

# CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

**Date:** October 16, 2015

**Agency Name:** Washoe County Department of Social Services

**Agency Address:** P.O. Box 11130

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

**Auditor:** October 1, 2014

**Internal reference UNITY ID or Report Number:** Case #1400008, Report # 1635385

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

**Child Fatality** **Date of Death:** October 1, 2014

**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:**

October 1, 2014

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

Washoe County, Nevada

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

WCDSS was notified that a babysitter was caring for a neighbor's child when the child died. No known health issues, coroner is on scene.

**D. The date of birth and gender of child:**

Male child, DOB: October 9, 2013

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

October 1, 2014

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

The autopsy for this young boy revealed that he died due to specific causes undetermined after autopsy. The autopsy and investigation identified risk factors for traumatic asphyxia including co-sleeping with multiple persons and physical compromise associated with torticollis and related cranial abnormalities. The manner of death is undetermined.

**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.

There is no history involving this mother, as a parent, and her child.

**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.

**This case was investigated and will be closed as unsubstantiated. Grief and loss referrals have been provided. No further action will be taken.**

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.

