

PREA Facility Audit Report: Final

Name of Facility: Summit View Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: 12/26/2016

Date Final Report Submitted: 07/13/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Macilla (Kila) jager	Date of Signature: 07/13/2017

AUDITOR INFORMATION	
Auditor name:	Jager, Kila
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Email:	kilajager@preauditor.com
Telephone number:	
Start Date of On-Site Audit:	12/02/2016
End Date of On-Site Audit:	12/04/2016

FACILITY INFORMATION

Facility name:	Summit View Youth Center
Facility physical address:	5730 Range Road, Las Vegas, Nevada - 89115
Facility Phone	
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact

Name:	Jennifer Simeo	Title:	PREA Coordinator
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Warden/Superintendent

Name:	John Munoz	Title:	Superintendent
Email Address:		Telephone Number:	(702)668-4755

Facility PREA Compliance Manager

Name:	Zachary Grey	Email Address:	zgray@dcfs.nv.gov
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Facility Health Service Administrator			
Name:	Jacob Murphy	Title:	Director of Nursing
Email Address:	jacob.murphy@dcs.nv.gov	Telephone Number:	(702)668-4789

Facility Characteristics	
Designed facility capacity:	96
Current population of facility:	41
Age range of population:	16-18
Facility security level:	Maximum
Resident custody level:	maximum
Number of staff currently employed at the facility who may have contact with residents:	

AGENCY INFORMATION	
Name of agency:	Division of Child and Family Services- Juvenile Justice
Governing authority or parent agency (if applicable):	Department of Health and Human Services
Physical Address:	560 Mill Street, Suite 250, Reno, Nevada - 89509
Mailing Address:	
Telephone number:	775-688-1421

Agency Chief Executive Officer Information:			
Name:		Title:	
Email Address:		Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Simeo	Email Address:	jsimeo@dcs.nv.gov

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 the Summit View Youth Correctional Center (SVYC) was conducted from November 2-4, 2016. The PREA audit was completed by Kila Jager from Myrtle Point, Oregon, a U.S. Department of Justice Certified PREA Auditor for Juvenile/adult facilities.

Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards.

This review prompted a series of questions that were communicated back and forth for clarification and review. Answers to the questions were submitted by SVYC and the agency PREA Coordinator, and reviewed by the auditor prior to the on-site audit in November.

During the on-site visit, this auditor was provided with a work space, from which to work and conduct confidential interviews. Formal personal interviews were conducted with facility staff, residents and contractors. The auditor interviewed 15 (11 on site and 4 in telephone interviews after corrective action) random residents, all males, as this is an all-male youth facility-from the two housing units.

Interviews were also conducted with 24 facility staff (20 during the site visit and 4 in telephone interviews after the corrective action period) representing all three shifts. Included in the interviews were random staff--on all three shifts, specialty staff- including medical (contract staff), counseling, first responders, investigators, intake and screening, human resources, and training staff. Also interviewed were the facility superintendent, Agency PREA Coordinator, and the two PREA Compliance Managers.

Residents were interviewed using the recommended DOJ protocols-- that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment.

Staff were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, response protocols when a resident alleges abuse, and first-responder duties. In addition.

SVYC reports no founded allegations of sexual abuse or sexual harassment received, in the past 12 months. Two sexual abuse, and one sexual harassment investigation were reviewed, during the audit. Administrative investigations were reviewed.

This auditor toured the facility and observed the facility configuration, location of cameras, staff supervision of residents, unit layout, including shower/toilet areas, placement of posters, PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming.

Notices of the PREA audit were posted throughout the facility in common areas. Access was given to all parts of the facility, making touring the facility, as per the DOJ tour protocol, productive. Multiple walk-throughs gave the opportunity to talk informally to staff and residents during the visits. This auditor was treated with great hospitality during the visit and residents and staff were made readily available.

Reviewed the policy/procedure, resources, and process for accommodating disabilities/needs, including limited English, residents may have to ensure understanding and internalizing of the PREA safety material. Residents indicated they understand the various ways to report abuse and articulated what they would do and who they would tell if they were sexually abused. Residents consistently indicated their feelings of safety at summit View.

This auditor also interviewed a representative from The Rape Crisis Center to discuss and confirm the agreement in place with the SVYC and the SAINT team to provide rape crisis intervention services and SAFE/SANE forensic services and procedures provided for victims of sexual abuse. These interviews confirmed the services required would be provided.

The on-site portion of this audit reviewed additional documentation, practice, training, and how ingrained the PREA standards were into practice and culture of the Summit View Youth Correctional Center. Staff exhibited a high level of professionalism, consistency, and care towards the residents of this facility, and high standard of treatment and safety throughout the facility.

An Exit Meeting was held the final day of the audit and this auditor complimented those present for the organization and enormous amount of work that was required and completed. I remarked on the organization of the onsite audit process. Their work and effort made the process more straightforward and less problematic and helped to ensure the audit went smoothly and no time was wasted.

I noted that staff and management, at this facility, have a high commitment to safety and are of a high quality. Following the November on-site visit, additional documentation was requested and provided. An extensive review was conducted of all information provided-including the site interviews, facility tour, observations, paperwork/documentation, and practice.

An Interim Report was provided to Summit View. That report included the Audit Findings/Initial Summary. In the Auditor Compliance Tool, each standard was rated and a narrative explanation of the rationale for each rating was included. The Audit Findings/Initial Summary included a summary of the number of standards that were met, not met, exempt, or not applicable. Recommendations for achieving compliance with each standard were provided for use in developing a Corrective Action Plan (CAP)

Working collaboratively, Summit View and this auditor developed a corrective action plan.

Summit View worked diligently on each detail, to ensure compliance and resident and staff safety. In telephone interviews, after the corrective action period, documentation, practice, and culture were assessed, as well as staff and youth interviewed about the updates made to policy/procedure, additional training and implementation, understanding, and practice to determine compliance.

At the end of the corrective action period, summit View was issued a final audit report.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the type of the facility, 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.

Summit View Youth Correctional Center is a maximum-security correctional facility, with a maximum capacity of 50 beds. Currently SVYC has 39 male residents. The age range of all male residents is 12 to 19. The facility is on 13 acres and is in the North Las Vegas Area. This facility was contracted to a private provider, until its closure in March of 2015.

Summit View reopened in February 2016, under the supervision of the Nevada Division of Child and Family Services. Clark county School District provides education services for nine months of the year, also adult education. DCFS provides funding for the summer school portion of the education at SVYC.

SVYC medical/mental health services include nursing staff, a psychologist, contracted physicians, a contracted psychiatrist, and a contracted dentist. Also, provided in daily services are recreational programming, drug and alcohol abuse counseling, recovery programming, group and individual counseling, sexual offender treatment, cognitive restructuring and treatment planning. Youth are not sentenced to a specific term. Instead they spend an average of six to nine months at the facility on Range Road while rehabilitating

The facility was upgraded before the February opening. \$604,455 was spent on contracts, uniforms for staff and youth, training and education materials, equipment, and upgrading electronics/cameras. Summit View has Everest and Everest two Units open and staffed. Units have single showers, single rooms, and are staffed by wing and not unit. These units are two wings of the same building. There is an intake wing, Gym, Garden area, Recreation room, School, Administration building—with medical and mental health services, additional closed unit, large grassy recreation field of grass, and Kitchen/Dining Room. All buildings are fenced in and there is a secondary fence that was installed because of blind spots noted behind some buildings.

Buildings have minimal camera coverage, and retention capabilities, and will be looking to upgrade in the future.

On the side of the main building facing the courtyard, a newly painted mural depicts a miner in the Silver State surrounded by a vast valley. On the bottom left side, the mural reads, "Never let yesterday's disappointments overshadow tomorrow's journey."

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.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

The SVYC leadership and staff are invested in PREA compliance as a high priority. Since re-opening, in February 2026, Summit View has expended significant effort to ensure the sexual safety of residents in their care. Knowledge and understanding of the PREA protections and requirements, as well as actions necessary to promote a sexually safe facility, demonstrates their commitment.

During the corrective action period, and collectively between this auditor and Summit View PCM/Agency PC, a corrective action plan was developed.

Before and during the audit process, Summit View worked diligently to become PREA Compliant. Their dedication to the safety of their staff and residents, represented by their actions before and during this audit, and frankly on a daily basis, is inspiring and deeply ingrained.

This facility continues to work towards a balance between corrections and juvenile treatment, as a fair amount of their staff come from the Department of Corrections. They expressed their commitment to continued work in creating a safe, treatment focused juvenile culture that enhances youth reporting. Culture training and ongoing training that enhances this safe and juvenile focused treatment culture, will assist in staff understanding of how best to work with juveniles and balance corrections safety and security.

Changes that occurred during the corrective action period included:

Review and updates to the Summit View staffing plan—include training, and ensuring practice was assessed and documented. The yearly staffing plan was completed and an updated PREA compliant staffing plan was developed that covered all required areas of consideration. Deviations from this staffing plan are tracked to ensure required ratios are maintained, and prepare for the new staffing requirements of August 2017. This staffing plan will be reviewed at least yearly.

Trained all staff on cross gender, and transgender/intersex searches, as required by the PREA standards. The training used was provided by the National Institute of Corrections and is provided in documentation of this audit. Staff training logs and understanding are provided in this audit, and telephone interviews confirmed training, understanding, and practice of this training.

Documented that PREA is taken into consideration when changes/enhancements were/are made to facility structure, including video monitoring, boundaries and fencing..., when Summit View was reopened

and during any facility updates. This was documented and is in Policy/procedure. Interviews confirmed this.

Updated investigative process, forms, review, and referral to law enforcement. This corrective action included additional investigator training, update or creation of tracking, investigation, and review forms, revising standard operating procedure (SOP), and agency PREA policy.

Updated and tracking of, staff 101 basic PREA training, NIC online PREA training (this includes gender specific training), and, additional PREA and refresher trainings; and, tracking, by individual staff-- training dates, signed disclosure forms, understanding, and future required training dates.

Updated and posted PREA posters throughout Summit View, that included sexual abuse reporting numbers--including the outside reporting source (211) and the access to the PREA Coordinator. Updated PREA training for staff and residents ensuring knowledge of the reporting resources, process, confidentiality, and access to the reporting sources.

Telephone interviews, after corrective action, confirmed knowledge, understanding and practice, of both residents and staff, of these reporting sources, as well as the confidentiality required.

Updated, resident handbook, including reporting sources and confidentiality of reporting; parent handbook to include how to report sexual abuse or sexual harassment and publicly distributing it; and, training and tracking resident training and understanding of reporting sources and poster and handbook updates.

Posted flyers for The Crisis Center, with contact information for victim advocates. Youth and staff trained on access and confidentiality of phone and written access to Victim advocates. Training and understanding logged and tracked. Telephone interviews with random staff and youth confirmed flyers are posted and training/understanding.

Updated policy/procedure to ensure resident risk assessment is completed periodically throughout a resident's stay at Summit View; tracking when the risk assessment is done—individually by resident; and, tracking how the assessment is used to determine placement and program planning—for maximum resident safety. Telephone interviews with PREA Compliance Manager confirmed the update and understanding.

Updated, reviewed, approved, implemented, and trained staff, on revised Summit View's Standard Operating Procedure. Tracked training, per staff member, and understanding. Ensured agency PREA policy and Summit View SOP were closely aligned.

Developed a Summit View Facility Coordinated Action Plan for responding to sexual abuse allegations. Implemented, trained, tracked and logged process and understanding. Phone interviews confirmed training and understanding—by staff.

Developed a tracking form to use with investigations of sexual abuse and harassment, when tracking retaliation, covering all required staff and youth who report or cooperate with an allegation and investigation.

Updated tracking, regarding youth who disclose prior sexual abuse or abusive sexual behavior, to include

the referral, within PREA timelines, to medical or mental health, and required follow-up.

And,

Updated the incident review team required membership, to comply with PREA standards, and, updated the incident review and report format to include all required elements.

Staff interviews indicated they receive detailed PREA training, discussed the agency's zero tolerance policy, their role and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently explained the variety of reporting mechanisms, available for residents and staff to report sexual abuse or sexual harassment, and actions needed as a PREA first-responder-for all PREA related allegations. Intake staff articulated clearly the orientation process, video, understanding and orientation form, risk assessment and its use in the facility, and ongoing discussions of safety and reporting.

When resident interviews were conducted, residents reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Additionally, residents report receiving written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse.

Residents receive comprehensive PREA education that includes staff reading and explaining required safety information, and an orientation video-documented by both staff and youth signature. During corrective action, the resident education was updated to be completed in two different sessions—the first intake and the second within 10 days of intake. All residents completed the comprehensive resident PREA education and documentation is included in this audit, as well by telephone interviews after corrective action.

At the conclusion of the corrective action period, and review of all audit documentation, interviews, paperwork, practice, culture, and additional post-site-visit telephone interviews with staff and residents, the determination, by this auditor, is substantial compliance with 100% of the National PREA Juvenile Standards.

The following report lists each standard, evaluation of each part of that standard, corrective action completed, and final audit determination per standard.