

CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: 4/20/2017

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

Agency

Address: 4126 Technology Way, 3rd Floor
Carson City, Nevada 89706

**Date of written notification to the Division of Child and Family Services and
Legislative Auditor:** 4/20/2017

Internal reference UNITY ID or Report Number: 1364962

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

Child Fatality **Date of Death:** 4/19/2017

Near Fatality **Date of Near Fatality:**

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

(Name of agency)

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 April 19, 2017.

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:

Clark County Department of Family Services (CCDFS) received a report that local law enforcement responded to a local residence regarding a child death. Child was pronounced deceased at the residence. Abuse/Neglect is not suspected in the fatality however a public disclosure is being completed based on CCDFS opening a case for assessment and due to prior history with Child Welfare Agency.

D. The date of birth and gender of child:
1/7/2009–Male

E. The date that the child suffered the fatality or near fatality:
4/19/2017-Fatality

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

The cause of the fatality is pending.

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 prior referrals for the child and/or family:

9/7/2010-Inadequate Supervision-Substantiated

10/9/2012- Medical Neglect- Unsubstantiated

1/4/2013-Information Only

1/11/2013-Information Only

5/8/2013- Information Only

10/2/2015-Bruises/Cuts- Unsubstantiated

12/10/2015-Failure to Thrive-Unsubstantiated

7/11/2016-Inadequate Food- Unsubstantiated

1/14/2017- Information Only

2/14/2017- Failure to Thrive- Unsubstantiated

3/15/2017-Information Only

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 as deemed appropriate, will 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