

## CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: 06/28/24

Agency Name: Division of Child & Family Services

Agency Address: 1780 E. Basin Ave, Ste. #2 Pahrump, NV 89060

Date of written notification to the Division of Child and Family Services and Legislative Auditor: 06/28/24

Internal reference UNITY Case Number: 1519916

- Child Fatality      Date of Death:
- Near Fatality      Date of Near Fatality: 02/12/24
- Portions of information on this form have been withheld at the request of (Name of agency) law enforcement agency.

### INFORMATION FOR RELEASE

- A. Date of the notification to the child welfare agency of the fatality/near fatality of a child:  
04/30/24
- B. Location of child at the time of death or near fatality (city/county):  
Pahrump, Nye County
- C. A summary of the report of abuse or neglect and a factual description of the contents of the report:  
Source reported child was in the father's care when the father took the child to Desert View Hospital in Pahrump on 02/12/24. Child had head trauma, bruising on both of his forearms, and bruising on his stomach. The father provided the explanation that the child fell out of his crib and was unresponsive. an X-ray was completed at Desert View Hospital and the child had an occipital bone fracture of the skull, parietal scalp contusion, and head trauma. The child was transferred to Sunrise Hospital Adult E.R. from Desert View Hospital on the morning of 02/12/24. The child's condition was listed as serious condition and was intubated.
- D. The date of birth and gender of child: 06/15/22. Male.
- E. The date that the child suffered the fatality or near fatality: 02/12/24.
- F. The cause of the fatality or near fatality, if such information has been determined: The child's mother disclosed she threw the child resulting in the injuries.
- 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: None.
  - (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: None.
  - (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: None.
  - (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: None.
  - (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.

This agency did not have any contact with the child or a member of the child's family or household before the near fatality.

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 is 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.).

**Agencies to check with legal representation if language is needed.**

**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.

The agency has opened an investigation into this near fatality.

[NON-DISCLOSURE NOTICE](#)

The following information must not be released (see Policy on Public Disclosure of Child Fatality and Near Fatality Information, page 5):

1) Information regarding the sibling(s) of a deceased child; 2) a privileged communication between attorney and client; 3) information regarding the sibling(s) of a deceased child; 4) the name of the reporting party or individual making an allegation or referral will not be released; 5) if the disclosure of the information would adversely affect any pending investigation concerning a report (NRS 432B.290(4)-(5)); 6) 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.