

## CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: 5.14.2020

Agency Name: Division of Child and Family Services

Agency Address: 1010 Ruby Vista Drive, Suite 101, Elko, NV 89801

Date of written notification to the Division of Child and Family Services and Legislative Auditor: 5.14.2020

Internal reference UNITY Case Number or Report Number: 1399836

### Type of Disclosure:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> 48 Hour Child Fatality Notice | <input checked="" type="checkbox"/> 5 Business Day Near Fatality Notice                                     | <input type="checkbox"/> 60 Day Update |
| <input type="checkbox"/> 9 Month/Final Update                     | <input type="checkbox"/> Final (Final checkbox left so that if it is a 60 day update they can select Final) |  |

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Child Fatality  | Date of Death: 5.14.2020         |
| <input checked="" type="checkbox"/> Near Fatality   | Date of Near Fatality: 5.12.2020 |
| <input type="checkbox"/> Portions of information on this form have been withheld at the request of <u>          (Name of agency)          </u> law enforcement. |                                  |

### INFORMATION FOR RELEASE

**A. Date of the notification to the child welfare agency of the death of a child:**

Near Fatality: 5.12.2020  
Fatality: 5.14.2020

**B. Location of child at the time of death or near fatality (city/county):**

Near Fatality: Elko/Elko  
Fatality: Salt Lake City/Salt Lake

**C. A summary of the report of abuse or neglect and a factual description of the contents of the report:**

A report was received on 5.12.2020. 911 was called due to 7 mo. old infant not breathing. Infant was observed by E.M.T.s to not be breathing at the time of their arrival. The infant was observed to have bruising on body, including face and buttocks. The infant was assessed at local hospital and found to have multiple skull fractures and a clasped lung. The infant was care flighted to larger hospital, to treat his condition. However, the agency was notified on 5.14.2020 that the infant was declared deceased at 6:32 a.m. on 5.14.2020.

**D. The date of birth and gender of child:**

10.06.2019/Male

**E. The date that the child suffered the fatality or near fatality:**

Near Fatality: 05.12.2020  
Fatality: 05.14.2020

**F. The cause of the fatality or near fatality, if such information has been determined:**

Pending Autopsy Results

**G. Whether the agency had any contact with the child or a member of the child's family or household before the fatality or near fatality and, if so...**

- (1) The frequency of any contact or communication with the child or a member of the child's family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality;
- (2) Whether the agency which provides child welfare services provided any child welfare services to the child or to a member of the child's family or household before or at the time of the fatality or near fatality;
- (3) Whether the agency which provides child welfare services made any referrals for child welfare services for the child or for a member of the child's family or household before or at the time of the fatality or near fatality;
- (4) Whether the agency which provides child welfare services took any other actions concerning the welfare of the child before or at the time of the fatality or near fatality; and
- (5) A summary of the status of the child's case at the time of the fatality or near fatality, including, without limitation, whether the child's case was closed by the agency which provides child welfare services before the fatality or near fatality and, if so, the reasons that the case was closed.

The information contained in this section is limited to contact(s) with the child who is the subject of this disclosure or a member of that child's family or household that is related to the fatality or near fatality incident. This limitation is required to preserve the confidentiality of all child abuse and neglect reports and records in order to protect the rights of the child and family as mandated by the Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.).

10.27.2014 report received regarding family alleging negligent maltreatment. Report assigned to DCFS worker for assessment. The allegations of neglect were unsubstantiated at the conclusion of the assessment. The case was closed at the conclusion of the assessment.

10.25.2016 report received regarding family alleging negligent maltreatment. Report assigned to DCFS worker for assessment. The allegations of neglect were substantiated at the conclusion of the assessment. The case was closed July 2017 case plan goals achieved. The agency provided services, referral for services and case management between October 2016-July 2017.

**H. Whether the agency which provides child welfare services, in response to the fatality or near fatality...**

- (1) Has provided or intends to provide child welfare services to the child or to a member of the child's family or household; and
- (2) Has made or intends to make a referral for child welfare services for the child or for a member of the child's family or household; and
- (3) Has taken or intends to take any other action concerning the welfare and safety of the child or any member of the child's family or household.

The agency is currently working with local law enforcement and assessing the needs of the family to determine referrals and resource needs of the family.

**NON-DISCLOSURE NOTICE**

The following information must not be released (see Policy on Public Disclosure of Child Fatality and Near Fatality Information, page 5):  
1) Information regarding the sibling(s) of a deceased child; 2) a privileged communication between attorney and client; 3) information regarding the sibling(s) of a deceased child; 4) the name of the reporting party or individual making an allegation or referral will not be

released; 5) if the disclosure of the information would adversely affect any pending investigation concerning a report (NRS 432B.290(4)-(5)); 6) if the disclosure violates other federal or state law, including, but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Family Educational and Privacy Act of 1974 (FERPA), alcohol and drug abuse patient records (42 USC §290dd-2 and 42 CFR §212 (c)(6)), and any other applicable law.