

CHILD WELFARE AGENCY PUBLIC DISCLOSURE FORM**Date:** 7/18/19**Agency Name:** Washoe County Human Services Agency**Agency Address:** 350 S. Center Street, Reno, NV 89520**Date of written notification to the Division of Child and Family Services and Legislative Auditor:** 3/7/19**Internal reference UNITY Case Number or Report Number:** Case #1454971; Report #1826361**Type of Disclosure:**

- | | | |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> 48 Hour Child Fatality Notice | <input type="checkbox"/> 5 Business Day Near Fatality Notice | <input type="checkbox"/> 60 Day Update |
| <input type="checkbox"/> 9 Month/Final Update | <input checked="" type="checkbox"/> Final (Final checkbox left so that if it is a 60 day update they can select Final) | |

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| <input type="checkbox"/> Child Fatality | Date of Death: |
| <input checked="" type="checkbox"/> Near Fatality | Date of Near Fatality: 3/7/19 |
| <input type="checkbox"/> Portions of information on this form have been withheld at the request of <u>(Name of agency)</u> law enforcement. | |

INFORMATION FOR RELEASE

- A. Date of the notification to the child welfare agency of the death of a child:**
3/7/19
- 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 3/7/19 WCHSA received a report that law enforcement had responded to a 911 call that the child attempted suicide. The child was transported to the hospital where she was treated and subsequently discharged.
- D. The date of birth and gender of child:**
1/17/05; female
- E. The date that the child suffered the fatality or near fatality:**
3/7/19
- F. The cause of the fatality or near fatality, if such information has been determined:**
Attempted suicide by hanging

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.

This family has no known CPS history.

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.).

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 collaborated on a joint investigation. All of the children in the home are deemed safe. Necessary service referrals were made for the child and family.

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.