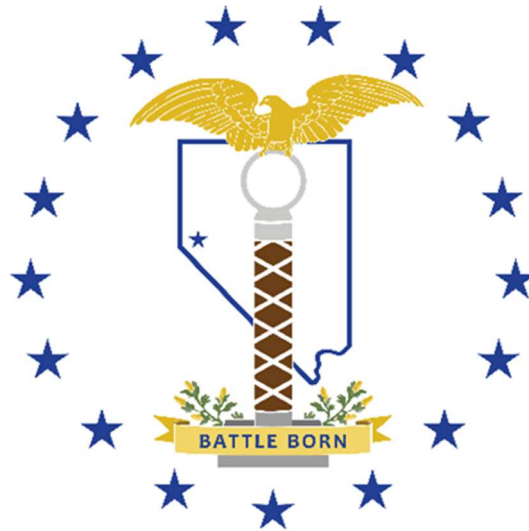


# STATE OF NEVADA

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## Governmental and Private Facilities for Children – Inspections

December 2025



Legislative Auditor  
Legislative Counsel Bureau – Audit Division

# Report Highlights



Highlights of Legislative Auditor report on the Governmental and Private Facilities for Children – Inspections issued on April 15, 2026.

Legislative Auditor Report # LA26-11.

## Background

Nevada Revised Statutes (NRS) 218G.570 through 218G.595 authorize the Legislative Auditor to conduct audits of governmental facilities for children and inspections, reviews, and surveys of governmental and private facilities for children.

As of June 30, 2025, we identified 108 governmental and private facilities that met the requirements of NRS 218G. In addition, 62 Nevada children were placed in 19 different out-of-state facilities across 8 different states as of June 30, 2025.

Statutes require 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 fiscal year ended June 30, 2025, we received 1,547 complaints from 43 facilities in Nevada. Sixty-five Nevada facilities reported no complaints were filed.

## Purpose

Inspections were conducted pursuant to the provisions of NRS 218G.570 through 218G.595. This report includes the results of our inspections of 25 children's facilities. As inspections are not audits, these activities were not conducted in accordance with generally accepted government auditing standards.

The purpose of our inspections was to determine if the facilities adequately protected the health, safety, and welfare of the children in the facilities, and whether the facilities respected the civil and other rights of the children in their care.

Inspections included discussions with management, reviews of personnel and child files, and observations. Child and employee interviews occurred as applicable. Discussions with facility management included the following topics: medication administration, treatment plan process, abuse and neglect reporting, complaint process, employee background checks and training, Prison Rape Elimination Act, seclusion/corrective room restriction, restraints/use of force, and related policies and procedures as applicable. In addition, we judgmentally selected files to review which included: personnel files for evidence of background checks and required training as well as child files for evidence of children's or guardian's acknowledgment of their right to file a complaint, medication administered, and treatment plans as applicable.

# Governmental and Private Facilities for Children – Inspections December 2025

## Summary

In 16 of 25 children's facilities inspected, we did not note significant issues that would cause us to question the health, safety, welfare, or protection of the rights of the children. However, at nine facilities we identified multiple issues that caused us to question whether facility management and/or the licensing agency adequately protected the children in their care. Based on our observations, we contacted the facilities' licensing agencies and/or placement agencies and communicated our concerns.

### Sandria Foster Care Agency

We noted the following health, safety, welfare, and civil and other rights issues:

- **Health:** incomplete, inaccurate, and missing medication records; missing participation in treatment plans; untimely treatment plans; and unsecured records.
- **Safety:** unsecured, loaded firearm; unsecured medication; and missing documentation of mandatory reporting.
- **Welfare:** substance use paraphernalia, empty unsecured alcohol containers, and inappropriate content.
- **Civil and other rights:** missing documentation of complaint process acknowledgments, inaccurate fire drill records, incomplete personnel records, and insufficient policies and procedures. (page 5)

### Moriah Behavioral Health Facilities

We noted the following health, safety, welfare, and civil and other rights issues:

- **Health:** incomplete, inaccurate, and missing medication records; missing participation in treatment plans; and untimely treatment plans.
- **Safety:** missing background check records, lack of increased supervision after a suicide attempt, missing documentation of mandatory reporting, unsecured chemicals and laundry supplies, items posing self-harm and ligation risks, an unsecured pool, missing and improperly charged fire extinguishers, and missing fire drills.
- **Welfare:** damage to facilities, inappropriate content, and missing and stained bedding.
- **Civil and other rights:** missing denial of rights reporting documentation, missing complaint logs, child rights were not posted, incomplete personnel records, and insufficient policies and procedures. (page 9)

### Clark County Family Services Advanced Foster Care Homes

We noted the following health, safety, and civil and other rights issues:

- **Health:** incomplete, inaccurate, and missing medication records; foster parents' lack of familiarity with treatment plans; missing participation in treatment plans; and unsecured records.
- **Safety:** unsecured medication, alcohol, knives, tools, and chemicals; an unsecured pool; a missing fire escape ladder; missing fire drills; and missing electrical outlet covers.
- **Civil and other rights:** incomplete personnel records and insufficient policies and procedures. (page 15)

### Other General Concerns

During our inspections, we noted concerns at 9 facilities related to notification to physician for medication refusals, 15 facilities related to fire safety, 13 facilities related to person legally responsible consent documents, 7 facilities related to denial of rights reporting, 11 facilities related to fingerprint submission documentation, 7 facilities related to mandatory reporting requirements, and 5 facilities related to completion of medication administration records in real-time. The frequency of these concerns suggests more attention is needed to improve the care of children in select areas. (page 19)

### Areas for Legislative Consideration

During the 83<sup>rd</sup> Session of the Nevada Legislature, Assembly Bill 521 (2025) was passed requiring health facilities licensed by the Bureau of Health Care Quality and Compliance to screen employees having direct contact with children for substantiations of child abuse or neglect. This was an area we identified for legislative consideration in our last report in 2024 (LA26-05).

Additionally, this report contains two prior report recommendations the Legislature may want to consider that would help certain facilities improve the health, safety, welfare, and protection of the rights of the children in their care. (page 25)

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## THE STATE OF NEVADA LEGISLATIVE COUNSEL BUREAU

Legislative Commission  
Legislative Building  
Carson City, Nevada

This report contains the observations and conclusions from our inspections of governmental and private facilities for children in the State of Nevada as authorized by Nevada Revised Statutes 218G.570 through 218G.595. The purpose of these inspections is 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. This report contains recommendations the Legislature may want to consider to enhance certain processes that impact the well-being and care of children in the custody of the State.

We wish to express our appreciation to the management and staff of the facilities for their assistance during inspections. We also appreciate the cooperation of the licensing agencies at the State and in Clark and Washoe Counties during our process. We are available to discuss the report with any legislative committees, individual legislators, or other state and local officials.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daniel L. Crossman".

Daniel L. Crossman, CPA  
Legislative Auditor

March 31, 2026  
Carson City, Nevada

# Governmental and Private Facilities for Children – Inspections December 2025

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## **BACKGROUND**

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Nevada Revised Statutes (NRS) authorize the Legislative Auditor to conduct audits of governmental facilities for children and inspections, reviews, and surveys of governmental and private facilities for children. Governmental facilities include any facility owned or operated by a governmental entity that has physical custody of children pursuant to the order of a court. Private facilities include any facility owned or operated by a person that has physical custody of children pursuant to the order of a court.

This report includes the results of our work as required by NRS 218G.570 through 218G.595. This report includes the results of inspections of 25 children’s facilities. We have performed 338 inspections, reviews, and surveys of children’s facilities since the implementation of Assembly Bill 629 of the 74<sup>th</sup> Session (2007), which authorized the Legislative Auditor to conduct this work.

### **Number and Types of Facilities**

For the fiscal year ended June 30, 2025, we identified a total of 108 facilities subject to our statutory authority.

Licensing agencies monitor most of these 108 facilities. Monitoring activities may include document and policy reviews, on-site observations, or investigations. In many cases, if issues are identified, the licensing agencies may communicate or follow up with the facilities to ensure compliance with policies, regulations, or statutes.

Exhibit 1 on the following page lists the number of facilities monitored by each licensing agency.

## Licensing Agencies Monitoring Nevada Children's Facilities Fiscal Year Ended June 30, 2025

### Exhibit 1

Licensing Agency	Number of Facilities Monitored <sup>(1)</sup>
Aging and Disability Services Division	2
Bureau of Health Care Quality and Compliance	24
Child Care Licensing	1
Clark County Family Services	56
Division of Child and Family Services	4
Washoe County Human Services Agency	7
None <sup>(1)</sup>	14
<b>Total</b>	<b>108</b>

Source: Auditor prepared from information provided by facilities.

<sup>(1)</sup> Facilities that do not have a licensing agency include 13 correction and detention facilities and 1 "other facility." The other facility includes Humboldt County Juvenile Services Transitional Living Center.

Exhibit 2 lists the types of facilities located within Nevada and the total capacity of each facility type for the fiscal year ended June 30, 2025.

## Summary of Nevada Children's Facilities Fiscal Year Ended June 30, 2025

### Exhibit 2

Facility Type	Number of Facilities	Population		Staffing Levels
		Maximum Capacity	Population	Direct Care Staff
Child Care Institutions	1	90	90	138
Correction and Detention Facilities	13	809	375	520
Facilities for Intermediate Care	2	24	10	47
Facilities for the Treatment of Abuse of Alcohol or Drugs	1	8	0	21
Foster Care Agencies	17	719	504	680
Other Facilities	1	6	0	21
Psychiatric Hospitals	7	337	171	733
Psychiatric Residential Treatment Facilities	10	243	134	840
Skilled Nursing Facilities	4	117	105	360
Specialized Foster Homes	50	208	156	127
Supported Living Arrangements	2	10	7	35
<b>Totals - Facilities Statewide</b>	<b>108</b>	<b>2,571</b>	<b>1,552</b>	<b>3,522</b>

Source: Auditor prepared from information provided by facilities.

Note: Appendix C on page 32 contains additional facility details.

In addition to children in facilities within the State of Nevada, an additional 62 children were located in out-of-state facilities as of June 30, 2025. Since fiscal year 2024, fewer children were placed out-of-state; however, the average length of stay for children placed out-of-state has increased. Of the 62 children, 47 (76%) were placed during fiscal year 2025, and the other 15 (24%) were placed in prior years.

Nevada children were placed in 19 different facilities across 8 different states.

In general, a child may be placed in an out-of-state facility if all in-state options have been exhausted and a facility that meets their unique and specialized needs is not available. Children needing higher level of care placements have very complex needs including highly sexualized or aggressive behaviors; and extreme medical, cognitive, or emotional needs; which are in addition to their significant mental health needs of dual or specific diagnoses. Such specialized care may not be available in Nevada. Children are placed in out-of-state facilities by a district court or the State's Division of Child and Family Services.

Statewide policy and federal regulations require child welfare agencies to complete monthly face-to-face visits with a child and assess the facility no less than every 6 months to ensure the facility is providing the basic standard of care to the child. Statewide policy requires the State's juvenile justice services to communicate with a child monthly by phone or video conferencing, participate in treatment team meetings, and communicate with the facility's case manager monthly. County juvenile justice services have differing practices for placement and monitoring of children in out-of-state facilities.

Exhibit 3 on the following page lists the number of children and the entity that placed them in out-of-state facilities during the past 3 fiscal years.

### New Placements of Nevada Children in Out-of-State Facilities During Fiscal Years 2023, 2024, and 2025

### Exhibit 3

Placing Entity	2023	2024	2025
1st Judicial District Court (Carson City and Storey Counties)	2	1	0
2nd Judicial District Court (Washoe County)	4	0	1
3rd Judicial District Court (Lyon County)	1	0	0
4th Judicial District Court (Elko County)	3	0	0
5th Judicial District Court (Esmeralda and Nye Counties)	3	0	0
6th Judicial District Court (Humboldt County)	0	0	0
7th Judicial District Court (Eureka, Lincoln, and White Pine Counties)	1	0	0
8th Judicial District Court (Clark County)	9	2	1
9th Judicial District Court (Douglas County)	2	0	0
10th Judicial District Court (Churchill County)	0	0	2
11th Judicial District Court (Lander, Mineral, and Pershing Counties)	0	0	0
Division of Child and Family Services <sup>(1)</sup>	33	48	43
<b>Totals</b>	<b>58</b>	<b>51</b>	<b>47</b>

Source: Auditor prepared from information provided by the district courts and the Division of Child and Family Services.

<sup>(1)</sup> Division of Child and Family Services' placements include child welfare and juvenile justice children.

Note: Columns of exhibit reflect children newly placed in out-of-state facilities during each fiscal year.

Exhibit 4 shows the total number of children in out-of-state facilities as of June 30, 2025.

### Total Number of Nevada Children in Out-of-State Facilities

### Exhibit 4

Placing Entity	As of June 30, 2025
1st Judicial District Court (Carson City and Storey Counties)	3
2nd Judicial District Court (Washoe County)	1
3rd Judicial District Court (Lyon County)	0
4th Judicial District Court (Elko County)	0
5th Judicial District Court (Esmeralda and Nye Counties)	0
6th Judicial District Court (Humboldt County)	0
7th Judicial District Court (Eureka, Lincoln, and White Pine Counties)	0
8th Judicial District Court (Clark County)	1
9th Judicial District Court (Douglas County)	0
10th Judicial District Court (Churchill County)	2
11th Judicial District Court (Lander, Mineral, and Pershing Counties)	0
Division of Child and Family Services <sup>(1)</sup>	55
<b>Total</b>	<b>62</b>

Source: Auditor prepared from information provided by the district courts and the Division of Child and Family Services.

<sup>(1)</sup> Division of Child and Family Services' placements include child welfare and juvenile justice children.

Note: Exhibit reflects children placed in out-of-state facilities over the course of multiple years through June 30, 2025.

## SCOPE AND PURPOSE

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Inspections were conducted pursuant to the provisions of NRS 218G.570 through 218G.595.

The purpose of our inspections was to determine if the facilities adequately protected the health, safety, and welfare of the children in the facilities and whether the facilities respected the civil and other rights of the children in their care. Our work was conducted January 2025 through December 2025.

## INSPECTIONS OF FACILITIES

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In 16 of 25 facilities inspected, we did not note significant issues that caused us to question the health, safety, welfare, or protection of the rights of the children. However, at nine facilities, we identified multiple issues that caused us to question whether facility management and/or the licensing agency adequately protected the children in the facilities' care. These facilities included Sandria Foster Care Agency, four Moriah Behavioral Health facilities (Ignite Teen Treatment, LLC Lone Mesa; Ignite Teen Treatment, LLC Bahama Bay; Eden PRTF Edna; and Eden PRTF Dutch Valley), and four Clark County Family Services Advanced Foster Care Homes. Based on our observations, we contacted the licensing agencies for all nine facilities and discussed our concerns. Information regarding our inspections and significant issues noted at the nine facilities are detailed below. Appendix B on page 31 of this report includes the facilities inspected, the facility types, and the dates of our work.

### **Sandria Foster Care Agency**

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<b>Facility Type:</b>	Foster Care Agency
<b>Licensed By:</b>	Clark County Family Services
<b>Location:</b>	Las Vegas

Clark County Family Services licenses and monitors homes operated by foster care agencies within Clark County. Monitoring can include review of annual safety assessments and biennial licensing renewal inspections or investigations. If homes are not in compliance with policies, regulations, or statutes, Clark County Family Services may communicate concerns verbally, implement written corrective action

plans, or revoke the homes' licenses. These actions may vary depending on the severity of the issues found.

We inspected two homes operated by Sandria Foster Care Agency in June 2025. These were our first visits to the homes. We identified many of the same issues at both homes.

During our inspections of the two homes operated by Sandria Foster Care Agency, we determined the care and living conditions did not meet certain minimum standards established in NRS 424, 432, and 432B; and outlined in Nevada Administrative Code (NAC) 424, which prompted us to question whether the agency adequately protected the children in their care.

Some of the significant issues observed and noted at the agency included:

#### Health

- Medication records were incomplete, inaccurate, and required documentation was missing including: person legally responsible consent documents for psychotropic medication or medication administration records. Two of three child files reviewed had medication counts that reflected unexplained increases or decreases and medication administration records reflected excess medication administered or medication administered on fictitious dates. A medication administration record was not up-to-date.
- All three child files did not contain evidence of the child's or guardian's participation in treatment plans. Two of three child files reviewed contained untimely updated treatment plans.
- At both homes, confidential child records were unsecured.

#### Safety

- At one home, a loaded firearm was unsecured and accessible to the children. The firearm was located in a foster parent's unlocked bedroom. We requested and observed the foster parent unload the firearm and lock the bedroom in our presence. The foster care agency indicated it was unaware the foster parent possessed a gun in the home. See additional

information related to the firearm in the post-inspection information section on page 9.

- At one home, medication was unsecured.
- One of three child files reviewed did not contain evidence abuse and neglect disclosures, for incidents that occurred prior to the child entering the agency, were reported to the appropriate authorities.

### Welfare

- At one home, a marijuana grinder was observed in the children's bathroom and lighters were accessible to children throughout the home.
- At one home, an empty alcohol container was found in a common room in the home and two others were found in the back yard.
- At one home, a card with inappropriate content promoting prostitution was found in a child's bedroom.
- At one home, a mature-rated videogame was observed depicting intense violence, drug references, and suggestive themes.

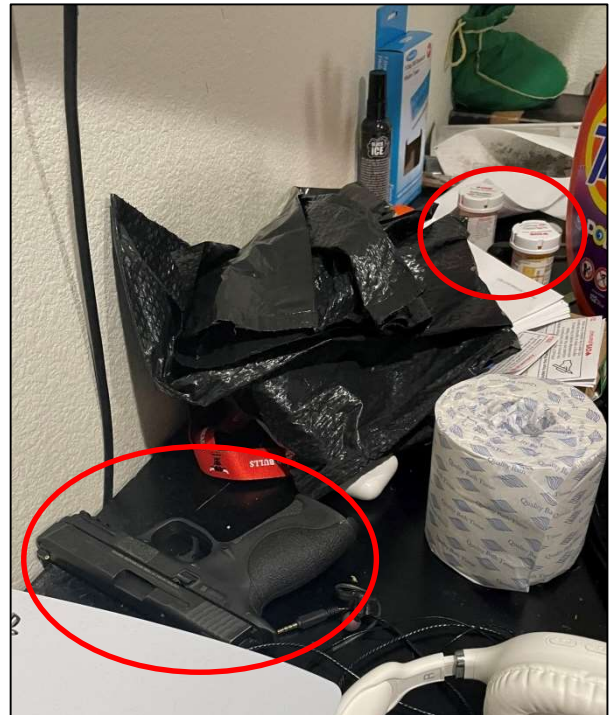
### Civil and Other Rights

- All three child files reviewed did not contain evidence children were made aware of their right to file a complaint.
- At one home, fire drill documentation was duplicated for multiple months with mismatched dates and had future dates for fire drills listed and crossed out.
- All three employee files reviewed were missing required training records.
- Policies and procedures were insufficient or not consistent with management's understanding and implementation of important practices. For example, the background check policy did not

address statutorily required child abuse and neglect screenings or recurrent background checks.

The following pictures are examples of the living conditions we observed at the homes:

*An unsecured, loaded firearm and medication in an unlocked foster parent's room.*



*A marijuana grinder located in the children's bathroom.*



### **Post-Inspection Information**

Following our inspections of the homes in June 2025, we contacted Clark County Family Services and agency management and discussed our immediate safety concerns. Agency management issued corrective action to the foster parent the same day and required the removal of the firearm from the home. Ultimately, the foster parent in possession of the firearm was terminated from employment. Additionally, agency management revised policies and procedures and ensured employees and foster parents received statutorily required trainings.

### **Moriah Behavioral Health Facilities**

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<b>Facility Type:</b>	Psychiatric Residential Treatment Facilities
<b>Licensed By:</b>	Bureau of Health Care Quality and Compliance
<b>Location:</b>	Las Vegas

The Bureau of Health Care Quality and Compliance licenses and monitors psychiatric residential treatment facilities. Monitoring can include annual licensing renewals, periodic on-site surveys, or complaint investigations. If facilities are not in compliance with policies, regulations, or statutes, the Bureau of Health Care Quality and Compliance will issue statements of deficiencies and review the related plans of corrections. Depending on the severity of the issues found, they may also impose bans on admissions, issue monetary sanctions, or revoke the facilities' licenses.

Psychiatric residential treatment facilities provide a range of psychiatric services on an inpatient basis. These facilities are required to provide a higher level of care and services to children who pose a danger to themselves or others. While some issues noted at these facility types would not otherwise be a concern at lower level of care facilities, the issues noted pose a safety issue to children placed in psychiatric residential treatment facilities due to the children's very complex mental health needs.

We inspected four facilities managed by Moriah Behavioral Health in July 2025. These were our first visits to Ignite Teen Treatment, LLC Bahama Bay; Eden PRTF Edna; and Eden PRTF Dutch Valley; and our second visit to Ignite Teen Treatment, LLC Lone Mesa. While the facilities were licensed separately, they shared the same management

company and policies. We identified many of the same issues at the four facilities.

During our inspections of the four facilities managed by Moriah Behavioral Health, we determined the care and living conditions did not meet certain minimum standards established in NRS 432B, 433, 449, 449A; and outlined in NAC 449, which prompted us to question whether the facilities adequately protected the children in their care.

Some of the significant issues observed and noted at the facilities included:

### Health

- All three child files reviewed contained medication records that were incomplete, inaccurate, and required documentation was missing including: person legally responsible consent documents for psychotropic medication or medication administration records. Medication administration records reflected medication frequently administered outside prescribed timeframes, excess medication administered, or medication not administered as prescribed. Two of three child files reviewed contained documentation of medication administered that did not align with nursing notes, physician's orders, or the medication administration records. We noted similar concerns during our 2024 inspections. The Bureau of Health Care Quality and Compliance substantiated similar issues in a complaint investigation.
- One of three child files reviewed did not contain evidence of the child's or guardian's participation in treatment plans. Another child file was missing an updated treatment plan.

### Safety

- Two of four employee files reviewed were missing documentation of background clearance. We noted similar concerns during our 2024 inspections. The Bureau of Health Care Quality and Compliance substantiated similar issues in a complaint investigation.
- One of three child files reviewed was missing documentation of reassessment and increased supervision after the child had a

suicide attempt. We noted similar concerns during our 2024 inspections.

- Two of three child files reviewed did not contain evidence that abuse and neglect disclosures, for incidents that occurred prior to the children entering the facilities, were reported to the appropriate authorities. We noted similar concerns during our 2024 inspections.
- At all four facilities, cleaning chemicals were unsecured. At one facility, laundry supplies were unsecured. We noted similar concerns during our 2024 inspections.
- At all four facilities, sharp items including screws, splintered wood, metal hooks, or other metal objects that could be used for self-harm were observed. Unsecured cords, sprinkler lines, or hoses that posed ligature risks were observed. We noted similar concerns during our 2024 inspections. The Bureau of Health Care Quality and Compliance substantiated similar issues in a complaint investigation.
- At one of four facilities, the pool, which needed maintenance, was unsecured. We noted similar concerns during our 2024 inspections. The Bureau of Health Care Quality and Compliance substantiated similar issues in a complaint investigation.
- At one of four facilities, a fire extinguisher was missing from the second story. At another facility, one fire extinguisher was not charged and another was missing documentation of when it was recharged.
- At all four facilities, documentation of fire drills was missing.

### Welfare

- At all four facilities, damage was observed including door frames, doors, walls, ceilings, blinds, light switches, and a shower. We noted similar concerns during our 2024 inspections. The Bureau of Health Care Quality and Compliance substantiated similar issues in a complaint investigation.

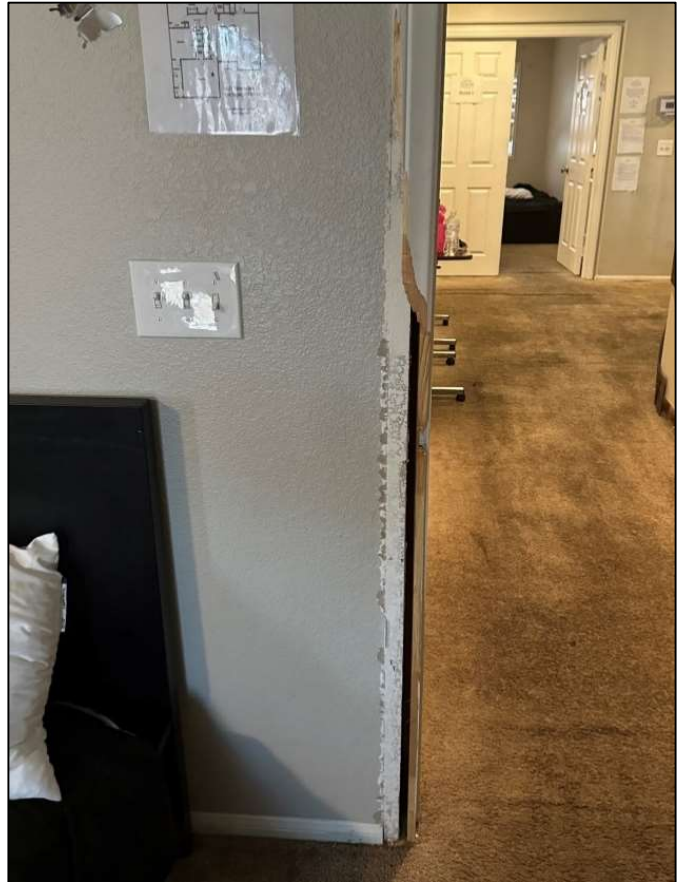
- At two of four facilities, books that referenced violence, self-harm, animal abuse, and suicide were observed. At two of four facilities, three inappropriate movies were observed depicting strong violence and gore, disturbing content, and drug use.
- At two of four facilities, some beds were missing sheets and pillowcases. At the other two facilities, some beds and pillows had stains.
- At three of four facilities, inappropriate writing was observed on walls and in artwork created by children. We noted similar concerns during our 2024 inspections.

#### Civil and Other Rights

- One of three child files reviewed contained documentation of a restraint incident, despite management reporting no restraints occurred for the child, and there was no documentation the incident was reported as a denial of rights to the Commission on Behavioral Health. We noted similar concerns during our 2024 inspections.
- At all four facilities, complaint logs were missing. At two of four facilities, complaint forms were not readily available. At one facility, child rights were not posted. At another facility, a complaint box was missing. We noted similar concerns during our 2024 inspections.
- All four employee files reviewed were missing training records. We noted similar concerns during our 2024 inspections. The Bureau of Health Care Quality and Compliance substantiated similar issues in a complaint investigation.
- Policies and procedures were missing, insufficient, or not consistent with management's understanding, and policies were not consistent with implementation of important practices. For example, there was no training policy. We noted similar concerns during our 2024 inspections.

The following pictures are examples of the living conditions we observed at the facilities:

*Damage to the door frame of a child's room preventing the door from closing.*



*Stained bed.*



*An unsecured gate allowing access to an untreated pool.*



*A missing fire extinguisher.*



### **Post-Inspection Information**

Following our inspections of the facilities in July 2025, we contacted the Bureau of Health Care Quality and Compliance and facility management and discussed our concerns. The Bureau of Health Care Quality and Compliance consulted with the State Fire Marshall regarding methods of egress. Additionally, after our inspections, the Bureau of Health Care Quality and Compliance conducted several complaint investigations at multiple facilities managed by Moriah Behavioral Health.

In November 2025, we were informed there was active litigation occurring between facility management and specific state agencies. In December 2025, the Bureau of Health Care Quality and Compliance suspended the licenses of all four facilities and utilized a contracted management company to provide care to the children until they were discharged.

### **Clark County Family Services Advanced Foster Care Homes**

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<b>Facility Type:</b>	Specialized Foster Homes
<b>Licensed By:</b>	Clark County Family Services
<b>Location:</b>	Las Vegas

The Advanced Foster Care Program is operated by Clark County Family Services to create and maintain specialized foster homes for children with a severe emotional disturbance. The program is intended to improve emotional, behavioral, and permanency outcomes for children in State custody.

As of June 30, 2025, Clark County Family Services licensed and monitored 45 advanced foster care homes. Monitoring can include in-home coaching, annual safety assessments, biennial licensing renewal inspections, or investigations. If homes are not in compliance with policies, regulations, or statutes, Clark County Family Services may communicate concerns verbally, implement written corrective action plans, or revoke the homes' licenses. These actions may vary depending on the severity of the issues found.

We inspected Homes 38 and 63 in June 2025 and Homes 27 and 59 in July 2025. This was our first time visiting these four advanced foster

care homes and our second time visiting advanced foster care homes licensed by Clark County Family Services.

Some of the significant issues observed and noted at the homes included:

### Health

- Two of four child files reviewed contained medication records that were incomplete, inaccurate, and required documentation was missing including: person legally responsible consent documents for psychotropic medication, physician's orders, or medication administration records. Medication was not administered on certain dates without explanation, medication administration records were not up-to-date, and medication was not administered as prescribed. During our inspection, a foster parent completed the prior month's medication administration records, documenting multiple weeks of medication administration at once.
- At three of four homes, the foster parent was not included in or lacked familiarity with key aspects of treatment plans or did not receive copies of treatment plans.
- All four child files reviewed did not contain evidence of the child's or guardian's participation in treatment plans.
- At all four homes, confidential child records were unsecured. We noted similar concerns in our 2024 inspections.

### Safety

- At one of four homes, psychotropic medication was unsecured. The foster parent's file contained documentation of prior discipline by Clark County Family Services for unsecured medication. We noted similar concerns in our 2024 inspections.
- At two of four homes, alcohol was unsecured. We noted similar concerns in our 2024 inspections.
- At one of four homes, knives were unsecured and a child placed in the home had a history of self-harm. At another home, a saw,

tools, and scissors were unsecured. We noted similar concerns in our 2024 inspections.

- At three of four homes, cleaning chemicals were unsecured which posed concerns due to the children's ages and development. We noted similar concerns in our 2024 inspections.
- At one of four homes, a pool was unsecured.
- At one of four homes, a fire escape ladder was missing on the second story. At another home, fire drills were missing. We noted similar concerns in our 2024 inspections.
- At two of four homes, electrical outlets were missing statutorily required covers and young children were placed in the homes.

#### Civil and Other Rights

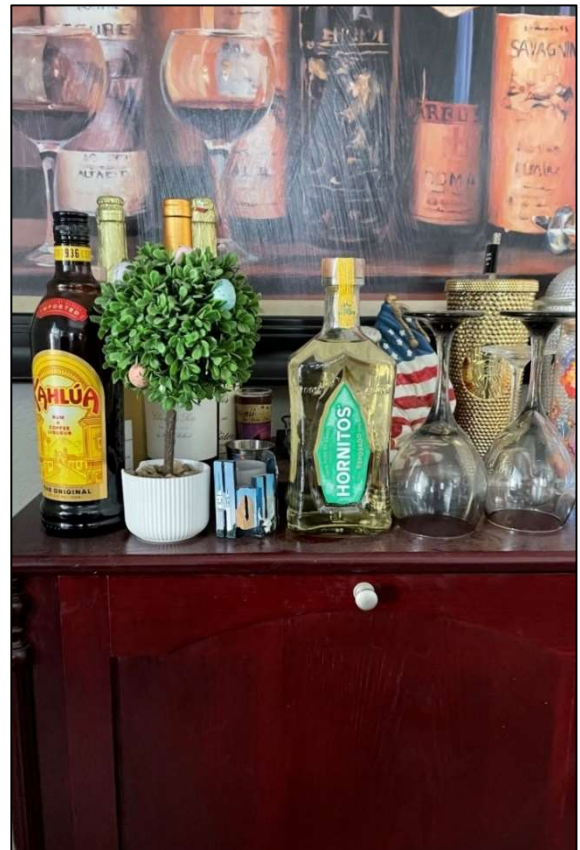
- At three of four homes, the foster parents reported educating children regarding the complaint process despite not being fully aware of the complete complaint process. Additionally, policy did not outline the full complaint process including timeframes for resolution and documentation that a child was informed of their right to file a complaint. We noted similar concerns in our 2024 inspections.
- All four foster parent files reviewed were missing training records. One foster parent's file contained documentation of prior discipline by Clark County Family Services for missing training. We noted similar concerns in our 2024 inspections.
- Policies and procedures were missing, insufficient, or not consistent with the licensing agency or foster parents' understanding. Additionally, policies were not consistent with implementation of important practices. For example, a policy for restraints had not been established. Furthermore, the foster parents were generally unaware of Clark County Family Services' existing policies and procedures. We noted similar concerns in our 2024 inspections.

The pictures on the following page are examples of the living conditions we observed at the homes:

*Unsecured psychotropic medication accessible to children in a home.*



*Unsecured alcohol accessible to children in a home.*



### Post-Inspection Information

Following our inspections of the homes in June and July 2025, we contacted Clark County Family Services and discussed our concerns. Clark County Family Services reported discussing plans to address issues noted in our inspections. Additionally, Clark County Family Services is creating a specific position for implementation and oversight of advanced foster care homes and statutory requirements, including administration of a training program for foster parents.

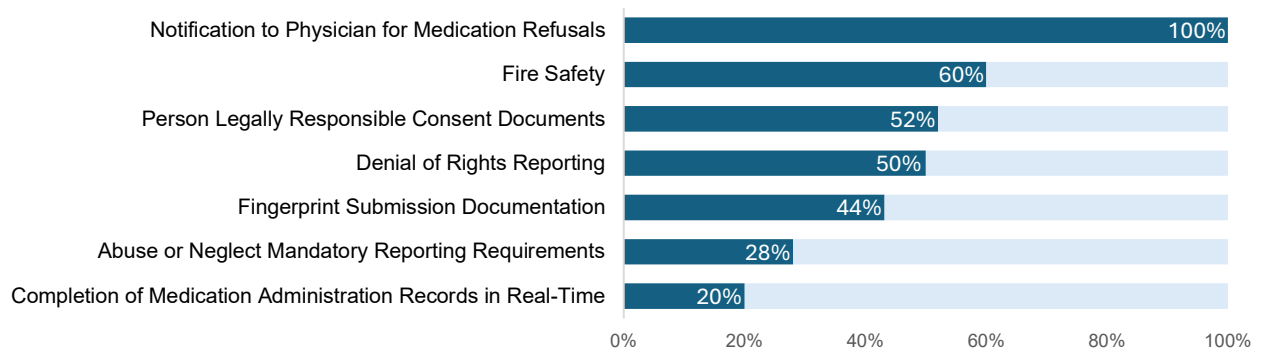
## OTHER GENERAL CONCERNS

During inspections, we identified trends with certain concerns we noted at some of the 25 facilities. While many of these concerns were not individually significant enough to warrant the facility being highlighted in the report, corrective action should still be taken to protect the children. By identifying and publishing these trends, we bring these to the attention of licensing agencies to improve the general health, safety, welfare, and civil and other rights of the children in their care.

Exhibit 5 shows the percentage of facilities with general concerns noted during inspections.

### Percentage of Facilities with General Concerns Noted During Inspections

Exhibit 5



Source: Auditor prepared from inspections of facilities during 2025.

Note: Some concerns were not applicable to all facility types inspected.

Some of the general concerns observed and noted at the facilities included:

#### Notification to Physician for Medication Refusals

##### **Applies to foster care agencies and specialized foster homes**

Based on inspections of some foster care agencies and specialized foster homes, notification to a child's physician for a refusal of medication was not occurring. At 9 of 9 (100%) facilities inspected subject to this requirement, we noted concerns with notification to a child's physician after a refusal of medication. NAC 424.720 requires foster care agencies and specialized foster homes to develop procedures to notify a physician in the event of an error in administering medication. NAC 424.722 defines an error related to the management or administration of medication to include failure to provide a medication because of the refusal of the child. We found that some facilities were notifying the child welfare agency of a refusal of medication but not the child's physician.

#### Fire Safety

##### **Applies to all facility types**

Based on inspections of some facilities, fire safety was not always ensured. At 15 of 25 (60%) facilities inspected, we noted concerns with fire safety. For example, at some facilities fire extinguishers were not inspected annually and fire drills were not conducted in accordance with statutorily defined timeframes. Fire escape routes were not posted in some facilities. NRS 449.0307 and NAC 424.135 require the applicable facilities to ensure children's safety in accordance with standards accepted by the State Fire Marshall. NRS and NAC 424 list other specific requirements based on facility type.

#### Person Legally Responsible Consent Documents

##### **Applies to all facility types**

Based on inspections of some facilities, person legally responsible consent documents for psychotropic medication were not always obtained for children in the legal custody of a child welfare agency. At 13 of 25 (52%) facilities inspected, we noted concerns with person legally responsible consent documentation. For example, at some facilities, general consent was obtained instead of person legally responsible consent documents, which did not contain the statutorily

required information. At other facilities, person legally responsible consent documents were incomplete. NRS 432B.4687 requires the person who is legally responsible for the psychiatric care of a child to approve the administration of psychotropic medication to the child, in writing, with specific information outlined. NRS 432B.4688 only allows administration of medication to children in the legal custody of a child welfare agency in accordance with this consent.

#### Denial of Rights Reporting

##### **Applies to health facilities only**

Based on inspections of some health facilities, denial of rights reporting requirements were not always followed. At 7 of 14 (50%) health facilities inspected, we noted concerns with denial of rights reporting. Seclusion and restraint incidents are considered denial of rights and must be reported to the Division of Public and Behavioral Health's Commission on Behavioral Health in accordance with NRS 433.534. Child files reviewed at some health facilities did not contain evidence that seclusion and restraint incidents were reported to the Commission on Behavioral Health as denial of rights incidents. Management of some health facilities reported they were behind in sending seclusion and restraint incidents to the Commission on Behavioral Health. One health facility reported they do not forward all seclusion and restraint incidents to the Commission on Behavioral Health and were unaware of such requirements. The Bureau of Health Care Quality and Compliance requires the completion and submission of seclusion and restraint forms to the Commission on Behavioral Health as soon as possible after the occurrence of such an event.

#### Fingerprint Submission Documentation

##### **Applies to all facility types**

Based on inspections of some facilities, documentation of fingerprint submission was missing. At 11 of 25 (44%) facilities inspected, we noted concerns with fingerprint submission documentation. NRS 449.123 requires fingerprints of health facility employees to be submitted within 10 days of hire to the Central Repository for Nevada Records of Criminal History. While most facilities maintained documentation of background clearance for employees and foster parents, personnel files reviewed at several health facilities were missing documentation of the fingerprint submission date. Of these

personnel files, some background clearances were not received within 10 days of hire to verify if fingerprint submission documentation was submitted within statutory requirements. Therefore, we were unable to verify employees completed fingerprint submissions within 10 days of hire at some health facilities. At other facilities, we were unable to verify fingerprint submission dates or background clearance because the facilities did not retain the documentation in the personnel files. At some of these facilities, we were able to verify background check documentation with the licensing agencies. Statutes for children's facilities require complete background documentation in personnel files.

#### Abuse or Neglect Mandatory Reporting Requirements

##### **Applies to all facility types**

Based on inspections of some facilities, mandatory reporting requirements were not always followed. At 7 of 25 (28%) facilities inspected, we noted concerns with mandatory reporting requirements. While facilities have policies and procedures for mandatory reporting requirements, they were not always being followed. For example, assessments of the child sometimes identified incidents of abuse or neglect that occurred prior to the child entering the facility. On some occasions, we found that the facilities did not document the incidents had been reported to the appropriate authorities or verified as already reported. NRS 432B.220 requires employees of children's facilities to make a report to a child welfare agency as soon as reasonably practicable, but not later than 24 hours after the person knows or has reasonable cause to believe the child has been abused or neglected.

#### Completion of Medication Administration Records in Real-Time

##### **Applies to all facility types**

Based on inspections of some facilities, completion of medication administration records in real-time was not occurring. At 5 of 25 (20%) facilities inspected, we noted concerns with the medication administration records not being up-to-date during our observations. Completion of the medication administration records should occur as medication is administered to reduce medication errors and ensure medication administration fidelity. We found that one facility was not completing any medication administration records and other facilities were not completing them daily.

## COMPLAINTS

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NRS 218G.585 requires facilities to forward to the Legislative Auditor copies of any complaint filed by a child under their care or by any other person on behalf of such a child concerning the health, safety, welfare, and civil and other rights of the child. We received and reviewed 1,547 complaints from 43 facilities in Nevada during the fiscal year ended June 30, 2025. Of the 1,547 complaints received, 890 (58%) were received from children placed in correction and detention facilities, and 558 (36%) were from psychiatric hospitals and psychiatric residential treatment facilities.

In general, the population of children at these facilities include children with high behavioral and mental health needs. Correction and detention facilities, psychiatric hospitals, and psychiatric residential treatment facilities make up 30 of the 108 (28%) private and governmental facilities for children. We expect to review more complaints from these types of facilities due to their populations and the number of facilities.

We follow up with facilities when complaint information appears egregious with respect to a child's health, safety, welfare, and civil and other rights, if information received is incomplete, and to ensure complaint information is submitted to our office, as required by statutes. In addition, we review complaint resolutions to ensure facility management resolved the issues identified. Complaint information is used as part of our risk assessment process for selecting facilities to inspect, review, and survey.

Sixty-five facilities reported receiving zero complaints filed by a child or on behalf of a child for the fiscal year. Exhibit 6 on the following page shows the facilities that reported receiving zero complaints, based on the type of facility.

## Summary of Facilities Reporting Zero Complaints Fiscal Year Ended June 30, 2025

## Exhibit 6

Facility Type	Number of Facilities Reporting Zero Complaints	Number of Facilities	Percentage
Child Care Institutions	0	1	0%
Correction and Detention Facilities	0	13	0%
Facilities for Intermediate Care	1	2	50%
Facilities for the Treatment of Abuse of Alcohol or Drugs	1	1	100%
Foster Care Agencies	10	17	59%
Other Facilities	1	1	100%
Psychiatric Hospitals	1	7	14%
Psychiatric Residential Treatment Facilities	5	10	50%
Skilled Nursing Facilities	1	4	25%
Specialized Foster Homes	44	50	88%
Supported Living Arrangements	1	2	50%
<b>Totals</b>	<b>65</b>	<b>108</b>	<b>60%</b>

Source: Auditor prepared from information provided by facilities.

Some of the reasons facilities report that no complaints were filed include: the type of facility, the ages of the children, and the children's length of stay.

Based on inspections and discussions with facility management at some facilities, the complaint process is not well understood by management or clearly communicated to the children. For example, some facilities resolve verbal complaints informally instead of documenting the issue as a formal complaint, resulting in a lack of documentation. The complaint process is essential to ensure a child's health, safety, welfare, and civil and other rights are adequately protected. Complaint reporting is statutorily required for governmental and private facilities who have physical custody of children pursuant to the order of a court.

NRS 218G.585 does not specifically define the complaint reporting process and only requires the facilities to forward complaints to the Legislative Auditor. Collection, documentation, review, and resolution of complaints vary at each facility. Facilities have different interpretations of what constitutes health, safety, welfare, and civil and other rights of a child. In July 2025, we communicated our expectations for complaint reporting to the facilities, including the need for reporting both complaints and their resolutions. We also informed facilities that abuse or neglect allegations made against a facility or its employees while a child is placed at a facility are considered

complaints, as they pertain to the child’s health, safety, welfare, and civil and other rights.

We also received and reviewed complaint information from Nevada children placed in out-of-state facilities. We follow up with out-of-state facilities when necessary, including complaint information that appears egregious with respect to a child’s health, safety, welfare, and civil and other rights.

## **AREAS FOR LEGISLATIVE CONSIDERATION**

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We noted areas for legislative consideration in prior reports. During the 83<sup>rd</sup> Session of the Nevada Legislature, Assembly Bill 521 (2025) was passed requiring health facilities licensed by the Bureau of Health Care Quality and Compliance to screen employees having direct contact with children for substantiations of child abuse or neglect. This was an area we identified for legislative consideration in our last report in 2024 (LA26-05). However, the following are still identified areas for legislative consideration.

### **Complaint Requirements Not Specifically Defined**

NRS 218G.585 does not specifically define the complaint reporting process and only requires the facilities to forward complaints to the Legislative Auditor. Collection, documentation, review, and resolution of complaints vary at each facility. Facilities have different interpretations of what constitutes health, safety, welfare, and civil and other rights of a child. The complaint process is essential to ensure a child’s health, safety, welfare, and civil and other rights are adequately protected. Complaint reporting is statutorily required for governmental and private facilities who have physical custody of children pursuant to the order of a court. In our Governmental and Private Facilities for Children – Inspections, December 2024 report (LA26-05), we noted complaint requirements were not specifically defined in NRS.

### **Recommendation**

The Legislature may want to consider enacting legislation to further define the complaint reporting requirements for children’s facilities that have physical custody of children pursuant to the order of a court.

### Some Licensed Health Facilities' Employees Not Required to Have Certain Training Specific to Children

Statutes do not require most health facilities licensed by the Bureau of Health Care Quality and Compliance to ensure all employees, who have direct contact with children, are trained in certain areas specific to children's safety and welfare. For example, these areas include suicide awareness and prevention, rights of children, controlling the behavior of children, and the administration of medication to children. In contrast, training requirements are defined in statutes for employees who have direct contact with children at child care institutions, correction and detention facilities, specialized foster homes, and state-operated psychiatric hospitals and psychiatric residential treatment facilities. In our Governmental and Private Facilities for Children – Inspections, December 2024 report (LA26-05), we noted these training requirements were not listed in NRS or NAC.

### **Recommendation**

The Legislature may want to consider enacting legislation to require all facilities the Bureau of Health Care Quality and Compliance licenses, which have physical custody of children pursuant to the order of a court, to train employees who have direct contact with children on the specific topics statutorily required for other children's facilities. These facilities include facilities for intermediate care, facilities for the treatment of abuse of alcohol or drugs, private psychiatric hospitals, private psychiatric residential treatment facilities, and skilled nursing facilities.

## APPENDIX A

### GLOSSARY

<b>Aging and Disability Services Division</b>	An agency within the Nevada Department of Human Services that represents children with disabilities or special health care needs. The agency provides oversight of Supported Living Arrangements.
<b>Bureau of Health Care Quality and Compliance</b>	An agency within the Nevada Health Authority that licenses and regulates certain health facilities in Nevada, including facilities for intermediate care, facilities for the treatment of abuse of alcohol or drugs, psychiatric hospitals, psychiatric residential treatment facilities, and skilled nursing facilities.
<b>Child Abuse and Neglect Screening (CANS)</b>	A review of the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child, which is a database for the collection of information on child abuse and neglect.
<b>Child Care Institution</b>	Provides care and shelter during the day and night and provides developmental guidance to 16 or more children who do not routinely return to the homes of their parents or guardians.
<b>Child Care Licensing</b>	An agency within the Division of Social Services that ensures the health, safety, and well-being of children in licensed child care institutions by monitoring facility compliance with regulations and state laws, offering training, and providing education.
<b>Child Welfare Agency</b>	In a county whose population is less than 100,000, the local office of the State’s Division of Child and Family Services or, in a county whose population is 100,000 or more, the agency of the county which provides or arranges for necessary child welfare services.
<b>Children</b>	Persons under the age of 18, including infants and adolescents.
<b>Civil and Other Rights</b>	This relates to a child’s civil rights, as well as their rights as a human being. It includes protection from discrimination and harassment; the right to adequate food,

	shelter, clothing, and hygiene products; and the right to file a complaint.
<b>Clark County Family Services</b>	A child welfare agency which provides child welfare services in Clark County.
<b>Commission on Behavioral Health</b>	A legislatively created body within the Division of Public and Behavioral Health designed to provide policy guidance and oversight of Nevada's public system of integrated care and treatment of children with mental health, substance abuse, and developmental disabilities.
<b>Complaint / Grievance</b>	A documented circumstance concerning the health, safety, welfare, and civil and other rights of a child. The complaint is filed by any child or other person on behalf of a child who is under the care of a governmental or private facility for children.
<b>Correction Facility</b>	A secure facility for children that have been adjudicated delinquent for an offense. Placement is generally long-term and a broad array of services are provided to promote successful transition of children back to their communities.
<b>Denial of Rights</b>	The denial of rights of a child to protect the child's health and safety or to protect the health and safety of others, or both. Any denial of rights by any health facility must be reported to the Commission on Behavioral Health as soon as possible after the occurrence of such an event. Denial of rights includes seclusion and restraint incidents.
<b>Detention Facility</b>	A secure facility that has temporary custody of children who are subject to the jurisdiction of a court and require a restricted environment for their own or the community's protection pending legal action. Services are provided to support the children's physical, emotional, and social development.
<b>Division of Child and Family Services</b>	A child welfare agency within the Nevada Department of Human Services which provides child welfare services to all rural counties in Nevada. Additionally, the Division of Child and Family Services monitors the performance of Clark County Family Services and Washoe County Human Services Agency through data collection, evaluation of services, and may require corrective action if these child welfare agencies are not in substantial compliance with

any State policies, regulations, or statutes related to child welfare services.

**Facility for Intermediate Care**

Provides 24-hour personal and medical supervision for children who do not have an illness, disease, injury, or other condition that would require the degree of care and treatment from a hospital or skilled nursing facility.

**Facility for the Treatment of Abuse of Alcohol or Drugs**

Any public or private establishment which provides residential treatment, including mental and physical restoration, of children with alcohol or other substance use disorders.

**Foster Care Agency**

A business entity that recruits and enters into contracts with foster homes to assist child welfare agencies and juvenile courts in the placement of children in foster homes. Foster care agencies may operate multiple family foster homes, including specialized foster homes and group foster homes. Foster care agencies train foster parents and develop policies and procedures for the homes. Foster parents are responsible for providing safe, nurturing, and supportive environments where children can continue daily activities that promote normalcy.

**Health**

Anything related to a child's physical health, including medical care and medication administration.

**Person Legally Responsible**

A person legally responsible for the psychiatric care of a child, which could be the child's parent(s), legal guardian, or other individual appointed by a court.

**Person Legally Responsible Consent**

Authorization for the administration of psychotropic medications given by the person legally responsible for the psychiatric care of a child. Consent must include specific items as listed in NRS 432B.4687, such as the name of the child; the name of the person legally responsible; the name, purpose, and expected time frame for improvement for each medication; the dosage, times, and number of units at each administration of the medication; the duration of the course of treatment; and a description of the risks, side effects, interactions, and complications of the medication.

**Psychiatric Hospital**

A hospital for the diagnosis, care, and treatment of mental health which provides 24-hour care to children. Includes

	acute psychiatric (short-term) and non-acute psychiatric programs.
<b>Psychiatric Residential Treatment Facility (PRTF)</b>	A facility, other than a hospital, that provides a range of psychiatric services to treat residents under the age of 21 years on an inpatient basis under the direction of a physician.
<b>Psychotropic Medication</b>	A prescribed medication used to alter a child's thought process, mood, or behavior.
<b>Safety</b>	Anything related to the physical safety of a child. This includes physical security, environment, and adequate staffing.
<b>Skilled Nursing Facility</b>	A facility which provides continuous skilled nursing and related care prescribed by a physician to children who are not in an acute episode of illness and whose primary needs are the availability of continuous care.
<b>Specialized Foster Home</b>	Provides full-time care and services for one to six children who require special care for physical, mental, or emotional issues.
<b>Supported Living Arrangement</b>	A home with 24-hour residential supports for children who are in need of maximum support services. This service is provided through agencies that are contracted with the regional centers.
<b>Washoe County Human Services Agency</b>	A child welfare agency which provides child welfare services in Washoe County.
<b>Welfare</b>	Anything related to the general or emotional well-being of a child. This includes education, punishment, treatment of children, and environment issues that are not classified as safety issues.

## APPENDIX B

### INSPECTIONS OF NEVADA CHILDREN’S FACILITIES – 2025

Facility Name	Facility Type	Date of Work
PRTF North	Psychiatric Residential Treatment Facility	February 19, 2025
Cornerstone 20 Services	Foster Care Agency	February 26, 2025
Child Haven	Child Care Institution	March 25, 2025
Specialized Alternatives for Family and Youth of Nevada, Inc.	Foster Care Agency	March 26, 2025
Desert Parkway Behavioral Healthcare Hospital, LLC	Psychiatric Hospital	March 27, 2025
Kiamani Services	Foster Care Agency	April 21, 2025
Rite of Passage - Sierra Sage Treatment Center	Psychiatric Residential Treatment Facility	April 22, 2025
Vitality Center	Facility for the Treatment of Abuse of Alcohol or Drugs	May 6, 2025
Nevada Youth Training Center	Correction Facility	May 7, 2025
Desert Willow Treatment Center	Psychiatric Hospital	June 2, 2025
Home 38 <sup>(2)</sup>	Specialized Foster Home	June 3, 2025
Home 63 <sup>(2)</sup>	Specialized Foster Home	June 3, 2025
Shining Star	Foster Care Agency	June 4, 2025
Sandria Foster Care Agency	Foster Care Agency	June 4, 2025
SunArch Academy, LLC	Psychiatric Residential Treatment Facility	June 6, 2025
Ignite Teen Treatment, LLC Bahama Bay	Psychiatric Residential Treatment Facility	July 14, 2025
Eden PRTF Dutch Valley	Psychiatric Residential Treatment Facility	July 14, 2025
Eden PRTF Edna	Psychiatric Residential Treatment Facility	July 14, 2025
Ignite Teen Treatment, LLC Lone Mesa <sup>(1)</sup>	Psychiatric Residential Treatment Facility	July 14, 2025
Home 27 <sup>(2)</sup>	Specialized Foster Home	July 16, 2025
Home 59 <sup>(2)</sup>	Specialized Foster Home	July 16, 2025
Silver State Pediatric Behavioral Services, LLC <sup>(1)</sup>	Facility For Intermediate Care	July 17, 2025
Willow Springs Center <sup>(1)</sup>	Psychiatric Hospital	August 12, 2025
Reno Behavioral Healthcare Hospital, LLC - Acute <sup>(1)</sup>	Psychiatric Hospital	August 25, 2025
Reno Behavioral Healthcare Hospital, LLC - PRTF <sup>(1)</sup>	Psychiatric Residential Treatment Facility	August 25, 2025

Source: Auditor prepared from inspections completed.

<sup>(1)</sup> We conducted an inspection of these facilities in 2024 as well. See LA26-05, page 28.

<sup>(2)</sup> For anonymity purposes we use numerical designations to identify specific homes. The numerical designations are updated each year as new homes are added or no longer operating as Specialized Foster Homes. Due to this, the numerical designations may not match from year to year.

## APPENDIX C

### NEVADA CHILDREN'S FACILITIES INFORMATION FISCAL YEAR ENDED JUNE 30, 2025

Child Care Institution			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
Child Haven	Las Vegas	Child Care Licensing	90	90	138
<b>Totals - 1 Child Care Institution</b>			<b>90</b>	<b>90</b>	<b>138</b>

Correction and Detention Facilities			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
Caliente Youth Center	Caliente	None	140	37	57
China Spring Youth Camp	Gardnerville	None	59	23	34
Clark County Juvenile Detention Center	Las Vegas	None	192	108	124
Douglas County Juvenile Detention Center	Stateline	None	16	3	17
Jan Evans Juvenile Justice Center	Reno	None	108	32	57
Leighton Hall	Winnemucca	None	6	1	21
Murphy Bernardini Juvenile Justice Center	Carson City	None	18	7	19
Nevada Youth Training Center	Elko	None	64	30	53
Northeastern Nevada Juvenile Detention Center	Elko	None	24	7	11
Spring Mountain Youth Camp	Las Vegas	None	100	81	51
Summit View Youth Center	Las Vegas	None	48	28	37
Teurman Hall	Fallon	None	16	9	18
Western Nevada Regional Youth Center	Silver Springs	None	18	9	21
<b>Totals - 13 Correction and Detention Facilities</b>			<b>809</b>	<b>375</b>	<b>520</b>

Facilities for Intermediate Care			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agent	Maximum Capacity	Population	Direct Care Staff
Eagle Valley Children's Home	Carson City	Bureau of Health Care Quality and Compliance	18	4	28
Silver State Pediatric Behavioral Services, LLC	Las Vegas	Bureau of Health Care Quality and Compliance	6	6	19
<b>Totals - 2 Facilities for Intermediate Care</b>			<b>24</b>	<b>10</b>	<b>47</b>

Facility for the Treatment of Abuse of Alcohol or Drugs			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
Vitality Center	Elko	Bureau of Health Care Quality and Compliance	8	0	21
<b>Totals - 1 Facility for the Treatment of Abuse of Alcohol or Drugs</b>			<b>8</b>	<b>0</b>	<b>21</b>

## APPENDIX C

### NEVADA CHILDREN'S FACILITIES INFORMATION FISCAL YEAR ENDED JUNE 30, 2025 (continued)

Foster Care Agencies			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
3 Angels Care, LLC	Reno	Washoe County Human Services Agency	19	15	15
180 Community Wellness Centers, LLC	North Las Vegas	Clark County Family Services	14	13	18
Apple Grove Foster Care Agency	Las Vegas	Clark County Family Services	39	28	50
Bamboo Sunrise, LLC	Henderson	Clark County Family Services	79	54	76
Cornerstone 20 Services	Reno	Washoe County Human Services Agency	26	20	13
Eagle Quest	Las Vegas	Clark County Family Services	234	191	209
Kiamani Services	Reno	Washoe County Human Services Agency	6	6	6
Koinonia Family Services	Reno	Washoe County Human Services Agency	22	13	30
Mt. Olive Care, LLC	Reno	Washoe County Human Services Agency	7	7	4
New Vista Ranch, Inc.	Las Vegas	Clark County Family Services	8	4	26
Olive Crest	Las Vegas	Clark County Family Services	33	22	47
P6 Family Services, LLC	Sun Valley	Washoe County Human Services Agency	18	18	6
Rite of Passage Pivot Point	Las Vegas	Clark County Family Services	20	7	19
Sandria Foster Care Agency	Las Vegas	Clark County Family Services	12	10	7
Shining Star	Las Vegas	Clark County Family Services	3	2	8
Specialized Alternatives for Family and Youth of Nevada, Inc.	Las Vegas	Clark County Family Services	139	70	115
St. Jude's Ranch for Children	Boulder City	Clark County Family Services	40	24	31
<b>Totals - 17 Foster Care Agencies</b>			<b>719</b>	<b>504</b>	<b>680</b>

Other Facilities <sup>(1)</sup>			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
Humboldt County Juvenile Services Transitional Living Center	Winnemucca	None	6	0	21
<b>Totals - 1 Other Facility</b>			<b>6</b>	<b>0</b>	<b>21</b>

Psychiatric Hospitals			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
Desert Parkway Behavioral Healthcare Hospital, LLC	Las Vegas	Bureau of Health Care Quality and Compliance	21	15	100
Desert Willow Treatment Center	Las Vegas	Bureau of Health Care Quality and Compliance	54	24	103
Reno Behavioral Healthcare Hospital, LLC - Acute	Reno	Bureau of Health Care Quality and Compliance	42	17	115
Seven Hills Hospital	Henderson	Bureau of Health Care Quality and Compliance	38	23	56

## APPENDIX C

### NEVADA CHILDREN'S FACILITIES INFORMATION FISCAL YEAR ENDED JUNE 30, 2025 (continued)

Psychiatric Hospitals (continued)			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
Spring Mountain Treatment Center an extension of Spring Valley Hospital	Las Vegas	Bureau of Health Care Quality and Compliance	26	10	175
Thrive Behavioral Hospital, LLC	Las Vegas	Bureau of Health Care Quality and Compliance	40	16	56
Willow Springs Center	Reno	Bureau of Health Care Quality and Compliance	116	66	128
<b>Totals - 7 Psychiatric Hospitals</b>			<b>337</b>	<b>171</b>	<b>733</b>

Psychiatric Residential Treatment Facilities (PRTF)			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
Eden PRTF Dutch Valley	Las Vegas	Bureau of Health Care Quality and Compliance	10	5	107
Eden PRTF Edna	Las Vegas	Bureau of Health Care Quality and Compliance	10	5	107
Ignite Teen Treatment, LLC Bahama Bay	Las Vegas	Bureau of Health Care Quality and Compliance	10	7	107
Ignite Teen Treatment, LLC Lone Mesa	Las Vegas	Bureau of Health Care Quality and Compliance	10	7	107
Momentum Centers	Las Vegas	Bureau of Health Care Quality and Compliance	10	6	47
PRTF North	Sparks	Bureau of Health Care Quality and Compliance	16	13	23
Reno Behavioral Healthcare Hospital, LLC - PRTF	Reno	Bureau of Health Care Quality and Compliance	21	15	128
Rite of Passage - Sierra Sage Treatment Center	Yerington	Bureau of Health Care Quality and Compliance	48	23	56
Seven Hills Hospital	Henderson	Bureau of Health Care Quality and Compliance	20	15	56
SunArch Academy, LLC	Las Vegas	Bureau of Health Care Quality and Compliance	88	38	102
<b>Totals - 10 Psychiatric Residential Treatment Facilities (PRTF)</b>			<b>243</b>	<b>134</b>	<b>840</b>

Skilled Nursing Facilities			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
NeuroRestorative	Las Vegas	Bureau of Health Care Quality and Compliance	35	34	84
NeuroRestorative - Reno	Reno	Bureau of Health Care Quality and Compliance	24	14	83
NeuroRestorative 4kids - Buffalo	Las Vegas	Bureau of Health Care Quality and Compliance	24	24	61
Silver State Pediatric Skilled Nursing Facility	Las Vegas	Bureau of Health Care Quality and Compliance	34	33	132
<b>Totals - 4 Skilled Nursing Facilities</b>			<b>117</b>	<b>105</b>	<b>360</b>

## APPENDIX C

### NEVADA CHILDREN'S FACILITIES INFORMATION FISCAL YEAR ENDED JUNE 30, 2025 (continued)

Specialized Foster Homes <sup>(2)</sup>			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
Austin's House	Carson City	Division of Child and Family Services	10	6	10
Home 1	Las Vegas	Clark County Family Services	2	2	2
Home 2	Las Vegas	Clark County Family Services	3	0	2
Home 4	Pahrump	Division of Child and Family Services	5	5	2
Home 8	Las Vegas	Clark County Family Services	2	0	2
Home 9	Las Vegas	Clark County Family Services	4	0	1
Home 10	Las Vegas	Clark County Family Services	1	1	1
Home 11	Las Vegas	Clark County Family Services	2	2	2
Home 12	Las Vegas	Clark County Family Services	3	2	1
Home 13	North Las Vegas	Clark County Family Services	4	4	1
Home 14	Las Vegas	Clark County Family Services	4	0	1
Home 16	Las Vegas	Clark County Family Services	3	3	1
Home 17	North Las Vegas	Clark County Family Services	1	1	1
Home 18	Henderson	Clark County Family Services	5	4	2
Home 20	North Las Vegas	Clark County Family Services	2	2	1
Home 21	Las Vegas	Clark County Family Services	2	2	2
Home 22	Las Vegas	Clark County Family Services	5	4	2
Home 23	Las Vegas	Clark County Family Services	3	2	2
Home 24	Henderson	Clark County Family Services	4	4	1
Home 25	North Las Vegas	Clark County Family Services	3	3	2
Home 26	Las Vegas	Clark County Family Services	2	1	1
Home 27	Henderson	Clark County Family Services	4	3	2
Home 28	Las Vegas	Clark County Family Services	4	2	2
Home 29	Las Vegas	Clark County Family Services	6	5	1
Home 30	Las Vegas	Clark County Family Services	2	1	2
Home 31	Las Vegas	Clark County Family Services	5	4	2
Home 35	Las Vegas	Clark County Family Services	6	6	2
Home 37	Las Vegas	Clark County Family Services	3	1	1
Home 38	Las Vegas	Clark County Family Services	6	1	2
Home 39	North Las Vegas	Clark County Family Services	1	1	1
Home 40	Henderson	Clark County Family Services	1	1	2
Home 41	Las Vegas	Clark County Family Services	3	3	1
Home 42	Las Vegas	Clark County Family Services	6	2	1
Home 43	Pahrump	Division of Child and Family Services	5	5	1
Home 44	North Las Vegas	Clark County Family Services	4	4	2
Home 46	Las Vegas	Clark County Family Services	3	3	1

## APPENDIX C

### NEVADA CHILDREN'S FACILITIES INFORMATION FISCAL YEAR ENDED JUNE 30, 2025 (continued)

Specialized Foster Homes <sup>(2)</sup> (continued)			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
Home 48	Las Vegas	Clark County Family Services	3	2	1
Home 50	North Las Vegas	Clark County Family Services	4	2	1
Home 51	North Las Vegas	Clark County Family Services	3	3	2
Home 52	Pahrump	Division of Child and Family Services	4	4	2
Home 53	Las Vegas	Clark County Family Services	3	3	2
Home 56	Las Vegas	Clark County Family Services	1	1	1
Home 57	Las Vegas	Clark County Family Services	3	3	2
Home 59	Las Vegas	Clark County Family Services	3	3	1
Home 60	Las Vegas	Clark County Family Services	2	2	1
Home 61	Henderson	Clark County Family Services	3	3	1
Home 62	Las Vegas	Clark County Family Services	3	3	1
Home 63	Las Vegas	Clark County Family Services	1	1	2
Home 64	Henderson	Clark County Family Services	1	1	2
Kids' Cottages	Reno	Washoe County Human Services Agency	45	35	45
<b>Totals - 50 Specialized Foster Homes</b>			<b>208</b>	<b>156</b>	<b>127</b>

Supported Living Arrangements			Population		Staffing Levels <sup>(3)</sup>
	Location	Licensing Agency	Maximum Capacity	Population	Direct Care Staff
New Vista Ranch, Inc. - Supported Living Arrangement	Las Vegas	Aging and Disability Services Division	4	2	22
REM Nevada	Las Vegas	Aging and Disability Services Division	6	5	13
<b>Totals - 2 Supported Living Arrangements</b>			<b>10</b>	<b>7</b>	<b>35</b>

<b>Total - 108 Facilities Statewide</b>			<b>2,571</b>	<b>1,552</b>	<b>3,522</b>
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**APPENDIX C****NEVADA CHILDREN'S FACILITIES INFORMATION  
FISCAL YEAR ENDED JUNE 30, 2025 (continued)**

<b>Facilities That Closed During Fiscal Year 2025 or No Longer Meet the Definition of a Facility Subject to Legislative Auditor Inspection in NRS 218G.535</b>		
<b>Facility<sup>(2)</sup></b>	<b>Type of Facility</b>	<b>Location</b>
A Greater Hope	Foster Care Agency	Henderson
Aurora Center for Healing	Psychiatric Residential Treatment Facility	Hawthorne
Bamboo Sunrise, LLC - PRTF	Psychiatric Residential Treatment Facility	Las Vegas
Desert Winds Hospital - Acute	Psychiatric Hospital	Las Vegas
Dungarvin Nevada, LLC	Supported Living Arrangement	North Las Vegas
HELP of Southern Nevada - Shannon West Homeless Youth Center	Other Facility	Las Vegas
Home 3	Specialized Foster Home	North Las Vegas
Home 5	Specialized Foster Home	Pahrump
Home 6	Specialized Foster Home	Henderson
Home 7	Specialized Foster Home	Pahrump
Home 15	Specialized Foster Home	Las Vegas
Home 19	Specialized Foster Home	North Las Vegas
Home 32	Specialized Foster Home	Logandale
Home 33	Specialized Foster Home	Las Vegas
Home 34	Specialized Foster Home	Las Vegas
Home 36	Specialized Foster Home	Fallon
Home 45	Specialized Foster Home	Las Vegas
Home 47	Specialized Foster Home	Las Vegas
Home 49	Specialized Foster Home	Las Vegas
Home 54	Specialized Foster Home	North Las Vegas
Home 55	Specialized Foster Home	Henderson
Home 58	Specialized Foster Home	Las Vegas
Ignite Teen Treatment, LLC Romo	Psychiatric Residential Treatment Facility	Las Vegas
Rite of Passage Nevada Qualifying Houses	Foster Care Agency	Minden
Southern Hills Hospital and Medical Center	Psychiatric Hospital	Las Vegas

Source: Auditor prepared from information provided by facilities.

- (1) Other facility types provide a full range of therapeutic, educational, recreational, and support services. Residents are provided with opportunities to be progressively more involved in the community.
- (2) For anonymity purposes we use numerical designations to identify specific homes. The numerical designations are updated each year as new homes are added or no longer operating as Specialized Foster Homes. Due to this, the numerical designations may not match from year to year.
- (3) Direct care staff includes both full-time and part-time staff.

## APPENDIX D

### METHODOLOGY

To identify facilities pursuant to the requirements of Nevada Revised Statutes (NRS), we reviewed children's placement information submitted monthly by certain state and local governments. We also reviewed stories in the news media regarding children's facilities and monitored national news media regarding trends in children's facilities. 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 a child or other persons on behalf of a child while in the care of a facility since July 1, 2024.

To establish criteria, we reviewed applicable state laws and federal regulations. We selected criteria that included issues related to the health, safety, welfare, civil and other rights of children, as well as their treatment. Health criteria included items related to a child's physical health, such as medical care and medication administration. Safety criteria related to the physical safety of a child, such as the environment and staffing. Welfare criteria related to the general or emotional well-being of a child, such as education, punishment, treatment of children, and environment issues that are not classified as safety issues. Civil and other rights included rights as human beings. Treatment criteria related to the mental health of a child, not necessarily how children were treated on a daily basis. This included access to counseling, treatment plans, and progress through the program.

We received, reviewed, and tracked complaints filed by each facility to determine whether each facility submitted complaints monthly pursuant to NRS 218G.580. The nature and extent of each complaint received and facility management's consistency with statutory reporting requirements are considered in our assessment of risk and selection of facilities to inspect, review, and survey.

Next, we selected a judgmental sample to perform inspections of children's facilities. Our selection was based on factors such as our assessment of risk, the last time we visited, the size, and the type of facility.

As inspections are 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.

Inspections included discussions with management, reviews of personnel and child files, and observations. Child and employee interviews occurred as applicable. Discussions with facility management included the following topics: medication administration, treatment plans, reporting of abuse and neglect, the complaint process, background checks and training, Prison Rape Elimination Act, seclusion/corrective room restriction, restraints/use of force, and related policies and procedures as applicable. In addition, we judgmentally selected files to review which included: personnel files for evidence of

background checks and required training; and child files for evidence of children’s or guardian’s acknowledgment of their right to file a complaint, medication administered, and treatment plans as applicable.

As part of the onsite visits, we physically observed all areas accessible to children. We also observed areas for secure storage of records, medications, tools, and chemicals. As part of our observations, we ensured proper provision of food, clothing, supplies, and recreation activities for children. Other observations included ensuring important information, such as child rights and fire escape routes, were posted and visible to children.

We analyzed policies and procedures specific to the areas discussed with management, which included ensuring policies were consistent with management’s understanding, best practices, and statutes. For example, we analyzed medication administration policies and procedures to ensure they addressed: documenting medication administered, including medication refused by children; maintaining physician’s orders and person legally responsible consent documents to administer psychotropic medication; and processes for identifying, addressing, and minimizing errors.

Our work was conducted from January 2025 through December 2025 pursuant to the provisions of NRS 218G.570 through 218G.595.

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