

## CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

**Date:** July 15, 2015

**Agency Name:** Division of Child and Family Services Family Programs Office

**Agency**

**Address:** 4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, Nevada 89706

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

**Internal reference UNITY ID or Report Number:** 1302991

**Type of Report:**  48 Hour Notice  15 Day Update  30 Day Update  Final

**Child Fatality** **Date of Death:** 7/12/2015

**Near Fatality** **Date of Near Fatality:**

**Portions of information on this form have been withheld at the request of**  
\_\_\_\_\_ **law enforcement.**

(Name of agency)

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### Information for Release:

**A. Date of the notification to the child welfare agency of the death of a child:**  
Division of Child and Family Services learned of the fatality on July 14, 2015.

**B. Location of child at the time of death or near fatality (city/county):**  
Las Vegas, Clark County

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

CCDFS received a report from a local hospital that an infant who was in the NICU since birth passed away due to an infection and medical complications. Abuse/neglect is not suspected in the fatality but a public disclosure is being completed due to an open case and the family's history with a child welfare agency.

**D. The date of birth and gender of child:**  
12/12/2014– Female

**E. The date that the child suffered the fatality or near fatality:**  
July 12, 2015

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

Release of the cause of the fatality will remain pending until receipt of official coroner documentation.

**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.

CCDFS received the following reports for the family and/or household members:

9/26/2003- Emotional Abuse/Rejection- Unsubstantiated

8/24/2009- Negligent Treatment/Inadequate Supervision- Physical Injury Abuse/Bruises/cuts- Unsubstantiated

12/13/2014- Info only report

5/28/2015- Physical Injury Neglect-Physical Risk- Open Investigation

**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.

Abuse or Neglect is not suspected in the child fatality and CCDFS will not be taking any further action.

**NON-DISCLOSURE NOTICE**

The following information must not be released (see Policy on Public Disclosure of Child Fatality and Near Fatality Information, page 4): 1) Information regarding the sibling(s) of a deceased child; 2) the name of the reporting party or individual making an allegation or referral will not be released; 3) if the disclosure of the information would adversely affect any pending investigation concerning a report (NRS 432B.290(3)); 4) 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.