

United States Department of Justice

v.

Commonwealth of Puerto

Civil Action No: 3:94 –cv-02080 (ccc)

Monitor's Second Quarterly Report

April 1 – June 30, 2018

Kim Tandy, Monitor (July 1, 2018)

USACPR Monitoring, Inc.

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Certificate of Service

I HEREBY CERTIFY that this 14th day of September, 2018, I electronically filed the foregoing 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 Kim Tandy

Kim Tandy

Federal Monitor, United States v. Commonwealth of Puerto Rico

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Introductory Statement:

The Second Quarterly Report for 2018 encompasses the individual reports and compliance ratings as determined by the Consultant Team and Deputy Monitor for the period of April 1 – June 30, 2018.

Dr. Ned Benton, who served fifteen (15) years as the Monitor for this case, retired from the position on June 30, 2018. The Parties agreed upon the appointment of Kim Tandy to replace Dr. Benton and entered a Joint Motion on June 13, 2018. While she provided assistance to the Office of the Monitor and Dr. Benton during the transition period between June 13th and June 30, the new Monitor did not assume her role officially until July 1, 2018.

This Second Quarterly Report for 2018 is based upon the work done under the direction of Dr. Benton by the Consulting Team and Monitoring staff. As such, the formatting has remained largely the same in terms of compliance ratings information and the attachment of various reports by the Consultants in the case. An Executive Summary is added to provide a quick snapshot of the current issues remaining and the compliance ratings of each.

The new Monitor is engaged in an initial ninety (90) day assessment process in order to understand and assess the remaining claims under Court supervision, examine the current monitoring process and expert assistance being provided by the Monitoring Team, gain a better understanding of the management, resources, human capital and operations of the defendant agencies in reaching full and faithful compliance, and determine if more effective methods for monitoring and reporting could assist the Commonwealth in its efforts.

The transition of the Monitor has been aided tremendously by the assistance from former Monitor Dr. Ned Benton, the Consultants and Monitoring staff, Counsel for both Parties, and the staff and administration of the Department of Corrections and Rehabilitation. The Monitor is extremely grateful for the level of cooperation and accommodations provided for site visits, meetings, production of documents, and other requests made during this time

Content of Report:

This report begins with a brief Executive Summary which categorizes compliance ratings across all remaining claims, and explains how ratings are assigned by the Monitor and Consultants. It also highlights a few of the Commonwealth's significant accomplishments during this quarter, and some additional challenges which will be addressed in more detail in the Third Quarterly Report and/or the Annual Report.

The Compliance Ratings Chart is provided along with explanatory notes from the respective Consultants and/or Monitoring staff.

Attached to this Report are several documents which support the compliance ratings made and provide additional information on remaining issues.

Attachment A: Consultant Report on Staffing Compliance
Attachment B: Consultant Report on Classification
Attachment C: Consultant Report on Physical Plant
Attachment D: Protective Custody and Transitional Measures
Attachment E: Consultant Report on Education and Training
Attachment F: Consultant Report on Mental Health
Attachment G: Abuse Referrals Tracking Statistics
Attachment H: Case Assessment Report
Attachment I: Chronology of Site Visits

Respectfully Submitted:

/s Kim Tandy

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EXECUTIVE SUMMARY

The Settlement Agreement requires that the Court retain jurisdiction of remaining claims “until such time as the Commonwealth has fully and faithfully implemented all requirements of the agreement and such full compliance has been maintained for one year.” (S.A. 103). Twenty four provisions remain under oversight and have not yet achieved full and faithful compliance as determined by the Monitor. Some provisions contain subparts, which are separately listed and individually rated. Each provision is listed in the table below, along with the compliance rating given by the Monitor and/or Monitor’s Consultants.

The current system of compliance rating is divided into several categories.

Policy Compliance:

This category is required by Paragraph 45 of the Settlement Agreement and requires NIJ to approve sufficient written policies and procedures which would achieve compliance if implemented.

Staffing Compliance:

Staffing compliance is required by Paragraph 48 of the Settlement Agreement and requires sufficient authorized and filled positions so that compliance can 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.

Resource Compliance:

Resource Compliance is required by Paragraph 43 of the Consent Order and requires that there are sufficient funds, equipment, supplies and space for achieving compliance.

Documentation Compliance:

Documentation Compliance is required by Paragraph 101 of the Settlement Agreement and means that there are procedures and forms in place and in use to document that compliance is being achieved or not. A “y” can be assigned when the documentation accurately shows non-compliance.

General Compliance:

General Compliance means the overall achievement of compliance with the provisions involved.

Compliance Ratings Defined:

Ratings include “Y” meaning that compliance has been achieved, “N” meaning compliance has not yet been achieved, and “I” meaning the provision is inapplicable. A rating of “#” means that the Monitor has not determined whether compliance has been achieved.

Compliance Ratings By Category							
Parag. No.	Compliance Provision	Policy	Staffing	Resources	Training	Document	General
Physical Plant							
S.A. 31	Facilities conforming to Building Codes	Y	N	N	N	N	N
S.A. 34	Emergency Exit Door Keys	Y	Y	Y	Y	Y	Y
S.A. 35	Operable Exit Doors	Y	Y	Y	Y	Y	y
S.A. 37	Fire Safety Codes	y	Y	Y	Y	Y	y
Policies and Procedures, Training, and Resources							
C.O. 43	Sufficient funding for Implementation of C.O.	I	I	N	I	N	N
S.A. 45	Agency Policy and Procedure Manual for all operations	N	I	I	#	#	N
S.A. 50	Training for current and new direct care staff	Y	#	#	#	#	N
Protection from Harm							
S.A. 48	Sufficient Direct Care Staff	N	N	N	N	Y	N
Jan 2009 Para. 1	Reasonable Safety of Youth through Adequate Supervision	Y	N	N	N	N	N
Parag 2	Sufficient Staff to Implement Decree and adequate supervision	N	N	N	N	N	N
Parag 3	Training for social workers if direct care staff	#	#	#	#	#	#
Parag 4	Persons Hired to be Sufficiently Trained before deployed	#	#	#	#	#	#
Parag 5	Monthly submission of master roster	N	N	N	N	N	N
S.A. 52	Classification	N	Y	#	Y	N	N
S.A. 77	Use of Force	N	#	N	Y	N	N

Parag. No.	Compliance Provision	Policy	Staffing	Resources	Training	Document	General
S. A. 78.a	Abuse and Maltreatment Prompt Admin. Action	Y	N	N	#	N	N
S.A. 78.c	Abuse and Maltreatment External Reporting	Y	Y	Y	#	N	N
S.A. 78.d	Abuse and Maltreatment Reporting to External Resources	N	#	#	#	N	N
S.A. 78.e	Abuse and Maltreatment Timing of Internal Invest.	Y	#	#	#	N	N
S.A. 78.f	Abuse and Maltreatment Investigative Processes	N	N	Y	N	N	N
S.A. 78.g	Abuse and Maltreatment Timely and Complete Internal Investigations	N	N	Y	#	N	N
S.A. 78.h	Abuse and Maltreatment Case Management and Tracking of Investigations	Y	Y	Y	#	N	N
S.A. 79	Protection and Isolation	N	Y	I	#	Y	N
S.A. 80	Conditions for youth in Protective Custody	N	Y	I	N	Y	N
Mental Health and Substance Abuse Treatment							
S.A. 59	Treatment Plans for youth with Substance Abuse problems	Y	#	#	#	#	N
C.O. 29	Residential Mental Health Treatment Program	Y	#	Y	#	Y	#
S.A. 36	Continuous Psychiatric and Psychological services	Y	#	#	#	#	N
S.A. 63	Reducing Risk of Suicide	Y	N	N	#	#	N
S.A. 72	Emergency Psychotropic Medication	Y	#	#	#	#	#
S.A. 73	Behavior Modification and Treatment Plans	Y	Y	Y	#	Y	#

Parag. No.	Compliance Provision	Policy	Staffing	Resources	Training	Document	General
Education and Vocational Services							
S.A. 81	Provision of Academic and Voc. Education to All Youth	#	N	N	I	N	N
S.A. 86a.	Compliance with IDEA Requirements and Timeframes	#	N	N	N	N	N
S.A. 86b.	Screening for youth with Disabilities	#	N	N	I	N	N
S.A. 87	Obtaining IEPs of Eligible Youth	#	N	N	I	N	N
S.A. 90	Delivery of Specially Designed Instruction and Related Services	#	N	N	I	N	N
S. A. 91	Qualified educational professionals and voc. Ed	#	N	Y	I	N	N
S.A. 93	Year Round Services for Youth with IEPs	#	N	N	I	N	N
S.A. 94	Services to youth in isolation or other disciplinary settings	#	N	N	I	N	N
S.A. 95	Modification of IEPs	#	Y	Y	I	N	N

Highlights of successes during the Quarter:

NIJ has made major strides in reaching compliance on three key provisions concerning Physical Plant: 1) paragraph 34 regarding proper keys available to appropriate staff for outside exits to ensure the facilitation of swift evacuation in the event of an emergency, 2) paragraph 35 regarding properly maintained and operable exist doors, and 3) paragraph 37 regarding compliance with fire safety code requirements. On June 4, 2018 these three paragraphs were terminated by the Court upon Motion by the DCR. There are remaining physical plan needs relevant to Building code issues under Paragraph 31, but in a year where storm conditions with Irma and Maria caused island wide devastation, it is commendable that DCR has managed to bring these 3 areas up to compliance. Special thanks should be given to DCR staff Luis Ortiz and Pedro Santiago, Consultant Curtiss Pulitzer, and many others, for their diligence and hard work on these issues.

NIJ has worked hard to establish behavior modification programs to address youth conduct, and to reward positive behavior and achievements. Treatment planning for youth through the provision of mental health services has improved, with PUERTAS providing a module for seriously mentally ill youth at Ponce.

The staff youth ratio performance is the highest level of staff ratio compliance in the 34 quarters that have been documented in Staff Youth Ratio Quarterly Reports. Reports indicate that those levels were at 99% for first shift, and 100% for second and third shifts. Approved and signed policies are very close to completion in this area. Achieving this milestone is a significant accomplishment for DCR.

Continued challenges:

The population of DIJ's youth facilities has dropped dramatically since the beginning of this case, with approximately 150-160 youth remaining within its 3 facilities. NIJ faces the similar challenges faced by states which have closed facilities and downsized youth populations – a higher concentration of more difficult and challenging youth, often with mental health and behavioral issues, which require intensive programming, supervision, and services.

Keeping youth and staff safe must continue to be one of the major priorities of the Monitoring team and NIJ over the next year. Protection from harm encompasses several areas, including classification, staffing, isolation or other means of separating youth, effective suicide prevention, use of force, reducing youth violence, and adequate reporting and investigation of abuse. The interrelatedness of these provisions are essential, and are also tied to robust behavior management, structured programming, mental health, education, and a sufficient level of well trained staff committed to direct supervision of youth. Recognizing, tracking, and monitoring for quality assurance these key indicators of youth safety is important in NIJ's ability to build and sustain long term effective strategies to protect and serve youth.

Completion of policies and procedures in all areas has not yet been achieved, although making steady progress. A joint effort in this area between NIJ and the Monitoring staff is essential, and both are committed to improving this part of the compliance process.

Provision	P	S	R	T	D	G	Comment
Physical Plant							
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.	Y	N	N	N	N	N	There remain life and fire safety code and ADA violations in the three facilities. DCR has not allocated sufficient resources to support compliance with this provision nor is there documentation to support a pathway to compliance. The Monitor's office and the functional team have, developed a process to potentially achieve compliance with this provision, including utilizing the checklists developed for SA 29 as a foundation for further evaluation. In March 2017 DCR hired a new team of consulting architects and engineers to develop a strategy to pave the way for a roadmap for compliance with this provision. The monitor was informed that the consultants for DCR had reviewed existing drawings and the documentation developed for SA 29 as well as toured one of the existing facilities. They presented the Monitor's Office with a preliminary listing of codes for compliance analysis. This list was preliminarily reviewed by the Monitor's office and was pending a follow-up discussion with the architects and engineers, when the consultant's contract expired on June 30th, 2017. Hurricane Maria further disrupted DCR's ability to contract with a new consultant team and that did not occur until early 2018. In late June 2018, the monitor's office met with the new architectural and engineering firm and the functional team to discuss what they had accomplished to that point. They informed us that they had reviewed the preliminary work completed by the prior engineering firm and also toured the three facilities. The monitor's office, functional team and the consultant agreed to a process for determining compliance with current building codes whereby the analysis would focus on those provisions in the current building code that affect the health, wellbeing and life safety of youth housed at the remaining facilities. The ADA check list that was developed for compliance with paragraph 29 will be used as a basis for determining current compliance with the ADA regulations. The monitor's office will be meeting with the DCR consultant during the next site visit in early September and with the goal of developing the next steps in the process and potential timelines.

Provision	P	S	R	T	D	G	Comment
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	Y	Y	Y	Y	Y	This provision was terminated by the Court on June 4, 2018.
S.A. 35 Defendants agree that designated exist doors will be maintained in operable condition and shall be readily unlocked in case of an emergency.	Y	Y	Y	Y	Y	Y	This provision was terminated by the Court on June 4, 2018.
S.A. 37 All policy shall ensure safety for juvenile 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 and emergency procedures shall be reviewed and update annually.	Y	Y	Y	Y	Y	Y	This provision was terminated by the Court on June 4, 2018.

Provision	P	S	R	T	D	G	Comment
Policies and Procedures, Training and Resources							
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.	N	I	I	#	#	N	The Monitor agrees that the agency maintains a policy and procedure manual as required by this provision, although whether it governs all aspects of running the facilities as required has not yet been confirmed. The policies and procedures must, by definition, be sufficient to achieve compliance when implemented. As noted in the remainder of the table, policies and procedures are rated as non-compliant for several provisions; as such, this paragraph remains in non-compliance. The provision also clearly requires that the facilities be strictly operated within these policies and this implementation requirement's scope and accuracy have not yet been established.
C.O. 43 Until this order is fully implemented, Defendants shall submit to the Legislature of the Commonwealth each fiscal year a report wherein the required sums of money will be established so as to implement this Consent order.	I	I	N	I	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. It is also not established that the budget identifies the "required sums of money" to "implement the order." The budget has been, in fact, insufficient to implement the requirements of the decree. 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. Monitor's consultants are prepared to work with parties to identify necessary compliance documentation expectations for a Roadmap.

Provision	P	S	R	T	D	G	Comment
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	Compliance tables documenting training within the agency as required in this stipulation have not been submitted to the Monitor since 2011, despite repeated requests. Prior to the hurricanes Maria and Irma, IDECAHR provided additional detail about the compliance plan for this stipulation. The timeline was to extend from July 2016 to the end of December 2017 and achieve a 90% or higher compliance threshold for all components of the training offered to active direct contact security staff. By the first quarter 2018, no documentation was submitted to demonstrate this level of compliance. Evidence of compliance was not offered in the second quarter of 2018. IDECAHR also stated that they have already achieved 100% compliance for CPR because they are only required to offer training every 2 years rather than annually as written in the stipulation. The monitor's consultant stated that DCR would have to request a language change for the stipulation if that was their position. Earlier, the lead DCR attorney requested that the monitor's consultant prepare a document listing steps to compliance with this provision; the document was submitted and attached to the 3rd Quarter 2017 QR. The 4th quarter 2017 FT meeting, at which the proposed compliance plan was to be reviewed and a decision made whether a new calendar needed to be established, was cancelled. To date, there has been no formal DCR response to the proposed compliance plan document.

Provision	P	S	R	T	D	G	Comment
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. <u>48.a Method one:</u> Defendants may provide documentation of consistent supervision by not less than one (1) direct care worker to eight (8) juveniles during day and evening shifts and not less than one (1) direct care worker to sixteen(16) juveniles during normal sleeping hours. <u>48.b Method Two:</u> Defendants may develop, and submit to the court for approval, an alternate staffing roster for any facility in this case. The roster shall be based on a study that shall specify fixed posts and the assignment necessary to implement the terms of this agreement, taking into consideration the physical configuration and function of spaces, the classification and risk profiles of youths involved, the incident patterns in the settings involved, the routine availability in the settings of other categories of staff, and the overall number of direct care positions necessary to consistently achieve the coverage proposed. Once a plan is approved for a facility, defendants shall document the employment of the necessary overall numbers of direct care staff, and the ongoing deployment of such staff in accordance with the plan.”	N	N	N	N	Y	N	The Commonwealth has the choice to demonstrate compliance according to method 48.a or 48.b. They have informed the Monitor that they do not intend to select method 48.b and that their legal position is that this language should be struck from the Settlement Agreement as superfluous. The Monitor agrees. For the Second Quarter of 2018, the staffing performance data below reflects the staff youth ratio forms that were received and analyzed. The staff youth ratio performance is the highest level of staff ratio compliance in the 34 quarters that have been documented in Staff Youth Ratio Quarterly Reports. 6:00 am- 2:00 pm shift: 99% of events, a 4% increase since the First Quarter reporting period. 2:00 pm- 10:00 pm shift:100% of events, a 4% increase since the First Quarter reporting period. 10:00 pm- 6:00 am shift: 100% of events, a 0% increase since the First Quarter reporting period. DCR had an increase in the volume of staff working a double shift for the quarter (1233). Twenty-one percent of the staff youth ratio events have been covered by staff working a double shift. The Monitor’s consultant continues to work with the parties to identify necessary documentation expectations for compliance, including an agency approved, trained and implemented staffing policy and a monthly staffing report. The Monitor’s consultant has reviewed draft policies on the following dates: August 1, 2016; January 19, 2017; June 22, 2017; August 25, 2017; December 6, 2017; February 15, 2018; and June 16, 2018. . This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. 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
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.
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) No new YSOs were hired during the Second Quarter of 2018.
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. However, the provision remains as a future option. Unless and until the Commonwealth determines that they want to apply this provision, the Monitor’s Office will not Monitor the provision. The choice to not implement this provision is not non-compliance. The struck part of the provision references a provision that has been terminated.
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,	#	#	#	#	#	#	The phrases in this provision that refer to Paragraph 49 are struck because that provision has been terminated.

pursuant to Paragraph 49, to juvenile facilities in a timely manner.							
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.	N	N	N	N	N	N	The struck part of the provision references a provision that has been terminated. The report was not provided during the Second Quarter of 2018, nor has the Commonwealth provided it since the initiation of the stipulation. On February 7, 2018 DCR indicated that they were working on a draft document. The Monitor's consultant identified that the staffing documented in the report should accurately reflect the volume of staff identified in each facility master roster. No report has been received for April, May or June 2018.

Provision	P	S	R	T	D	G	Comment
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	#	Y	N	N	DCR, with the support of consultants, has conducted a validation study of the classification process for detention and committed and detention youth. DCR has conducted a classification validation study on committed and detention youth. The validation study was assessed for agency impact, piloted and was implemented in June 2016. An Administrative Order describing implementation of the Instruments of Classification in Custody and Instruments of Classification in Detention has been trained and operationalized The Classification Administrative Order is being revised and incorporated into policy to reflect current facility classification assignments and types. Upon policy approval, the agency needs to assess training requirements and annual policy revision timeline. The Classification policy is being revised to include a procedure for administrative override of the classification score and facility/module assignment when prevailing special needs and circumstances dictate. Monitor's consultant continues to work with the parties to identify and obtain necessary classification compliance documentation. Documentation has been provided for the classification of youth for detention, as well as for committed youth, for the Second Quarter of 2018. For the second quarter there were 79 detention admissions at CD Humacao, of which 69 (95%) were classified as low; 9 (5%) were classified as moderate; and 0 (0%) were classified as intensive. For the Second Quarter of 2018, there were 16 committed youth institutional

							assignments based on the Instruments of Classification in Custody: CTS Villalba (Treatment Level 5: 1 youth); CTS Villalba (Treatment Level 4: 9 youth); CTS Ponce (Treatment Level 2: 4 youth) CTS Ponce (Treatment Level 3: 2 youth); CTS Ponce, PUERTAS; 0 youth). Pending Placement: 0 youth were pending treatment facility placement as of June 30, 2018.
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Provision	P	S	R	T	D	G	Comment
Use of Force							
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.	N	#	N	Y	N	N	Notably, the number of use of force incidents has continued to decrease in each of the past four quarters (28, 23, 15, 10) as have the number of youth involved in force incidents (45,30,62,12). This quarter's 10 incidents occurred as follows: Humacao (3); Villalba (2); Ponce (5). The number of incidents with OC use decreased significantly this quarter at Villalba, while increasing. at Humacao; the number of physical restraints also continued to decrease significantly to a four quarter low of 11. According to data reported by the facilities, there were no reported injuries to youth caused by use of force. During site visits in April and June 2018, the Monitor's consultant reviewed 15 use of force incidents on-site, including videos of 6 incidents at Ponce. Review of these videos revealed a couple of potentially non-compliant uses of force that require further investigation. Multiple use of force incident reports were reviewed, and most appeared to have been completed properly and timely by all officers who used or observed force and there was evidence of supervisory review on all reports. Without the aid of video (I have downgraded the Documentation category due to the absence of any video at two facilities) , <i>accuracy</i> must be determined in some cases via investigations, although my review of investigations continues to reveal that no

							factual findings are presented. A 8/17/18 UEMNI report revealed 7 investigations of use of force completed in Q2, with three of them resulting in (undetermined) corrective measures. The Monitor received from DCR on February 8, 2018 evidence of use of force training completion. The Deputy Monitor has previously reviewed training curricula and attended training sessions and found them to appropriately reflect the terms of this provision as well as policy. The Monitor's Consultant reviewed and provided comments/edits on DCR's 2017 draft version of the 18-02: Use of Force Policy. The Monitor was advised on 8/23/18 that DCR had completed and signed the updated policy, without additional consultation or review by the Monitor's Consultant; thus the rating for Policy will continue as 'N' pending a review of the adopted policy.
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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, and 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. 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. Evidence was preserved in 100% of applicable cases sampled. (Case Assessment A.4)

Provision	P	S	R	T	D	G	Comment
							Suspected youth were separated from their victim(s) in 90% of the cases assessed. (Case Assessment A.8) Additional information about compliance can be found in the case assessment tables in the main report.
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. 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 Commonwealth Police do not 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 were promptly referred to OISC in 84% of sampled cases based on OISC records. (Case Assessment D.1) This is a increase in compliance compared to the prior quarter at only 57%. The conduct and completion of the investigations is assessed in P78.e below.

Provision	P	S	R	T	D	G	Comment
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	Indicators of compliance with the provision include measures within the Abuse Referrals Tracking Report and the Case Assessment Table, both in appendices in the main report. These indicators are showing consistent improvement. The Monitor's Office has not recently reviewed compliance with the interview compulsion provision.
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 most recent quarter, 100% of OISC case investigations were completed within 30 days. (Abuse Tracking Statistics E.5 and E.6) 100% of Level One case investigations were completed within 20 days at the facilities. (Abuse Tracking Statistics D.3)

Provision	P	S	R	T	D	G	Comment
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	N	There is an internal process to review investigation quality. No formally-adopted standards have been submitted to the Monitor's Office. Training may be insufficient if the policies are not in place which would be the topic of the training. DCR has recently adopted a very structured investigation report template for use of force cases addressing standards set forth in this provision and in others. It is considering revising and adapting the template for non-use of force investigations. The Monitor supports this concept, although it is essential that proposed findings be included in all such reports, which is not currently the case.
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	For the most recent quarter, 100% of OISC case investigations were completed within 30 days. (Abuse Tracking Statistics E.5 and E.6). There continues to be inconsistency regarding the inclusion of proposed findings in investigation reports and the Monitor is continuing to work with DCR in this regard. There is an internal process to review investigation quality and the Monitor and Deputy Monitor are reviewing the instrument that was developed and is used. No formally-adopted standards have been submitted to the Monitor's Office. Training may be insufficient if the policies are not in place which would be the topic of the training.

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.	Y	Y	Y	#	N	N	The rating for Staffing and Policy Compliance is "Y" because staffing and policy is sufficient for the Commonwealth to produce this report. The Monitor believes that the remaining area where additional monitoring and documentation is needed is the quality assurance assessment described in the third sentence.

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	Y	I	#	Y	N	The number of youth assigned to TM status and placed in isolation increased from 11 during the prior quarter to 18 in Q2 (7 additional files from Q-1 were reviewed this quarter as reflected in the accompanying TM/PC report); significant increases occurred at Villalba and Humacao, while Ponce has had very low numbers (1-2) for three of the past four quarters. The duration of such status ranged from 1 day to 45 days. The number of PC assignments remained low as it has been for the past four quarters (3), although the Monitor's consultants believe that some youths designated as TM should be considered as PC, if a recommended policy change was instituted. There is extensive documentation available concerning the requirements of this provision except for the "serious immediate physical danger to self or others" criterion for placement. The Monitor's Consultants continue the process of assessing- against the criteria set forth in this provision- the circumstances and conditions of confinement of any youth on transitional measures and protective custody who are generally confined to their rooms. Evaluation of the TM and PC placements against P79 criteria are included as a separate report in this Quarterly Report. While we found compliance with 16 of 21 criteria, five areas of non-compliance currently are: insufficient documentation, beyond "inability to cohabitate," that youths placed pose a serious and immediate physical danger to self or others; not all cells <i>potentially</i> used for confinement are sufficiently suicide resistant; most youths are not seen by masters level social worker within 3 hours; most youths are not seen by psychologist within 8 hours or every 24 hours thereafter; not all youths are seen by a case manager every 24 hours. On 12/6/17, DCR committed to revising current TM and PC policies to reflect the

							requirements of this provision and P80. A draft policy for TM was provided to the Monitor on February 6, 2018 and comments provided by the Monitor's Consultant on February 28. DCR had not submitted a revised draft policy for the Monitor's review as of the end of Q2.
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.	N	Y	I	N	Y	N	See above discussion for P 79 and separate report on Transitional Measures and Protective Custody. The number of PC assignments remained low for the fourth consecutive quarter (1,3,1,3), although the Monitor's consultants believe that some youths designated as TM should be considered as PC, if a recommended policy change was instituted. We once again reviewed current policy and practices against the eight criteria for protective custody set forth in this provision. As has been the case in previous quarters the only services that were found to be <i>limited</i> (none were revoked) in comparison with general population youth were recreation (on weekends) and education. DCR Policies 17.19 (PC) currently establish 20 minutes of individual instruction per subject as the standard for education for these youth and while this amount of one-on-one education <i>may</i> be the equivalent of that offered to other youth in classroom settings, this equivalence for compliance purposes has not been stipulated to by the parties. There is extensive documentation available concerning the requirements of this provision, including the aforementioned non-compliant education requirement. On 12/6/17, DCR committed to revising current TM and PC policies to reflect the requirements of this provision and making necessary adjustments to practice accordingly. A draft policy for PC was provided to the Monitor in February 20, 2018 and comments were promptly returned to DCR on February 28. A revised draft of this policy has still not been completed.

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 All psychiatrists, psychologists, and social workers, for each juvenile with a substance abuse problem.	Y	#	#	#	#	N	Documentation of contracted hours vs. hours delivered have been requested, received this quarter and reviewed by the Mental Health Monitor. Mental Health Monitor has expressed concern over number of hours contracted for <u>psychiatric</u> coverage – especially due to the fact that the psychiatrists have to review records, assess patients, order and monitor medications, request and review laboratory reports, consult with multidisciplinary team, be available for crisis and consultation as well as to participate on review teams. More time is needed to assess overall adequacy of staffing, resources and training of new staff.
C.O. 29: Defendants shall establish an adequate residential mental health treatment program which provides services in accordance with accepted professional standards for juveniles confined in the facilities in this case who are attempting to commit suicide and/or who are inflicting harm upon themselves and/or any other juvenile in need of such services as determined by the juvenile's interdisciplinary mental health team, which includes a qualified psychiatrist. This residential treatment program will house up to forty-eight (48) juveniles from Commonwealth facilities. The residential treatment program will be established in an area that meets professional standards regarding safe physical areas for suicidal and/or self-mutilating juveniles.	Y	#	Y	#	Y	#	The Mental Health Monitor met with the functional Team Q4-2017 and discussed strategy to determine the adequate number of beds given the current census; DCR committed to present a proposal regarding reasonable number of beds. The proposal was received August 6 th from DCR and will be discussed during site visit of August 2018. Policies and Procedures for PUERTAS have been previously reviewed and accepted by Monitor. Staffing and Resources for PUERTAS at this time appear adequate, however more time is needed to review training and consistency of staffing and services over time (contracted hours vs. hours served by the mental health staff). See above re: concern regarding the number of psychiatric hours available.

Provision	P	S	R	T	D	G	Comment
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 shall include at a minimum, a thorough psychiatric evaluation, necessary diagnostic tests before the prescription of behavior-modifying medications, blood-level monitoring if behavior-modifying medications are prescribed, therapy, counselling, treatments plans and necessary follow-up care.	Y	#	#	#	#	N	Policies and Procedures have been previously received, reviewed and accepted by Mental Health Monitor. See above regarding review of mental health staff contracted hours vs. hours delivered. More time is needed to validate whether contracted psychiatric and psychological hours are being provided with associated services.
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	Psychiatrists are not immediately available to examine juveniles who have self-mutilated and/or expressed suicidal ideation. We are having on-going discussions regarding the term "immediately" in reference to the psychiatrist (i.e. within what time frame).

Provision	P	S	R	T	D	G	Comment
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	#	#	#	#	#	While there is an appropriate policy in place, the Mental Health Monitor has thus far seen no evidence that emergency psychotropic medications have been utilized. The Mental Health Monitor requires more time to adequately assess whether there are any instances of emergency psychotropic medications and, if so, whether the requirements of this provision were followed. The Mental Health Monitor has requested a report of the use of psychotropic medications from July of 2017 to current. We are awaiting this report and will review once it is available. The Mental Health Monitor will request on-going monthly reports of emergency psychotropic medications and will review records for evidence of compliance with this provision.
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.	Y	Y	Y	#	Y	#	Policy and procedures were received, reviewed and accepted by Monitor. Documentation of behavior modification services is consistent with plan of care. Monitor has been able to sit in on multidisciplinary discussion of youth with respect to behavior modification. Mental Health Monitor has requested and received documentation of incentives delivered to youth. Youth consistently report receiving individual and group incentives although less so by youth in higher levels. The latter may be as a result of incentives not delivered due to the behavior of the individual or group in, for example, level 5. Evidence of training was received, and the consultant will be confirming during Q3-2018 that all current staff have been trained.

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. All 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.	#	N	N	I	N	N	The 2017-2018 school opening was delayed for two weeks but was followed by a full schedule soon afterwards in each institution. Except for CD students and those in protective custody or transitional measures, DCR offers a 5 day a week, 6 hours per day for ten months in each school within the sites. That schedule continued into the first quarter of 2018. DCR/NIJ does not believe any students within the institutions required schooling beyond the ten months. Vocational opportunities were available in the CTS institutions for all students. During the first quarter site visit, the Humacao teacher-in-charge reported that all CD students also receive vocational education e.g., barbering, baking and wood working, in instead of the civics class (which DCR and DOE previously proposed as a substitute for traditional vocational education but which was rejected by the Monitor). This continued into the second quarter. Earlier the CD female students were also receiving vocational classes at CTS Ponce where they are now housed. Nevertheless, the first quarter site visit revealed that 4 of the 5 detention students, certified for special education, were no longer participating in the vocational shops. By the second quarter, all were included in vocational education. If continued into the next school semester, inclusion of special education students in traditional vocational education will facilitate compliance for SA 91.
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 <u>et seq.</u> Defendants shall screen juveniles for physical and learning disabilities.	#	N	N	N	N	N	The Monitor, consultants, and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance. During this quarter, staff continued to report that related services as required in the special education IEP were improved. In Ponce, a form coordinates both the prescribed services and the delivery. Directors in the two other institutions said they would look into employing that form as well. This step was not implemented by the first or second quarter, 2018.

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.	#	N	N	I	N	N	Special education files list various instruments employed to determine the educational, mental and physical needs of the students. There is little evidence that the areas identified here are addressed at admission and subsequently re-evaluated in annual reviews. Staff indicated that they are not able to provide for hearing loss, vision issues, including blindness, and other serious emotional disturbances affecting educational performance. They routinely refer students with these issues to outside agencies. The Monitor's consultants and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance. Compliance with 86b requires compliance with 86a.
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.	#	N	N	I	N	N	Compliance with the first part of the stipulation remains high in that the agency institutions routinely 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 (now Humacao for boys and Ponce for girls). Rather than pursue the IEP and special education file from the prior community school, the DCR special education staff develop temporary institutional documents, which will travel with the youth after classification and assignment. DCR's response to this issue is that they have no authority over the community schools and that is a responsibility of the Department of Education for the Commonwealth. It should be noted that the DOE is part of the consent decree and should take steps to implements terms of the agreement as they relate to DCR youth and the requirement that a student's special education file, including the IEP, follows reasonably quickly after the youth's transfer into the DCR sites. During the first quarter FT Meeting, the DCR interim education director reported that DOE had a plan that would result in their being much more involved in the education delivery for DCR. He did not have

							details to share but believed he would know more in the next quarter. There was no additional information available in the second quarter of 2018. The Monitor’s Consultant, routinely during site visits examines the special education files of newly arrived certified special education youth during site visits to determine that the institution endeavors to obtain the files from the community. Staff should then review and evaluate the documents and rewrite the IEP if deemed inadequate. Compliance is generally high in this category except in cases where detention continues beyond two weeks when letters to obtain prior IEPs must be sent to the community schools. The Monitor, consultants, and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance.
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.	#	N	N	I	N	N	Since all special education students mainstream with those not certified, they receive the equivalent adult education as the others except for those in protective custody or in transitional measures. This consists of a 6 hour day, 5 days a week for 10 months. The monitor’s consultant does not acknowledge adult education as delivered in the institutions adequate to the needs of the DCR youth. The DOJ officials who reviewed the DCR education practices during the quarter of 2018 shared some of her findings with the monitor’s consultant. While they agreed that adult education might not be the best curriculum for the DCR youth, they asked if a series of upgrades in delivery might render adult education more suitable. The monitor’s consultant agreed to include the question in the next FT meeting. DCR/NIJ continues to maintain that adult education with hourly credit accumulation and other accommodations is the best educational path for DCR youth. They do not track post-graduation employment or continued study nor do students take the Commonwealth secondary exams, which would demonstrate achievement. Previously, they did allow

							student to take the “pruebas,” with one emerging in the top three some years ago according to the Humacao institution director. There are no educational services offered to special education or other students who have completed the 4th year, as DCR does not consider it part of the agreement. The DCR education director agreed that this policy should be re-examined and indicated he would prepare some recommendation for 4th year completers in the near future; they have not been submitted to date. He noted that some participate in vocational shops with instructor permission.
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.	#	N	Y	I	N	N	Certified special education teachers provide education services to youth. For the 1st and 2nd quarters, vocational opportunities were available in each institution. The monitor’s educational consultant maintains that civics/ethics cannot be reasonably be considered vocational education. Based on the school director’s report in Humacao and Ponce where CD students are housed, they are now receiving traditional vocational education in addition to the ethics class. Although female detention students in CTS Ponce did participate in vocational classes during the 1st Quarter 2018, the education director reported that all were now involved. While improvement in the delivery of related services to certified special education students is clear in the DCR institutions after the contract agreement with PPCP, there continue to be communications issue where those who recommend the services do not know when and how those services are offered. With the exception of the social worker, mental health personnel rarely participate in the COMPU, which prepares and recommends implementation of the IEP. Previously, an assessment process started with the education and mental health consultants evaluating the qualification of professionals to develop and implement the IEP. It was not completed due to the resignation of the previous mental health consultant and the

							termination of mental health personnel in place before the new PPCP contract was approved. The change in the vocational opportunities also weakens the possibility but the compliance officer for the agency stated that all special education students would receive traditional vocational education in the next school semester beginning August, 2018. The plan will be discussed further in the next FT meeting. See note in reference to related services such as mental health and substance abuse in SA 87.
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	The summer camp program did not offer credit-bearing opportunities during the 2016-2017 or 2017-2018 school years. Although credit bearing opportunities could meet the need to extend the school year for some special education students, DCR/NIJ does not believe there are any who meet the prerequisites for year round education; the monitor’s consultant disagrees that there are no such students. The Monitor and consultants are working with DCR officials to develop an instrument for periodic case reviews to more fully document the level of compliance with this provision.
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	I	N	N	Ongoing reviews 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. This has not changed to date (See also comments for S.A. 90 and SA 80).
S.A. 95. When an IEP is ineffective, Defendants shall timely modify the IEP.	#	Y	Y	I	N	N	All special education positions remain filled for the 2017-2018 school year and are expected to remain so until the end of the 2018 semester. Special education and vocational teachers are DOE employees and, unlike the DCR teachers, have job permanence and additional benefits. The increased role of DOE in DCR could extend these conditions to all educational staff as has been strongly recommended both by the Monitor’s prior and current education consultants.

						The delayed opening of the schools during the last three years negatively affects all students, including those in special education. See note about the delivery of special services in SA 86. Initial reports suggest that DCR teacher hiring may be delayed as the new school year begins. In the past this resulted in class cancellation and modified shorten daily schedules. A systematic assessment has not yet been completed by the Commonwealth and provided to the Monitor's Office for review.
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ATTACHMENT A

S.A. 48: DCR Staff Youth Ratio 2018 Second Quarter Report

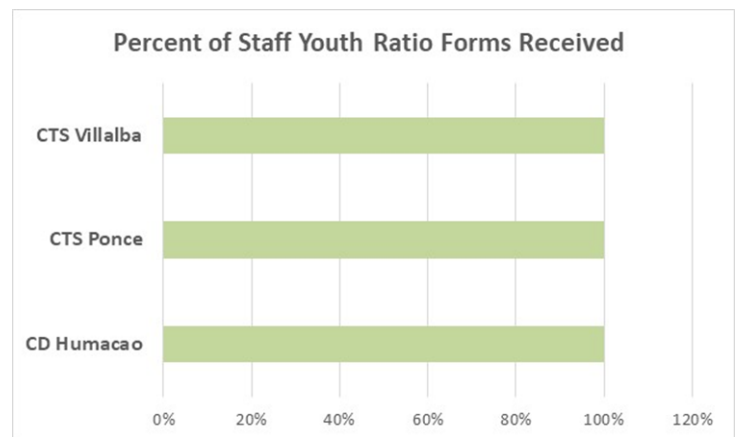
Prepared by Bob Dugan: Office of the Monitor

Background:

S.A. 48 Staff Youth Ratio monitoring compliance is analyzed on a quarterly basis using DCR facility generated weekly staff youth ratio forms. These forms are submitted to the Monitor's Consultant throughout the reporting quarter. DCR facilities daily shift by shift staffing and youth population for each operational housing module is reported, as well as any 1:1 supervision events, and the volume of staff that are required to work a double shift. The report provides information from Staff Youth Ratio forms that were provided to the Monitor's Consultant for the period of April 1, 2018 through June 30, 2018.

As of the Friday, July 13, 2018, the following forms were submitted:

Facilities	Volume of Weeks of Staff Youth Ratio Forms Requested	Volume of Staff Youth Ratio Forms Received
CD Humacao	13	13
CD Ponce	13	13
CTS Villalba	13	13
Totals	39	39



DCR submitted a total of 39 facility staff youth ratio forms for the three facilities requiring staff youth ratios, allowing for 100% of the staff youth ratio forms being available for analysis. DCR has consistently provided all requested Staff Youth Ratio forms used for monitoring and reporting. The table displaying the dates that staff youth ratio forms were received is on the last page of this report. Detention youth population and Sumaridos were detained in the CD Humacao facility for the second quarter reporting period.

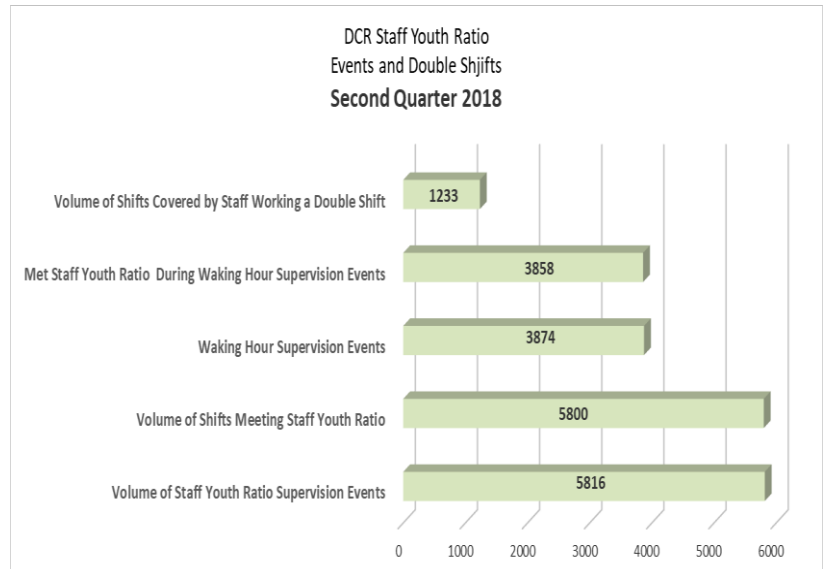
DCR Staff Youth Ratio Performance:

During the 2018 second quarter reporting period (April 1, 2018 through June 30, 2018), DCR documented a total of 5816 shift / unit events that required staff to youth supervision. This is an increase of 104 staff youth supervision events from the first quarter of 2017 (5712 events).

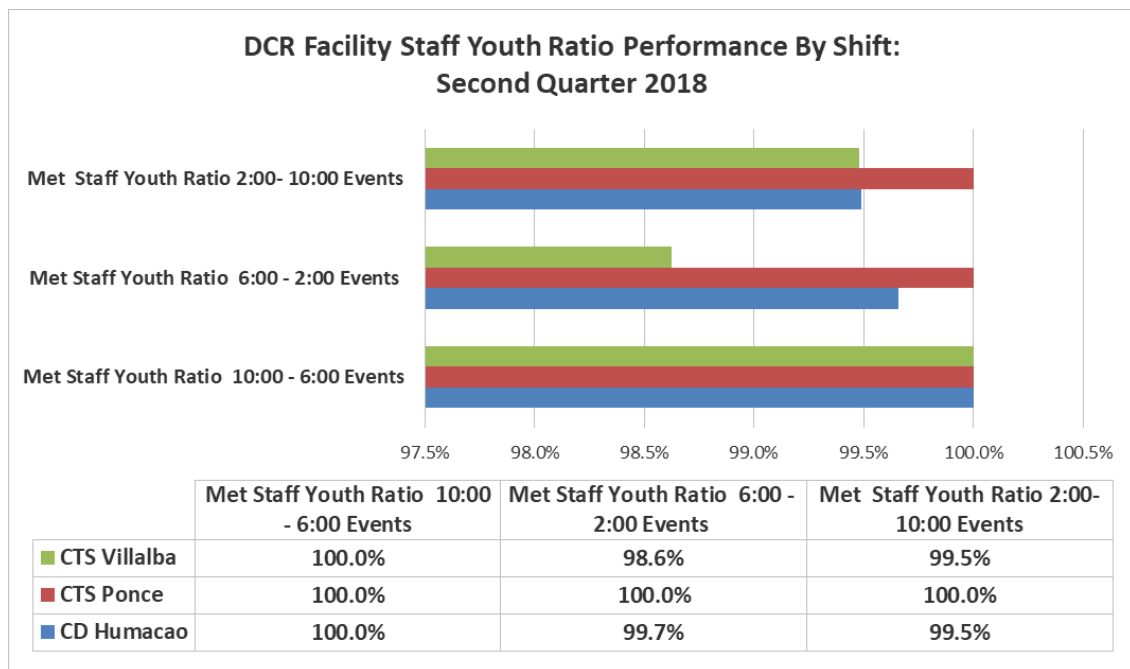
Of the 5816 shift / unit events, 5800 of the events (99.7%) were supervised with the required staff youth ratios, a 2.7% increase from the 97% of events supervised with the required staff youth ratios from the first quarter of 2018.

Of the 5800 staffing events meeting the required staff youth ratio, 1942

(33%) of the staffing events occurred on the 10:00 PM – 6:00 AM shift.

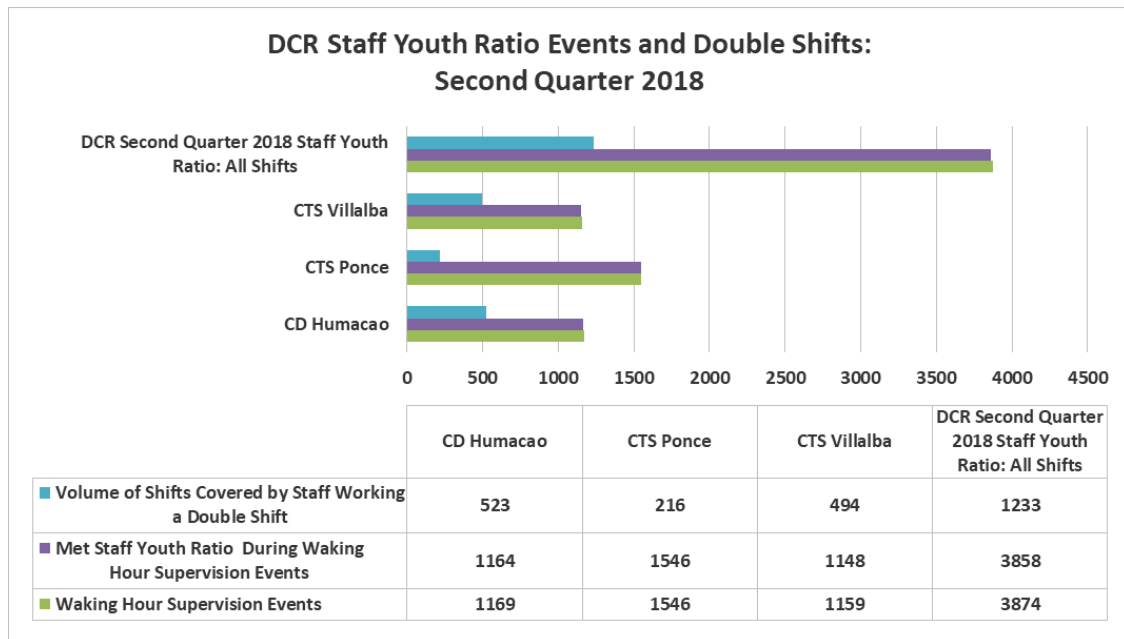


The chart and table below represent staff youth ratio performance by shift for the period (April 1, 2018 through June 30, 2018).



Staff Double Shifts:

For the 2018 second quarter, 1233 (21%) of the 5816 staff youth ratio events were covered by staff working a double shift. This is 0% increase of shifts requiring staff to work a double shift compared to the first quarter 2018 reporting period (1202 events).



The second quarter staff youth ratio performance was dependent on a significant volume of double shifts (1233).

A closer review identifies staff working double shifts occurred on weekends during the first and second shifts. Although there was a very low volume of non-compliant staff youth ratio events for the second quarter, the majority of these events occurred on weekends.

DCR Facility Second Quarter 2018	Volume of Non-Compliant Staffing Ratios	Volume of Non-Compliant Staffing Ratios on Weekends	Percentage of Non-Compliant Staffing Ratios on Weekends	Volume of Double Shifts	Volume of Double Shifts on Weekends	Percentage of Double Shifts on Weekends
CD Humacao	5	3	60%	523	211	40%
CTS Ponce	0	0	NA	216	109	50%
CTS Villalba	11	11	100%	494	264	53%
DCR Totals	16	14	88%	1233	584	47%

As a result of the volume of double shifts occurring on weekends there has been a significant reduction in the volume of non-compliant staffing ratios occurring on weekends. The long term financial impact of double shifting and overtime costs generated to meet staff youth ratio compliance appears to be unsustainable for both the agency and the Commonwealth. Implications of a large volume of double shifting are deterioration in staff productivity, reducing the ability to be actively engaged in the supervision of youth as well as the negative impact to staff morale. Double shifting often leads to staff calling in sick call to avoid being required to double shift after their regularly scheduled shift.

The table below displays the last six quarters of staffing events, double shift staffing events, percentage of double shift staffing events and total number of operational facilities for the quarter.

Staff Double Shifts and Staffing Events	First Quarter 2017	Second Quarter 2017	Third Quarter 2017	Fourth Quarter 2017	First Quarter 2018	Second Quarter 2018
Volume of Double Shifts	911	886	586	712	1202	1233
Volume of Staffing Events	6800	6299	5489	6611	5712	5816
Percentage of Double Shift Staffing Events	13%	14%	11%	11%	21%	21%
Number of Facilities	5	6	4	4	3	3

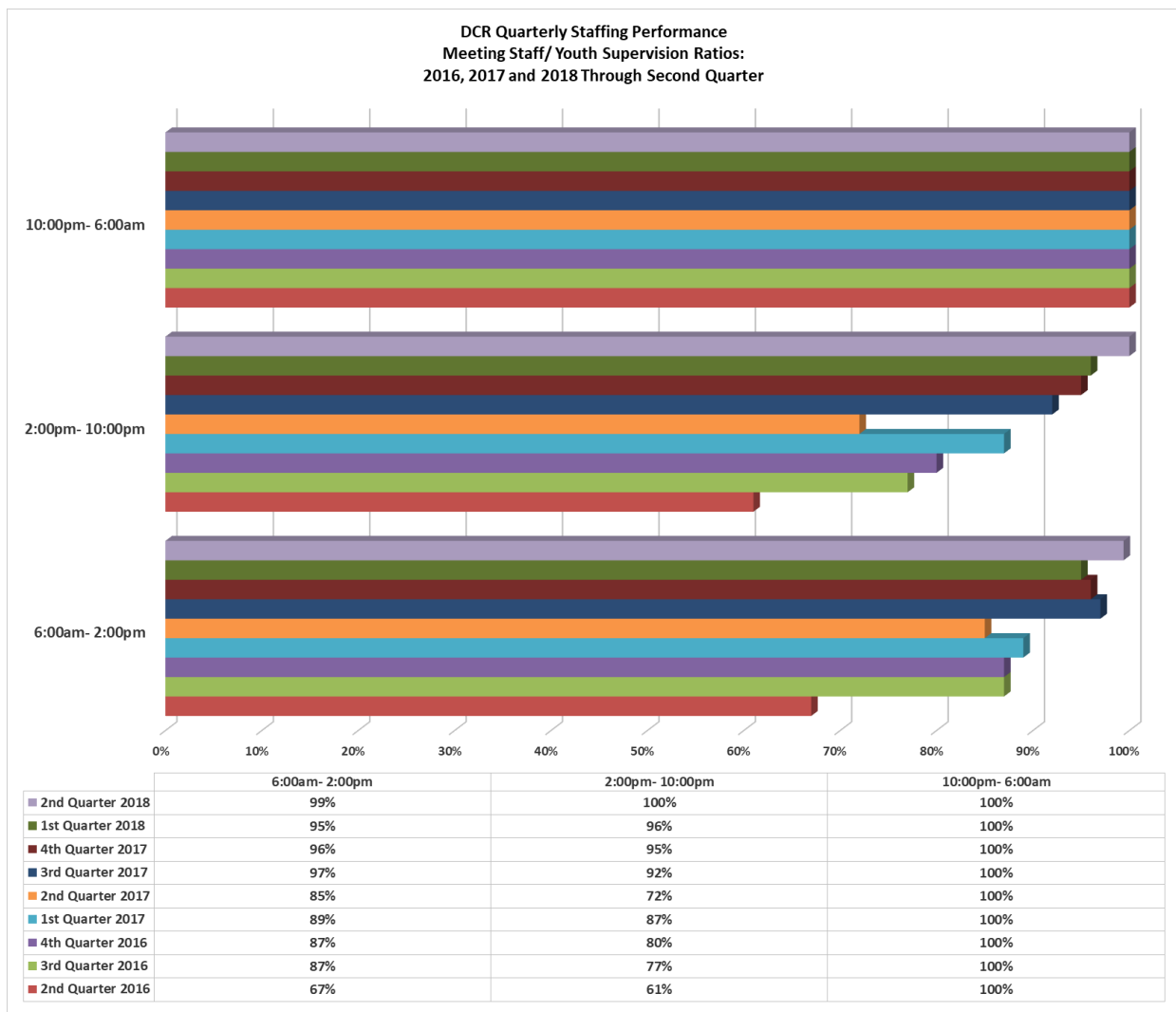
Waking Hours Youth Ratio Events:

The tables below provides data relating to staff youth ratio events during waking hours for the second quarter of 2018. Second quarter waking hour staff youth ratio of 99.6% is 2.6% higher than the prior quarter (95%).

During the second quarter, CTS Ponce reported meeting the staff youth ratio in 100% of the waking hour staffing events. This rate is the highest amongst the three facilities operational during the quarter. PUERTAS, housed in one of the housing modules within CTS Ponce, met the staff youth ratio for all shifts throughout of the 2018 second quarter reporting period. CTS Villalba had the lowest volume of events (11) meeting the staff youth ratio requirements during waking hours (99.1%).

DCR Second Quarter 2018 Staff Youth Ratio During Waking Hour Shifts (6:00 - 2:00 and 2:00 - 10:00)	Waking Hour Supervision Events	Met Staff Youth Ratio During Waking Hour Supervision Events	Percentage of Events Meeting Staff Youth Ratio During Waking Hours	Volume of Shifts Covered by Staff Working a Double Shift	Percentage of Shifts Covered by Staff Working Double Shift	Percentage of Waking Hour Events Meeting Staff Youth Ratio During Waking
CD Humacao	1169	1164	100%	523	30%	100%
CTS Ponce	1546	1546	100%	216	9%	100%
CTS Villalba	1159	1148	99.1%	494	28%	99%
DCR Second Quarter 2018 Staff Youth Ratio: All Shifts	3874	3858	99.6%	1233	21%	99.6%

The following chart represents the DCR agency Staff Youth Ratio averages by shift for 2016 through June 30, 2018:



The DCR 2018 second quarter performance in meeting Staff Youth Ratios during waking hours is as follows:

- 6:00 am – 2:00 pm shift: 99.4% of events, a 0% increase from the first quarter of 2018 (99.4%)
- 2:00 pm – 10:00 pm shift: 99.6% of events, a 3.6% increase from the first quarter of 2018 (96%)
- 10:00 pm – 6:00 am shift: 100% of events, a 0% increase from the first quarter of 2018 (100%)

Of the 3874 waking hour supervision events (6:00 – 2:00 and 2:00 – 10:00 shifts) 3858 of the events (99.6%) met the shift staff youth ratio requirements. The DCR 2018 second quarter Staff Youth Ratios compliance performance reflects a 4.5% increase in staff youth ratio compliance from the first quarter reporting period, together with a significant volume of staff working double shifts (1233).

Staffing and Injuries to Youth:

During the first quarter, two events occurred, one on January 1 and one on January 11, at CD Humacao when youth were injured when the module or programming area was not staffed in compliance with the staff youth ratios. The first incident

on January 1, involved one youth assaulting another youth in the module living area. Although two officers were assigned to the module with a youth population of ten, one officer was out of the module at the time of the assault.

The second event on January 11 occurred in the History classroom, with one officer assigned to thirteen youth. In this incident one youth cut another youth on his face and back.

Although both incident events are very concerning, it cannot be stated unequivocally that the presence of the second officer required by the volume of youth could or would have prevented the assaults nor did the absence of the second officer cause the assault. Assaults of both a serious and less serious nature occur with compliant ratios of staff to youth. Officers engaged in active behavior management and awareness of behavioral indicators of potential assault increases the probability of keeping youth safe.

Policy and Documentation Requirements for Compliance DCR:

For DCR, as well as the Monitor's Office, to effectively assess staff youth ratio compliance the DCR Staffing policy must identify that retrievable staff youth ratio documentation be maintained at each facility. The documentation should consist minimally of the following:

- Daily youth population list identify which youth are in which modules, designation of any youth on Protective Custody, Transitional Measures, Therapeutic Observation of Constant Watch. Additionally, daily trips and youth assigned to those trips should also be maintained in the daily population list.
- The facility staff roster, displaying which staff has been assigned to which modules. It is critical that the form allows for clear documentation of officers assigned to each module as well as mini control. This form should be uniform between all three facilities.
- To review staff and youth population materials in an efficient manner, it has been requested that staffing binders be put in place at each facility that allows for a review of daily staffing practices, which will allow for both DCR and Monitor's Office analysis of policy and procedural compliance.

Staff youth ratio compliance analysis consists of a review of the Master Roster. The Master Roster is an agency generated staffing roster-identifying posts, fixed posts, fixed posts identified by need, movable posts and relief personnel. Supervisor IV's are required to develop a facility shift daily roster from the Master Roster, adjusting as required for housing module youth populations, approved leave status, call offs, training, trips and special needs. The Master Roster designates one fixed post for each housing modules and additional fix posts identified by need, predicated on the housing module youth population and youth on special status (protective custody, transitional measure, constant supervision, etc.). Mini-control logs are used to provide supplemental documentation of staff housing module assignments and staff and youth movement.

As of the Staffing Consultant site visits of June 19 and 20, 2018, DCR had not been able to implement the facility uniform staffing documentation requests. Absence of agency wide uniform staffing source documentation significantly limits the volume of validation sampling of facility daily youth population housing assignments, master roster, daily roster and mini-control logs that can be reviewed in the time available during a site visit. For purposes of the staffing quarterly report, weekly facility staff performance information is aggregated, analyzed and reported on the facility staff youth ratio forms that are provided to the Monitor's Office.

DCR has been working on development of agency staffing policy to procedurally require staffing assignment and documentation to prioritize operational compliance with the required staff youth ratios. The Monitor's consultant has

reviewed and provided recommendations to agency staff policy drafts on the following dates: August 1, 2016; January 19, 2017; June 22, 2017; August 25, 2017; December 6, 2017, February 15, 2018 and June 16, 2018.

As of the second quarter 2018 site visit, reflected by the staff youth ratio performance for the quarter as well as observed staffing practices during site visits, DCR continues a practice with facility Supervisors III and Supervisor IV that the daily facility roster should be completed for each shift with a priority of staffing “from the inside (the modules) to the outside.” Operationalizing a final staffing policy will address this practice with policy and procedure.

DCR has been asked as to whether they would provide documentation as required by S. A. 48 January 2009 Stipulation Paragraph 5. On February 7, 2018, DCR indicated that they were working on a draft staffing report. The Monitor’s consultant identified that the staffing documented in the report should reflect the volume of staff identified in each facility master roster. No report was received for April, May nor June 2018.

DCR Agency 1:1 Supervision Events:

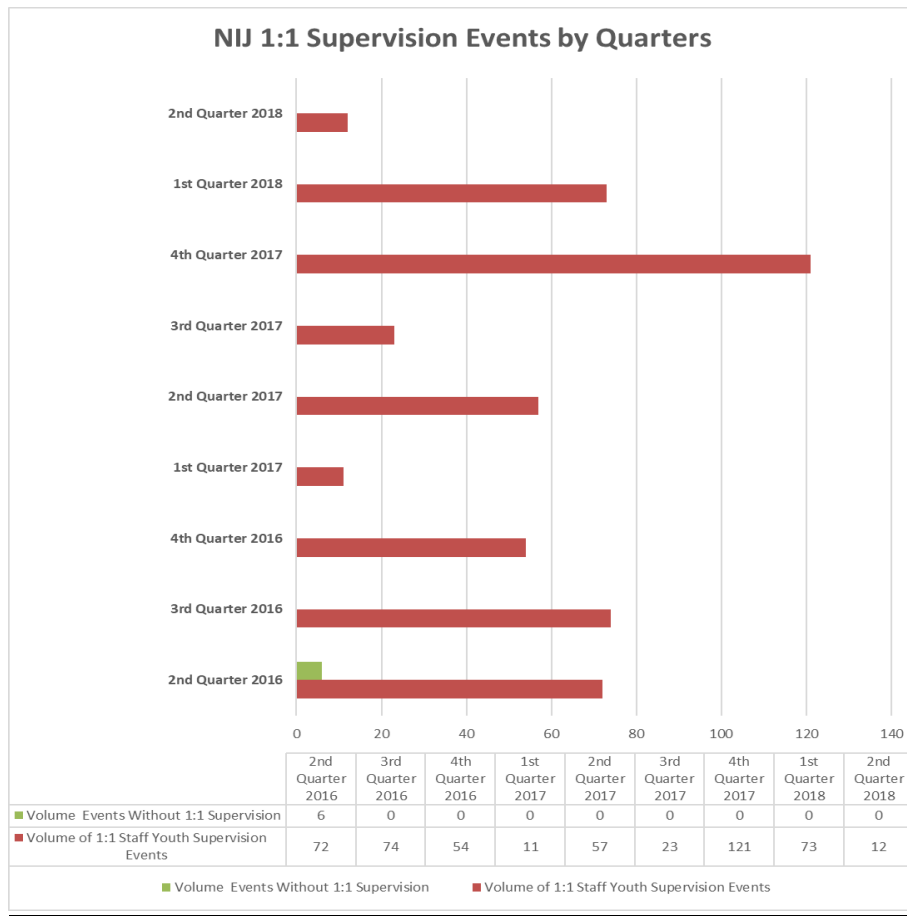
DCR reported successfully staffing all 1:1 supervision events for the 2018 second quarter.

The 2018 second quarter reporting period reflects the volume of 1:1 supervision events reported as 12 events:

- 72 events 2nd Quarter 2016
- 74 events 3rd Quarter 2016
- 54 events 4th Quarter 2016
- 11 events 1st Quarter 2017
- 57 events 2nd Quarter 2017
- 23 events 3rd Quarter 2017
- 121 events 4th Quarter 2017
- 73 events 1st Quarter 2018
- 12 events 2nd Quarter 2018

Correspondingly, the 2018 second quarter volume of these events without required 1:1 supervision was reported as 0 events:

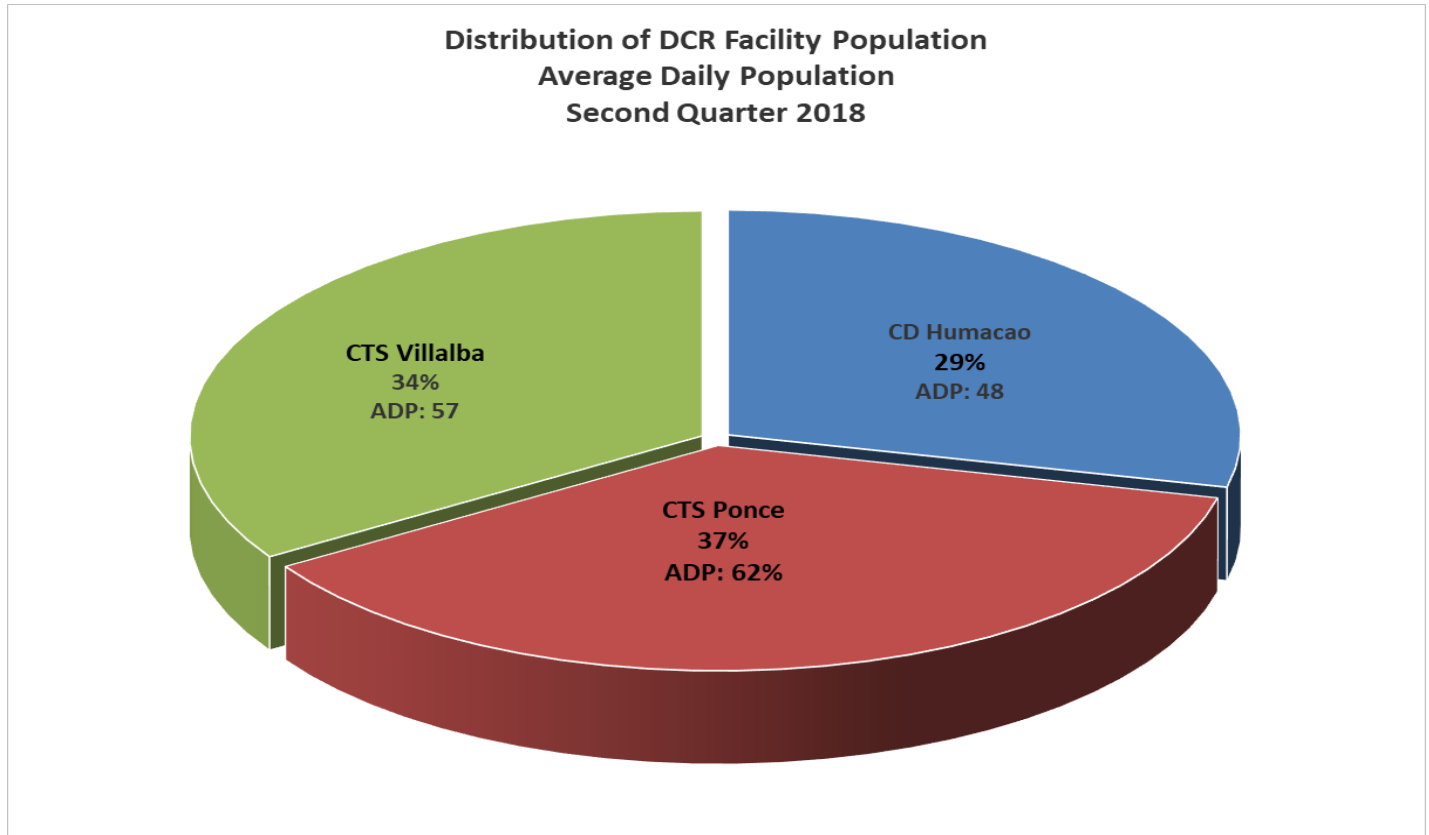
- 6 events 2nd Quarter 2016
- 0 events 3rd Quarter 2016
- 0 events 4th Quarter 2016
- 0 events 1st Quarter 2017
- 0 events 2nd Quarter 2017
- 0 events 3rd Quarter 2017
- 0 events 4th Quarter 2017
- 0 events 1st Quarter 2018
- 0 events 2nd Quarter 2018



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 weeks in the reporting period.

The table below displays each facility's average daily population for the reporting period (April 1 through June 30, 2018), as well as the proportionate facility youth population that each facility contributes to the agency average daily population.



The table of average daily populations can be found on the last page of this report.

CD Humacao Staff Youth Ratio Analysis:

April 1 through June 30, 2018

Detention Facility: During the 2018 second quarter CD Humacao is designated as a detention facility and also maintained a Sumariados population.

- 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: 1752
- Volume of Staffing Events with Staff Working a Double Shift: 523 (30%)

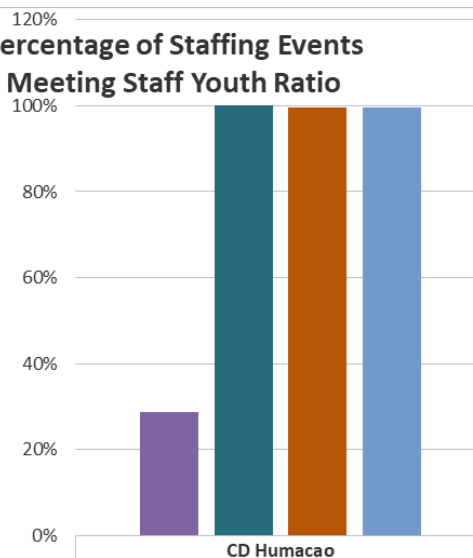
The second quarter of 2018 Staff Youth Ratio requirements display the following characteristics:

- 10:00pm- 6:00 am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 99.7%, a 1% increase since the first quarter reporting period
- 2:00 pm – 10:00 pm: 99.5%, a 2% increase since the first quarter reporting period
- CTS Humacao represents 29% of the DCR institutional population.
- A facility site visit was conducted on 4/25 and 6/20/2018. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 91

Percentage of Staffing Events Meeting Staff Youth Ratio



Percentage of DCR Agency Population	29%
Met Staff Youth Ratio 10:00 - 6:00 Events	100%
Met Staff Youth Ratio 6:00 - 2:00 Events	99.7%
Met Staff Youth Ratio 2:00- 10:00 Events	99.5%

0 youth supervision events for the second quarter of 2018

Volume of 1:1 events without required staffing during reporting period: 0

Supervision Events: 1:1



	CD Humacao
■ 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:	0

CTS Ponce Staff Youth Ratio Analysis:

April 1 through June 30, 2018

Treatment Level 2 and 3 and two PUERTAS housing modules.

CTS Ponce 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

Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 91

- A Staff Youth Ratio of 1:16 during 10:00 PM -6:00 AM

Percent of Forms Available: 100%

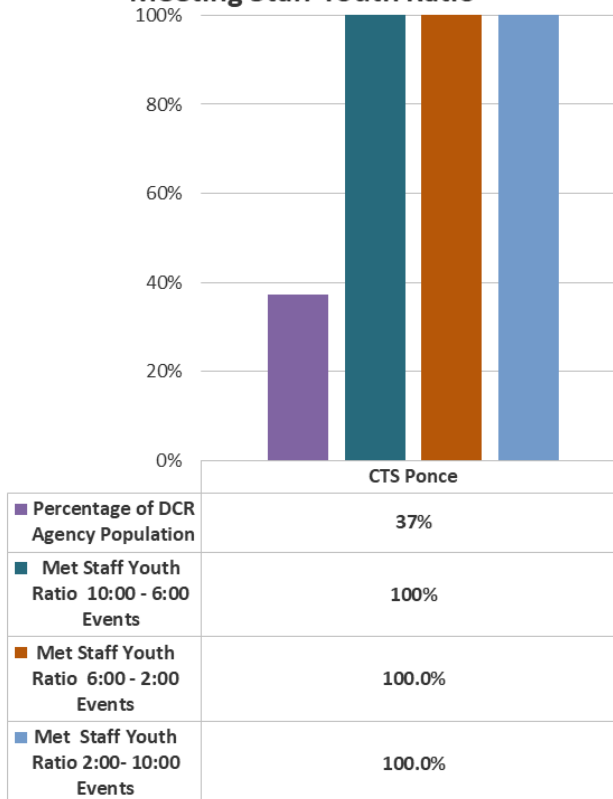
Volume of Weeks Analyzed: 13 of 13 requested

- Volume of Staff Youth Ratio Events: 2326
- Volume of Staffing Events with Staff Working a Double Shift: 216 (9%)

The second quarter of 2018 Staff Youth Ratio requirements display the following characteristics:

- 10:00 pm- 6:00 am: 100%, maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 100 %, a 2% increase since first quarter reporting
- 2:00 pm – 10:00 pm: 100 %, a 2% increase since first quarter reporting
- CTS Ponce represents 37% of the DCR institutional population.
- The PUERTAS module met the staff youth ratio 100% of the second quarter shifts.
- A facility site visit was conducted on 4/24 and 6/19/2018. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

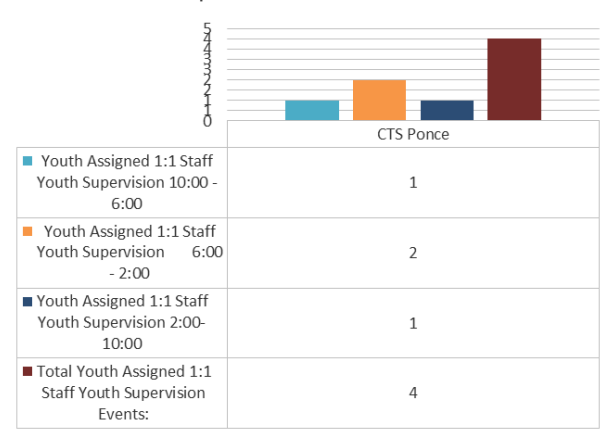
Percentage of Staffing Events
Meeting Staff Youth Ratio



4 youth 1:1 supervision events for the second quarter of 2018

Volume of 1:1 events without required staffing during reporting period: 0

Supervision Events: 1:1



CTS Villalba Staff Youth Ratio Analysis:

April 1 through June 30, 2018

Treatment Level 4 and 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

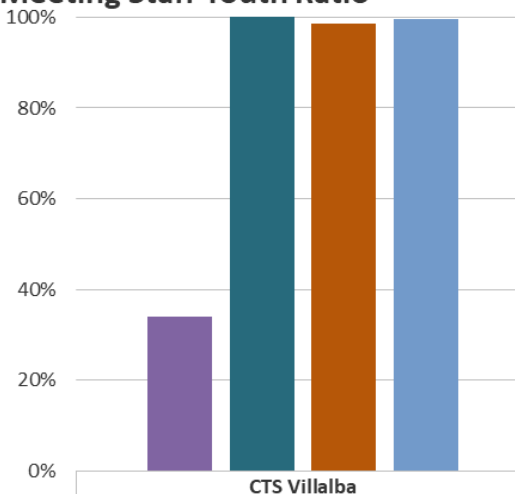
- Volume of Staff Youth Ratio Events: 1738
- Volume of Staffing Events with Staff Working a Double Shift: 494 (28%)

The second quarter of 2018 Staff Youth Ratio requirements display the following characteristics:

- 10:00pm- 6:00am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 98.6%, a 12.6% increase since first quarter reporting
- 2:00 pm – 10:00 pm: 99.5%, a 9.5% increase from the first quarter reporting
- CTS Villalba represents 34% of the DCR institutional population.
- A facility site visit was conducted on 4/24 and 6/19/2018. Observed module staffing was non-compliant, as one of two staff members assigned to a module was eating outside of the module without proper relief.

Volume of Weeks Analyzed: 13**Volume of Days Analyzed: 91**

120%
Percentage of Staffing Events Meeting Staff Youth Ratio



■ Percentage of DCR Agency Population

34%

■ Met Staff Youth Ratio 10:00 - 6:00 Events

100%

■ Met Staff Youth Ratio 6:00 - 2:00 Events

98.6%

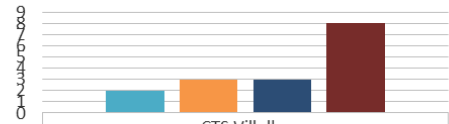
■ Met Staff Youth Ratio 2:00- 10:00 Events

99.5%

8 youth 1:1 supervision events for the second quarter of 2018

Volume of 1:1 events without required staffing during reporting period: 0

Supervision Events: 1:1



■ Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	2
■ Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	3
■ Youth Assigned 1:1 Staff Youth Supervision 2:00- 10:00	3
■ Total Youth Assigned 1:1 Staff Youth Supervision Events:	8

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

<u>Date</u>	<u>CD Humacao</u>	<u>CTS Ponce</u>	<u>CTS Villalba</u>
April 1 - 7, 2018	5/9/2018	5/9/2018	5/9/2018
April 8 - 14, 2018	5/9/2018	5/9/2018	5/9/2018
April 17 - 21, 2018	5/10/2018	5/10/2018	5/9/2018
April 22 - 28, 2018	5/9/2018	5/9/2018	5/9/2018
April 29 - May 5, 2018	5/10/2018	5/10/2018	5/10/2018
May 6 - 12, 2018	6/5/2018	6/5/2018	6/5/2018
May 13 - 19, 2018	5/26/2018	5/26/2018	5/26/2018
May 20 - 26, 2018	6/5/2018	6/6/2018	6/6/2018
May 27 - June 2, 2018	6/12/2018	6/12/2018	6/12/2018
June 3 - 9, 2018	6/14/2018	6/14/2018	6/14/2018
June 10 - 16, 2018	6/22/2018	6/28/2018	6/22/2018
June 17 - 23, 2018	6/28/2018	6/28/2018	7/6/2018
June 24 - 30, 2018	7/6/2018	7/6/2018	7/6/2018
	13	13	13
Volume of Forms Submitted	100.00%	100.00%	100.00%

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

Dates of Reporting Period	<u>CD</u> <u>Humacao</u>	<u>CTS Ponce</u>	<u>CTS</u> <u>Villalba</u>	<u>Totals</u>
April 1 - 7, 2018	55	62	61	178
April 8 - 14, 2018	56	63	60	179
April 17 - 21, 2018	55	65	59	179
April 22 - 28, 2018	44	67	60	171
April 29 - May 5, 2018	42	64	57	163
May 6 - 12, 2018	44	62	43	149
May 13 - 19, 2018	46	62	58	166
May 20 - 26, 2018	49	61	59	169
May 27- June 2, 2018	45	61	59	165
June 3 - 9, 2018	48	60	55	163
June 10 - 16, 2018	46	60	55	161
June 17 - 23, 2018	46	59	56	161
June 24 - 30, 2018	43	58	55	156
Totals	619	804	737	2160
Percentage of AIJ Agency Population	29%	37%	34%	100%
Average Daily Population for Quarter	48	62	57	167

ATTACHMENT B

S.A. 52: DCR Classification 2018 Second Quarter Report:

Prepared by Bob Dugan: Office of the Monitor: July 2018

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.

Background:

DCR has demonstrated significant commitment to progressing toward compliance on S.A. 52 over the last several years. DCR contracted with the Center for Research, Evaluation and Human Development, Inc. (CINED: Dr. Jorge Benítez Nazario and Professor Cynthia Rodríguez-Parés) for the validation of the *Instruments for Youth in Custody (ICI)* and the *Instrument Risk Index (ICR)*. The validation study resulted in a revision of both the detention and custody classification instruments, addressing contemporary research and classification criteria. In addition to the validation study, the contract also required that CINED provide a period for pilot testing, development of a operational manual and initial training of staff.

Training and Staff Development:

On April 9, 2015, forty DCR staff participated in a three hour training session on the Orientation of the Classification Instruments. Supplemental training sessions have also been provided on both the ICC and ICD.

Training session sign in sheets and presentation slides have been provided to the Monitor's Consultant. As of the time of this report the Monitor's Consultant has not attended training. A review of the training slides appears to be a comprehensive coverage of the required content to implement the classification instrument. The Monitor's Consultant did not have the opportunity to participate in the training, but will attempt to attend if another training session is offered.

As of the time of this report the Monitor's Consultant has not had an opportunity to review the application of the electronic record classification instrument. The electronic record classification instrument is used by agency social workers to score the administration of the detention and treatment classification instruments. The electronic application auto-scores the youth classification score predicated upon social worker entries.

DCR Classification Policy:

On October 20, 2016, an Administrative Order DCR-2016-10, the "Designation of the Facilities of the Regional Office of Institutions Youth (ORIJ) by Treatment Levels" was signed by Secretary Einar Ramos López. The Administrative Order addressed the ICD and ICC processes, definitions, scoring and the various treatment levels assigned to various facilities.

The Administrative Order designates the following facilities will provide services to the corresponding levels of treatment, behavioral and safety characteristics, demographic characteristics, criminogenic characteristics:

- CD Bayamon: Detention populations classified as low, moderate or intensive
- CTS Humacao: Treatment Level 5
- CTS Villalba: Treatment Level 4 and detention populations
- CTS Ponce: Treatment Level 3 and 2

The Administrative Order appears to have covered critical operational processes of ongoing implementation of the classification process and youth facility assignment.

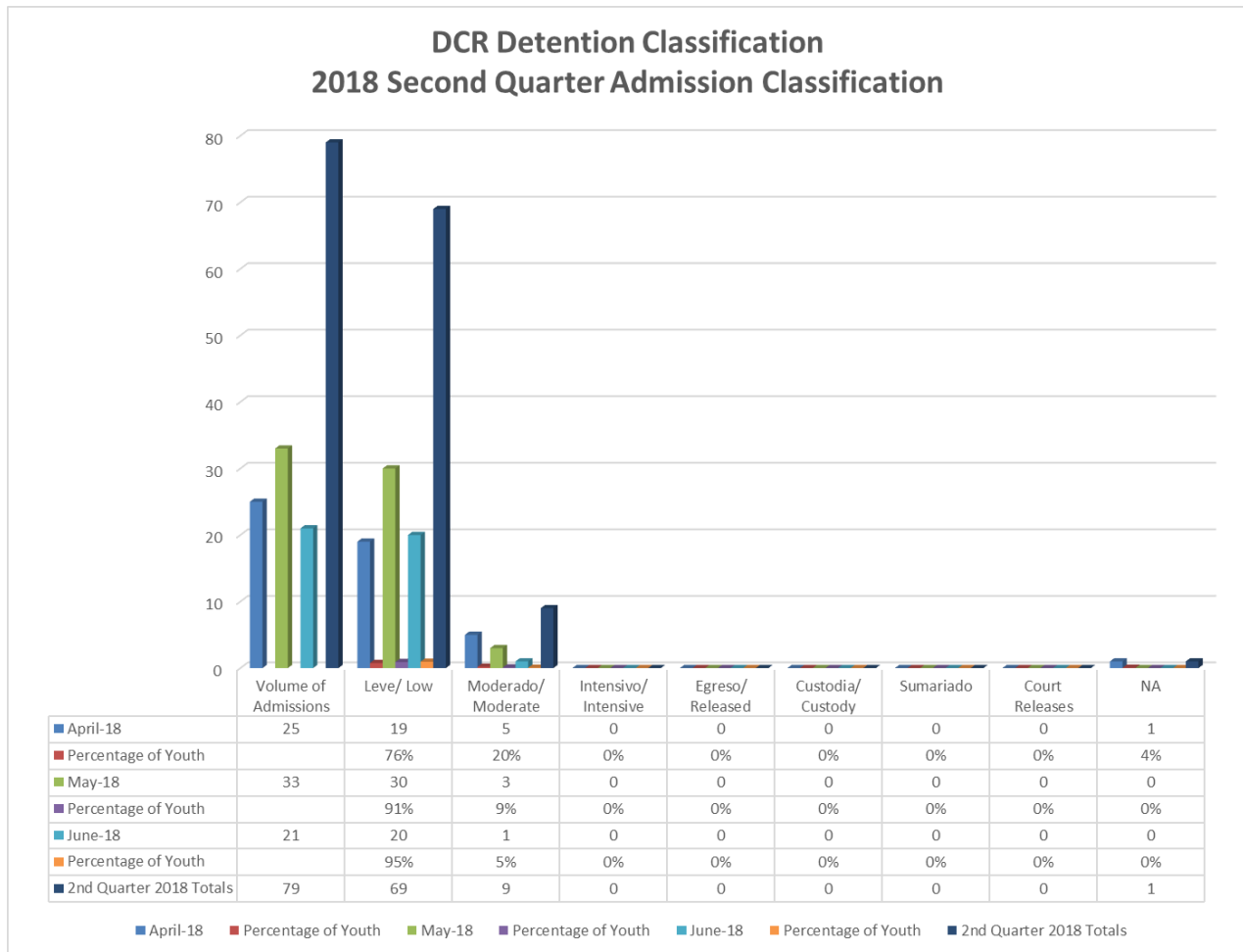
As of the end of the second quarter of 2018, considering facility closures and youth classification population reassignments, DCR is undertaking converting the Administrative Order into agency approved policy to reflect current facilities and classification assignments. The agency needs to stipulate in policy as to when an annual review of the classification instrument will occur, the manner in which it will be accomplished and how revisions will be addressed if necessary.

During the first quarter Functional Team meetings, the Monitor's consultant identified that the agency did not appear to have implemented an administrative override process to either the detention or treatment classification processes and scores. A classification administrative override is required when facility and or module classification assignment needs to be changed based on prevailing needs and circumstances of a youth history, mental health, offense or supervision requirements. The requirement for an administrative override process to the classification process was addressed often by the Monitor's consultant during the classification development process. An administrative override process must be addressed in agency approved classification policy. During the second quarter, DCR has undertaken developing a draft policy on a classification override process.

As of the production of the second quarter Classification Report the Monitor's consultant has not received an agency approved classification policy.

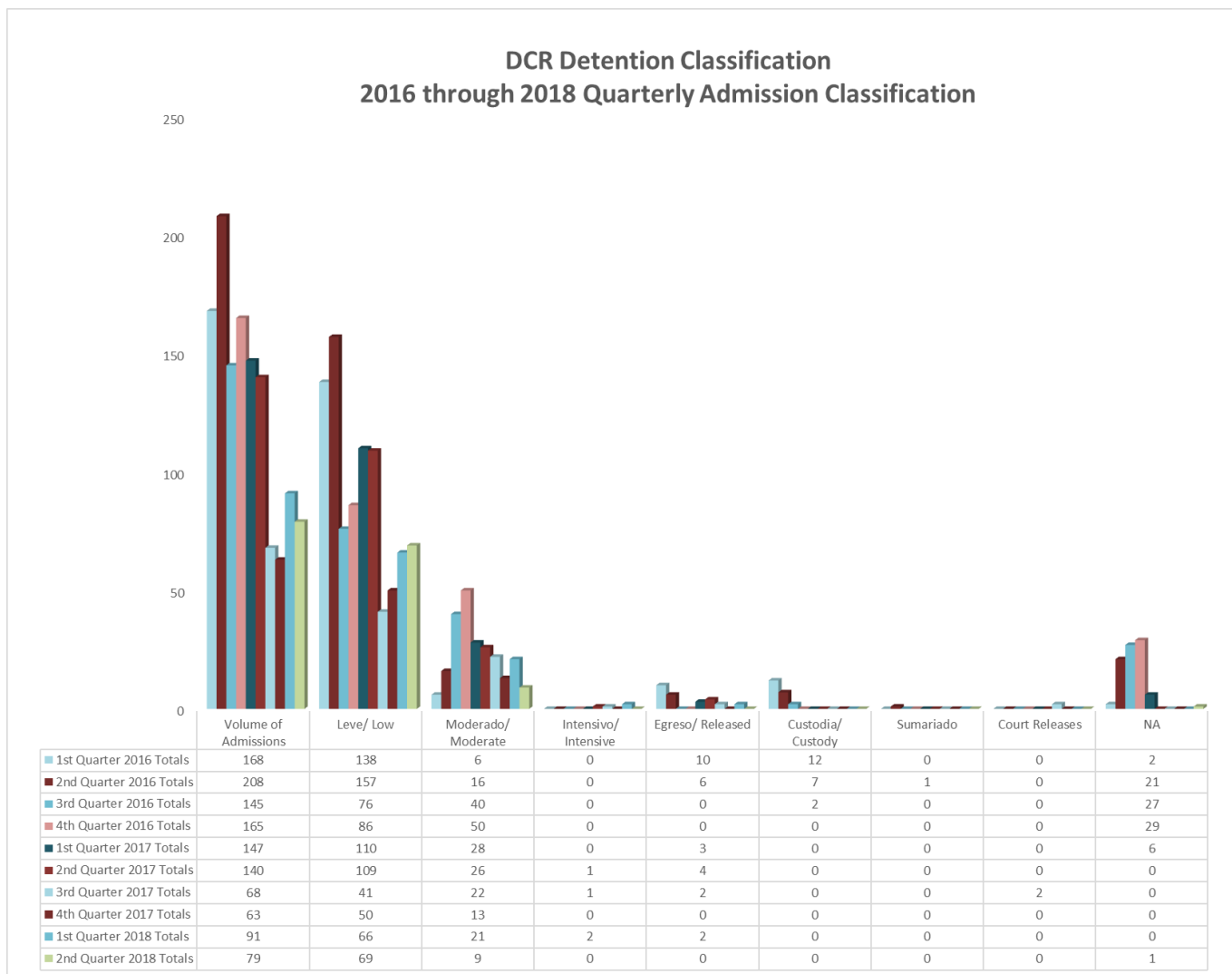
Second Quarter: April 1- June 30, 2018: DCR Detention Admission Classification:

The 2018 second quarter is the twenty-fourth quarter that DCR has produced Detention Admission Classification data to be included in the Quarterly Report. All detention youth are now housed at CD Humacao.



For the second quarter, there were 79 admissions of which 69 (95%) were classified as low; 9 (5%) were classified as moderate; and 0 (0%) were classified as intensive.

Detention classification documentation provided to the Monitor's consultant monthly, indicates youth have been consistently classified and assigned to a housing module that corresponds to detention classification level. A review of facility and housing module assignments at the time of first quarter site visits (February 6 and 7, 2018) reflects that youth are consistently assigned to the facility and housing module that matches their levels of treatment classification.



Second Quarter: April 1- June 30, 2018: Committed Classification:

DCR has provided committed classification documentation since January 2014. Committed classification has been reported on since the 2016 fourth quarter.

Each month, DCR provides to the Monitor's consultant a classification workbook that provides data for analysis of the monthly committed classification process. The workbook provides data under the following columns:

PROCESO DE CLASIFICACIÓN DE JÓVENES CON CUSTODIA ENTREGADA										
Nombre del Menor	# Exp. DEC	Fecha Entrega de Custodia	Fecha Ingreso al Módulo de Evaluación	Fecha Discusión Caso	Nivel de Tx. Adjudicado de acuerdo a Puntuación en Escala	Institución Asignada	Fecha Autorización Traslado	Fecha Admisión Institución Asignada	Observaciones	*Días trans- currid os

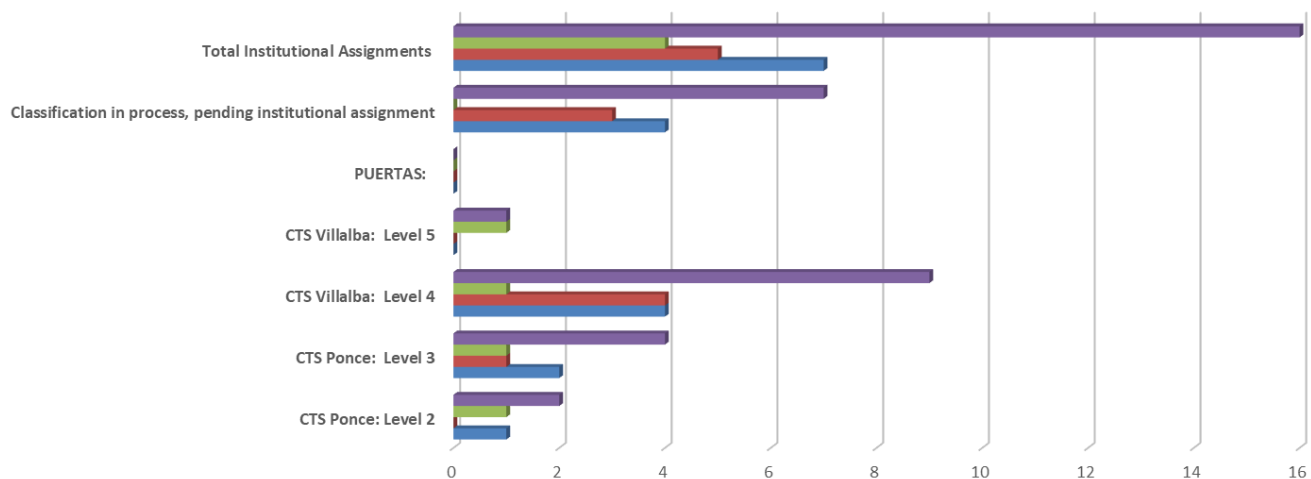
Youth who are committed to the custody of DCR are placed in the Residential Evaluation Module (MER) for evaluation, classification and ultimately placement in the facility with the corresponding treatment level as determined by the Division of Evaluation and Classification Team.

DCR has produced a monthly facility population and levels of treatment verification report for each month of the second quarter of 2018. The report identifies each facility, youth name, assigned housing module and youth classification level of treatment. The submitted reports document consistency and compliance with youth facility assignment based on assessed treatment level.

The youth's institutional assignment is reviewed to assess if it corresponds to the level of treatment score. For the second quarter of 2018, all the reviewed institutional assignments are consistent with the level of treatment scores and level assignments as reported in the monthly classification reports. Youth classification levels and institutional housing assignments are reviewed for consistency during site visits. During site visits on April 24 and 25 and June 19 and 20, youth housing assignments were uniformly consistent with assessed classification levels of treatment and corresponding facilities.

DCR assigns committed Level 2 and Level 3 youth to CTS Ponce. CTS Ponce also houses the two PUERTAS housing modules. DCR assigns committed Level 4 and Level 5 youth to CTS Villalba.

DCR Classification of Committed Youth 2018 Second Quarter



	CTS Ponce: Level 2	CTS Ponce: Level 3	CTS Villalba: Level 4	CTS Villalba: Level 5	PUERTAS:	Classification in process, pending institutional assignment	Total Institutional Assignments
■ 2018 Second Quarter Totals	2	4	9	1	0	7	16
■ Jun-18	1	1	1	1	0	0	4
■ May-18	0	1	4	0	0	3	5
■ Apr-18	1	2	4	0	0	4	7

ATTACHMENT C

Monitor's Expert Report

Curtiss Pulitzer, AIA

May 13, 2018

I. Provision

A. 1997 Settlement Agreement Paragraph 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.

B. Status

On March 6, 2018, Defendants filed a motion with the Court, pursuant to the Prison Litigation Reform Act (PLRA) to terminate this provision. On March 22, 2018, Plaintiffs filed a response stating that they did not oppose the Defendants' motion to terminate this provision. The following represents the position of the Monitor's Office relative to its assessment of the degree of compliance.

C. Compliance

Monitor's Question: *Have the Defendants achieved compliance with the provision?*

The Defendants have been working diligently in establishing compliance with this provision for several years. Beginning in 2014, under the guidance of the Fire Safety Officer for NIJ, new policies and procedures were drafted for the five facilities in operation at the time describing all the emergency procedures required in the event of a fire or other emergency, including how to evacuate facilities and the use of emergency keys. These procedures have been updated several times based on the Monitor's Office review and comments, with the most recent revision prepared in January 2018.

DCR has completed the process of properly color coding and notching emergency keys and storing them in accessible secure locations for staff access on all shifts. This has been field verified by the Monitor's staff on a regular basis.

The Monitor's Consultants submitted a status report in the third quarter of 2016 based on the information gleaned in the course of tours that were completed earlier in that year. Since the time of the tours that formed the basis for the report, DCR has been very responsive in correcting the issues noted in the report. The issues raised were described in great detail in the monitor's third quarterly report of 2016 in the report entitled "MARCH 2016 SITE VISIT TO REVIEW EMERGENCY KEYS IMPLEMENTATION ISSUES PERTINENT TO NIJ'S COMPLIANCE

WITH P-34," Prepared by Curtiss Pulitzer and Mike Gatling, Office of the Court Monitor, July 15, 2016. Between 2016 and 2017, the Monitor's Consultant spot checked the corrective measures taken by NIJ in resolving the issues raised in the report on subsequent site visits and saw significant improvements. DCR submitted a document that described all these corrections as well as a few final updates to the emergency key procedures in early 2017, and the Monitor's office has reviewed and found the documentation acceptable. Accordingly, in April 2017, the Monitor's Consultant conducted a site visit to assess compliance and the tour revealed that compliance has been achieved with only a few minor corrections still required. Those corrections have since been completed.

Throughout the period 2016-2018, in light of the fact that the juveniles' room doors at Humacao are manually operated (unlike the other two facilities), staff at Humacao have continued to test the sufficiency of current staffing levels to be able to manually unlock housing room doors in compliance with current life safety codes. The Monitor's Consultant has regularly reviewed the weekly documentation and evacuation simulation data, which indicates that housing units can be safely evacuated in less than two minutes, as required by the life safety code. Impressively, this weekly testing of evacuation data even continued during the immediate aftermath of the hurricane. In addition, although Defendants are currently working on enhancing documentation of this, years of on-site observations and monitoring have led us to have confidence that there are sufficient staff with proper communication capabilities to remotely unlock all building exit doors in each facility. NIJ has through the years consistently met the staff youth ratio required on the 10:00 PM – 6:00 AM shifts events 100% of the time. The mini control stations in all facilities are designated as a "fixed post" requiring a minimum of one officer assigned to mini control on all shifts. Furthermore, there have been no known documented events where the mini control posts were not staffed consistent with the fixed post requirements.

The monitor's office has reviewed the training PowerPoints developed by the DCR Fire safety Officer and the Director of Training for the juveniles facilities and has determined that they address the necessary training for this provision. Although training sign-in sheets were not provided to the monitor, schedules of necessary training were provided and interviews with Pedro Santiago the agency's Chief Fire Safety Officer, who provided the training, confirmed that the training did occur as scheduled. In addition the training schedule for April and May

2017 and most recently May 2018, document that training for this provision has been provided on multiple days during these calendar timeframes.

Based on several years of monitoring this provision and the substantial evidence provided by the Defendants that they have met all the requirements of S.A. 34, the Monitor's Office has determined that compliance has been achieved for this provision.

D. Harm

Monitor's Question: *If the Defendants have not achieved compliance in all respects, do the areas of non-compliance result in serious patterns of injury, risk of injury or abuse?*

Because this provision is in compliance, the question is inapplicable.

E. Remedy

Monitor's Question: *If non-compliance results in the risks and harms identified above, is the language of the provision or provisions narrowly tailored to address those problems. Could the provision(s) be revised to more appropriately address the problems?*

Because this provision is in compliance, the question is inapplicable. I recommend that the provision be terminated.

II. Provision

A. 1997 Settlement Agreement Paragraph 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.

B. Status

On March 6, 2018, Defendants filed a motion with the Court, pursuant to the Prison Litigation Reform Act (PLRA) to terminate this provision. On March 22, 2018, Plaintiffs filed a response stating that they did not oppose the Defendants' motion to terminate this provision. The following represents the position of the Monitor's Office relative to its assessment of the degree of compliance.

C. Compliance

Monitor's Question: *Have the Defendants achieved compliance with the provision?*

DCR has vastly improved its ability to maintain operable exit doors from living units that can be readily unlocked in emergency situations.

Based on inspections made by the Defendants' fire safety officers at each facility, since August 2014, DCR has been documenting, on a weekly basis, that all exit doors are maintained in operable condition and can be readily unlocked. The process for documentation was agreed to with the Monitor and Functional team and the Monitor's office has observed this documentation being employed at all the facilities. This process has provided both internal quality assurance value and has served as reliable and extensive evidence of practice and compliance. In addition to the Defendants' documentation, the Monitor has consistently observed over the past three years that designated exit doors in all the facilities were being well maintained and in operable condition and could be readily unlocked in case of an emergency.

In the most recent quarterly site visits in January, 2018 to the three facilities, there were no problems or concerns observed in spot checking emergency exit doors in the housing units. In addition, the Monitors' Office reviewed the most recent weekly fire exit inspection reports conducted and documented by the facility life safety officers, whose format was developed several years ago in conjunction with DCR and the Monitor's Office, and found them to demonstrate compliance with this provision. These inspections even continued during the immediate aftermath of the hurricane

In addition, DCR has submitted to the monitor's offices a summary spreadsheet of all the exit door tests showing the weekly inspection data in summary form through July 2017. The data is predicated on operating exit doors in a manual mode in living areas, which is the worst-case scenario. And the reported timeframes are well within acceptable life safety requirements for evacuating a unit: with a range of 6.53 to 27.5 seconds and a systemic average of 15.65 seconds to manually open designated exit doors (see Exhibit A attached). The Defendants are continuing to collect this data as well as the data for electronic exit door releases.

The monitor's office has reviewed the training PowerPoints developed by the DCR Fire safety Officer and the Director of Training for the juveniles facilities and has determined that they address the necessary training for this provision. Although training sign-in sheets were not provided to the monitor, schedules of necessary training were provided and interviews with Pedro Santiago the agency's Chief Fire Safety Officer, who provided the training, confirmed that the training did occur as scheduled. In addition the training schedule for April and May 2017 and most recently May 2018, document that training for this provision has been provided on multiple days during these calendar timeframes.

Based on 15 years of monitoring this provision and the Defendant's evidence that they have met all the requirements of S.A. 35, the Monitor's has determined that compliance has been achieved for this provision.

D. Harm

Monitor's Question: *If the Defendants have not achieved compliance in all respects, do the areas of non-compliance result in serious patterns of injury, risk of injury or abuse?*

Because this provision is in compliance, the question is inapplicable.

E. Remedy

Monitor's Question: *If non-compliance results in the risks and harms identified above, is the language of the provision or provisions narrowly tailored to address those problems. Could the provision(s) be revised to more appropriately address the problems?*

Because this provision is in compliance, the question is inapplicable. I recommend that the provision be terminated.

III. Provision

A. 1997 Settlement Agreement Paragraph S.A. 37. All 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.

B. Status

On March 6, 2018, Defendants filed a motion with the Court, pursuant to the Prison Litigation Reform Act (PLRA) to terminate this provision. On March 22, 2018, Plaintiffs filed a response stating that they did not oppose the Defendants' motion to terminate this provision. The following represents the position of the Monitor's Office relative to its assessment of the degree of compliance.

C. Compliance

Monitor's Question: *Have the Defendants achieved compliance with the provision?*

Defendants (DCR) have supplied Policies and Procedures documentation requiring that all DCR Juvenile facilities comply with life safety codes and the requirements of the Puerto Rico Fire

Department. In addition DCR has developed separate emergency evacuation manuals specific to each facility describing emergency procedures to be followed at each facility where juveniles are housed. These policies are reviewed and updated annually by DCR, the most recent version being updated in January 2018, which the Monitor has reviewed and approved.

Documentation has also been provided showing that copies of the emergency plans are made available to staff through the facility's fire safety officer at all facilities and including certification by the Directors that this has occurred at each of the respective facilities. Since 2016, DCR has certified on a monthly basis that the emergency plans have been made available to staff at the institutions.

The monitor's office has reviewed the training PowerPoints developed by the DCR Fire safety Officer and the Director of Training for the juveniles facilities and has determined that they address the necessary training for this provision. Although training sign-in sheets were not provided to the monitor, schedules of necessary training were provided and interviews with Pedro Santiago the agency's Chief Fire Safety Officer, who provided the training, confirmed that the training did occur as scheduled. In addition the training schedule for April and May 2017 and most recently May 2018, document that training to evacuate a facility in an emergency has been provided on multiple days during these calendar timeframes.

Based on years of monitoring this provision and the Commonwealth's evidence that they have met all the requirements of S.A. 37, the monitor's expert has determined that compliance has been achieved for this provision.

D. Harm

Monitor's Question: *If the Defendants have not achieved compliance in all respects, do the areas of non-compliance result in serious patterns of injury, risk of injury or abuse?*

Because this provision is in compliance, the question is inapplicable.

E. Remedy

Monitor's Question: *If non-compliance results in the risks and harms identified above, is the language of the provision or provisions narrowly tailored to address those problems. Could the provision(s) be revised to more appropriately address the problems?*

Because this provision is in compliance, the question is inapplicable. I recommend that the provision be terminated.

EXHIBIT A



GOBIERNO DE PUERTO RICO
DEPARTAMENTO DE CORRECCIÓN Y REHABILITACIÓN
OFICINA DE SEGURIDAD DE VIDA Y PREVENCIÓN DE INCENDIOS

Juveniles Facilities Emergency Exit Doors - Manual Unlock Time Average Manual Operation - Living Areas

INSTITUCIÓN	Periodo desde: junio - 2016 / julio - 2017																
	JUN 16	JUN 17	JUL 17	AVERAGE (1st) QUARTER	1ST TIME	2ND TIME	3RD TIME	AVERAGE (2nd) QUARTER	1ST TIME	2ND TIME	3RD TIME	AVERAGE (3rd) QUARTER	1ST TIME	2ND TIME	3RD TIME	AVERAGE (4th) QUARTER	TOTAL AVERAGE FOR INSTITUTION
CENTRO DETECCIÓN Y TRATAMIENTO SOCIAL NIÑAS Y NIÑOS BAYAMÓN	7.47	8.25	8.29	8.0033333	8.37	7.86	11.35	8.5266667	13.83	13.87	13.87	13.8266667	16.13	12.25	13.54	12.873333	11.87923077
CENTRO TRATAMIENTO SOCIAL VILLALBA	59.22	51.28	30.25	33.5833333	29.68	28.83	29.29	29.27	36.22	29.4	28.39	28.3366667	28.13	27.27	27.21	27.536667	28.3788889
CENTRO TRATAMIENTO SOCIAL PONCE	11.19	12.4	11.88	11.8433333	11.88	16.25	14.54	14.8555555	15.54	13.85	14.28	14.49	14.84	16.9	15.71	15.35	14.4818181
CENTRO TRATAMIENTO SOCIAL HUMACAO	8.37	7.37	7.827	7.1523333	7.34	7.28	6.9	7.2333333	7.09	6.95	6.57	6.87	6.47	6.43	6.69	6.53	7.0628125
GENERAL TOTAL AVERAGE QUARTER & ANNUAL				15.442833				15.140833				15.898333				15.5475	15.45072584

RESUMEN PROMEDIOS:

(1st) PRIMER TRIMESTRE:	15.4458
(2nd) SEGUNDO TRIMESTRE:	15.1408
(3rd) TERCER TRIMESTRE:	15.8983
(4th) CUARTO TRIMESTRE:	15.5475
PROMEDIO ANUAL:	15.8587

Preparado por:

Pedro Santiago Rivera
Oficial Seguridad De Vida y
Prevención de Incendios - DC9
Fecha: 11 / Agosto / 2017

Notes

Criteria used to determine Monthly Average Facilities values:

1. Collect all the weekly inspection forms done for the month.

- Calculate the Monthly Average timeframes per month:

a. First, determine Time Manual Unlock Module Week Average:

Some values (time in seconds) obtained from the manual unlock column (last one) in the inspection form.

Divide the amount by the total exit door tested in the module. Do the same operation for all modules.

Sum all Module Averages and divide by the total of modules tested.

The result is the "Manual Unlock Time average for living units in that week."

b. Sum all Weeks Modules Averages for the month, divide by the total weeks inspections of the month.

The result represent the Monthly Average value for the month.

ATTACHMENT D

ATTACHMENT E

Site Visits 2nd Quarter April 2018

Victor Herbert

Monitor's Consultant for Education and Training

General Notes:

1. Each of the three institutions thought the recent DOJ visit was positive and productive. Each side came away with a better understanding of the other's needs and challenges.
2. Each of the last several years saw the school year end with an extended program into June. Themes included science and the environment, character development and responsibility, and tourism on the Island. It is not yet clear that there will be a June program this year. The community schools have extended their semester due to lost hurricane time. As a consequence, there may not be funds for the DCR schools.

Education Issues: The second semester of the 2017-2018 school year began on January 10, 2018.

CTS Villalba: The population at Villalba remains similar to the previous quarter. There are now 64 youths including 25 in both elementary and secondary classes, 13 certified in need of special education and 26 with the 4th year completed. The latter group spends time in vocational shops and cleanup activities in the site. There are no opportunities to continue their academic education either within or without the facility. There are similar numbers in the other institutions. DCR does not believe this omission is part of the consent decree. Neither the science nor Title One vacancy has been filled and the school director does not expect anyone to be assigned before the beginning of the 2018-2019 school year. As reported in the previous quarter report, all agree that related services delivery has improved significantly since the transition period when the new company was hired. Nevertheless, the form used earlier that coordinated service recommendations from the COMPU and the actual delivery is no longer used at any of the institutions. When asked about this at the FT, DCR administrators did not know why and agreed to investigate before the next FT Meeting in August. There is one student in transitional measures who receives his class work in 20 minute periods. While established as a compromise solution to the needs of isolated youth, a better solution would be additional staff offering full periods of instruction. DCR maintains they do not have funds to do so.

CTS Humacao: As indicated in the first quarter report, Humacao continues as an entirely detention institution for DCR male residents. A small group of detention girls reside in CTS Ponce. The population here at Humacao is now 42 divided into three groups: those in detention, those undergoing evaluation and the *sumariados*. The latter group awaits a transfer to a CTS site, assignment to the DCR adult system or a return to the community. There are 19 special education students included in the population. Letters have not been sent requesting files from the community schools based on the experience at Bayamon, the former CD location where documents rarely arrive before the students were sent to the next place. Nevertheless, staff prepares an "institutional" file listing services required for each based on identification provided through MIPE. Since there is no COMPU scheduled, the

services are focused on educational requirements and the related services left to the USMIC staff. School leadership believes this is the most effective way to proceed although there are 4 residents currently in detention for more than 4 weeks. On a positive note, the Humacao staff decided to schedule the education program as if it were still a CTS facility. This leads to a full day of instruction for all students including academic, physical education and vocational shops. Whether this will be maintained in the next semester depends on funding and is not certain at this time. There is one youth currently in protective custody and another who while not described as in either PC or TM, receives services independent of other students. This was a direction from the court according to the compliance officer. Each is visited by academic teachers for 20 minutes per discipline. Some information about the education program was not available as both special education teachers, the school director and counselor were unavailable due to absence and staff meetings.

CTS Ponce: The current population is 63 including 11 special education students, 9 in Puertas, 9 young women and 22 with 4th year completion. As noted above, there are no education opportunities available except part time vocational shops and some community cleanup activity. The young women who did not have vocational education now participate in two of the shops: office science and baking. There are no teacher vacancies currently although there were in the first semester of the 2017-2018 school year. The school offers a full-day of instruction as does Villalba. Humacao offers a modified schedule for the detention residents. There were no PC or TM students reported. As noted in other institutions, the level of USMIC service has increased significantly from the period of transition to the new company. Nevertheless, there continues to be an issue around certification of related services as listed in the IEP now that the reconciliation forms have been discontinued.

Functional Team Meeting: The agenda include both education and training compliance prospects. The acting director of education was not available but DCR staff present recorded the monitor's observations from the site visits and agreed to report them to the director for consideration at the next FT meeting.

SA 50 As indicated in earlier FT reports, IDECAHR believed it was on track to demonstrate compliance by December of 2018. The hurricanes caused the loss of three months of training and a new timeline had to be developed. It is currently projected to the end of June 2018 which will coincide with the Monitor's earlier decision to extend compliance time from 12 to 18 months. If the goal is achieved, an extended period of validation will follow where all parties will review the compliance evidence. As noted in the "Steps to Compliance Document" below, the size of the documentation for all areas in the stipulation will require actual review within DCR headquarters rather than the publication of printed documents. The IDECAHR director was confident that the goal would be reached and that the validation review would flow smoothly. One issue tabled for further consideration is the disagreement between the practice of CPR training, once every 2 years, and the stipulation language, once every year. This may be another area for the Monitor to consider a reasonable compromise.

SA 91 In the previous FT meeting, the newly appointed DCR compliance officer asked for a compliance candidate from the special education stipulations. After some consultation, the monitor's consultant and the compliance officer agreed that SA 91 was a good choice. Earlier it was part of a road

map nearly complete but the mental health consultant withdrew before completing the document evaluation of mental health staff. Since there are many new people in place, this review will have to be initiated but should not require a lengthy period of time. Both agreed to determine the best way to move forward. Also there is a vocational education component that needs to be addressed. DCR intends to take steps to do so.

ATTACHMENT F

July 30, 2018

**Office of the Monitor
Mental Health Quarterly Report
Second Quarter 2018
Miriam Martinez, PhD
Mental Health Consultant, USA CPR Monitoring Inc.**

The mental health monitor visited CTS Ponce and CTS Villalba on April 23, 2018 and CTS Humacao on April 24, 2018. During the visits 10 youth were interviewed and meetings were held with the Directors of the sites as well as with the mental health staff that were available. In addition, a Functional Team meeting was held on April 24, 2018. Present for the Functional team meeting were: Kelvin Merced, Arlene Perez Borrero, Giovanni Alomar Sastre, Raul Cepeda Gonzalez, Miguel Segura Contrera, Neida Rodriguez, Josolito Colon Rivera, Aida Burgos Rosario, Steven Delgado (PCPS), Marie Rohena (PCPS), Richard Goemann, (USDOJ), Maritza Santiago (USDOJ Psychiatrist Consultant) and Jose Luis Rosado Santiago (interpreter). Prior to this visit a review of the mental health and behavior modification policies and procedures were reviewed and approved. In addition, materials related to training of staff on behavioral modification was reviewed and approved and evidence of training on behavior modification was submitted.

With respect to:

***C.O. 29:** Defendants shall establish an adequate residential mental health treatment program which provides services in accordance with accepted professional standards for juveniles confined in the facilities in this case who are attempting to commit suicide and/or who are inflicting harm upon themselves and/or any other juvenile in need of such services as determined by the juvenile's interdisciplinary mental health team, which includes a qualified psychiatrist. This residential treatment program will house up to forty-eight (48) juveniles from Commonwealth facilities. The residential treatment program will be established in an area that meets professional standards regarding safe physical areas for suicidal and/or self-mutilating juveniles.*

It was reported to the mental health monitor that Ponce PUERTAS is now under the direction of Giovanni Alomar Sastre who expressed a renewed approach to assessing and improving the mental health delivery. Specifically Mr. Alomar stated that he had plans for more distinct and increased intensity of services and that he shared the concern of the mental health monitor in that there were not enough activities for the youth to engage in. He requested to meet with the mental health monitor separately and/or to have a discussion specifically about PUERTAS in the upcoming weeks. All of the youth interviewed in Ponce PUERTAS had serious mental health problems including reporting visual and auditory hallucinations and each could name the psychotropic medications they were being administered. The five youth interviewed reported seeing their psychiatrist about one time per month and this is supported by the mental health monitor's review of medical records. Youth reported being helped by the individual and group therapy provided and all desired more to do with down time besides watching a television – especially if they were not in school.

In Villalba, a discussion with the Director and her staff revealed that level 5 youth had been accepted into Villalba and that since this change a series of youth on youth assaults occurred within the facility that were quite serious with one youth (K) requiring 19 stitches on his face. The issue of blades being brought into the facility was especially concerning as youth and staff are not feeling safe. We spent some time discussing the staffing issues, how many call outs on sick time there were and a reduction in staff at times when mandatory training has to take place. The mental health monitor asked how many incidents of assaults with blades occurred in Humacao prior to the level 5 youth being transferred from Humacao to Villalba. There was not a response to this question as the information was not readily available.

Youth interviewed at Villalba (two youth mentioned above that were assaulted) were able to state the frequency of mental health visits as well as incentives for behavior modification. However, with respect to:

***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 shall include at a minimum, a thorough psychiatric evaluation, necessary diagnostic tests before the prescription of behavior-modifying medications, blood-level monitoring if behavior-modifying medications are prescribed, therapy, counselling, treatments plans and necessary follow-up care.*

The mental health monitor spoke with the mental health staff and it is clear from the documentation of hours provided by PCPS and via the interviews that there are not an adequate number of hours for psychiatric coverage. Dr. Caban is reporting 12 hours per week with 6 in Villalba and 6 in Ponce and little to no time for team meetings, medical record reviews, case conferences and reviews of labs ordered. Both mental health staff feel that contracted hours can be utilized quickly when there is a crisis and that only through requesting additional time, can the hours be increased. There appears to be a cap on the additional hours per week that can be requested although leadership at PCPS refute this stating that if necessary, additional hours can be authorized.

In Humacao we discussed the youth that had attempted suicide and the mental health monitor interviewed him together with the psychiatrist who serves as the USDOJ consultant. While he (G) denied current and past suicidal ideation, he did have a history of self-mutilation which had led to two psychiatric hospitalizations. When asked who he would speak to if he thought he might hurt himself again, G stated that he would speak to the nurse whom he felt he could talk with as she had helped him. He also mentioned the psychologist and the counselor were resources. G appeared depressed and staff were advised to monitor him closely for suicidal ideation. Also interviewed was (W) who had serious suicidal ideation and had been also psychiatrically hospitalized. He stated that he had command auditory hallucinations telling him to take his own life. Although he had seen the psychiatrist prior to hospitalization, he admitted that he had not communicated his distress to the psychiatrist. At the time of the visit he stated that if he feels this way again that he can request to see the psychologist and that this request is typically granted. Another youth (J) interviewed had a serious psychiatric history including reporting 2 suicide attempts but denied having suicidal ideation or visual/auditory hallucinations when interviewed. He (J) stated the suicide attempts were following the break up with his girlfriend that he had since the 3rd grade (he is 14 years old). J reported plans for his future including becoming a forensic medical specialist or a fire fighter.

The youth interviewed above include a sample of the youth in all 3 facilities. The youth interviewed over the course of this monitor's involvement have overwhelmingly needed consistent, experienced mental health clinicians with expertise in the treatment of co-morbid substance abuse and mental health problems, trauma (sexual and physical abuse) and with the time to not only address crisis but to also document, review records and participate in multidisciplinary treatment team meetings. It concerns this monitor that there has been repeated turn-over in the mental health staff and that there continues to be a gap between the number of psychiatric hours needed with those that are provided. Hours contracted vs. hours worked for all mental health providers has been requested and reviewed for the period July 2017 to March of 2018. Mental Health monitor expressed concerns in person and via emails to DCR leadership as well as with the mental health contractor, PCPS including a failure to comply with C.O. 36 and S.A.. 63 due to the lack of continuous psychiatric and psychological services.

With respect to:

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.

I have requested information regarding the use of emergency psychotropic medication and am still awaiting this information. During routine review of records, the mental health monitor has not seen evidence of the use of emergency psychotropic medication, therefore, I have requested a list for July 2017 to July 2018.

During the functional team meeting all present addressed the concerns brought forward by the mental health monitor including the issues of violence in Humacao as well as the need for more services in PUERTAS and more psychiatric coverage. The mental health monitor thanked DCR

leadership for providing lists of youth in transitional measures and protective custody, youth that self-mutilated or have had suicidal ideation/attempt, and the monthly census report. Regarding provision 29, the functional team was reminded that they were to provide a proposal for a “reasonable” number of beds for the youth identified for PUERTAS. It has been over 6 months that this agreement was made and there has been a failure of follow-through on the part of DCR despite repeated phone call and email reminders.

A follow-up conference call was made on May 18, 2018 with Giovanni Alomar together with Javier Burgos (Monitor’s office). We discussed the Behavioral Modification policies and procedures, the curriculum, training and documentation. We discussed the possibility of increasing telephone call time as a behavioral modification incentive, from 5 minutes per week to 10 or 15 minutes per week especially for youth to connect with family. We also discussed evidence based therapeutic approaches that Mr. Alomar would like to integrate into the treatment of youth in PUERTAS, the need for increased structure and discipline and the step down procedures. Two telephone conferences on 5/18 and 5/23/2018 were held to debrief on the site visits and impressions regarding the delivery of mental health services.

In summary, in addition to concerns stated above about the adequate number of continuous psychiatric and psychological services (C.O. 36) , the monitor awaits the response from DCR for the proposed definition of the word “immediate” with respect to provision S.A. 63 and to propose the number of “adequate beds” with respect to C.O. 29.

Respectfully,
Miriam Martinez, PhD

ATTACHMENT G

Abuse Referrals Tracking Report

Kim Tandy, Monitor (as reported by NIJ)

The following tables summarize statistics about case management for the past four quarters. The primary source of the information is the case tracking records maintained by NIJ along with other records such as the underlying individual case reports and records.

The first table summarizes general information about incidents events. An incident event may generate many incident reports, but this table counts a multiple-report incident as a single event.

A. General Measures	17-3rd	17-4th	18-1st	18-2nd
A.1 Average Monday 1st Shift count of youth	184	174	170	168
A.2 Number of incident events	40	89	94	42
A.3 Number of youth-to-youth incident events	24	37	25	16
A.4 Incident events involving use of force by staff	17	30	13	7
A.5 Incident events with suicide act, ideation, or gesture	5	1	3	9
A.6 Incident events w/ self-mutil. act, ideation, or gesture	6	17	24	10

The number of incident events (A.2) decreased significantly, from 84 in the first quarter to 42 in the second quarter.

Not all incident events involve conduct that warrants an abuse investigation. The subset of incidents involved possible abuse are summarized in table C.

The next table summarizes suicide and self-mutilation incidents known to mental health staff. Many of these do not warrant abuse allegations.

B. Mental Health Record Information	17-3rd	17-4th	18-1st	18-2nd
B.1 Suicidal incidents, ideation or gestures	5	1	3	9
B.2 Number of individual youth referenced	4	1	3	9
B.3 Cases involving ideation only	2	1	1	9

B.4 Cases involving suicide gesture	3	0	0	0
B.5 Cases involving suicide intention	0	0	1	0
B.6 Cases w/ ambulatory treatment	5	1	1	9
B.7 Cases with hospitalization	0	0	2	0
B.8 Cases leading to death	0	0	0	0
B.9 Suicide Cases with 284 report filed	0	0	1	0
B.10 Self-mutilations incidents, ideation or gestures	1	16	25	10
B.11 Number of individual youth referenced	1	8	17	9
B.12 Cases requiring sutures	0	1	1	1
B.13 Cases requiring hospitalization	0	1	0	0
B.14 Cases leading to death	0	0	0	0
B.15 Self-Mutilation Cases with a 284 report filed	0	1	3	2

The above cases come from mental health records. NIJ 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 94 (A.2) incident events in most recent quarter, 28 (B.1 plus B.10) involved suicide and self-mutilation incidents.

Two of the incidents involving self-mutilation resulted in a 284 report being filed.

None of the above incidents resulted in a Paragraph 78a abuse referral. All cases were to be referred to the mental health process. During this year, a change in mental health staffing was proposed and apparently implemented it is not clear whether the new personnel are fully informed as to how to complete the referral reviews.

The next table summarizes abuse referrals and the initial responses to such referrals.

C. 284 Incidents	17-3rd	17-4th	18-1st	18-2nd
C.1 284 Incident Events	28	16	21	25
C.2 Level One Incident Events	4	2	0	4
C.3 Level Two Incident Events	24	14	21	21
C.4 Referrals to OISC	24	14	21	21
C.5 Youth-to-Youth Incidents	9	5	5	16

C.6 Youth-to-Youth Injuries	5	4	4	12
C.7 Youth-to-Youth with External Care	4	0	3	7
C.8 Youth-to-Youth Sexual	0	1	0	2
C.9 Youth-to-Youth Sexual w/ Injury	0	0	0	0
C.10 Staff-to-Youth Incidents	19	11	16	9
C.11 Staff-to-Youth Injuries	3	5	8	6
C.12 Staff-to-Youth with External Care	0	1	1	1
C.13 Staff-to-Youth Sexual	4	0	3	2
C.14 Staff-to-Youth Sexual with Injury	0	0	0	0
C.15 284 Incident Events with administrative actions	28	16	21	25
C.16 284 Incident Events with report by end of shift	27	13	17	22
C.17 Level 1 Investigations complete within 20 days	4	2	0	4
C.18 SOU (Special Operations) interventions	0	0	4	1
C.19 SOU events with 284 reports	0	0	4	1
C.20 284 with Item 5 completed	26	16	20	25
C.21 284 with Staffing Compliance	26	12	17	25
C.22 Percent 284 cases with staffing compliance	93%	75%	81%	100%

Level One incidents are investigated locally at the institution. Level Two incidents are investigated by OISC. Referrals to OISC as based on the screening protocol

Of the 20 housing unit events with item 5 checked in the report (C.20), 100% 2(C.22) took place when there was compliance with staffing provisions.

D. Initial Case Management Measures	17-3rd	17-4th	18-1st	18-2nd
D.1 284 percent with admin actions	100%	100%	100%	100%
D.2 284 per cent completed by end of shift	96%	81%	81%	100%
D.3 284 Level 1 Investigation Complete Within 20 days	100%	100%	100%	100%

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."

E. OISC	17-3rd	17-4th	18-1st	18-2nd
E.1 Cases Referred from this quarter	24	14	21	21
E.2 Received by OISC Within 24 hours	23	11	18	16
E.3 Completed by OISC Within 30 workdays	14	8	20	21
E.4 Complete during the next quarter, but within 30 days	0	0	0	0
E.5 Cases Not Completed by OISC Within 30 days.	10	6	1	0
E.6 Percent of OISC cases completed within 30 days	58%	57%	95%	100%
E.7 Completed Cases Returned for Further investigation	0	0	0	0
E.8 Percent of cases returned for further investigation	0%	0%	0%	0%
E.9 Further Investigation Completed	0	0	0	0
E.10 Cases this quarter incomplete, including further investigation	3	6	1	0
E.11 Percent of cases from this quarter not yet completed	12%	43%	5%	0%

During the quarter 21 cases were investigated and all were completed in the 30 days period for a 100% timely completion rate.

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

F. Administrative Determinations for 284 Cases	17-3rd	17-4th	18-1st	18-2nd
F.1 Cases with youth discipline referrals	26	9	9	15
F.2 Cases with youth discipline actions	23	4	7	9
F.3 Cases with youth no discipline actions	3	5	2	6
F.4 Cases Staff/youth with determinations	10	4	6	23
F.5 Cases recommending personnel actions	2	8	17	20

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.

Of the 21 cases (C.1) with referrals as 284-cases, 15 (F.2) were referred for disciplinary actions and 9 (F.3) were the subject of discipline actions for youth involved.

The second quarter of 2018 saw a significant increase in staff/youth cases involving administration determinations, more than double the number of any quarter in the past year. Twenty (20) of the (23) cases involving staff/youth incidents ad recommendations for personnel actions.

G. Prosecutorial Determinations for 284 Cases	17-3rd	17-4th	18-1st	18-2nd
G.1 Cases received by PRDOJ	1	1	0	0
G.2 Cases with decision not to prosecute	0	3	0	0
G.3 Cases with referral for prosecution	0	0	0	0
G.4 Cases pending determinations	2	0	0	0

ATTACHMENT H

Case Assessment Instrument – Section A – Initial Reporting		
Assessment Criterion	Status Y/N/NA	Comment
A.1 Was the incident reported to the appropriate supervisor or designated person by the end of the shift during which the reporter became aware of the incident?	Y-18, N-1	The percentage for this report is 95 %. The percentage in the last report was 100%. In this reporting period 19 Level II cases were evaluated to complete Section A.
A.2 Were appropriate administrative actions taken to protect the victim(s)?	Y-19	The percentage for this report is 100%. The percentage in the last report was 100%.
A.3 If injury was suspected, was the victim promptly evaluated for injury by health care personnel?	Y-19	The percentage for this report is 100%. The percentage in the last report was 100%.
A.4 If there was physical evidence, was the evidence documented and preserved?	Y-4, N/A-15	The percentage for this report is 100%. The percentage in the last report was 100%.
A.5: Was the incident correctly classified?	Y-19	The percentage for this report is 100%. The percentage in the last report was 100%.
A.6 Was the 284 report forwarded to the Police Department, the Department of Family Services, and the Department of Corrections Administration within 24 hours?	Y-17, *N-2,	The percentage for this report is 89%. The percentage in the last report was 80%. *Cases 18-003, 18-020
A.7 If it was classified as a level 2 incident, was OISC notified within 24 hours?	Y-17, *N-2	The percentage for this report is 89%. The percentage in the last report was 57%. *Cases 18-003, 18-020 Improved Compliance

A.8 Were youths suspected as perpetrators separated from the victim(s)?	Y-10, *N-1, N/A-8	The percentage for this report is 90%. The percentage in the last report was 100%. *Case 18-014
A.9 Did the 284 accurately list all youth and staff witnesses?	Y-4, *N-13, N/A-2	The percentage for this report is 23%. The percentage in the last report was 83%. *Multiple instances Reduced Compliance
A.10 Did all staff witnesses complete an incident report before the end of shift?	Y-18, N-1	The percentage for this report is 95%. The percentage in the last report was 100%.
A.11 If there was timeliness non-compliance, was related to shortage of investigative or supervisory staffing?	N-11, N/A-8	The percentage for this report is 100%. The percentage in the last report was 100%. The N answer isn't a negative factor.
A.12 At the location of the incident at the time of the incident, was staffing compliant with Settlement Agreement requirements?	Y-13, N-1, N/A-5	The percentage in this report is 93%. The percentage in the last report was 100%.

Case Assessment Instrument – Section B – Police and Prosecutorial Investigation		
Assessment Criterion	Status Y/N/NA	Comment
B.1 Was the 284 report received by the PRDP within 24 hours of the time recorded as the point of knowledge of the incident?	Y-19	The percentage in this report is 100%. Last quarter the information was not provided.
B.2 Did PRPD investigators determine that physical evidence, if any was appropriately preserved?	Y-19	The percentage in this report is 100%. Last quarter the information was not provided.
B.3 If prosecutors communicated an intent to proceed criminally, and if NIJ was informed to delay any compelled interview of the subject until the criminal investigation was completed, did NIJ comply with the instruction?	N/A-19	No cases were found.
B.4 Were PRPD expectations met for timeliness in completing the investigation?	Y-19	The percentage in this report is 100%. Last quarter the information was not provided.
B.5 Was completion of the PRPD investigation documented?	Y-19	The PRPD conducts initial investigations in all Level II cases. The numbers answering this question were provided by NIJ-DCR, the Office of the Court Monitor did not have enough information to verify them. Last quarter the information was not provided.

Case Assessment Instrument – Section C – Facility Level I Investigation		
Assessment Criterion	Status Y/N/NA	Comment
C.1 If there were potential injuries, did the investigation include photographs of visible injuries?	–	In this reporting period no Level I cases were selected.
C.2 Was there a personal interview of the victim(s) with a record of the questions and answers?	–	
C.3 Was there a personal interview of the alleged perpetrator(s) with a record of the questions and answers?	–	
C.4 Was physical evidence, if any, preserved and documented?	–	
C.5. If the incident was classified as Level I, was the investigation completed within 20 calendar days?	–	
C.6 Was the completion of the investigation documented in the tracking database?	–	
C.7 If there was timeliness non-compliance, was related to shortage of staffing?	–	

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 OISC within 24 hours?	Y-17, *N-3	The percentage for this report is 84%. The percentage in the last report was 57%. *Cases 18-011, 18-013,18-020 Improved Compliance
D.2 Did OISC complete (and transmit to AIJ and the PRDOJ) an investigation within 30 calendar days of the receipt of the initial referral by OISC?	Y-19	The percentage for this report is 100%. The percentage in the last report was 64%. <u>Last quarter low percentage was related to circumstances provoke by Hurricane María.</u>
D.3 Did the investigation meet OISC's standards for investigation quality?	Y-19	The percentage for this report is 100%. The percentage in the last report was 100%. OISC has been using an investigation format developed by the Monitor's Office to uniform their investigations. This format was updated on October 2016. On April 2018 the Monitor's Office designed a new form to evaluate OISC's investigations.
D.4 Did the investigation provide a description of the alleged incident, including all involved persons and witnesses and their role?	Y-19	The percentage for this report is 100%. The percentage in the last report was 100%.
D.5 Did the investigation provide a description and assessment of all relevant evidence?	Y-19	The percentage for this report is 100%. The percentage in the last report was 100%.
D.6 Did the investigation provide proposed findings of fact?	—	On June 2018 Defendants updated the form to address this issue. Next quarter cases will be evaluated based in the new form instruction.
D.7 If there was timeliness non-compliance, was it related to shortage of OISC staffing?	N/A-19	No comments.
D.8 DELETED		

Case Assessment Instrument – Section E – Case Tracking and Outcomes

Note: This section is to be completed by the official responsible for the Tracking Records required by Paragraph 78.h. The underlying facts may come from other offices and agencies, and the questions concern what is known and documented in the tracking records.

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?	Y-19	The percentage for this report is 100%. The percentage in the last report was 100%. NIJ-DCR already has an electronic data base for Level II cases but a manual system to document Level I cases.
E.2 Was the initial investigation (284) received at NIJ within 24 hours?	Y-17, *N-2,	The percentage for this report is 89%. The percentage in the last report was 80%. *Cases 17-003, 18-020
E.3 Was the Level 1 facility investigation completed within 20 days?	—	NIJ reports that 100% of investigations of Level 1 cases were completed in 20 days for the quarter.
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) do the tracking records document that OISC was notified and the case referred within 24 hours?	Y-16, *N-3	The percentage for this report is 84%. The last reporting period was 57%. *Case 18-011, 18-013, 18-020, Improved Compliance
E.5 DELETED		
E.6 Did NIJ reached an administrative determination concerning the case which is documented in the tracking records?	Y-19	The percentage for this report is 100%. The percentage in the last report was 100%. Administrative determinations are taken through the process at facility level and at DCR central offices if applicable. The data base system only documents Level II cases however all incidents are investigated and documented.
E.7 If the case was a Level 2 case, do the tracking records document review by PRDOJ prosecutors leading to a prosecutorial determination as to whether to prosecute or not?	N-19	Prosecutors use to base their determination on the investigations conducted by the PRPD not on OISC or NIJ investigations. However, DCR investigations are always available and in some cases also considered by the prosecutors.

E.8 If there was timeliness non-compliance, was it related to shortage of staffing?	N/A-19	The percentage for this report is 100%. The percentage in the last report was 100%.
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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-19	The percentage in this report is 100%. The percentage in the last report was 100%. In this reporting period 19 cases in section A were received and evaluated.
F.2 Does the Monitor’s Office confirms the timeliness facts as asserted in Page B?	Y-19	The percentage in this reporting period is 100%. Last quarter the information was not included.
F.3 Does the Monitor’s Office confirms the timeliness facts as asserted in Page C?	–	During this reporting period no Level I cases were selected for evaluation.
F.4 Does the Monitor’s Office confirms the timeliness facts as asserted in Page D?	Y-19	The percentage in this reporting period is 100%. The percentage in the last report was 100%. In this period 19 Level II cases were evaluated.
F.5 Does the Monitor’s Office confirms the timeliness facts as asserted in Page E?	Y-19	The percentage in this report is 100% and confirms timeless facts in section E. The percentage in the last report was 100%.
F.6 Does the Monitor's Office confirms the investigation quality as asserted in page B?	–	The Monitor Office cannot evaluate the quality of PRPD investigations without additional information. In this reporting period information from the PRPD was not provided.
F.7 Does the Monitor's Office confirms the investigation quality as asserted in page C?	–	The Monitor Office cannot evaluate the quality of facilities’ investigations without additional information. In this reporting period no Level I cases were selected for evaluation.
F.8 Does the Monitor's Office confirmed the investigation quality as asserted in page D?	–	The Monitor Office cannot evaluate the quality of OISC investigations without additional information. Monitor office has received a couple of investigations completed following new guidelines suggested by consultant David Bogard. Monitor’s Office consultant designed a new form to evaluate OISC’s investigations.

ATTACHMENT I

Document Attachment I: Site Visit Chronology

The Monitor's Office has conducted site visits to several facilities in order to assess conditions and operations, and to inform the process of developing monitoring protocols and in developing recommendations for improvements where needed. In addition, Deputy Monitor Javier Burgos continues to make site visits to follow up the joint monitoring process and to assess conditions that may formally or informally come to their attention. The following is a list of the site visits conducted with participation by officials of the Monitor's Office.

Apr. 9, 2018:	Consultant Víctor Herbert visited CTS Villalba.
Apr. 10, 2018:	Consultant Víctor Herbert visited CTS Ponce.
Apr. 12, 2018:	Consultant Víctor Herbert visited CTS Humacao.
Apr. 17, 2018:	Deputy Monitor Javier Burgos visited CTS Villalba.
Apr. 23, 2018:	Consultant Miriam Martínez, Attorney Richard Goemann (USDA) and Deputy Monitor Javier Burgos visited CTS Ponce.
Apr. 24, 2018:	Consultants Bob Dugan, David Bogard and Deputy Monitor Javier Burgos visited CTS Ponce.
Apr. 25, 2018:	Consultants Bob Dugan, David Bogard and Deputy Monitor Javier Burgos visited CTS Humacao.
May 17, 2018:	Deputy Monitor Javier Burgos visited CTS Humacao.
May 18, 2018:	Deputy Monitor Javier Burgos visited CTS Ponce.
May 23, 2018:	Deputy Monitor Javier Burgos visited CTS Villalba.
Jun. 19, 2018:	Consultants Bob Dugan, David Bogard and Deputy Monitor Javier Burgos visited CTS Villalba.
Jun. 20, 2018:	Consultants Bob Dugan, David Bogard and Deputy Monitor Javier Burgos visited CD Humacao.
Jun. 26, 2018:	Consultant Curtiss Pulitzer conducted a Functional Team Meeting.