

CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: 11/17/14

Agency Name: Washoe County Department of Social Services

Agency Address: P.O. Box 11130, Reno, NV 89520

Date of written notification to the Division of Child and Family Services and Legislative

Auditor: 10/17/14

Internal reference UNITY ID or Report Number: UNITY ID #1364843; report #1636917

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

Child Fatality **Date of Death:** 10/17/14

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:

10/17/14

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

Reno/Washoe

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

WCDSS informed on 10/17/14 that the child was released home from a local hospital on 10/15/14 on hospice. Paramedics were contacted when the child was in distress and life saving measures were performed. The child was transported to the local hospital and died later that day after being taken off life support.

D. The date of birth and gender of child:

8/3/10; Female

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

10/17/14

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

Pending autopsy

- 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.

8/31/10 – Child abuse/Near Fatality report received by WCDSS stating that this child went limp while being fed by her father. Both parents report performing CPR while awaiting paramedics to arrive. Law enforcement and WCDSS investigated as the child had bilateral subdural hematomas resulting from non-accidental trauma which both parents deny inflicting. The report was found to be substantiated for child abuse resulting in substantial bodily harm by the father. The child was later placed home on hospice and numerous medical services as her condition was deemed terminal. A non-legal case plan was developed with the parents to include services through local community agencies for the parents and the child. The child was removed from hospice as she was no longer deemed terminal. The case was closed on 5/31/12 after the child was deemed safe.

8/27/12 – WCDSS received a report that the family had a newborn and there was concern due to the previous substantiation of child abuse against the oldest child. After the family was assessed the children were deemed safe and the case closed on 10/29/12.

- 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.

WCDSS and law enforcement are currently investigating this child fatality. Community referrals and resources were provided to the family. The sibling continues to be deemed safe at this time.

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.