LA12-16

# STATE OF NEVADA

## Review of Governmental and Private Facilities for Children

April 2012


Legislative Auditor

Carson City, Nevada

# Review Highlights

Highlights of Legislative Auditor report on the Review of Governmental and Private Facilities for Children, April 2012 issued on April 17, 2012. Report # LA12-16.

## Background

Nevada Revised Statutes 218G.570 through 218G.585 authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of governmental and private facilities for children.

As of June 30, 2011, we had identified 52 governmental and private facilities that meet the requirements of NRS 218G: 19 governmental and 33 private facilities. In addition, 150 Nevada children were placed in 22 facilities in 11 different states as of June 30, 2011.

NRS 218G requires facilities to forward to the Legislative Auditor copies of any complaint filed by a child under their custody or by any other person on behalf of such a child concerning the health, safety, welfare, and civil and other rights of the child. During the period from July 1, 2011, through December 31, 2011, we received 541 complaints from 24 facilities in Nevada. Thirty-five facilities reported that no complaints were filed during this time.

## Purpose of Reviews

Reviews were conducted pursuant to the provisions of NRS 218G.570 through 218G.585. The report includes the results of our reviews of 5 children's facilities, unannounced site visits to 7 children's facilities, and a survey of 56 children's facilities. As reviews and not audits, they were not conducted in accordance with generally accepted government auditing standards, as outlined in *Government Auditing Standards* issued by the Comptroller General of the United States, or in accordance with the *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

The purpose of our reviews was to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care. These reviews include an examination of policies, procedures, processes, and complaints filed since July 1, 2010. In addition, we discussed related issues and observed related processes during our visits.

# Review of Governmental and Private Facilities for Children

**April 2012**

## Summary

Based on the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the five facilities reviewed provide reasonable assurance that they adequately protect the health, safety, and welfare of the youths at the facilities, and they respect the civil and other rights of youths in their care. In addition, during the seven unannounced visits conducted, we did not note anything that caused us to question the health, safety, welfare, or protection of rights of the children in the facilities.

## Facility Observations

All five facilities reviewed need to develop or update policies and procedures. The types of policies and procedures that were missing, unclear, or outdated range from a timeframe to complete a youth's initial treatment plan, including when the plan should be reviewed and revised, to the control and security of keys, tools, and kitchen utensils.

Medication administration processes and procedures need improvement at all five facilities. The medication administration process should include documentation of medications administered to youths, controls over prescribed medications, and the process used to ensure the accuracy of medication files and records. Youth medical files did not always contain complete or clear documentation of dispensed, prescribed medication at four of five facilities reviewed. Some youths' files were missing evidence of physicians' orders at three of five facilities. At one facility, some youths' files were missing up to 5 months of medication administration records. In addition, medication files and records did not always contain evidence of independent review at three of the five facilities.

Two of five facilities needed to develop or update their over-the-counter standing order forms. A standing order form identifies over-the-counter medications a facility may administer to youths. This form helps ensure youths take only medications approved or recommended by the Federal Food and Drug Administration.

## Facilities' Implementation of New Medication Policy Requirements

During the 2011 Legislative Session, the Legislature passed Senate Bill 246. This bill, effective January 1, 2012, requires children's facilities to adopt policies to:

- Document the orders of the treating physician of a child;
- Administer medication to a child;
- Store, handle, and dispose of medication;
- Document the administration of medication and any errors in the administration of medication;
- Minimize errors in the administraiton of medication;
- Address errors in the administration of medication;
- Ensure each employee who administers medication receives a copy of and understands the policies.

In order to assess the facilities' progress with implementing the requirements in Senate Bill 246, we requested each facility subject to a review by the Legislative Auditor submit information on the facility's implementation of the requirements contained in the bill. This request was made to the 52 facilities identified as of June 30, 2011, and an additional 10 facilities identified since June 30, 2011. However, six facilities had either closed or no longer met the definition of a governmental or private facility pursuant to NRS 218G.515 through 218G.535. Therefore, a total of 56 facilities were surveyed regarding their implementation of the bill's requirements.

As of March 15, 2012, we had received responses from 52 facilities. We will assess each facility's compliance with the requirements contained in the bill as we conduct future reviews and unannounced visits.

For more information about this or other Legislative Auditor reports go to: http://www.leg.state.nv.us/audit (775) 684-6815.

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We have conducted a series of reviews of governmental and private facilities for children in the State of Nevada. These reviews were authorized by Nevada Revised Statutes 218G.570 through 218G.585. The purpose of these reviews is to determine if the facilities protect the health, safety, and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care.

We wish to express our appreciation to the management and staff of the facilities for their assistance during the reviews. We are available to discuss the report with any legislative committees, individual legislators, or other state and local officials.

Respectfully presented,

Paul V. Townsend, CPA
Legislative Auditor

April 5, 2012
Carson City, Nevada

STATE OF NEVADA
REVIEW OF GOVERNMENTAL AND PRIVATE FACILITIES FOR CHILDREN
APRIL 2012

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# INTRODUCTION

This report includes the results of our work as required by Nevada Revised Statutes 218G.570 through 218G.585. The report includes the results of our reviews of 5 children's facilities (page 8), unannounced site visits to 7 children's facilities (page 54), and surveys of 56 children's facilities (pages 7-8).

# BACKGROUND

Nevada Revised Statutes authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of residential children's facilities. Copies of NRS 218G.500 through 218G.535 and NRS 218G.570 through 218G.585 are included in Appendix A of this report.

## Number and Types of Facilities

Nevada Revised Statutes require reviews of both governmental and private facilities for children. Governmental facilities include facilities owned or operated by a governmental entity and that have physical custody of children pursuant to the order of a court. Private facilities include any facility that is owned or operated by a person or entity and has physical custody of children pursuant to the order of a court.

As of June 30, 2011, we had identified a total of 52 governmental and private facilities that meet the requirements of NRS 218G: 19 governmental and 33 private facilities. Exhibit 1 lists the types of facilities located within Nevada and the total capacity of each type during the year ended June 30, 2011.

**Exhibit 1**

## Summary of Nevada Facilities
## Year Ended June 30, 2011

| Facility Type | Number of Facilities | Population | | Staffing Levels | |
|---|---|---|---|---|---|
| | | Maximum Capacity | Average Population | Average Full-time | Average Part-time |
| **Correction and Detention Facilities** | 11 | 1,066 | 821 | 675 | 85 |
| **Resource Centers** | 2 | 64 | 32 | 26 | 15 |
| **Child Welfare Facilities** | 4 | 187 | 82 | 88 | 19 |
| **Mental Health Treatment Facilities** | 7 | 329 | 247 | 367 | 99 |
| **Substance Abuse Treatment Facilities** | 3 | 38 | 25 | 37 | 6 |
| **Group Homes** | 19 | 685 | 505 | 377 | 203 |
| **Residential Centers** | 6 | 326 | 101 | 67 | 10 |
| **Total – Facilities Statewide** | 52 | 2,695 | 1,813 | 1,637 | 437 |

Source: Reviewer prepared from information provided by facilities.

We have categorized these types of facilities using the following guidelines:

- Correction facilities provide custody and care for youths in a secure, highly restrictive environment who would otherwise endanger themselves or others, be endangered by others, or run away. Correction facilities may include restrictive features, such as locked doors and barred windows.
- Detention facilities provide short-term care and supervision to youths in custody or detained by a juvenile justice authority. Detention facilities may include restrictive features, such as locked doors and barred windows.
- Resource centers provide more than one type of service simultaneously. For example, a resource center may provide both substance abuse treatment and detention services.
- Child welfare facilities provide emergency, overnight, and short-term services to youths who cannot remain safely in their homes or their basic needs cannot be efficiently delivered in their homes.
- Mental health treatment facilities provide mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. Mental health facilities also provide

services to behaviorally disordered youths. Services include a full range of therapeutic, educational, recreational, and support services provided by a professional interdisciplinary team in a highly supervised environment.

- Substance abuse treatment facilities provide intensive treatment to youths addicted to alcohol or other substances in a structured residential environment. Substance abuse treatment facilities focus on behavioral change and services to improve the quality of life of residents.
- Group homes provide safe, healthful group living environments in a normalized, developmentally supportive setting where residents can interact fully with the community. Group homes are used for children who will benefit from supervised living with access to community resources in a semi-structured environment. Group homes generally consist of detached homes housing 12 or fewer children. Group homes also include homes operated by a foster care agency.
- Residential centers provide a full range of therapeutic, educational, recreational, and support services. Residents are provided with opportunities to be progressively more involved in the surrounding community.

In addition to youths placed in facilities within the State of Nevada, an additional 150 youths were placed in out-of-state facilities by a county or the State as of June 30, 2011. Nevada youths were placed in 22 different facilities in 11 different states across the United States. In general, a youth may be placed in an out-of-state facility because the youth has failed at least two placements within the State, the youth has a combination of diagnoses that cannot be treated in Nevada, the youth has been adjudicated as a female sex offender, or the youth is sexually aggressive. Exhibit 2 lists the entities that placed youths in out-of-state facilities, the number of youths placed in out-of-state facilities, and the number of states where youths were placed as of June 30, 2011. Exhibit 3 shows the number of youths placed in out-of-state facilities between December 31, 2008, and June 30, 2011.

**Exhibit 2**

## Summary of Nevada Youths Placed in Out-of-State Facilities as of June 30, 2011

| Placing Entity | Number of Youths Placed in Out-of-State Facilities | Number of Different States |
|---|---|---|
| Clark County Department of Juvenile Justice Services, Probation | 87 | 9 |
| Washoe County Department of Juvenile Services, Probation | 19 | 4 |
| Lyon County Juvenile Probation | 2 | 1 |
| 5th Judicial District Court (Esmeralda, Mineral, and Nye Counties) | 9 | 3 |
| Elko County Juvenile Probation | 1 | 1 |
| 1st Judicial District Court (Carson City and Storey Counties) | 3 | 2 |
| State of Nevada Division of Child and Family Services | 29 | 8 |
| **Total** | **150** | |

Source: Reviewer prepared from information provided by entities.

**Exhibit 3**

## Summary of Nevada Youths Placed in Out-of-State Facilities From December 31, 2008, to June 30, 2011

| Placing Entity | As of December 31, 2008 | As of June 30, 2010 | As of June 30, 2011 |
|---|---|---|---|
| Clark County Department of Juvenile Justice Services, Probation | 71 | 56 | 87 |
| Washoe County Department of Juvenile Services, Probation | 23 | 11 | 19 |
| Lyon County Juvenile Probation | 5 | 10 | 2 |
| 5th Judicial District Court (Esmeralda, Mineral, and Nye Counties) | 4 | 5 | 9 |
| Elko County Juvenile Probation | 0 | 3 | 1 |
| 1st Judicial District Court (Carson City and Storey Counties) | 3 | 1 | 3 |
| 6th Judicial District (Humboldt, Pershing, and Lander Counties) | 2 | 0 | 0 |
| 7th Judicial District (White Pine, Eureka, and Lincoln Counties) | 1 | 0 | 0 |
| Churchill County Juvenile Probation | 0 | 2 | 0 |
| State of Nevada Division of Child and Family Services | 48 | 33 | 29 |
| **Total** | **157** | **121** | **150** |

Source: Reviewer prepared from information provided by entities.

### Complaints

NRS 218G requires facilities to forward to the Legislative Auditor copies of any complaint filed by a child under their custody or by any other person on behalf of such a child concerning the health, safety, welfare, or civil and other rights of the child.

During the period from July 1, 2011, through December 31, 2011, we received 541 complaints from 24 facilities in Nevada. Thirty-five facilities in Nevada reported that no complaints were filed by youths or on behalf of youths from July 1, 2011, through December 31, 2011. In addition, we received complaint information from out-of-state facilities.

## SCOPE, PURPOSE, AND METHODOLOGY

Reviews were conducted pursuant to the provisions of NRS 218G.570 through 218G.585. As reviews and not audits, they were not conducted in accordance with generally accepted government auditing standards, as outlined in *Government Auditing Standards* issued by the Comptroller General of the United States, or in accordance with the *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

The purpose of our reviews was to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care. These reviews include an examination of policies, procedures, processes, and complaints filed since July 1, 2010. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from September 2011 through March 2012.

A detailed methodology of our work can be found in Appendix F of the report, which begins on page 55.

## FACILITY OBSERVATIONS

Based on the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the five facilities we reviewed provide reasonable assurance that they adequately protect the health, safety, and welfare of youths at the facilities, and they respect the civil and other rights of youths in their

care. In addition, during the seven unannounced visits conducted, we did not note anything that caused us to question the health, safety, welfare, or protection of the rights of the children in the facilities.

Many of the facilities reviewed had common weaknesses. For example, policies and procedures need to be developed or were outdated. In addition, medication administration processes and procedures could be strengthened.

## Facilities Need to Develop or Update Policies and Procedures

All five facilities reviewed need to develop or update policies and procedures. The types of policies and procedures that were missing, unclear, or outdated range from a timeframe to complete a youth's initial treatment plan, including when the plan should be reviewed and revised, to the control and security of keys, tools, and kitchen utensils.

According to Standards of Excellence developed by the Child Welfare League of America (CWLA) and Performance-based Standards developed by the Council of Juvenile Correctional Administrators (CJCA), documented, up-to-date policies and procedures help ensure management and staff understand the facilities' processes. In addition, documented policies and procedures help ensure consistent services are provided to the youths residing at the facilities.

The CWLA is a coalition of private and public agencies serving vulnerable families. Its focus is on children and youths who may have experienced abuse, neglect, family disruption, or other factors that may have jeopardized their safety. The CJCA is a national non-profit organization dedicated to improving youth correctional systems and services. The CJCA aims to improve the practices and policies in local systems and increase the chances of success for delinquent youths.

## Medication Administration Processes and Procedures Need to Be Strengthened

Medication administration processes and procedures need improvement at all five facilities. The medication administration process should include documentation of medications administered to youths, controls over prescribed medications, and the process used to ensure the accuracy of medication files and records. Youth medical files did not always contain complete or clear

documentation of dispensed, prescribed medication at four of five facilities reviewed. Some youths' files were missing evidence of physicians' orders at three of five facilities. At one facility, some youths' files were missing up to 5 months of medication administration records. In addition, medication files and records did not always contain evidence of independent review at three of the five facilities.

Two of five facilities need to develop or update their over-the-counter standing order forms. A standing order form identifies over-the-counter medications a facility may administer to youths. This form helps ensure youths take only medications approved or recommended by the Federal Food and Drug Administration.

Standards of Excellence developed by the CWLA and standards developed by Nevada's Juvenile Justice Administrators provide guidelines to manage medications in accordance with federal and state laws.

## FACILITIES' IMPLEMENTATION OF NEW MEDICATION POLICY REQUIREMENTS

During the 2011 Legislative Session, the Legislature passed Senate Bill 246. This bill, effective January 1, 2012, requires children's facilities to adopt policies to:

- Document the orders of the treating physician of a child;
- Administer medication to a child;
- Store, handle, and dispose of medication;
- Document the administration of medication and any errors in the administration of medication;
- Minimize errors in the administration of medication;
- Address errors in the administration of medication;
- Ensure each employee who administers medication receives a copy of and understands the policies.

In order to assess the facilities' progress with implementing the requirements in Senate Bill 246, we requested each facility subject to a review by the Legislative Auditor submit information on the facility's implementation of the requirements contained in the bill. This request was made on February 3, 2012, to the 52 facilities included in Appendix D of this report and an additional 10 facilities identified since June 30, 2011. However, six facilities had either

closed or no longer met the definition of a governmental or private facility pursuant to NRS 218G.515 through NRS 218G.535. Therefore, a total of 56 facilities were surveyed regarding their implementation of the bill's requirements.

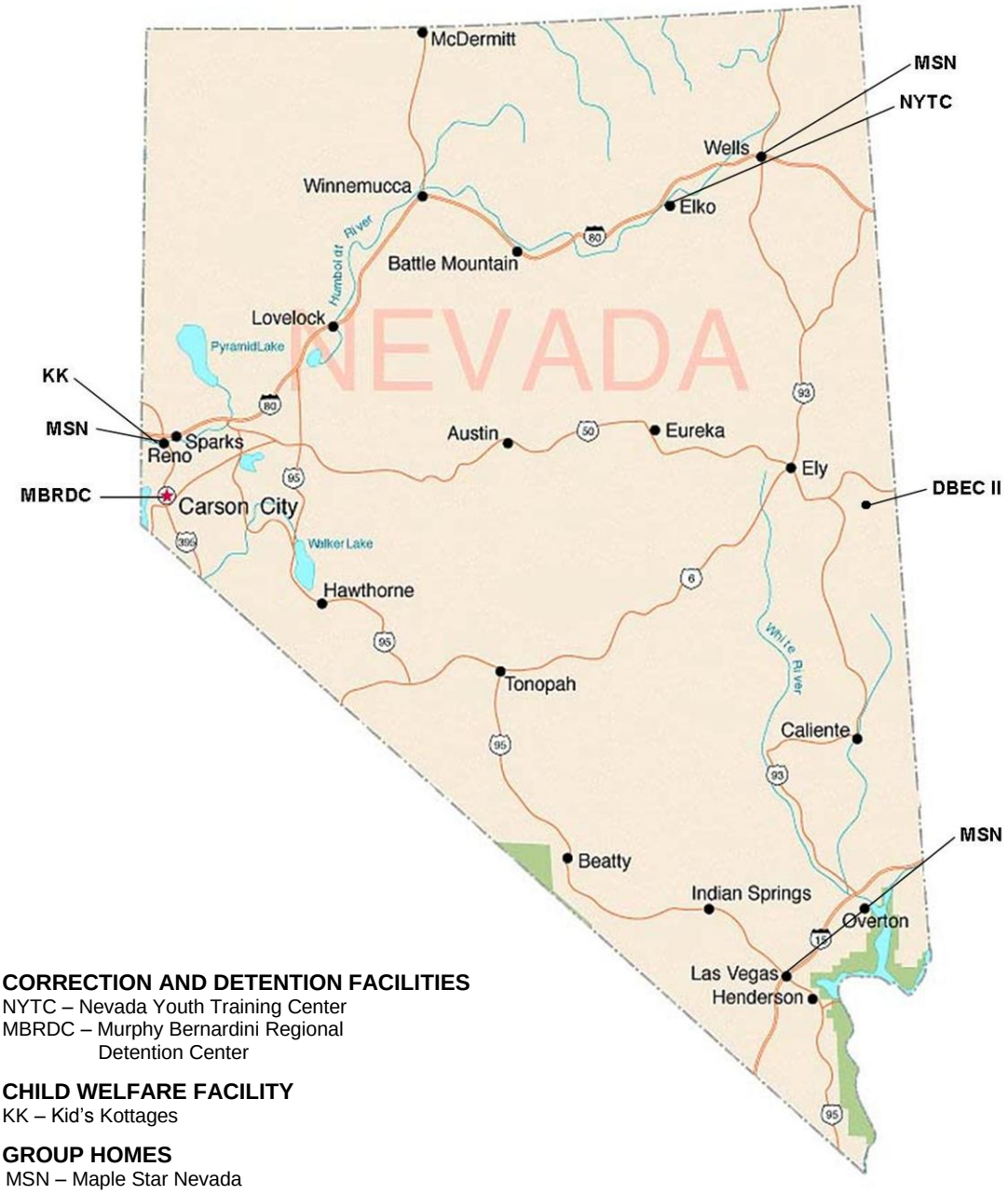
As of March 15, 2012, we had received responses from 52 facilities. We will assess each facility's compliance with the requirements contained in the bill as we conduct future reviews and unannounced visits.

## REPORTS ON INDIVIDUAL FACILITY REVIEWS

This section includes the results of reviews at each of the five facilities. Exhibit 4 lists the facilities and shows their locations. These results were provided to each facility and a written response was requested. A summary of each facility's response is included after each applicable issue.

**Exhibit 4**

## Map of Facilities Reviewed




**CORRECTION AND DETENTION FACILITIES**
NYTC – Nevada Youth Training Center
MBRDC – Murphy Bernardini Regional Detention Center

**CHILD WELFARE FACILITY**
KK – Kid's Kottages

**GROUP HOMES**
MSN – Maple Star Nevada

**RESIDENTIAL CENTER**
DBEC II – DayBreak Equestrian Center II

Source: Reviewer prepared.

# Nevada Youth Training Center

## Background Information

Nevada Youth Training Center (NYTC) is a staff-secured correctional facility located in Elko, Nevada. NYTC is state funded and serves male youths. NYTC's mission is to provide an environment that promotes positive self-growth that creates change in behavior, attitude, values, and thinking. NYTC's objective is to return youths to the community ready and able to function as responsible, law abiding citizens. During the month of our visit, December 2011, NYTC had an average population of 95 youths.

As of June 30, 2011, NYTC:

- Had a maximum capacity of 160 youths.
- Served male youths between the ages of 13 and 20 years.
- Had an average daily population of 119 youths with an average length of stay of 8 months.
- Had 116 full-time staff.

NYTC provides youths with education, vocational training, recreation, drug and alcohol abuse counseling, and mental health group and individual counseling. School programs offer required and elective academic subjects, remedial programs, special education, vocational education, and interscholastic activities.

## Purpose of the Review

The purpose of our review was to determine if NYTC adequately protects the health, safety, and welfare of the youths in NYTC and whether the facility respects the civil and other rights of the youths in its care. The review included an analysis of policies, procedures, and processes for the period July 2010, through October 2011. In addition, we discussed related issues and observed related processes during our visit in December 2011.

## Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at NYTC provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects

## *Nevada Youth Training Center (continued)*

the civil and other rights of youths in its care. However, we noted some areas for improvement. Specifically, NYTC needs to improve its documentation of medication administration and update and improve its written policies and procedures.

**Principal Observations**

Medication Administration Processes and Procedures

We reviewed medication files for 10 youths at NYTC. Five of the youths' files showed they were not prescribed medication during their stay at NYTC. Medication administration records were missing initials for at least one day for three of five youths who were prescribed medication. Missing initials could indicate medication was administered but not documented, the youth refused his medication, or medication was not administered for some other reason.

Medication administration policies and procedures do not require independent reviews of medication logs and records to identify potential errors, fraud, or abuse. Management and staff stated independent reviews are done, but there was no evidence of these reviews.

NYTC does not maintain a record of pharmacy instructions in each youth's medical file. Information from the pharmacy should be maintained to ensure the doctor's prescription was properly filled and staff understand the proper dosage and method of administering the medication. NYTC should also consider adding youths' photographs to their medication records to help new staff ensure youths receive the correct medication.

*Facility Response*

*The review of medication administration records will be reviewed monthly by the Superintendent and initialed. Any irregularities detected by the Superintendent will be reported in writing to the Deputy Administrator, and the Superintendent will submit to the Deputy Administrator the proposed course of action to be taken to remediate the deficiency.*

## *Nevada Youth Training Center (continued)*

*There will be quarterly reviews provided by staff external to NYTC. Documentation to be reviewed quarterly includes the Medication Administration Records, the As Needed and One Time Medication Record, the Medication Inventory Log, the Treatment/Medication Refusal Form, any Medication Error Reports for that quarter, the Controlled Substance Inventory Sheet, the Controlled Drug Sheet, and the Pharmaceutical Destruction Report.*

*Two of the quarters' reviews will require an on-site review to be completed by the external Quality Assurance Team. Two of the quarters' reviews will be accomplished by NYTC sending copies of all of the above listed information and documents to the Quality Assurance Lead, who, with another external Division of Child and Family Services staff member to be named, will review the documentation.*

*A report of each quarterly review will be submitted by the Quality Assurance Lead to the Deputy Administrator and the Superintendent documenting the findings, outcomes, and recommendations.*

*The external Quality Assurance Team conducted a review at NYTC on July 25 and 26, 2011. This team will continue to conduct at least one annual health services review at the facility.*

*The pharmacy that supplies all prescription medications to the facility was instructed on March 15, 2012, to provide individual pharmacy instructions. These instructions will be kept in each youth's medical file.*

*A copy of the face sheets containing a digital photograph of youth are now stored in the Medical Administration Record binder for all staff to access to verify the identity of the youth taking medications to minimize medication errors.*

## *Nevada Youth Training Center (continued)*

Policies and Procedures

NYTC operates under three sets of policies and procedures: one is the Division of Child and Family Services, Juvenile Services, Statewide Institutional Policy; one is NYTC's Policies and Procedures; and one is NYTC's Standard Operating Procedures and Post Orders. NYTC needs to periodically review its policies and procedures to ensure they are consistent with the Division's Statewide Institutional Policy. Multiple policies, procedures, and forms may lead to confusion about which one to follow. For example, the Division's medication disposal form includes a place to record how medication was disposed. The form used by staff at NYTC does not include a place to record how medication was disposed. As a result, staff did not document the method used to dispose of medications.

Some policies and procedures were outdated. For example, NYTC's policy for handling escapes refers to Summit View Youth Correctional Center, which is closed, and provides phone and fax numbers that are no longer in service. Some of NYTC's policies and procedures have not been reviewed since 2004.

In addition, NYTC's policies and procedures do not address precautions used by staff when a youth is identified as a run risk. These precautions may include identifying the youth by using a different color of clothing, or additional counseling, supervision, and observation. NYTC should also update its policies and procedures to address a timeframe to complete a youth's initial treatment plan and when the plan should be reviewed and revised. Finally, NYTC's policies, procedures, and youth handbook do not include sexual orientation in their ethics and youth rights sections.

*Facility Response*

*Policy 12.1 Medication Management, a statewide Juvenile Justice Services institutional policy, requires the use of the Pharmaceutical Destruction Report form which does include a section titled Method of Destruction. An administrative memo will be issued by the Deputy Administrator and the Superintendent of NYTC instructing an immediate return to all aspects of the current policy and its approved reports. This*

## *Nevada Youth Training Center (continued)*

*administrative memo to all staff at NYTC will be issued March 30, 2012.*

*The above named policy is currently being revised to align with the Division's Children's Mental Health policy on Medication Administration and Management for Residential Programs, Number 7.05, issued February 13, 2012.*

*The pharmacy, a local pharmacy in Elko, is now disposing of all unused medications. At the facility, the medications are counted in front of an independent witness with the Nurse and placed in tamper-proof evidence bags. These evidence bags are then transported to the pharmacy for destruction. The pharmacy will receive the medication and verify the amount received and then dispose of the medication. Until the new statewide policy is completed and issued, staff will be instructed in the administrative memo mentioned above to continue to use the Pharmaceutical Destruction Report and retain the records accordingly at the facility.*

*Currently, statewide policy provides the overarching format for the mandatory requirements for youth facilities. The local level policies, including NYTC Policies and Procedures and POST orders, define in greater detail the processes used at the facility. This includes taking into consideration staffing patterns, physical plant and other unique characteristics that may have an impact on the specific delivery of services or the enforcement of policy.*

*The Quality Assurance Team will review the entire Policy Manual and identify each policy that needs to be reviewed and updated by July 6, 2012, and submitted for approval; however, prior to submission for approval, all newly revised statewide policies will be reviewed by external stakeholders who will be determined by the Deputy Administrator. Finally, the Standard Operating Procedures are no longer being utilized.*

## *Nevada Youth Training Center (continued)*

*The documents referring to Summit View Youth Correctional Center were not intended for distribution. An internal directive was issued to all NYTC staff about procedures regarding escapes. Until the new statewide policy is developed specific for youth identified as a run risk, youth who have attempted to escape and youth who have escaped, a POST order will be issued to all staff by April 23, 2012, outlining specific procedures to be followed in all cases. Prior to the issuance of the POST order, it will be reviewed and approved by the Deputy Administrator. All policies are in the process of being updated, and the utilization of POST orders as a description of mandatory performance steps will continue.*

*All youth who are placed at NYTC receive an assessment completed by one of the Parole Mental Health Counselors. This assessment is done by a direct interview of the youth at the detention facility prior to the youth's transport. All transfer information provided by the committing counties is reviewed by the Mental Health Counselor in order to determine if the youth has a documented history of running away. This information, along with responses by the youth and the family, is documented in the assessment which is given to the facility prior to the youth's arrival.*

*If a youth at NYTC is discovered by whatever means to be a run risk, current practice allows for the youth to be dressed in an orange jumpsuit and given flip flops rather than shoes. This decision is made by the Superintendent based on information relayed by the staff.*

*NYTC local policy 16.1 Individual Programs states that the treatment plan should be completed within 30 days and reviewed every 60 days. Mental health services and treatment planning should be included in the statewide policy Mental Health Care Plan and should be consistent with NRS 63.180. This statewide policy should replace local policy at NYTC.*

## *Nevada Youth Training Center (continued)*

*The Student Handbook was reviewed with some updates included in 2011. The Student Handbook will be reviewed again in its totality and updated accordingly with the inclusion of sexual orientation in the ethics and youth rights section. This project will be assigned to the Head Group Supervisor and a representative from each department: group life, education, and mental health. The projected date of completion is July 6, 2012. The draft will be submitted for external review to a representative team to include at least the following: Deputy Administrator, Chief of Parole, a representative from Children's Mental Health at the Division of Child and Family Services, and others to be named by the Deputy Administrator.*

*Currently, there is a local NYTC policy entitled Facility Emergency Plan, 9-13, and an NYTC document entitled AWOL Protocols and Procedures which address the issue of youths identified as being a run risk or youths who have attempted to escape or who have escaped. Neither of these documents is sufficient to address youths identified as a run risk or youths who have attempted to escape or who have escaped. Both documents will be replaced with a single statewide policy.*

Other Items

We observed non-prescription medication, an "R" rated movie, hand sanitizer, a cell phone, and an empty prescription bottle in a dormitory and accessible to youths. These items should be considered contraband and kept locked and in an area not visible to youths. In addition, we observed unsecured tools and other items in dormitories that could be used as weapons. NYTC's policies require tools be securely stored when not in use. Finally, cleaning chemicals were not always adequately stored and secured. The Child Welfare League of America's Standards of Excellence suggest toxic substances be kept out of the reach of youths.

Neither of the two vehicles we inspected were equipped with fire extinguishers or first-aid kits. In addition, NYTC should consider adding youths' allergy information to its "face" sheet. A "face" sheet

## *Nevada Youth Training Center (continued)*

is a document in youths' files that contains important information to be easily accessed in the event of an emergency.

*Facility Response*

*A meeting was held with both the staff member and supervisor for the respective dorms involved in the discovered contraband items. In addition, on December 8, 2011, an email was distributed to all staff members on campus reminding them of the policies concerning contraband, cell phones, and personal electronic devices. This will be submitted to all staff quarterly to reinforce the policy.*

*A campus-wide sweep occurred the day following the team's December visit, and all unsecured tools were taken and are now locked in the Indian dorm. NYTC has been purchasing non-toxic cleaning materials which are used throughout the facility. The only exception to this is the 50/50 bleach mixture which is used when there is a blood spill of any kind. Currently, the Head Group Supervisor performs twice a week inspections throughout the campus to ensure that cleaning materials are properly stored. The Head Group Supervisor will report in writing his findings to the Superintendent.*

*The audit which was conducted by the external Quality Assurance Team on January 24 – 26, 2012, addressed this area and is recommending a complete consolidation of all searches and inspections to be under the Head Group Supervisor. It was further suggested in the audit report that a policy be drafted and key elements where identified for policy expectations. The Quality Assurance Lead, the Acting Deputy Administrator, and the Superintendent plan to meet with the newly appointed Head Group Supervisor to begin this process. The tentative meeting date is March 21, 2012.*

*First-aid kits and fire extinguishers are now installed in all facility transport vehicles. The 11 p.m. – 7 a.m. supervisor will check this daily and log the activity.*

## *Nevada Youth Training Center (continued)*

*Face sheets now include allergy information as recommended. Additionally, the facility uses a form called the Daily Infirmary Sheet. This form is updated daily and distributed at noon time every day. This form lists all youth on campus and, among other items, indicates if the youth has an allergy, if the youth presented himself for sick call, if the youth is on any medication, as well as any special instructions or precautions for the youth listed by the nurse.*

# Murphy Bernardini Regional Detention Center

## Background Information

Murphy Bernardini Regional Detention Center is a secured detention facility located in Carson City. Murphy Bernardini is a county-run facility that serves all of Carson City. Murphy Bernardini's mission is to provide security for the community by housing youths that may be or have been involved in activities injurious to the public, and safety and security for the youths while they are involved in the court process. During the month of our review, October 2011, Murphy Bernardini had an average population of 8 youths.

As of June 30, 2011, Murphy Bernardini:

- Had a maximum capacity of 22 youths.
- Served male and female youths between the ages of 8 and 18 years.
- Had an average daily population of 9 youths with an average length of stay of 4 days.
- Had an average staff of 27: 14 full-time and 13 part-time.

## Purpose of the Review

The purpose of our review was to determine if Murphy Bernardini adequately protects the health, safety, and welfare of the children in Murphy Bernardini and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 2010, through October 2011. We discussed related issues and observed related processes during our visit in October 2011. In addition, we reviewed employee personnel files at the offices of the Carson City Department of Human Resources in February 2012.

## Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the Murphy Bernardini Regional Detention Center provide reasonable assurance that it adequately protects the health, safety,

## *Murphy Bernardini Regional Detention Center (continued)*

and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, we noted some areas for improvement, including processes and procedures for medication administration, background checks, and complaints.

**Principal Observations**

Medication Administration Processes and Procedures

Four of the five medication files we reviewed were missing documentation or the documentation was missing certain information. For example, files were missing some documentation of medication youths had at intake, the dosage of the medication to be administered, physician's orders, and pharmacy instructions. In addition, some medication logs had blank spaces, which may mean staff forgot to document youths were administered medication, youths refused their medication, or youths did not receive their medication for some other reason. We also noted one youth received an incorrect dosage of a prescribed medication. Medication logs and records were not independently reviewed to detect errors or potential abuse. Periodic, independent reviews of medication files and records may detect these or other errors.

Murphy Bernardini's medication administration procedures are not complete; they do not include all medication administration processes. The procedures do not address reconciling medications received to medications administered or released. For example, four hydrocodone (prescription opioid used for pain) pills were not accounted for. These pills may have been administered but not documented, released to the guardian, destroyed but not documented, lost, or stolen. The procedures also do not include the process to check youths for cheeking of medication, documenting the refusal of medication, the process to obtain and document parental or guardian consent to administer medication, and the disposal of old, expired, or unused medication. In addition, policies and procedures do not address documenting medication errors, physician's orders, pharmacy instructions, or medication administration training. Policies and procedures should also include separate storage of medication for external and internal uses to help prevent the spread of infection.

## *Murphy Bernardini Regional Detention Center (continued)*

Murphy Bernardini does not use a physician approved over-the-counter medication standing order form. A standing order form indicates which non-prescription medicines may be safe to use for youths. Without a standing order form, staff risks administering medications that may not be approved or recommended by the Federal Food and Drug Administration for use by youths.

*Facility Response*

*Here at Murphy Bernardini, we are in the process of training all full-time staff on the proper way to dispense medication. The training will be conducted by the Carson City Health Department. We have changed our medication form to include medication quantity accepted at intake and what medication quantity is released.*

*In one of the instances, an out-of-county youth was transported to the doctor by the arresting agency. After the doctor visit, the transport officer gave the youth medication during the transport. Once at Murphy Bernardini, the prescription was given to us with less medication than what was prescribed. We properly documented what medication we received, even though the count differed and we could not verify where the medication went. This was where the discrepancy came from.*

*We will be updating our policy in an effort to improve the way we document medication dispersal.*

Background Checks

Of the nine employees' files we reviewed, one had not had a background check as required by NRS 62B.270. NRS 62B.270(1) requires Murphy Bernardini conduct a fingerprint background check of each employee. NRS 62B.270(6) states that the employee shall not have contact with a child without supervision before the investigation of his background has been conducted. NRS 62B.270(7) requires Murphy Bernardini to conduct a background investigation of each employee at least once every 5 years after the initial investigation.

## *Murphy Bernardini Regional Detention Center (continued)*

A background investigation of this employee was conducted by Carson City when the employee was hired for a different city agency. The results of this background check were in the employee's personnel file at the city's Department of Human Resources. At the time of the employee's transfer to Murphy Bernardini, the background check results were more than 11 years old. Although this employee transferred prior to the effective date of the background check requirement for juvenile detention centers, he had not submitted authorization and fingerprints for a background check 4 months after the law went into effect.

*Facility Response*

*All employees who work in the Murphy Bernardini Regional Detention Center have had a fingerprint background investigation conducted since the law took effect. There is one exception which is a part-time employee who has been on maternity leave and is not currently working in the facility and will not work until the background investigation is completed. The employee referenced in your letter had fingerprints taken in 2007. This employee transferred from another division within the city. Since other departments and divisions keep their own files on their employees, the fingerprints never made it to Personnel after the transfer. This employee had his fingerprints taken again to be in compliance with NRS 62B.*

Complaint Processes and Procedures

Murphy Bernardini does not obtain a signed statement from youths indicating they understand their right to file a complaint. In addition, the resident rights, rules, and discipline pamphlet does not address the youths' right to file a complaint or describe the complaint process. Therefore, management does not have assurance that youths are informed of their right to file complaints.

Murphy Bernardini does not make complaint forms or paper on which youths can write complaints readily available to youths. Also, the facility does not have a box in which youths may place written complaints. As a result, youths may not be willing to write complaints.

## *Murphy Bernardini Regional Detention Center (continued)*

*Facility Response*

*We are looking into our youth grievance policy to see where changes can be made to address the suggestions made by the reviewers.*

Other Items

During our review, we did not observe a schedule of youth activities, programs, and services, a list of contraband and prohibited items, and a list of youths' rights posted in a location visible to the youths. Furthermore, although Murphy Bernardini provides each youth with a rights, rules, and discipline pamphlet at intake, the pamphlet does not address all the youths' basic personal rights. Posted schedules may help youths new to Murphy Bernardini transition to their stay. In addition, a list of contraband and prohibited items may reduce the likelihood of contraband entering the facility. A listing of youths' rights helps ensure both youths and staff understand those rights. Finally, Murphy Bernardini's Personnel Policy, ethics section, requires employees not discriminate against clients based on a list of basic rights, but does not include sexual orientation.

*Facility Response*

*Since the review, we have placed laminated signs throughout the facility detailing the daily activities in detention, youth rules, youth rights, youth discipline, and a list of contraband and prohibited items. In addition, the Personnel Policy, ethics section, will be updated to include sexual orientation as a basic right.*

# Kid's Kottages

## Background Information

Kid's Kottages is a staff secured, emergency child welfare facility in Reno. The facility is operated under contract by Adams and Associates for the Washoe County Department of Social Services. The facility provides a temporary home for runaway children and abused and neglected children who have been removed from their homes. Kid's Kottages' goals are to provide an emergency home where children can be protected from abuse and learn to depend on adults to provide for their needs; to provide a wholesome environment where children can learn and develop without fear or apprehension; and to help children become happy during their stay and to understand that happiness is attainable in life. One of the three cottages at Kid's Kottages is a therapeutic home that provides an intensive behavioral support program called REACH (Rehabilitative Environments Allowing Children Hope).

Kid's Kottages is licensed by the Nevada State Health Division, Bureau of Health Care Quality and Compliance. During the month of our visit, February 2012, Kid's Kottages had an average daily population of 51 youths.

During the year ended June 30, 2011, Kid's Kottages:

- Had a maximum capacity of 82 youths.
- Provided services to youths from birth to 18 years of age.
- Had an average daily population of 44 youths with an average length of stay of 50 days.
- Had a total of 43 staff: 39 full-time and 4 part-time.

## Purpose of the Review

The purpose of our review was to determine if Kid's Kottages adequately protects the health, safety, and welfare of the children in Kid's Kottages and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 2010, through February 2012. We discussed related issues and observed related processes during our visit in February 2012.

## *Kid's Kottages (continued)*

### Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the Kid's Kottages provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, we noted some areas for improvement. Specifically, Kid's Kottages should make improvements in its medication management and policies and procedures.

### Principal Observations

Medication Management Processes

Kid's Kottages should improve its medication management processes, policies, and procedures. Kid's Kottages' medication administration policies do not adequately address the facility's disposal and destruction of unused medications. The policy instructs staff to give unused medications to the adult accepting custody of the youth when the youth is released from custody. However, the policy does not address disposal and destruction of medications that may remain unused when a prescription is discontinued. Policies should include the method to be used when disposing of expired or discontinued medications, the method of documenting the disposal, and the required staff to participate or witness the disposal.

Kid's Kottages also needs to ensure staff follow procedures when medications are received from the pharmacy. We reviewed five youths' medical files and found that one contained information indicating the youth had received an incorrect medication. The medication received from the pharmacy was not the same medication ordered by the physician. Although Kid's Kottages' procedures require staff to compare the medication received to the prescription prior to dispensing the medication, this procedure was not followed in this instance. Staff discovered the error the following day, and, according to documentation in the file, the error did not cause the youth harm. In addition, Kid's Kottages' policies should be revised to require copies of pharmacy instructions be kept in the youths' medical files.

## *Kid's Kottages (continued)*

Kid's Kottages should consider adding a menu of acronyms to its medication administration log. The acronyms could be used to identify when medications were missed, when a youth refuses his medications, or when the youth is not present at the facility.

During our visit, staff did not use the most current physician approved over-the-counter medication standing order form. Although the list used by staff was not dated and had no evidence of approval, another list was dated January 28, 2010, and was approved by a physician. In addition, allergies or absence of allergies were not documented on the medication administration log for two of the four youths' medication files reviewed.

*Facility Response*

*Kid's Kottages has taken the following steps to improve medication administration processes:*

- *The policy for administering medication has been updated to discuss the issue of disposal and destruction of unused medication.*
- *We will continue to emphasize with our management staff the need to compare the medication received to the prescription prior to dispensing medication. Additionally, policies have been updated to further clarify this procedure.*
- *Policies have been updated to require a copy of the pharmacy instructions be kept in the youth's medical file.*
- *A menu of acronyms has been added to our Medication Protocol and Medication Administration Log Books.*
- *The medication over-the-counter standing order form which was not approved by a physician has been thrown away and the only list now in use is the list approved by a physician.*
- *We will continue to emphasize to our management staff the need to document allergies or the absence of allergies on our medication administration logs.*

## *Kid's Kottages (continued)*

Policies and Procedures

Kid's Kottages' policies and procedures for fingerprint background investigations could be improved. Policies do not require new employees whose background investigations have not been completed to be supervised when in contact with youths. Management stated new employees are supervised prior to the completion of the investigation process; however, the policies do not include this requirement. In addition, Kid's Kottages should consider revising its background check policy to address the requirement for all employees to have background checks every 5 years.

Kid's Kottages should consider addressing access to the internet by staff and youths to help ensure appropriate use of computers. Kid's Kottages should also adopt policies and procedures addressing the control and security of kitchen utensils, such as knives. In addition, policies and procedures should be updated to include a timeframe for completing an initial treatment plan and when the plan should be reviewed and revised. Furthermore, mental health and substance abuse policies are outdated and do not address the current process for completing an initial assessment. Finally, although Kid's Kottages' Bill of Rights for youths contains the right to equal treatment regardless of sexual orientation, Kid's Kottages should update its Philosophy, Mission and Goals policy to help ensure youths are treated equally regardless of sexual orientation.

*Facility Response*

*Kid's Kottages has taken the following steps to improve our policies and procedures:*

- *The Designated "House Leader" for Each Shift policy has been updated to address the need to supervise new employees until their background investigation is complete.*
- *The policy for Employment and Staffing has been updated to address the requirement for all employees to have background checks every 5 years.*
- *The Use of Social Media policy has been written to address appropriate staff usage of computers.*

## *Kid's Kottages (continued)*

- *The Computer Usage by Residents policy has been written to address appropriate resident usage of computers.*
- *The Safety Program policy has been updated to address the need to lock knives in a secured location.*
- *The policy on Mental Health/Substance Abuse has been updated to address the timeframes of initial treatment plans and when plans should be reviewed or revised for residents in the REACH program. This policy has been updated to address the current process for completing an initial assessment.*
- *The Philosophy, Mission and Goals Policy have been updated to address ensuring youths are treated equally regardless of sexual orientation.*

Other Items

A description of the complaint process was not posted in one of the cottages on campus in a location visible to youths. In addition, we observed a movie video with a restricted rating in the staff area of one cottage. Kid's Kottages' policy identifies restricted movies as contraband. Cleaning supplies were not securely stored. Kid's Kottages' policy requires all cleaning supplies be locked in the storage room in each building. Also, the facility vehicle we inspected did not have a current proof of insurance form.

*Facility Response*

*Kid's Kottages has taken the following actions to address these issues:*

- *Graveyard Supervisors are required to look for any grievances in the grievance boxes on a nightly basis. They will also ensure that a description of the complaint process is posted next to each grievance box.*
- *R rated movies are not allowed at Kid's Kottages and will be disposed of if found in the facility.*

## *Kid's Kottages (continued)*

- *We will continue to emphasize to all staff the need to store all cleaning supplies in locked storage areas.*
- *All facility vehicles were, at the time of inspection and currently, licensed and insured. Monthly, our runners will ensure these required forms are in the vehicles.*

*Copies of all referenced Policies and Procedures and the list of acronyms have been included for your review.*

# DayBreak Equestrian Center II

## Background Information

DayBreak Equestrian Center II (DayBreak) is located in Baker, Nevada. DayBreak is a private, for-profit, staff secured residential facility. DayBreak institutes character development through an equestrian-based therapeutic model. The facility is designed for female youths who are experiencing emotional and behavioral problems. DayBreak is licensed by the Nevada Division of Health as a child care facility with a maximum capacity of 40 youths. DayBreak had an average population of 20 youths during the month of our visit, October 2011. According to management, DayBreak opened in April 2011.

As of June 30, 2011, Daybreak:

- Served female youths between the ages of 12 and 18 years.
- Had an average of eight full-time staff.

## Purpose of the Review

The purpose of our review was to determine if DayBreak adequately protects the health, safety, and welfare of the children in DayBreak and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period April 2011 through September 2011. In addition, we discussed related issues and observed related processes during our visit in October 2011.

## Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at DayBreak Equestrian Center II provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, we noted some areas for improvement. Specifically, DayBreak needs to ensure medication administration procedures and background check requirements are followed; and policies, procedures, and practices are consistent.

## *DayBreak Equestrian Center II (continued)*

### Principal Observations

Medication Administration Processes and Procedures

DayBreak staff did not follow DayBreak's policies and procedures for documentation of medication administration. DayBreak's policies state that a copy of youths' prescriptions and pharmaceutical paperwork is to be filed in the youths' medical files. Policies also provide steps for the administration of medication, including documentation. However, four of the five youths' medication files reviewed were missing some of the required documents, the documents were incomplete, or the documents were not clear. For example, three youths' medication administration records contained blank spaces. Blank spaces could mean the youths refused their medication and staff forgot to document the refusal, the youths were not at the facility, or the youths received their medication and staff forgot to complete the documentation. Also, physicians' orders were missing from three youths' files.

DayBreak's medication management policies and procedures do not include a procedure for independent review of medication administration records. Although management and staff stated they perform independent reviews, there was no evidence of reviews. Independent reviews of medication records provides assurance that medications are being properly administered and tracked.

*Facility Response*

*DayBreak Equestrian Center's medication processes are overseen by a Nevada Licensed Practical Nurse. She reviews all medication charts and administration processes.*

*DayBreak has increased the process of verifying all the tracking of medication paper work. We keep on file the paper work that comes from the pharmacy and ask that the doctor fill out a doctor visit form when a youth goes to the doctor. We are now asking the doctor to add to this form any medication ordered so that if the pharmacy paper work cannot be found, we have a double check with the doctor visit form.*

## *DayBreak Equestrian Center II (continued)*

*DayBreak does a great job with all the medication forms and paperwork. We acknowledge that a few of the pharmacy orders could not be found; however, it is our standard practice to keep them, to get written or verbal authorization on all medication administered, and to have an L.P.N. oversee our medication processes.*

*DayBreak also has an emergency medical book that contains all the medical, physical description, and contact information, medication information, and a picture of the youth that can be taken in an emergency situation.*

*Regarding blank spaces on the forms, it is our standard policy to fill out all spaces. When a youth refuses medication, a medication refusal form is filled out. There is a grid on top of the medication page that explains how medication issues are to be noted. A few old forms had been placed in the log that did not contain the grid and that had been corrected prior to the review.*

*Our nurse calls the pharmacy to verify medication and she checks in all the medication that arrives at DayBreak. Our staff has always performed a double check. Two staff review the medication logs on a daily basis. A line has been added to the medication log for staff to sign the double check so that is now verifiable.*

*Our policies and procedures and our disposal log form have been updated to reflect DayBreak's recommended preference for medication disposal; however, please, note all options noted in our policies and procedures manual are viable options.*

Background Checks

DayBreak's personnel policies and procedures do not require employees be supervised until the results of their background checks have been received. During our visit, we observed a new employee having direct contact with youth without supervision

## *DayBreak Equestrian Center II (continued)*

when DayBreak had not yet received the results of the employee's background check. Assembly Bill 536, effective October 1, 2011, prohibits unsupervised contact with a child pending the results of a background investigation. In addition, DayBreak's policy regarding background checks is not consistent with state law and administrative code requirements. DayBreak's employment policies state background checks must take place within the first 60 days of employment. State law (NRS 432A.170) and Nevada Administrative Code (NAC 432A.200) require fingerprints be taken and applications for investigations must be made within 3 working days after the date of hiring or the employee's presence in the facility. Two of the five employees whose files we examined were not fingerprinted within 3 days after their hire date; they were fingerprinted 13 days and 26 days after their hire dates.

DayBreak's policies do not contain a requirement to conduct periodic fingerprint background checks that is consistent with NRS 432A.170. Instead, the policy allows DayBreak to conduct in-house background checks at various times during employment. NRS 432A.170 requires a fingerprint background check be conducted every 5 years during employment, effective October 1, 2011. (The previous requirement was every 6 years.) DayBreak's policies do not include a list of the crimes for which a conviction would exclude a person from employment or would disqualify a resident who is 18 years or older from residing at the facility. Although DayBreak's licensing agency reviews the results of the background checks and the statutes include a list of these crimes, DayBreak's policies should contain either a reference to the list in the statutes or a list of the specific crimes.

*Facility Response*

*DayBreak has a standard practice of following the 3-day background check as noted by statute. The 60 days noted in our policy and procedure is out of date and should have been removed by DayBreak as we do not follow that directive. Due to the rural location of our facility, a 3-day background fingerprinting process is very difficult for our facility. It is our policy to have them done within 3 days; however, due to the location of the sheriff's office and also the fact that many of our employees live out of state, we have had some issues with obtaining this in 3 days. To correct*

## *DayBreak Equestrian Center II (continued)*

*this, we now require employees on their first or second day with us to go to the sheriff's office and get fingerprinted. If they are not fingerprinted by the third day of work, we do not let them return until the process is concluded. I would recommend for rural programs 5 days be considered for this process.*

*DayBreak has requested a list of crimes from the Department of Health and Human Services that would negate a person's eligibility to work for us. We have added this list to our application process and our policy and procedure manual.*

*DayBreak has in its policy and procedure manual requirements for youth who turn 18 in our facility, which includes background checks and fingerprinting. Youth who turn 18 will be held to the same standards as our employees regarding criminal offenses that could potentially negate them from continued placement in the facility, as recommended by statute.*

*DayBreak requires all staff whose background clearance memo has not been received must be supervised. This has been added to our policy and procedure. All staff are supervised by the on-shift supervisors.*

*DayBreak will conduct intermittent background checks on employees on a random basis at a minimum of every 5 years as required by statute.*

Policies and Procedures

Some of DayBreak's policies and procedures need to be updated. For example, the policies and procedures include the use of seclusion and a seclusion room. However, DayBreak management stated DayBreak does not have a seclusion room and does not practice seclusion. Also, DayBreak provides youths with a manual addressing appropriate computer use; however, facility policies and procedures do not address these guidelines. In addition, medication administration policies provide a list of acronyms for staff to use on the medication administration records, but not all records contained a list of those acronyms. Finally, medication

## *DayBreak Equestrian Center II (continued)*

disposal policies and the medication disposal log provide staff with several options for the disposal of unused medications, without indicating a preferred method. However, management indicated the preferred method of disposal is to return the medications to the pharmacy. Policies, procedures, and practices should be consistent to ensure staff meet management's expectations and provide consistent services to the youths.

*Facility Response*

*The Manual has been updated and the seclusion part removed. We have also updated the recommendation of the preferred method of disposal of medication. DayBreak gives each staff a copy of the youth manual which addresses the issues of computer use. Computer usage will also be added in a section of the policy and procedure manual.*

*DayBreak has made sure that the grid we use to identify acronyms for medication administration has been added to all the forms and policies we have.*

Other Items

During our visit to Daybreak, we observed an employee transporting two youths in the back of his open bed truck. Daybreak policy forbids the use of private vehicles to transport youths, prohibits the transport of youths in an open truck, and requires youths be properly seat-belted. In addition, youths sign a statement that contains a description of their right to file a complaint. However, the statement is not dated. Therefore, management cannot verify that the statement was provided to the youths timely.

*Facility Response*

*It is our policy that at no time do youth ride in the back of a pickup truck. We have no idea why our staff let the youth do that, and he was visited with regarding this incident and it was made clear that, if he did it again, he would be terminated. This employee was a new employee, and, at his previous facility in Alaska, youth were allowed to ride in the back of trucks on the*

## *DayBreak Equestrian Center II (continued)*

*property. He was driving on a dirt road, no more than 5 miles per hour; however, there is no exception in our policy. This is now covered in the initial training of all new staff.*

*In the youth manual, youth are given a copy of their rights. Youth signed this, but some have not dated it. We now have youths sign it when they arrive and make sure that they date the form the day they receive it.*

# Maple Star Nevada

## Background Information

Maple Star Nevada provides therapeutic group foster care throughout Nevada. Maple Star is a private, for-profit agency that provides services for both adults and youths. This review focused on Maple Star's residential services for youths. Maple Star's mission is to provide accessible, comprehensive, and integrated programs and mental health services. This includes assisting clients in achieving social integration by serving as an alternative to institutional care and by providing clients with opportunities to live in family and community settings. Maple Star homes are licensed by the Nevada Division of Child and Family Services, the Clark County Department of Family Services, and the Washoe County Department of Social Services. Maple Star is a foster care agency with 29 homes throughout Nevada, including Reno, Wells, Las Vegas, and Henderson. Maple Star had an average daily population of 79 youths during the period of our review, November 2011 through January 2012.

As of June 30, 2011, Maple Star:

- Had a maximum capacity of 144 youths.
- Served male and female youths between birth and 21 years of age.
- Had an average daily population of 97 youths with an average length of stay of 9 months.
- Had an average staff of 144: 53 full-time and 91 part-time.

## Purpose of the Review

The purpose of our review was to determine if Maple Star adequately protects the health, safety, and welfare of the children in Maple Star and whether Maple Star respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 2010 through January 2012. We discussed related issues and observed related processes during our visits in November and December 2011, and January 2012.

## *Maple Star Nevada (continued)*

### Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Maple Star Nevada provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at Maple Star and respects the civil and other rights of youths in its care. However, we noted some areas for improvement. Specifically, Maple Star needs to improve its medication administration and background check processes, and its policies and procedures.

### Principal Observations

Medication Administration Processes

Maple Star needs to improve its medication administration processes. Eight of ten youth's files reviewed contained errors or were missing some documentation. There was no documentation in the files to indicate the other two youths were taking medication. Errors included a duplicate medication log for the same month for the same medication for one youth. Although the log was for the same month and medications, the writing and initials on the log were not identical, so it was not a photocopy. In addition, one youth was either given an incorrect dose of a prescription for more than 2 months or the medication log was incorrect. Some medication administration logs were completed for days that did not exist, such as November 31, February 29, 30, and 31, April 31, and June 31. Physician's orders to change medication dosages or begin new medications were not always promptly followed.

Missing documentation included physicians' orders to start, change, discontinue medications, pharmacy instructions, and medication administration logs for up to 5 months. Medication administration logs did not always contain a list of acronyms used to document why medications were not administered, such as youth refused or youth was on a home visit. In addition, the medication administration logs did not always include a place to list youths' allergies.

Furthermore, three of the five foster care providers observed did not request youths complete a mouth sweep or use a tongue blade

## *Maple Star Nevada (continued)*

to ensure medication was not cheeked. Cheeking is a method used to conceal medication administered.

*Facility Response*

*Maple Star Nevada is committed to providing quality services to children that ensures all of their needs are being met, to include medication administration. Maple Star Nevada has current policies and procedures in place and has enhanced these procedures to ensure Foster Family Care providers conduct mouth sweeps after medication is administered to youths in care.*

*It is a policy of Maple Star Nevada to ensure that all administration of medication be documented in a precise and timely manner. It appears that the review of selected files demonstrated this as an area where there is some need for improvement. Maple Star Nevada has created a more in-depth medication administration training for Foster Family Care providers in response to the findings. The training curriculum is very detailed regarding all areas of administration and documentation to include: understanding doctors' orders, documentation requirements, mouth sweeps, and ensuring that pharmacy receipts are attached to medication logs. Initial training on medication administration is required for all Foster Family Care providers prior to licensing and will be reviewed on an ongoing basis.*

*In addition to the initial and ongoing training, supervisory oversight provides assurance that children are administered medication in a timely and correct manner. On a weekly basis, it is the responsibility of the Foster Care Coordinator to ensure that orders to start medication, change medication, or discontinue medication are followed. Additionally, pharmacy instructions and medication documentation is being maintained according to policy.*

## *Maple Star Nevada (continued)*

*In addition, the Quality Assurance Manager ensures compliance that all requirements for medication administration are maintained. Random case reviews are conducted to ensure that quality services are being provided to children in our care.*

*The medication log has also been revised to include a menu for dose, frequency and purpose, side effects, documentation of errors, acronyms used to document why medication was not administered, medication count, medication disposal, and a place to list any allergies a youth may have. The aforementioned menus were developed in response to the Legislative Counsel Bureau (LCB) findings. Weekly audits of the medication administration logs and documentation process are conducted by the Foster Care Coordinators and the findings are reviewed by the Quality Assurance Manager. Following the LCB review, Family Foster Care providers were re-trained on medication administration and documentation.*

Policies and Procedures

Maple Star needs to update and improve some of its policies and procedures. For example, child abuse and neglect policies and procedures need to be revised to be consistent with state law. Policies state that information related to suspected child abuse and neglect is discussed with a Maple Star Case Manager and, if deemed necessary, reports should be made to the Nevada Division of Child and Family Services' Child Protective Services. However, NRS 432B.220 requires any person who is employed by an agency furnishing care to a child who knows or has reasonable cause to believe that a child has been abused or neglected to make a report as soon as reasonably practicable.

In addition, Maple Star's policies do not provide guidance to family care providers on securing keys to prevent access to medications, vehicles, and tools. Policies also do not address records retention. Maple Star should also ensure family care providers are provided with an identification kit for each child. A kit provides quick access to important information, such as a youth's full name, known aliases, a photograph, a list of allergies and medications, and contacts, in case of emergencies.

## *Maple Star Nevada (continued)*

Maple Star's policies were not always consistent between the northern and southern regions. For example, policies in the south address having a grievance box and a timeframe for complaint resolution; however, policies in the north do not. Policies in the south address examples of contraband and appropriate methods for searching for contraband, but policies in the north do not. In addition, policies in the south address travel passes for youths visiting families out-of-state; policies in the north do not. Policies in the south require pharmacy receipts be attached to medication logs, while policies used in the north do not. Finally, policies in the north and the south differ regarding the appropriate method to dispose of medication.

*Facility Response*

*Maple Star Nevada revised policy on mandated reporting states that Family Foster Care providers and all staff are mandated to immediately report to Child Protective Services and/or Law Enforcement any and all allegations youth make according to NRS 432B.220. An event number will be obtained as proof that the report was made. The information and report will be documented on the Maple Star Nevada Incident Report.*

*Maple Star Nevada has reviewed, revised, updated, and developed additional policies and procedures to address any findings by the LCB Audit Division. These policies and procedures are standardized for all Maple Star Nevada regional sites statewide.*

*Maple Star Nevada is committed to ongoing evaluation and program improvements related to policies and procedures, and accepts the recommendations for specific areas of improvement per the findings of this review.*

*Specifically, policies have been strengthened and training has been provided to agency staff and Family Foster Care providers in methods used to dispose of medication, methods used for searching for contraband, securing keys, timeframes for complaint resolution, records retention, reporting suspected*

## *Maple Star Nevada (continued)*

*child abuse and neglect, and proper storing of potentially dangerous items including tools, paints, kitchen utensils, and cleaning supplies.*

Background Checks

Policies and procedures for obtaining fingerprint background checks need to be improved. Policies and procedures do not refer to all the licensing agencies responsible for reviewing employee background check results. Instead, it refers only to the Washoe County Department of Social Services and does not mention the Clark County Department of Family Services or the Nevada Division of Child and Family Services. Policies could also be strengthened by listing the convictions that would disqualify a person from employment.

In addition, Maple Star should ensure background check policies are followed. Policies state Maple Star keeps records of all fingerprint copies and proof that fingerprints were submitted to the appropriate authority. However, these documents were not in Maple Star's files for 2 of the 10 employees' files we reviewed.

*Facility Response*

*Maple Star Nevada revised policy on background checks is consistent with NRS 449.179 requirements. In addition, Maple Star Nevada requires employees be fingerprinted at least every 5 years following the initial background check. Maple Star Nevada has implemented Quality Assurance measures to ensure employee personnel files include all fingerprint copies and proof that fingerprints were submitted to the appropriate authorities. Revised policies list disqualifying crimes and refer to all licensing agencies per Nevada Administration Code and Nevada Revised Statutes.*

Other Items

Of the five homes we visited, a list of prohibited items or contraband was not posted in any of the homes; a list of youth's rights was not posted in one of the homes; and a schedule of weekly youth activities, programs, and services was not posted in

## *Maple Star Nevada (continued)*

one of the homes. Posting these lists may help youths and parents avoid misunderstandings and may help new residents adjust to their surroundings.

Unsecured, potentially dangerous items were observed at three of the five homes visited. These items included knives, tools, cleaning supplies, and a bucket of paint. Two of the three vehicles observed did not contain first aid kits. In addition, a fire escape route was not posted in two of the five homes visited. Finally, supervisors should better monitor the basic skills training notes prepared by home care providers. Maple Star's policy states each service provided will be documented through daily progress notes. However, we found the same note documented for periods from 6 days to 7 weeks. Skills training services are intended to improve or retain a youth's level of functioning. These services can include teaching a youth about personal hygiene, personal safety, or performing household chores.

*Facility Response*

*In response to the LCB review findings, the Maple Star Nevada Quality Assurance Committee has worked diligently to ensure that all Family Foster Care provider homes have the following mandatory documents posted in every home. Mandatory posted documents include: Youth Rights, Youth Schedule, Fire Escape Routes, List of Prohibited Items, and Items Considered to be Contraband. These mandatory posted documents have been added to the Quality Assurance home inspection form for ongoing review. Based on the therapeutic services provided to children, structure and consistency is and has been an important component of our treatment program. There is a standard and posted schedule for each home. The times for activities have been added to the schedule based on the unique characteristics of each home and children. This form is required to be posted in the homes along with other required forms.*

*Specifically, policies have been strengthened and training has been provided to agency staff and Family Foster Care providers in policies and procedures for storing potentially dangerous items including knives,*

## *Maple Star Nevada (continued)*

*tools, paints, and cleaning supplies. Additionally, all Family Foster Care provider vehicles have been equipped with first aid kits and fire extinguishers. Maple Star Nevada will ensure that all Family Foster Care providers are provided with an identification kit for each child placed in their care.*

*Specific to case note documentation, Maple Star Nevada has implemented Quality Assurance measures designed to monitor and ensure progress notes for the appropriateness and effectiveness of the service delivery system, and to otherwise ensure full professional accountability. All progress notes are reviewed and monitored for timelines and required elements. As per Medicaid Chapter 400, progress notes must reflect: the date and time that the services were provided; the recipient's progress toward functional improvement and attainment of established rehabilitation goals and objectives; the nature, content and number of service units provided; and the name, credentials and signature of the person providing services. Progress notes must be completed after each session.*

*Some of the concerns indicated in the LCB review are not required by current licensing standards. As an agency, we want to fully comply with all county and state requirements; however, we feel it would be less confusing if all licensing bodies used one standard as part of the State of Nevada Licensing Regulations for Foster Homes for Children (Nevada Administrative Code Chapter 424).*

*Maple Star Nevada is confident that we make every effort to keep our clients safe. We are highly concerned about the well-being of each and every one of our clients. We work on a daily basis with the Department of Family Services, Division of Child and Family Services, and the Department of Juvenile Justice Services to ensure we are in compliance with policies and procedures pertaining to quality of care. Maple Star Nevada operates family foster homes and wants to maintain a family style environment, hence*

## *Maple Star Nevada (continued)*

*our mission statement "Human Services Without Walls." We believe that children have a better chance at success by integrating in society in a family home environment.*

# Appendices

## Appendix A

## Nevada Revised Statutes
## 218G.500 Through 218.535 and 218G.570 Through 218G.585

**General Provisions**

**NRS 218G.500 Definitions.** As used in NRS 218G.500 to 218G.585, inclusive, unless the context otherwise requires, the words and terms defined in NRS 218G.505 to 218G.535, inclusive, have the meanings ascribed to them in those sections.
(Added to NRS by 2007, 198; A 2009, 4)—(Substituted in revision for NRS 218.862)

**NRS 218G.505 "Abuse or neglect of a child" defined.** "Abuse or neglect of a child" has the meaning ascribed to it in NRS 432B.020.
(Added to NRS by 2007, 198)—(Substituted in revision for NRS 218.863)

**NRS 218G.510 "Agency which provides child welfare services" defined.** "Agency which provides child welfare services" has the meaning ascribed to it in NRS 432B.030.
(Added to NRS by 2007, 198)—(Substituted in revision for NRS 218.864)

**NRS 218G.515 "Family foster home" defined.** "Family foster home" has the meaning ascribed to it in NRS 424.013.
(Added to NRS by 2009, 2)

**NRS 218G.520 "Governmental facility for children" defined.**
1. "Governmental facility for children" means any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is owned or operated by a governmental entity and which has physical custody of children pursuant to the order of a court.
2. The term does not include any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is licensed as a family foster home or group foster home, except one which provides emergency shelter care or which is capable of handling children who require special care for physical, mental or emotional reasons.
(Added to NRS by 2009, 2)

**NRS 218G.525 "Group foster home" defined.** "Group foster home" has the meaning ascribed to it in NRS 424.015.
(Added to NRS by 2009, 2)

**NRS 218G.530 "Near fatality" defined.** "Near fatality" means an act that places a child in serious or critical condition as verified orally or in writing by a physician, a registered nurse or other licensed provider of health care. Such verification may be given in person or by telephone, mail, electronic mail or facsimile.
(Added to NRS by 2007, 198)—(Substituted in revision for NRS 218.865)

**NRS 218G.535 "Private facility for children" defined.**
1. "Private facility for children" means any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is owned or operated by a person and which has physical custody of children pursuant to the order of a court.
2. The term does not include any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is licensed as a family foster home or group foster home, except one which provides emergency shelter care or which is capable of handling children who require special care for physical, mental or emotional reasons.
(Added to NRS by 2009, 2)

# Appendix A

## Nevada Revised Statutes
## 218G.500 Through 218.535 and 218G.570 Through 218G.585
(continued)

**Facilities Having Physical Custody of Children**

**NRS 218G.570 Performance audits of governmental facilities for children.** The Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218G.120, shall conduct performance audits of governmental facilities for children.

(Added to NRS by 2009, 3)

**NRS 218G.575 Inspection, review and survey of governmental facilities for children and private facilities for children.** The Legislative Auditor or the Legislative Auditor's designee shall inspect, review and survey governmental facilities for children and private facilities for children to determine whether such facilities adequately protect the health, safety and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care.

(Added to NRS by 2009, 3)

**NRS 218G.580 Scope of inspection, review and survey.** The Legislative Auditor or the Legislative Auditor's designee, in performing his or her duties pursuant to NRS 218G.575, shall:

1. Receive and review copies of all guidelines used by governmental facilities for children and private facilities for children concerning the health, safety, welfare, and civil and other rights of children;
2. Receive and review copies of each complaint that is filed by any child or other person on behalf of a child who is under the care of a governmental facility for children or private facility for children concerning the health, safety, welfare, and civil and other rights of the child;
3. Perform unannounced site visits and on-site inspections of governmental facilities for children and private facilities for children;
4. Review reports and other documents prepared by governmental facilities for children and private facilities for children concerning the disposition of any complaint which was filed by any child or other person on behalf of a child concerning the health, safety, welfare, and civil and other rights of the child;
5. Review the practices, policies and procedures of governmental facilities for children and private facilities for children for filing and investigating complaints made by children under their care or by any other person on behalf of such children concerning the health, safety, welfare, and civil and other rights of the children; and
6. Receive, review and evaluate all information and reports from a governmental facility for children or private facility for children relating to a child who suffers a fatality or near fatality while under the care or custody of the facility.

(Added to NRS by 2009, 3)

**NRS 218G.585 Duty of facilities to cooperate with inspection, review and survey.** Each governmental facility for children and private facility for children shall:

1. Cooperate fully with the Legislative Auditor or the Legislative Auditor's designee in the performance of his or her duties pursuant to NRS 218G.575 and 218G.580;
2. Allow the Legislative Auditor or designee to enter the facility and any area within the facility with or without prior notice;
3. Allow the Legislative Auditor or designee to interview children and staff at the facility;
4. Allow the Legislative Auditor or designee to inspect, review and copy any records, reports and other documents relevant to his or her duties; and
5. Forward to the Legislative Auditor or designee copies of any complaint that is filed by a child under the care or custody of a governmental facility for children or private facility for children or by any other person on behalf of such a child concerning the health, safety, welfare, and civil and other rights of the child.

(Added to NRS by 2009, 3)

## Appendix B

## Glossary of Terms

| | |
|---|---|
| **Cheeking** | A method used to conceal medication administered to a youth. |
| **Child Welfare Facility** | Provides emergency, overnight, and short-term services to youths who cannot remain safely in their home or their basic needs cannot be efficiently delivered in the home. |
| **Civil and Other Rights** | This relates to a youth's civil rights, as well as his rights as a human being. It includes protection from discrimination, the right to file a complaint, replacement of missing personal items, and protection from racist comments. |
| **Correction Facility** | Provides custody and care for youths in a secure, highly restrictive environment who would otherwise endanger themselves or others, be endangered by others, or run away. Correction facilities may include restrictive features, such as locked doors and barred windows. |
| **DCFS** | The Nevada Division of Child and Family Services. |
| **Detention Facility** | Provides short-term care and supervision to youths in custody or detained by a juvenile justice authority. Detention facilities may include restrictive features, such as locked doors and barred windows. |
| **Federal Food and Drug Administration** | Protects public health by assuring the safety, efficacy, and security of medications. The agency is also responsible for determining if approved medications are no longer safe for administration to youths. |
| **Group Homes** | Provide safe, healthful group living environments in a normalized, developmentally supportive setting where residents can interact fully with the community. Used for children who will benefit from supervised living with access to community resources in a semi-structured environment. Generally consists of detached homes housing 12 or fewer children. Group homes also include homes operated by a foster care agency. |

## Appendix B

## Glossary of Terms
(continued)

| | |
|---|---|
| **Higher Level of Care** | Comprehensive care and services provided to youths who require more intensive therapy, supervision, tutoring, or education due to serious emotional, behavioral, or psychological conditions. |
| **Identity Kit** | Provides quick access to important information in case of emergency, such as a youth's full name, known aliases, a photograph, a list of allergies and medications, and a list of contacts. |
| **Mandatory Reporter** | Any person who, in his professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected. |
| **Mental Health Treatment Facility** | Provides mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. Mental health facilities also provide services to behaviorally disordered youth. Services provided include a full range of therapeutic, educational, recreational, and support services by a professional interdisciplinary team in a highly structured, highly supervised environment. |
| **Privileges** | Items considered earned and not considered a right. Items considered privileges may include movies, recreation time, phone calls, and reading material. |
| **Residential Center** | Provides a full range of therapeutic, educational, recreational, and support services. Residents are provided with opportunities to be progressively more involved in the community. |
| **Resource Center** | Provides more than one type of service simultaneously. For example, a Resource Center may provide both treatment and detention services. |
| **Safety** | Anything related to the physical safety of youths. This includes physical security, environment, protection from inappropriate comments or contact by staff or another youth, and adequate staffing. |
| **Staff-Secure** | Access out of the facility is limited by staff and not monitored by a secure system. |

## Appendix B

## Glossary of Terms
(continued)

| | |
|---|---|
| **Standing Order Form** | Physician approved order for over-the-counter medication a facility may administer to youths. |
| **Substance Abuse Treatment Facility** | Provides intensive treatment to youths addicted to alcohol or other substances in a structured residential environment. Substance abuse treatment facilities focus on behavioral change and services to improve the quality of life of residents. |
| **Use of Force** | Technique used to prevent youths from harming themselves or others, including restricting or reducing the youth's ability to move. |
| **Welfare** | Anything related to the general well-being of a youth. This includes education and punishments or discipline. |
| **Youths** | Children of all ages, including infants and adolescents. |

## Appendix C

## Summary of Observations at Five Facilities Reviewed

| Observations | Number of Facilities |
|---|---|
| **Policies and Procedures** | |
| Policies and procedures are not developed, not complete, or need to be updated | 5 |
| **Medication Administration Processes and Procedures** | |
| Files contain incomplete or unclear documentation of dispensed prescribed medication | 4 |
| Medication administration records need to be revised or updated | 3 |
| Medication files and records do not always contain evidence of independent review | 3 |
| Youths received an incorrect medication or dosage or medication administration record is incorrect | 3 |
| Over-the-counter standing order form needs to be developed or updated | 2 |
| Youths' allergy information is not always documented | 2 |
| **Background Checks** | |
| Policies and procedures do not include a list of crimes that would exclude a person from employment, require employees be supervised until the results of their background checks are received, or require periodic background checks following employment. | 3 |
| **Other Significant Items** | |
| Cleaning chemicals, supplies, tools, or other potentially dangerous items are not secured | 3 |
| List of prohibited items and contraband is not posted | 2 |
| Contraband type items observed and accessible to youths | 2 |
| List of youths' rights is not posted | 2 |

Source: Reviewer prepared from facility reviews.

Note: This is not a comprehensive list of observations.

# Appendix D

## Nevada Facility Information
## Fiscal Year Ended June 30, 2011

| Table 1: Correction and Detention Facilities | Background | | | Population for FY 2011 | | Staffing Levels | |
|---|---|---|---|---|---|---|---|
| Facilities | Funded By | Location | Ages Served | Maximum Capacity | Average Population | Full-Time | Part-Time |
| Caliente Youth Center | State | Caliente | 12 to 18 | 140 | 125 | 85 | 0 |
| China Spring Youth Camp/Aurora Pines Girls Facility | State/Counties | Gardnerville | 12 to 18 | 65 | 55 | 34 | 2 |
| Clark County Juvenile Detention Center | Clark County | Las Vegas | 8 to 18 | 192 | 173 | 175 | 50 |
| Douglas County Juvenile Detention Center | Douglas County | Stateline | 8 to 18 | 16 | 8 | 6 | 2 |
| Jan Evans Juvenile Justice Center | Washoe County | Reno | 8 to 17 | 108 | 45 | 48 | 0 |
| Leighton Hall | Various Counties | Winnemucca | 8 to 17 | 24 | 8 | 12 | 3 |
| Murphy Bernardini Regional Detention Center | Carson City | Carson City | 8 to 18 | 22 | 9 | 14 | 13 |
| Nevada Youth Training Center | State | Elko | 13 to 20 | 160 | 119 | 116 | 0 |
| Northeastern Nevada Juvenile Center | Various Counties | Elko | 8 to 17 | 24 | 9 | 11 | 0 |
| Rite of Passage-Silver State Academy | Private | Yerington | 14 to 18 | 215 | 170 | 125 | 7 |
| Spring Mountain Youth Camp | Clark County | Las Vegas | 12 to 18 | 100 | 100 | 49 | 8 |
| **Total - 11 Correction and Detention Facilities** | | | | **1,066** | **821** | **675** | **85** |

| Table 2: Resource Centers | Background | | | Population for FY 2011 | | Staffing Levels | |
|---|---|---|---|---|---|---|---|
| Facilities | Funded By | Location | Ages Served | Maximum Capacity | Average Population | Full-Time | Part-Time |
| Don Goforth Resource Center | Various Counties | Hawthorne | 8 to 17 | 32 | 10 | 8 | 12 |
| Western Nevada Regional Youth Center | State/Counties | Silver Springs | 13 to 18 | 32 | 22 | 18 | 3 |
| **Total - 2 Resource Centers** | | | | **64** | **32** | **26** | **15** |

| Table 3: Child Welfare Facilities | Background | | | Population for FY 2011 | | Staffing Levels | |
|---|---|---|---|---|---|---|---|
| Facilities | Funded By | Location | Ages Served | Maximum Capacity | Average Population | Full-Time | Part-Time |
| Carson Valley Children's Center | Private | Carson City | 0 to 18 | 10 | 3 | 4 | 7 |
| Child Haven | Clark County | Las Vegas | 0 to 18 | 80 | 23 | 33 | 6 |
| Kid's Kottages | Washoe County | Reno | 0 to 18 | 82 | 44 | 39 | 4 |
| WestCare-Emergency Shelter | Private | Las Vegas | 10 to 17 | 15 | 12 | 12 | 2 |
| **Total - 4 Child Welfare Facilities** | | | | **187** | **82** | **88** | **19** |

| Table 4: Mental Health Treatment Facilities | Background | | | Population for FY 2011 | | Staffing Levels | |
|---|---|---|---|---|---|---|---|
| Facilities | Funded By | Location | Ages Served | Maximum Capacity | Average Population | Full-Time | Part-Time |
| Adolescent Treatment Center | State | Sparks | 12 to 17 | 16 | 15 | 21 | 0 |
| Desert Willow Treatment Center | State | Las Vegas | 6 to 18 | 58 | 44 | 110 | 0 |
| Montevista Hospital | Private | Las Vegas | 5 to 17 | 28 | 24 | 30 | 5 |
| Oasis On-Campus Treatment Homes | State | Las Vegas | 6 to 17 | 27 | 22 | 40 | 2 |
| Spring Mountain Treatment Center | Private | Las Vegas | 5 to 17 | 56 | 36 | 15 | 13 |
| West Hills Hospital | Private | Reno | 3 to 17 | 28 | 13 | 23 | 19 |
| Willow Springs Center | Private | Reno | 5 to 17 | 116 | 93 | 128 | 60 |
| **Total - 7 Mental Health Treatment Facilities** | | | | **329** | **247** | **367** | **99** |

| Table 5: Substance Abuse Treatment Facilities | Background | | | Population for FY 2011 | | Staffing Levels | |
|---|---|---|---|---|---|---|---|
| Facilities | Funded By | Location | Ages Served | Maximum Capacity | Average Population | Full-Time | Part-Time |
| Nevada Homes for Youth I | Private | Las Vegas | 13 to 18 | 10 | 9 | 4 | 6 |
| Vitality Center-ACTIONS of Elko | Private | Elko | 12 to 17 | 13 | 2 | 23 | 0 |
| WestCare-Harris Springs Ranch | Private | Las Vegas | 12 to 17 | 15 | 14 | 10 | 0 |
| **Total - 3 Substance Abuse Treatment Facilities** | | | | **38** | **25** | **37** | **6** |

# Appendix D

## Nevada Facility Information
## Fiscal Year Ended June 30, 2011
(continued)

| Table 6: Group Homes | Background | | | Population for FY 2011 | | Staffing Levels | |
|---|---|---|---|---|---|---|---|
| **Facilities** | Funded By | Location | Ages Served | Maximum Capacity | Average Population | Full-Time | Part-Time |
| Boys Town Nevada - Homes | Private | Las Vegas | 10 to 17 | 30 | 25 | 15 | 0 |
| Briarwood North | Private | Sparks | 11 to 20 | 42 | 35 | 36 | 11 |
| Briarwood South [2] | Private | Las Vegas | 13 to 20 | | | | |
| Casa de Vida | Private | Reno | 12 to 25 | 15 | 6 | 5 | 5 |
| City of Refuge [4] | Private | Gardnerville | Various | 8 | 1 | 2 | 7 |
| Eagle Quest of Nevada, Inc. | Private | Las Vegas | 0 to 18 | 169 | 136 | 87 | 14 |
| Family Learning Homes | State | Reno | 5 to 18 | 24 | 18 | 17 | 1 |
| Golla Home | Private | Washoe Valley | 6 to 18 | 6 | 3 | 2 | 0 |
| Hand Up Homes for Youth | Private | Reno | 12 to 18 | 12 | 12 | 12 | 6 |
| London Family and Children's Services, Inc. | Private | Las Vegas | 6 to 18 | 50 | 30 | 15 | 35 |
| Maple Star Nevada | Private | Statewide | 0 to 21 | 144 | 97 | 53 | 91 |
| New Vista Group Homes | Private | Las Vegas | 0 to 22 | 8 | 7 | 10 | 4 |
| Olive Crest | Private | Las Vegas | 0 to 17 | 57 | 46 | 56 | 3 |
| R House Community Treatment Home | Private | Reno | 6 to 18 | 7 | 6 | 2 | 2 |
| Rite of Passage-Qualifying Houses | Private | Minden | 14 to 18 | 16 | 11 | 4 | 2 |
| SAFY | Private | Las Vegas | 6 to 18 | 9 | 9 | 7 | 13 |
| Sankofa Group, Inc. | Private | Las Vegas | 8 to 18 | 18 | 16 | 8 | 4 |
| St. Jude's Ranch for Children | Private | Boulder City | 0 to 21 | 66 | 43 | 44 | 1 |
| Unity Village Behavioral Health Center | Private | Las Vegas | 0 to 18 | 4 | 4 | 2 | 4 |
| **Total - 19 Group Homes** | | | | **685** | **505** | **377** | **203** |

| Table 7: Residential Centers | Background | | | Population for FY 2011 | | Staffing Levels | |
|---|---|---|---|---|---|---|---|
| **Facilities** | Funded By | Location | Ages Served | Maximum Capacity | Average Population | Full-Time | Part-Time |
| DayBreak Equestrian Center I | Private | Lund | 12 to 18 | 18 | 17 | 16 | 3 |
| DayBreak Equestrian Center II [3] | Private | Baker | 12 to 18 | 4 | 4 | 8 | 0 |
| HELP of Southern Nevada-Shannon West Homeless Youth Center | Private | Las Vegas | 16 to 24 | 64 | 45 | 13 | 0 |
| Horizon Academy | Private | Amargosa Valley | 13 to 18 | 228 | 25 | 23 | 4 |
| Spring Mountain Residential Center | County | Las Vegas | 12 to 18 | 12 | 10 | 7 | 3 |
| White Pine Boys Ranch [1] | Private | Lund | 12 to 18 | | | | |
| **Total - 6 Residential Centers** | | | | **326** | **101** | **67** | **10** |
| **Total - 52 Facilities Statewide** | | | | **2,695** | **1,813** | **1,637** | **437** |

Source: Reviewer prepared from information provided by facilities.

[1] Closed during the fiscal year ending June 2011 (one facility).

[2] Facility did not provide information; effective July 2011, the facility began operating as an Eagle Quest, Inc. Home.

[3] Facility opened in April 2011.

[4] Facility is operated by volunteers.

## Appendix E

## Unannounced Nevada Facility Visits

| Facility Name | Facility Type | Date of Visit |
|---|---|---|
| London Family and Children's Services, Inc. | Foster Care Agency | January 12, 2012 |
| Olive Crest | Foster Care Agency | January 13, 2012 |
| Nevada Homes for Youth II | Substance Abuse Treatment | January 13, 2012 |
| Briarwood North | Group Home | February 9, 2012 |
| Adolescent Treatment Center | Mental Health Treatment | February 9, 2012 |
| Koinonia Family Services | Foster Care Agency | February 16, 2012 |
| West Hills Hospital | Mental Health Treatment | February 16, 2012 |

Source: Reviewer prepared from unannounced facility visits.

## Appendix F

## Methodology

To identify facilities pursuant to the requirements of statutes, we reviewed state accounting records for facilities funded directly by the State. We also reviewed the Substance Abuse Prevention and Treatment Agency's website for facilities indirectly funded by the State. In addition, we reviewed the website of the Bureau of Health Care Quality and Compliance for facilities licensed by the State. We also included a search of the internet for other potential facilities and reviewed youth placement information submitted monthly by certain local governments. Next, we contacted each facility identified to confirm it met the definitions included in NRS 218G.500 through 218G.535. For each facility confirmed, we obtained copies of complaints filed by youths or other persons on behalf of a youth while in the care of a facility, since July 1, 2010.

To establish criteria, we reviewed *Performance-based Standards* developed by the Council of Juvenile Correctional Administrators, Child Welfare League of America's *Standards of Excellence for Residential Services and Health Care Services for Children in Out-of-Home Care*. In addition, we reviewed the Nevada Association of Juvenile Justice Administrators' *Peer Review Manual*.

We selected criteria that included issues related to the health, safety, welfare, civil and other rights of youths, as well as treatment and privileges. Health criteria included items related to a youth's physical health, such as nutrition, exercise, and medical care. Safety criteria related to the physical safety of youths. This included physical security, environment, inappropriate comments or contact by staff or other youth, and adequate staffing. Welfare criteria related to the general well-being of a youth. This included education and punishments or discipline.

Treatment criteria related to the mental health of youth, not necessarily how a youth was treated on a daily basis. This included access to counseling, treatment plans, and progress through the program.

We distinguished between criteria for privileges, and civil and other rights. Specifically, we determined privileges included items considered earned, such as movies, recreational time, phone calls, and reading material. We determined civil and other rights included a right as a human being, such as protection from

discrimination and racist comments, the right to file a grievance, and replacement of missing personal items.

We tracked complaints filed by each facility to determine whether each facility submitted complaints pursuant to NRS 218G.585. In addition, we calculated the number of complaints received.

Next, we developed a plan to review facilities. We judgmentally selected a sample of facilities for review. Our selection was partially based on our assessment of risk and the type of facility. As reviews and not audits, our work was not conducted in accordance with generally accepted government auditing standards, as outlined in *Governmental Auditing Standards* issued by the Comptroller General of the United States, or in accordance with the S*tatements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

Reviews were conducted pursuant to the provisions of NRS 218G to determine if facilities adequately protected the health, safety, and welfare of children in the facility and whether facilities respected the civil and other rights of children in their care. Reviews included a review of policies, procedures, processes, and complaints filed since July 1, 2010. In addition, we discussed related issues and observed related processes with management, staff, and youths.

Issues discussed included: the facility in general, such as reporting of child abuse and neglect, staffing, background checks, youth records, and contraband prevention; fatalities or near fatalities; the complaint and resolution process; health, including the administration of medication, medical emergencies, and health assessments; safety, such as use of force and de-escalation, fire safety, and transportation of youth; welfare, such as education, visitation, and room confinement; treatment, such as intake screening, mental health and substance abuse treatment, and suicide and runaway prevention; civil and other rights, such as discrimination, safekeeping of personal items, and religion; and privileges, such as activities on campus and off campus. Observations included the sufficiency of operating communication equipment, the security of youth records and personal items,

administration of medication, youth sleeping areas, staff interaction, and visitation areas.

Reviews also included reviewing management information and a sample of files. Management information reviewed included: reports of child abuse and neglect, fatalities, or near fatalities; reports used to monitor program activities; and other studies, audit reports, internal reviews, or peer reviews. We judgmentally selected a sample of files to review, which included: personnel files for evidence of employee background checks and required training; and youth files for evidence of a youth's acknowledgement of his right to file a complaint, medication administered, treatment plan, and emergency contacts.

In addition to facility reviews, we performed seven unannounced facility visits. Generally, unannounced facility visits included discussions with management and a tour of the facility. Discussions included medication administration, the complaint process, and education. Tours included all areas accessible to youths. A list of unannounced Nevada facility visits is contained in Appendix E, which is on page 54. To assess facilities' progress toward implementing Senate Bill 246 enacted during the 2011 Legislative Session, we developed a letter and requested each Nevada facility to submit medication administration policies, a list of employees who received a copy of the policies, and a description of the actions taken to help ensure the employees who administer medications understand the policies.

Our work was conducted from September 2011 through March 2012 pursuant to the provisions of NRS 218G.570 through 218G.585.

In accordance with NRS 218G.230, we furnished each facility reviewed with a conclusion letter. We requested a written response from management at each facility. A copy of each facility's review conclusion and summaries of managements' responses begins on page 10.

Contributors to this report included:

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