

CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: 01/31/2018

Agency Name: Division of Child and Family Services

Agency Address: 2533 North Carson Street, Suite 100, Carson City, NV 89706

Date of written notification to the Division of Child and Family Services and Legislative Auditor: 01/29/2018

Internal reference UNITY ID or Report Number: Case number 1319534

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

Child Fatality **Date of Death:**

Near Fatality **Date of Near Fatality:** 01/29/2018

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:

N/A

B. Location of child at the time of death or near fatality (city/county):

Carson City, NV

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

The Division of Child and Family Services received a report that a four year old child was outside with his older sibling and cousin when he was shot by a bb gun and as a result he was transported to a hospital and listed in critical condition.

D. The date of birth and gender of child:

02/24/13, male

E. The date that the child suffered the fatality or near fatality:

01/29/18

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

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.

DCFS received the following prior referrals for the child and/or family:

06/24/05 - Neglect-unsubstantiated

05/07/10- Mental Injury Neglect - unsubstantiated.

12/10/10 - Physical Injury Abuse Physical Risk-unsubstantiated

12/20/10- Physical Injury Abuse Physical Risk-additional information was received for 12/10/2010 report

01/20/11- Physical Injury Abuse Physical Risk-unsubstantiated

12/11/13- Physical Injury Abuse Bruises and Neglect Failure to Protect-unsubstantiated

10/05/14-Mental Injury Abuse and Physical Injury Abuse Bruises-Physical Abuse substantiated, Mental Injury unsubstantiated

11/10/15-Inadequate Supervision and Physical Injury Neglect-Differential Response

01/25/16-Environmental Neglect-unsubstantiated

12/14/16-Inadequate Supervision-information only

01/12/17-Inadequate Supervision and Physical Abuse Physical Risk-Differential Response

01/29/17-Inadequate Supervision-Investigation ongoing

01/30/17-Inadequate Supervision-Additional Information was received from 1/29/2017 report

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.

DCFS has opened a case and will make referrals as assessment dictates. Law enforcement is also continuing to investigate this matter.

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.