CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: 6.4.2025
Agency Name: DCFS
Agency Address: 1010 Ruby Vista Dr. Suite 101, Elko, NV 89801
Date of written notification to the Division of Child and Family Services and Legislative Auditor: 6.3.2025
Internal reference UNITY Case Number: 1398272

☒ **Child Fatality** **Date of Death: 6.2.2025 @ 10pm**
☐ **Near Fatality** **Date of Near Fatality:**
☐ **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:
6.3.2025 - At approximately 3pm, DCFS caseworker contacted the hospital where the Child was receiving care, to inquire about Child status. It was learned during the inquiry by DCFS that the child had been declared deceased on 6.2.2025 at 10:00 PM.

B. Location of child at the time of death or near fatality (city/county):
Elko, NV – Time of near fatality
Salt Lake City, UT – time of death

C. A summary of the report of abuse or neglect and a factual description of the contents of the report:
On 5/29/25, Child was found unresponsive and not breathing in the home, prompting Emergency Medical Service (EMS) and Law Enforcement response, and transport of the Child to local hospital. Child did not have a pulse and CPR was started by emergency services who continued CPR in route to the hospital. After 45 minutes of CPR, Child had a faint pulse. The Child was life-flighted to hospital in Utah. The bedroom where the Child was located was observed to have piles of trash, clutter, and moldy food. Additionally, there were prescription pill bottles (some filled, some empty), tin foil, and Narcan found within the room. The crib in the room was filled with items and it was determined that the Child would not have been regularly sleeping in the crib. The Child is reported to be co-sleeping with both parents in a queen size bed. The Child did not have any marks, bruises, or abrasions - the Child was constipated. The reason for Child being unresponsive is unknown. There were no other children in the home.

On 6/2/2025 DCFS learned from the Child's medical team that the Child was still in critical condition with poor prognosis and organ conditions that will not be recoverable: the cause of current condition is prolonged hypoxia and/or cardiac event, however, what caused this remains unclear. Child is suspected to be brain dead but brain functioning testing cannot be completed at this time as Child has acute pneumonia – reportedly caused by the treatment services provided to the Child. The child was receiving life-sustaining medical treatment including being placed on a ventilator. The NV toxicology report shows Child positive for THC, but negative for THC in UT. Medical opinion is that, because of how quickly the THC was cleared from the Child's system, it is not likely to have caused the child's condition. It is unclear if Child was tested for fentanyl in NV, however, NV medical team administered fentanyl to the Child, therefore additional urine samples are being requested to determine if Child was exposed to fentanyl prior to medical administration. Unsafe sleep conditions were considered by medical staff, but seems unlikely due to child's age, unless an adult was laying on top of the Child.

On 6/3/2025 at approximately 3:00 PM, DCFS caseworker called the hospital where the Child was receiving care to inquire about the Child's status. It was learned that on 6/2/2025, the Child had recovered from the acute pneumonia which allowed for the Child's brain functioning to be tested. The testing concluded that the Child had lost brain functioning and it was determined that life-sustaining medical treatment would be stopped. The Child was declared deceased on 6/2/2025 at 10:00 PM

D. The date of birth and gender of child:
4.24.2024, Female

E. The date that the child suffered the fatality or near fatality:
5.29.2025 Near fatality leading to fatality on 6.2.2025.

F. The cause of the fatality or near fatality, if such information has been determined:
Cardiac incident of unknown cause and/or prolonged hypoxia of unknown cause.

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;

Between 2014-2021 - Mother had 3 investigations: 2 unsubstantiated, 1 substantiated for other child(ren) no longer in her care.
Between 2014-2021: Mother had 3 information only reports for other child(ren) no longer in her care
4/25/2024: DCFS investigation opened due to substance exposed infant and concerns that parents were unable to meet the needs of the Child. Allegations unsubstantiated and case closed 6/10/2024. Last UNITY casenote completed 6/6/24 in which Assessment worker reviewed NIA with parents and maternal grandparents who resided in the home and referrals were made to local services. CARA plan had been developed for the mother and child.
January-March 2025 (2 contacts made): Mother requested assistance in locating emergency housing from former DCFS caseworker. She was referred to emergency shelter. Paternal relative reported an adult on adult crime to former DCFS caseworker, no referrals needed.
5/30/2025: DCFS investigation opened for this incident (on 5/30/2025).

(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;

2015 - Mother was provided ongoing DCFS case planning services to assist with meeting basic needs and substance use treatment.
4/25/24-6/10/2024 DCFS assessment completed - unsubstantiated and not referred to ongoing case planning services. Mother was engaged in substance use counseling and prescribed suboxone at the time of case closure. Mother and father were residing with relatives who were educated on the signs/symptoms of substance use and had a plan to intervene in the event of parental relapse. Mother and child had a CARA plan developed by medical team at the time of Child's birth.

(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;

Parents and relatives in the home were educated on Safe Sleep/dangers of co-sleeping, referred to Medicaid, reminded of counseling services available to the parents, referred to local family

resource center for WIC services, referred to Parents as Teachers program, and referral was submitted for early intervention services for the child.
There was not an open DCFS case/services at time of 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

No other actions taken.

(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 previous case was closed due to un-substantiation of allegations. Child was residing with parents and 2 additional relatives who were aware of the child's in-utero substance exposure and potential for parental relapse. Family had a plan for how to address concerns related to substance use, should concerns arise. Mother was engaged in substance use treatment including therapy and medically assisted treatment. Parents and relatives in the home were educated on Safe Sleep/dangers of co-sleeping, referred to Medicaid, reminded of counseling services available to the parents, referred to local family resource center for WIC services, referred to Parents As Teachers program, and referral was submitted for early intervention services for the child.

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 and will complete an assessment of family.

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.