Physical: 225 China Spring Rd, Gardnerville, NV 89410
Mailing: 1640 US HWY 395 N #2605 Minden, NV 89423
Tele: (775) 265-5350 or 265-5811 Fax: (775) 265-7159

Admission Packet

Juvenile Probation Officers

The following procedure is recommended for the placement of delinquent youth to the China Spring Youth Camp program. The following procedure will allow the sending County to maintain jurisdiction of the child upon his/her release from the Camp and their return to the community:

- Child to be adjudicated a delinquent child within the purview of Chapter 62 of the Nevada Revised Statutes.
- The commitment be suspended and the child placed on probation with the condition he/she successfully completes the Camp.
- China Spring does not house status offense youth.

Referrals and Review Process:

1. Probation officer emails referral to CSYC intake coordinator: chinaspringintake@douglasnv.us – please refer to required paperwork checklist on next page.
2. The referral will be reviewed within 24 hours, and a response will be provided to probation officer with next steps.
3. Intake coordinator may request additional paperwork or contact probation officer for phone consultation based on referral review.
4. Intake coordinator will arrange an intake interview with youth through probation officer. *Please note that probation officer does not need to be present and may forward virtual link to appropriate detention staff. *
5. Cases will be reviewed on an individual basis and acceptance will be determined by Camp Director and Camp's clinical team.

Exclusionary Criteria:

A. Risk Level and Public Safety

I. Youth assessed as high risk to reoffend using the validated risk assessment instrument required under NRS 62E.507, where the camp's structure and staffing ratio are insufficient to mitigate risk.

II. Youth who present a significant and ongoing risk of serious harm to others, including recent violent or assaultive behavior that cannot be safely managed in a camp setting.

B. Behavioral and Institutional Stability

I. Youth with a recent pattern of serious institutional misconduct, including but not limited to:

i. Assaults on staff or peers.

ii. Possession of weapons.

iii. Chronic defiance resulting in removal from prior placements.

iv. Youth with a documented history of absconding, escape, or flight risk that exceeds the camp's supervision capacity.

C. Mental Health and Clinical Needs

I. Youth with acute or unstable mental health conditions requiring a higher level of care than can be provided onsite (e.g., active psychosis, suicidal ideation with recent attempts, or severe emotional disturbance requiring inpatient or secure clinical treatment).

II. Youth who require intensive psychiatric monitoring or specialized therapeutic interventions not available within the camp program.

D. Substance Use and Medical Needs

I. Youth with severe substance use disorders requiring medically supervised detoxification or residential treatment beyond the scope of camp services.

II. Youth with serious or complex medical conditions that cannot be safely managed by available onsite contracted medical support.

E. Developmental and Cognitive Functioning

I. Youth with significant developmental disabilities or cognitive impairments that prevent meaningful participation in the camps programming, structure, or expectations, without specialized supports not available at the facility.

F. Program Fit and Responsibility

I. Youth whose criminogenic needs cannot be addressed within the scope of services offered at the camp (e.g., need for highly specialized sex offense specific treatment if not provided onsite).

II. Youth who demonstrate persistent refusal to participate in structured programming despite prior graduated interventions.

G. Safety and Compatibility Considerations

I. Youth whose placement would create substantial safety risk to specific other residents (e.g., documented conflicts, co-defendant issues, or credible threats).

II. Youth with gang affiliations or influence at a level that would significantly disrupt program operations or compromise safety.

ADMISSIONS CRITERIA CHECKLIST

The following information is required from probation officers for intake review and following acceptance. Please email all paperwork to: chinaspringintake@douglasnv.us.

Initial Referral:

- ❑ Juvenile Placement Questionnaire (completed by JPO).
- ❑ YLS (Youth Level of Service) – must have most recent copy.
- ❑ Clinical information (i.e. mental health evaluations, substance use evaluations, psychological evaluations, neuropsychiatric evaluations, etc.).
- ❑ Court reports and legal history.
- ❑ Psychotropic medication Management form (if applicable).
- ❑ Jacobsen High School Intake form.

The following information is required from probation & parent/guardian **upon acceptance** to CSYC:

- ❑ Court Order.
- ❑ CSYC Parent Packet (completed in its entirety).
- ❑ Physical exam and lab work (please use camp form included in JPO packet. Lab work can be submitted separately).
- ❑ Medical Insurance.
- ❑ Photo ID for parent/guardian.
- ❑ School transcripts and current IEP/504 plan (if applicable).
- ❑ Personal belongings for youth (see list in parent packet – need upon arrival to camp).
- ❑ 30-day supply of all medications (MANDATORY)

Juvenile Placement Questionnaire

(The Probation Officer must completely fill out this 4-page questionnaire for intake consideration & review - ALL Information is Mandatory)

Juvenile's Name:		Date of Birth and age:	
Ethnicity:		County:	
Social Security #:		Medicaid # (if applicable):	
JPO name & contact information:		Parent/Guardian name & contact information:	

Next scheduled court date: _____

1. **Is the juvenile currently in detention?** ☐ No ☐ Yes Where? _____ How Long? _____

2. **After Placement?**
   - Formal Probation: ☐ No ☐ Yes
   - Youth Parole: ☐ No ☐ Yes
   - Foster Placement: ☐ No ☐ Yes

3. **Is the juvenile currently in custody of a County Social Service Agency?** ☐ No ☐ Yes
   - **If yes, please provide assigned case worker name:** _____

4. **Please list the juvenile's prior offenses:**

   a. Status Offense ☐ No ☐ Yes How Many? _____
   b. Runaway ☐ No ☐ Yes How Many? _____
   c. Substance/Alcohol Abuse ☐ No ☐ Yes How Many? _____
   d. Crimes against persons ☐ No ☐ Yes How Many? _____
   e. Crimes against property ☐ No ☐ Yes How Many? _____
   f. Firearm Charges ☐ No ☐ Yes How Many? _____
   g. Adjudicated Delinquent offense (Please list the charge, which placed them on probation):

   _____

   (Offense must be within purview of NRS Chapter 62)

5. **Has the juvenile been involved in gangs?** ☐ Yes ☐ No
   Please indicate the degree of involvement: ☐ Major ☐ Moderate ☐ Minor

   List gang affiliation here: _____

6. **Where was the Juvenile's Birthplace?**

_____

7. **How long has the Juvenile resided in Nevada?**

_____

8. **Who does the Juvenile currently reside with? (check all that apply)**

☐ Biological Mother & Father

☐ Single Parent ☐ Mother ☐ Father

☐ Blended ☐ Mother/Stepfather ☐ Father/Stepmother

☐ Foster Parents ☐ Adoptive Guardian

☐ Grandparent(s) ☐ Other

9. **How does the juvenile's parent/guardian view the placement?**

☐ Supportive

☐ Fair

☐ Hostile

☐ Uninvolved

Please Explain: _____

10. **Has the juvenile seen a physician in the last 12 months for a medical condition other than a routine physical exam?**

☐ No

☐ Yes (Please explain): _____

11. **Does the juvenile have any known health problems (i.e. asthma, diabetes, hernia, etc.)?**

☐ No

☐ Yes (Please explain):_____

12. **Please list any psychotropic medications the juvenile is CURRENTLY taking. *If taking psychotropic medications, please fill out the attached Psychotropic Medication Management Form.**

1._____ 2. _____

3. _____ 4. _____

13. **What are the reasons for the medications (i.e. medical, mental health)? Please be specific for each.**

_____

_____

14. Please list any other prescription medications the juvenile is currently taking:

1. _____ 2. _____

3. _____ 4. _____

15. Has the juvenile ever seen a psychologist/psychiatrist?

☐ No

☐ Yes (Please explain):_____

16. Has the juvenile ever received a psychological and/or psychiatric evaluation?

☐ No

☐ Yes ***(Please attach for our review)*** (Dates of evaluations):_____

17. Has the juvenile ever been in another treatment facility; received inpatient or outpatient treatment for a mental health or substance use related issues?

☐ No

☐ Yes (Where? When? Why?):_____

18. Has the juvenile ever received Substance Abuse Counseling?

☐ No

☐ Yes (Where and when?):_____

19. Does the juvenile have a DSM diagnosis? If so, what are they (Please list)?

☐ No

☐ Yes(List Diagnosis): _____

20. Please attach the Juvenile's YLS and YLS Case Plan (Required). What did the Juvenile score on the YLS?

☐ Low ☐ Moderate ☐ High ☐ Very High

21. Did the juvenile receive any other assessments, i.e. Other Risk & Needs, Substance Abuse, PREA, etc.? If, so please attach for review.

☐ No

☐ Yes (List):_____

22. Has the juvenile ever been diagnosed by a professional (i.e. Psychologist, Psychiatrist, Therapist) with any of the following?

ADD/ADHD ☐No ☐Yes When?_____Current Medication:_____
Bipolar ☐No ☐Yes When?_____Current Medication: _____
Depression ☐No ☐Yes When?_____Current Medication: _____
Schizophrenia /psychosis ☐No ☐Yes When?_____Current Medication: _____
Anxiety ☐No ☐Yes When?_____Current Medication: _____
PTSD ☐No ☐Yes When?_____Current Medication: _____
Other ☐No ☐Yes When?_____Current Medication: _____

23. Is there a known history of any of the following:

	Yes	**No**
Suicidal Ideation		☐
Self-Harm behavior		☐
Cruelty to Animals		☐
Fire setting		☐
Running away (placement or home)		☐
Auditory or visual hallucinations		☐
Sexual Abuse History (victim or perpetrator)		☐

24. What is the current grade of the juvenile?

☐ 12th ☐ 11th ☐ 10th ☐ 9th ☐ 8th ☐ 7th Name of school last attended:_____

25. Was the juvenile in a special education class prior to placement? Do they or have they ever had an Individual Education Plan (IEP)? (Please attach a copy of the IEP for review)

☐ No ☐ Yes If yes, what is it for (be specific)?_____

Note: Please return this document (email or fax) within 24 hours of contacting the Camp to ensure juveniles name is placed on the intake list. This information is critical to the placement and pending treatment of this juvenile in the China Spring Youth Camp program. Any misrepresentation or willful omission on the part of the officer providing this information may be cause for a delay in the juvenile's acceptance.

Signature of Preparer: _____

Jacobsen High School
225 China Springs Rd.
Gardnerville, NV
89460

Ph: 775-265-5433
Fax: 775-265-6434

Alicia Braaksma, Principal
Email: abraaksm@dcsd.k12.nv.us

Jacobsen High School Intake Form

Student Full Name:

_____, _____ _____

(Last) **(First)** **(M.I.)**

Date of Birth: **Previous School of Record:**

_____ _____

(mm/dd/yyyy)

Individual Education Plan (IEP): _____

Original Year of Graduation (OYOG):

_____

(yyyy - This is four years from the year that the student began the ninth grade.)

Psychotropic Medication Management

Youth Name:_____ DOB:_____ County: _____

1. What medication is youth currently prescribed?

Medication	Dosage (amount and time of day)	Amount brought to camp

2. Please provide prescribing physician information.

Prescribing Doctor	Phone Number	Address	Office Name

3. Does the youth have an existing follow-up appointment scheduled? Yes ☐ No ☐
4. If yes, when is the next appointment scheduled?

   Date: _____ Time: _____
5. Will you be providing a 30-day supply of medication upon youth arrival to camp?

   Yes ☐ No ☐
6. If no, when will the 30-day supply be provided to camp? Please list any additional information regarding this matter.

_____

_____

_____ _____

JPO Name Signature

PHYSICAL EXAMINATION FORM for CSYC

(MUST USE THIS FORM)

Name:				**Date:**				**Age:**	
Allergies					General Appearance		❑ Healthy ❑ Unhealthy		
Height		Weight		Blood pressure		Pulse		Res	
Visual Acuity	Rt:	Lt:							

MEDICATIONS	**DOSAGES**	**REASON**

		Observation				**Observation**	
		Abnormal	Normal			Abnormal	Normal
1	Head, Face, Scalp			12	Rectal		
2	Skin: lesions, ulcers, tracks, Jaundice, lacerations			13	Vagina		
3	Eyes: conjunctiva, sclera			14	Abdomen		
4	Ears: canals, drums, hearing			15	Liver: size, tenderness, edge		
5	Nose			16	Spleen		
6	Mouth: Teeth, throat			17	Groin: nodes, lesions, hernias		
7	Neck: lymph nodes, masses			18	Back: pain, range of motion		
8	Chest Walls			19	Extremities: clubbing, deformities		
9	Breasts			20	Flanks		
10	Lungs			21	Joints: deformity, range of motion		
11	Heart: Rhythm, murmurs			22	Neurological: reflexes, gait, gross touch, oriented, speech		

HEALTH MAINTENANCE (enter date, or □ if done today)						
Immunizations	DPT/Td	Flu	Polio	Hep.B	MMR	
Lab	U/A	HIV	PPD/tine	RPR/VDRL	HB/Hep Comp	
	Gen/Probe	Pap/ HCG		Other		
OTHER RECOMMENDATIONS/REFERRALS						
Follow- up			**Next physical**			

Note: This form will be used as intake criteria for consideration of acceptance into our program. Youth must possess the physical capabilities necessary to participate in our physical training program (running, weight training, yoga, sports, etc.) and Wilderness Program (fishing, hiking, ropes, camping, and rafting).

I certify this patient has no physical/medical problems, which would present a hazard to either self or others of the China Spring/Aurora Pines Programs.

Date	**Signature of Examiner**	**Please print full name**	**Phone Number**