CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: 8/31/20
Agency Name: WCHSA
Agency Address: 350 S Center St Reno, NV
Date of written notification to the Division of Child and Family Services and Legislative Auditor: 04/02/2020
Internal reference UNITY Case Number or Report Number: 1419980

☐ 48 Hour Child Fatality Notice  ☑ 5 Business Day Near Fatality Notice  ☐ 60 Day Update
☐ 9 Month/Final Update  ☑ Final (Final checkbox left so that if it is a 60 day update they can select Final)

☐ Child Fatality  Date of Death: 4/2/20
☐ Near Fatality  Date of Near Fatality:
☐ Portions of information on this form have been withheld at the request of _ (Name of agency) _ law enforcement.

INFORMATION FOR RELEASE

A. Date of the notification to the child welfare agency of the death of a child:
   4/1/20
B. Location of child at the time of death or near fatality (city/county):
   Reno/Washoe County
C. A summary of the report of abuse or neglect and a factual description of the contents of the report:
   On 4/1/20 WCHSA was informed the child was at the hospital after being found in a bathtub unresponsive. Life saving measures were completed and the child was transported to the hospital. He was pronounced dead at the hospital at 4:29am on 4/2/20.
D. The date of birth and gender of child:
   3/6/19 Male
E. The date that the child suffered the fatality or near fatality:
   4/2/20
F. The cause of the fatality or near fatality, if such information has been determined:
   The cause of fatality was accidental drowning.
H. 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 following reports are in regards to the foster home the child was residing in at the time of the fatality:

8/24/2016- WCHSA received a report alleging Neglect-Inadequate Clothing and Physical Injury Abuse-Bruises of a 3-year-old foster child in the home. The report indicates foster parent was sending the 3-year-old male child to daycare with no extra clothing/diapers and the child smelled strongly of urine. Additionally, the child had a large bruise on his forehead and the foster parent was unable/would not provide an explanation for this. This report was coded INFORMATION ONLY.
8/25/2016- WCHSA received a report alleging Physical Injury Abuse-Bruises of a different 3-year-old male child in home. This child had yellowish bruises in his groin area seen by daycare staff with no explanation by the foster parent. This child also had hygiene concerns. This report was coded INFORMATION ONLY.

9/6/2017- WCHSA received a report alleging Neglect-Inadequate Supervision of 2 children in home, ages 5 and 2. The report indicates 2 children were seen alone in a vehicle. The foster parent was seen in the vehicle a minute later. The foster parent denied leaving the vehicle. A third child was seen in the vehicle at this time and this child stated they did leave the vehicle. This report was coded INFORMATION ONLY.

The following reports are in regards to the child’s natural family he was removed from by WCHSA:

4/2/2019- WCHSA received a report alleging Neglect/Inadequate Supervision of child by his natural parents. The father was not observed with his child and when asked, reported the child was with “friends”. The mother was reported to be suffering with Post Partum Depression and unable to care for the child. The father has an extensive criminal history and there is concern for whom the child may be left with. This was coded INFORMATION ONLY.

4/9/2019- WCHSA received a report alleging Neglect/Inadequate Supervision of child by his natural parents. Father checked in with pre-trial services with the child and was suspected to be under the influence. He was acting irrational and emotional and the suspected mother of the baby left the scene. The child was taken from the father’s custody by deputies and was placed into WCHSA custody. This report was SUBSTANTIATED.

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.

I. 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 foster parent was substantiated and the foster care license was revoked.

There are no other children in the family’s home.
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.