CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM

Date:2/8/18Agency Name:Washoe County Human Services AgencyAgency Address:P.O. Box 11130, Reno, NV 89520Date of written notification to the Division of Child and Family Services and LegislativeAuditor:12/29/17		
Internal reference UNITY ID or Report Number: 1438203; report #1767392 Type of Report: 48 Hour Notice 15 Day Update 30 Day Update Final		
Child Fatality Date of Death:		
Near Fatality Date of Near Fatality: 12/26/17		
Portions of information on this form have been withheld at the request of		
Info	rmation for Rele	
A.		
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: On 12/26/17 child taken to local hospital by caregivers after having a seizure. Child discharged and upon leaving the hospital had another seizure at which time life saving	
D.	measures were warranted. Child found to have a brain bleed. The date of birth and gender of child:	
E.	3/2/17; female The date that the child suffered the fatality or near fatality: 12/26/17	
F.		e fatality or near fatality, if such information has been determined: er testing will continue to determine if brain bleed has a physiological cause.
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; (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. 	

No CPS history.

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.

WCHSA and law enforcement are completing a joint investigation. Youth in the home remains safe. Referrals will be provided if necessary.

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.