

## CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

**Date:** 04/03/14  
**Agency Name:** Division of Child and Family Services  
**Agency Address:** 1010 Ruby Vista, Ste 101  
Elko, Nevada 89801  
**Date of written notification to the Division of Child and Family Services and Legislative Auditor:**

**Internal reference UNITY ID or Report Number:** 1376306

**Type of Report:**  48 Hour Notice  15 Day Update  30 Day Update  Final  
 **Child Fatality** **Date of Death:** 02/23/14  
 **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:**  
02/23/14
- B. Location of child at the time of death or near fatality (city/county):**  
Elko/Elko, NV
- C. A summary of the report of abuse or neglect and a factual description of the contents of the report:**  
It was reported to the Division of Child and Family Services that the child was found deceased by a family member in the morning hours. The child may have been placed in an inappropriate sleeping arrangement.
- D. The date of birth and gender of child:**  
08/08/13 – Male
- E. The date that the child suffered the fatality or near fatality:**  
02/23/14
- F. The cause of the fatality or near fatality, if such information has been determined:**  
The cause of death is undetermined at this time. The autopsy was completed on 02/25/14, but the report has not yet been issued.
- 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 Division of Child and Family Services (DCFS) has had the following involvement with household members:

- 01/18/2012 – A report of physical abuse was investigated and found to be unsubstantiated.
- 02/09/2012 – A report of physical abuse was investigated and found to be substantiated.
- 02/29/2012 – A report was received and dispositioned as Info only.
- 7/23/2013 – A report was received and dispositioned as Information/Referral.
- 10/22/2013 – A report was received and dispositioned as Info Only.
- 11/21/2013 – A report of neglect was investigated and found to be unsubstantiated.

DCFS provided in-home services to the family from 02/2012 through 10/2013 to include Intensive Family Services and Wrap Around in Nevada. A case plan was developed with the family and services were provided. The case was subsequently closed.

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

- H.** (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.

- 1) On 04/01/14 DCFS concluded the assessment prompted by the child fatality and determined there was not enough evidence to support the child's death was a result of neglect.
- 2) DCFS assisted the family in placing a family member in a guardianship with family members.
- 3). DCFS coordinated with law enforcement during the course of the assessment.
- 4). DCFS made a referral to Intensive Family Services and provided a referral to parenting classes.

#### 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.