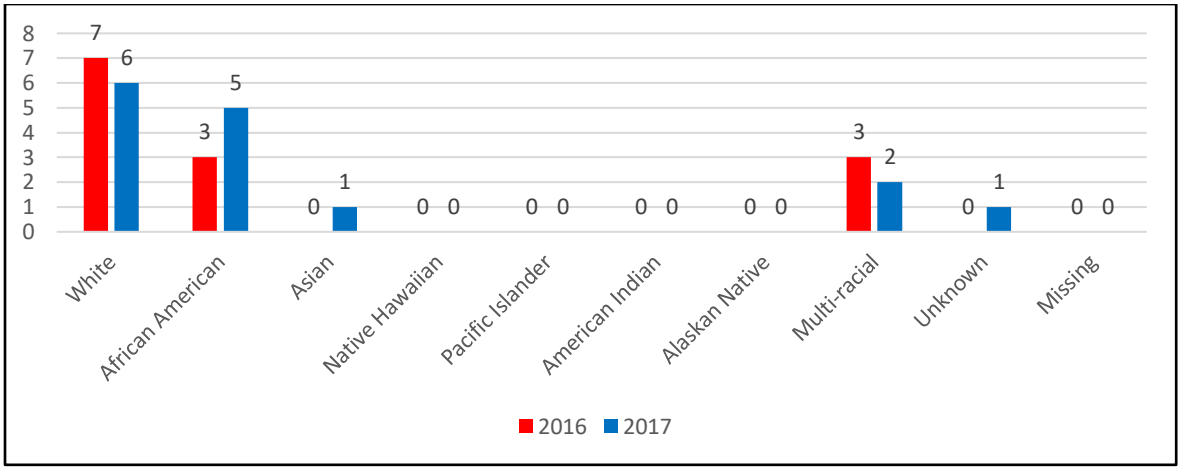
Most of the accident child deaths involving asphyxia in Nevada in 2017 occurred among white children (40.0%) and African American children (33.3%). See Table 18.

Table 18. Number and percent of accident child deaths involving asphyxia in Nevada in 2017 by race of decedent.

	Number	Percent
White	6	40.0%
African American	5	33.3%
Asian	1	6.7%
Native Hawaiian	0	0.0%
Pacific Islander	0	0.0%
American Indian	0	0.0%
Alaskan Native	0	0.0%
Multi-racial	2	13.3%
Unknown	1	6.7%
Missing	0	0.0%
Total	15	100%

Comparing 2017 to 2016, there were more accident child deaths involving asphyxia among African Americans and Asians, but fewer among whites and multi-racial (see Figure 21).

Figure 21. Number of accident child deaths involving asphyxia in Nevada in 2016 and 2017 by race of decedent



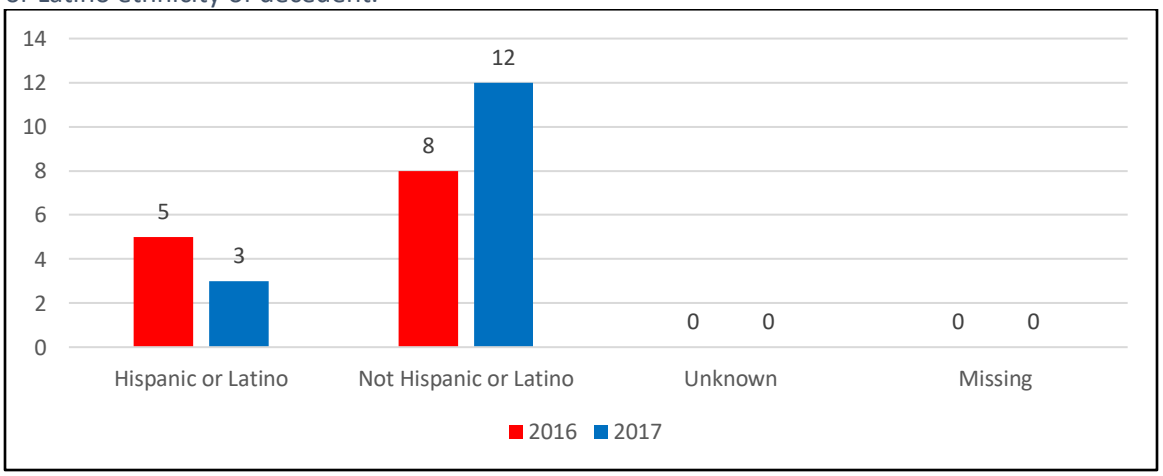
The majority of accident child deaths involving asphyxia in Nevada in 2017 occurred among those that were not of Hispanic or Latino ethnicity (80.0%). See Table 19.

Table 19. Number and percent of accident child deaths involving asphyxia in Nevada in 2017 by Hispanic or Latino ethnicity of the decedent.

	Number	Percent
Hispanic or Latino	3	20.0%
Not Hispanic or Latino	12	80.0%
Unknown	0	0.0%
Missing	0	0.0%
Total	15	100%

In Nevada in 2016 and 2017, more accident child deaths involving asphyxia occurred among those that were not Hispanic or Latino as compared to those that were Hispanic or Latino (see Figure 22).

Figure 22. Number of accident child deaths involving asphyxia in Nevada in 2016 and 2017 by Hispanic or Latino ethnicity of decedent.



All of the 15 accident child deaths involving asphyxia that occurred in Nevada in 2017 were caused by an unsafe sleeping environment. Some of the circumstances of these deaths, including the objects found in the sleeping area and how the child was placed to sleep, are identified in Table 20.

Table 20. Circumstances of accident child deaths involving asphyxia in Nevada in 2017.

		Number of Cases
Objects/people found in sleeping area	Adult(s)	7
	Child(ren)	4
	Adult(s) and Child(ren)	2
	Animal(s)	0
	Comforter, quilt, or other	6
	Thin blanket/flat sheet	5
	Pillow	8
	Cushion	1
	Boppy or U-shaped pillow	1
	Sleep positioner	0
	Bumper pads	0
	Clothing	2
	Crib railing/side	0
	Wall	1
	Toys	0
	Other	4
Child placed to sleep	With a pacifier	0
	On stomach	3
	On side	5
	In adult bed	7
	On couch	2
	On Recliner	1
	On floor	0
	On futon	1
Note: More than one circumstance can apply to a case		

Accidents Involving Drowning

There were nine accident child deaths involving drowning in Nevada in 2017. The majority were of residents of Clark County (see Table 21). See Appendix B for details regarding all counties.

Table 21. Number and percent of accident child deaths involving drowning in Nevada in 2017 by decedent's county of residence.

	Number	Percent
Clark County	7	77.8%
Washoe County	1	11.1%
Rural Counties	0	0.0%
Out of state	1*	11.1%
Unknown	0	0.0%
Missing	0	0.0%
Total	9	100%
*Reviewed by the Clark County CDR Team		

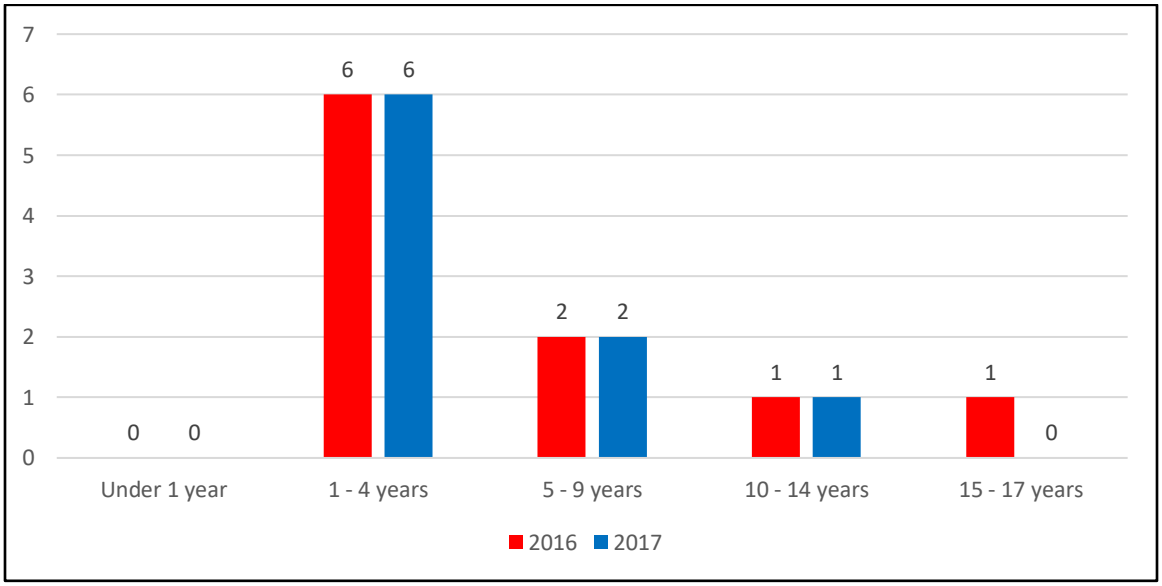
As seen in Table 22, the majority of accident child deaths involving drowning in Nevada in 2017 occurred among children between one and four years of age (66.7%). Within this age range, there was an equal number of male and female deaths. However, overall, there were more accident child deaths involving drowning among males (66.7%) as compared to females (33.3%).

Table 22. Number and percent of accident child deaths involving drowning in Nevada in 2017 by gender and age range of decedent.

	Male	Female	Unknown	Missing	Total
Under 1 year	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
1 – 4 years	3 (33.3%)	3 (33.3%)	0 (0.0%)	0 (0.0%)	6 (66.7%)
5 – 9 years	2 (22.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (22.2%)
10 – 14 years	1 (11.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (11.1%)
15 – 17 years	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total	6 (66.7%)	3 (33.3%)	0 (0.0%)	0 (0.0%)	9 (100%)

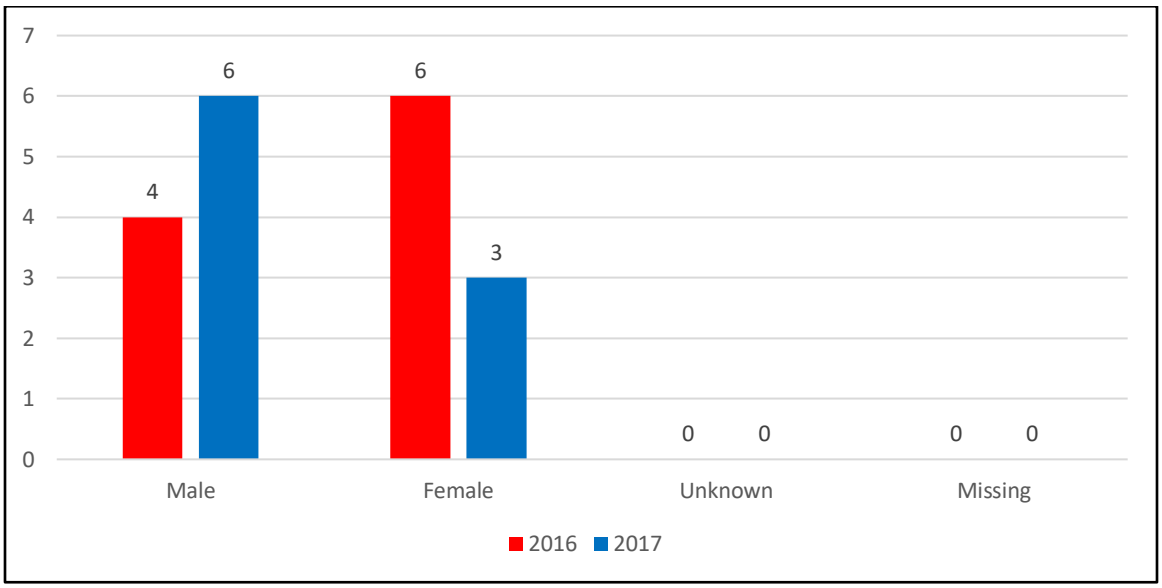
As seen in Figure 23, with the exception of those aged 15 – 17 years, the number of accident child deaths involving drowning within each age range in Nevada in 2017 were the same as the number of deaths that occurred within each age range in 2016.

Figure 23. Number of accident child deaths involving drowning in Nevada in 2016 and 2017 by age range of decedent.



In Nevada in 2017, there were more accident child deaths involving drowning among males and fewer among females than in 2016 (see Figure 24).

Figure 24. Number of accident child deaths in Nevada involving drowning in 2016 and 2017 by gender of decedent.



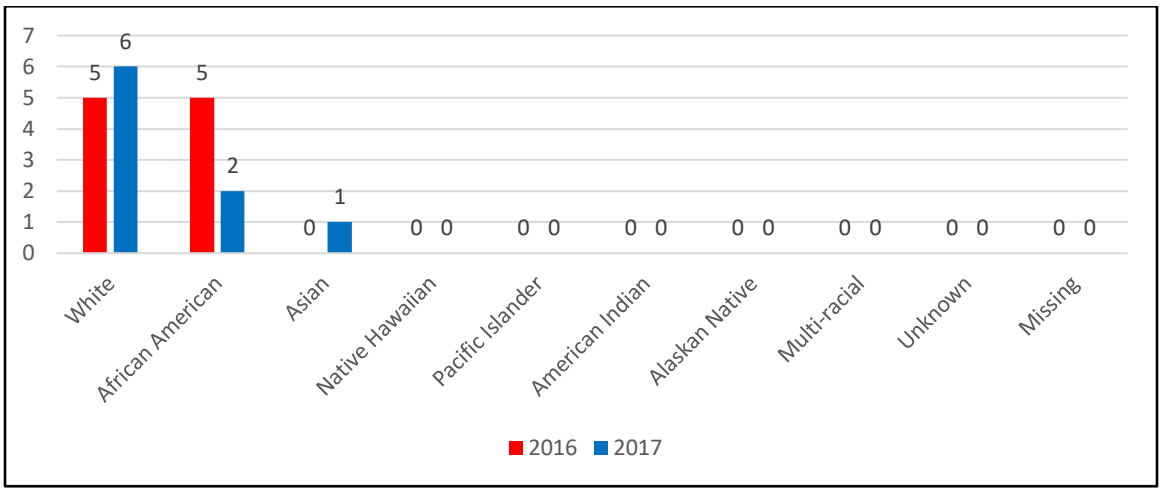
In 2017, the largest percentage of accident child deaths involving drowning in Nevada occurred among white children (66.7%), followed by African American children (22.2%), and Asian children (11.1%). See Table 23.

Table 23. Number and percent of accident child deaths involving drowning in Nevada in 2017 by race of decedent.

	Number	Percent
White	6	66.7%
African American	2	22.2%
Asian	1	11.1%
Native Hawaiian	0	0.0%
Pacific Islander	0	0.0%
American Indian	0	0.0%
Alaskan Native	0	0.0%
Multi-racial	0	0.0%
Unknown	0	0.0%
Missing	0	0.0%
Total	9	100%

As seen in Figure 25, there were more accident child deaths involving drowning among white and Asian children in Nevada in 2017 as compared to 2016 but fewer deaths among African American children.

Figure 25. Number of accident child deaths involving drowning in Nevada in 2016 and 2017 by race of decedent.



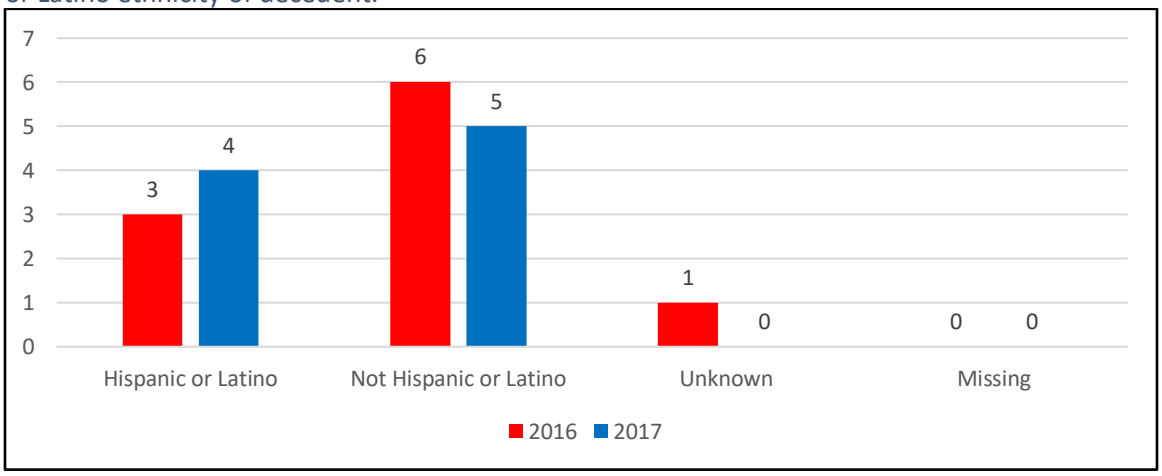
In Nevada in 2017, more than half of the accident child deaths involving drowning were among those who were not Hispanic or Latino (55.6%). See Table 24.

Table 24. Number and percent of accident child deaths involving drowning in Nevada in 2017 by Hispanic or Latino ethnicity of decedent.

	Number	Percent
Hispanic or Latino	4	44.4%
Not Hispanic or Latino	5	55.6%
Unknown	0	0.0%
Missing	0	0.0%
Total	9	100%

As seen in Figure 26, there were more accident child deaths involving drowning among Hispanic or Latinos in Nevada in 2017 compared to 2016 and fewer among those who were not Hispanic or Latino.

Figure 26. Number of accident child deaths involving drowning in Nevada in 2016 and 2017 by Hispanic or Latino ethnicity of decedent.



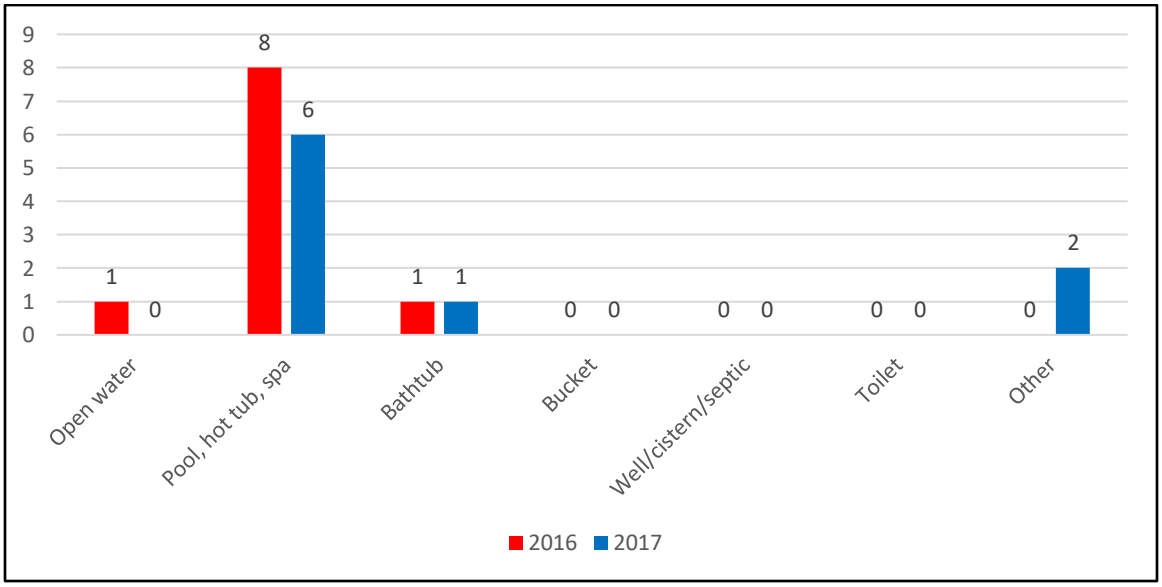
As seen in Table 25, the majority of accident child deaths involving drowning in Nevada in 2017 occurred in pools, hot tubs, and spas (66.7%).

Table 25. Number and percent of accident child deaths involving drowning in Nevada in 2017 by drowning location.

	Number	Percent
Open water	0	0.0%
Pool, hot tub, spa	6	66.7%
Bathtub	1	11.1%
Bucket	0	0.0%
Well/cistern/septic	0	0.0%
Toilet	0	0.0%
Other	2	22.2%
Total	9	100%

As seen in Figure 27, similar to 2016, most accident child deaths involving drowning in Nevada in 2017 occurred in pools, hot tubs, and spas.

Figure 27. Number of accident child deaths involving drowning in Nevada in 2016 and 2017 by drowning location.



Regarding the swimming ability of children who died in accidents involving drowning in Nevada in 2017, in more than half, the child was not able to swim (see Table 26).

Table 26. Swimming ability of children that died in Nevada in 2017 in accidents involving drowning.

	Number	Percent
Child was able to swim	0	0.0%
Child was not able to swim	5	55.6%
Child's swimming ability was unknown	2	22.2%
Missing	2	22.2%
Total	9	100%

Details regarding the safety factors, safety breaches, and rescue efforts related to the accident child deaths involving drowning in Nevada in 2017 are identified in Table 27.

Table 27. Number of accident child deaths involving drowning in Nevada in 2017 with the listed contributing factors.

		Number of cases
Safety Factors	Child had a personal flotation device	0
	No barriers to swimming area	1
	Fence around swimming area	0
	Gate to swimming area	3
	Door to swimming area	1
	Alarm for swimming area	0
	Cover for swimming pool, hot tub, or spa	0
Safety Breaches	No barrier breached	2
	Gate left open	0
	Gate unlocked	0
	Gate latch failure	2
	Gap in gate	0
	Child climbed fence to access swimming area	0
	Gap in fence	0
	Damaged fence	0
	Fence too short	0
	Door left open	0
	Door unlocked	0
	Door broken	0
	Door screen torn	0
	Door closer failure	0
	Window left open	0
	Alarm not working	0
	Alarm not answered	0
	Cover left off	0
	Cover not locked	0
Rescue Efforts	Rescue attempt made	7
	Rescue attempt made by parent	4
	Rescue attempt made by other child	1
	Rescue attempt made by lifeguard	1
	Rescue attempt made by other	0
	Appropriate rescue equipment present	1
Note: More than one factor can apply to a case		

Accidents Involving Drug Overdose

In Nevada in 2017, there were three accident child deaths involving drug overdose. Since there were fewer than ten child deaths for this type of death, no review team or county of residence data are provided in this report.

As seen in Table 28, two of the accident child deaths involving drug overdose occurred among those in the 15 – 17 year age range and one occurred in the 10 – 14 year age range. Two of the decedents were female and one was male. All of the decedents were white and two of them were Hispanic or Latino.

Table 28. Age range, gender, race, and Hispanic or Latino ethnicity of child decedents from accidents involving drug overdose.

Case	Age Range	Gender	Race	Ethnicity
1	15 – 17 Years	Female	White	Hispanic or Latino
2	15 – 17 Years	Female	White	Hispanic or Latino
3	10 – 14 Years	Male	White	Not Hispanic or Latino

The types of substances involved in accidents involving drug overdose in Nevada child deaths in 2017 can be seen in Table 29.

Table 29. Types of substances involved in accidents involving drug overdose in Nevada child deaths in 2017.

	Number of cases
Prescription antidepressants	0
Prescription pain killers/opiates	1
Prescription pain killers/non-opiates	0
Prescription drugs	1
Over-the-counter pain medicine	0
Methadone	0
Alcohol	1
Heroin	0
Methamphetamines	1
Other street drugs	1
Note: More than one substance might have been involved	

In all three of the accident child deaths involving overdose, the children had a history of substance abuse. Table 30 provides details regarding the substances that the children had a history of abusing.

Table 30. Types of substances previously abused by children that died in Nevada in 2017 in accidents involving drug overdose.

	Number of cases
Alcohol	1
Cocaine	0
Marijuana	3
Methamphetamines	0
Opiates	0
Prescription drugs	1
Over-the-counter (OTC) drugs	0
Other drugs	1
Note: A child can have a history of abusing more than one substance	

Details regarding the factors that might have contributed to the accident child deaths involving drug overdose in Nevada in 2017 such as access, physical health, and mental health are listed in Table 31.

Table 31. Number of accident child deaths involving drug overdose in Nevada in 2017 with the listed contributing factors.

		Number of Cases
Prescription/OTC Drug Access	Substance stored in an open area	0
	Substance stored in an open cabinet	0
	Substance stored in a closed, unlocked cabinet	0
	Substance stored in a closed, locked cabinet	1
Prior Disability or Chronic Illness	Child had a prior disability or chronic illness	2
	Prior disability/illness was physical	1
	Prior disability/illness was mental health/substance abuse	2
	Prior disability/illness was sensory	0
	Prior disability/illness was cognitive/intellectual	0
	Prior disability/illness was unknown	0
Mental Health Services	Child had received prior mental health services	2
	Child was receiving mental health services	0
	Child was on medications for mental illness	1
	Issues prevented child from receiving mental health services	0
Note: More than one factor might have contributed to a child death		

Motor Vehicle Accidents

There were 22 motor vehicle accident child deaths in Nevada in 2017. As seen in Table 32, in more than half of these deaths, the decedent resided in Clark County (54.5%). See Appendix B for details regarding all counties.

Table 32. Number and percent of motor vehicle accident child deaths in Nevada in 2017 by decedent's county of residence.

	Number	Percent
Clark County	12	54.5%
Washoe County	3	13.6%
Rural Counties	5	22.7%
Out of state	2*	9.1%
Unknown	0	0.0%
Missing	0	0.0%
Total	22	100%
*Reviewed by the Clark County CDR Team		

In 2017, nationally, the percentage of motor vehicle accident child deaths incrementally increased across each age range.[19] However, as seen in Table 33, this was only true with regard to motor vehicle accident child deaths in Nevada in 2017 across the 10 – 14 year age range to the 15 – 17 year age range. There were no deaths in Nevada in 2017 among those under one year of age and a smaller percentage of deaths among those 5 – 9 years of age as compared to those 1 – 4 years of age.

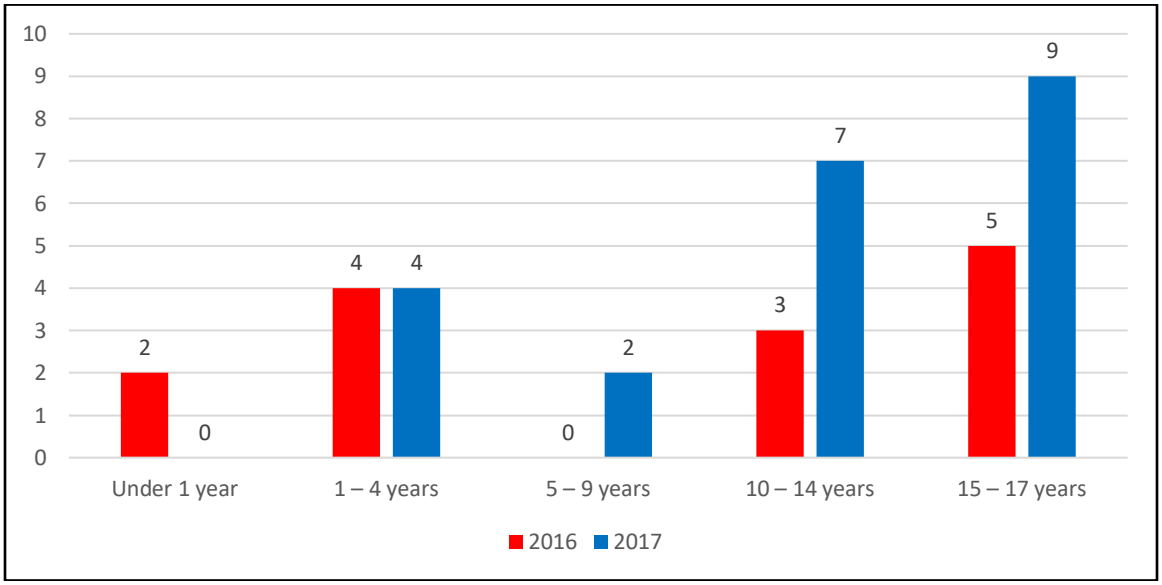
Table 33. Number and percent of motor vehicle accident child deaths in Nevada in 2017 by age range of decedent.

	Number	Percent
Under 1 year	0	0.0%
1 – 4 years	4	18.2%
5 – 9 years	2	9.1%
10 – 14 years	7	31.8%
15 – 17 years	9	40.9%
Total	22	100%

[19] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

As seen in Figure 28, there were more motor vehicle accident child deaths in Nevada in 2017 among those in the 5 – 9 years, 10 – 14 years, and 15 – 17 years age ranges as compared to 2016. The number of child deaths in the 1 – 4 years range remained the same and the number of child deaths of those under one year of age decreased in 2017 as compared to 2016.

Figure 28. Number of motor vehicle accident child deaths in Nevada in 2016 and 2017 by age range of decedent.



In 2017, the largest percentage of motor vehicle accident child deaths in Nevada occurred among males (63.6%) as compared to females (36.4%). See Table 34. This is consistent with national data, which show that there were 1.5 times as many male motor vehicle accident child deaths as compared to female motor vehicle accident child deaths in 2017 (1,355 versus 911).[20]

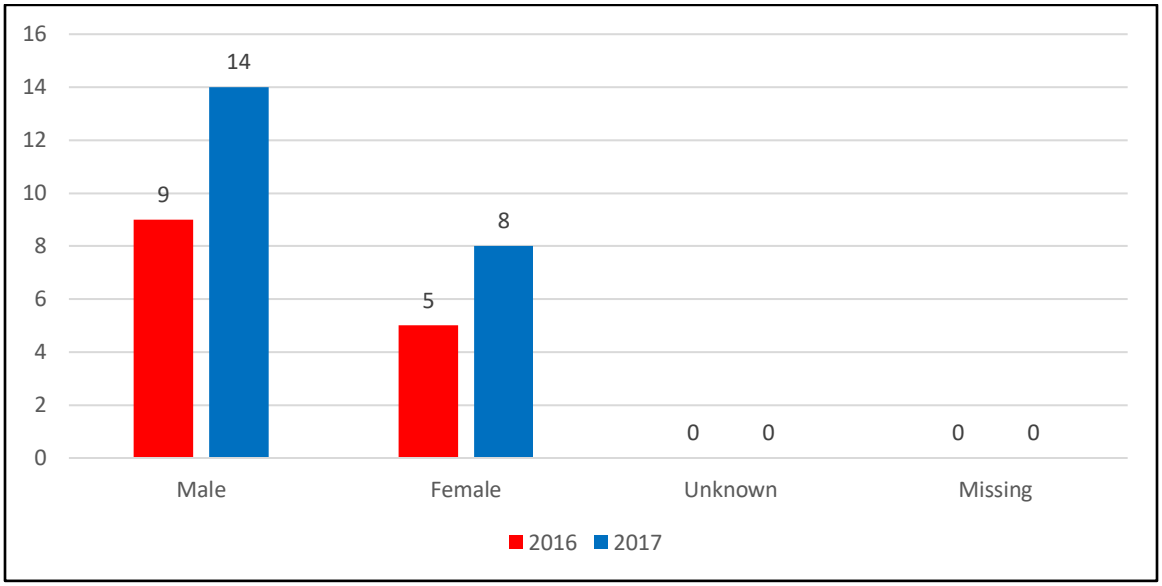
Table 34. Number and percent of motor vehicle accident child deaths in Nevada in 2017 by gender of decedent.

	Number	Percent
Male	14	63.6%
Female	8	36.4%
Unknown	0	0.0%
Missing	0	0.0%
Total	22	100%

[20] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

As seen in Figure 29, in Nevada in 2016 and 2017, there were more motor vehicle accident child deaths that occurred among males as compared to females. However, there were more motor vehicle accident child deaths overall in 2017 as compared to 2016.

Figure 29. Number of motor vehicle accident child deaths in Nevada in 2016 and 2017 by gender of decedent.



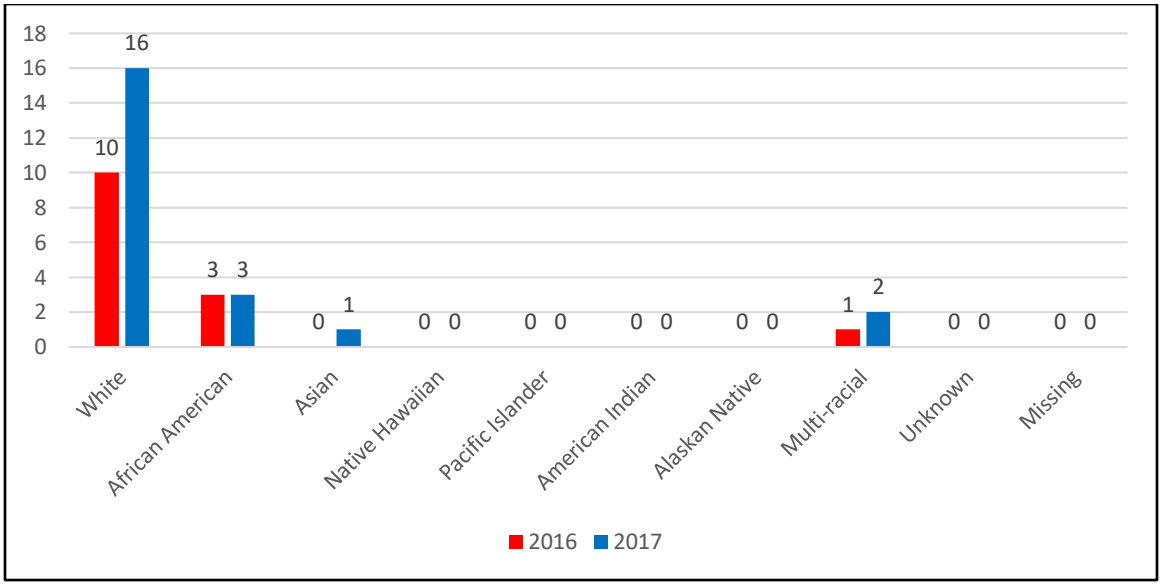
The majority of motor vehicle accident child deaths in Nevada in 2017 occurred among white children (72.7%) as compared to African American children (13.6%), multi-racial children (9.1%), and Asian children (4.5%). See Table 35.

Table 35. Number and percent of motor vehicle accident child deaths in Nevada in 2017 by race of decedent.

	Number	Percent
White	16	72.7%
African American	3	13.6%
Asian	1	4.5%
Native Hawaiian	0	0.0%
Pacific Islander	0	0.0%
American Indian	0	0.0%
Alaskan Native	0	0.0%
Multi-racial	2	9.1%
Unknown	0	0.0%
Missing	0	0.0%
Total	22	100%

As seen in Figure 30, there were more motor vehicle accident child deaths that occurred among white children, Asian children, and multi-racial children in Nevada in 2017 as compared to 2016.

Figure 30. Number of motor vehicle accident child deaths in Nevada in 2016 and 2017 by race of decedent.



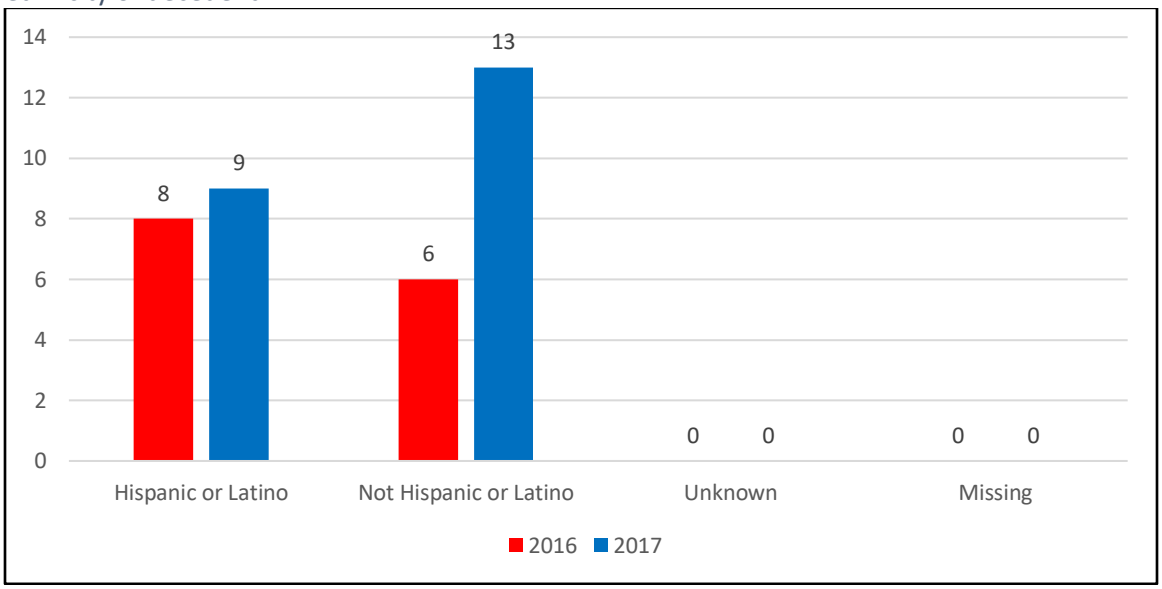
As seen in Table 36, the majority of motor vehicle accident child deaths in Nevada in 2017 occurred among those that were not Hispanic or Latino (59.1%).

Table 36. Number and percent of motor vehicle accident child deaths in Nevada in 2017 by Hispanic or Latino ethnicity of decedent.

	Number	Percent
Hispanic or Latino	9	40.9%
Not Hispanic or Latino	13	59.1%
Unknown	0	0.0%
Missing	0	0.0%
Total	22	100%

As seen in Figure 31, there were more motor vehicle accident child deaths in Nevada in 2017 as compared to 2016 and this increase was largely driven by the number of deaths among those who were not Hispanic or Latino as compared to those that were Hispanic or Latino.

Figure 31. Number of motor vehicle child deaths in Nevada in 2016 and 2017 by Hispanic or Latino ethnicity of decedent.



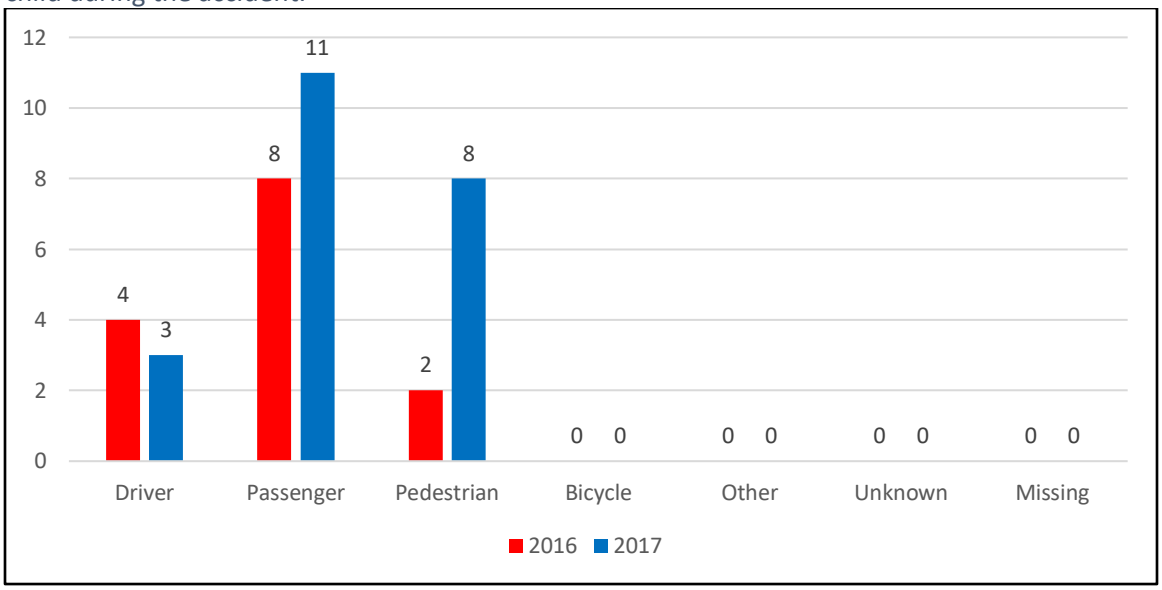
Half of the motor vehicle accident child deaths in Nevada in 2017 occurred among those who were in the passenger seat of the motor vehicle (50.0%). The next largest percentage of deaths occurred among those who were pedestrians (36.4%) followed by those who were drivers (13.6%). See Table 37.

Table 37. Number and percent of motor vehicle accident child deaths in Nevada in 2017 by position of child during the accident.

	Number	Percent
Driver	3	13.6%
Passenger	11	50.0%
Pedestrian	8	36.4%
Bicycle	0	0.0%
Other	0	0.0%
Unknown	0	0.0%
Missing	0	0.0%
Total	22	100%

As seen in Figure 32, there were more motor vehicle accident child deaths in Nevada among pedestrians and passengers in 2017 as compared to 2016.

Figure 32. Number of motor vehicle accident child deaths in Nevada in 2016 and 2017 by position of the child during the accident.



All of the motor vehicle accident child deaths that occurred among passengers in Nevada in 2017 were of those that were at least one year old. The number of passenger deaths among those at least one year old were distributed roughly equally among the other age ranges. Among pedestrians, the majority of motor vehicle accident child deaths occurred between the two oldest age ranges. See Table 38.

Table 38. Number of motor vehicle accident child deaths in Nevada in 2017 by position of the child during the accident and age range of the decedent.

	Driver	Passenger	Pedestrian	Bicycle	Unknown	Missing	Total
Less than 1 year	0	0	0	0	0	0	0
1 – 4 years	0	3	1	0	0	0	4
5 – 9 years	0	2	0	0	0	0	2
10 – 14 years	0	3	4	0	0	0	7
15 – 17 years	3	3	3	0	0	0	9
Total	3	11	8	0	0	0	22

Causes of the motor vehicle accident child deaths in Nevada in 2017 can be seen in Table 39.

Table 39. Causes of motor vehicle accident child deaths in Nevada in 2017.

	Number of cases
Speeding over limit	4
Unsafe speed for conditions	0
Recklessness	7
Ran stop sign/red light	2
Driver distraction	2
Inexperienced driver	0
Mechanical failure	1
Poor tires	0
Poor weather	0
Poor visibility	1
Drug or alcohol use	1
Fatigue/sleeping	0
Medical event	0
Back over	0
Rollover	3
Poor sightline	1
Car changing lanes	0
Road hazard	0
Animal in road	0
Cell phone use while driving	0
Racing	0
Other driver error	2
Other cause	4
Unknown	1
Note: More than one cause may apply to a case	

For the motor vehicle accident child deaths in Nevada in 2017, the child was responsible in one case, the child's driver was responsible in six cases, and the other driver was responsible in ten cases. See Table 40 for factors contributing to the motor vehicle accident child deaths based on who was responsible.

Table 40. Contributing factors in motor vehicle accident child deaths in Nevada in 2017 by person responsible for the accident.

	Child Responsible	Child's Driver Responsible	Other Driver Responsible
Alcohol or drug impairment	1	0	3
No license	0	1	1
Learners permit	0	0	0
Graduated license	0	0	0
Full license, not graduated	0	3	1
Full license, restricted	0	0	0
Suspended license	0	0	3
Safety certificate (if recreational vehicle)	0	0	0
In violation of graduated license rules	0	0	0

Homicides

There were 24 homicide child deaths in Nevada in 2017. As seen in Table 41, in 70.8% of the homicide child deaths in Nevada in 2017, the decedent resided in Clark County. See Appendix B for details regarding all counties.

Table 41. Number and percent of homicide child deaths in Nevada in 2017 by decedent's county of residence.

	Number	Percent
Clark County	17	70.8%
Washoe County	2	8.3%
Rural Counties	3	12.5%
Out of state	2*	8.3%
Unknown	0	0.0%
Missing	0	0.0%
Total	24	100%
*Reviewed by the Clark County CDR Team		

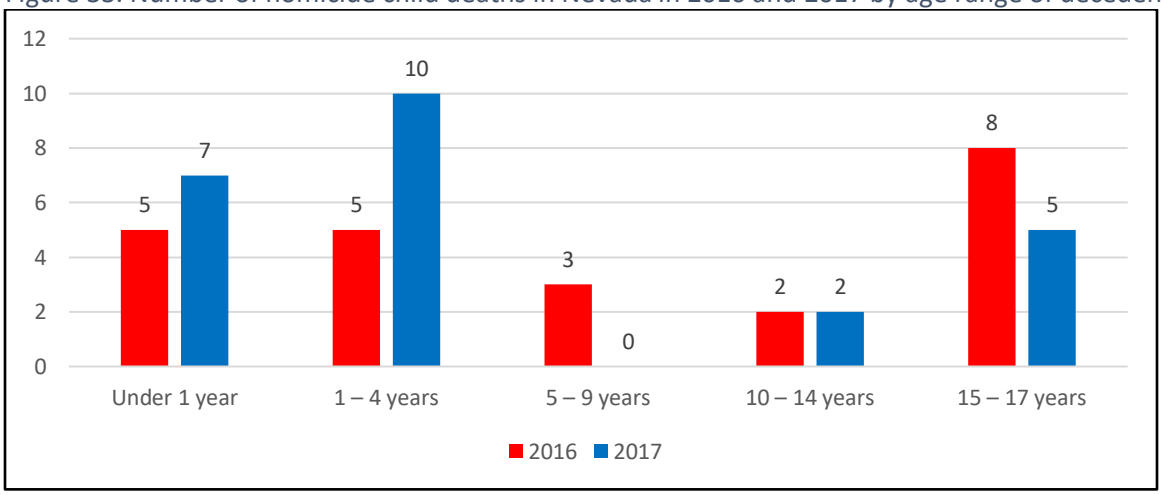
The largest percentage of homicide child deaths in Nevada in 2017 occurred among those 1 – 4 years of age (41.7%), followed by those under one year of age (29.2%). See Table 42.

Table 42. Number and percent of homicide child deaths in Nevada in 2017 by age range of decedent.

	Number	Percent
Under 1 year	7	29.2%
1 – 4 years	10	41.7%
5 – 9 years	0	0.0%
10 – 14 years	2	8.3%
15 – 17 years	5	20.8%
Total	24	100%

As seen in Figure 33, more homicide child deaths occurred in Nevada in 2017 among those under one year of age and 1 – 4 years of age as compared to 2016. In contrast, there were fewer homicide child deaths that occurred among those 5 – 9 years of age and those 15 – 17 years of age in 2017 as compared to 2016.

Figure 33. Number of homicide child deaths in Nevada in 2016 and 2017 by age range of decedent.



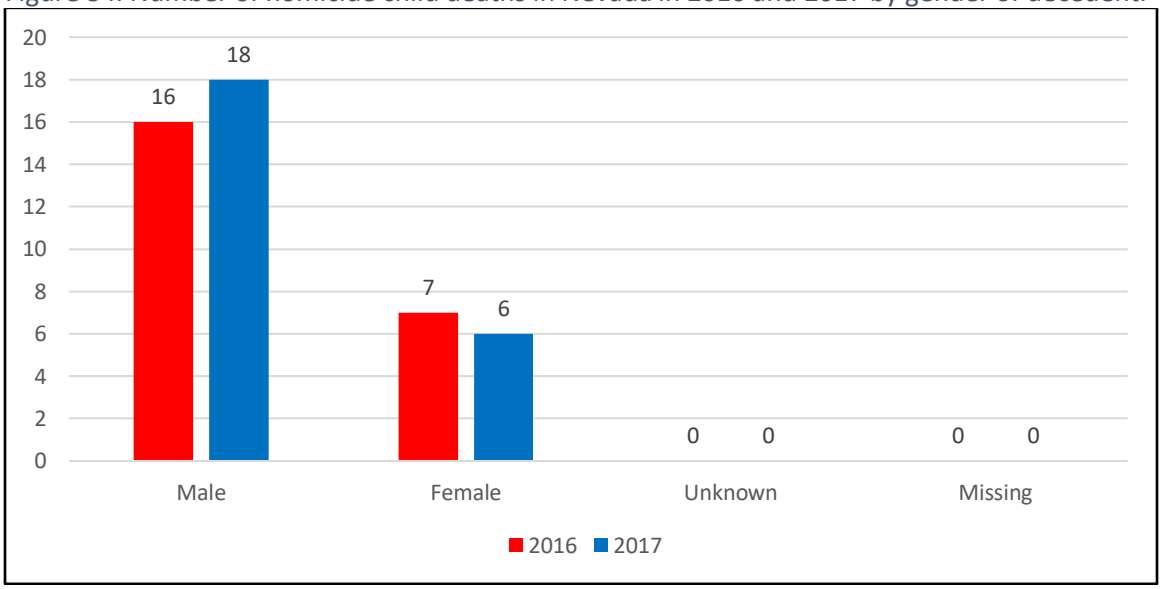
Three-fourths of the homicide child deaths in Nevada in 2017 occurred among males. See Table 43. Nationally, there were also more homicide child deaths among males as compared to females in 2017. However, nationally in 2017, the number of homicide child deaths among males were twice that of females (1,158 versus 503) whereas in Nevada, the number of homicide child deaths among males was three times that of females.[21]

Table 43. Number and percent of homicide child deaths in Nevada in 2017 by gender of decedent.

	Number	Percent
Male	18	75.0%
Female	6	25.0%
Unknown	0	0.0%
Missing	0	0.0%
Total	24	100%

As seen in Figure 34, there were more homicide child deaths among males and fewer homicide child deaths among females in Nevada in 2017 as compared to 2016.

Figure 34. Number of homicide child deaths in Nevada in 2016 and 2017 by gender of decedent.



[21] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

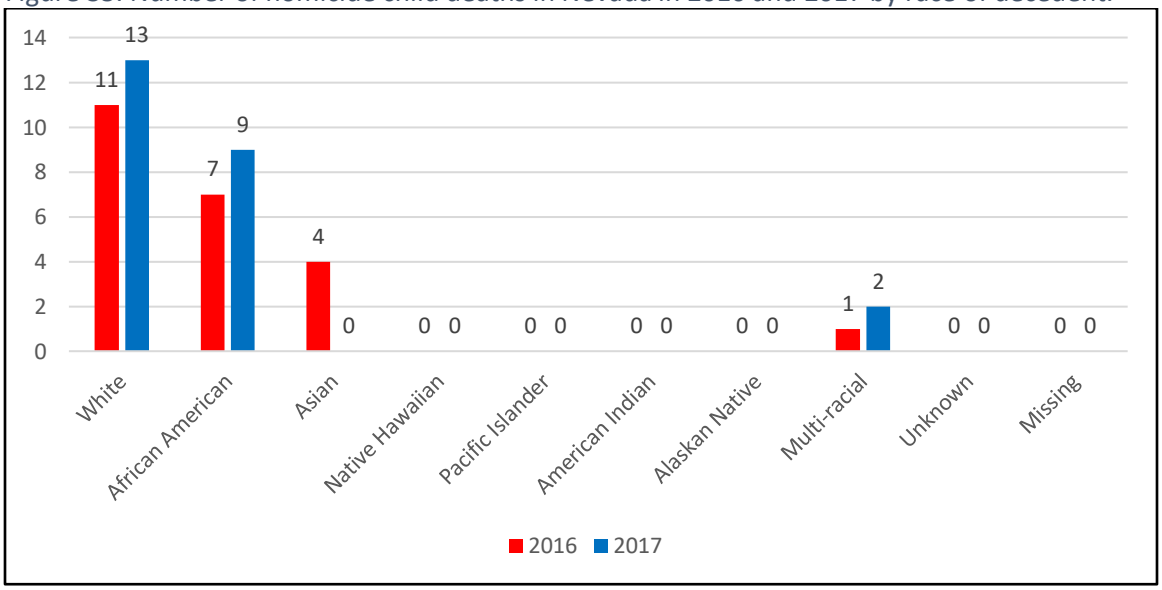
As seen in Table 44, more than half of the homicide child deaths in Nevada in 2017 occurred among white children (54.2%). The next largest percentage of homicide child deaths occurred among African American children (37.5%), followed by multi-racial children (8.3%).

Table 44. Number and percent of homicide child deaths in Nevada in 2017 by race of decedent.

	Number	Percent
White	13	54.2%
African American	9	37.5%
Asian	0	0.0%
Native Hawaiian	0	0.0%
Pacific Islander	0	0.0%
American Indian	0	0.0%
Alaskan Native	0	0.0%
Multi-racial	2	8.3%
Unknown	0	0.0%
Missing	0	0.0%
Total	24	100%

There were more homicide child deaths among white children, African American children, and multi-racial children in Nevada in 2017 as compared to 2016. However, there were fewer homicide child deaths among Asian children in Nevada in 2017 as compared to 2016. See Figure 35.

Figure 35. Number of homicide child deaths in Nevada in 2016 and 2017 by race of decedent.



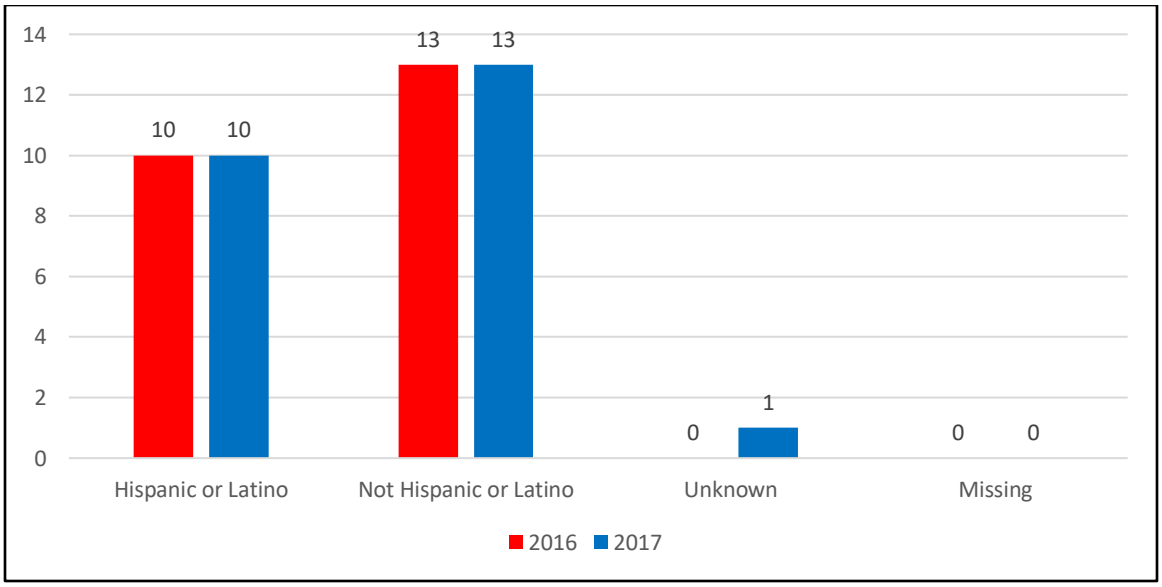
More than half of the homicide child deaths in Nevada in 2017 were among those that were identified as not Hispanic or Latino (54.2%). See Table 45.

Table 45. Number and percent of homicide child deaths in Nevada in 2017 by Hispanic or Latino ethnicity of decedent.

	Number	Percent
Hispanic or Latino	10	41.7%
Not Hispanic or Latino	13	54.2%
Unknown	1	4.2%
Missing	0	0.0%
Total	24	100%

As seen in Figure 36, the number of homicide child deaths among those that were Hispanic or Latino and those not Hispanic or Latino were the same in Nevada in 2017 as they were in 2016.

Figure 36. Number of homicide child deaths in Nevada in 2016 and 2017 by Hispanic or Latino ethnicity of decedent.



As seen in Table 46, half of the homicide child deaths in Nevada in 2017 were the result of a person's body part.

Table 46. Number and percent of homicide child deaths in Nevada in 2017 by type of weapon.

	Number	Percent
Firearm	8	33.3%
Sharp instrument	1	4.2%
Blunt instrument	1	4.2%
Person's body part	12	50.0%
Other	1	4.2%
Unknown	1	4.2%
Total	24	100%

Table 47 identifies the person handling the weapon in homicide child deaths in Nevada in 2017.

Table 47. Person handling the fatal weapon in homicide child deaths in Nevada in 2017.

	Number of Cases
Decedent (self)	1
Biological parent	13
Adoptive parent	1
Step-parent	0
Foster parent	0
Mother's partner	2
Father's partner	0
Sibling	0
Other relative	1
Friend	0
Acquaintance	0
Child's boyfriend/girlfriend	0
Institutional staff	0
Neighbor	0
Rival gang member	1
Stranger	0
Unknown	3
Missing	3
Note: More than one person could have handled the weapon	

Table 48 identifies how the fatal weapon was being used at the time of homicide child deaths in which the fatal weapon was a firearm in Nevada in 2017.

Table 48. How the fatal weapon was used at the time of homicide child deaths by firearm in Nevada in 2017.

	Number of Cases
Commission of a crime	2
Drive-by shooting	1
Random violence	1
Child was a bystander	0
Argument	2
Jealousy	1
Intimate partner violence	0
Hate crime	0
Target shooting	1
Playing with the weapon	0
Weapon mistaken for a toy	0
Showing the gun to others	0
Gang-related activity	1
Self-defense	1
Cleaning the weapon	1
Other	1
Unknown	1
Note: More than one use can apply to a case	

Homicide Deaths in which Abuse or Neglect Caused or Contributed

Of the 24 homicide child deaths in Nevada in 2017, 19 were caused by or contributed to by abuse or neglect. As seen in Table 49, in 73.7% of these homicide child deaths, the decedent resided in Clark County. See Appendix B for details regarding all counties.

Table 49. Number and percent of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 by decedent's county of residence.

	Number	Percent
Clark County	14	73.7%
Washoe County	0	0.0%
Rural Counties	3	15.8%
Out of state	2*	10.5%
Unknown	0	0.0%
Missing	0	0.0%
Total	19	100%
*Reviewed by the Clark County CDR Team		

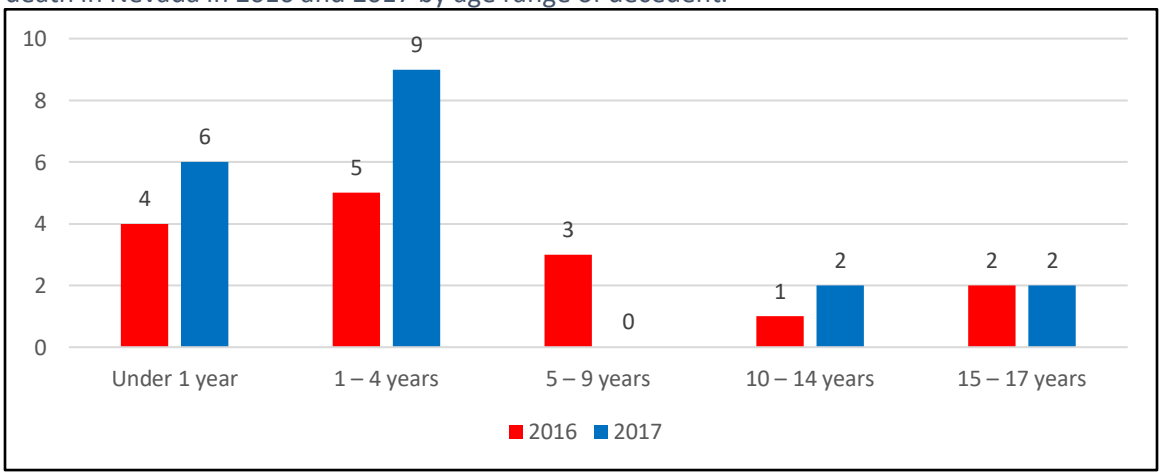
The largest percentage of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 occurred among those 1 – 4 years old (47.4%). See Table 50.

Table 50. Number and percent of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 by age range of decedent.

	Number	Percent
Under 1 year	6	31.6%
1 – 4 years	9	47.4%
5 – 9 years	0	0.0%
10 – 14 years	2	10.5%
15 – 17 years	2	10.5%
Total	19	100%

There were more homicide child deaths in which abuse or neglect caused or contributed to the death among those under one year of age, 1 – 4 years of age, and 10 – 14 years of age in Nevada in 2017 as compared to 2016 (see Figure 37).

Figure 37. Number of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2016 and 2017 by age range of decedent.



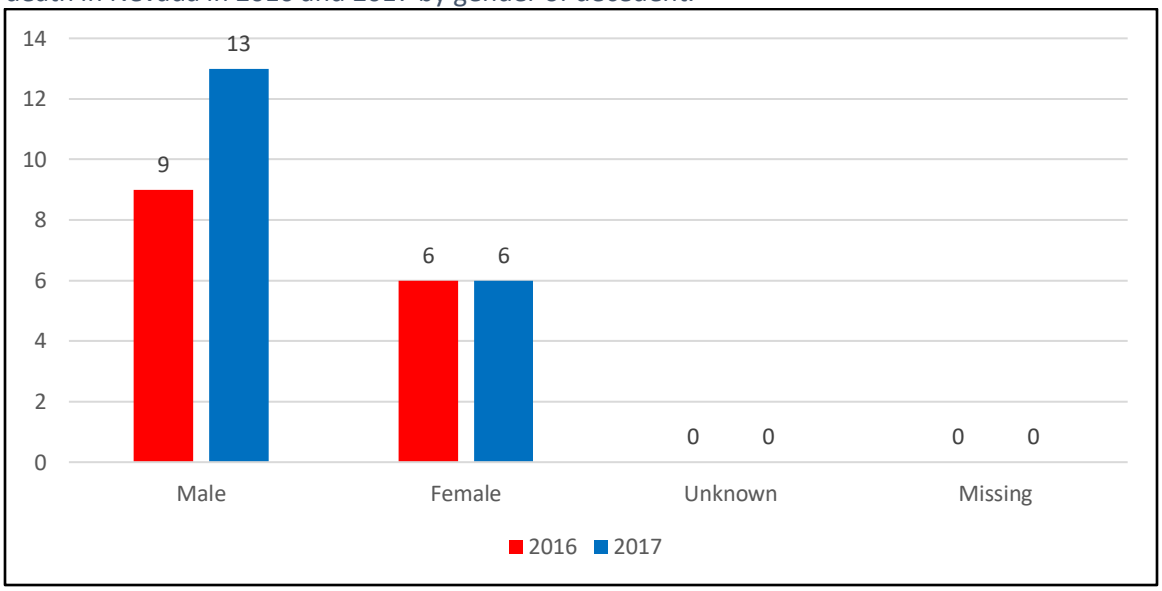
In Nevada in 2017, the majority of homicide child deaths in which abuse or neglect caused or contributed to the death occurred among males (68.4%). See Table 51.

Table 51. Number and percent of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 by gender of decedent.

	Number	Percent
Male	13	68.4%
Female	6	31.6%
Unknown	0	0.0%
Missing	0	0.0%
Total	19	100%

As seen in Figure 38, the number of male homicide child deaths in which abuse or neglect caused or contributed to the death increased in Nevada in 2017 as compared to 2016 but the number of female child deaths remained the same.

Figure 38. Number of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2016 and 2017 by gender of decedent.



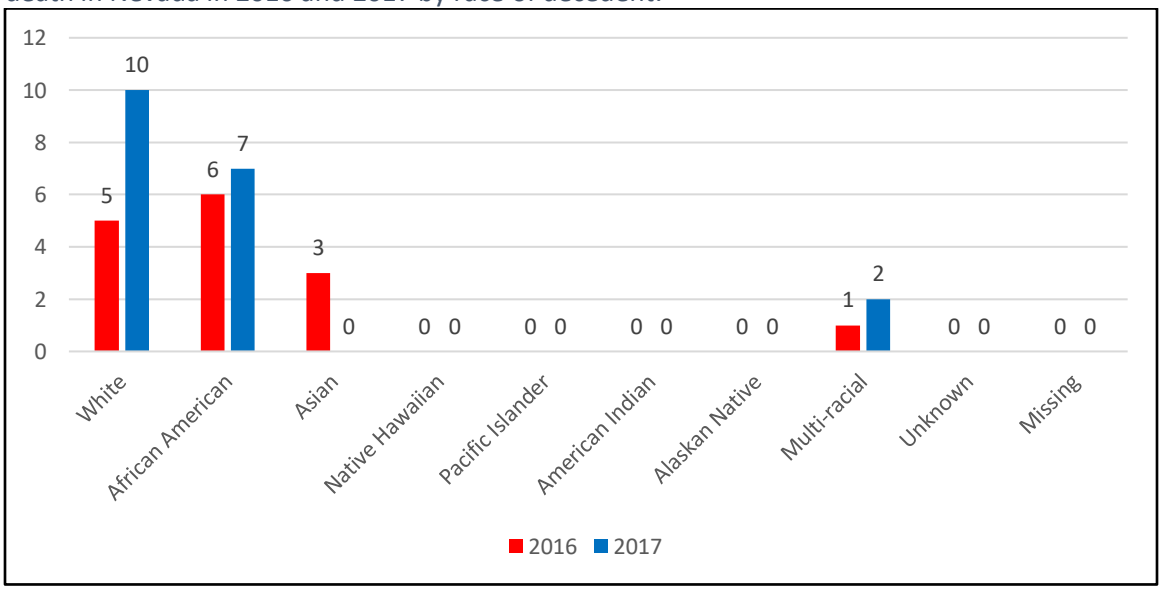
As seen in Table 52, in Nevada in 2017, more than half of homicide child deaths in which abuse or neglect caused or contributed to the death occurred among white children (52.6%). The next largest percentage of child deaths occurred among African American children (36.8%), followed by multi-racial children (10.5%).

Table 52. Number and percent of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 by race of decedent.

	Number	Percent
White	10	52.6%
African American	7	36.8%
Asian	0	0.0%
Native Hawaiian	0	0.0%
Pacific Islander	0	0.0%
American Indian	0	0.0%
Alaskan Native	0	0.0%
Multi-racial	2	10.5%
Unknown	0	0.0%
Missing	0	0.0%
Total	19	100%

There were more homicide child deaths in which abuse or neglect caused or contributed to the death among white children, African American children, and multi-racial children in Nevada in 2017 as compared to 2016. However, there were fewer child deaths among Asian children in 2017 as compared to 2016. See Figure 39.

Figure 39. Number of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2016 and 2017 by race of decedent.



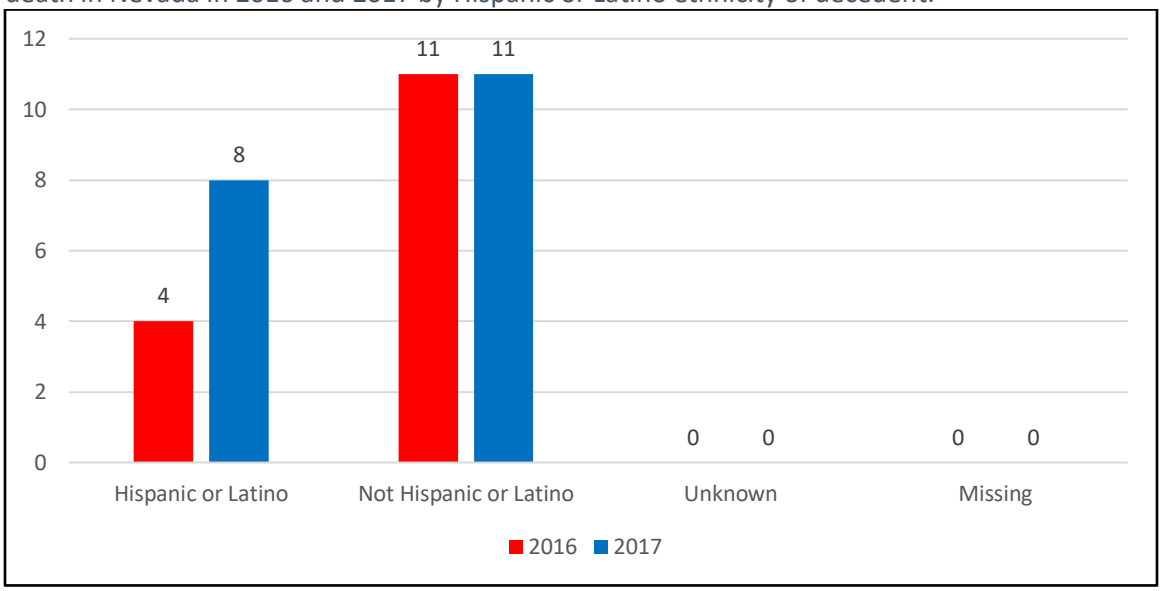
As seen in Table 53, more than half of the homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 were among those identified as not Hispanic or Latino (57.9%).

Table 53. Number and percent of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 by Hispanic or Latino ethnicity of decedent.

	Number	Percent
Hispanic or Latino	8	42.1%
Not Hispanic or Latino	11	57.9%
Unknown	0	0.0%
Missing	0	0.0%
Total	19	100%

As seen in Figure 40, the number of homicide child deaths in which abuse or neglect caused or contributed to the death increased among those that were Hispanic or Latino in Nevada in 2017 as compared to 2016.

Figure 40. Number of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2016 and 2017 by Hispanic or Latino ethnicity of decedent.



The types of abuse and neglect indicated in the homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 are shown in Table 54. Abusive head trauma was indicated in nine deaths, other abuse was indicated in six deaths, and beating/kicking was indicated in five deaths. Other abuse is a response option in the data collection tool and included types of abuse not included in Table 54 such as assault, shaking, and stabbing.

Table 54. Types of abuse and neglect in cases of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017.

		Number of Cases
Type of Abuse	Abusive head trauma	9
	Chronic Battered Child Syndrome	0
	Beating/kicking	5
	Scalding/burning	0
	Munchausen Syndrome by Proxy	0
	Sexual assault	0
	Other abuse	6
	Unknown abuse	0
Type of Neglect	Exposure to hazards	1
	Failure to provide necessities – Food	0
	Failure to provide necessities – Shelter	0
	Failure to provide necessities – Other	0
	Failure to seek/follow treatment	0
	Failure to provide supervision	1
	Other neglect	0
Note: More than one type of abuse or neglect can occur in a case		

Details regarding the reported events that triggered the physical abuse in cases of homicide child deaths in which abuse caused or contributed to the death in Nevada in 2017 can be seen in Table 55.

Table 55. Events reported as triggering physical abuse in cases of homicide child deaths in which abuse caused or contributed to the death in Nevada in 2017.

	Number of Cases
Crying	2
Toilet training mishap	1
Disobedience	1
Feeding problems	0
Domestic argument	1
None	0
Other	3
Unknown	9
Note: More than one event can be reported for a case	

The historical type of abuse or neglect experienced by the decedent in cases of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 can be seen in Table 56.

Table 56. History of abuse and neglect of the decedent in cases of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017.

	Number of Cases
History of physical maltreatment	5
History of neglect	3
History of sexual maltreatment	1
History of emotional maltreatment	0
Note: More than one type of abuse or neglect can occur for a case	

Table 57 details the CPS involvement in cases of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017.

Table 57. CPS involvement in cases of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017.

	Number of Cases
CPS record check conducted	19
Evidence of prior abuse	10
CPS action taken as a result of the death	11
Open CPS case with child at time of death	4
Child ever placed in foster care	1
Note: More than one type of involvement can apply to a case	

In nine of the homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017, there was child abuse in the form of abusive head trauma (47.4%). The impact of this abusive trauma is noted in Table 58.

Table 58. Abusive head trauma in cases of homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017.

	Number of Cases with a yes response
For abusive head trauma, were there retinal hemorrhages?	5
For abusive head trauma, was the child shaken?	4
If the child was shaken, was there impact?	1
Note: More than one condition can apply to a case	

Suicides

There were 16 suicide child deaths in Nevada in 2017. As seen in Table 59, of the suicide child deaths in Nevada in 2017, 68.8% of the decedents resided in Clark County and 18.8% resided in Washoe County. See Appendix B for details regarding all counties.

Table 59. Number and percent of suicide child deaths in Nevada in 2017 by decedent's county of residence.

	Number	Percent
Clark County	11	68.8%
Washoe County	3	18.8%
Rural Counties	2	12.5%
Out of state	0	0.0%
Unknown	0	0.0%
Missing	0	0.0%
Total	16	100%

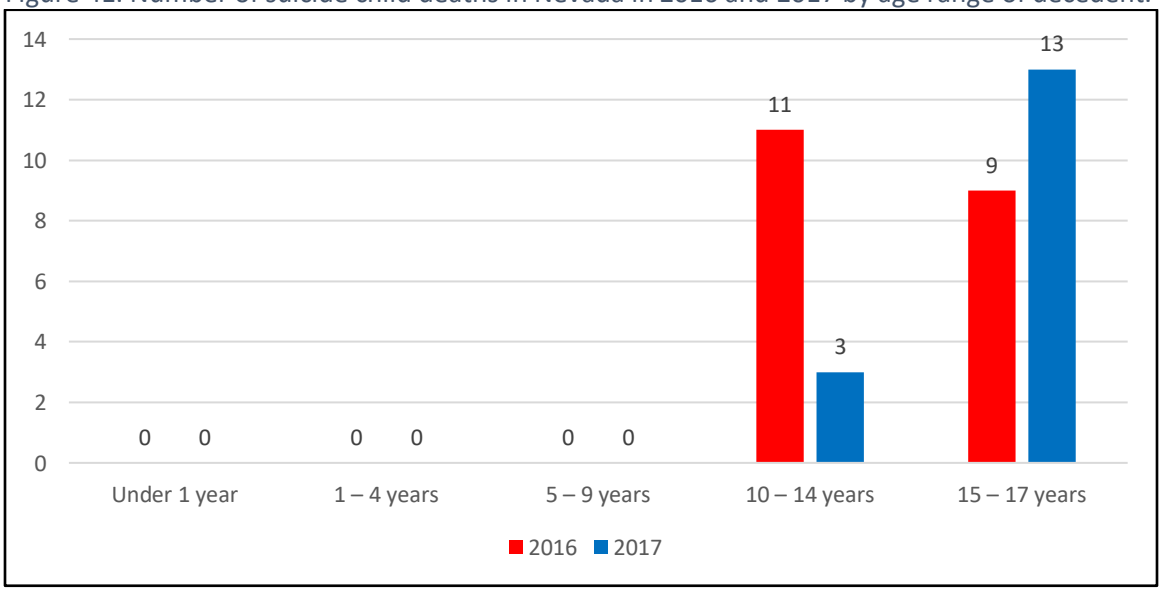
All of the suicide child deaths in Nevada in 2017 were among those 10 – 14 years of age (18.8%) and 15 – 17 years of age (81.3%). See Table 60.

Table 60. Number and percent of suicide child deaths in Nevada in 2017 by age range of decedent.

	Number	Percent
Under 1 year	0	0.0%
1 – 4 years	0	0.0%
5 – 9 years	0	0.0%
10 – 14 years	3	18.8%
15 – 17 years	13	81.3%
Total	16	100%

As seen in Figure 41, there were more suicide child deaths in Nevada among those 15 – 17 years of age in 2017 as compared to 2016 and fewer child deaths among those 10 – 14 years of age.

Figure 41. Number of suicide child deaths in Nevada in 2016 and 2017 by age range of decedent.



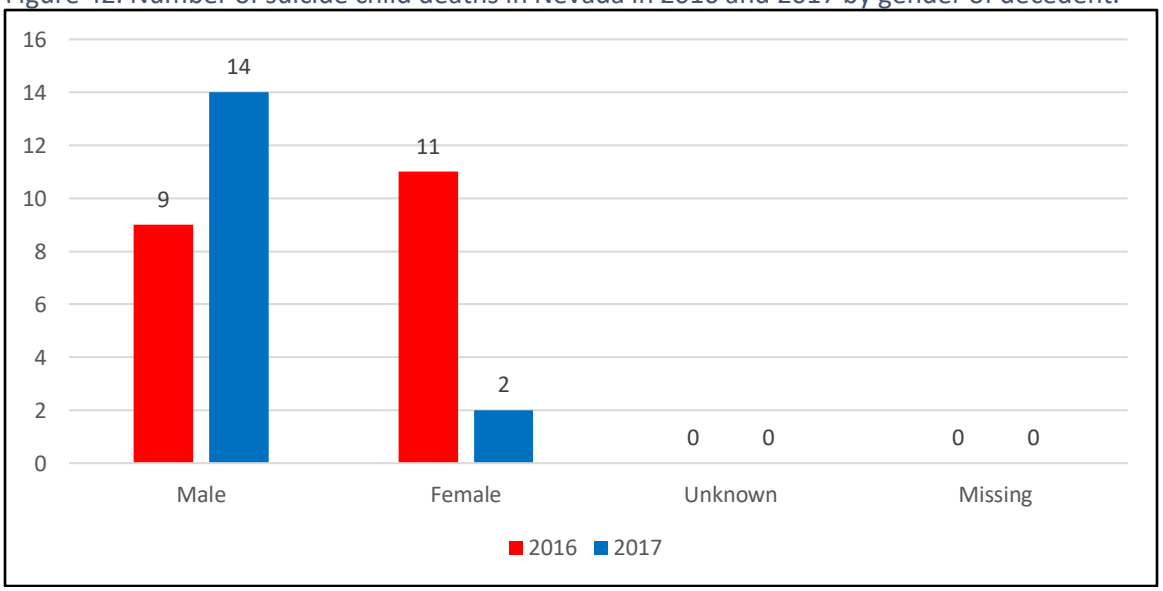
In Nevada in 2017, there were more suicide child deaths among males (87.5%) as compared to females (12.5%). See Table 61. The difference in the number of male suicide child deaths as compared to female suicide child deaths was not as extreme nationally but among those in the 10 – 14 and 15 – 17 age ranges, there were more than 2.5 times as many male suicide deaths as female suicide deaths in 2017 (1,275 versus 498).[22] It is important to note that although adolescent males are more likely to complete suicide, adolescent females are much more likely to attempt suicide.[23]

Table 61. Number and percent of suicide child deaths in Nevada in 2017 by gender of decedent.

	Number	Percent
Male	14	87.5%
Female	2	12.5%
Unknown	0	0.0%
Missing	0	0.0%
Total	16	100%

As seen in Figure 42, there were more suicide child deaths among males in Nevada in 2017 as compared to 2016 and fewer female child deaths.

Figure 42. Number of suicide child deaths in Nevada in 2016 and 2017 by gender of decedent.



[22] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

[23] Miranda-Mendizabal, A., et al. (2019). Gender differences in suicidal behavior in adolescents and young adults: Systematic review and meta-analysis of longitudinal studies. *International Journal of Public Health 64*, 265–283. https://doi.org/10.1007/s00038-018-1196-1

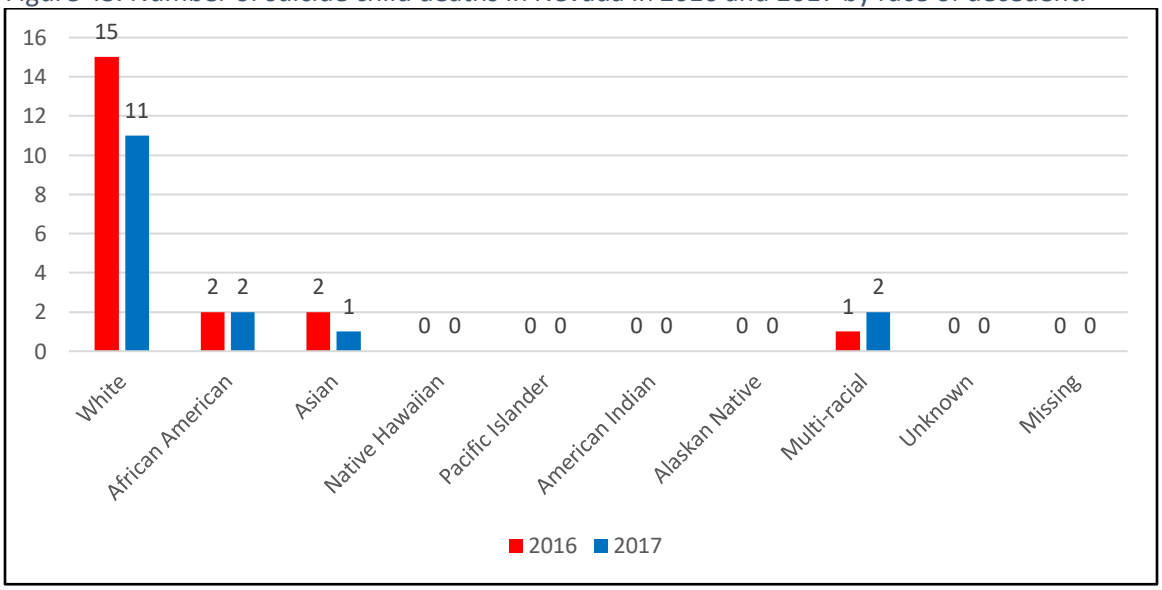
In Nevada in 2017, the majority of suicide child deaths occurred among white children (68.8%). The same percentage of suicide child deaths occurred among African American children and multi-racial children (both at 12.5%). See Table 62.

Table 62. Number and percent of suicide child deaths in Nevada in 2017 by race of decedent.

	Number	Percent
White	11	68.8%
African American	2	12.5%
Asian	1	6.3%
Native Hawaiian	0	0.0%
Pacific Islander	0	0.0%
American Indian	0	0.0%
Alaskan Native	0	0.0%
Multi-racial	2	12.5%
Unknown	0	0.0%
Missing	0	0.0%
Total	16	100%

As seen in Figure 43, there were fewer suicide child deaths among whites and Asians in Nevada in 2017 as compared to 2016.

Figure 43. Number of suicide child deaths in Nevada in 2016 and 2017 by race of decedent.



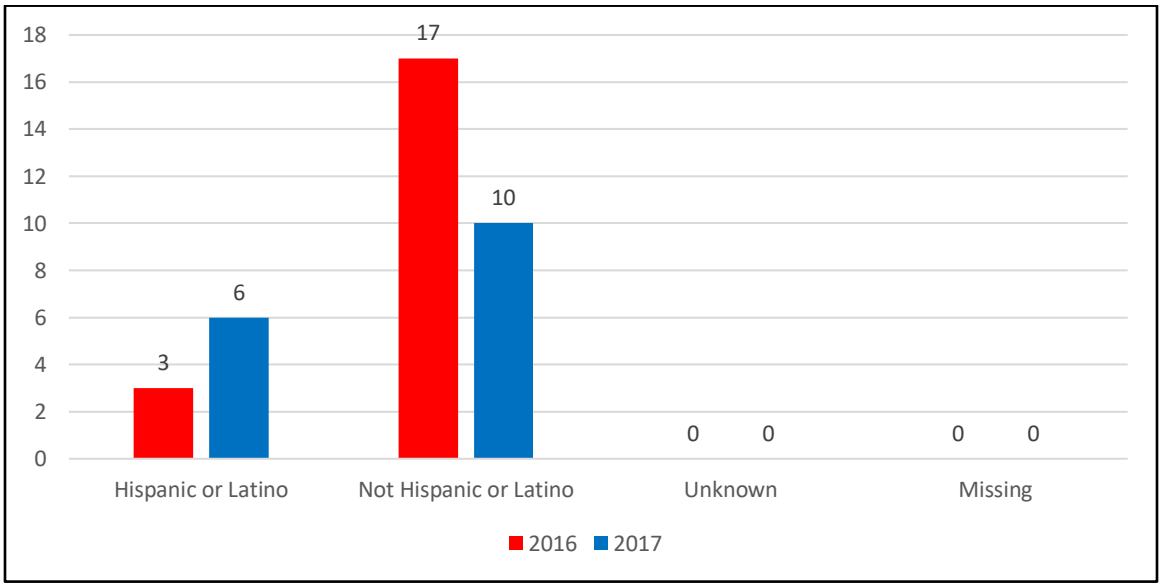
As seen in Table 63, the majority of suicide child deaths in Nevada in 2017 were among those not Hispanic or Latino (62.5%).

Table 63. Number and percent of suicide child deaths in Nevada in 2017 by Hispanic or Latino ethnicity of decedent.

	Number	Percent
Hispanic or Latino	6	37.5%
Not Hispanic or Latino	10	62.5%
Unknown	0	0.0%
Missing	0	0.0%
Total	16	100%

As seen in Figure 44, there were more suicide child deaths among those of Hispanic or Latino ethnicity in Nevada in 2017 as compared to 2016 and fewer child deaths among those identified as not Hispanic or Latino.

Figure 44. Number of suicide child deaths in Nevada in 2016 and 2017 by Hispanic or Latino ethnicity of decedent.



As seen in Table 64, the majority of suicide child deaths in Nevada in 2017 were the result of a firearm (62.5%). All of these child deaths were among males. Nationally, although the largest percentage of male suicide child deaths in 2017 was also the result of a firearm (49.4%), the percentage of male deaths by asphyxia was only slightly smaller (44.9%).[24]

Table 64. Number and percent of suicide child deaths in Nevada in 2017 by type.

	Number	Percent
Firearm	10	62.5%
Asphyxia	3	18.8%
Overdose	0	0.0%
Fall or crush	0	0.0%
Motor vehicle	1	6.3%
Other	2	12.5%
Total	16	100%

For suicide child deaths in Nevada in 2017, the history of the decedents with regard to mental health, maltreatment, crime, and school are provided in Table 65. The most commonly reported issue among the decedents was problems in school.

Table 65. History of decedent in suicide child deaths in Nevada in 2017.

		Number of Cases
Mental Health	History of mental health illness	6
	Received prior mental health services	6
	Was receiving mental health services	3
	On medications for mental illness	2
	History of substance abuse	7
Maltreatment	History of child maltreatment	3
	History of child maltreatment – Physical	1
	History of child maltreatment – Neglect	1
	History of child maltreatment – Sexual	0
	History of child maltreatment – Emotional/Psychological	0
	History of child maltreatment – Unknown	0
Crime	Delinquent or criminal history	6
	Spent time in juvenile detention	2
School	Problems in school	8
	Problems in school – Academic	4
	Problems in school – Truancy	4
	Problems in school – Suspensions	1
	Problems in school – Behavioral	2
	Problems in school – Expulsions	0
	Problems in school – Other	5
Note: More than one factor can apply in a case		

[24] National Center for Injury Prevention and Control (2018). *Web-based Injury Statistics Query and Reporting System: 20 Leading Causes of Death, United States, 2017* [custom data query]. Retrieved April 22, 2020 from http://www.cdc.gov/injury/wisqars/index.html

Details regarding the circumstances of the suicide child deaths in Nevada in 2017 can be seen in Table 66. The two most common circumstances were that the child had talked about suicide and prior suicide threats were made.

Table 66. Circumstances of suicide child deaths in Nevada in 2017.

	Number of Cases
A note was left	2
Child talked about suicide	5
Prior suicide threats were made	5
Prior attempts were made	2
Suicide was completely unexpected	4
Child had a history of running away	1
Child had a history of self-mutilation	3
There is a family history of suicide	1
Suicide was part of a murder/suicide	0
Suicide was part of a suicide pact	0
Suicide was part of a suicide cluster	0
Note: More than one circumstance can apply to a case	

For the suicide child deaths in Nevada in 2017, the types of personal crises that the decedents had recently experienced can be seen in Table 67. The most common type of personal crisis experienced was "other," followed by drugs/alcohol. "Other" is a response option on the data collection tool and includes types of personal crises not listed in Table 67.

Table 67. Types of personal crises in the recent history of decedents in suicide child deaths in Nevada in 2017.

	Number of Cases
Family discord	1
Parents' divorce/separation	1
Argument with parents/caregivers	1
Argument with boyfriend/girlfriend	1
Breakup with boyfriend/girlfriend	1
Argument with other friends	0
Emotional neglect/abuse	0
Rumor mongering	0
Suicide by friend or relative	0
Other death of friend or relative	0
Bullying as victim	0
Bullying as perpetrator	0
School failure	1
Move/new school	0
Other serious school problems	2
Pregnancy	0
Physical abuse/assault	0
Rape/sexual abuse	0
Problems with the law	1

Drugs/alcohol	4
Sexual orientation/gender identity issues	0
Job problems	0
Money problems	0
Involvement in computer or video gaming	0
Involvement with the Internet	0
Other	10
Unknown	0
Note: More than one type can apply to a case	

Information regarding access to lethal means in child suicide deaths in Nevada in 2017 can be seen in Table 68.

Table 68. Access to lethal means in suicide child deaths in Nevada in 2017.

	Number of Cases
Child used a handgun	8
Child used a shotgun	0
Child had access to unsecured firearms	3
Note: More than one can apply to a case	

Infant Deaths in which the Mother used Substances during Pregnancy

There were 32 deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy. The manner of these deaths included natural (75.0%), undetermined (15.6%), and accident (9.4%). As seen in Table 69, in 75.0% of these child deaths, the decedent resided in Clark County. See Appendix B for details regarding all counties.

Table 69. Number and percent of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy by decedent's county of residence.

	Number	Percent
Clark County	24	75.0%
Washoe County	1	3.1%
Rural Counties	4	12.5%
Out of state	2*	6.3%
Unknown	0	0.0%
Missing	1	3.1%
Total	32	100%
*One was reviewed by the Clark County CDR Team and one was reviewed by the Washoe County CDR Team		

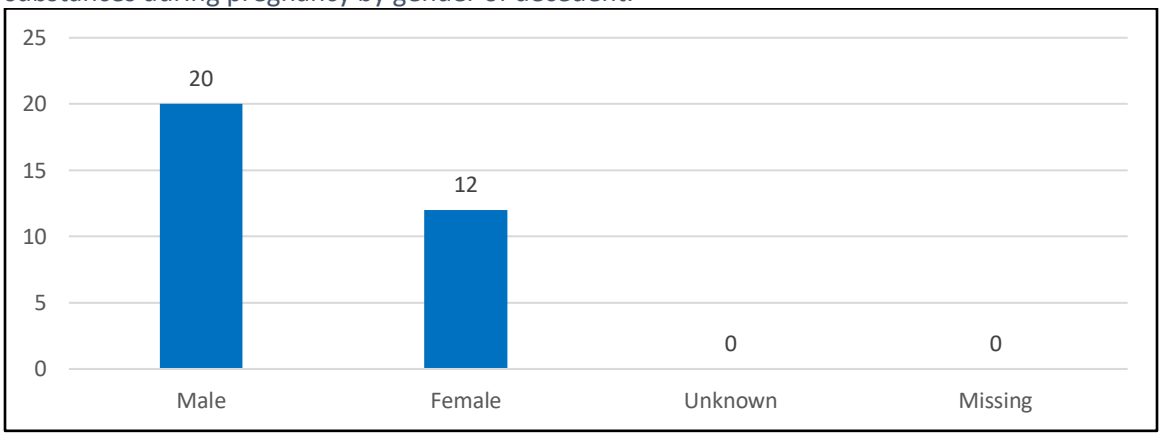
The majority of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy was among males (62.5%). See Table 70.

Table 70. Number and percent of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy by gender of decedent.

	Number	Percent
Male	20	62.5%
Female	12	37.5%
Unknown	0	0.0%
Missing	0	0.0%
Total	32	100%

As seen in Figure 45, there were 20 male child deaths and 12 female child deaths among children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy.

Figure 45. Number of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy by gender of decedent.



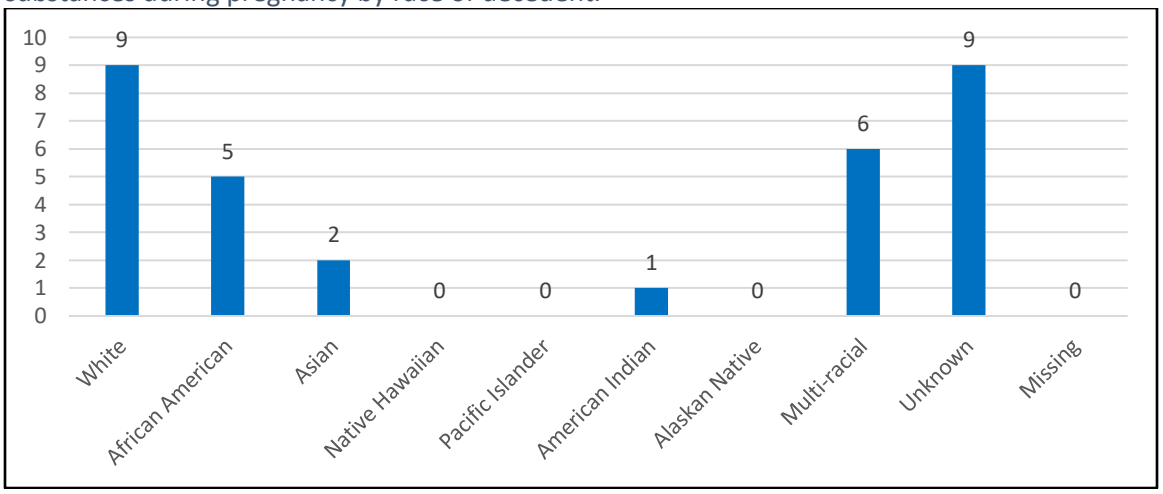
As seen in Table 71, among the deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy, 28.1% were white and 28.1% were of unknown race. The remaining child deaths occurred among those that were multi-racial (18.8%), African Americans (15.6%), Asian (6.3%), and American Indian (3.1%).

Table 71. Number and percent of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy by race of decedent.

	Number	Percent
White	9	28.1%
African American	5	15.6%
Asian	2	6.3%
Native Hawaiian	0	0.0%
Pacific Islander	0	0.0%
American Indian	1	3.1%
Alaskan Native	0	0.0%
Multi-racial	6	18.8%
Unknown	9	28.1%
Missing	0	0.0%
Total	32	100%

The distribution of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy by race of the decedent can be seen in Figure 46.

Figure 46. Number of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy by race of decedent.



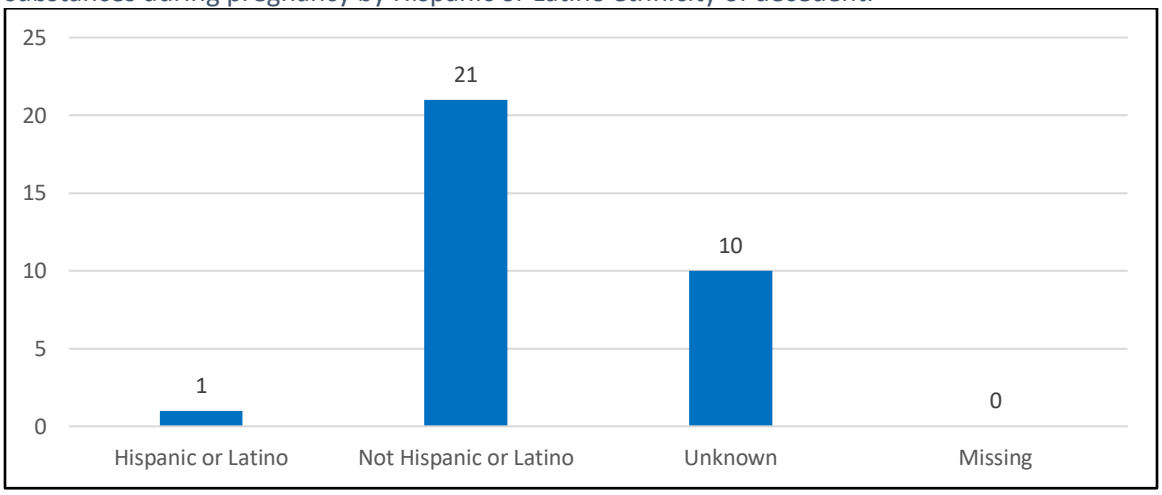
The majority of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy occurred among those who were identified as not Hispanic or Latino (65.6%). In 31.3% of the child deaths, the Hispanic or Latino ethnicity of the decedent was unknown. See Table 72.

Table 72. Number and percent of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy by Hispanic or Latino ethnicity of decedent.

	Number	Percent
Hispanic or Latino	1	3.1%
Not Hispanic or Latino	21	65.6%
Unknown	10	31.3%
Missing	0	0.0%
Total	32	100%

The distribution of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy by Hispanic or Latino ethnicity of the decedent can be seen in Figure 47.

Figure 47. Number of deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy by Hispanic or Latino ethnicity of decedent.



Risk factors associated with deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy can be seen in Table 73. The types of risk factors shown include those that occurred prior to pregnancy, during pregnancy, and indicate exposure to the child.

Table 73. Risk factors associated with deaths of children under 1 year of age in Nevada in 2017 in which the mother used substances during pregnancy.

		Number of Cases
Prior to Pregnancy	Mother had a history of substance use	23
	Substance use included alcohol	3
	Substance use included cocaine	0
	Substance use included marijuana	15
	Substance use included methamphetamines	9
	Substance use included opiates	3
	Substance use included prescription drugs	2
	Substance use included over-the-counter drugs	0
	Mother was a prior victim of child maltreatment	1
	Mother was a prior perpetrator of child maltreatment	6
	Mother's history included a prior child death	1
During Pregnancy	Mother smoked	9
	Mother used alcohol	3
	Mother used cocaine	0
	Mother used heroin	0
	Mother used marijuana	15
	Mother used methamphetamines	6
	Mother used opiates	4
Child Exposure	Toxicology screen completed on child	15
	Toxicology screen was negative	3

	Child tested positive for alcohol	0
	Child tested positive for cocaine	0
	Child tested positive for marijuana	6
	Child tested positive for methamphetamines	3
	Child tested positive for opiates	2
	Child tested positive for prescription drugs	0
	Child tested positive for other drugs	2
	Child test results unknown	1
Note: More than one risk factor can apply to a case.		

Non-Homicide Deaths in which Abuse or Neglect Caused or Contributed

In Nevada in 2017, there were 37 child deaths that were not homicides in which abuse or neglect caused or contributed to the death. As seen in Table 74, the majority of these child deaths occurred among residents of Clark County (94.6%). The remaining child deaths occurred among residents out of state (5.4%). See Appendix B for details regarding all counties.

Table 74. Number and percent of non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death by decedent's county of residence.

	Number	Percent
Clark County	35	94.6%
Washoe County	0	0.0%
Rural Counties	0	0.0%
Out of state	2*	5.4%
Unknown	0	0.0%
Missing	0	0.0%
Total	37	100%
*Reviewed by the Clark County CDR Team		

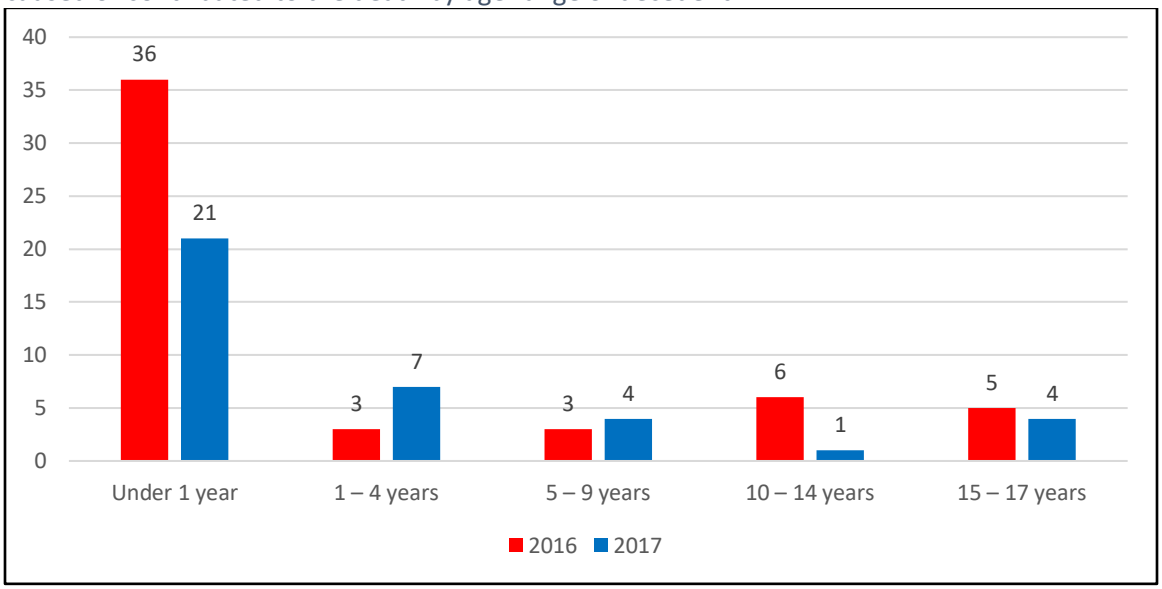
More than three-fourths of the non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death occurred among those under five years of age (75.7%). See Table 75.

Table 75. Number and percent of non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death by age range of decedent.

	Number	Percent
Under 1 year	21	56.8%
1 – 4 years	7	18.9%
5 – 9 years	4	10.8%
10 – 14 years	1	2.7%
15 – 17 years	4	10.8%
Total	37	100%

As seen in Figure 48, in Nevada in 2017 as compared to 2016, there were fewer non-homicide child deaths in which abuse or neglect caused or contributed to the death among those under one year of age, 10 – 14 years of age, and 15 – 17 years of age.

Figure 48. Number of non-homicide child deaths in Nevada in 2016 and 2017 in which abuse or neglect caused or contributed to the death by age range of decedent.



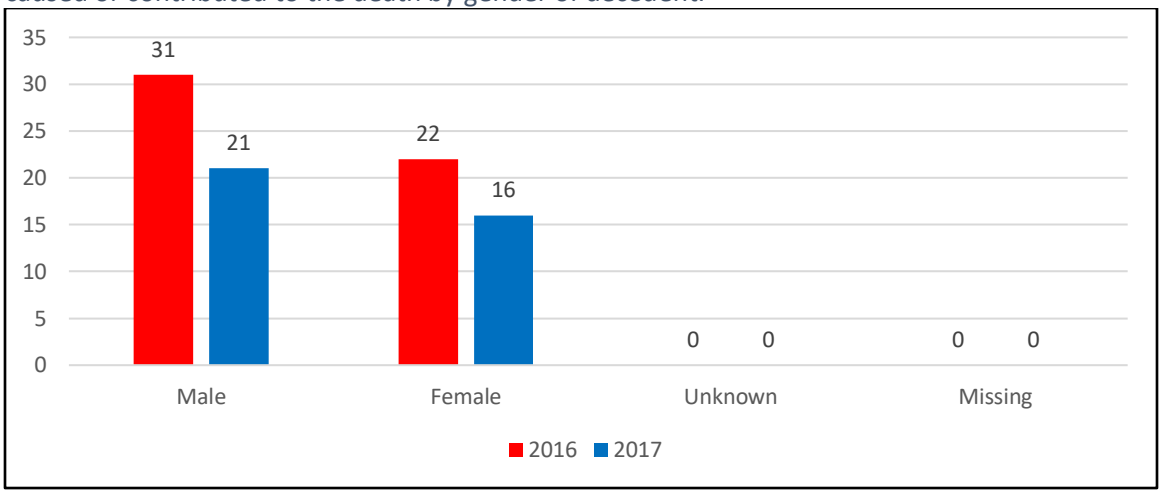
In Nevada in 2017, there was a larger percentage of non-homicide child deaths in which abuse or neglect caused or contributed to the death among males (56.8%) as compared to females (43.2%). See Table 76.

Table 76. Number and percent of non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death by gender of decedent.

	Number	Percent
Male	21	56.8%
Female	16	43.2%
Unknown	0	0.0%
Missing	0	0.0%
Total	37	100%

As seen in Figure 49, there were fewer male and female non-homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 as compared to 2016.

Figure 49. Number of non-homicide child deaths in Nevada in 2016 and 2017 in which abuse or neglect caused or contributed to the death by gender of decedent.



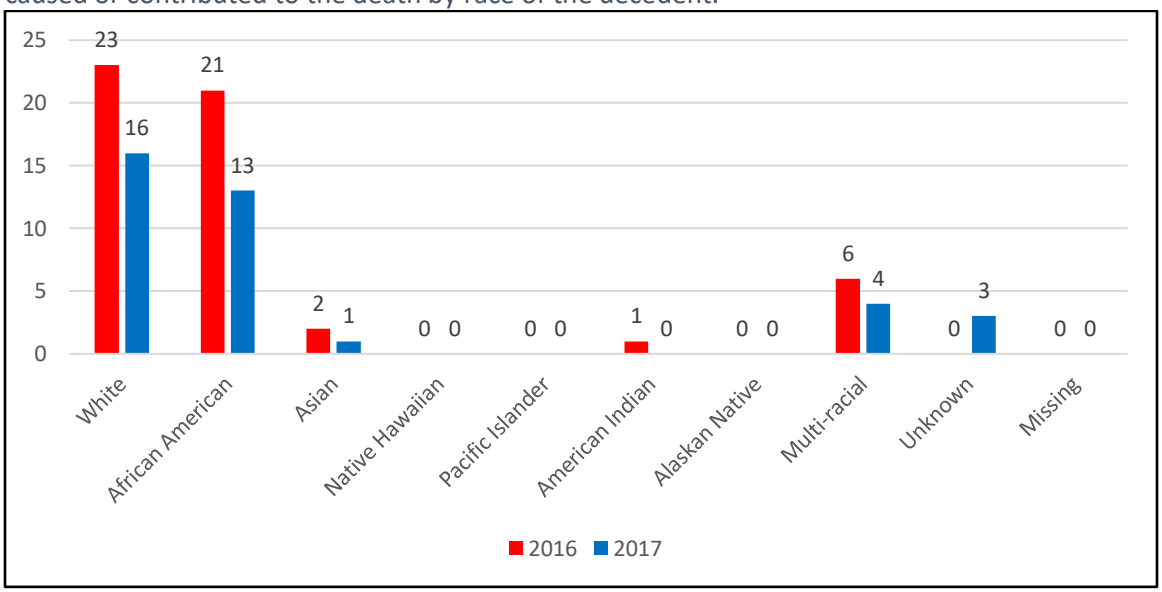
As seen in Table 77, 43.2% of the non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death occurred among white children and 35.1% occurred among African American children.

Table 77. Number and percent of non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death by race of decedent.

	Number	Percent
White	16	43.2%
African American	13	35.1%
Asian	1	2.7%
Native Hawaiian	0	0.0%
Pacific Islander	0	0.0%
American Indian	0	0.0%
Alaskan Native	0	0.0%
Multi-racial	4	10.8%
Unknown	3	8.1%
Missing	0	0.0%
Total	37	100%

As seen in Figure 50, with the exception of the unknown race category, there was a decrease among all races in the number of non-homicide child deaths in which abuse or neglect caused or contributed to the death in Nevada in 2017 as compared to 2016.

Figure 50. Number of non-homicide child deaths in Nevada in 2016 and 2017 in which abuse or neglect caused or contributed to the death by race of the decedent.



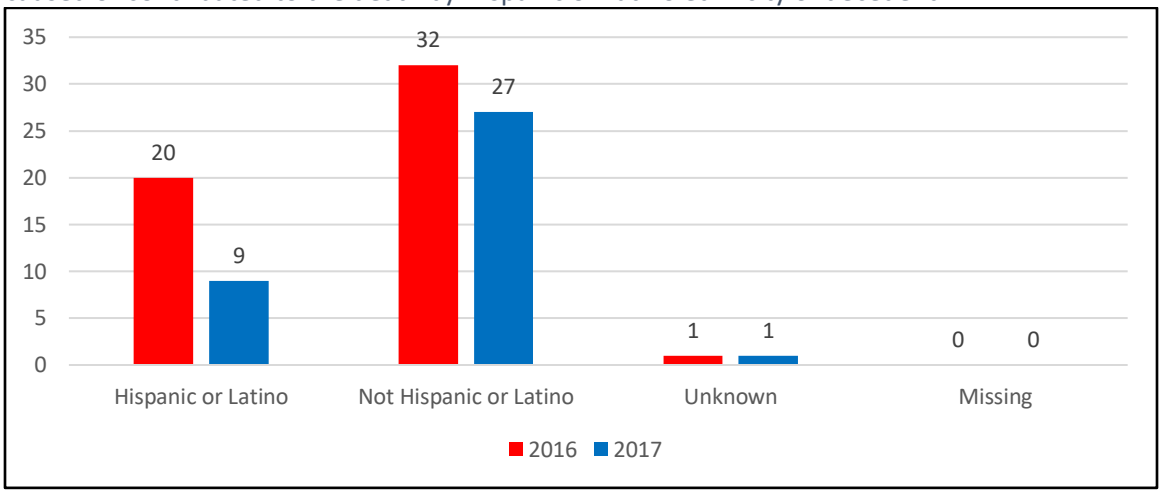
The majority of non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death occurred among those who were identified as not Hispanic or Latino (73.0%). See Table 78.

Table 78. Number and percent of non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death by Hispanic or Latino ethnicity of decedent.

	Number	Percent
Hispanic or Latino	9	24.3%
Not Hispanic or Latino	27	73.0%
Unknown	1	2.7%
Missing	0	0.0%
Total	37	100%

As seen in Figure 51, there was a decrease in the number of non-homicide child deaths in which abuse or neglect caused or contributed to the death among Hispanic and Latinos and those who were not Hispanic or Latino in Nevada in 2017 as compared to 2016.

Figure 51. Number of non-homicide child deaths in Nevada in 2016 and 2017 in which abuse or neglect caused or contributed to the death by Hispanic or Latino ethnicity of decedent.



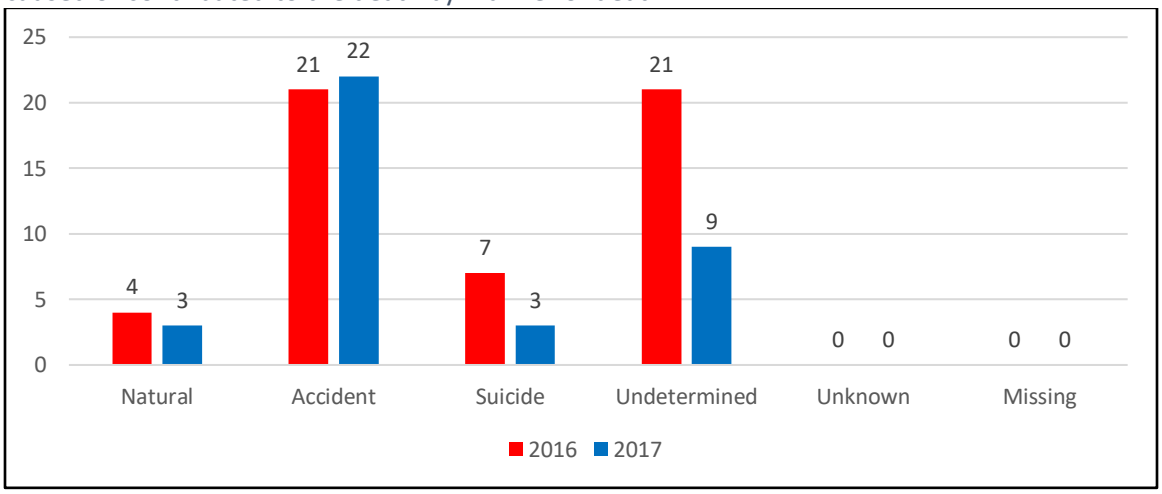
As seen in Table 79, among the non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death, 59.4% were accidents, 24.3% were of undetermined manner, 8.1% were natural, and 8.1% were suicides. For the natural and suicide child deaths, neglect caused or contributed to the deaths. In 21 of the accidents, neglect caused or contributed to the deaths and abuse caused or contributed to one of the deaths. In eight of the undetermined deaths, neglect caused or contributed to the deaths and abuse caused or contributed to one of the deaths.

Table 79. Number and percent of non-homicide child deaths in Nevada in 2017 in which abuse or neglect caused or contributed to the death by manner of death.

	Number	Percent
Natural	3	8.1%
Accident	22	59.4%
Suicide	3	8.1%
Undetermined	9	24.3%
Unknown	0	0.0%
Missing	0	0.0%
Total	37	100%

As seen in Figure 52, with the exception of accidents, there was a decrease in the number of non-homicide child deaths in which abuse or neglect caused or contributed to the death among all manners of death in Nevada in 2017 as compared to 2016.

Figure 52. Number of non-homicide child deaths in Nevada in 2016 and 2017 in which abuse or neglect caused or contributed to the death by manner of death.



Sudden Infant Death Syndrome (SIDS)

SIDS deaths are required to be reviewed by regional CDR teams per NRS 432B.405. However, there were no child deaths in Nevada in 2017 that were categorized as being the result of SIDS.

Children Involved in the Child Protective Services (CPS) System

Of the 359 child deaths in Nevada in 2017, there were 30 in which the children had been involved with the Child Protective Services (CPS) System. In 25 of these deaths, there was a past history of child maltreatment as identified through CPS and in five deaths there was no past history of child maltreatment but there was an open CPS case. In the 25 deaths in which there was a past history of child maltreatment, there were seven in which there was an open CPS case.

As seen in Table 80, the majority of child deaths with CPS involvement in Nevada in 2017 was among decedents that resided in Clark County (93.3%). See Appendix B for details regarding all counties.

Table 80. Number and percent of child deaths with CPS involvement in Nevada in 2017 by decedent's county of residence.

	Number	Percent
Clark County	28	93.3%
Washoe County	0	0.0%
Rural Counties	1	3.3%
Out of state	1*	3.3%
Unknown	0	0.0%
Missing	0	0.0%
Total	30	100%
*Reviewed by the Clark County CDR Team		

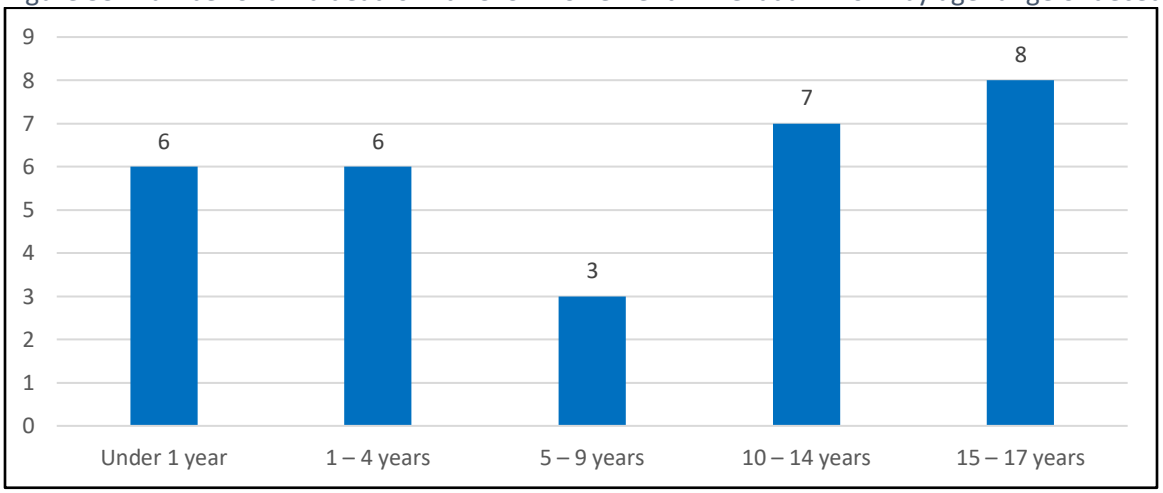
In Nevada in 2017, the smallest percentage of child deaths with CPS involvement occurred among those in the 5 – 9 years age range. See Table 81.

Table 81. Number and percent of child deaths with CPS involvement in Nevada in 2017 by age range of decedent.

	Number	Percent
Under 1 year	6	20.0%
1 – 4 years	6	20.0%
5 – 9 years	3	10.0%
10 – 14 years	7	23.3%
15 – 17 years	8	26.7%
Total	30	100%

The number of child deaths with CPS involvement in Nevada in 2017 by age range of decedent can be seen in Figure 53.

Figure 53. Number of child deaths with CPS involvement in Nevada in 2017 by age range of decedent.



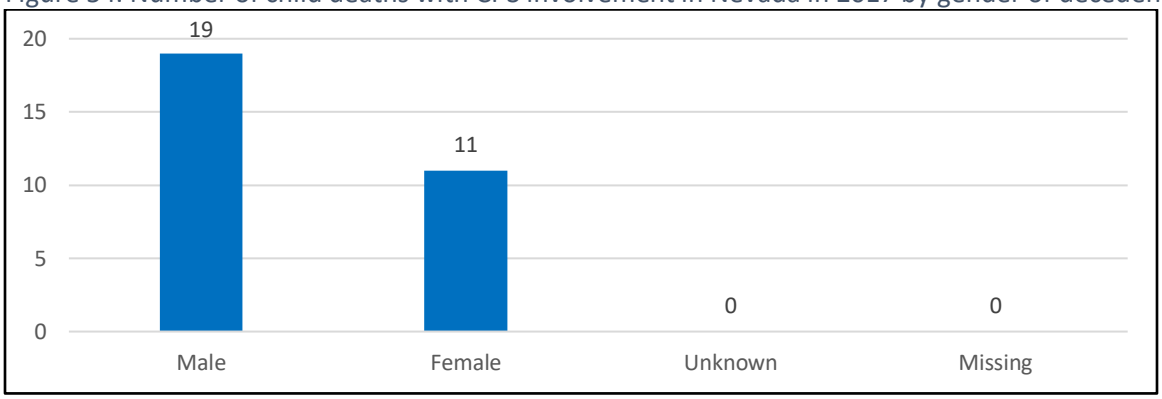
There was a larger percentage of child deaths with CPS involvement in Nevada in 2017 among males (63.3%) as compared to females (36.7%). See Table 82.

Table 82. Number and percent of child deaths with CPS involvement in Nevada in 2017 by gender of decedent.

	Number	Percent
Male	19	63.3%
Female	11	36.7%
Unknown	0	0.0%
Missing	0	0.0%
Total	30	100%

The number of child deaths with CPS involvement in Nevada in 2017 by gender of decedent can be seen in Figure 54.

Figure 54. Number of child deaths with CPS involvement in Nevada in 2017 by gender of decedent.



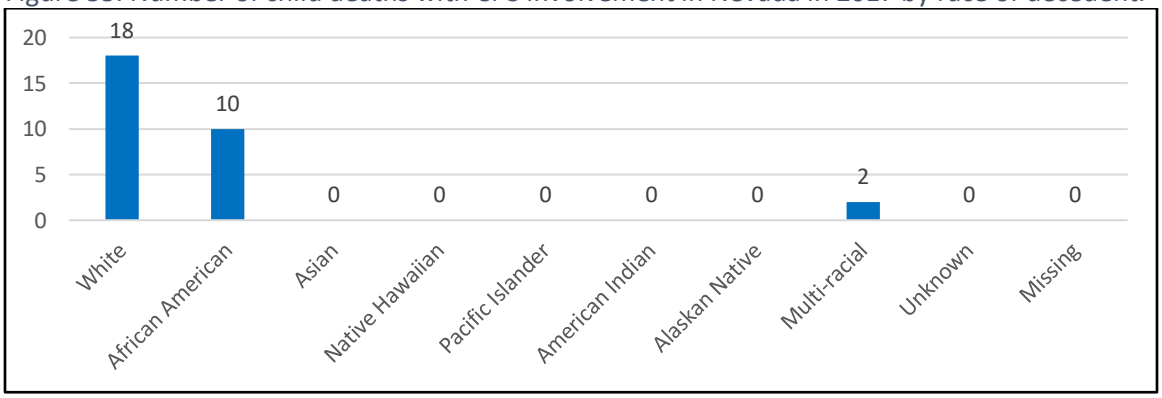
The majority of child deaths with CPS involvement in Nevada in 2017 occurred among white children (60.0%) and African American children (33.3%). See Table 83.

Table 83. Number and percent of child deaths with CPS involvement in Nevada in 2017 by race of decedent.

	Number	Percent
White	18	60.0%
African American	10	33.3%
Asian	0	0.0%
Native Hawaiian	0	0.0%
Pacific Islander	0	0.0%
American Indian	0	0.0%
Alaskan Native	0	0.0%
Multi-racial	2	6.7%
Unknown	0	0.0%
Missing	0	0.0%
Total	30	100%

See Figure 55 for the number of child deaths with CPS involvement in Nevada in 2017 by race of decedent.

Figure 55. Number of child deaths with CPS involvement in Nevada in 2017 by race of decedent.



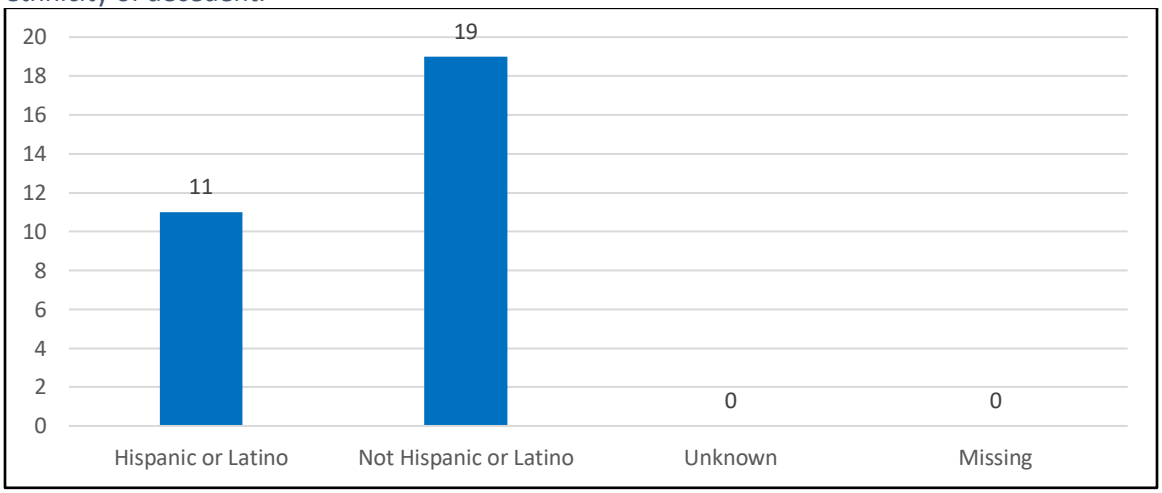
The majority of child deaths with CPS involvement in Nevada in 2017 occurred among those that were not Hispanic or Latino (63.3%). See Table 84.

Table 84. Number and percent of child deaths with CPS involvement in Nevada in 2017 by Hispanic or Latino ethnicity of decedent.

	Number	Percent
Hispanic or Latino	11	36.7%
Not Hispanic or Latino	19	63.3%
Unknown	0	0.0%
Missing	0	0.0%
Total	30	100%

The number of child deaths with CPS involvement in Nevada in 2017 by Hispanic or Latino ethnicity of decedent can be seen in Figure 56.

Figure 56. Number of child deaths with CPS involvement in Nevada in 2017 by Hispanic or Latino ethnicity of decedent.



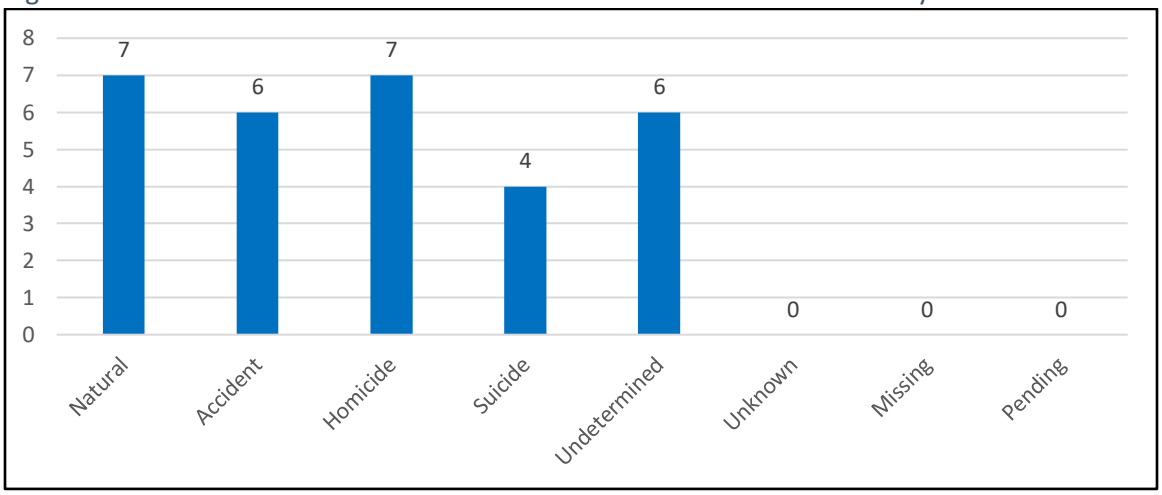
As seen in Table 85, natural, accident, homicide, and undetermined manners each accounted for approximately 20% of the child deaths in Nevada with CPS involvement in 2017. The smallest percentage of child deaths with CPS involvement were suicides (13.3%).

Table 85. Number and percent of child deaths in Nevada with CPS involvement in 2017 by manner of death.

	Number	Percent
	7	23.3%
Accident	6	20.0%
Homicide	7	23.3%
Suicide	4	13.3%
Undetermined	6	20.0%
Unknown	0	0.0%
Missing	0	0.0%
Pending	0	0.0%
Total	30	100%

The number of child deaths with CPS involvement in Nevada in 2017 by manner of death can be seen in Figure 57.

Figure 57. Number of child deaths with CPS involvement in Nevada in 2017 by manner of death.



Appendix A. Previous Public Awareness Efforts Supported by the Executive Committee

Safe Sleep Related Public Awareness Efforts

SFY 2016: The Executive Committee funded the purchase of 80 portable cribs for distribution by the Washoe County Department of Social Services (WCDSS) to low-income families in the Northern region of the state in order to promote safe sleep environments. WCDSS partners with Safe Kids Washoe County to provide educational materials and other resources to families that come into contact with the child welfare system.

The Executive Committee also funded the purchase of 166 portable cribs for distribution by Baby's Bounty to low-income families in the Southern region of the state in order to promote safe sleep environments. Baby's Bounty provides an array of resources to support infant health and wellbeing to new parents, with a focus on education about safe sleep practices.

Additionally, the Executive Committee partnered again with Immunize Nevada to support distribution of their prevention-oriented PINK Growth Chart, first funded in SFY 2011.

SFY 2015: The Executive Committee collaborated again with Immunize Nevada to support distribution of their prevention-oriented PINK Growth Chart targeted for pregnant and new mothers. As with the original new baby PINK packets, this information piece combines information on several child health resources and child safety factors, including safe sleep.

SFY 2014: The Executive Committee collaborated again with Safe Kids Washoe County to support the ongoing Cribs for Kids program which targets underserved communities through a comprehensive educational campaign that promotes healthy sleep conditions for infants. This includes three primary components:

- A Train-the-Trainer program with partner agencies that provides direct education on SIDS and safe sleep information to clients, families, and caregivers.
- Targeting families who would not have a safe sleep environment to assist them with a Safe Sleep Survival Kit, which includes a portable crib, a sleep sack, a fitted crib sheet, a pacifier, and additional educational materials.
- Collaborative efforts to create a larger professional and public awareness and education campaign to serve the Nevada community.

SFY 2013: The Executive Committee continued funding the inclusion of the updated safe sleeping brochure in new-baby information packets distributed through hospitals statewide, through the partnership with Immunize Nevada.

SFY 2012: The Executive Committee collaborated with Safe Kids Washoe County and the Nevada Division of Public and Behavioral Health (DPBH) to revise the safe sleeping brochure in order to update portions of the information provided and bring the brochure into alignment with the national model provided by Safe Kids. Distribution to hospitals will continue based on the existing partnership with Immunize Nevada, which provides new-baby information packets to hospitals statewide, as well as through the expanded Cribs for Kids program being implemented by Safe Kids Washoe County.

Additionally, the Executive Committee funded a safe sleep campaign through WCDSS. This campaign included instructional messages delivered through an existing volunteer program, billboards focused on the prevention of bed sharing, printing and distribution of informational materials, and the provision of cribs for low-income families.

SFY 2011: The Executive Committee collaborated with Immunize Nevada to include a variety of prevention materials in new-baby information packets distributed through hospitals statewide. These Protect and Immunize Nevada's Kids (PINK) packets included the existing safe sleeping brochure, along with a bilingual choking prevention brochure developed in partnership with DCFS.

SFY 2010: The Executive Committee contributed funding to a Cribs for Kids pilot project through the Nevada Division of Public and Behavioral Health (DPBH), which worked in partnership with the WIC Program, Washoe County Health District (WCHD), and St. Mary's Hospital. Safe Kids Washoe County, a chapter of the national Safe Kids prevention group, was accepted as the provider for the related training curriculum. The goal was to provide new moms with pack-and-play cribs and information on safe sleeping for new babies, along with SIDS prevention.

SFY 2009: Distribution was expanded to child welfare agencies and foster parents, as well as Family Resource Centers, Family-to-Family programs, and Women, Infants, and Children (WIC) Offices statewide. The safe sleeping brochure is also available through partner websites.

SFY 2007: The Executive Committee contributed funding to the printing of bilingual brochures intended to educate parents of newborn infants and young children about safe sleeping environments. These were distributed to 30 hospitals statewide for inclusion in new birth packets and/or distribution through labor and delivery units.

Abuse, Neglect, and Firearm Related Public Awareness Efforts

SFY 2016: The Executive Committee provided funds to Prevent Child Abuse Nevada (PCANV) to print informational materials based on the *Choose Your Partner Carefully* campaign, for distribution statewide in both English and Spanish. This campaign targets prevention efforts based on the fact that in over half of substantiated abuse and neglect cases in Clark County, the perpetrator is identified as the primary caregiver's partner, typically the mother's boyfriend.

Additionally, the Executive Committee provided funds to PCANV to support a statewide child safety conference to increase awareness of child abuse prevention, child safety activities, and resources available in Nevada. This conference was targeted to child welfare professionals and stakeholders.

SFY 2013: The Executive Committee provided funds again for the *Choose Your Partner Carefully* campaign, with the goals of additional expansion into Washoe County and the rural areas. This was first funded in SFY 2012.

SFY 2012: The Executive Committee provided funds to a Clark County collaborative group for the *Choose Your Partner Carefully* campaign. This multimedia campaign included the printing and distribution of campaign brochures and postcards, direct dissemination of information at community events, bus stop advertisements in high-risk areas of the county, publication of web-based information resources, and distribution of an electronic newsletter to parents and professionals who work with families.

SFY 2011: The Executive Committee collaborated with Immunize Nevada to include a variety of prevention materials in new baby PINK packets distributed through hospitals statewide. These packets included a bilingual firearm safety brochure developed in partnership with DCFS.

SFY 2010: The Executive Committee funded the placement of firearm violence prevention information on eight billboards statewide: 1 in Elko, 1 in Ely, 2 in Reno, and 4 in Las Vegas. The prevention message was based on the *Bullets Leave Holes* campaign formerly developed in Illinois. The billboard messages were contracted for a minimum of 30 days, which resulted in approximately 70,000 exposures per day in Las Vegas, and approximately 40,000 exposures per day in Reno.

Motor Vehicle Accident Related Public Awareness Efforts

SFY 2015: The Executive Committee again provided funds to support mobile Internet access used as part of the Driving Responsibly Includes Vehicle Education (DRIVE) training program implemented by DPS. This program continues to be offered in rural areas, Washoe County, and Clark County.

SFY 2014: The Executive Committee again provided funds to support the purchase of computer equipment used as part of the DRIVE training program implemented by DPS. This program continues to be offered in rural areas and Washoe County, and is planned to expand into Clark County during SFY 2014.

SFY 2013: The Executive Committee provided funds to support the purchase of computer equipment used as part of the DRIVE training program implemented by DPS. This program is currently offered in rural areas including Douglas County, Carson City, Fernley, and the Fallon Juvenile courts. The program also expanded into Washoe County during SFY 2013.

Suicide Prevention Related Public Awareness Efforts

SFY 2016: The Executive Committee contributed funding again to the operation of the Crisis Call Center, in order to continue supporting the Text4Life service.

SFY 2015: The Executive Committee contributed first-year funding to the operation of the Crisis Call Center, in order to support the Text4Life service. This texting program was conceived to reach out to individuals, especially youth, who use texting as a primary means of communication and who might contact the center regarding problems such as suicide, drug abuse, or other issues via text when they otherwise would not call. The goal of the program is to provide education and support regarding abuse, addiction, physical and mental health, and suicide prevention.

SFY 2014: The Executive Committee contributed funding to the continuation of the Reducing Access to Lethal Means campaign through the Nevada OSP, first funded in SFY 2013.

SFY 2013: The Executive Committee contributed first-year funding to the Reducing Access to Lethal Means campaign through the Nevada OSP. The program focuses on five areas: 1) Building community partnerships with relevant agencies and businesses including gun shop owners, gun ranges, gun retailers, gun distributors, gun show promoters, and gun owners; along with healthcare providers, law enforcement agencies, policy makers, school administrators, legislators, heads of state agencies, and those people responsible for creating statutes, rules, and regulations to ensure the health and safety of young people. These individuals and the organizations they represent should consult with one another on key decisions throughout the project and to partner in message delivery. 2) Discussing the movement's lethal means restriction with gun promoters, distributors, retailers, owners, buyers, gun

range invitees. 3) Educating those who are in the business of selling guns, distributing guns, facilities offering firearms practice (shooting ranges), gun shows, and gun owners about lethal means restriction and training them how to educate parents on the topic. 4) Directly educating parents on lethal means restriction and other suicide prevention techniques through community-based suicide prevention training sessions. 5) Supplementing these project activities through a public information and media campaign focusing on lethal means restriction.

SFY 2011: The Executive Committee contributed funding to the UR Not Alone campaign through the Nevada Office of Suicide Prevention (OSP). This innovative program enabled students in participating middle and high schools to use text messaging to obtain support and resources when they are emotionally troubled and may demonstrate suicide ideation. This campaign included printing and distribution of school participation packets, informational posters and cards placed at schools, staff engagement and orientation at schools, and development and distribution of ebulletins to lawmakers and stakeholders to promote suicide prevention awareness and funding.

Appendix B. Number and percent of child deaths in Nevada in 2017 by decedent's county of residence for detailed reviews.

	Accidents involving asphyxia	Accidents involving drowning	Motor vehicle accidents	Homicides	Homicides abuse or neglect caused or contributed	Suicides	Maternal substance use during pregnancy	Non-homicides abuse or neglect caused or contributed	CPS involvement
Carson City	0 (0.0%)	0 (0.0%)	2 (9.1%)	1 (4.2%)	1 (5.3%)	0 (0.0%)	1 (3.1%)	0 (0.0%)	0 (0.0%)
Clark	13 (86.7%)	7 (77.8%)	12 (54.5%)	17 (70.8%)	14 (73.7%)	11 (68.8%)	24 (75.0%)	35 (94.6%)	28 (93.3%)
Churchill	0 (0.0%)	0 (0.0%)	2 (9.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Douglas	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (3.1%)	0 (0.0%)	0 (0.0%)
Elko	0 (0.0%)	0 (0.0%)	1 (4.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (3.1%)	0 (0.0%)	0 (0.0%)
Esmeralda	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Eureka	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Humboldt	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Lander	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Lincoln	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Lyon	1 (6.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (6.3%)	0 (0.0%)	0 (0.0%)	1 (3.3%)
Mineral	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Nye	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (8.3%)	2 (10.5%)	1 (6.3%)	1 (3.1%)	0 (0.0%)	0 (0.0%)
Pershing	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Storey	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Washoe	0 (0.0%)	1 (11.1%)	3 (13.6%)	2 (8.3%)	0 (0.0%)	3 (18.8%)	1 (3.1%)	0 (0.0%)	0 (0.0%)
White Pine	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Out of state	1 (6.7%)	1 (11.1%)	2 (9.1%)	2 (8.3%)	2 (10.5%)	0 (0.0%)	2 (6.3%)	2 (5.4%)	1 (3.3%)
Unknown	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Missing	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (3.1%)	0 (0.0%)	0 (0.0%)
Total	15 (100%)	9 (100%)	22 (100%)	24 (100%)	19 (100%)	16 (100%)	32 (100%)	37 (100%)	30 (100%)