

## CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

**Date:** 2/7/2017

**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:** 2/3/2017

**Internal reference UNITY ID or Report Number:** 1405291

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

**Child Fatality** **Date of Death:** 2/2/2017

**Near Fatality** **Date of Near Fatality:** 1/30/2017

**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 February 2, 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 a 13 day old infant was found not breathing, she was transported to the local hospital and listed in critical condition. On February 2, 2017, she was pronounced deceased. Although there is no abuse or neglect suspected, a public disclosure is being completed based on CCDFS having an open case at the time of the fatality.

**D. The date of birth and gender of child:**  
1/17/2017–Female

**E. The date that the child suffered the fatality or near fatality:**  
1/30/2017-Near Fatality  
2/2/2017-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 has the following CPS history with this family:

4/22/2016-Negligent Treatment/Inadequate Supervision-Unsubstantiated

9/13/2016-Physical Injury Abuse/Bruises-Unsubstantiated

12/18/2016-Info Only

1/19/2017-Info Only

1/25/2017-Substance Exposed infant-The case remains open

**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.

A family assessment remains ongoing. CCDFS will make referrals as assessment dictates.

**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.