EXHIBIT A

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

INMATES OF THE BOYS' TRAINING SCHOOL, et al.

v. C. A. No. 4529

JAY G. LINDGREN et al.

ORDER

WHEREAS, this Court entered orders during the period from 1973 to the present, which orders set forth defendants' obligations to the plaintiffs' class regarding the conditions of their confinement at the Training School for Youth; and

WHEREAS, the parties agree that the court has jurisdiction over this action and the parties, and that the court has the authority to order the relief set forth in this decree. The parties stipulate, based on the entire record, that the remedies set forth in this Order are narrowly drawn, extend no further than necessary to correct violations of Federal rights of the plaintiff class, and are the least intrusive means necessary to accomplish redress; and

WHEREAS, the plaintiffs and defendants through their counsel have engaged in negotiations with the assistance of the office of the Special Master appointed by this Court; and

WHEREAS, said negotiations have been concluded to the satisfaction of the parties: and

WHEREAS, notice and opportunity to comment having been given to members of plaintiffs' class.

NOW THEREFORE, it having been stipulated and agreed by the parties that the prior Orders of this shall be modified as contained herein and that the resulting Order shall supersede all previous Orders and constitute the full and complete Order governing the above-entitled action, it is hereby:

ORDERED, ADJUDGED, AND DECREED:

1. That defendants, their successors in office, agents and employees are permanently enjoined

from incarcerating any resident of the Rhode Island Training School for Youth in any manner and under any conditions which are not in compliance with the conditions of confinement enumerated herein and in the incorporated Appendices.

Mail

2. That defendants, their successors in office, agents and employees are permanently enjoined from in any way opening, inspecting, or interfering with mail transmitted to or from any resident of the Rhode Island Training School for Youth or Youth Correctional Center except under the following conditions:

(a) All outgoing mail shall be transmitted without delay, unopened, uncensored and uninspected;

(b) All incoming mail may be opened and inspected for contraband only in the presence of the resident, but letters may not be read or delayed;

(c) There shall be no limitations placed on a resident's mail by the defendants except that the Superintendent may prohibit mail between a resident and someone other than an Attorney, a member of the press, or public official if good cause is shown that said prohibition is necessary for the rehabilitation and treatment of said resident and provided that whenever mail is prohibited, the resident shall be given an opportunity to object, personally or in writing, and he/she shall receive a final written decision with reasons from the Superintendent.

Basic Entitlements

3. That defendants, their successors office, agents and employees are permanently enjoined from confining any resident of the Rhode Island Training School for Youth or Youth Correctional Center in any facility without providing the following, absent willful destruction by the resident:

(a) A separate room equipped with lighting sufficient for a resident to read by until time designated for "lights out" within the training school;

(b) Sufficient clothing to meet seasonal needs;

(c) Bedding, including blanket, sheets, pillows, pillowcases and mattresses; bedding linen must be changed for clean bedding linen once each week;

(d) Personal hygiene supplies, including soap, toothpaste, towels, toilet paper, and a toothbrush;

(e) A change of undergarments and socks daily;

(f) Minimum writing materials, pen, pencil paper and envelopes;

(g) Prescription eyeglasses, if needed;

(h) Daily access to all books, periodicals and other reading materials located at the training school, and daily access in their rooms to their own books, periodicals and other reading materials;

(i) Daily showers;

(j) General correspondence privileges;

(k) Three meals a day, the last occurring at or after 5:00 o'clock p.m. daily, as well as regular access to additional food selected and purchased by the resident through a system of alternative access to food products maintained by the defendants. Food will not be stored in an individual's room.

Religious Observance

3. That defendants, their successors in office, agents and employees are permanently enjoined from not making available to all residents religious services and clergymen in accordance with their preference, but attendance and participation on the part of the residents shall be voluntary.

Transfers

4. That defendants, their successors in office, agents and employees are permanently enjoined from transferring residents of the Rhode Island Training School for Youth to the Youth Correctional Center unless transfers are conducted pursuant to procedures adopted by the Family Court to authorize such transfers. (Current procedures of the Family Court provide that, in case of an emergency, the Family Court shall be notified immediately and

a written order from the Family Court shall be obtained within 36 hours of the transfer, weekends, and holidays excluded.) Said transfers may be accomplished only through the use of the disciplinary procedures set forth in Appendix A attached hereto.

Residents' Guide

5. That defendants, their successors in office, agents and employees are ordered to publish a residents' guide annually and incorporate therein all programs standards, rules or regulations which are mandated by this action or promulgated pursuant thereto. Each resident admitted to the Training School shall be provided with a copy of the up-to-date residents' guide upon admission and orientation to the facility.

Discipline Procedures

6. Defendants, their successors in office, agents, and employees are permanently enjoined from failing to comply in all respects with the Discipline Procedures set forth in Appendix A of this Order, the provisions of which are expressly incorporated in and made a part of this Order.

Classification and Treatment Plan

7. Defendants, their successors in office, agents, and employees are permanently enjoined from failing to comply in all respects with the Classification and Treatment Plan set forth in Appendix B of this Order, the provisions of which are expressly incorporated in and made a part of this Order.

Education

8. Defendants, their successors in office, agents, and employees are permanently enjoined from failing to comply in all respects with all state and federal education laws, regulations and the policies of the State of Rhode Island Board of Regents for Elementary and Secondary Education and with the requirements of all federal and state laws and regulations governing the education of students with disabilities. Defendants, their successors in office, agents, and employees are permanently enjoined from failing to continuously maintain state certification of the educational program at the Training School to provide special education and approval of the educational program to provide regular education in accordance with all relevant laws and regulations.

Physical Education and Daily Exercise

9. Defendants, their successors in office, agents, and employees are enjoined from failing to comply in all respects with the Physical Education and Daily Exercise Plan set forth in Appendix C of this Order, the provisions of which are expressly incorporated in and made a part of this Order.

Special Master

10. Finally, because of the long history and complexity of this cases filed originally in 1972, as well as the special vulnerability of the plaintiff class, it is ordered that J. Michael Keating, Jr. be and hereby is continued in his appointment as a Special Master empowered to monitor compliance with and implementation of this Order. The appointment does not reflect distrust of defendants' willingness to execute the Order in good faith but rather concern over the many difficulties encountered by the defendants in fully implementing and complying with the prior Orders of this Court. As such, the defendants shall continue to bear the costs of the Mastership, as they have throughout the appointment of the Master. During this continued tenure, the Special Master will work with the parties to ensure compliance with all of the provisions of this Order. In addition, the Special Master will help the parties develop an administrative grievance procedure that will constitute an enduring non-judicial means of handling residents' complaints, including a defendant-developed process for addressing resident grievances that is agreed by the parties to be effective. During this tenure, the Special Master shall additionally specifically assist the defendants to meet the following four requirements for full compliance with this Order:

(1) Completion of the construction of a new facility to house and provide the required programming to the residents or renovation of the existing facility such that either the new facility or the renovated existing facility is adequate and sufficient to meet all housing, educational, and programming requirements contained herein and meets all standards of the American Correctional Association for juvenile correctional facilities;

(2) Full accreditation of the Rhode Island Training School for Youth by the American Correctional Association (or successor organization recognized as being the authoritative professional association setting standards for conditions of confinement of juveniles), which accreditation shall be obtained and continuously maintained at all future times by the defendants;

(3) Development and full implementation of a revised Policy and Procedures Manual which Manual shall be annually reviewed and revised and continuously maintained in full force and effect by the defendants.

(4) Full continuous implementation of the administrative grievance procedure developed with the assistance of the Master that will constitute an enduring non-judicial means of handling residents' complaints including a defendant-developed process for handling resident grievances that is agreed by the parties to be effective.

During the tenure of the Master the following shall be provided:

(a) In order to carry out his duties, the Master shall have access to any facilities, buildings or premises under the defendants' control or any records, files or papers maintained by the defendants. Access shall be granted at any time and no advance notice shall be necessary.

(b) The Master is authorized to conduct interviews at any time with any staff member or employee of the defendants or any resident. The Maser may attend institutional meetings or proceeding.

(c) The Master may require written reports from any staff members or employees of the defendants with respect to compliance with and implementation of this Court's orders. Copies of all reports provided to and developed by the Master will be distributed to all parties for comment.

(d) The Special Master may file with the Court reports on implementation of the consent decree, and a permanent administrative grievance procedure, and the defendants' progress toward the three requirements stated above in this section,

together with any and all other recommendations he feels may be beneficial to the Court and the parties to this action.

Termination of the Supervision of the Master

11. The Special Master shall supervise the implementation and compliance with this Order until the Master reports to this Court that full compliance has been achieved including specifically:

(1) Completion of the construction of a new facility to house and provide the required programming to the residents or renovation of the existing facility such that either the new facility or the renovated existing facility is adequate and sufficient to meet all housing, educational, and programming requirements contained herein and meets all standards of the American Correctional Association for juvenile correctional facilities;

(2) Full accreditation of the Rhode Island Training School for Youth by the American Correctional Association (or successor organization recognized as being the authoritative professional association setting standards for conditions of confinement of juveniles), which accreditation shall be obtained and continuously maintained at all future times by the defendants;

(3) Development and full implementation of a revised Policy and Procedures Manual which Manual shall be annually reviewed and revised and continuously maintained in full force and effect by the defendants.

(4) Full continuous implementation of the administrative grievance procedure developed with the assistance of the Master that will constitute an enduring non-judicial means of handling residents' complaints including a defendant-developed process for handling resident grievances that is agreed by the parties to be effective.

At such time as the Master reports that the above four specific requirements have been met, and that the defendants are in substantial compliance with those and the other terms of this Order, the supervision of the Master shall terminate and this Order will operate independently as the legally enforceable recitation of the

requirements of the conditions of confinement at the Rhode Island Training School for Youth.

By Order,

Deputy Clerk

Enter:

Ronald R. Lagueux
USDJ 6/22/00

6/22/00

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APPENDIX A

DISCIPLINE PROCEDURE

RHODE ISLAND TRAINING SCHOOL

JUVENILE DETENTION CENTER AND YOUNG WOMEN'S OFFENDER PROGRAM

The parties continue to negotiate the contents of this Appendix. Until such time as the parties, with the assistance of the Master, reach agreement on the contents of this Appendix the parties have agreed to implement a study which provides for a closed period of implementation of revised decision making models. Until April 30, 2000 the defendants' decision making model utilizing Unit Managers to Chair Major Discipline Review Boards is being used. From May through July, 2000 the plaintiffs' decision making model utilizing an impartial Major Discipline Reviewer will be utilized. The parties will then agree as to the model to be incorporated into this Order by October 1, 2000.

APPENDIX B

CLASSIFICATION AND TREATMENT PLAN

I. GOALS AND OBJECTIVES:

This plan outlines methods and procedures for providing comprehensive treatment services for residents of the Training School and Detention Center in accordance with Chapter 42-56 of the Rhode Island General Laws of 1956 as amended. Preadjudicated juveniles detained at the Detention Center are specifically excluded from those provisions of this plan pertaining to the creation of an Individualized Treatment Plan and periodic reviews, and ongoing medical, dental and psychiatric treatment and educational programming. These residents shall, however, have a preliminary medical screening as set forth in II.A- infra- and access to all medical, dental or psychiatric services as needed. Those preadjudicated juveniles whose anticipated stay will extend beyond thirty (30) days will participate in all appropriate phases of the classification and treatment plan.

Implementation of the individual plans involving community based resources shall be accomplished pursuant to Family Court approval where required.

Medical, psychiatric, psychological, social work and counseling services shall be provided in accordance with the following goals and objectives:

1) To prepare a physical, psychological, social and mental health profile for each resident;

2) To administer a comprehensive physical examination for all residents,

including a neurological examination if determined necessary by a physician, and psychological examinations where necessary in accordance with the requirements of this plan;

3) To provide programs for routine and emergency physical and mental health are for all residents;

4) To identify and treat health problems, which if left untreated would hinder rehabilitation;

5) To rehabilitate the total person by addressing his/her physical, psychological, social, educational and vocational needs:

6) To deliver coordinated health and rehabilitative services and to present recommendations to the Family Court for treatment programs for adjudicated residents including recommendations, when deemed appropriate by the Treatment Team, for alternate programs such as Temporary Community Placement.

These goals and objectives shall be set through the formulation of individualized treatment plans for adjudicated residents and for those in special circumstances, cited above. Whenever appropriate, clinical and/or managerial and medical staff working with a resident shall make every possible effort to include his/her family or parent substitutes and/or surrogate parents for special education purposes. Each resident not placed in a community program while at the Training School shall be offered a full day of programs and activities to prepare him/her for release to off-grounds programs and ultimate release to the community. Individualized treatment planning is governed by a set of policies and procedures enunciated below.

APPENDIX B

DIAGNOSTIC EVALUATIONS/INDIVIDUAL

TREATMENT PLAN AND PERIODIC REVIEW

Each resident shall be interviewed by direct care staff immediately upon admission and as soon as practical by clinical and/or managerial staff. Any resident whose offense, behavior subsequent to admission, or whose records indicate potential or previous psychiatric or mental health problems, shall be seen by a psychiatrist within forty-eight (48) hours of admission. Weekend admissions shall be seen on the following weekday.

The determination of whether or not a psychiatrist is needed shall be so noted on the intake form by the direct care, clinical or managerial staff. If there is a need for psychiatric interview, the clinical or managerial staff shall make the referral immediately to the Clinical Director or his/her designee or Coordinator of Clinical Services. A complete written report will be made by the psychiatrist within two (2) weeks of the psychiatric interview.

The initial intake process occurs during a seven (7) to ten (10) day period. During this period information is gathered by the Unit Manager and social worker to formulate a preliminary profile of the resident. All relevant contacts are established and information dealing with the resident's social history, family background, education/academic achievement behavioral observations, medical history, agency interaction and other pertinent data shall be gathered. Clinical staff consisting of psychologists, a psychiatrist and/or other resource staff are to be contacted to begin preliminary diagnostics evaluative

and therapeutic assessments. The Clinical Director shall also determine the need for any evaluations to be conducted prior to the first treatment team meeting.

During the initial intake process, the resident is to be placed in an academic/vocational program, is to participate in gym and recreation programs and is to be integrated into daily unit life. Intensive orientation programs and counseling sessions are to be carried out with the resident during this period.

The intake process shall be commenced immediately upon admission and shall be completed no later than the date of the initial Treatment Team meeting. The intake process shall be an opportunity for direct care staff, managerial staff, clinical staff, the Clinical Director and the Coordinator of Clinical Services to assess what evaluative information is needed for each resident in order to conduct a meaningful initial Treatment Team meeting within thirty days of admission. An analysis must be made during this period as to what further data is needed such as psychological testing, psychiatric examination, educational profiles, and neurological examination. The type, nature and extent of psychological and psychiatric reports is determined by history of previous testing, behavioral observation and assessment. All residents will receive a mental health assessment during this intake process.

A. <u>INTEGRATION OF SERVICES AND INDIVIDUALIZED TREATMENT PLAN</u>

There shall be a Treatment Team meeting held within thirty (30) days of admission. At this meeting, the Treatment Team examines all material gathered during the intake process and discussed above so that treatment planning can commence. Chaired by the Superintendent or Clinical Director, or their clinical designee, this meeting shall also be attended by the Unit Manager, a member of the

education/vocational staff, the Clinical Director, or Clinical designee, Clinical Social Worker, a Juvenile Program Worker, the resident, the resident's parent(s) or guardian(s), and other resource personnel including, as appropriate, a psychiatrist, a psychologist, a physician and other supervisory and transition staff.

Prepared material presented at this meeting shall include a social history, family background, educational/vocational information, behavioral observations, medical history and, if applicable, psychological, psychiatric and neurological reports, and any other information determined necessary.

The development of the plan shall include consultation with the resident and, where appropriate, with his/her family or substitute parents. The consultation with the resident shall include an explanation of the academic and/or vocational programs for which the resident is believed qualified and the criteria for admission to programs for which the resident is not yet qualified. In addition, the resident will be told the pattern of behavior required for participation in any off-grounds program. When appropriate, the resident will attend the Treatment Team meetings so that he/she becomes an active participant in the design of the treatment plan.

B. INDIVIDUALIZED TREATMENT PLAN

A written, individualized treatment plan shall be developed at the Treatment Team meeting and maintained for each resident, outlining academic and/or vocational programs and various treatment services as planned. Residents eligible for special education shall have their IEP initially developed or reviewed at the Treatment Team meeting. The development of the Individualized Treatment Plan (ITP) and the

Individualized Education Plan (IEP) shall be coordinated and provide a comprehensive integrated plan. Both the ITP and IEP (where applicable) shall be reviewed and revised if appropriate at the bi-monthly review meetings described in section (c). Whenever a resident's IEP is due for its annual review, such annual review shall be scheduled to be held in conjunction with review of the ITP at a bi-monthly review. The Unit Manager is responsible for overseeing the implementation of a resident's comprehensive plan and for bringing it to the attention of appropriate staff. The ITP plan shall contain at least the following:

1) A summary of the resident's Family/Social History to include relationships with parents/caretakers, history of family functioning and structure, relationships with family members and significant others, significant losses, past legal history, and traumatic experiences. (To be completed by Unit Clinical Social Worker)
2) A summary of past treatment and placements and identification of current mental health needs. (To be completed by Unit Clinical Social Worker)
3) A substance abuse history summary. (To be completed by Unit Clinical Social Worker)
4) The resident's behavior in and adjustment to the living unit. (To be completed by the Unit Manager)
5) An assessment of the resident's personal and social strengths and weakness. (To be completed by Unit Clinical Social Worker)

6) A summary of the resident's educational and vocational history to include current grade level and functioning. Special Education status (with relevant Individual Education Plan summary), educational goals, vocational goals, and tentative plans for transition to a community school system. (To be completed by RITS Education Department administrator or designee)

7) A summary of the resident's medical history and current medical needs. (To be completed by RITS Clinic Nurse)

8) A summary of the resident's current and proposed program participation during his/her stay at the RITS , including specific reference to expectations for parental and family involvement in the resident's program. Such program summary shall include, but not be limited to, a description of expected participation in counseling, substance abuse programming (where appropriate), sex offender treatment (where appropriate), academic and vocational programming. Such program summary shall also include specific outcomes to be achieved by the resident and measures of the effectiveness of the programming in which the resident is participating. (To be completed by Unit Clinical Social Worker)

9) A summary of the resident's Discharge/Transition needs, goals and objectives to include current and tentative plans in the following areas: living arrangements, education, employment/job training, medical,

mental health, community support, family support, and further DCYF involvement (probation, residential placement, etc.). This summary will be written by the Unit Clinical Social Worker from information provided by the Unit Manager, Clinic Nurse, RITS Education Department Administrator or designee, and any other appropriate transitional personnel.

10) A detailed specific and comprehensive discharge plan, including a description of transition and after care programming (where appropriate) for the resident. The discharge plan shall include criteria for program completion and release and/or criteria for transition to a less restrictive program placement. This aspect of the discharge plan shall be included in each Treatment Plan and regularly updated with the ITP at bi-monthly review meetings.

C. PERIODIC REVIEW AND RE-EVALUATION/ TREATMENT TEAM

Not less than every two (2) months or more often on an as needed basis, the Treatment Team described above shall meet again to review and re-evaluate the treatment program for a particular resident. A written summary of findings and the basis thereof shall be maintained. Progress in locating community placements for the residents and in providing other services prescribed in the resident's initial treatment plan shall be recorded. At each review meeting, any change in plans with reasons shall be recorded. At least ninety (90) days (or sooner if appropriate) and not less than sixty (60) days prior to the resident's anticipated end of sentence, there shall be a treatment team meeting which

shall be specifically designated as a transition planning meeting. In addition to treatment team members, others deemed necessary to coordinate discharge plans shall attend. This may include probation staff, outreach and tracking staff, community support agencies, and any other appropriate person or agency. The purpose of this meeting is to delineate transition needs and to begin coordination of services that the resident will receive in the community. Where the Treatment Team concludes that the resident has critical treatment needs which cannot be met at the Training School or if the resident has completed all required programming and has suitable discharge/transition plans in place, they shall follow the procedure set forth below:

> In accordance with its findings, the Treatment Team shall transmit a recommendation to the Superintendent along with a report including the post-release plan summarizing the resident's progress at the Training School, specifying any community placements that the resident will be able to participate in upon release, noting where the resident will live upon release and what after care programming, (if appropriate) the resident will receive, and setting out the grounds for the recommendation. These review meetings are chaired by the Superintendent and/or the Clinical Director or Clinical designee. Based on these bi-monthly or more frequent reviews, the Superintendent may petition the Family Court to consider the release of the resident from the Training School. Such petition may also include the placing of the resident on Temporary Community Placement (TCP).

D. YOUTH CORRECTIONAL CENTER

At each bi-monthly or more frequent review meeting for a resident placed in the YCC, the Treatment Team shall expressly address and record whether it is necessary for the resident to continue to be confined in the YCC. If continued confinement in the YCC is recommended, then the specific steps and criteria necessary for the resident to be recommended for transfer out of the YCC shall be included in the resident's ITP. Whatever the Treatment Team's recommendation, the Superintendent shall review the case and act upon the Treatment Team recommendations, including, when appropriate, petitioning the Family Court for transfer of the resident out of the YCC or effectuating such transfer administratively.

II. MEDICAL SERVICES

A. PHYSICAL CARE

A particular resident's need for medical care shall be determined by qualified medical personnel. The Clinical Director shall have the responsibility and authority to supervise and coordinate the provision of all medical, dental and mental health services.

Each resident shall have access at all reasonable times to the services of a physician or psychiatrist of his choosing provided that the Training School shall not be responsible for reimbursing the private physician engaged by the resident, his/her parents or guardians for any of the services provided.

All residents shall have access to medical staff on a daily basis. A registered nurse shall be available from 7:00 a.m. to 11:00 p.m., seven (7) days a week for routine medical care.

Medical staff shall maintain a daily log which details attendance at sick call, medications dispensed, treatment administered and referrals made. This information will be entered into a resident's medical file for evaluation by the treatment planning team, as required.

Each resident shall be given a preliminary medical screening by the registered nurse within twenty-four (24) hours of his/her admission or return from escape. At this time, an initial medical history will be taken to alert the physician of any unusual medical problems.

Should a resident suffer from a mental or physical condition requiring services not normally available at the Training School, it shall be the responsibility of the Superintendent to provide for the appropriate services.

Excluding those admitted on weekends who will be seen on the following working day, each resident shall be given a comprehensive medical examination by a qualified physician within forty-eight (48) hours of his/her admission. Additionally, all residents whose stay extends beyond one (1) year shall be given a comprehensive medical examination annually. The elements of these examinations shall include, but not be limited to:

1) Immunizations as recommended by the Rhode Island Medical Society Advisory Committee in accordance with accepted medical standards;

2) Examination of vision and hearing;

3) Medical history, both physical and mental;

4) Blood profile;

5) Urinalysis;

6) Screening for sexually transmitted diseases and/or venereal disease, and screening for drug use;

7) Other tests or screenings, as indicated, including screening for sickle cell anemia and other genetic diseases;

8) Consideration shall be given as to the need to perform a neurological examination.

9) Gynecological services will be made available where appropriate in the judgment of an examining physician.

B. PRIMARY PHYSICIAN

A physician or physicians shall be on site at least two (2) hours a day, four (4) days a week. In addition, a physician or physicians shall be on call twenty-tour (24) hours a day, seven (7) days a week.

Residents who have not been under active care of a physician while at the Training School and those who have been residents for terms longer than six (6) months shall be given a physical examination at discharge. Additionally, those with diagnosed medical problems shall be examined by the physician at release to determine whether treatment plans as they pertain to health care have been completed.

C. DENTAL SERVICES

Within seven (7) days of admission, and approximately every six (6) months, each resident shall be given a prophylactic dental/oral health examination and shall receive dental/oral hygiene care. A qualified dentist shall be available to the residents as needed. Emergency dental care shall be provided to each resident as well as corrective, as opposed to cosmetic, work when immediate care is prescribed by the qualified dentist. Those residents who have been at the Training School at least six (6) months shall have a discharge dental/oral health examination.

D. DIETARY SERVICES

Dietary services shall be directed by the Administrator as assisted by a consulting dietician, who will prepare the menus. It shall be their responsibility to meet the dietary needs of the general population and to provide special diets when medically or otherwise indicated.

E. LABORATORY

The services of a clinical laboratory that meets the hospital accreditation standards of the Joint Commission on Accreditation of Hospitals shall be available to the Training School.

F. MEDICATION

No prescribed medication shall be administered unless by written order of a qualified physician. Other medication may be administered upon the order of a qualified

registered nurse who shall promptly thereafter notify the primary physician. The use of medication shall not exceed standards prescribed by federal and state law.

Notation of each resident's medication shall be kept in his/her medical record. The medication regimen of each resident shall be reviewed periodically by the primary and/or prescribing physicians. All medication shall be administered only by authorized personnel and under controls and guidelines established by the individual responsible for coordinating medical and mental health personnel in consultation with the staff physicians. No medication may be administered intramuscularly without attempting to utilize oral medication unless ordered otherwise by the physician or psychiatrist in the case of each such instance of intra-muscular administration.

The Clinical Director shall maintain a separate log of all instances of residents being administered medication as a chemical restraint and no such administration shall occur without the prior written approval of the Clinical Director and as duly prescribed by a physician, and in accordance with procedures and standards adopted by the Joint Commission for Accreditation of Hospitals.

III. PROGRAMS:

There shall be available a full spectrum of appropriate programming for residents, full participation in which shall enable each resident to complete an actively engaged full day of programming. Such programs shall include but not be limited to, as appropriate: substance abuse treatment, sex offender treatment, anger management programming, life skills programming, parenting instruction, computer literacy programming, violence prevention programming, conflict resolution programming, physical exercise and

recreational programming, and a full range of academic and vocational programs for both secondary education and post secondary education.

IV. STAFF:

There shall be available sufficient appropriately qualified staff, including medical and mental health personnel, to furnish competent and individual attention to residents and when appropriate, to their families. All employees who provide treatment services to residents shall have had or shall be given specialized training in the care and treatment of children or adolescents.

A full time clinical director who is a qualified psychiatrist, a clinical psychologist with a Ph.D. and a clinical designee (a mental health professional with at least a Master's degree) and a clinical social worker per unit and unit manager per unit shall be employed. The clinical social worker shall have a Master's degree in clinical social work. The unit manager and all administrative staff, shall have a Master's Degree in psychology, clinical social work, counseling, human services or related field. These individuals shall work with all other staff at the Training School and appropriate community resources to assist the Treatment Team in developing an individualized treatment plan for each resident. This staff shall assist in providing staff training, diagnostic and referral services as well as direct services to individual residents and shall assist in the development of programs.

One individual, the Clinical Director, shall coordinate the services of all the medical and mental health personnel relative to the individualized treatment plan. In addition, intake and aftercare counselors shall be assigned to each resident.

V. RECORDS:

There shall be a standardized record-keeping system, to be developed by the Superintendent, utilized in all facilities and programs at the Training School. With the exception of certain health records, which shall be maintained in the medical unit, all records shall be maintained in centrally located offices. Training School staff shall maintain these records and ensure that they are complete, accurate and up to date. A computerized record-keeping system shall enable RITS and DCYF to track such information as recidivism rates and resident demographics.

A. CONTENTS OF CENTRAL RECORDS

In addition to records maintained in individual departments, including the medical department which shall have a medical record for each resident readily accessible to medical personnel, there shall be a central record for each resident that shall contain the following information, as it becomes available:

1) Identification data, including the resident's family and legal guardians and the terms of the resident's commitment to the Training School.

2) Family History, including intrafamilial interactions and socio-economic factors, such as a second language, ethnic, environment and economic backgrounds.

3) Report of educational evaluation;

4) The results of special consultations, including medical, either signed or authenticated by the consultant;

5) A copy of the initial individualized treatment plan and any subsequent modifications thereto;

6) A copy of all formal Treatment Team reports concerning the resident, including the written record of the monthly and other periodic evaluations of the resident by the interdisciplinary team;

7) Name, address, and phone number of the attorney of record of the resident;

8) A residence report which details staff observations of the resident's behavior and activities. These are other than disciplinary reports and record staff resident and resident/resident interaction, participation in work programs, recreation, and so on;

9) Disciplinary reports which contain information on the circumstances and the nature of the complaint, the disposition of the case and the restriction, if any, to be followed;

10) Release plans which include reports detailing treatment plans for juveniles upon release to the community;

11)Psychological/psychiatric reports which include results of projective, attitudinal, subjective, personality and other psychological tests and summary reports of psychiatric interviews. Recommendations for extended clinical involvement and additional special testing will also be filed. For those residents involved in treatment with clinical staff progress reports will be filed on a monthly basis.

12)Records regarding any physical, emotional, linguistic, communication, dietary, religious or other special needs which must be taken into account in planning for and daily services for the resident.

VI. STAFF TRAINING AND EVALUATION:

An ongoing in service staff training program shall be established and conducted for all staff which is designed to ensure the effectiveness of all personnel in complying with their various responsibilities in order to provide maximum treatment opportunities for residents within the context of custody and security and to generate a personal involvement of the entire staff in the rehabilitative process. The mental health personnel described in Section III will assist in the development and implementation of staff training programs, and will also be responsible for developing a mechanism for evaluating the overall effectiveness of treatment programs. The administration, managerial, and supervisory staff of the Training School shall ensure that all staff participate in a minimum of twenty (20) hours of training per year or such amount otherwise required by statue.

VII. ADVISORY COMMITTEE:

The Director of the Department of Children, Youth and Families, in conjunction with the Rhode Island Medical Society will establish a committee which shall include qualified physicians and psychiatrists or psychologists not employed by the Department who shall periodically review the medical and mental health programs of the Rhode Island Training School. This advisory committee shall be appointed by the Director of Children, Youth and Families and shall report their findings to him/her and to the

Superintendent. Among the committee's responsibilities shall be the development of an evaluation mechanism to ensure review of the appropriateness and effectiveness of all treatment programs and personnel and any research projects, including goals and procedures.

VIII. CRITERIA AND PROCEDURES FOR IMPLEMENTATION OF TREATMENT MODALITIES:

All medical treatment programs shall be implemented only with the direct approval of and supervision by the Clinical Director. No experimental research or treatment involving a resident shall be performed, which is not specifically for the diagnosis or treatment of that resident's disorder(s). This does not, however, preclude data compilation and academic research.

No resident shall become a participant in any psychotherapy program unless that resident has been screened for participation in the program by a qualified psychologist or psychiatrist. The need for a protective order concerning the content of mental health treatment shall be addressed with the Family Court as needed to facilitate the participation of residents in mental health treatment.

APPENDIX C

PHYSICAL EDUCATION AND DAILY EXCERCISE

The defendants shall, at a minimum, provide to all residents the following opportunities for daily exercise, physical recreation and physical education, health permitting:

a) There shall be at least two hours daily of organized physical exercise, physical recreation and/or physical education outdoors, weather permitting, or in the gymnasium of the training school. One of these two hours of daily organized physical activity may be provided during the course of the school day as part of the school program. When such physical education is so provided in the course of the school program, then this hour shall be counted toward the requirement of two hours of physical activity daily. When no physical education is provided in the course of the school program (such as on weekends or holidays) the two-hour minimum requirement must be provided outside the context of the school program.

b) The defendants shall maintain sufficient gymnasium facilities to provide all residents with the minimum two hours per day of organized physical exercise, physical recreation and/or physical education even in the event of inclement weather. This means that sufficient gymnasium facilities shall be maintained to provide each resident with scheduled time in the gymnasium facilities for two hours per day.

c) Consistent with Appendix A regarding discipline, residents who are in lock up status shall be provided with the minimum two hours of physical exercise, physical recreation and/or physical education as provided herein.