

CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: 06/05/2017

Agency Name: Division of Child and Family Services Family Services Programs Office

Agency Address: 4126 Technology Way, 3rd Floor
Carson City, Nevada 89706

Date of written notification to the Division of Child and Family Services and Legislative Auditor: 06/05/2017

Internal reference UNITY ID or Report Number: 1403363

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

Child Fatality Date of Death: 06/03/2017

Near Fatality Date of Near Fatality:

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:

06/05/2017

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

Salt Lake City, UT

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

Division of Child and Family Services (DCFS) received a report that an infant had been born at a local hospital that was alleged to be substance exposed. The infant was premature and in critical condition due to some medical conditions. The mother tested positive for THC and methamphetamines at time of the infant's birth.

D. The date of birth and gender of child:

06/02/2017 Male

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

06/03/2017

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

Per medical provider there will be no autopsy due to medical finding. The cause of death is bilateral multi cystic dysplastic kidney disease and pumonary hypoplasia.

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:

02/11/2017 - A report was received alleging neglect. Upon conclusion of the assessment, the allegations were found unsubstantiated.

09/24/2015 - A report was received alleging neglect. Upon the conclusion of the assessment, the allegations were found substantiated. DCFS has been providing services to family members for the past 20 months. This includes multiple referrals for resources and services.

The case continues to be open for services.

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 will continue to provide child welfare services and referrals to the family members as deemed appropriate.

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.