

CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date: 12/21/16

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: 9/7/16

Internal reference UNITY ID or Report Number: Case #1420401; report #1706804

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

Child Fatality **Date of Death:** 9/7/16

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:

9/7/16

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:

Infant found unresponsive by caregiver on 9/7/16 after caregiver had fallen asleep with the infant. The caregiver called 911 and began CPR however the child was deceased when emergency services arrived on scene.

D. The date of birth and gender of child:

6/13/16 – female

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

9/7/16

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

The manner of death is deemed to be accident after being found unresponsive while bed sharing with an adult caretaker.

- 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.

11/8/04 – Report received alleging that the oldest half sibling was physically abused by her father and was taken to a local hospital with bruising to her buttocks that looked like a hand print. The report was investigated and the allegations were unsubstantiated.

11/20/06 – Report received alleging that the oldest half sibling was present when the father pulled a knife on her and her mother. The report was substantiated.

10/22/07 – Report received that the oldest half sibling had three finger print size bruises on both shoulders and front left rib and that the child also missed a counseling appointment while with her father. The report was unsubstantiated.

3/1/12 - Report received alleging that the three half siblings are physically hit by the father and the children witness domestic violence. The report is unsubstantiated.

There are additional reports coded as IO/IRs related to the father.

- 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 completed an investigation. The half siblings continue to be deemed safe at this time. Grief and loss referrals have been provided to the family, which they were receptive to. WCDSS has since closed this case.

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.