IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

THE UNITED STATES OF AMERICA

Plaintiff,

v. CIVIL ACTION NO. 94-2080 CC

COMMONWEALTH OF PUERTO RICO

Defendants,

INFORMATIVE MOTION TO FILE THE MONITOR'S QUARTERLY REPORT

TO THE HONORABLE COURT:

Today, the Monitor submits the Monitor's Third Quarter Report for 2013. The report covers the months of July through September 2013. This report consists of an introductory statement by the Monitor, along with the compliance ratings tables and special reports by the Monitor's consultants.

WHEREFORE, the Monitor respectfully requests that this Honorable Court grant this motion and accept the attached report.

Respectfully Submitted,

s/ F. Warren Benton
F. Warren Benton
Monitor, United States v. Commonwealth of Puerto Rico
Calle Mayaguez # 212,
Esquina Nueva,
San Juan, PR 00917

Certificate of Service

I HEREBY CERTIFY that this 9th day of December, 2013, I electronically filed the forgoing with the Clerk of the Court using the CM/ECF system, which will simultaneously serve notice of such filing to counsel of record to their registered electronic mail addresses.

Respectfully Submitted,

s/ F. Warren Benton
F. Warren Benton
Monitor
Office of the Monitor, U.S. v. Commonwealth of Puerto Rico
USACPR Monitoring Inc.
Calle Mayaguez # 212, Esquina Nueva, San Juan, PR 00917
Voice: 212 237-8089
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Email: nbenton@jjay.cuny.eu

Monitor's Quarterly Report
Second Quarter 2013

United States v. Commonwealth of Puerto Rico, Civil No. 94-2080 (CCC)

The following is the Monitor's Second Quarter Report for 2013. The report is in two parts – a narrative overview, along with a set of tables classifying the status of compliance with each provision. The narrative supplements the tables, describing recent events and accomplishments, reviews the results of some of the on-site monitoring tours, and examining particular compliance problems and pending issues. The narrative section does not comment on every category of provisions in every quarterly report.

Document Attachment A:	Consultant Report on Staffing Compliance
Document Attachment B:	Consultant Report on Classification
Document Attachment C:	Report on Incidents and Understaffing
Document Attachment D:	Mental Health Care
Document Attachment E:	Abuse Referrals Tracking Report
Document Attachment F:	Abuse Referral Case Assessment Report
Document Attachment G:	Consultant Report on Facilities
Document Attachment H:	Consultant Report on Operations
Document Attachment I:	Chronology of Site Visits
Separate Attachment One:	Table of Compliance Ratings

Restructuring of the Office of the Monitor

The Office of the Monitor was restructured in 2002 following my appointment. Since then, much has been accomplished by the Commonwealth, and the Monitor's Office has played a supportive role. Improvements, such as a reduction in the number of youth in the system by more than 50%, are not the direct result of compliance initiatives but have helped to make compliance improvements possible in many areas of the case. Other improvements, such as the closing of a set of obsolete correctional facilities, are directly related to physical plant compliance requirements.

The Commonwealth has yet to achieve compliance in many important areas, particularly staffing and protection from harm, investigation of incidents, training, facility maintenance, and the provision of mental health and special educational services. Many provisions have been terminated, but those that remain are the most challenging, and the achievement of compliance and termination will require focused planning and management by the Commonwealth, and it will require us to diligently carry out our dual responsibilities of compliance reporting and technical assistance.

In response to the changing circumstances, the Monitor has initiated a reorganization of the Monitor's Office that is designed to enable us to carry out our responsibilities with the greatest efficiency and effectiveness.

I am asking David Bogard to take on a new role in the Office of the Monitor as Chief Deputy Monitor. In this capacity, David will be responsible for the following:

- Supervision and coordination of all staff and consultants;
- Redesign and restructuring of the compliance monitoring and reporting process;
- Assisting in Production of the quarterly compliance reports;
- Implementation of strategic compliance initiatives
- Continuing responsibility for the operational provisions that have been his assignments in the past.

I will continue to be responsible for

- Compliance monitoring for paragraph 78;
- Formulation of strategic compliance initiatives in consultation with David and the parties;
- Assisting in the technical design of monitoring techniques as may be needed;
- Administration of USACPR Monitoring Incorporated;
- Development and administration of the budget;
- Final review and filing of informative motions, invoices and reports to the Court; and
- Other responsibilities of the Monitor pursuant to Paragraph 100 of the Settlement Agreement.

This reorganization will not require an increase in funding for the Office of the Monitor, but it will require some shifts of budget allocations. I expect it will lead, in the future, to a continuation in the cost reductions that the Office of the Monitor has achieved during the first 11 years of the current structure.

Discussions Concerning the Proposed Move of Girls from CTS Ponce to CD Bayamon

The previous Quarterly Report discussed a plan, proposed by the Commonwealth, to move the girls from CTS Ponce to CD Bayamon, with the detention boys relocated to Ponce. Our concerns about this plan centered around six issues six issues: whether the placement would achieve staff savings to enhance compliance with Paragraph 48 and advance other reforms; the jurisdiction of the consent decree provisions in the affected facilities; physical renovations necessary in CD Bayamon; and how detention intake would function following the relocations. The discussion recommended that an improved plan might permit closure of a facility, enabling resource redeployments that could enhance compliance.

The Monitor's Office subsequently developed and presented to the Commonwealth an alternative conceptual plan for realignment, which offered three major components:

1. Move the girls from Ponce to CTS Bayamon, which would be reconfigured to be a co-ed facility with girls on one side and boys on the other;

2. Keep the detention boys at CD Bayamon and detention overflow at CTS Bayamon as is presently the case;

3. Close CTS Guayama and relocate the Level 2 and 3 boys to Ponce.

This alternative plan had the benefits of enhancing system-wide bed utilization, closing a facility (CTS Guayama) that can no longer be considered a safe and secure facility due to its outmoded configuration and inability to control the behavior of youth assigned there (since there have been a number of very serious incidents at Guayama in the past year involving mass fights, serious attacks on staff, escapes and attempted escapes, and assaults on youth,) house the Level 2 and 3 boys in a far more secure and positive environment (Ponce), save money by closing a facility, and enhance system-wide staffing (S.A. 48) by redeploying the Guayama staff among other facilities.

Recently, consultants and staff of the Monitor's Office met with DCR staff at CTS Bayamon to review the alternative plan, including the physical and operational consequences for the facility being modified for co-located boys and girls housing. In the course of that discussion, DCR staff suggested that there might be merit to considering CD Bayamon, as the facility to separately house the girls and some of the boys, rather than CTS Bayamon, with the Guayama closure and movement of the Guayama boys to Ponce as additional elements of the realignment. Monitor's staff and consultants, at the invitation of DCR, then toured CD Bayamon to review the operational and physical aspects of creating a co-ed facility at that location. The discussion centered around housing girls on one side of the facility, with full access

to the six classrooms and other service and program areas in the facility's core; boys would be those recent admissions who require some screening and limited services and whom would be moved to CTS Bayamon after their first few days in detention.

The Monitor and consultants continue to believe that CTS Bayamon might be an alternative location for a co-ed facility because of the environmental conditions for girls and possibly fewer physical renovations required to separately house boys and girls. However, the Monitor and consultants also believe that the CD Bayamon co-ed facility concept can work, if combined with a creative classification and placement plan, and combined with limited number of relatively minor physical enhancements to mitigate the environmental deficits for the girls if housed at CD Bayamon. If coupled with the closure of CTS Guayama, the benefits of such a plan are significant and will have an overall positive impact on youth and staff safety, use of existing staff resources, more efficient bed utilization and use of limited Commonwealth funds.

The issues raised in the previous Quarterly Report, regarding which provisions would apply to the girls at CD Bayamon and to the Level 2 and 3 boys at Ponce, remain to be discussed and agreed upon by the parties.

Respectfully Submitted,

F. Warren Benton, Ph.D.
Monitor

Document Attachment A:
Consultant Robert Dugan Report on Staffing

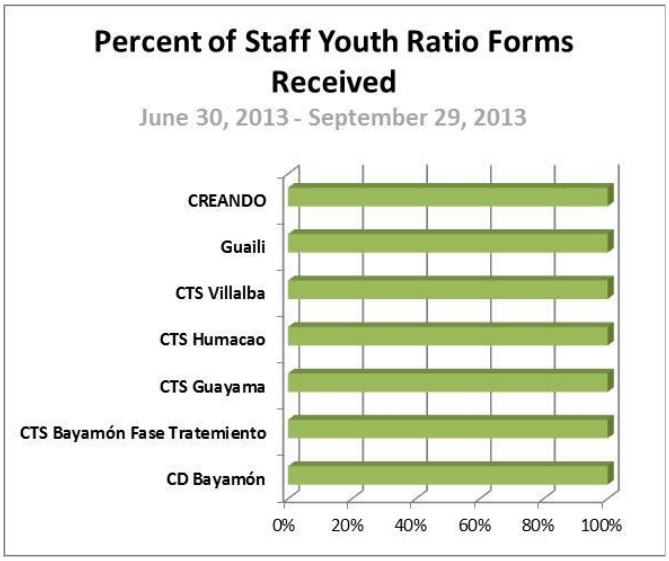
DCR Staffing Quarterly Report: June 30, 2013 – September 29, 2013

Prepared by Bob Dugan: Office of the Monitor: Revised November 22, 2013

Background:

The following report provides information from Staff Youth Ratio forms that were provided to the consultant for the period of June 30, 2013 thru September 29, 2013. As of the Sunday, October 21, 2013 the following forms have been submitted:

Facilities	Volume of Weeks of Staff Youth Ratio Forms Requested	Volume of Staff Youth Ratio Forms Received
CD Bayamón	13	13
CTS Bayamón Fase Tratemiento	13	13
CTS Guayama	13	13
CTS Humacao	13	13
CTS Villalba	13	13
Guaili	13	13
CREANDO	9	9
Totals	94	94



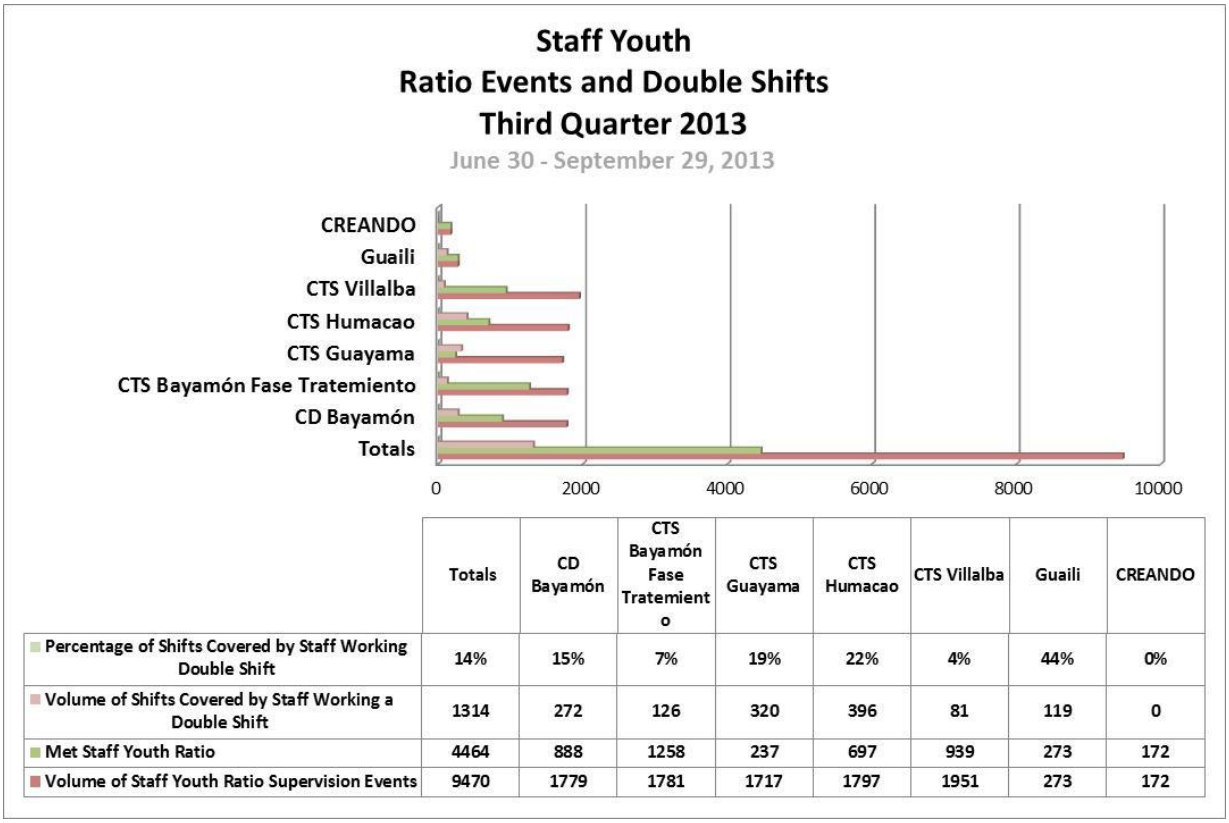
DCR submitted a total of 94 facility staff youth ratio forms for the seven operational facilities requiring staff youth ratios, allowing for 100% of the staff youth ratio forms being available for analysis. DCR has consistently been providing all requested Staff Youth Ratio forms used for monitoring and reporting. CREANDO was operational for nine of the thirteen weeks of the third quarter reporting period. The table displaying the date that staff youth ratio forms were received is on page 15 of this report.

DCR Staff Youth Ratio Averages:

During the Third Quarter 2013 reporting period (June 30, 2013 thru September 29, 2013), DCR documented a total of 9470 shift / unit events that required staff to youth supervision. This is a decrease of 805 staff youth supervision events since the Second Quarter of 2013 (10,275 events).
Of the 9470 shift / unit events, 4464 of the events (47.1%) were supervised with the required staff youth ratios, a 4% decrease from the 51.1% of events supervised with the required staff youth ratios from the Second Quarter of 2013.

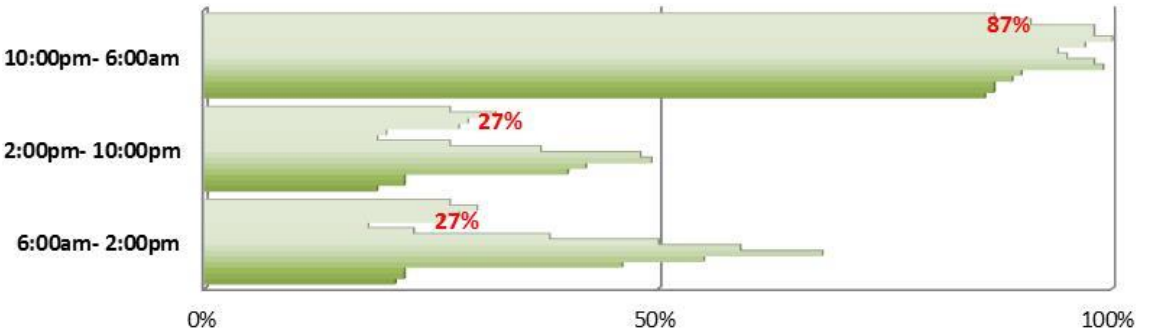
Of the 4464 staffing events meeting the required staff youth ratio, 2755 (61.7%) of the staffing events occurred on the 10:00 PM – 6:00 AM shift.

The Third Quarter Report provides additional data on the volume of staff that are working double shifts in order to meet the reported staff youth ratios. For the 2013 Third Quarter, 1314 of the 9470 (14%) staff youth ratio events were covered by staff working a double shift. This is a 1.2% decrease of volume of shifts requiring staff to work a double shift since the Second Quarter 2013 reporting period.



	Totals	CD Bayamón	CTS Bayamón Fase Tratemiento	CTS Guayama	CTS Humacao	CTS Villalba	Guaili	CREANDO
Percentage of Shifts Covered by Staff Working Double Shift	14%	15%	7%	19%	22%	4%	44%	0%
Volume of Shifts Covered by Staff Working a Double Shift	1314	272	126	320	396	81	119	0
Met Staff Youth Ratio	4464	888	1258	237	697	939	273	172
Volume of Staff Youth Ratio Supervision Events	9470	1779	1781	1717	1797	1951	273	172

The following chart represents the DCR agency Staff Youth Ratio averages by shift for the last fifteen quarters through September 29, 2013:



	6:00am- 2:00pm	2:00pm- 10:00pm	10:00pm- 6:00am
3rd Quarter 2013	27%	27%	87%
2nd Quarter 2013	30%	32%	91%
1st Quarter 2013	28%	29%	98%
4th Quarter 2012	26%	28%	98%
3rd Quarter 2012	18%	20%	100%
2nd Quarter 2012	23%	19%	97%
1st Quarter 2012	38%	27%	94%
4th Quarter 2011	50%	37%	95%
3rd Quarter 2011	59%	48%	98%
2nd Quarter 2011	68%	49%	99%
1st Quarter 2011	55%	42%	90%
4th Quarter 2010	46%	40%	89%
3rd Quarter 2010	22%	22%	87%
2nd Quarter 2010	22%	22%	87%
1st Quarter 2010	21%	19%	86%

The Third Quarter of 2013 has resulted in following performance in meeting required Staff Youth Ratios during waking hours:

- 6:00 am- 2:00 pm shift: 27% of events, 3% decrease
- 2:00 pm- 10:00 pm shift: 27% of events, 5% decrease
- 10:00 pm- 2:00 am shift: 87% of events, 4% decrease

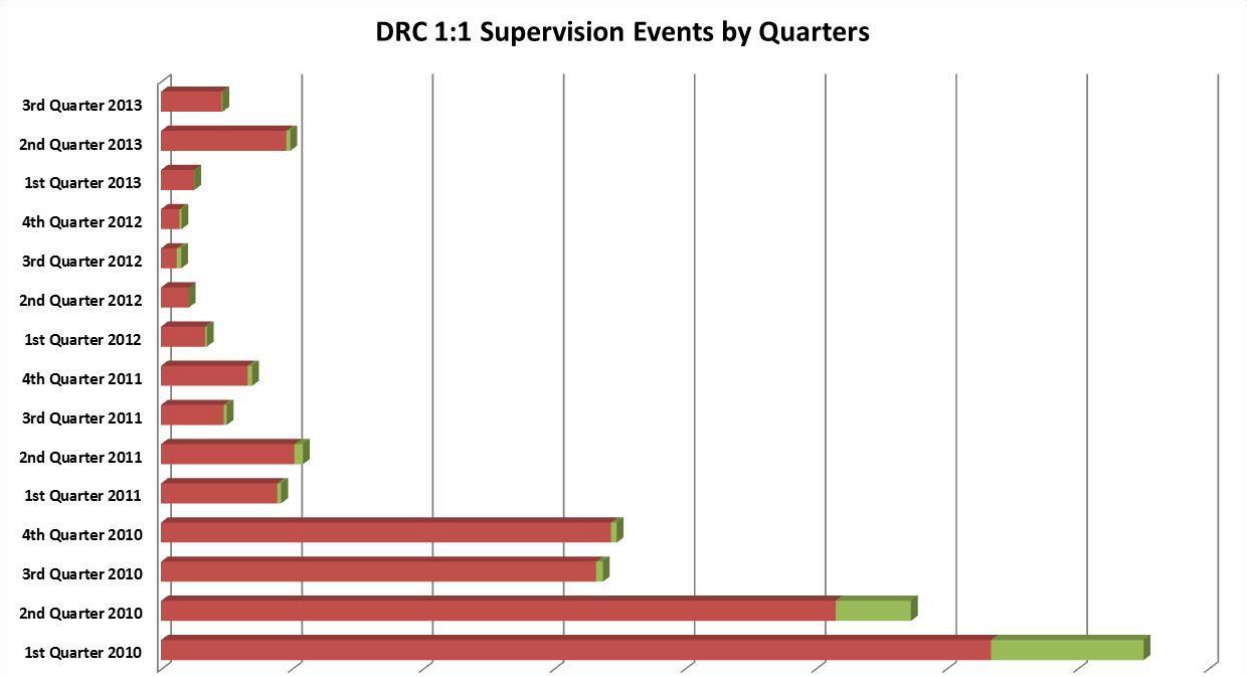
DCR Agency 1:1 Supervision Events:

The Third Quarter of 2013 reporting period reflects a significant decrease in the volume of 1:1 supervision events reported:

- 3171 events 1st Quarter 2010
- 2577 events 2nd Quarter 2010
- 1662 events 3rd Quarter 2010
- 1719 events 4th Quarter 2010
- 444 events 1st Quarter 2011
- 510 events 2nd Quarter 2011
- 240 events 3rd Quarter 2011
- 331 events 4th Quarter 2011
- 169 events 1st Quarter 2012
- 106 events 2nd Quarter 2012
- 60 events 3rd Quarter 2012
- 71 events 4th Quarter 2012
- 126 events 1st Quarter 2013
- 479 events 2nd Quarter 2013
- 232 events 3rd Quarter 2013

Correspondingly, the Third Quarter of 2013 has a decrease in the volume of these events without required 1:1 supervision, 3 events:

- 583 events 1st Quarter 2010
- 288 events 2nd Quarter 2010
- 26 events 3rd Quarter 2010
- 22 events 4th Quarter 2010
- 15 events 1st Quarter 2011
- 32 events 2nd Quarter 2011
- 11 events 3rd Quarter 2011
- 17 events 4th Quarter 2011
- 6 events 1st Quarter 2012
- 0 events 2nd Quarter 2012
- 17 events 3rd Quarter 2012
- 7 events 4th Quarter 2012
- 1 events 1st Quarter 2013
- 15 events 2nd Quarter 2013
- 3 events 3rd Quarter 2013

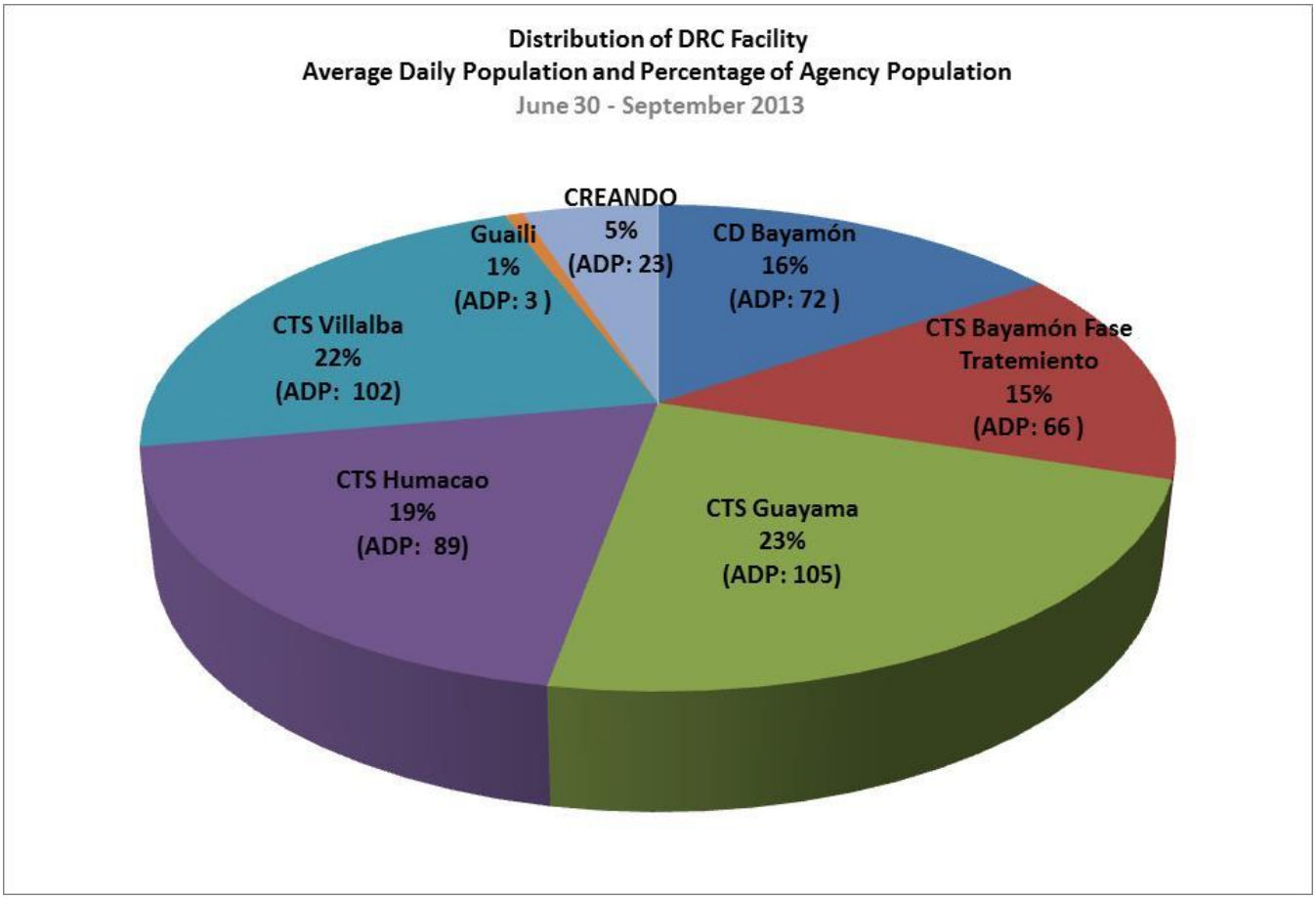


	1st Quarter 2010	2nd Quarter 2010	3rd Quarter 2010	4th Quarter 2010	1st Quarter 2011	2nd Quarter 2011	3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	1st Quarter 2013	2nd Quarter 2013	3rd Quarter 2013
Percentage of Events Without 1:1 Supervision	18%	11%	2%	1%	3%	6%	5%	5%	4%	0%	28%	10%	1%	3%	1%
Volume of 1:1 Staff Youth Supervision Events	3171	2577	1662	1719	444	510	240	331	169	106	60	71	126	479	232
Volume Events Without 1:1 Supervision	583	288	26	22	15	32	11	17	6	0	17	7	1	15	3

DCR Average Daily Population:

Analysis of Staff Youth Ratio forms displays staffing information compared to facility average daily population (ADP). Facility average daily population was computed from the weekly Staff Youth Ratio forms by averaging the 6:00-2:00 shift facility population on the first Monday of each of the thirteen reporting weeks.

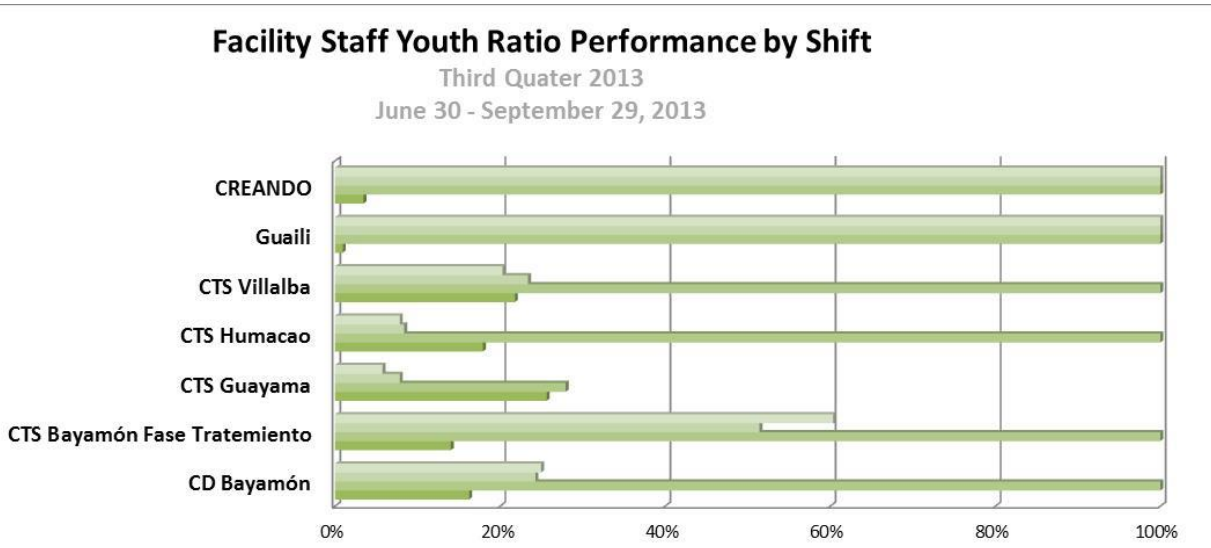
The table below displays each facility's average daily population for the reporting cycle (June 30, 2013 thru September 29, 2013) as well as the proportionate facility youth population that each facility contributes to the agency average daily population.



Facility Staff Youth Ratio Performance by Shift:

The staff youth ratio analysis below represents the staffing information received for the period of June 30, 2013 thru September 29, 2013; 13 weeks). The dark green bar for each facility represents the proportionate average daily population that facility contributes to the DCR average daily population. The table of average daily population can be found on page 15 of this report.

During the Third Quarter reporting period (June 30, 2013 thru September 29, 2013), CTS Guayama, CTS Humacao and CTS Villalba have the largest volume of deficiencies meeting the staffing youth ratio, representing 65% of the DCR youth population.



	CD Bayamón	CTS Bayamón Fase Tratemiento	CTS Guayama	CTS Humacao	CTS Villalba	Guaili	CREANDO
Percentage of Time Met Staff Youth Ratio 2:00- 10:00	25%	60%	6%	8%	20%	100%	100%
Percentage of Time Met Staff Youth Ratio 6:00 - 2:00	24%	51%	8%	8%	23%	100%	100%
Percentage of Time Met Staff Youth Ratio 10:00 - 6:00	100%	100%	28%	100%	100%	100%	100%
Percentage of AIJ Agency Population	16%	14%	26%	18%	22%	1%	3%

CD Bayamón Staff Youth Ratio Analysis:

June 30, 2013 thru September 29, 2013

Level 5 Facility: DCR has CD Bayamon as a detention center, classified as a Level 5 facility.

At this time all of the detention youth population is expected to meet the following Staff Youth ratios:

- **A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM**
- **A Staff Youth Ratio of 1:16 during 10:00 PM-6:00 AM**

Percent of Forms Available: 100%
Volume of Weeks Analyzed: 13 of 13 requested

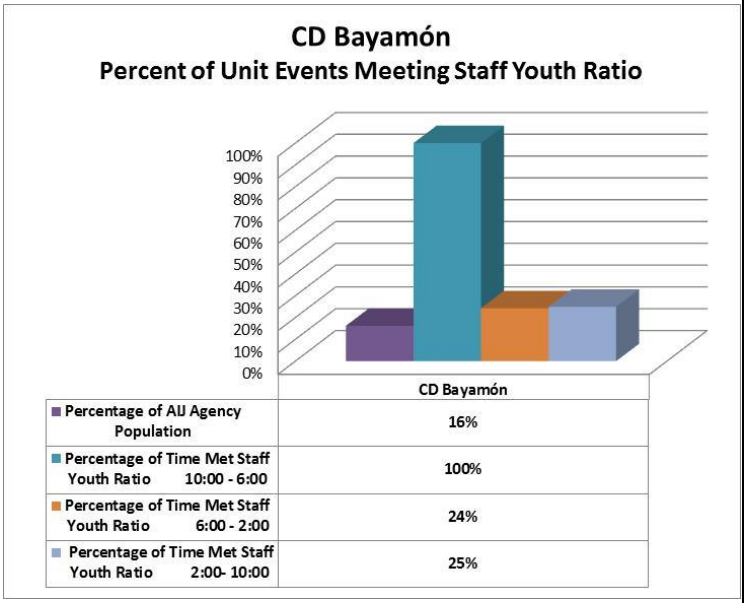
- **Volume of Staff Youth Ratio Events: 1779**
- **Volume of Staffing Events with Staff Working a Double Shift: 272 (15%)**

The Third Quarter of 2013 Staff Youth Ratio requirements display the following characteristics:

- **10:00pm - 6:00am: 100% required staff youth ratio, maintained**
- **6:00 am – 2:00 pm: 24%, a 4% decrease since 2013 Second Quarter reporting**
- **2:00 pm – 10:00 pm: 25%, a 10% decrease since 2013 Second Quarter reporting**
- **CD Bayamón represents 16% of the DCR institutional population.**

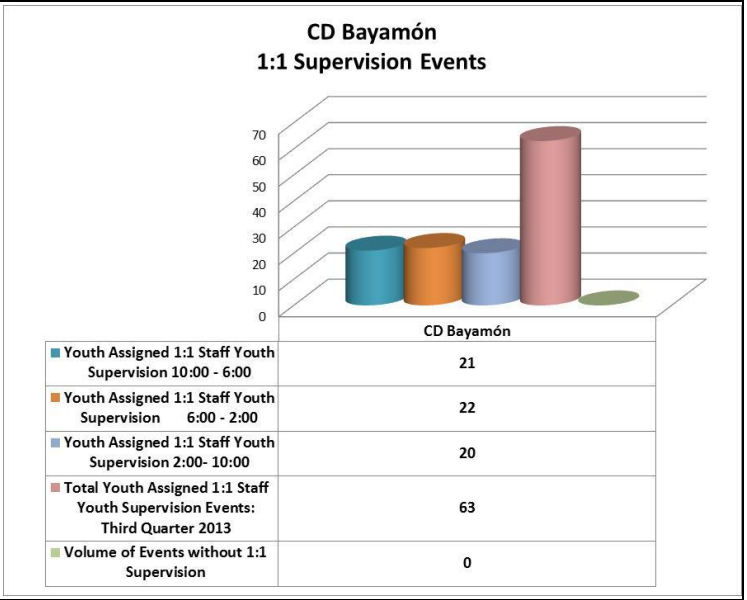
Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 92



63 youth supervision 1:1 events for the Third Quarter of 2013

Volume of 1:1 Events Without Required staffing during reporting period: **0**



CTS Bayamón Fase Tratemiento Staff Youth Ratio Analysis:

June 30, 2013 thru September 29, 2013

Level 4 and 5 Facility: The youth placed at CTS Bayamón Fase Tratemiento, are in one of two Puertas units; one of two MER units; or one of Nivel IV units; or one of three Program Arbitraje units. At this time all for these youth populations are expected to meet the following Staff Youth ratios:

- **A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM**
- **A Staff Youth Ratio of 1:16 during 10:00 PM- 6:00 AM**

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 13 of 13 requested

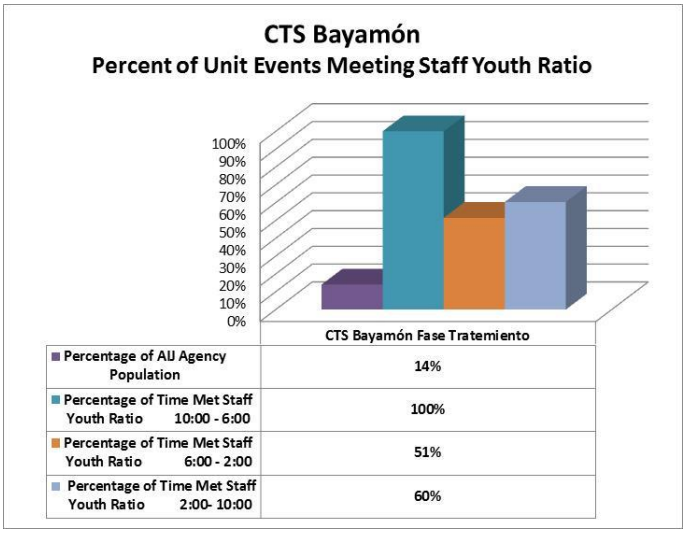
- **Volume of Staff Youth Ratio Events: 1781**
- **Volume of Staffing Events with Staff Working a Double Shift: 126 (7%)**

The Third Quarter of 2013 Staff Youth Ratio requirements display the following characteristics:

- **10:00pm- 6:00am: maintained 100% required staff youth ratio**
- **6:00 am – 2:00 pm: 51%, a 9% decrease in meeting staff youth ratio requirements since the Second Quarter reporting**
- **2:00 pm – 10:00 pm: 60%, a 8% decrease in meeting staff youth ratio requirements since the Second Quarter reporting**
- **CTS Bayamón represents 14% of the DCR institutional population.**

Volume of Weeks Analyzed: 13

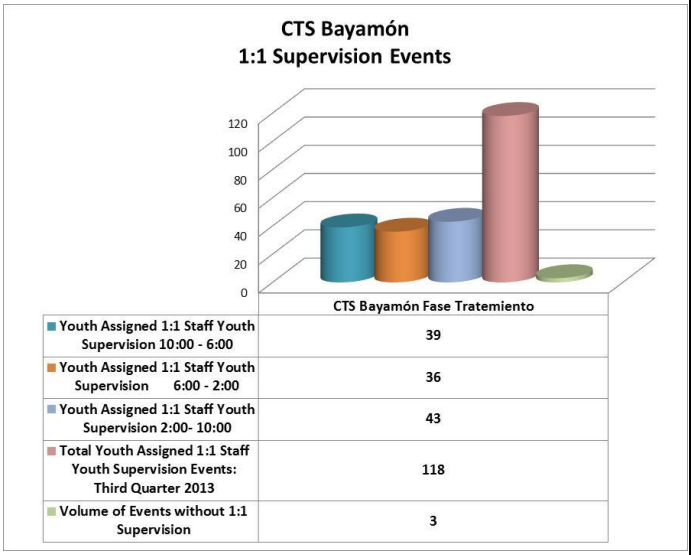
Volume of Days Analyzed: 92



Percentage of AIJ Agency Population	14%
Percentage of Time Met Staff Youth Ratio 10:00 - 6:00	100%
Percentage of Time Met Staff Youth Ratio 6:00 - 2:00	51%
Percentage of Time Met Staff Youth Ratio 2:00- 10:00	60%

118 youth 1:1 supervision events for the Third Quarter of 2013

Volume of 1:1 Events Without Required staffing during reporting period: **3**



Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	39
Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	36
Youth Assigned 1:1 Staff Youth Supervision 2:00- 10:00	43
Total Youth Assigned 1:1 Staff Youth Supervision Events: Third Quarter 2013	118
Volume of Events without 1:1 Supervision	3

CTS Guayama Staff Youth Ratio Analysis:

June 30, 2013 thru September 29, 2013

Both a Level 2 and 3 Facility:
Guayama staff youth ratio is being analyzed as follows:

- **A Staff Youth Ratio of 1:8 during 6:00 AM -2:00 PM and 2:00 PM -10:00 PM**
- **A Staff Youth Ratio of 1:16 during 10:00 PM - 6:00 AM**

Percent of Forms Available: 100%
Volume of Weeks Analyzed: 13 of 13 requested

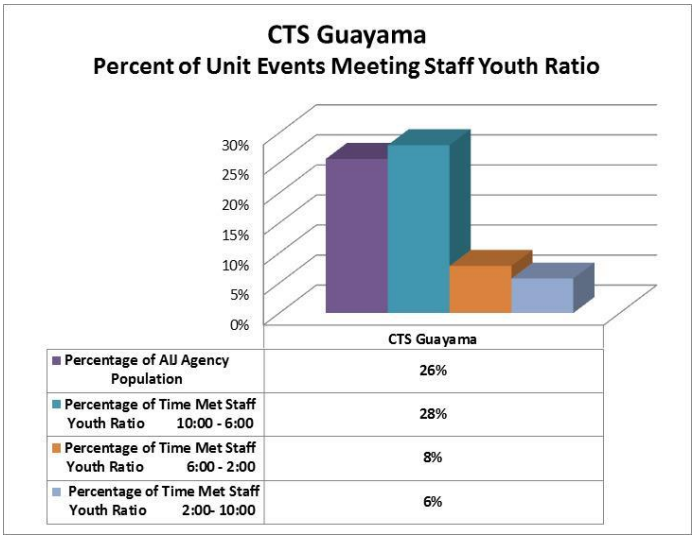
- **Volume of Staff Youth Ratio Events: 1717**
- **Volume of Staffing Events with Staff Working a Double Shift: 320 (19%)**

The Third Quarter of 2013 Staff Youth Ratio requirements display the following characteristics:

- **10:00pm- 6:00am: 28%, a 24% decrease since Second Quarter reporting period**
- **6:00 am – 2:00 pm: 8%, an 11% increase since Second Quarter reporting period**
- **2:00 pm – 10:00 pm: a 6% the same as the Second Quarter reporting period**
- **CTS Guayama represents 26% of the DCR institutional population.**

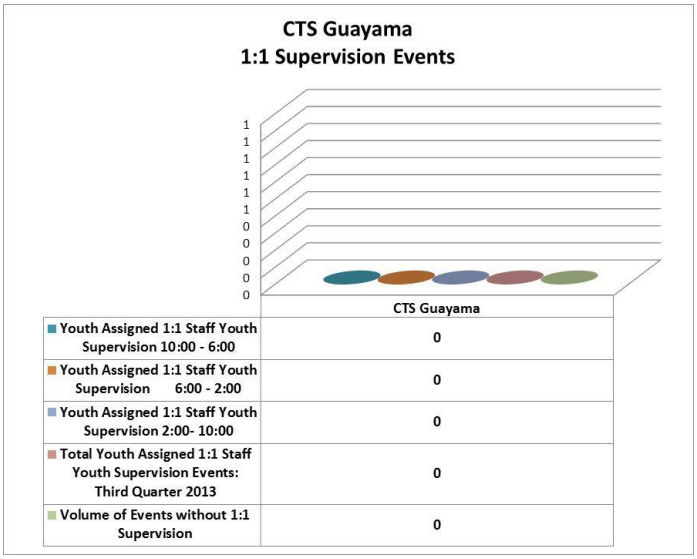
Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 92



0 youth 1:1 supervision events for the Third Quarter of 2013

Volume of 1:1 Events Without Required staffing during reporting period: **0**



CTS Humacao Staff Youth Ratio Analysis:

June 30, 2013 thru September 29, 2013

Level 4 Facility:

- **A Staff Youth Ratio of 1:8 during 6:00 AM-2:00 PM and 2:00 PM -10:00 PM and**
- **A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM**

Percent of Forms Available: 100%
Volume of Weeks Analyzed: 13 of 13 requested

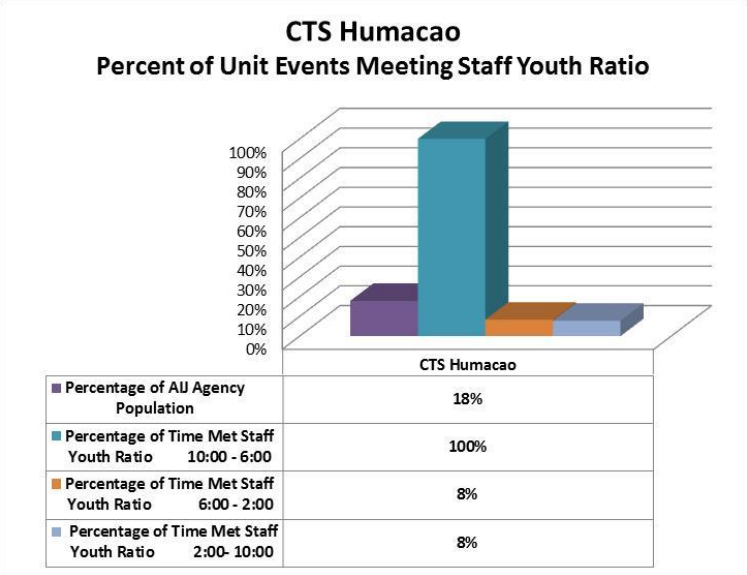
- **Volume of Staff Youth Ratio Events: 1797**
- **Volume of Staffing Events with Staff Working a Double Shift: 396 (22%)**

The Third Quarter of 2013 Staff Youth Ratio requirements display the following characteristics:

- **10:00pm- 6:00am: maintained at 100%**
- **6:00 am – 2:00 pm: 8%, a 7% increase since Second Quarter reporting**
- **2:00 pm – 10:00 pm: 8%, 7% increase since Second Quarter reporting**
- **CTS Humacao represents 18% of the DCR institutional population.**

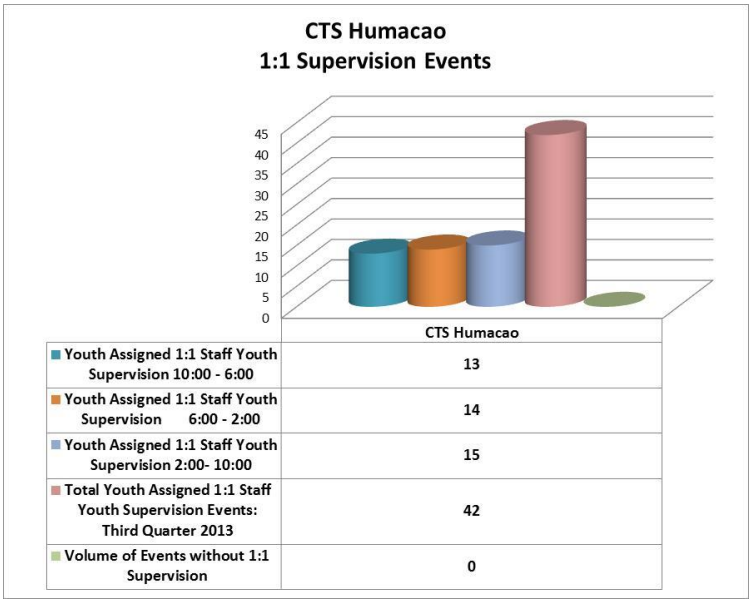
Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 92



42 youth supervision events for the Third Quarter of 2013

Volume of 1:1 Events Without Required staffing during reporting period:	**0**



CTS Villalba Staff Youth Ratio Analysis:

June 30, 2013 thru September 29, 2013

Level 5 Facility:

- **A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM**
- **A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM**

Percent of Forms Available: 100%
Volume of Weeks Analyzed: 13 of 13 requested

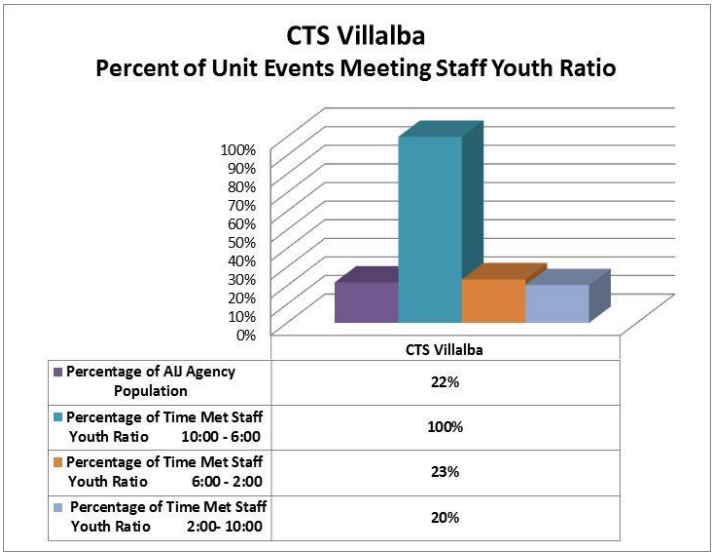
- **Volume of Staff Youth Ratio Events: 1951**
- **Volume of Staffing Events with Staff Working a Double Shift: 81 (4%)**

The Third Quarter of 2013 Staff Youth Ratio requirements display the following characteristics:

- **10:00pm- 6:00am: maintained at 100%**
- **6:00 am – 2:00 pm: 23%, a 3% decrease since Second Quarter reporting**
- **2:00 pm – 10:00 pm: 20%. a 4% decrease since Second Quarter reporting**
- **CTS Villalba represents 22% of the DCR institutional population.**

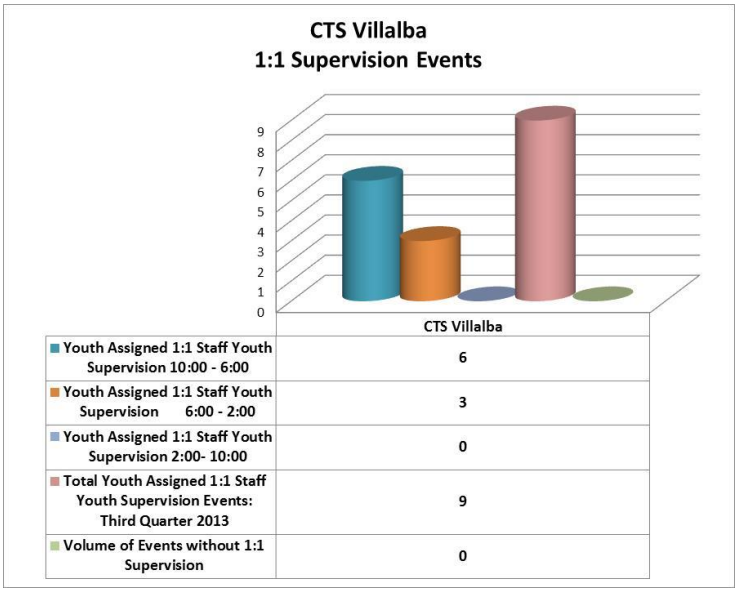
Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 92



9 youth 1:1 supervision events for the Third Quarter of 2013

Volume of 1:1 Events Without Required staffing during reporting period: 0



Guaili Staff Youth Ratio Analysis:

June 30, 2013 thru September 29, 2013

Level 2 Facility:

- **A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM**
- **A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM**

Percent of Forms Available: 100%
Volume of Weeks Analyzed: 13 of 13 requested

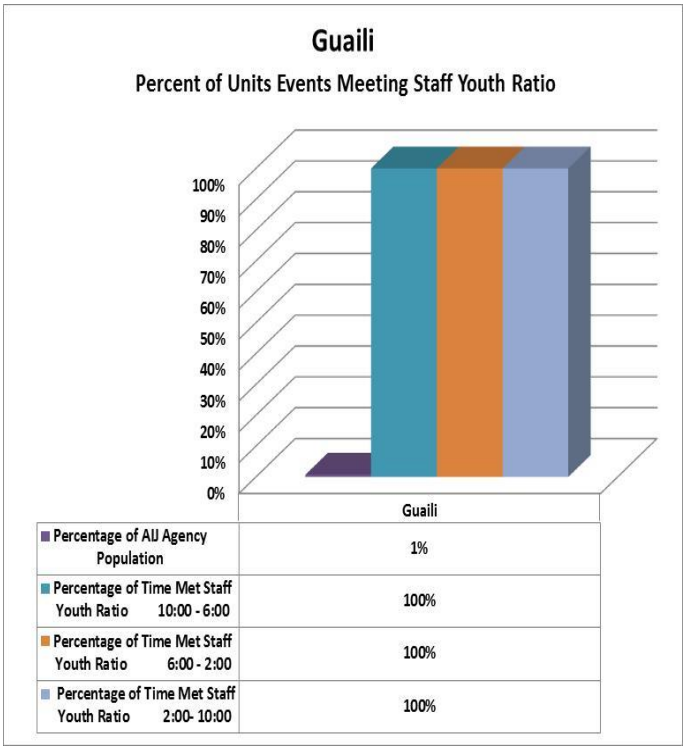
- **Volume of Staff Youth Ratio Events: 273**
- **Volume of Staffing Events with Staff Working a Double Shift: 119 (44%)**
- *This is probably not an accurate volume of overtime*.

Guaili has maintained Staff Youth Ratio expectations for fifteen consecutive quarters: all of 2010, 2011, 2012 and three quarters of the 2013 reporting periods.

- **Guaili represents 1% of the DCR institutional population.**

Volume of Weeks Analyzed: 13

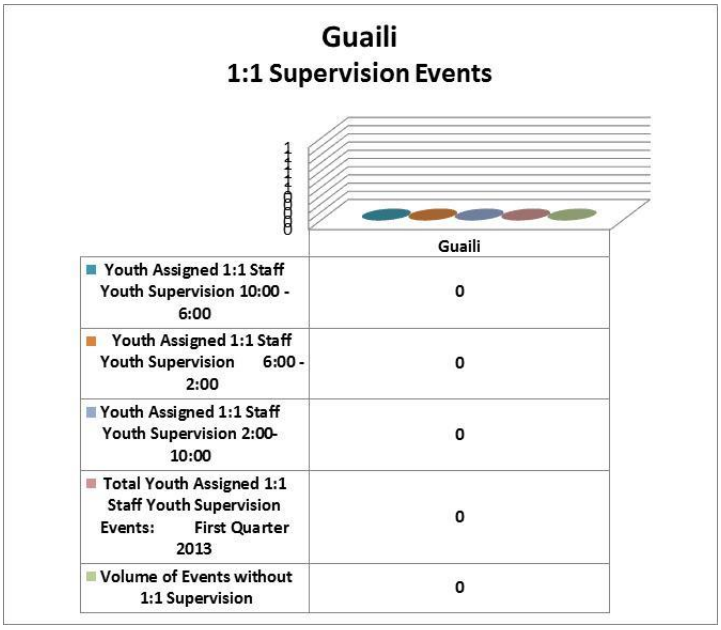
Volume of Days Analyzed: 92



	Guaili
Percentage of AIJ Agency Population	1%
Percentage of Time Met Staff Youth Ratio 10:00 - 6:00	100%
Percentage of Time Met Staff Youth Ratio 6:00 - 2:00	100%
Percentage of Time Met Staff Youth Ratio 2:00- 10:00	100%

Guaili reported no youth on 1:1 supervision for the Third Quarter.

Volume of 1:1 Events Without Required staffing during reporting period: **0**



	Guaili
Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	0
Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	0
Youth Assigned 1:1 Staff Youth Supervision 2:00- 10:00	0
Total Youth Assigned 1:1 Staff Youth Supervision Events: First Quarter 2013	0
Volume of Events without 1:1 Supervision	0

CREANDO Staff Youth Ratio Analysis:

June 30, 2013 thru September 29, 2013

Level 2 Facility:

- **A Staff Youth Ratio of 1:8 during 6:00 AM - 2:00 PM and 2:00 PM -10:00 PM**
- **A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM**

Percent of Forms Available: 100%
Volume of Weeks Analyzed: 9 of 9 requested

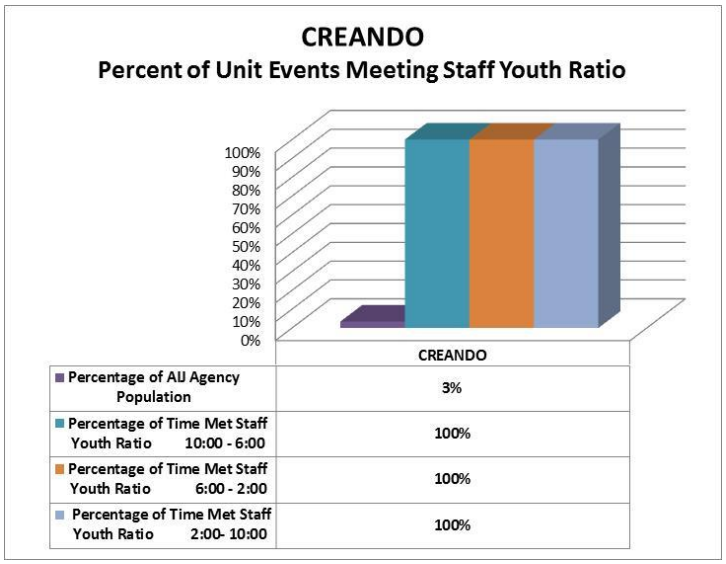
- **Volume of Staff Youth Ratio Events: 172**
- **Volume of Staffing Events with Staff Working a Double Shift: 0 (0%)**

For the Third Quarter reporting period, CREANDO was in operation from June 30, 2013 thru August 26, 2013 of the reporting period.

- **CREANDO represents 3 % of the DCR institutional population.**

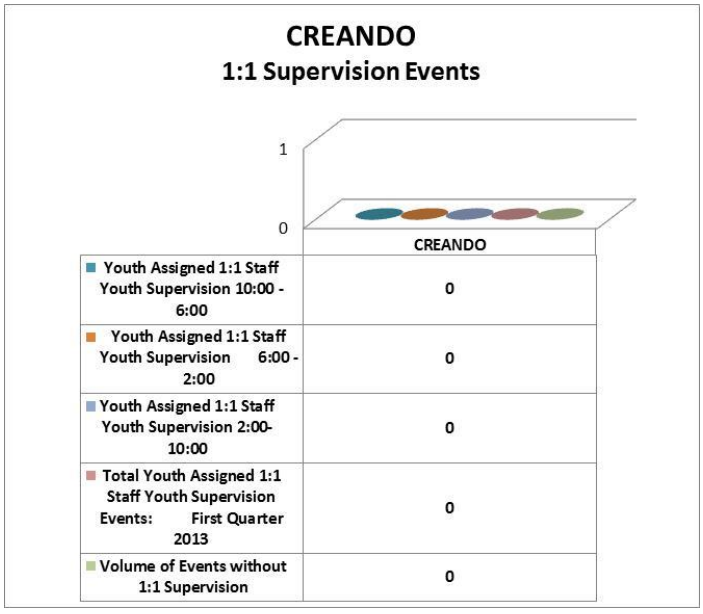
Volume of Weeks Analyzed: 9

Volume of Days Analyzed: 58



CREANDO reported no youth on 1:1 supervision for the Third Quarter.

Average volume of youth assigned 1:1 staff youth supervision per reported day:	**0**
Volume of 1:1 Events Without Required staffing during reporting period:	**0**



Facility Table of Shift Compliance with Staff Youth Ratio:

Third Quarter 2013 Staff Youth Ratio Performance by Shift	Percent of Staff Youth Ratio Forms Received	Percentage of AIJ Agency Population	Percentage of Time Met Staff Youth Ratio 10:00 - 6:00	Percentage of Time Met Staff Youth Ratio 6:00 - 2:00	Percentage of Time Met Staff Youth Ratio 2:00- 10:00	Average Daily Population
CD Bayamón	100%	16%	100%	28%	35%	72
CTS Bayamón Fase Tratemiento	100%	15%	100%	56%	65%	66
CTS Guayama	100%	23%	52%	19%	17%	105
CTS Humacao	100%	19%	100%	1%	1%	89
CTS Villalba	100%	22%	100%	26%	24%	102
Guaili	100%	1%	100%	100%	100%	3
CREANDO	100%	5%	100%	100%	100%	23

Facility Table of Assignment of 1:1 Supervision by Day:

Third Quarter 2013 Youth Assigned 1:1 Supervision	Percentage of DRC Agency Population	Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	Youth Assigned 1:1 Staff Youth Supervision 2:00- 10:00	Total Youth Assigned 1:1 Staff Youth Supervision Events: Third Quarter 2013	Volume of Events without 1:1 Supervision	Volume of Days Analyzed
CD Bayamón	16%	81	50	69	200	5	92
CTS Bayamón Fase Tratemiento	15%	88	89	93	270	10	92
CTS Guayama	23%	0	0	0	0	0	92
CTS Humacao	19%	0	0	0	0	0	92
CTS Villalba	22%	3	2	4	9	0	92
Guaili	1%	0	0	0	0	0	92
CREANDO	5%	0	0	0	0	0	92
Totals	100.0%	172	141	166	479	15	644

Table of Date of Receipt of Facility Staff Youth Ratio Form:

Date	CD Bayamon	CTS Bayamón Fase Tratamiento	CTS Guayama	CTS Humacao	CTS Villalba	Guaili	Program CREANDO	Ponce Ninas
June 30 -July 6, 2013	7/11/13	7/11/13	7/16/13	7/11/13	7/11/13	7/11/13	7/11/13	7/11/13
July 7 -July 13, 2013	7/19/13	7/19/13	7/16/13	7/19/13	7/19/13	7/19/13	7/19/13	7/19/13
July 14 -July 20, 2013	7/23/13	7/23/13	7/23/13	7/23/13	7/23/13	8/6/13	8/16/13	8/6/13
July 21 -July 27, 2013	8/2/13	8/2/13	8/2/13	8/2/13	8/2/13	8/6/13	8/2/13	8/6/13
July 28 -August 3, 2013	8/9/13	8/9/13	8/9/13	8/9/13	8/9/13	8/6/13	8/16/13	8/6/13
August 4 -August 10, 2013	8/16/13	8/22/13	8/16/13	8/16/13	8/16/13	8/16/13	8/16/13	8/16/13
August 11 -August 17, 2013	8/22/13	8/22/13	8/22/13	8/22/13	8/22/13	8/22/13	8/22/13	8/23/13
August 18 -August 24, 2013	9/5/13	9/5/13	9/5/13	9/5/13	9/5/13	9/5/13	9/5/13	9/5/13
August 25- August 31, 2013	9/6/13	9/6/13	9/5/13	9/17/13	9/17/13	9/5/13	9/5/13	9/5/13
September 1- September 7, 2013	9/20/13	9/27/13	9/15/13	9/17/13	9/17/13	9/17/13	NA	9/17/13
September 8 - September 14, 2013	9/20/13	9/27/13	9/20/13	9/20/13	9/20/13	9/21/13	NA	9/20/13
September 15 - September 21, 2013	9/27/13	9/27/13	9/27/13	10/3/13	10/3/13	10/3/13	NA	9/27/13
September 22 -September 29, 2013	10/3/13	10/3/13	10/4/13	10/3/13	10/3/13	10/3/13	NA	10/3/13
	13	13	13	13	13	13	9	13
Volume of Forms Submitted	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Table of Date of Facility Average Daily Population Based on Monday AM Weekly Count:

Dates of Reporting Period	CD Bayamon	CTS Bayamón Fase Tratamiento	CTS Guayama	CTS Humacao	CTS Villalba	Guaili	Program CREANDO	Totals
June 30 -July 6, 2013	79	61	112	87	97	3	22	461
July 7 -July 13, 2013	76	62	110	86	98	4	21	457
July 14 -July 20, 2013	60	58	116	84	99	5	22	444
July 21 -July 27, 2013	63	56	116	84	97	4	22	442
July 28 -August 3, 2013	75	57	115	84	96	4	22	453
August 4 -August 10, 2013	70	64	114	81	98	3	22	452
August 11 -August 17, 2013	64	65	114	77	96	3	22	441
August 18 -August 24, 2013	63	63	115	75	96	3	22	437
August 25- August 31, 2013	75	60	113	74	96	3	22	443
September 1- September 7, 2013	78	64	116	71	91	6	NA	426
September 8 - September 14, 2013	69	62	118	69	94	6	NA	418
September 15 - September 21, 2013	71	67	103	75	95	6	NA	417
September 22 -September 29, 2013	87	64	106	79	94	3	NA	433
Totals	930	803	1468	1026	1247	53	197	5724
Percentage of AIJ Agency Population	16%	14%	26%	18%	22%	0.9%	3%	100%
Average Daily Population	72	62	113	79	96	4	22	440

Table of Date of Facility Average Daily Population Based on Monday AM Weekly Count:

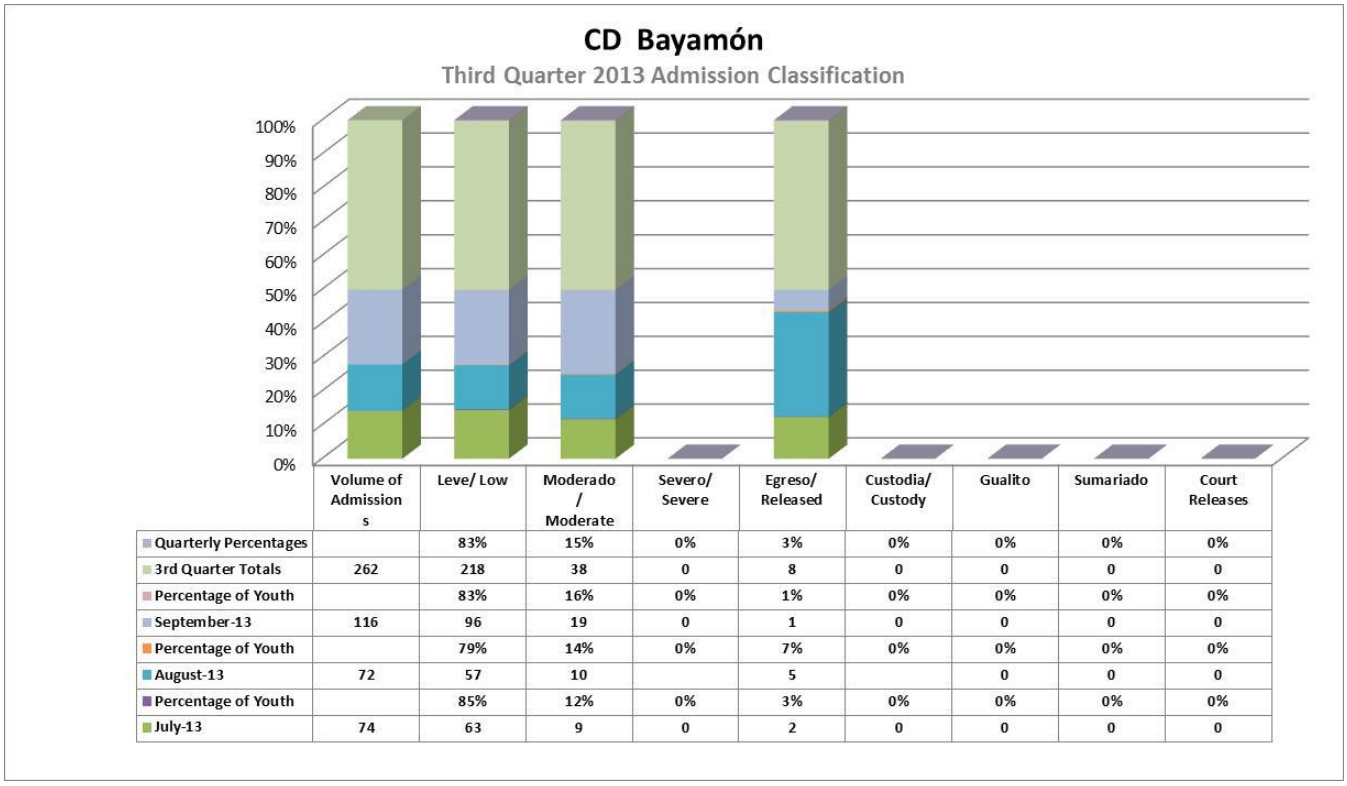
Dates of Reporting Period	CD Bayamon	CTS Bayamón Fase Tratamiento	CTS Guayama	CTS Humacao	CTS Villalba	Guaili	Program CREANDO	Totals
March 31 - April 6, 2013	72	68	96	90	108	4	24	462
April 7 - 13, 2013	74	66	97	88	108	3	24	460
April 14 - 20, 2013	69	69	100	90	108	3	24	463
April 21 - April 27, 2013	69	61	104	90	107	3	24	458
April 28 - May 4, 2013	58	69	102	88	108	3	24	452
May 5 - May 11, 2013	64	65	105	87	108	3	24	392
May 12 -May 18, 2013	68	66	106	88	103	3	23	457
May 19 -May 25, 2013	69	64	109	86	102	3	24	457
May 26 -June 1, 2013	74	67	104	89	99	3	24	460
June 2 -June 8, 2013	81	69	107	97	89	3	23	469
June 9 -June 15, 2013	80	65	110	87	88	3	22	455
June 16 -June 22, 2013	71	69	114	87	97	3	22	463
June 23 -June 29, 2013	83	65	114	86	100	3	22	473
Totals	932	863	1368	1153	1325	40	304	5921
Percentage of AIJ Agency Population	16%	15%	23%	19%	22%	0.7%	5%	100%

Document Attachment B:
Consultant Robert Dugan Report on Classification

DCR Classification Quarterly Report: July 1 – September 30, 2013
Prepared by Bob Dugan: Office of the Monitor: October 22, 2013

S.A. 52. states the following: At both the detention phase and following commitment, Defendants shall establish objective methods to ensure that juveniles are classified and placed in the least restrictive placement possible, consistent with public safety. Defendants shall validate objective methods within one year of their initial use and once a year thereafter and revise, if necessary, according to the findings of the validation process.

Third Quarter July 1, 2013 – September 30, 2013 CD Bayamón Admission Classification:
The Third Quarter of 2013 is the sixth time that DRC has produced CD Bayamón Admission Classification data to be included in the Quarterly Report.



	Volume of Admissions	Leve/ Low	Moderado / Moderate	Severo/ Severe	Egreso/ Released	Custodia/ Custody	Gualito	Sumariado	Court Releases
Quarterly Percentages		83%	15%	0%	3%	0%	0%	0%	0%
3rd Quarter Totals	262	218	38	0	8	0	0	0	0
Percentage of Youth		83%	16%	0%	1%	0%	0%	0%	0%
September-13	116	96	19	0	1	0	0	0	0
Percentage of Youth		79%	14%	0%	7%	0%	0%	0%	0%
August-13	72	57	10		5		0	0	0
Percentage of Youth		85%	12%	0%	3%	0%	0%	0%	0%
July-13	74	63	9	0	2	0	0	0	0

There were 262 admissions for the third quarter, of which 83% were classified as low; 16% were classified as moderate; and 0% were classified as severe. Three percent of the population was released prior to classification.

DCR has solicited for a classification validation study conducted on committed and detention youth. The results of the validation study are not available at this time.

Document Attachment C:
Report on Incidents and Understaffing
January- March 2013

The following is a table of incidents that took place at times and in locations where the required levels of staffing coverage, as specified by Paragraph 48, were not in place.

There is a possibility that some cases are missing from this table, and the Monitor's Office is assessing this possibility. If there turn out to be missing cases, the parties will be informed and an updated table will be included in the next QR.

For each of these cases, the number of youth service officers present in the housing unit did not meeting the ratio requirement of Paragraph 48, which is the same requirement as standard 115.313 of the Prison Rape Elimination Act.

Jul. 3	CTS Villalba	13-135	Morning	Allegedly, a group of 3 juveniles hit another youth in the head while they were in the module. In addition, one of the aggressors showed his penis to the victim.	1 officer, 14 juveniles
Jul. 6	CTS Guayama	13-119	Afternoon	Allegedly, a juvenile was hit in his head by other juveniles. Apparently, the victim was taken to a module's room (#4) put a sheet over his head and punched him multiple times. The victim got a broomstick to respond but was stop by the youth officer.	1 officer, 15 juveniles
Jul. 10	CTS Bayamón	13-124	Afternoon	Allegedly, a juvenile was hit in different part of his body by a group of youths while they were in the module. The victim notified the aggression the day after the incident while he was in a Court hearing.	1 officer, 12 juveniles
Jul. 12	CTS Villalba	13-125	Afternoon	Allegedly, a juvenile was hit in his chest and head by other youths while they were in module C-I. According to the victim, the aggression occurred in different days.	1 officer, 13 juveniles
Jul. 26	CTS Bayamón	13-134	Afternoon	Allegedly, a juvenile was hit in his head by a group of 8 juveniles. The youth officer assigned to the module was in the bathroom at that moment however the incident was controlled by other officer also assigned to the module. The incident occurred in Living Unit Yellow, Module III.	1 officer, 10 juveniles

Jul. 28	CTS Villalba	13-137	Afternoon	Allegedly, a juvenile was slapped in the back part of his head by a group of juveniles from the same module. The incident occurred in the module's bathroom. During the incident the youth officer assigned to that module was in the mini control.	1 officer, 12 juveniles
Aug. 3	CD Bayamón	13-139	Morning	Allegedly, a juvenile was assaulted by a group of 12 youths from his same module. The incident occurred in the basketball court. According to the nurse's notes no abrasions or hematomas were detected in the victim.	1 officer, 13 juveniles
Aug. 17	CD Bayamón	13-156	?	Allegedly, a juvenile was hit by a group of juveniles from his same module. A youth officer got knowledge 3 days after the incident. Apparently, the juveniles were fighting for a cup of juice. According to the nurse's notes the victim had hematomas in his ribs.	1 officer, 12 juveniles
Aug. 28	CTS Villalba	13-165	Night	Allegedly, a juvenile was hit in his head by a "Special Operations Unit" officer during a search in module C-I.	1 officer, 15 juveniles
Sept. 3	CD Bayamón	13-169	Morning	Allegedly, a juvenile was slapped in his head by a group of 3 juveniles from his same module, Alfa III. The incident occurred in the module's bathroom. According to the nurse's notes the victim had no abrasions or hematomas.	1 officer, 14 juveniles
Sept. 10	CD Bayamón	13-182	Afternoon	Allegedly, a juvenile was punched in his face and back by other juvenile from his own module. The incident occurred in module Delta II while the victim was drawing. The victim and the aggressor were taken to the infirmary and the nurse's notes confirmed the allegations.	1 officer, 15 juveniles
Sept. 20	CD Bayamón	13-191	Afternoon	A juvenile was found unconscious in his room with a jacket tided around his neck. A youth officer took him to the infirmary where he was stabilized and referred to an emergency room. Finally, CD Bayamón psychiatry referred the youth to UPA (a public mental health facility for children and adolescents). In the emergency room the youth verbalized that he had problems with other juveniles in the module. In this case the youth was not under any therapeutic observation.	1 officer 15 juveniles

Oct. 4	CD Bayamón	13-219	Afternoon	Allegedly, two juveniles had sexual contact (penetration) with another juvenile in his room. According to documents evaluated the victim accepted to be penetrated after a threatened gesture from the perpetrators. A youth officer got knowledge a week after the incident. The victim was transferred to the intake area for security reasons. Allegedly, the youth officer assigned to the module at that moment was playing cards with other juveniles.	I officer, 14 juveniles
Oct. 10	CTS Villalba	13-210	Afternoon	Allegedly, a juvenile introduced two fingers in another youth anus while this last one was taking a shower in the module's bathroom. The victim was threatened by the aggressor with a piece of blade	1 officer 15 juveniles

Document Attachment D: Compliance With Mental Health Provisions

Marelli Colon Emeric M.D.
Monitor's Consultant on Mental Health Care

For the evaluation of this quarter; institutions were visited, meetings with NIJ were held, a review of records was done and both NIJ personnel and the monitor's office completed a combined assessment for special education youth and mental health. The findings on this report are based on the review of findings of the above information.

The review of the electronic medical records was a very challenging task.

The electronic record is divided into several areas, social, medical, mental health, educational, behavior modification and other miscellaneous. In some records the educational area and the behavioral modification areas were partially completed, in most records there was no documentation at all. This leads to the false impression that the youth is not receiving those services. There is a lack of consistency in all areas (all staff) about when and where to document the information pertaining to the youths necessities and care. This markedly affects the continuity of care, negatively impacts communication, and it makes it extremely difficult to establish a chronology of events and therefore implement the treatment plan. For each record, it took me over an hour to get a basic understanding of what was the active treatment plan in all the different areas and how it was being implemented. It is unrealistic, and very inefficient to expect clinicians to spend that much time just reading a record in order to do a thorough evaluation of the youth. It is also confusing that some documents are completed on paper and later scanned in the record under "miscellaneous. " Most of those documents could easily be incorporated in the electronic records, further eliminating the need for paper. One of the difficulties is the lack of consistency in always "scanning" the documents in order to incorporate them in the record.
I strongly recommend re-evaluating the necessity of so many different sections within each area, and re-training the staff.

S.A. 59. Defendants, specifically the Department of Health (ASSMCA), shall provide an individualized treatment and rehabilitation plan, including services provided by AIJ psychiatrists, psychologists, and social workers, for each juvenile with a substance abuse problem.

The AIJ individualized treatment plan includes services provided by the different areas: social, educational, physical and mental health. The mental health area includes the individualized treatment plan from all the mental health clinicians treating the youth. These includes the psychologist, the substance abuse counselor and if indicated the psychiatrist. A treatment plan is initially developed at CD Bayamón. Once the court hands over custody of the youth to NIJ, a new plan is developed and implemented at the DEC. From the DEC the youth is subsequently placed at a CTS. At the CTS sometimes a new plan is developed or the current one is revised. There is a lack of consistency among clinicians about how to complete the plan and when a new plan is implemented versus revised. This plan is completed in the electronic medical records. The plan provides for an area where clinicians need to document the date when the plan was implemented, discussed and "closed."

Only one of the records revised had this area completed. This is very important, as otherwise there is no existing documentation that treatment plans are revised or even discussed among the personnel.
NIJ has clear policies and procedures about the time frame of when it is indicated to develop a new treatment plan versus revision of the current plan.
This is an area where further training is recommended.

All records reviewed had an individualized treatment plan. At CD Bayamón and at the DEC, most treatment plans did identify the needs in all the areas. Once the youth was transferred to a CTS, most "active" plans lack information about the youths needs in both the educational and physical health. In order to understand the youth's needs in those areas, "inactive" plans had to be revised. Needs previously identified in those areas, were no longer documented, although chronic in nature. For example, medical conditions like asthma or youth with learning disabilities on special education.

In most plans the individual needs in the social and mental health areas are identified, but the treatment is not individualized. The frequency of treatment intervention is the same for all needs and all youth, regardless of the severity of symptoms.

The electronic records provide a method of communication that when properly used is excellent. The NIJ electronic records have serious difficulties with the proper documentation process. There is no consent among the different clinicians about when and where to document initial evaluations, progress notes, treatment plans, and crisis interventions. This leads to a serious difficulty in attempting to understand each youth's individual needs and treatment plan. It is important to mention that in most cases the documentation is there, the difficulty is finding it. It is very difficult to follow a chronological order in treatment plans, they are kept in two different sections of the electronic record. Even thought the areas are for different purposes (new treatment plan and revised treatment plan) their lack of consistency about when to do each evaluation lends itself to confusion.
After reviewing several records it is clear that it affects communication among clinicians and the implementation and understanding of the treatment plan.

In some cases it was clear that the psychologist at one institution had not read the treatment plan completed by the psychologist at the previous institution. For example, in one case, while at CD Bayamón, it was documented in the youth's treatment plan that further information was needed about the his psychiatric care in the community. At the DEC, the psychologist documented in a new treatment plan all the information about the psychiatric care in the community. Once the youth was placed at CTS, the psychologist implemented a new treatment plan and documented that further information was needed about the youth's psychiatric care in the community. Had this clinician read the previous plan, they would have had the needed information.

Psychiatric interventions, in terms of frequency, treatment recommendations and use of psychotropic medications, were not included in the treatment plans.
New symptoms, significant worsening and improvement of symptoms were not always be documented in treatment plan. As well as starting new medications or significant changes in treatment.

Treatment plans should also identify each youth's individual strengths, incorporate strategies for relapse prevention, and discharge planning with community social worker. Discharge planning should include recommendations for additional mental health or substance abuse treatment at the time of release to the community. None of the treatment plans revised include this information.

C.O. 29: Defendants shall maintain an adequate 48 bed residential mental health treatment program which provides services in accordance with accepted professional standards, for juveniles confined in the facilities in this case in need of such services as determined by a qualified child and adolescent psychiatrist as part of a qualified interdisciplinary mental health team.

Currently NIJ does not comply with the number of beds established in this stipulation. In recent years, more community-based alternatives are given to offending youth prior to commitment to NIJ. This has led to a markedly decreased number of youth that are committed. These also mean that youth that are committed present more behavioral difficulties or have already failed community-based programs.

NIJ might consider other specialized treatment units:

- Youth with severe conduct disorder or severe aggressive behavior. This group would benefit from a more structured, therapeutic environment, with a special focus on conflict resolution, anger management, aggression reduction, and social skills.
- Youth adjudicated for sexual offenses.
- Youth considered vulnerable, with intellectual disabilities and at high risk for becoming a chronic victim.
- Substance Abuse Treatment Program, for those with a serious substance abuse problem that would benefit from an intensive specialized treatment program.

C.O. 36. Within 120 days of the filing of this consent Order, Defendant Juvenile Institutions Administration shall provide continuous psychiatric and psychology service to juveniles in need of such services in the facilities in this case either by employing or contracting with sufficient numbers of adequately trained psychologists or psychiatrists, or by contracting with private entities for provision of such services. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum, a thorough psychiatric evaluation. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum diagnostic tests before prescription of behavior- modifying medications.

The psychiatric evaluation is very brief and it does not include important information necessary to support or discard a diagnosis. Also in most instances in which medications are given, there is no explanation or rationale for the use of that medication. The symptoms the psychiatrist is addressing are not identified in the progress notes or in the treatment plan. In many cases it is difficult to understand the rationale for the increase, change or discontinuation of the medications. Child psychiatrists use many off-label many medications. Off-label means, that it is not indicated in the pediatric population, or it is not FDA approved for the treatment of that particular condition. This does not imply that the medication is not being used according to

standard of care or practice parameters. But it highlights the importance of documenting the specific symptoms they are targeting with the medication. Also, for effective communication among physicians it is important to document the reason for the use, changes and discontinuation of the psychotropic medication.

In the electronic medical records there is a section titled "psychiatric evaluations." At first glance, it seemed like NIJ psychiatrists were not compliant with completing the evaluation. After further searching for psychiatric notes in all sections of the electronic medical records, the notes were found. There is an inconsistency among psychiatrists as to where they document their initial evaluation and progress notes. This makes it very difficult to understand what the clinician is doing, and for another clinician to continue treatment. In some cases, one psychiatrist may document in four different sections. It was extremely difficult to follow a chronological order of the treatment.

Proper documentation of the process followed for administering psychotropics was lacking. (Mouth check, make sure they swallow the medication).
The time of administration of psychotropic medications was very inconsistent. Some psychotropic medications need to be taken on a daily basis at approximately the same time of the day, this is important for the medication to be effective. If continuously given at different times it may give the clinician the false impression that the medication is not effective. It could also be a factor in the development of side effects. In some cases pharmaceuticals were not always provided as ordered or properly administered. In one case the psychiatrist discontinued the medication more than once, before it was completely discontinued.

There was documentation of at least two cases in CTS Humacao, for which the CTS mental health team recommended residential services. The youth were never transferred to PUERTAS. The CTS psychologist explained that they both improved after receiving treatment at the CTS and therefore residential services were no longer recommended. It was documented in the progress notes why the youth should be transferred, but it was not documented why they were not. There should be documentation by the clinicians explaining the reason the youth were never transferred and clearly documenting the improvement in both the progress notes and the treatment plan. This was not the case. If I limit myself to what is documented in the record, I would have to say that youth that required residential treatment services were not receiving them.

FDD
It was a very difficult to understand what he was being treated for, the rationale for the changes in medications was not clearly documented. It was very difficult to figure out what psychotropics he was currently taking.
In the electronic medical records, there is a section for medications. In that section is a list of all the medications the youth has taken while at AIJ. The ones that he is "currently" taking are marked as active.
According to that list it seemed like the youth was taking: three different antidepressants drugs, an antipsychotic drug, and other five medications that could potentially have serious drug interactions. Reviewing the nurses' notes was not entirely helpful in clarifying what the youth

was currently taking. I had to directly verify each individual Kardex. This proves very unreasonable as both the psychiatrist and the primary care physician should have easy access to what the other clinician is prescribing in order to avoid potentially serious drug interactions. Also the Kardex that will be in the electronic record is always "old." It is a document that is scanned, once completed. This document could easily be incorporated in the electronic records. eMAR- electronic Medication Administration Records.
He was actually taking only two medications.
Prior to prescribing the current psychotropic medications, the psychiatrist prescribed many other different ones. Even though there are psychiatric progress notes reporting changes in medications; there is no documentation as to the reasons for dose increase, discontinuation of the medication or even why was it being prescribed. Were medication changes due to side effects, allergies, lack of response? It is a minimum standard of care to document this information.

S.A. 63. For each juvenile who expresses suicidal or self- mutilating ideation or intent while incarcerated, staff shall immediately inform a member of the health care staff. Health care staff shall immediately complete a mental health screening to include suicide or self-mutilation ideation for the juvenile. For each juvenile for whom the screening indicates active suicidal or self-mutilating intent, a psychiatrist shall immediately examine the juvenile. The juvenile, if ever isolated, shall be under constant watch. Defendants shall develop written policies and procedures to reduce the risk of suicidal behavior by providing screening for all juveniles at all points of entry or re-entry to AIJ's facilities and/or programs and by providing mechanisms for the assessment, monitoring, intervention and referral of juveniles who have been identified as representing a potential risk of severe harm to themselves. Treatment will be provided consistent with accepted professional standards.

NIJ has a suicide prevention program that includes policies, protocols and staff training. The program includes an ongoing identification process, management, and stabilization of at-risk or suicidal juveniles. The staff does not always implement the policies and protocols as stipulated. When the suicide prevention protocol is activated, youths are not always seen on a daily basis as stipulated by their policies. I would recommend re-training the clinical staff in terms of adequate evaluation and documentation., as well as completion of forms.

For all youth who verbalize suicidal or self-injurious behavior a suicide-screening instrument is administered. The nurse completes the suicide screening scale. Question 5 of the scale asks about family history of suicide; Question 6 asks about the youth's history of psychiatric treatment. For a specific youth, the answer to these two questions should always be the same. In some cases, there was no consistency with the information provided. If at admission questions 5 and 6 were "yes," in any subsequent administration of the scale the answers should still be a "yes." This is significant, as this information is used for risk assessment. This is important data pertaining to the youth that should be easily accessible to all clinicians. When completing this form, the staff has to review the record; they should not rely solely on the statements of juveniles.

When a youth verbalizes suicidal or self-injurious thoughts, plans or intent, their level of observation might be increased. The youth is then evaluated on a daily basis while on an

increased level of observation. The evaluation is done by either the psychiatrist or the psychologist. It was very difficult to find all the progress notes. In the electronic records there are several sections where this information was documented. Some clinicians documented in the crisis intervention section, others under clinical supervision, incidental notes, or problem oriented notes section. It was also difficult to understand what incident led to the change in level of observation. The youth is usually first evaluated within 24 hours by the psychologist. This first note should explain the reason the youth's level of observation was increased, the level of intent, potential risk, and the reasons why the level is maintained or decreased. This is crucial to improve communication and levels of care. If properly documented, any clinician that evaluates the youth will clearly understand what is happening and make the best treatment decision. As it is currently done, continuity of care is affected due to the difficulty of understanding and finding the documentation.

In all the cases reviewed, the reasons for maintaining or decreasing the level of observation were documented; but none of the notes documented the initial event. In order to find this information I had to find the nurses notes corresponding to that date. In most cases a different clinician would evaluate the juvenile every 24 hours, to determine the level of observation. Documenting the events and risk assessment is very important in order for appropriate continuity of care. They should also document in the same section in order to have easy access to previous notes. On some of the records, I could not find a note for every day the youth was under clinical supervision.

Treatment plans were not modified or revised when the youth required clinical supervision due to a verbalization of suicidal or self-injurious ideas, plan or intent. Research has found that youth who appear manipulative may also be suicidal, exhibit dangerous behavior or suffer from an emotional imbalance that requires a multidisciplinary treatment plan. It is crucial to understand that feigned suicide attempts can and have resulted in death.

JNG

He made a serious suicidal attempt at the cell in the court. He tried to hang himself. The treatment plan does not include any past or recent history of suicidal attempts. Even if the mental health professional believes the attempts are not in response to a mental illness, it is still a serious behavioral problem that needs to be addressed. Even without the intent to die, this youth is at very high risk of accidentally killing himself.

S.A. 72. All juveniles receiving emergency psychotropic medication shall be seen at least once during each of the next three shifts by a nurse and within twenty-four (24) hours by a physician to reassess their mental status and medication side effects. Nurses and doctors shall document their findings regarding adverse side effects in the juvenile's medical record. If the juvenile's condition is deteriorating, a psychiatrist shall be immediately notified.

When youth receive emergency psychotropic medications, nursing staff initially assesses them. In none of the records reviewed was there documentation of any further assessment by nursing staff at least three times within the next 24 hours; also, not all facilities have 24 hour nursing staff. The psychiatrist did not always evaluate juveniles who receive emergency psychotropic

medication within 24 hours. This responsibility relies on the psychologist, who after discussing the case with the psychiatrist determines the level of observation. Psychologists are not able to evaluate the response to the medication or the side effects. I did not find any note from the psychiatrist documenting the need for emergency psychotropic medication.

S.A. 73. Defendants, specifically AIJ, shall design a program that promotes behavior modification by emphasizing positive reinforcement techniques. Defendants, specifically AIJ, shall provide all juveniles with an individualized treatment plan identifying each juvenile's problems, including medical needs, and establishing individual therapeutic goals for the juvenile and providing for group and/or individual counseling addressing the problems identified. Defendants, specifically AIJ, shall implement all individualized treatment plans.

In the electronic medical records, there is a section for the documentation of the behavioral modification program. Documentation in that area is not consistent, some facilities document the progress of the youth, while others don't.

NIJ has policies, procedures and juvenile handbook that is provided to all youth.
NIJ has a behavioral modification plan that is implemented in all the institutions. The plan and its implementation was reviewed at CTS Guayama, which includes level 2 and level 3 youth. There is documentation concerning the behavior management system, disciplinary proceeding, and disciplinary sanctions for juveniles.
The behavior modification plan is based on a token economy, where they earn points on both an individual and a group basis. The total number of points they can potentially earn varies according to security level. Where the lowest security level has the potential to earn the largest amount of points. At CTS Guayama, the modification program was well documented. The Individual plan mainly had candy as the thing they could exchange their points for. On the individual program they all have a list of common behaviors they have to comply with. I was told that at least two specifically individualized behaviors were identified per youth, but it was not documented.
On September 30, 2013, I met with personnel from NIJ to discuss the findings regarding the behavioral modification plan in CTS Guayama. They agreed to modify the registry form to include the individual behaviors that are being assessed. At the time of my visit, some of the housing units had been unable to earn privileges as a group for at least three months. It was recommended to evaluate those housing units that were having difficulties complying with the plan.
This is an indication that the plan with that particular group needs to be examined in order to determine what are their particular difficulties and what changes should be implemented. Also for behavioral modification plan to continue to be effective, incentives need to be consistent and varied.

All youth receive a copy with general information about the plan and how to progress from the different levels. The handout does not include the specific behaviors they are evaluating; it might be helpful for them to get a list of the behaviors in the form of a checklist. This would be particularly helpful to those who have difficulty reading and writing.

Puertas

The behavior modification program implemented at Puertas is the same as in the other institutions; this would not comply with addressing the specific needs of this population. The behavioral modification program at Puertas should be integrated with the treatment plan, as this is a residential mental health program. Some of the behaviors they might exhibit could be due to their mental illness, and it would affect their opportunity to successfully follow the behavioral guidelines stipulated.

Intellectual disabilities
The behavioral modification plan needs to be modified for youth with intellectual disabilities, taking into account their level of cognition and their capacity to process language and understand instructions.

Further information about the individualized treatment plan is included under S.A. 59.

Document Attachment E:
Abuse Referrals Tracking Report

The following tables summarize statistics about case management for the last quarter of 2012 and the first three quarters of 2013. The underlying source of the information is the case tracking records maintained by AIJ along with other records.

The first table summarizes overall incident statistics, and then describes the incidents suicide and self-mutilation incidents known to mental health staff. Many of these do not warrant abuse allegations.

Statistics for 2012-2013	2012-4th	2013-1st	2013-2nd	2013-3rd
Incidents	187	178	167	202
Suicidal Incidents	14	14	12	0
Self-Mutilation Incidents	28	28	18	18
Suicidal Incidents (From M/H Records)	14	14	12	10
Youth Involved	11	13	12	10
Cases involving ideation only	13	13	12	5
Cases involving suicide intention	0	0	0	5
Cases w/ ambulatory treatment	12	13	12	1
Cases with hospitalization	2	1	0	1
Cases leading to death	0	0	0	0
Cases with 284a report filed	1	0	0	1
Self-Mutilations Incidents (MH records)	28	28	18	18
Youth Involved	25	14	17	18
Cases requiring sutures	0	0	0	1
Cases requiring hospitalization	0	0	0	0
Cases leading to death	0	0	0	0
Cases with a 284a report filed	3	2	2	5

The above cases come from mental health records. AIG has implemented a screening procedure and instrument that diverts the investigation of some incidents from the Paragraph 78 process to a recently developed mental health process. Of the 202 suicide and self-mutilation incidents for the fourth quarter, six resulted in a Paragraph 78a abuse referral. The remaining cases were to be referred to the mental health process.

The second table concerns incidents that warranted abuse referrals.

Statistics for 2012-2013		2012-4th	2013-1st	2013-2nd	2013-3rd
284 A Incidents		81	66	52	83
	Level Two Incidents	69	51	33	65
	Referrals to SAISC	69	51	33	65
	Suicide Ideation/Attempt	1	0	0	1
	Self-Mutilation Idea/Attempt	3	2	2	5
	Youth-to-Youth Incidents	42	34	28	43
	Youth-to-Youth Injuries	37	17	16	21
	Youth-to-Youth with External Care	10	14	9	8
	Youth-to-Youth Sexual	3	2	1	5
	Youth-to-Youth Sexual w/ Injury	0	0	0	0
	Staff-to-Youth Incidents	38	32	24	40
	Staff-to-Youth Injuries	16	11	3	7
	Staff-to-Youth with External Care	1	7	0	2
	Staff-to-Youth Sexual	1	1	2	2
	Staff-to-Youth Sexual with Injury	0	0	0	0
	SOU 284A Interventions	4	2	2	3
	284A with Item 5 completed	65	56	65	79
	284A with Staffing Compliance	42	39	29	38

There was compliance with Paragraph 48 staffing requirements for about half of the 284A incidents.

Statistics for 2012-2013		2012-4th	2013-1st	2013-2nd	2013-3rd
Initial Case Management					
	284A percent with admin actions	90%	90%	94%	88%
	284A Within 24 hours	99%	94%	88%	83%
	284A Within 72 hours	1%	99%	100%	93%
	284B or Local Report Within 5 days	N/A	N/A	N/A	N/A
	284B or Local Report Within 15 days	N/A	N/A	N/A	N/A
	284B or Local Report Within 20 days	83%	80%	100%	94%

The reported 20-day completion rate for local investigations had reached full compliance in the 2nd quarter and slipped back in the 3rd quarter.

The following table concerns referrals and investigations of cases to and by OISC, which is the new title for the investigation unit previously referred to as "SAISC."

Statistics for 2012-2013	2012-4th	2013-1st	2013-2nd	2013-3rd
OISC				
Cases Referred from this quarter	69	51	33	65
Referred Within 1 day	41	42	26	49
Referred Within 3 days	15	1	5	7
Referred Within 10 Days	13	8	1	9
Referred Within 20 Days	0	0	1	2

Paragraph 78.c requires that cases are to be provided to the OISC investigator responsible for the facility involved within 24 hours of knowledge of the incident.

The following table summarizes the SAISC investigation durations for the cases involved.

Statistics for 2012-2013	2012-4th	2013-1st	2013-2nd	2013-3rd
OISC Investigation Durations				
Completed in less than 10 workdays	0	0	1	0
Completed in 11-20 workdays	1	2	14	2
Completed in 21-30 workdays	0	10	6	7
Completed in 31-45 workdays	0	8	1	18
Completed in more than 45 workdays	2	3	0	2
Completed in a subsequent quarter	27	139	10	
Not completed yet.	66	26	11	36
Returned for Further investigation	0	0	9	2
Further Investigation Completed	1	1	2	1

Paragraph 78.e requires that OISC complete investigations within 30 days. For the second quarter of 2013, there were 65 cases referred to OISC, and 9 cases were completed within the 30-day limit specified in Paragraph 78.e. OISC reports that another 18 were completed within 45 work days and another 36 were not completed yet.

Two of the 29 cases initially completed by OISC were returned by the Commonwealth Department of Justice for further investigation.

The following table summarizes the decisions and actions taken in cases that do not involve criminal charges.

Statistics for 2012-2013	2012-4th	2013-1st	2013-2nd	2013-3rd
Administrative Determinations				
Cases with youth discipline referrals	46	63	20	61
Cases with youth discipline actions	37	52	18	59
Cases with youth no discipline actions	9	11	6	17
Cases staff/youth with determinations	0	0	0	6
Cases recommending personnel actions	0	1	8	2
Determinations Completed - Prior Qtr	33	53	8	
Recmd Personnel Action – prior Qtr	4	93	0	

Because the some cases are still in process, administrative determinations and actions may be taken in the future. The table will be updated for each quarter in future Quarterly Reports.

The following table concerns prosecutorial determinations. Because cases are still in process, it can take several quarters for the final determinations to be made.

Statistics for 2012-2013	2012-4th	2013-1st	2013-2nd	2013-3rd
Prosecutorial Determinations	0	0	0	0
Cases with no determinations	2	0	0	7
Cases with decision not to prosecute	0	2	2	2
Cases with referral for prosecution	0	5	0	0
Total cases documented				

Document Attachment F:
Abuse Referral Case Assessment Report
January-March 2013

The Monitor's Office has developed an instrument to assess how abuse allegation cases are investigated and managed. This instrument is designed to assess whether a sample of cases meet the quality and timeliness criteria in the Settlement Agreement. It consists of six parts which are to be completed by different participating agencies in the investigation process. The six parts are:

- A. Initial Reporting and Investigation (completed by the facility where the incident is alleged to have taken place.
- B. Police and Prosecutorial Investigation (to be completed by the Puerto Rico Department of Justice in consultation and coordination with the Puerto Rico Police and the prosecutors within the Department of Justice.)
- C. Facility Investigation (to be completed by UEMNI)
- D. SAISC Investigation (to be completed by SAISC)
- E. Case Tracking and Outcomes (to be completed by the Puerto Rico Department of Justice.)
- F. Monitor's Office Assessment

For each item in the instrument, an answer of "Y" or "NA" (not applicable) is intended to mean that there was compliance or an absence of non-compliance with the requirements of the Settlement Agreement. An answer of "N" indicates that a substantive or timeliness criterion was not met.

As the instrument is fully implemented, sampling will be determined by the Monitor's Office and may vary from quarter to quarter as to the types of cases selected. The general approach is that at the end of each quarter, the Monitor's Office will provide a list of 25-50 cases for which the instrument is to be completed and transmitted to the Monitor's Office within one week of receipt of the list of cases. These cases will involve incidents that took place during the quarter previous to the most recent quarter. For example, for March-April-May, the cases will be selected from January-February-March. This will provide sufficient time for investigations to be completed and final determinations to be made.

Note: In each table, the numbers refer to number of "Y" cases that were rated as compliant with respect to the topic. Thus "20 of 21" means that 20 of the 21 cases were rated as complying with the provision requirement.

The first table relates to initial incident reporting.

Case Assessment Instrument – Section A – Initial Reporting		
Assessment Criterion	**Status Y/N/NA**	**Comment**
A.1 Was the incident promptly reported?	Y-29, N-4	The percentage for this report is 88%. The percentage in the last Quarterly Report was 90%.
A.2 Were appropriate administrative actions taken to protect the victim(s)?	Y-32, N-1	The percentage for this report is 97%. The percentage in the last Quarterly Report was 100%.
A.3 If injury was suspected, was the victim promptly evaluated for injury by health care personnel?	Y-33	The percentage for this report is 100%. The percentage in the last Quarterly Report was 97%.
A.4 Was evidence preserved?	Y-5, N-2 N/A-26	The percentage for this report is 15%. The percentage in the last Quarterly Report was less than 1%. In this reporting period 17 Level II cases were selected.
A.5 Was investigation initiated promptly?	Y-32, N-1	The percentage for this report is 97%. The percentage in the last Quarterly Report was 97%.
A.6 Was the 284-A filed within 24 hours?	Y-28, N-5	The percentage for this report is 87%. The percentage in the last Quarterly Report was 83%.
A.7 Did the reporting official file an incident report before the end of shift?	Y-30, N-2, N/A-1	The percentage for this report is 91%. The percentage in the last Quarterly Report was 92%.
A.8 If this was a serious incident, was SAISC notified within 24 hours?	Y-29, N-4	The percentage for this report is 88%. The percentage in the last Quarterly Report was 100%.
A.9 Was the AIJ preliminary investigation reported within 24 hours to the Police Department, the Department of Family Services, the Department of Corrections, and the AIJ Administration.	Y-27, N-6	The percentage for this report is 82%. The percentage in the last Quarterly Report was 97%.
A.10 Were any youths suspected as perpetrators separated from the victim(s)?	Y-9, N/A-24	The percentage for this report is 27%. The percentage in the last Quarterly Report was 42% **Reduced Compliance**
A.11 If the case was serious, were the police notified that the case was serious within 24 hours?	Y-31, N-2	The percentage for this report is 94%. The percentage in the last Quarterly Report was 100%
A.12 Did the initial investigation accurately list all youth and staff witnesses?	Y-29, N-1, N/A-3	The percentage for this report is 88%. The percentage for the last Quarterly Report was 81%.
A.13 Did all staff witness's document what they knew or saw before the end of shift?	Y-30, N-1 N/A-2	The percentage for this report is 91%. The percentage in the last Quarterly Report was 97%.

A.14 If there was timeliness non-compliance, was related to shortage of staffing?	N-1, N-4, N/A-28	The percentage for this report is less than 1%. The percentage in the last report was 30%. A low percentage is a positive fact. **Improved Compliance**
A.15 At the location of the incident at the time of the incident, was staffing compliant with Settlement Agreement requirements?	Y-12, N-10, Blank-11	The percentage for this report is 36%. The percentage in the last Quarterly Report was 47%

Case Assessment Instrument – Section B – Police and Prosecutorial Investigation		
Assessment Criterion	**Status Y/N/NA**	**Comment**
B.1 Was the incident report received from the facility within 24 hours of the time recorded as the point of knowledge of the incident?	Y-14, Blank-1	For this reporting period the PRDOJ and the PR Police Department sent information related to 15 of 36 cases selected. Most of the forms were not evaluated due to lack of data.
B.2 If the case was considered serious by the facility where the incident took place, were the police contacted within 24 hours?	Y-14, Blank-1	
B3. Were PRPD expectations met for promptly initiating an investigation?	Y-14, Blank-1	
B.4 Did PRPD investigators determine that evidence was appropriately preserved?	Y-6, N/A-8, Blank-1	
B.5 If prosecutors communicated an intent to proceed criminally, was AIJ informed to delay any compelled interview of the subject until the criminal investigation was completed?	N-1, N-9, N/A-4, Blank-1	
B.6 Were PRPD expectations met for timeliness in completing the investigation?	Y-14, Blank-1	
B.7 Was completion of the investigation documented?	Y-14, Blank-1	
B.8 If there was timeliness non-compliance, was related to shortage of staffing?	N-10, N/A-4, Blank-1	

Case Assessment Instrument – Section C – Facility Investigation		
Assessment Criterion	**Status Y/N/NA**	**Comment**
C.1 If there were potential injuries, did the investigation include photographs of visible injuries?	Y- 33	The percentage for this report is 100%. The percentage in the last Quarterly Report was 86%.
C.2 Was there a personal interview of the victim(s) with a record of the questions and answers?	Y-15, N/A-18	The percentage for this report is 45%. The percentage in the last Quarterly Report was 44%.
C.3 Was there a personal interview of the alleged perpetrator(s) with a record of the questions and answers?	Y-15, N/A-18	The percentage for this report is less than 45%. The percentage in the last Quarterly Report was 44%.
C.4 Was physical evidence preserved and documented?	Y-1, N-3, N/A-29	The percentage for this report is less than 1%. The percentage in the last Quarterly Report was less than 1%. The evaluation show confusion with Level I cases.
C.5. If the incident was classified as Level I, was the investigation completed within 20 calendar days?	Y-15, N/A-18	The percentage for this report is 45%. The percentage in the last report was 39%. Seventeen cases were classified as Level II.
C.6 Was the completion of the investigation documented in the tracking database?	Y-33	The percentage for this report is 100%. The percentage in the last report was 100% The agency has a manual database.
C.7 If there was timeliness non-compliance, was related to shortage of staffing?	Y-1, N/A-32	The answers do not represent the facilities real situation. Every facility has an internal investigator.

Case Assessment Instrument – Section D – OISC Investigation		
NOTE: Completed only for Level II cases.		
Assessment Criterion	**Status Y/N/NA**	**Comment**
D.1 If the case was a Level II case, was the referral received by SAISC within 24 hours?	Y-15, N-2	For this reporting period 17 Level II cases were selected. The percentage for this report is 88%. The information in the last Quarterly Report was 75%.
D.2 Did SAISC complete (and transmit to AIJ and the PRDOJ) an investigation within 30 calendar days of the receipt of the initial referral by SAISC?	Y-8, N-9	The percentage for this report is 47 %. The information in the last Quarterly Report less than 50%.
D.3 Did the investigation meet SAISC's standards for investigation quality?	Y-17	The percentage for this report is 100%. The information in the last Quarterly Report was 100%.
D.4 Did the investigation provide a description of the alleged incident, including all involved persons and witnesses and their role?	Y-17	The percentage for this report is 100%. The information in the last Quarterly Report was 100%.
D.5 Did the investigation provide a description and assessment of all relevant evidence?	Y-17	The percentage for this report is 100%. The information in the last Quarterly Report was 100%.
D.6 Did the investigation provide proposed findings?	Blank-17	The percentage for this report is less than 0%. The information in the last Quarterly Report was 1%. According to the evaluation OISC investigations provide proposed findings in most of the cases however, the forms (evidence) sent were not completed accordingly.
D.7 If there was timeliness non-compliance, was it related to shortage of staffing?	Blank-17	The percentage for this report is 0%, the answer to this question was “Blank” in all the forms sent. In the last Quarterly Report the percentage was 55%.
D.8 Did SAISC completed the investigation within 30 days of receipt of the referral?	___	Not provided

Case Assessment Instrument – Section E – Case Tracking and Outcomes		
Assessment Criterion	**Status Y/N/NA**	**Comment**
E.1 At the time of the assessment of this case with this instrument, was the tracking database complete for this case?	N/A-9	For this reporting period information related to 9 cases was sent and evaluated. Coordination between OISC, UEMNI and the PRDOJ could be helpful to complete this table.
E.2 Was the initial investigation (284-A) faxed within 24 hour?	N/A-9	
E.3 Was the facility investigation completed within 20 days?	N/A-9	
E.4 If the incident was serious (involving allegations of: abuse; neglect; excessive use of force; death; mistreatment; staff-on-juvenile assaults; injury requiring treatment by a licensed medical practitioner; sexual misconduct; exploitation of a juvenile's property; and commission of a felony by a staff person or juvenile) was SAISC notified and the case referred within 24 hours?	N/A-9	
E.5 If applicable, was a SAISC investigation completed and transmitted to PRDOJ within 30 days of receipt by SAISC?	N-7, N/A-2	
E.6 Did AIJ reach an administrative determination concerning the case which is documented in the tracking database?	N/A-9	
E.7 Is there a document demonstrating review, by PRDOJ prosecutors of the PRPD investigation, which documents a prosecutorial determination as to whether to prosecute or not?	Y-6, N-3	
E.8 If there was timeliness non-compliance, was is related to shortage of staffing?	N-2, N/A-7	

Case Assessment Instrument – Section F – Monitor's Office Assessment		
Assessment Criterion	**Status Y/N/NA**	**Comment**
F.1 Does the Monitor's Office confirms the timeliness facts as asserted in Page A?	Y-29, N-4	All the cases were reviewed and the Monitor's Office confirmed the information provided by the facilities 88% of the cases. The percentage in the last Quarterly Report was 89%.
F.2 Does the Monitor's Office confirms the timeliness facts as asserted in Page B?		For this reporting period the Monitor's Office received information related to 15 cases however, it is not enough to confirm timeliness.
F.3 Does the Monitor's Office confirms the timeliness facts as asserted in Page C?	Y-32, N-1	The percentage for this report is 97%. The percentage in the last Quarterly Report was 83%
F.4 Does the Monitor's Office confirms the timeliness facts as asserted in Page D?	Y-16, N-1	The percentage for this report is 94%. The percentage for the last Quarterly Report was 90%.
F.5 Does the Monitor's Office confirms the timeliness facts as asserted in Page E?		For this reporting period information related to 17 cases was sent and evaluated.
F.6 Does the Monitor's Office confirms the investigation quality as asserted in page B?		For this reporting period the Monitor's Office received information related to 15 cases however, the information can't be used to confirm a level of quality.
F.7 Does the Monitor's Office confirms the investigation quality as asserted in page C?	Y-33	The percentage for this report is 100 %. This percentage only means that the Monitor's Office confirms the information provided by the facilities not a percentage of compliance.
F.8 Does the Monitor's Office confirmed the investigation quality as asserted in page D?	Y-17	The percentage for this report is 100%. This percentage only means that the Monitor's Office confirms the information provided by OISC not a percentage of compliance.

Document Attachment G: Consultant Report on Facilities

SITE VISIT REPORT
Prepared by Monitor's Consultant Curtiss Pulitzer
November 3, 2013

CTS Bayamon

I was accompanied on my tour by Javier Burgos and Ricardo Blanco from the Monitor's Office, the Fire Safety Coordinators, Ricardo Betancourt and Jose Cancel, the physical plant manager Henrick Harbor as well as Pedro Santiago, Luis Ortiz and Taraneh Ferdman. **There had been some considerable improvements at CTS Bayamon from my prior visit with many of the air conditioning units having been repaired.** The facility was also in a very good state of repair. There were new Unit capacity signs above the entry doors leading into the housing buildings. The following observations were made during my tour:

1. Blue Building (population 4 youth – Mental Health; module 2 only)

- The Blue Building repairs have been completed and overall the housing unit was in very good physical condition.
- The exterior of the building was being pressure cleaned
- All the air conditioning units were working well.
- The minor mold problems that had been on the ceiling of the education module have not resurfaced.
- The showers that have received the new special epoxy paint treatment that I had recommended is holding up very well and there was still no mold developing in the showers as has historically happened when inferior epoxy products had been applied.
- The scratched Lexan in the windows and doors of the lower dorm rooms of Module 3 were still there but new Lexan was on order. The module was empty.
- There is still shower water that is escaping from the showers on to the mezzanine. I have recommended several times that AIJ look at a Velcro shower curtain product made by the Imperial Fastener Company (just one example) that provides a shower curtain system with no hooks, pins, or cords but it is attached with Velcro tabs. There has been no movement yet on this recommendation. This product and others similar to it are designed for the correctional market.

2. Orange Building (population 20 youth – Module 2 had 14 level IV youth and 6 youth were in CER in Module 1)

- The A/C appeared to be working well in all the units.
- New day light bulbs were placed in all the units.

- The dayroom floors, group showers and the cells with showers in them all need the new painting treatment. Hopefully, the new product being used by AIJ in the Blue Building and at Guayama can be applied in these locations.
- In general, the building was in good condition.
- The condensation that had surfaces in the program module had been repaired.

3. Green Unit (population 0 youth)

- This Unit remains closed. However, the wiring damaged from the broken water pipes adjacent to mini-control is fixed.
- The agency is waiting for parts for several of the doors and the consoles to be able to reopen this unit**.** The electronic panel boards are still being worked on.

4. Yellow Building (population 32 youth – 12 in Module 1; 11 in Module 3; 9 in Module 2 (adjudicated youth waiting to enter CER)

- The unit was in very good condition.
- All the showers were in need of treatment with the new product DCR is now using. One of the floor drains in the shower was still broken and the youth could hurt easily hurt themselves. DCR said they were working on fixing this.
- In Module 3, the A/C was still working well.
- In the program module, the ceiling had been repaired and the air conditioning was working well.
- In Module 2 only one A/C fan motor was working. The day room and the cells were not very cool.

5. Medical/Social Services Area

- The ceilings in the common area of the clinic ***had been fixed*** again after having gone through extensive repairs that had lasted for several months.
- The air conditioning in the clinic was working well as a new A/C unit had been installed.
- The registers that lead from the extended the ducts that were put in place to provide some cooling and humidity control and avoid mold problems in the large volume adjacent to the clinic and infirmary volume were in place, although the A/C from the infirmary side was not working. There is still a dispute as to whether plastic sheeting to keep the cooled air from escaping from the screened window openings should be installed. The A/C company that does repairs in this area stated that the openings need to be left uncovered. DCR was to investigate this further but have heard no further news.
- While the elevator in this building had been repaired earlier in the year after being broken for several years it was still not working due to a circuit problem.
- The air conditioning in the infirmary was still ***not working***. The agency told me they are waiting for a new 3 ton air conditioning unit which was due to arrive in a few weeks.

- While the infirmary remains empty, it was cleaned and was in very good shape. The leaks that had started again on my prior visit ***had been repaired***.
- As I have said many times before, a tremendous amount of money was spent here to create crisis and suicide watch beds to serve not only Bayamon but also other facilities. In addition, this is the only juvenile facility with the ability to appropriately provide in-patient skilled nursing care to serve not only CTS and CD Bayamon but other facilities as well. I have been requesting that the agency provide the Monitor's Office with a medical and mental health operations plan. This request has been on-going for more than ***five years*** on how DCR plans to utilize this amazing yet unused resource.

6. Dining Room/Visitation and Kitchen

- The air conditioning in the dining room ***was repaired.***
- The roof in the kitchen and warehouse have been repaired and the roof sealed and there are no more water leaks. I observed no new leaks.
- The tray washing machine equipment was being used adjacent to the dining room again.
- A new stove, ice machine and new kitchen faucets were installed in the kitchen.

7. Laundry

- The laundry looked in very good condition and all the washers and dryers continued to be working.
- The storage areas remain cleared of all flammable material which is critical in maintaining life safety in this area.

8. Education

- School was closed.
- There still are a number of A/C problems. The air conditioning was not working in the counseling area. On the 2nd floor the office next to the classroom has a hose leak and is causing much condensation. The A/C in the small classroom/office is actually too strong. The same condition exists in the English classroom.
- Air conditioning is still lacking in the Chapel.
- The Hair Care Vocational Classroom is now being used for storage.
- The air conditioning was not working in two of the classrooms.

9. Gymnasium

- As reported in my earlier site visits the Gymnasium is in excellent condition

10. Overall Security and Site Issues

- The air conditioning was working well in Central Control and the condensation drain issue has not recurred. The door into Central Control was ***not*** secured as it should be.
- The electronic overhead door into the vehicle sallyport was not working.
- The security monitoring lights on the consoles were ***fixed.***

- The fire and smoke alarms ***are working***
- The air conditioning in security operations was working well.
- The air conditioning in the Intake area was working well.
- The remaining security gate has been replaced.
- The air conditioning in Intake which had been repaired was still working well.
- The intercom from the exterior overhead door outside the vehicle sallyport to central control still ***does not work***.
- The air conditioning in the security office was still working well.
- There was continuing improvement in removal of vines from the perimeter fences but more clean-up is required. Much of the vegetation inside and in front of the perimeter fences has been cleared, ***and egress paths from fire exits appeared to be cleared of vegetation.***
- Hasps on the inner perimeter fence need to be repaired and all gates leading out from the inner perimeter need to be secured
- Perimeter security lights were repaired and I presumed were still working.
- The CCTV system for the facility has never been completed
- The service yard is still in a fair state of repair and should be repaved but most of the debris that had been stored there previously has been removed greatly improving its functionality.

Systemwide Plumbing Report

The full summary by facility appears below. The data was collected in late September of this year.

Plumbing Conditions Summary

July - September 2013

Facility	Modules in use	Toilets			Urinals			Showers			Sinks			Drinking Water	Hot water available (yes/no)	Comments	Summary of Broken Fixtures
		# toilets	# broken	# available	# urinals	# broken	# available	# showers	# broken	# available	# sinks	# broken	# available				
CTS Guayama	6 of 9	12	1	11	6	0	6	17	0	17	17	0	17	ok	yes	Two modules used for administrative purposes, Step Down under repairs	1
CTS Humacao	7 of 8	28	4	24	28	1	27	28	2	26	28	3	25	ok	partial	Liviving Unit I closed for repairs	10
CTS Villalba	7 of 8	28	1	27	28	0	28	28	0	28	28	0	28	ok	yes	Unit A-I closed for repairs.	1
CD Bayamon	6 of 8	24	0	24	0	0	0	24	0	24	24	0	24	ok	partial	urinals removed, Living Unit Charlie closed for repairs	0
CTS Bayamon	8 of 11	133	2	131	0	0	0	15	0	15	135	2	133	ok	yes	Green Unit closed for repairs	4
Guali	1	4	0	4	0	0	0	4	0	4	4	0	4	ok	yes	no commets	0
CREANDO	4	12	0	12	0	0	0	12	0	12	18	0	18	ok	yes	Last group finished on Aug. - 2013	0
Totals	**33 of 49**	**241**	**7**	**233**	**62**	**1**	**61**	**128**	**2**	**126**	**254**	**5**	**249**	**/**	**/**	**/**	**16**

Appendix H: Report of Monitor's Consultant David Bogard

A. Site Visits and Functional Team Meetings

I conducted site visits at the following facilities and dates: CTS Villalba (8/6/13); CTS Humacao (8/6/13); CD Bayamon (8/7/13 and 9/11/13); CTS Bayamon (8/7/13); CTS Ponce (9/10/13); CTS Guayama (9/10/13)
I met with my Functional Team on September 11, 2013.

B. Comments on Disciplinary Provisions

S.A. 77

- Section C of this report includes the use of force data tables for the previous quarter as well as the current one. The numbers of use of force incidents increased substantially from the second quarter to the third quarter. The raw number of use of force incidents doubled from 23 to 46 and the number of youth against whom force was used increased from 89 to 162 (+82%).[1] Significant increases in use of force events occurred at CD Bayamon and CTS Bayamon.
- Pepper Spray (OC) continues to be used in 100% of incidents at Humacao, a clear violation of DCR policy 9.18, which requires that OC be "used only in extreme situations and as a last resort." The excessive and routine use of OC may be a function of the ongoing problem of youth at Humacao possessing razor blades and other sharp objects that could be used as weapons. Since July, 14 juveniles have received discipline for possessing blades. In other words, higher levels of force (exceeding that permitted by DCR policy, may be a function of the availability of weapons possessed by juveniles in that facility, which is an indication of the degree to which the juveniles feel unsafe and that they must have weapons for protection rather than being able to rely on staff.
- There were six incidents involving eight or more youth, a continuation of the disturbing pattern of large scale incidents, frequently with large numbers of youth attacking one victim as a result of leadership struggles or resistance to leaders.
- There were eight use of force events at Guaili, an unprecedented number. This, however, is likely attributed partially to the recent increase in the number of youth housed in that unit from typically 2-3 to as many as six at one point recently. In addition, one youth was involved in six of the eight incidents suggesting that his presence in the unit is a destabilizing influence and raising questions about his mental health status.
- The absence of security cameras and recording capability at all facilities except Ponce Ninas continues to severely hamper the ability of staff to accurately document incidents that occur when large numbers of youth are involved. It makes it nearly impossible to properly identify which youth precipitated incidents, against whom force was actually used, and what manner of force was used by which officers.
- I have worked closely with DRC staff to review and recommend edits to a new use of force policy (9.18) as well as a new policy governing the documentation responsibilities

[1] Some youth may have been involved in more than one incident.

of nurses when youth are brought to the infirmary after being subjected to use of force (Policy 12.1.51).

- There were two incidents in particular that occurred at CTS Humacao in September that cause me significant concern:
    - In one incident that occurred on August 7, a youth allegedly disobeyed an officer's directives to remove paper from his door that was obstructing the officer's view into the room. When the youth refused to comply, the officer entered the room and used OC on the youth after the youth allegedly rushed at the officer. The youth was taken to the nurse, who noted that the source of injuries (pepper spray directly to the face) was "unknown" even though it could have only been as a result of the use of force. Shortly after the incident, a social worker went to her supervisor and the two of them went to the facility director to inform her that the social worker allegedly observed the officer kicking the youth while he was on the floor after having been sprayed with OC. Despite this, the Cernimiento was initially prepared with no referral for investigation, although two days later it was reissued not because of the allegation of the officer kicking the of the nurse's concern about OC being sprayed directly in the youth's face. This incident raises numerous questions about staff complying with their obligations to file mistreatment allegations when it is observed, the use of the Cernimiento screening form, as well as those concerning excessive use of force by staff.
    - In a second incident that occurred on September 26 involving 17 youth, interviews conducted by Monitor's consultants and the deputy monitor with a group of juveniles resulted in multiple allegations of excessive and unnecessary force used by staff, especially after the initial incident had been quelled. Allegations included officers spraying OC on juveniles that had already stopped fighting, and kicks to the sides of juveniles as they lay prone. This matter has been referred for an OISC investigation per a referral prompted by completion of the Cernimiento form the day after the incident.
- Another incident of note occurred at CTS Guayama on August 9 at 10:40 PM, when OC was used against a juvenile in an incident in Module 8. While the youth was decontaminated in the housing area, no nursing staff were on site at that time of night and the youth was not seen by medical staff until the next morning. This appears to have been a breakdown in the "on-call" system that is in place to deal with medical care when staff are no longer on-duty in the institutions. A 284A was filed in this case.

S.A. 74

- I have been spot checking disciplinary logs and sample disciplinary reports and associated documentation of hearings. I suggest that DCR evaluate their compliance with this provision, including ensuring that the disciplinary system does not break down for weeks at a time when personnel are transferred or otherwise unavailable to keep the disciplinary system functioning. This was observed at CTS Humacao.

S.A. 80

- Education services continues to be the most significant obstacle to compliance with this provision as it relates to protective custody and transitional measures. Youth are consistently not receiving services comparable to those in other statuses. Victor Herbert has recently met with the new head of education for DCR and is attempting to work with education staff to find ways to address this clear deficiency.
- DCR has agreed to implement a new form to be used for documenting the receipt of services, including the daily amount of daily time that teachers spend with youth.
- Documentation of 15 minute observations to insure the safety of youth continues to be inconsistent. New forms have been developed, along with revisions to policies 17.19 and 17.20, to require that observations be performed on an irregular basis, to increase the detail provided on the forms about the status of youth (through codes, so as to require less writing by officers), and to require that actual times are noted on the forms rather than officers merely initialing next to pre-printed times or automatically indicating that observations were made at 15, 30 and 45 minutes after each hour. These changes will go into effect at the beginning of 2014 and it is my hope and expectation that staff will be properly trained in these new methods of insuring the safety of youth in protective custody and transitional measures.

C. Review of Use of Force Incidents

The following table addresses use of force data from this quarter as reported on a weekly basis by the institutions. Bob Dugan and I continue to perform quality assurance checks on the weekly data being reported by the institutions when we visit each site and review primary and secondary forms of documentation.

Note that more than one form of force may sometimes be used on a youth in a single event (e.g., separate the minors, take to the floor, apply mechanical restraints).

The summary tables for this quarter and the previous one are shown below. I discussed aspects of these data in my discussion of S.A. 77 above, although a few observations warrant mention:

- The number of youth subjected to use of force increased from 89 to 162 this quarter, an 82% increase.
- The incidences of physical restraint increased from 97 to 241, a 148% increase.
- The number of use of force events doubled, from 23 to 46
- The substantial increase in use of force events at CTS Bayamon may be because of a lack of reporting by that institution in the previous quarter.

Q3-2013

Institution	Physical Restraints	Mechanical Restraints	OC	Events	# Youth	Notes
Ponce Ninas	28	1	0	8	15	
Villalba	69	0	0	4	29	Incl. one incident with 14 youth and one with 12
Humacao	24	0	47	6	47	Incl. one incident with 17 youth; OC used on every youth
CD Bayamon	15	0	0	7	11	
CTS Bayamon	70	0	0	9	30	
Guayama	18	0	1	4	18	Incl. one incident with 11 youth
Guaili	17	1	0	8	12	1 youth involved in 6 incidents
Totals	241	2	48	46	162	

Q2-2013

Institution	Physical Restraints	Mechanical Restraints	OC	Events	# Youth	Notes
Ponce Ninas	19	1	0	10	17	
Villalba	16	0	0	3	7	
Humacao	39	0	40	6	46	Includes June 29 incident with 38 youth
CD Bayamon	14	0	2	2	14	Includes April 7 incident with 12 youth
CTS Bayamon	0	0	0	0	0	
Guayama	9	0	2	2	5	April 17 incident with 90+ youth not reported by the institution.
Guaili	0	0	0	0	0	
Totals	97	1	44	23	89	

Document Attachment I: Site Visit Chronology

The following is a list of the site visits conducted with participation by officials of the Monitor's Office.

July 9, 2013:	Consultant Víctor Herbert visited CD & CTS Ponce Niñas and CTS Guayama.
July 10, 2013:	Consultant Víctor Herbert visited CTS Humacao.
July 11, 2013:	Consultant Víctor Herbert visited CD & CTS Bayamón.
July 18, 2013	Deputy Monitor Javier Burgos and Associated Monitor Ricardo Blanco visited CD Bayamón.
August 6, 2013:	Consultants David Bogard and Bob Dugan, Deputy Monitor Javier Burgos and Associated Monitor Ricardo Blanco visited CTS Villalba and CTS Humacao.
August 7, 2013:	Consultants David Bogard and Bob Dugan, Deputy Monitor Javier Burgos and Associated Monitor Ricardo Blanco visited CD & CTS Bayamón.
August 10, 2013:	Consultants David Bogard and Bob Dugan, and Deputy Monitor Javier Burgos visited CTS Ponce Girls and CTS Guayama.
August 20, 2013:	Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco visited CTS Humacao.
August 21, 2013:	Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco visited CTS Guayama.
August 27, 2013:	Consultant Marelli Colón and Deputy Monitor Javier Burgos visited CTS Guayama.
September 10, 2013	Consultants David Bogard and Bob Dugan, and Deputy Monitor Javier Burgos visited CTS Ponce Girls and CTS Guayama.
September 11, 2013	Consultants David Bogard and Bob Dugan, and Deputy Monitor Javier Burgos visited CTS and CD Bayamón.
September 25, 2013	Deputy Monitor Javier Burgos visited CTS Humacao.

THE UNITED STATES OF AMERICA

Plaintiff,

v. CIVIL ACTION NO. 94-2080 CC

COMMONWEALTH OF PUERTO RICO

Defendants,

Monitor's Compliance Ratings
Third Quarter 2013

Provision	P	S	R	T	D	G	Comment
Compliance Category and Rating Definitions							
Compliance Category P	This category concerns Policy Compliance as required by Settlement Agreement paragraph 45. "Y" means that there are sufficient written policies and procedures in place so that, if they were implemented, compliance would be achieved. A "Y" also means that there are no policies and procedures in place that are inconsistent with the provision.						
Compliance Category S	This category concerns Staffing Compliance as required by Settlement Agreement paragraph 48. "Y" means that there are sufficient authorized and filled positions so that compliance could be achieved. Temporary vacancies are acceptable, provided that functional coverage is provided while the position is vacant, and the process of replacing the employee proceeds promptly.						
Compliance Category R	This category concerns Resource Compliance as required by Consent Order paragraph 44. "Y" means that there are sufficient funds, equipment and supplies and space that compliance can be achieved.						
Compliance Category T	This category concerns Training Compliance as required by Settlement Agreement paragraph 45. "Y" means that the necessary training has been provided, and that the training informs the employees as to how to implement the provision involved.						
Compliance Category D	This category concerns Documentation Compliance as required by Settlement Agreement paragraph 101. "Y" means that there is procedures and forms in place and in use to document whether compliance is being achieved or not. A "Y" can be assigned when the documentation accurately shows non-compliance.						
Compliance Category G	This category concerns General Compliance - the overall achievement of compliance with the provision involved.						
Compliance Rating Definitions	**"Y"** means that compliance is achieved. **"N"** means that compliance is not yet achieved. **"#"** means that the Monitor has not determined whether compliance has been achieved or not. **"I"** means that the category is inapplicable to the provision involved.						

Provision	P	S	R	T	D	G	Comment
Facility Provisions							
C.O. 41: Within ninety (90) days of the filing of this Consent Order, Defendants shall repair all defective plumbing in the facilities in this case. The defective plumbing shall be repaired first at Mayaguez, Ponce Industrial, Ponce Detention and Humacao.	N	N	N	#	N	N	Compliance with this provision proves challenging to achieve under the current AIJ/DCR operating procedures and policies as it pertains to maintenance. Key issues are a lack of sufficient numbers of maintenance personnel coupled with an arcane procurement process for parts. The defendants concur with this assessment through numerous conversations with the monitor's office. Based on recent conversations and observations the agency appears to be making some progress in addressing plumbing and maintenance repairs in a timelier manner. See my Site Visit section in the quarterly report for the current quarter's plumbing compliance report.
S.A. 29. Each new facility shall be built in accordance with: (1) the American Correctional Association's (hereinafter "ACA") standards in effect at the time of the construction; (2) the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213 and 47 U.S.C. §§ 225 and 611, and the regulations thereunder; and (3) all Commonwealth fire codes and regulations.	Y	I	N	Y	N	N	AIJ/DCR is close to compliance with this provision pending the availability of appropriate documentation to prove full compliance with all three provision requirements. Resources to fully comply with ADA regulations have not been made available.
S.A.31. Existing facilities expected to be occupied by juveniles beyond Fiscal Year 1996-1997 shall conform to applicable federal, state and/or local building codes.	N	I	N	N	N	N	There are still life and fire safety violations that have not been remedied to date. The Commonwealth has not allocated sufficient resources to allow compliance of this provision.
S.A. 34. In order to properly equip and swiftly evacuate the facilities in the event of a fire or other emergency, in each facility, Defendants shall provide sufficient staff with appropriate keys to unlock exit doors in all buildings occupied by juveniles. The keys shall be color coded and notched or otherwise readily identifiable. Defendants shall also store a backup set of emergency keys at a place accessible at all times to staff on duty on all shifts.	Y	#	#	#	#	N	The AIJ Fire Safety Officer has developed policies and procedures for emergency key control but the monitor's office has not yet received it. Providing sufficient staff to unlock exit doors is not in compliance at Humacao as the electrification of the cell doors has not happened as AIJ/DCR has proposed. In addition, AIJ/DCR needs to ensure sufficient staff with proper communication to staff in the living units, are always working in the Housing Control stations on all shifts to operate the control panels to remotely unlock all doors in Villalba, and CTS and CD Bayamon. AIJ/DCR has commenced the process to properly color code and notch emergency keys and also to store them in accessible; locations to staff on all shifts.

Provision	P	S	R	T	D	G	Comment
S.A. 35. Defendants agree that designated exit doors in all facilities will be maintained in operable condition and shall be readily unlocked in case of an emergency.	Y	#	N	#	N	N	Non-compliance with the resource designation in this provision relates to the lack of staff and funds in regards to maintenance and repair of all exit doors as well as current maintenance procedures and procurement policies. The monitor's office is waiting to see the monthly automated results from the fire safety officers at each facility documenting that all exit door are maintained in operable condition and can be readily unlocked. This documentation is supposed to be available to the monitor's office in AIJ's new data and tracking system.
S.A. 37. AIJ policy shall ensure safety for juveniles and staff by requiring compliance with fire safety code requirements. Specific emergency plans shall be developed and copies made available to staff members. There shall be ongoing training programs and emergency procedures shall be reviewed and updated annually.	Y	Y	Y	#	#	N	Pedro Santiago the AIJ/DCR Fire Safety Officer has verbally reported that he has been providing ongoing training in all emergency procedures to the fire safety coordinators. However, there is no documentation to substantiate this. There is also no documentation indicating that ongoing training for all other staff is occurring nor documentation that emergency procedures are reviewed and updated annually.

Provision	P	S	R	T	D	G	Comment
Policies and Procedures							
S.A. 45. Within one year of the approval of this agreement by the Court, Defendants agree to provide an agency policy and procedure manual governing all operational aspects of the institutions. Within eighteen months of the approval of this agreement by the Court, Defendants shall further insure that the facilities are strictly operated within these policies and procedures and that all staff have been trained accordingly.	Y	I	I	#	#	N	In the rest of this table, policies and procedures are rated as a compliance problem for many of the provisions in this case. See the compliance rating in Column T which identifies when a training deficiency is a factor in compliance. While having developed and routinely updated a manual is a factor in compliance, the Monitor considers operational compliance with the policies and procedures, along with ongoing training in the requirements of the policies and procedures to also be requirements for compliance.
Staffing							
S.A. 48. Defendants shall ensure that the facilities have sufficient direct care staff to implement all terms of this agreement. Direct care staff supervise and participate in recreational, leisure and treatment activities with the juveniles. Compliance can be demonstrated in either of two ways.	N	N	N	N	Y	N	For the 3rd quarter of 2013, all of the facilities submitted the staffing compliance reports. Agency meeting staffing ratio requirements: 6:00 am- 2:00 pm shift: 27% of events, 2:00 pm- 10:00 pm shift: 27% of events 10:00 pm- 2:00 am shift: 87% of events Guaili has met 100% staff youth ratio requirements for fifteen consecutive quarters.
January 2009 Stipulation Paragraph 1: All necessary steps shall be taken immediately to ensure the reasonable safety of youth by providing adequate supervision of youth in all facilities operated by, or on behalf of, the Defendants.	Y	N	N	N	N	N	This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.

Provision	P	S	R	T	D	G	Comment
January 2009 Stipulation Paragraph 2: All necessary steps shall be taken to provide sufficient direct care staff to implement the Consent Decree and adequately supervise youth, pursuant to Paragraph 48,	N	N	N	N	N	N	The requirement that 50 YSOs be hired each month was terminated by the Court on September 13, 2011 (Docket 991) The commonwealth reported at the May 2013 Monitor's Conference that they intended to hire 100 new YSOs for December 2013 and 100 new YSO for February 2013.
January 2009 Stipulation Paragraph 3: Defendants will include as direct care staff all social workers assigned to its institutions, once such staff receive forty (40) hours of pre-service training, pursuant to Paragraph 49 of the Consent Decree. The same shall also receive annual training as direct care staff, pursuant to Paragraph 50 of the Consent Decree.	#	#	#	#	#	#	The Commonwealth has decided not to employ this provision to enhance coverage.
January 2009 Stipulation Paragraph 4: All persons hired to comply with Paragraph 48 shall be sufficiently trained, pursuant to Paragraph 49 of the Consent Decree, before being deployed. Defendants shall deploy all duly trained direct care staff, pursuant to Paragraph 49, to juvenile facilities in a timely manner.	Y	N	N	#	N	N	The new YSOs have been deployed to youth corrections facilities.
January 2009 Stipulation Paragraph 5: On the fifth day of every thirty-day period commensurate with the Order approving this Stipulation, Defendants shall submit a report to the Monitor and the United States providing the following: a. the number of current direct care staff, by position classification, at each facility; b. the number of qualified direct care staff hired during the previous period; c. the number of hired direct care staff in the previous period who were hired and have received pre-service training, pursuant to Paragraph 49; and d. the juvenile facilities where the direct care staff who were hired in the previous quarter and have received pre-service training, pursuant to Paragraph 49, have been deployed or assigned.	Y	Y	Y	Y	Y	Y	The reports are being provided. However, they are not reporting compliance with the other parts of the stipulation.

Provision	P	S	R	T	D	G	Comment
Training							
S.A. 50. Defendants shall ensure that current and new facility direct care staff are sufficiently well-trained to implement the terms of this agreement. Each direct care staff, whether current or new, shall receive at least forty (40) hours of training per year by qualified personnel to include, but not be limited to, the following areas: CPR (cardiopulmonary resuscitation); recognition of and interaction with suicidal and/or self-mutilating juveniles; recognition of the symptoms of drug withdrawal; administering medicine; recognizing the side-effects of medications commonly administered at the facility; HIV related issues; use-of-force regulations; strategies to manage juveniles' inappropriate conduct; counseling techniques and communication skills; use of positive reinforcement and praise; and fire prevention and emergency procedures, including the fire evacuation plan, the use of keys, and the use of fire extinguishers.	Y	N	N	I	N	N	• This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. • Compliance tables documenting training within the agency as required in this stipulation have not been submitted to the Monitor since 2011. A summary narrative was provided in an e-mail attachment indicating a 50% rate of compliance for direct contact staff during 2012. This is a potentially dangerous situation.
Classification							
S.A. 52. At both the detention phase and following commitment, Defendants shall establish objective methods to ensure that juveniles are classified and placed in the least restrictive placement possible, consistent with public safety. Defendants shall validate objective methods within one year of their initial use and once a year thereafter and revise, if necessary, according to the findings of the validation process.	N	#	#	#	Y	N	• DCR has solicited for validation study of committed and detention youth . • Staff have been trained on the youth detention classification instrument. Documentation has been provided for the classification of youth for detention for the months of the 3rd quarter. • The third quarter CD Bayamón admission classification resulted in 262 admissions, of which 218 (83%) are classified as low; 38 (15%) are classified as moderate; 0 (0%) are classified as severe; and 8 (3%) were released prior to classification.

Provision	P	S	R	T	D	G	Comment
Mental Health and Substance Abuse Treatment							
S.A. 59. Defendants, specifically the Department of Health (ASSMCA), shall provide an individualized treatment and rehabilitation plan, including services provided by AIJ psychiatrists, psychologists, and social workers, for each juvenile with a substance abuse problem.	N	N	Y	#	N	N	In most cases, individual needs are identified but the treatment is not individualized. In some cases, significant needs were not identified. The use of medications as treatment modality is not included. Refer to report for further details and information.
C.O. 29: Defendants shall maintain an adequate 48 bed residential mental health treatment program which provides services in accordance with accepted professional standards, for juveniles confined in the facilities in this case in need of such services as determined by a qualified child and adolescent psychiatrist as part of a qualified interdisciplinary mental health team.	N	N	N	#	N	N	Currently the Commonwealth does not comply with the number of beds established in this stipulation.
C.O. 34. Within 160 days of the filing of this Consent Decree, Defendants shall train all staff whose responsibilities include supervision of the juveniles regarding the effective recognition of suicidal and/or self-mutilating behaviors.							This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.
C.O. 36. Within 120 days of the filing of this consent Order, Defendant Juvenile Institutions Administration shall provide continuous psychiatric and psychology service to juveniles in need of such services in the facilities in this case either by employing or contracting with sufficient numbers of adequately trained psychologists or psychiatrists, or by contracting with private entities for provision of such services. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum, a thorough psychiatric evaluation. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum diagnostic tests before prescription of behavior-modifying medications.	N	N	#	N	N	N	Psychiatrists are not clearly documenting in their notes, the clinical indication for the use of psychotropic medications. Notes were extremely difficult to find, as each psychiatrist documents in different sections. Based on what NIJ clinicians documented on the electronic records, youth that required residential treatment services were not receiving them. • Refer to report for further information

Provision	P	S	R	T	D	G	Comment
S.A. 63. For each juvenile who expresses suicidal or self-mutilating ideation or intent while incarcerated, staff shall immediately inform a member of the health care staff. Health care staff shall immediately complete a mental health screening to include suicide or self-mutilation ideation for the juvenile. For each juvenile for whom the screening indicates active suicidal or self-mutilating intent, a psychiatrist shall immediately examine the juvenile. The juvenile, if ever isolated, shall be under constant watch. Defendants shall develop written policies and procedures to reduce the risk of suicidal behavior by providing screening for all juveniles at all points of entry or re-entry to AIJ's facilities and/or programs and by providing mechanisms for the assessment, monitoring, intervention and referral of juveniles who have been identified as representing a potential risk of severe harm to themselves. Treatment will be provided consistent with accepted professional standards.	Y	#	N	N	N	N	There is a suicide prevention program that includes policies, protocols and staff training. The program includes an ongoing identification process, management, and stabilization of at-risk or suicidal juveniles. The staff does not always implement the policies and protocols as stipulated. The screening instrument is completed, but not necessarily correctly, therefore losing its validity and purpose of properly identifying an emergency. The youth is rarely examined by the psychiatrist, this is usually done by the psychologist in communication with the psychiatrist.
S.A. 72. All juveniles receiving emergency psychotropic medication shall be seen at least once during each of the next three shifts by a nurse and within twenty-four (24) hours by a physician to reassess their mental status and medication side effects. Nurses and doctors shall document their findings regarding adverse side effects in the juvenile's medical record. If the juvenile's condition is deteriorating, a psychiatrist shall be immediately notified.	Y	Y	Y	Y	N	N	Juveniles who receive emergency psychotropic medications are usually those whose level of observation is also changed. The psychologist, who is unable to evaluate response or adverse effects to the medication, evaluates this youth. Not one case had documented nursing reassessment in each shift. I could not find any psychiatric notes in reference to the use of emergency psychotropic medications.
S.A. 73. Defendants, specifically AIJ, shall design a program that promotes behavior modification by emphasizing positive reinforcement techniques. Defendants, specifically AIJ, shall provide all juveniles with an individualized treatment plan identifying each juvenile's problems, including medical needs, and establishing individual therapeutic goals for the juvenile and providing for group and/or individual counseling addressing the problems identified. Defendants, specifically AIJ, shall implement all individualized treatment plans.	N	N	N	N	N	N	There is in place a behavioral modification plan that is implemented in all the institutions. The individual component of the plan needs to be revised, as it is not clearly documented in t the evaluation form. Interventional strategies should be developed and implemented when groups or individual youths are consistently unable to meet their goals. Puertas is a mental health residential treatment program, the behavioral plan needs to be different form the other institutions and incorporated in the treatment plan by the psychologist

Provision	P	S	R	T	D	G	Comment
Discipline							
S.A. 74. Defendants shall specify the rules of the facilities with a complete list of possible punishments for violations of such rules in the handbook described in ¶ 47 above. Written notice of any rule violation, a hearing before a facility staff person not involved in the investigation of the violation, and an appeal to the facility director shall be provided to a juvenile prior to any punishment being imposed, except that Defendants may administratively segregate a juvenile in emergency or life-threatening situations. In the event of an emergency, when circumstances make it inappropriate to hold a hearing prior to segregation, a hearing shall take place within forty-eight (48) hours from the time of segregation.	Y	N	I	N	Y	N	Staff shortages or transfers have resulted in large numbers of disciplinary hearings being severely delayed or never conducted at Humacao.
S.A. 77. In no event is physical force justifiable as punishment on any juvenile. The use of physical force by staff, including the use of restraints, shall be limited to instances of justifiable self-defense, protection of self and others, to maintain or regain control of an area of the facility, including the justifiable protection of significant property from damage; and prevention of escapes; and then only when other less severe alternatives are insufficient. A written report is prepared following all uses of force and is submitted to administrative staff for review. When force, including restraint, is used to protect a youth from self, this must be immediately referred to the medical area for medical and mental health evaluation and any necessary treatment.	Y	N	N	N	N	N	OC is being used against youth in 100% of use of force incident at Humacao, which violates agency policy and does not comply with this provision's requirement that it be used only when less severe alternatives are insufficient. There continue to be large scale incidents with high levels of force used, in part because of the well-documented shortage of staff in the housing units who could otherwise intervene before force is used or before the incident escalates. The number of use of force incidents doubled from Q2 to Q3. Documentation of use of force incidents is inadequate. While not specifically required, the use of cameras and recording equipment, to enable institutional staff to adequately document the facts surrounding use of force incidents, would improve documentation and accountability of staff.. A youth subjected to OC at 10:40 PM at Humacao was not examined by medical staff until the next morning, in violation of agency policy. Staff have not yet been trained in the recently approved language of this provision.

Provision	P	S	R	T	D	G	Comment
Abuse and Maltreatment Investigation and Management							
S.A. 78.a Defendants shall take prompt administrative action in response to allegations of abuse and mistreatment, including steps to protect and treat the victim, steps to preserve evidence and initiate investigation, steps to isolate, separate, and sanction youth and/or staff involved in misconduct or criminal conduct. Defendants' policies, procedures, and practices shall clearly define all incidents that must be reported, to include, at a minimum, allegations of: abuse, mistreatment, neglect, excessive use of force, inappropriate use of restraints, sexual misconduct, and assaults. Defendants shall provide for confidential means of reporting suspected abuse and mistreatment, without fear of retaliation for making such report.	Y	N	N	#	N	N	This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.Policies have been updated to comply with this provision. The Quarterly Case Assessments in the main part of the report consistently reveal the following problem areas: • Evidence is rarely preserved – in only 15% of cases. • Suspected youth are separated from their victim(s) in 27% of the cases assessed.
S.A. 78.b All Defendants' staff or contractors who are involved in, witness, or discover an incident (or evidence of abuse or mistreatment, in the case of a health care worker) shall document the incident or evidence in writing in a standardized incident report. The report shall be submitted to the reporter's supervisor or other designated staff person before the reporter leaves the facility following shift change. The report shall include all relevant details regarding the incident, including a description of the events leading to and immediately following the incident; date, time, and place; all persons involved, including alleged victim(s) and all witnesses; how the incident was detected; reporter's name and signature; and date and time the report form was completed.	Y	Y	Y	#	N	N	This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. Case are reported on a timely basis about 90% of the time. Evidence is preserved in about 15% of cases.

Provision	P	S	R	T	D	G	Comment
S.A. 78.c Within 24 hours of knowledge of a potential abuse incident, the report shall be transmitted to the Commonwealth Police for investigation, the Department of Family Services for statistical reporting, the Department of Corrections, and the AIJ administration. For serious incidents involving allegations of: abuse; neglect; excessive use of force; death; mistreatment; staff-on-juvenile assaults; injury requiring treatment by a licensed medical practitioner; sexual misconduct; exploitation of a juvenile's property; and commission of a felony by a staff person or juvenile, the AIJ administration shall also notify SAISC within 24 hours of knowledge of the potential incident, and 1 hour for any juvenile death, and SAISC shall conduct an administrative investigation.	Y	Y	Y	#	N	N	• This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. • The timeliness of initial reporting by AIJ, based on AIJ records, has been high. • The Commonwealth Police do fully respond to the Monitor's information requests for case analysis information. There are reports provided for about half of the cases, and much information is missing. • Cases are promptly referred to SAISC about 88% of the time.
S.A.78.d Within 24 hours, AIJ shall prepare and forward a copy of each incident report together with the AIJ preliminary investigation to the Police Department, the Department of Family Services, the Department of Corrections, and the AIJ Administration. Every 30 calendar days, AIJ, SAISC and the Commonwealth Police shall report to the Defendant Department of Justice and AIJ the status of each investigation including final determinations and associated administrative and criminal actions. Defendants shall implement appropriate policies, procedures, and practices to ensure that incidents are promptly, thoroughly, and objectively investigated. AIJ, SAISC, and Defendant Department of Justice shall consult throughout an investigation. If Defendant Department of Justice indicates an intent to proceed criminally, any compelled interview of the subject staff shall be delayed until Defendant Department of Justice concludes the criminal investigation, but all other aspects of the investigation shall proceed. Defendant Department of Justice shall review and investigate allegations of serious incidents following a preliminary investigation by the Puerto Rico Police Department.	N	#	#	#	N	N	• This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. • Documentation is insufficient concerning the implementation of investigations by the Commonwealth Police. The Commonwealth Police do fully respond to the Monitor's information requests for case analysis information. There are reports provided for about half of the cases, and much information is missing. See the Attachment to the QR concerning Abuse Referral Case Assessments. The Monitor infers that the Commonwealth Police lack a procedure or policy to fully comply.

Provision	P	S	R	T	D	G	Comment
S.A. 78.e Administrative investigations of serious incidents shall be conducted by SAISC and completed within 30 days of SAISC's receipt of the referral. Administrative investigation of incidents classified as less serious may be conducted internally by appropriate facility staff and shall be completed within 20 days of witnessing or discovering an incident.	Y	#	#	#	N	N	• For the 3rd quarter of 2013, 9 of the 36 cases referred were completed within 30 days. • It appears from the tracking statistics that the substantial majority of serious cases referred to SAISC are not investigated on a timely basis.
S.A. 78.f Defendants shall implement investigation standards in conformance with applicable law, including, at a minimum: photographing visible injuries; preserving and analyzing evidence; conducting separate, face-to-face, private interviews of the alleged victim, perpetrator, and all possible witnesses, with a record of the questions and answers. Whenever there is reason to believe that a juvenile may have been subjected to physical sexual abuse, the juvenile shall be examined promptly by outside health care personnel with special training and experience in conducting such assessments.	N	N	Y	#	N	N	• This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. • No process is in place to assess whether compliance is achieved with respect to investigation quality. • No standards have been formally adopted.
S.A. 78.g Every administrative investigation shall result in a written report explicitly providing: a description of the alleged incident, including all involved persons and witnesses and their role; a description and assessment of all relevant evidence; and proposed findings. Defendants shall ensure that there are sufficient numbers of demonstrably competent staff to timely complete competent and thorough administrative investigations. Responsibilities of investigators shall be clearly designated.	N	N	Y	#	N	N	This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. No process is in place to assess whether compliance is achieved with respect to these aspects of investigation quality.

Provision	P	S	R	T	D	G	Comment
S.A. 78.h AIJ shall conduct case management, for tracking which includes identification of findings and outcomes and dates of stages of case processing, and for oversight of further administrative actions including analysis to identify and implement corrective actions designed to avoid recurrence of incidents. At the conclusion of an administrative investigation, SAISC shall provide copies of the investigation report to AIJ and Defendant Department of Justice. AIJ's quality assurance personnel shall analyze the report and, as appropriate, identify corrective action to address operational, systemic, or other problems identified in the report and ensure that such action is taken.	N	N	Y	#	N	N	This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. Case tracking is inconsistent and incomplete. AIJ lacks staffing and resources to do meaningful analysis of cases
S.A. 78.i Any employee, staff member or contractor who is criminally charged for offenses involving the abuse or mistreatment of juveniles, excessive force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending. Defendants may take additional administrative actions as they deem appropriate.	Y	Y	Y	Y	N	N	• This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. • AIJ policies comply with this provision. • Policies and procedures require separation based on substantiated allegations, which is a higher standard of performance than required in this provision.
Separation Order, of December 4, 2006: Any employee, staff member, or contractor who is criminally charged in the future for offenses involving the abuse or mistreatment of juveniles, excessive use of force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including the removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending.	N	Y	Y	N	N	N	• This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.

Provision	P	S	R	T	D	G	Comment
Protection and Isolation							
S.A. 79. Juveniles shall be placed in isolation only when the juvenile poses a serious and immediate physical danger to himself or others and only after less restrictive methods of restraint have failed. Isolation cells shall be suicide resistant. Isolation may be imposed only with the approval of the facility director or acting facility director. Any juvenile placed in isolation shall be afforded living conditions approximating those available to the general juvenile population. Except as provided in ¶ 91 of this agreement, juveniles in isolation shall be visually checked by staff at least every fifteen (15) minutes and the exact time of the check must be recorded each time. Juveniles in isolation shall be seen by a masters level social worker within three (3) hours of being placed in isolation. Juveniles in isolation shall be seen by a psychologist within eight (8) hours of being placed in isolation and every twenty-four (24) hours thereafter to assess the further need of isolation. Juveniles in isolation shall be seen by his/her case manager as soon as possible and at least once every twenty-four (24) hours thereafter. A log shall be kept which contains daily entries on each juvenile in isolation, including the date and time of placement in isolation, who authorized the isolation, the name of the person(s) visiting the juvenile, the frequency of the checks by all staff, the juvenile's behavior at the time of the check, the person authorizing the release from isolation, and the time and date of the release. Juveniles shall be released from isolation as soon as the juvenile no longer poses a serious and immediate danger to himself or others.	N	#	#	#	N	N	Staffing, Resources and Training are marked as # (unknown) because the parameters of this provision remain confusing and unclear. This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.
S.A. 80. The terms of this agreement relating to safety, crowding, health, hygiene, food, education, recreation and access to courts shall not be revoked or limited for any juvenile in protective custody.	Y	N	I	N	Y	N	Education services provided to youth in this category are severely limited and not at all comparable to that afforded youth in the general population. Current documentation and practices of conducting observations of youth in their rooms are inadequate and inconsistent, invoking the "safety" component of this provision. Documented cases of staff reporting observations that were not accurate. Myriad cases of missing documentation. Staff shortages compromise the safety component of this provision as it relates to staff observations of youth in their rooms. Staff may miss required observations because of workload issues related to inadequate staffing.

Provision	P	S	R	T	D	G	Comment
Education and Vocational Services							
S.A. 81. Defendants, specifically the Department of Education, shall provide academic and/or vocational education services to all juveniles confined in any facility for two weeks or more, equivalent to the number of hours the juveniles would have received within the public education system. Specifically, this education shall be provided 5 (five) days per week, 6 (six) hours per day, 10 (ten) months per year. AIJ shall provide adequate instructional materials and space for educational services. Defendants shall employ an adequate number of qualified and experienced teachers to provide these services.	Y	N	R	I	Y	N	• Staffing compliance continues to improve as it had in the prior school year. • Not all youth receive education for "5 (five) days per week, 6 (six) hours per day, 10 (ten) months per year." .
S.A. 86a. Defendants, specifically the Department of Education, shall abide by all mandatory requirements and time frames set forth under the Individuals with Disabilities Education Act, 20 USC §§ 1401 et seq. Defendants shall screen juveniles for physical and learning disabilities.	Y	Y	Y	I	N	N	The Commonwealth does not maintain a systematic audit of this provision. The Monitor's Office will review such documentation when it is provided. Compliance with 86a requires compliance with 86b.
S.A. 86b. The screening shall include questions about whether the juvenile has been previously identified by the public school system as having an educational disability, previous educational history, and a sufficient medical review to determine whether certain educational disabilities are present, such as hearing impairments, including deafness, speech or language impairments, visual impairments, including blindness, mental retardation, or serious emotional disturbances adversely affecting educational performance.	Y	Y	Y	I	N	N	The Monitor's assessment of special education and mental health services for the 2013 3rd quarter revealed that when a special education student drops out of the community public school before confinement in the agency institutions, he is not always re-evaluated for those services in the institution but is listed as "inactive."

Provision	P	S	R	T	D	G	Comment
S.A. 87. If a juvenile has been previously identified as having an educational disability, Defendants shall immediately request that the appropriate school district provide a copy of the juvenile's individualized education plan ("IEP"). Defendants shall assess the adequacy of the juvenile's IEP and either implement it as written if it is an adequate plan or, if the IEP is inadequate, rewrite the plan to make it adequate, and then implement the revised IEP.	Y	Y	Y	I	N	N	Compliance with the first part of the stipulation is high in that the agency institutions request IEPs and special education files from the community public schools. The request is frequently ignored or results in late delivery preventing compliance with the second part requiring assessment of the documents' adequacy. This is particularly the case in the detention institutions. Nevertheless, detention staff should be commended for the development of provisional IEPs that result in the delivery of some of the mandated services.
S.A. 90. Defendants shall provide appropriate services for juveniles eligible for special education and related services. Defendants shall provide each such juvenile with educational instruction specially designed to meet the unique needs of the juvenile, supported by such services as are necessary to permit the juvenile to benefit from the instruction. Defendants shall coordinate such individualized educational services with regular education programs and activities.	Y	Y	Y	I	Y	N	Since all special education students are mainstreamed with those not certified, they receive the equivalent adult education as the others except for those in protective custody or in transition. See note to S.A. 90 as to the appropriateness of adult education. See note to S.A. 94 about protective custody and transitional compliance.
S.A. 91. Qualified professionals shall develop and implement an IEP reasonably calculated to provide educational benefits for every juvenile identified as having a disability. When appropriate, the IEP shall include a vocational component.	Y	Y	Y	I	N	N	• Certified special education teachers, many of them new to the profession, provide education services to youth. All vocational education positions were filled during this reporting period. • Special education students were enrolled in vocational courses consistent with their IEP recommendations. • As demonstrated in the Monitor's 2013 3rd quarter assessment of special education and mental health services, there continues to be a system wide gap in communication between education and mental health staff. Prescriptions written into the IEP fall into a "one size fits all" admittedly written by educators with scant consultation with mental health staff. It should be noted that in the pilot assessment and that for the 3rd quarter, staff stated that consultation increased significantly.
S.A. 93. Services provided pursuant to IEPs shall be provided year round. Defendants shall ensure that juveniles with educational disabilities receive a full day of instruction five (5) days a week.	#	N	N	I	N	N	Students eligible for special education services, did not receive services from the end of May to the beginning of August. While the Commonwealth has not identified any students that need summer services, the Monitor's Office disagrees that there are no such students. Also, some students eligible for special education services based on their Individual Education Plans were not receiving all of the specified services.

Provision	P	S	R	T	D	G	Comment
S.A. 94. Juveniles shall not be excluded from services to be provided pursuant to IEPs based on a propensity for violence or self-inflicted harm or based on vulnerability. Juveniles in isolation or other disciplinary settings have a right to special education. If required for institutional security, services provided pursuant to IEPs may be provided in settings other than a classroom.	N	N	N	I	N	N	• A recent review of services provided for youth in transition or protective custody, showed that youth are not receiving services comparable to youth who are not in isolation. (See also comment for S.A. 90). • Youth in Protective Custody and Transitional Status receive some services, some days but often materials are delivered to the housing units and students review minimal or no direct services from teachers.
S.A. 95. When an IEP is ineffective, Defendants shall timely modify the IEP.	Y	Y	Y	I	N	N	• All special education positions are filled. • Visits to Humacao and Bayamon CTS indicated that teachers were periodically reviewing students' IEP. • A systematic assessment has not yet been completed by the Commonwealth and provided to the Monitor's Office for review.
Funding and Implementation							
C.O. 43 Until this order if fully implemented, Defendants shall submit to the Legislature of the Commonwealth each fiscal year a report wherein the requirement sums of money will be established so as to implement this Consent order.	Y	Y	N		N	N	• The Commonwealth legal position is that the required report is the agency budget request. The budget request is not routinely provided to the Monitor or the United States. • Since the budget is insufficient to implement the requirements of the decree, the Monitor infers that the request was also insufficient. • There are many provisions in non-compliance with category "R" specified as one of the factors. These are provisions where lack of resources is a factor in non-compliance.