

PREA Facility Audit Report: Final

Name of Facility: China Spring Youth Camp

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/02/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	
Auditor Full Name as Signed: Kila Jager	Date of Signature: 09/02/2019

AUDITOR INFORMATION	
Auditor name:	Jager, Kila
Address:	
Email:	kilajager@preauditor.com
Telephone number:	
Start Date of On-Site Audit:	2019-07-15
End Date of On-Site Audit:	2019-07-17

FACILITY INFORMATION	
Facility name:	China Spring Youth Camp
Facility physical address:	225 China Spring Road, Gardnerville, Nevada - 89410
Facility Phone	775-265-5350
Facility mailing address:	P.O. Box 218, Minden, Nevada - 89423

Primary Contact	
Name:	Wendy Garrison
Email Address:	wgarrison@douglas.nv.gov
Telephone Number:	775-265-5350 ext. 12

Superintendent/Director/Administrator	
Name:	Wendy Garrison
Email Address:	wgarrison@douglas.nv.gov
Telephone Number:	775-265-5350 ext. 12

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	
Name:	Kevin Lewis
Email Address:	klewis@douglas.nv.gov
Telephone Number:	M: 775-265-5350
Name:	Lacy Taylor
Email Address:	ltaylor@douglas.nv.gov
Telephone Number:	M: 775-265-5350

Facility Health Service Administrator On-Site

Name:	Sheri Dixon
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	63
Current population of facility:	54
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	12-18
Facility security levels/resident custody levels:	
Number of staff currently employed at the facility who may have contact with residents:	41
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	China Spring Youth Camp
Governing authority or parent agency (if applicable):	
Physical Address:	218 China Spring Rd., Gardnerville, Nevada - 89410
Mailing Address:	P.O. Box 218 , Minden, Nevada - 89423
Telephone number:	775-265-5350

Agency Chief Executive Officer Information:

Name:	Wendy Garrison
Email Address:	wgarrison@douglas.nv.gov
Telephone Number:	775-265-5350

Agency-Wide PREA Coordinator Information

Name:	Lesley Keith	Email Address:	lkeith@douglas.nv.gov
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AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison rape Elimination Act (PREA) on-site audit of China springs Youth Camp in Gardnerville, Nevada was conducted from July 15 to 17, 2019. China Springs Youth Camp is one of two facilities under the auspices of the Douglas County Court and contracted by Nevada Division of Child and Family Services. (DCFS). CSYC has had one previous PREA audit in 2016, during the first audit three-year cycle. The final report found that CSYC met and exceeded all applicable standards.

The lead PREA Auditor for this audit is Kila Jager owner of Jager Associates LLC, a Department of Justice (DOJ) certified PREA auditor for juvenile facilities and adult jails, prisons, and community facilities. This audit was conducted in accordance with PREA and all related statutes, rules, and regulations. No barriers were encountered that hindered the completion of this audit.

PRE-onsite Audit Phase:

On November 2, 2018, after agreement between this auditor and CSYC for an audit to be conducted during the third year of the second audit cycle, online initiation instructions were sent, and an online audit was opened. The following dates were determined to be deadlines for this audit: Submit the Pre-Audit Questionnaire by June 4, 2019; Post the Auditor Notices by June 4, 2019, on-site audit July 15, 16, 17, 2019; Interim Report/Final report due by August 31, 2019; any corrective action will complete by February 27, 2020.

On November 7, 2018 this auditor sent to CSYC the auditor's announcement and requirements for posting, training staff, and residents, additional information about navigating within the online audit, links to the PREA Coordinator and PREA Compliance Manager manuals, and the Checklist of Documentation to be uploaded.

On May 15, 2019, CSYC submitted their Pre-Audit Questionnaire (PAQ) online and this auditor began a paperwork assessment and continued communication with CSYC about documentation. Ahead of schedule, CSYC posted the auditors notice (Spanish and English), June 1, 2019, in all areas where staff and residents inhabit, documented the posting and education of residents and staff about their ability to communicate with this auditor, that the communication is confidential and private, and where to find the contact information.

On June 5, 2019, this auditor sent CSYC information about the site visit and scheduling needs. This included scheduling time for 16 resident interviews, including a list of targeted categories, time for file reviews, and types of files needed to review. In addition, scheduling time for at least 12 random staff interviews and an additional list of needed interviews for specialized staff categories. Also, included was a list of staff files to be reviewed. Additional information requested included: a list of all staff, type, shifts, and days off, a list of residents, by unit, age, gender, and including any disability—including non-visual

disabilities. Schedule included an initial meeting the first day, a complete facility tour, and an exit meeting at the end of the site visit.

On July 5, 2019, this auditor received staff list and schedule, resident list, by female dorm and male dorm, as requested, and a tentative schedule from CSYC that included all specialty staff and targeted resident requirements, initial meeting, tour, file review, exit meeting, and times open for random staff and residents to be chosen by this auditor. Additionally, included were the contact information for the External Crisis Call Center (advocate) and Douglas County Sheriff's Office. This schedule was updated on July 10, 2019

China Springs does not use segregated housing or isolation. (this was verified on-site through observation and resident and staff interviews) Therefore, these rosters were not requested. Grievances and incident reports were not requested; however, were reviewed onsite.

External Contacts/Research

On June 5, 2019, this auditor contacted DCSO and the Reno Crisis Center and conducted phone interviews. The review of their records found no information they have about CSYC, except for the MOU and letter of support. DCSO confirmed that if they get an allegation of sexual abuse from CSYC, they will respond with investigative services, and ensure a forensic exam is provided by SAFE/SANE professionals, advocate and follow-up services through its SART partners. A representative from the Reno Crisis Center confirmed that they have a letter of support with CSYC and is available to provide support for any allegation of sexual abuse. They also said they could provide education services.

This auditor did not receive confidential correspondence from residents or staff at CSYC prior to the on-site visit.

On-site Audit Phase:

Site Review:

This auditor arrived at CSYC on July 15, 2019. An entrance briefing was conducted. This auditor was provided with a conference room to serve as a base of operations and to conduct interviews. In addition, access was provided to the CSYC data base files that this auditor had requested for file review.

The first day of the audit, this auditor conducted a site review of the facility. The PREA Compliance Coordinator conducted the tour. The tour included both the male resident and female resident' units, medical /PREA building, gym, dining and kitchen, school, Watkins Building, greenhouse, and Intake. Currently there are 10 female residents and 30 male residents at CSYC. The female unit has individual rooms with doors and the male unit has double rooms and no doors on the rooms. All rooms open off a large day room. This auditor observed all areas of the facility. The outer perimeter was observed. Camera placement was observed and the substantial upgrade of the system since the last audit. This auditor did not observe any camera placement that would create privacy concerns. Shower and bathrooms are individual and used by only one resident at a time. No camera placement shows residents when they are showering, changing, or toileting. Cameras only cover the entrance to residents' rooms and not inside the room. In the male units, if residents are changing, they ensure staff know so no unintentional viewing is done. In the female unit, females put their yoga matt in front of their window, briefly, while changing.

All current residents had completed the resident education process prior to the auditors' arrival and no new residents arrived while the auditor was on site. Therefore, the resident education, screening, and intake process were not observed; however, the PCC took this auditor through the process and areas used. This auditor observed cross-gender announcements consistently done on the site multiple times. Residents and staff confirmed the announcement is made consistently, every time. Only the staff corresponding to the gender of residents work overnight shifts.

Both the female and male units have a phone in the day rooms for residents use to contact the PREA Compliance coordinator, the Reno Crisis hotline/advocate, and the Family Support Council. All lines are tested once a month to ensure they are working. Residents push one button, on the pre-programmed phone to be connected to each service/person. PREA flyers in Spanish and English are posted by each phone. There is a locked grievance box on each unit and grievance forms readily available. CSYC does not use the grievance process for sexual abuse/harassment allegations; however, if a resident uses the grievance form to report sexual abuse/harassment, the grievance is removed from the process and handled as an abuse report. Review of grievances confirmed this is the case. Notices of the PREA audit were posted throughout the facility in Spanish and English and were in large print and easily visible. Residents and staff knew about them and how to contact this auditor.

During the site review, most residents were at school. CSYC is not a secure juvenile facility and is not required to maintain the 1:8 staffing ratio; however, CSYC's staffing plan does require a 1:10 and 1:16 staffing ratio. CSYC was observed to comply in all areas of the facility during the site visit. CSYC does not count any staff that is not directly supervising residents in their staffing ratio and exceeds the ratio for a non-secure facility by providing a staff person in each classroom, even though teachers have the appropriate training to count in the ratio.

Interviews:

Staff Interviews:

Interviews were conducted all three days of the site visit. Most interviews were conducted privately, in the conference room. A total of 13 random staff and 11 specialized staff interviews were conducted. Some of the specialty and agency staff interviews were conducted by phone after the site visit. Staff members were interviewed covering all three shifts. 1 contractor, 1 volunteer, and 1 intern were interviewed.

This auditor conducted interviews with the following agency level staff members: Douglas County Court Administrator/Clerk, Douglas County Detention Director, Chief Juvenile Probation Officer.

This auditor conducted the following facility level staff members interviews: Director, PCC/Retaliation Monitor, Supervisors, Investigator, Medical Staff, Mental Health Staff, Contractor, Volunteer, Staff who perform screening, random staff, intake staff, food service staff, and staff on the incident review team.

The facility does not employ SAFE/SANE staff to conduct forensic medical exams. The interview with DCSO confirmed that they ensure that a SAFE/SANE is provided for any sexual abuse allegation.

Resident Interviews:

Using the auditor handbook as a guide, it was determined that if the facility had a population of 40 residents, a minimum of 10 residents needed to be interviewed—including targeted residents. The facility identified residents in the following targeted areas: Cognitive disability, LGB resident, resident who reported prior abuse in a facility, LEP, and a resident who reported prior sexual victimization during risk

screening. Total residents interviewed were 16—5 targeted and 11 random residents. All residents were asked the random interview questions, included the five targeted residents. This auditor ensured that all units were represented and picked at random from the resident unit logs. If that resident was not available, the next name on the list, in that unit, was selected.

File Review:

Residents files

Onsite documentation review was conducted on the data base and paper files. Sample documentation was uploaded to the online audit. All records, including paper and electronic were made available to this auditor. The data base contained records of intake PREA education, 10-day comprehensive PREA education, 30-day PREA check-in and refresher, and signed acknowledgement form and orientation form. Included on the data base also contained intake paperwork, risk assessment and risk and vulnerability designation, medical and medical referrals and follow-ups, notifications, and retaliation tracking. A list of residents in the facility was used to check the files in the data base and document all required information was included.

Staff Files:

Staff files were reviewed, both paper and electronic (data base). A complete staff list was used to check required documentation. A total of 23 staff files were checked. They all included the child abuse registry check, Background check, fingerprint check, PREA Acknowledgement form, PREA training, yearly refresher training, background checks if promoted, additional training, specialty training, and signed statements of understanding or test/certificates of completion.

Investigation Files

CSYC reported two sexual harassment allegations and no criminal investigations. Investigative reports were provided and showed they were investigated to a substantiated conclusion. CSYC, although not required, also conducted an administrative review on both investigations as an ongoing effort to exceed the required standards and ensure the facility is doing everything it can to prevent such incidents. At the end of the audit post review, there was one allegation of sexual abuse made. The investigation documents were provided to this investigator and it was referred to DCSO. Due to the high quality of video monitoring and audio capability, this investigation was quickly found to not have occurred, by law enforcement, and determined a false allegation; however, CSYC handled it seriously from the moment the allegation was made and the treatment team evaluated what placement or services would best serve the resident when this investigation was complete.

Post Audit Phase:

Following the audit, this auditor compiled facility inspection, interviews, and documentation data, and followed up with the facility on additional clarification or documentation needed. This auditor sent the review of each set of standards to the facility for review, clarification, and further documentation. During the 45-day review period, CSYC was able to make a few policies and action adjustments and send the documentation to this auditor before completion of this report. Due to the high quality of the facility functioning, security, data base, documentation, prevention and reporting culture, supervision, video technology, consistency, quality of staff, training, treatment, documentation, staff, administration, data base and tracking, and positive reporting culture, there was no corrective action for this facility.

CSYC's PREA Compliance Coordinator and IT staff created and built a data base that tracks every requirement of the PREA standards, documentation of the practice, and timeliness of the follow-through. Not only does it capture all the requirements, it sends "ticklers" or reminders to the specific staff or administrator who has a task to complete and ensures that task is complete and documented, in the data base, before being able to move forward and complete the reporting. All incidents, grievances, trainings, investigations, reviews, and documentation are uploaded into the data base to ensure nothing is missed or not addressed.

Acknowledgement of what makes this facility exceed the PREA standards:

Staff, from the moment they apply for a position at CSYC, are thoroughly vetted to far exceed what PREA requires. This appears to result in superior supervision, training, and attitude. Staff at CSYC are in constant motion, aware of everything happening around them, and always spread out to maximize supervision and minimize opportunity for incidents to occur. Their goal is not to meet, but to exceed at their jobs, expectations, and requirements.

The staff functions as a team and each shift is consistent with their rules and follow-through, matching the consistency and follow-through of the shift before them and following them. Staff and residents report feeling safe and that the environment of the facility, from the Director down, is positive. This has created a positive reporting culture and a monitored environment where it is difficult to impossible for a sexual abuse incident to occur.

The staffing ratio is reviewed every shift, and immediate corrections are made, follow-through is consistent and reminders from the data base ensure timelines are met. When something occurs that might lead up to an incident, it is quickly addressed, corrections are made, treatment plans adjusted, supervision alerted, and help provided to address the small issue before it has the chance to become more than that.

Unannounced checks are not required, but CSYC does them three times a week. In addition, they are required to ask one staff and one resident the PREA question of the week- that was developed by the PCC- to ensure everyone is on their toes in their PREA education and understanding.

When educating residents, PREA education is required at intake and within 10 days of arrival. CSYC provides that and then does an additional 30-day education/check-in and monthly thereafter. Every visitor, volunteer, or person entering the facility must read the PREA information sheet and sign understanding before they are allowed to proceed to areas where there are residents—every time.

CSYC is a facility that exceeds the PREA standards. They take very seriously that the standards are a floor and not a ceiling and state that they are always looking for ways to exceed. Lesley Keith, their PREA Compliance Coordinator is one main reason for exceeding these standards and the director Wendy Garrison is another. They are consistent, effective, pro-active, and ensure the safety of the residents and staff is taken very seriously.

Every standard was dissected, and policy, directive, practice, and culture were taken into consideration for each individual part of each standard. It was broken down and put back together again to include everything it took to ensure the standard was exceeded, reviewed often, training occurred often and was effective, and documentation of practice built into facility every-day practice and culture.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

China Spring Youth Camp is dedicated to helping male and female, mid-level offenders between the ages of 12 and 18 develop skills, knowledge and experience to promote health and resiliency, and arrest progression of problems caused by delinquent behavior. There are no bars or locks on the doors, and their philosophy is one of honor, trust and accountability.

It is a 63-bed facility, that currently houses 40. The residents are placed in China Spring Youth Camp by Court Order. The camp employs forty-one staff.

China Spring Youth Camp is in Douglas County, Nevada and has 140 acres, however, currently uses 25. The campus has 12 buildings--including a boy and girls' program, food services, drug and alcohol service areas, administration buildings, gymnasium, kitchen and dining area, vocational training building, green house, barn, and challenge course. It is primarily operated on its 105-kw solar panel system.

China Spring Youth Camp (CSYC) has continued making the facility safer for residents and staff by continually upgrading their surveillance monitoring system, since the last audit. They completed an entire surveillance revamp by installing (2) 64 channel ICREALTIME NVR's in a secure, central location to replace the existing Hikvision Servers. This supports up to 128 HD/UHD/HD Fisheye cameras. They added 16 cameras to the 76-current count for a total of 92 cameras and increased the retention from 7 to 21 days to 29-45 days. The upgrade provided better coverage of blind spots and has the capability of picking up sound at each camera location.

This upgrade came from recommendations of the last PREA audit and was in response to identified areas during that audit and facility review afterwards. These upgrades exceeded PREA requirements and with the addition of audio, further exceeds the PREA requirements of this standard. This upgrade and continued safety evaluations demonstrate China Springs Youth Camp's commitment to ensuring the safety of their staff and residents

The boys program houses approximately 40 (currently 30) residents, and the girls program approximately 16 (currently 10). CYSC has no segregation cells and consists of two separate wings to each dorm with 21 rooms combined on the two wings.

The boy's dorm consists of rooms that house two residents, while the girl's wings have only one girl to each room. The boy's program is at the far north of campus, at the entrance, and the girl's program is below the school, gym, kitchen, and administrative buildings, to the southeast.

CSYC had 110 residents admitted in the last 12 months, accepts placements from 16 counties and provides placements for adjudicated youth ages 12 to 18. The average length of stay, at CSYC, is 144 days, and it is a staff secure facility. On the date of the audit, there were 41 staff employed at CSYC, 10 of which had been hired during the last 12 months.

Current staffing ratio for CSYC is 1:10. There are 3 contractors who have contact with residents—two medical and one mental health Psychologist. CSYC is funded through a combination of state and county funding. State general funds—by contract, and 16 county contributions make up the funding base.

It is operated and governed by 16 members representing eight judicial districts and a representative from the State of Nevada. The State of Nevada has invested \$4.9 million dollars in CSYC since 1986, resulting in China spring Youth Camp being a part of the Governors PREA certification for the state.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of standards exceeded:	39
Number of standards met:	4
Number of standards not met:	0

CSYC has exceptional compliance with the PREA standards and exceeds almost all of them The only standards that it does not exceed in are the ones that are not applicable. Their philosophy that the PREA standards are a floor and not a ceiling are proven in their exceptional performance on this PREA audit.

