

# CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

**Date:** 11/7/2017

**Agency Name:** Clark County Department of Family Services (CCDFS)

**Agency Address:** 121 S. Martin Luther King Blvd.  
Las Vegas, NV 89106-4309

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

**Auditor:** 10/30/2017. Please note that the initial disclosure was submitted not later than 5 business days of the near fatality, pursuant to NRS 432B.175(1).

**Internal reference UNITY ID or Report Number:** 1435630

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

Child **Date of Death:**

**Fatality**

Near **Date of Near Fatality:** 10/23/2017

**Fatality**

**Portions of information on this form have been withheld at the request of**  
**San Bernardino County Sheriff's Department law enforcement agency.**

(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:**

CCDFS was notified of the near fatality on 10/23/2017.

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

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

On October 23, 2017, CCDFS received a report that the 5-month-old child was transported to a hospital in Needles, California on October 22, 2017 due to being in physical distress. He was airlifted to a local Las Vegas hospital and upon further medical assessment was determined to be in serious condition. He was then transferred to another local hospital due to requiring a higher level of care. Medical assessment of the child did not correspond with the explanation provided for the child's condition.

**D. The date of birth and gender of child:** 5/3/2017, Male

**E. The date that the child suffered the fatality or near fatality:** 10/22/2017

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

The cause of the near fatality is under investigation.

- 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 are 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.)**

CCDFS has no prior CPS history for this child and/or his family.

- 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.

CCDFS has opened an investigation and is working in conjunction with the appropriate San Bernardino County authorities. CCDFS will, as deemed appropriate, provide child welfare services, make referrals for child welfare services, and/or take action concerning the welfare and safety of the child.

#### 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.