

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

THE UNITED STATES OF AMERICA

Plaintiff,

v.

CIVIL ACTION NO. 94-2080 CC

COMMONWEALTH OF PUERTO RICO

Defendants,

INFORMATIVE MOTION TO FILE THE MONITOR'S QUARTERLY REPORT

TO THE HONORABLE COURT:

Today, the Monitor submits the Monitor's Second Quarter Report for 2017. The report covers the months of April, May and June 2017. This report consists of an introductory statement by the Monitor, along with the compliance ratings tables and special reports by the Monitor's consultants.

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

Respectfully Submitted,

s/ F. Warren Benton

F. Warren Benton

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

Certificate of Service

I HEREBY CERTIFY that this 31st day of August 2017, I electronically filed the forgoing with the Clerk of the Court using the CM/ECF system, which will simultaneously serve notice of such filing to counsel of record to their registered electronic mail addresses.

Respectfully Submitted,

s/ F. Warren Benton

F. Warren Benton

Monitor

Office of the Monitor, U.S. v. Commonwealth of Puerto Rico

USACPR Monitoring Inc.

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Monitor's Quarterly Report Second Quarter 2017

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

The following is the Monitor's First Quarter Report for 2017. The report is in two parts – a narrative overview, along with a set of tables classifying the status of compliance with each provision. The report covers the months of April, May and June 2017.

The narrative supplements the tables, describing recent events and accomplishments, reviews the results of some of the on-site monitoring tours, and examining particular compliance problems and pending issues. The narrative section does not comment on every category of provisions in every quarterly report.

Document Attachment A:	Consultant Report on Staffing Compliance
Document Attachment B:	Consultant Report on Classification
Document Attachment C:	Report on Incidents and Understaffing
Document Attachment D:	Transitional Measures and Protective Custody Reviews
Document Attachment E:	Abuse Referrals Tracking Statistics
Document Attachment F:	Case Assessment Table to Paragraph 78
Document Attachment G:	Consultant Report on Mental Health
Document Attachment H:	Consultant Report on Education and Training
Document Attachment I:	Chronology of Site Visits

Attachment One: Table of Compliance Ratings

On June 20th, the parties and the Monitor, including the Secretary of DCR, the P.R. DOJ's Director of Federal Litigation, and the Monitor's mental health consultant, met to confer about mental health services and address the service delivery and compliance reporting problems that had developed in the wake of the change-over to the new contractor, Professional Consulting Psychoeducational Services (PCPCS). The US explained that, while mental health services and communications with the monitor' had been improving last summer and fall, that there had been a marked deterioration in compliance. Both parties agreed that there was need for improvement and during the meeting a set of measures were committed to by the Commonwealth:

The following is a summary of the commitments made and the status of implementation of the commitments.

Commitment	Status as of the End of the Quarter
The contractor will remain in place, but communications and services will improve.	Communications have improved. However services remain critically deficient. Examples of cases based the medical records have been shared with counsel and are included in Attachment G the report of the Mental Health Monitor.
The following officials will serve as contacts for communication about mental health services: <ul style="list-style-type: none"> Eric Y. Rolón Suárez, Secretary of Department of Corrections and Rehabilitation (to be copied on all requests for information) 	Communications have been shared with these officials.

<ul style="list-style-type: none"> • Ulrich Jiménez López, Assistant to the Secretary of Administration and Management, Juvenile Institutions Director • Raúl Cepeda, DCR Health Coordinator (primary contact for information, document requests and day to day matters regarding Mental Health Services) • José Colon, DCR Legal Division Director: • Attorney Irving Otero Narvaez • DCR Counsel: Guillermo Somoza • Arlene Pérez Borrero, contract counsel for DCR • Professional Consulting Psychoeducational Services (PCPS) Liaison, José Flores • DOJ-PR Counsel for the case, Joel Torres Ortiz 	
The draft contract for PCPS, effective July 1, will be circulated to the Monitor and consultant, and the USA, for review. If signed prior to Dr. Martinez having a final opportunity for input, the Secretary obligated the Commonwealth to modifying the contract to conform to the settlement agreement's/consent order's requirements.	On June 26 the PCPS draft contract was sent and reviewed by Dr. Martinez. Settlement agreement language was inserted.
The contract will include language that obligates the contractor to comply with the Settlement Agreement and Consent Decree in this case.	The contract has language requiring compliance with the mental health provisions of the Consent Decree and Settlement Agreement.
The contract will define the hours and rates of the mental health care providers and will be sufficient to ensure compliance with the mental health paragraphs of the Settlement Agreement and Consent Decree.	Contracts have been shared but we do not think that the hours are sufficient.
The current and new mental health providers will be trained to generally accepted professional standards. The curriculum for the training program generally exists, and will be shared with the Monitor and consultant, and the USA, for review. Policies and procedures that are the basis for the training will also be shared for review.	We have not received the training curricula for the new mental health staff. We have not been provided the policies and procedures that are the basis for the training.
The Commonwealth will provide, to the Monitor and consultant and the USA, an Action Plan with short-term, medium-term and long-term measures and steps to improve services and communications. The Action Plan does not change any of the provisions of the Settlement Agreement or Consent Decree. The Action Plan will be provided for review by Friday June 30 th .	We have not received the action plan.
The Action Plan will include short term, mid-term, and long range goals, specifically:	We have not received the action plan.

<ol style="list-style-type: none"> 1. Provisions for prompt assessment and care of youth presenting suicide and/or self-mutilation risks, including hospitalization of youth presenting serious suicide and/or self-mutilation risks. 2. Provisions for improvement of services at PUERTAS to bring it within accepted professional standards 3. Provisions to assure continuity of services when subcontractors resign or are unavailable 4. Provisions to assure prompt payment for subcontractor services 5. Provisions for NIJ oversight and assessment contract compliance by the contractor and the subcontractors. 6. Provisions to provide youth with special education plans and needs relating to mental health and substance abuse. 7. Provisions to stop the use of isolation as a means of housing youth requiring alternative housing (“Transitional Measures”) 8. Provisions to assure appropriate mental health services for youth in protective custody and any other form of isolation, when carried out in conformity with Settlement Agreement paragraphs 80 and 79, respectively. . 9. Provisions to address the service deficiencies identified in the USDOJ letters dated March 28, 2017 and June 2, 2017. 	
<p>The Commonwealth will report on the status of the transitional measures pilot program or any other alternative to isolation.</p>	<p>We have not received any update on the transitional measures pilot program. However the number of youth in transitional measures has declined which is a good development.</p>
<p>Payment for services rendered by subcontractors will be reviewed immediately to assure timely compensation.</p>	<p>Our impression is that some of the subcontractors have not yet been paid.</p>
<p>The Monitor and consultant and USA will be informed immediately, on an ongoing basis, when subcontractors resign and are replaced. Information will include the steps taken to assure continuity of care.</p>	<p>The information we had received was not timely or accurate.</p>
<p>The Commonwealth will confer (pursuant to Section 100 of the Settlement Agreement) with the Monitor and Consultants about any plans for closing of currently operational facilities, and reconfiguration of how the remaining facilities are used to achieve and maintain compliance with provisions in this case.</p>	<p>These consultations have been initiated. The monitor has designated consultants Curtiss Pulitzer and Robert Dugan to provide advice.</p>

The Commonwealth will provide Dr. Martinez with copies of contracts between PCPS and all individual mental health providers (subcontracts) by COB 6/21.	This did not happen by 6/21 but the contracts were subsequently provided.
Arlene Perez will contact PCPS later today (6/20) regarding the personnel issues raised by Dr. Martinez, specifically, the failure of PCPS to pay the mental health providers, and get back to her by COB.	As of Monday, July 17, the contractors were not paid for their work in April, May or June. One mental health provider who decided to continue and sign a contract in July of 2017 may have been paid for the month of April.

Respectfully Submitted,

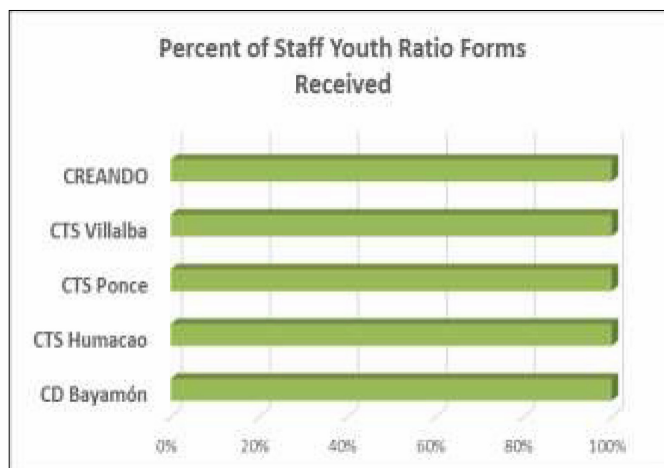


F. Warren Benton, Ph.D.
Monitor

Document Attachment A:**Consultant Robert Dugan Reports on Staffing****Background:**

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 2, 2017 through July 1, 2017. As of the Wednesday, July 12, 2017, the following forms were submitted:

Facilities	Volume of Weeks of Staff Youth Ratio Forms Requested	Volume of Staff Youth Ratio Forms Received
CD Bayamón	13	13
CTS Ponce	13	13
CTS Humacao	13	13
CTS Villalba	13	13
CREANDO	9	9
Totals	61	61

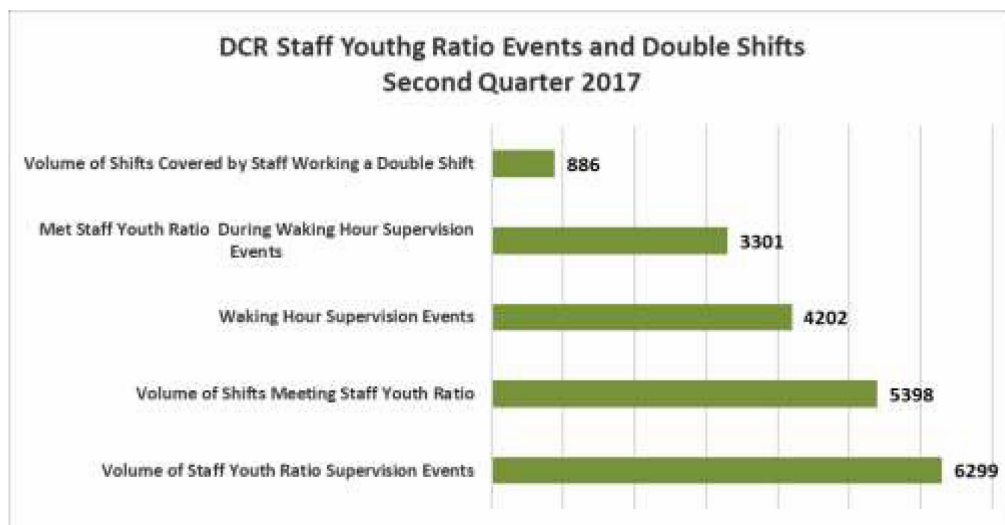


DCR submitted a total of 61 facility staff youth ratio forms for the five facilities requiring staff youth ratios, allowing for 100% of the staff youth ratio forms being available for analysis. DCR has consistently provided all requested Staff Youth Ratio forms used for monitoring and reporting. The table displaying the dates that staff youth ratio forms were received is on the last page of this report.

DCR Staff Youth Ratio Performance:

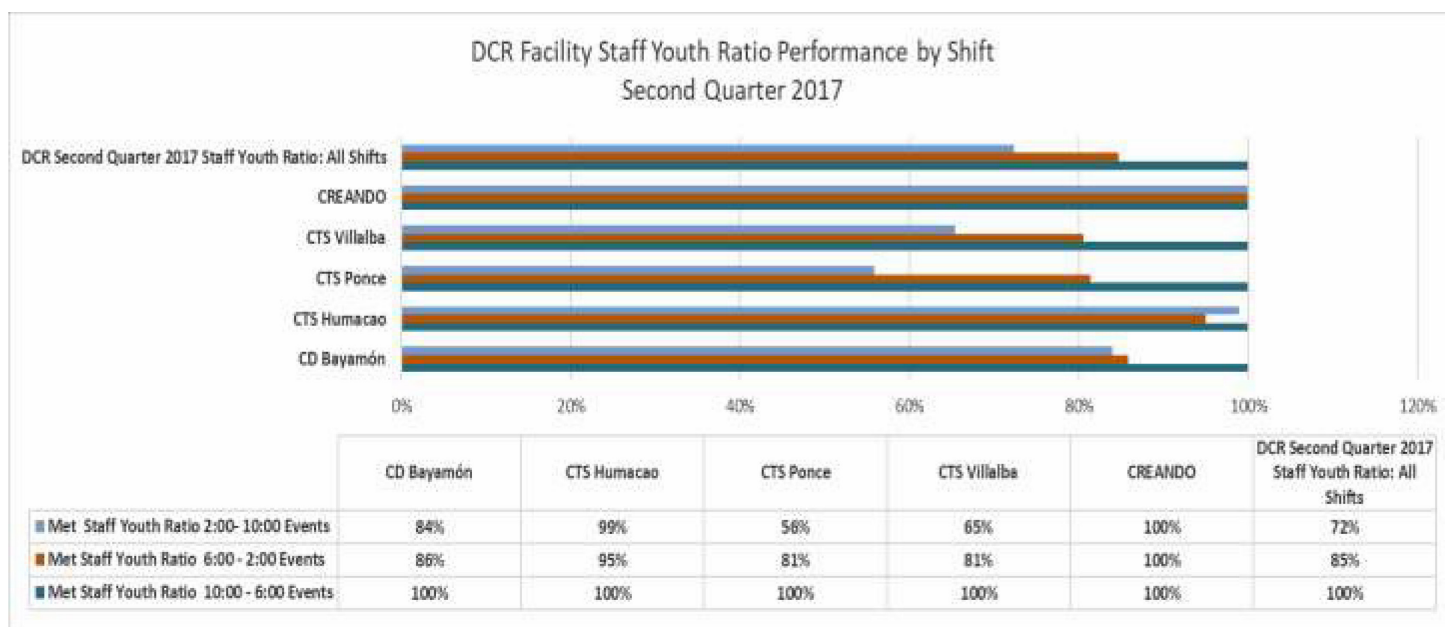
During the 2017 Second Quarter reporting period (April 2 through July 1, 2017), DCR documented a total of 6299 shift / unit events that required staff to youth supervision. This is a decrease of 501 staff youth supervision events from the First Quarter of 2017 (6800 events). Of the 6299 shift / unit events, 5398 of the events (86%) were supervised with the required staff youth ratios, a 6% decrease from the 92% of events supervised with the required staff youth ratios from the First Quarter of 2017.

Of the 5398 staffing events meeting the required staff youth ratio, 2097 (39%) of the staffing events occurred



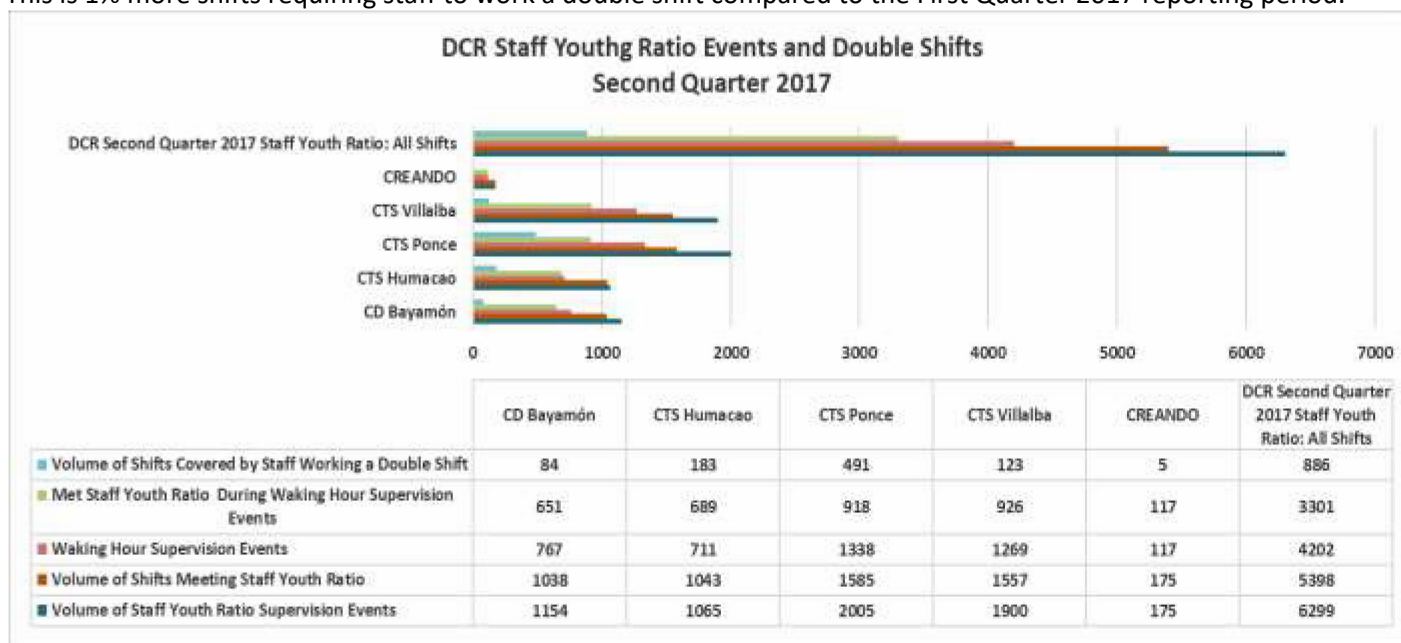
on the 10:00 PM – 6:00 AM shift.

The chart and table below represents staff youth ratio performance by shift for the period April 2 through July 1, 2017.



Staffing Requiring Double Shifts:

For the 2017 Second Quarter, 886 (14%) of the 6299 staff youth ratio events were covered by staff working a double shift. This is 1% more shifts requiring staff to work a double shift compared to the First Quarter 2017 reporting period.



The tables below provides data relating to staff youth ratio events during waking hours for the Second Quarter of 2017. Second Quarter waking hour staff youth ratio of 79% is 9% lower than the prior quarter (88%).

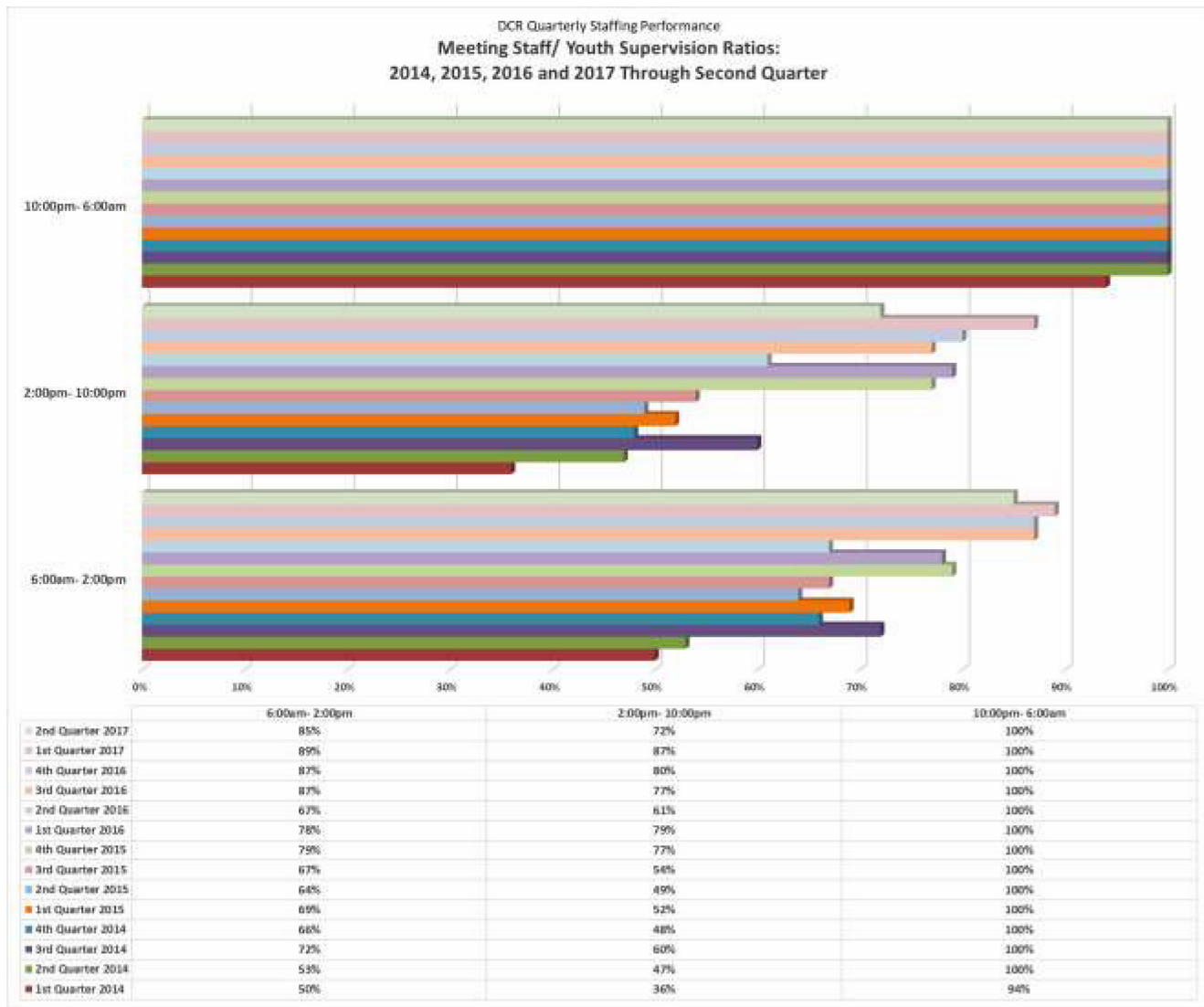
During the Second Quarter, CREANDO and CTS Humacao reported meeting the staff youth ratio in 100% and 97% of the waking hour staffing events. These rates are the highest amongst the five facilities operational during the quarter.

During the Second Quarter, CTS Ponce continues to have the lowest volume of events meeting the staff youth ratio requirements during waking hours (69%), a 13% decrease from the First Quarter (82%). CTS Ponce had the highest volume of waking hour shift events requiring double shifts (491/ 37%). During the second quarter, Ponce staffing is challenged by staffing roster vacancies, a long term protective custody event, and maintaining a high staffing ratio in PUERTAS.

PUERTAS, housed in one of the housing modules within CTS Ponce, met the staff youth ratio for all shifts throughout the 2017 Second Quarter reporting period.

DCR Second Quarter 2017 Staff Youth Ratio During Waking Hours 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 During Waking Hours	Percentage of Waking Hours Shifts Requiring Double Shifts
CD Bayamón	767	651	85%	84	11%
CTS Humacao	711	689	97%	183	26%
CTS Ponce	1338	918	69%	491	37%
CTS Villalba	1269	926	73%	123	10%
CREANDO	117	117	100%	5	4%
DCR First Quarter Staff Youth Ratio: Waking Hours	4202	3301	79%	886	21%

The following chart represents the DCR agency Staff Youth Ratio averages by shift for the last fourteen quarters through July 1, 2017:



The DCR 2017 Second Quarter performance in meeting Staff Youth Ratios during waking hours is as follows:

- 6:00 am – 2:00 pm shift: 85% of events, a 4% decrease from the First Quarter of 2017 (89%)
- 2:00 pm – 10:00 pm shift: 72% of events, a 15% decrease from the First Quarter of 2017 (87%)
- 10:00 pm – 6:00 am shift: 100% of events, a 0% increase from the First Quarter of 2017 (100%)

Of the 4202 waking hour supervision events (6:00 – 2:00 and 2:00 – 10:00 shifts) 3301 of the events (79%) met the shift staff youth ratio requirements. The DCR 2017 Second Quarter Staff Youth Ratios compliance performance reflects a 9% decrease in staff youth ratio compliance from the first quarter reporting period. The first quarter staff youth ratio was the highest aggregate percentage of staff youth ratio compliance in the thirty quarters that have been documented in Staff Youth Ratio Quarterly Reports.

Policy and Documentation Request to DCR:

To support staff youth ratio compliance analysis, the Monitor's Office has requested the following of 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:

- ② 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.

- ② The facility staff roster, displaying which staff have 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 four facilities.
- ② 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, fix 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.) within the housing module. Mini-control logs are used to provide supplemental documentation of staff housing module assignments and movement.

As of the Staffing Consultant site visits of June 20, 21, and 22, 2017, 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 form 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. Reviews and recommendations of the draft version of the staffing policy, master roster and facility daily rosters were provided to DCR by the Monitor's Consultant on June 22, 2017. Although it was anticipated that the revised staffing policy would be approved and distributed in the second quarter of 2017, DCR has yet to provide an update on the status of the staffing policy recommendations as of the production of the second quarter staffing report. As of the second quarter site visit, 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'.

Additionally, DCR was asked as to whether they would provide documentation as required by S. A. 48 January 2009 Stipulation Paragraph 5. As of the time of production of the second quarter staffing report there has been no response on the status of this report.

DCR Agency 1:1 Supervision Events:

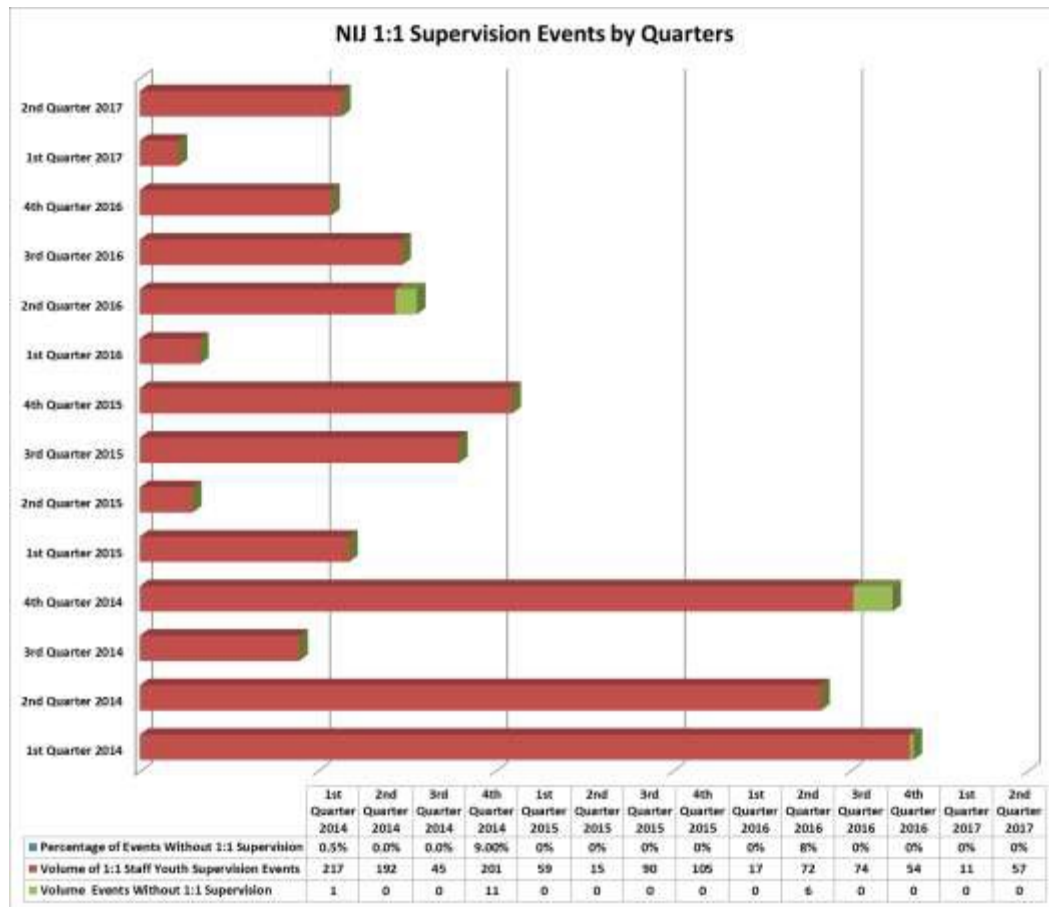
DCR reported successfully staffing all 1:1 supervision events for the 2017 Second Quarter, continuing to resolve 1:1 staffing shortages identified in the 2016 Second Quarter report.

The 2017 Second Quarter reporting period reflects the volume of 1:1 supervision events reported as 57 events:

- 217 events 1st Quarter 2014
- 192 events 2nd Quarter 2014
- 45 events 3rd Quarter 2014
- 201 events 4th Quarter 2014
- 59 events 1st Quarter 2015
- 15 events 2nd Quarter 2015
- 90 events 3rd Quarter 2015
- 105 events 4th Quarter 2015
- 17 events 1st Quarter 2016
- 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

Correspondingly, the 2017 Second Quarter volume of these events without required 1:1 supervision was reported as 0 events:

- 1 events 1st Quarter 2014
- 0 events 2nd Quarter 2014
- 0 events 3rd Quarter 2014
- 4 events 4th Quarter 2014
- 0 events 1st Quarter 2015
- 0 events 2nd Quarter 2015
- 0 events 3rd Quarter 2015
- 0 events 4th Quarter 2015
- 0 events 1st Quarter 2016
- 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

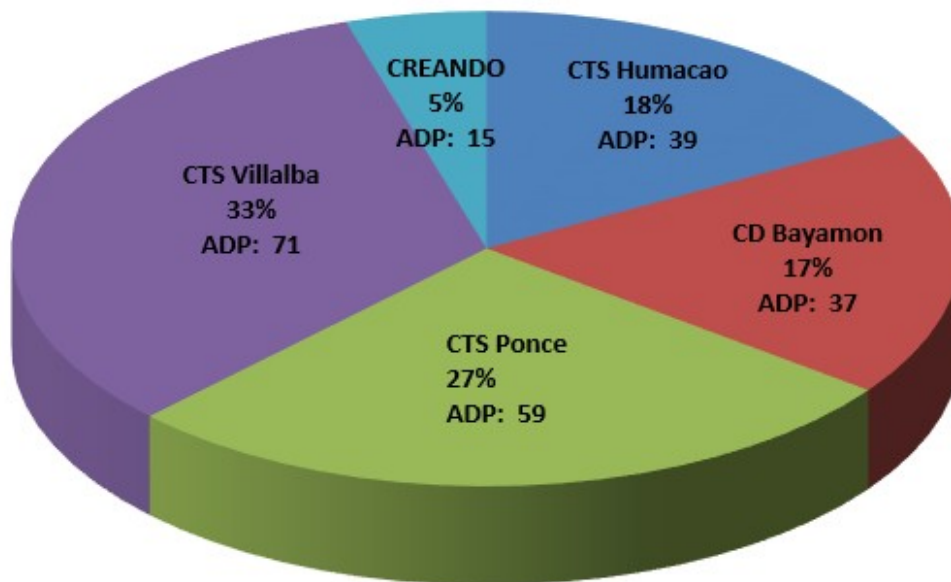


DCR Average Daily Population

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 2 through July 1, 2017 as well as the proportionate facility youth population that each facility contributes to the agency average daily population.

Distribution of DCR Facility Population
Average Daily Population
April 2 - July 1, 2017



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

CD Bayamón Staff Youth Ratio Analysis:

April 2 through July 1, 2017

CD Bayamon operates as a detention center.

The CD Bayamon detention youth population is expected to meet the following Staff Youth ratios:

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

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 13 of 13 requested

- Volume of Staff Youth Ratio Events: 1154
- Volume of Staffing Events with Staff Working a Double Shift: 84 (7%)

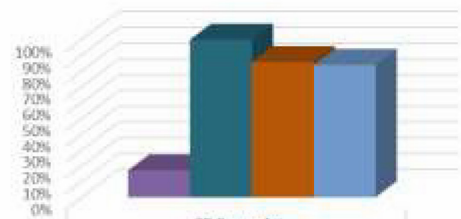
The Second Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- 10:00 pm – 6:00 am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 86%, an 2% decrease since the First Quarter reporting
- 2:00 pm – 10:00 pm: 84%, an 5% decrease since the First Quarter reporting
- CD Bayamón represents 17% of the DCR institutional population.
- A facility site visit was conducted on 6/22/2017. 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

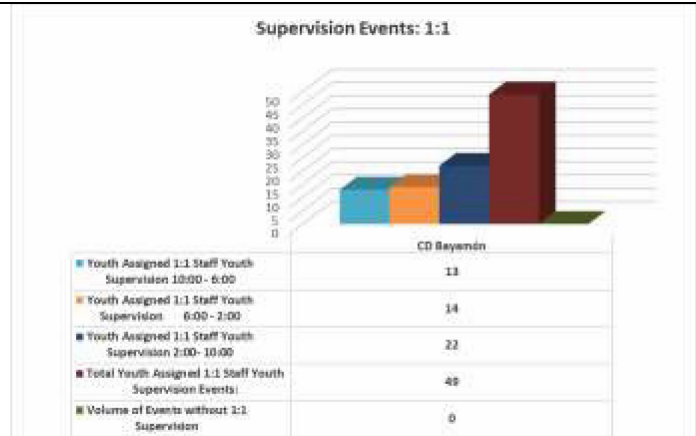


CD Bayamón	
■ Percentage of DCR Agency Population	17%
■ Met Staff Youth Ratio 10:00 - 6:00 Events	100%
■ Met Staff Youth Ratio 6:00 - 2:00 Events	86%
■ Met Staff Youth Ratio 2:00 - 10:00 Events	84%

49 youth supervision 1:1 events for the Second Quarter of 2017

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

0



CTS Humacao Staff Youth Ratio Analysis:

April 2 through July 1, 2017

Treatment Level 5 Facility:

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

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 13 of 13 requested

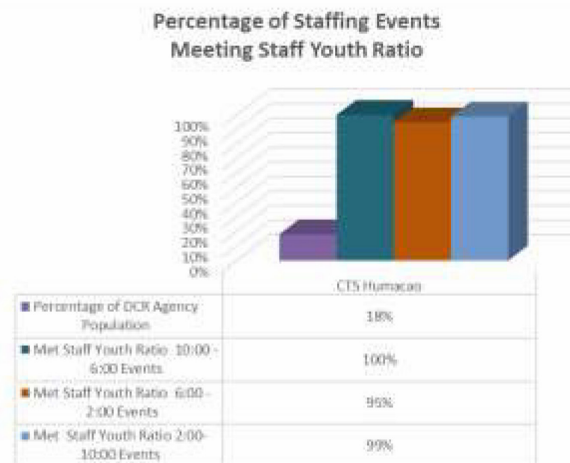
- **Volume of Staff Youth Ratio Events: 1065**
- **Volume of Staffing Events with Staff Working a Double Shift: 183 (17%)**

The Second Quarter of 2017 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: 95%, an 1% increase since the First Quarter reporting**
- **2:00 pm – 10:00 pm: 99%, maintaining the same performance of the First Quarter reporting**
- ☐ **CTS Humacao represents 18% of the DCR institutional population.**
- ☐ **A facility site visit was conducted on 6/21/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.**

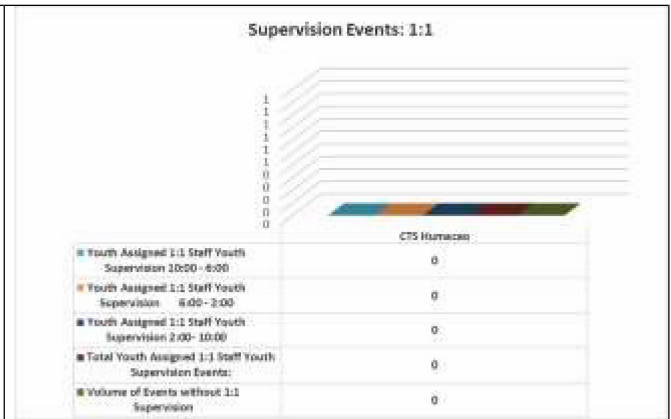
Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 91



0 youth supervision events for the Second Quarter of 2017

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



CTS Ponce Staff Youth Ratio Analysis:

April 2 through July 1, 2017

Treatment Level 2 and 3 Facility:

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
- 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: 2005
- Volume of Staffing Events with Staff Working a Double Shift: 491 (24%)

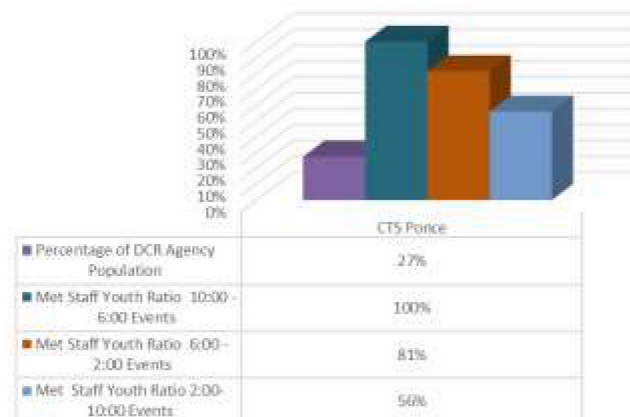
The Second Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- 10:00 pm- 6:00 am: 100%, maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 81%, a 7% decrease since First Quarter reporting
- 2:00 pm – 10:00 pm: 56%, a 19% decrease since the First Quarter reporting
- CTS Ponce represents 27% 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

Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 91

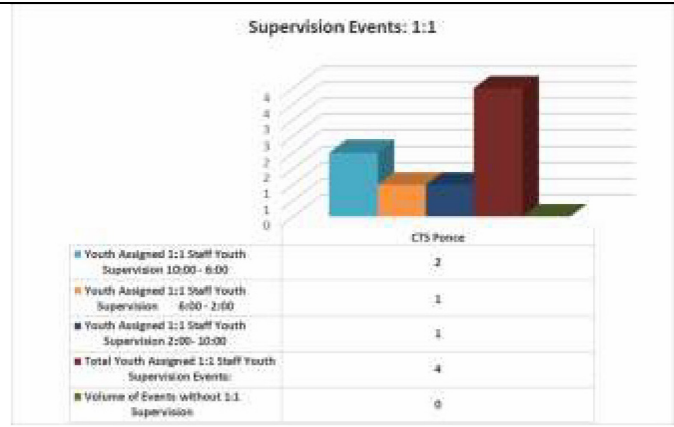
Percentage of Staffing Events Meeting Staff Youth Ratio



6/20/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

4 youth 1:1 supervision events for the Second Quarter of 2017

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



CTS Villalba Staff Youth Ratio Analysis:

April 2 through July 1, 2017

Treatment Level 4 Facility: As of June 14, 2016 Villalba also maintains a detention population that had previously been at CTS Humacao.

- 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:** 1900
- **Volume of Staffing Events with Staff Working a Double Shift:** 123 (6%)

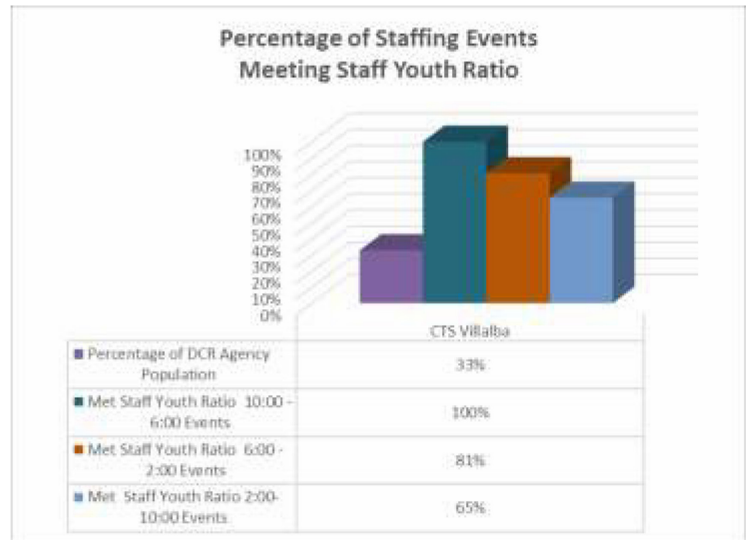
The Second Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- **10:00pm- 6:00am:** maintained 100% required staff youth ratio
- **6:00 am – 2:00 pm:** 81%, a 7% decrease since First Quarter reporting
- **2:00 pm – 10:00 pm:** 65 %, an 23% decrease the First Quarter reporting
- **CTS Villalba** represents 33% of the DCR institutional population.

A facility site visit was conducted on 6/21/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

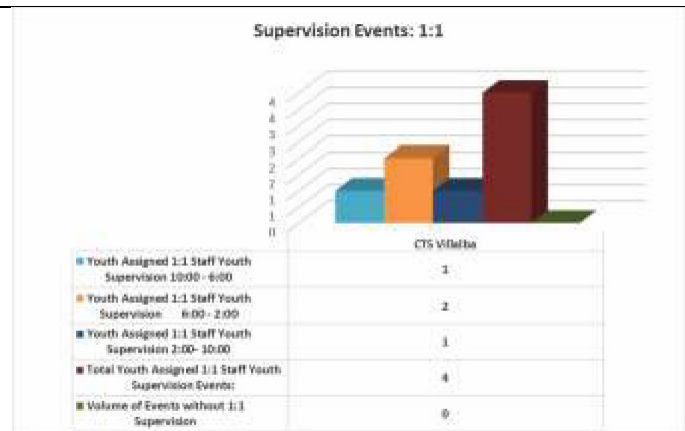
Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 91



4 youth 1:1 supervision events for the Second Quarter of 2017

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



CREANDO Staff Youth Ratio Analysis:

April 2 through May 30, 2017

CREANDO operates as a multi-level treatment facility:

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

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 9 of 9 requested

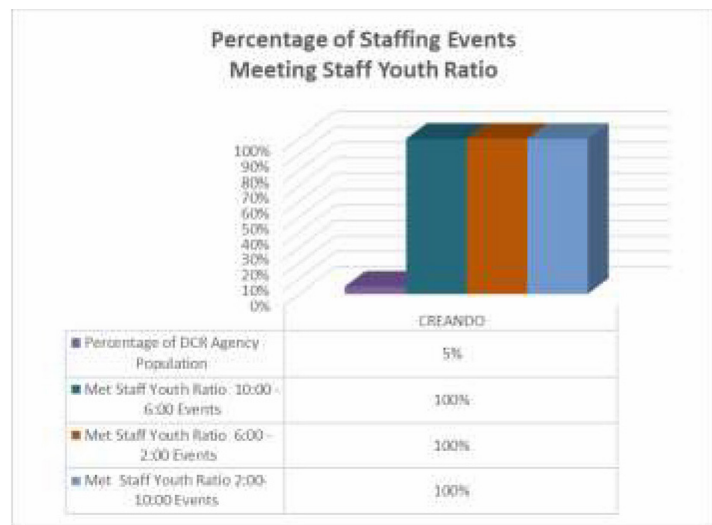
- Volume of Staff Youth Ratio Events: 175
- Volume of Staffing Events with Staff Working a Double Shift: 5 (3%)

CREANDO was in operation for nine weeks of the Second Quarter reporting period, with program graduation on May 30, 2017.

- 10:00pm- 6:00am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: maintained 100% required staff youth ratio
- 2:00 pm – 10:00 pm: maintained 100% required staff youth ratio
- CREANDO represents 5% of the DCR institutional population.
- There was no site visit to CREANDO during the Second Quarter.

Volume of Weeks Analyzed: 9

Volume of Days Analyzed: 59



CREANDO reported zero youth on 1:1 supervision for Second Quarter of 2017.

0 youth 1:1 supervision events for the Second Quarter of 2017

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

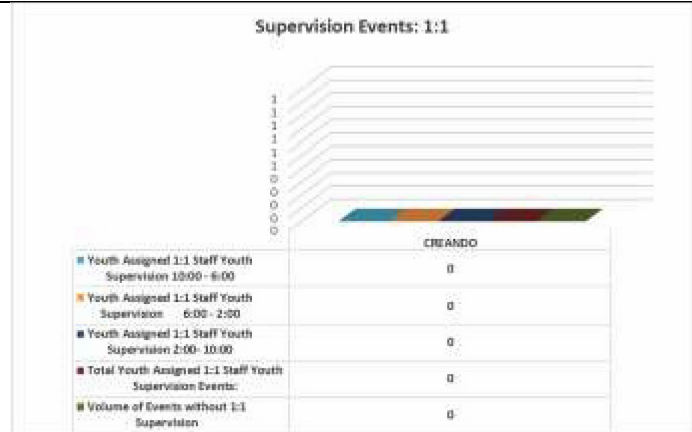


Table of Date of Receipt of Facility Staff Youth Ratio Form:

<u>Date</u>	<u>CD Bayamon</u>	<u>CTS Humacao</u>	<u>CTS Ponce</u>	<u>CTS Villalba</u>	<u>Program CREANDO</u>
April 2 -8, 2017	5/25/2017	4/22/2017	4/22/2017	4/22/2017	4/22/2017
April 9 - 15, 2017	5/20/2017	5/22/2017	4/22/2017	6/13/2017	4/22/2017
April 16 - 22, 2017	5/20/2017	5/20/2017	5/20/2017	6/13/2017	5/20/2017
April 23 -29, 2017	5/20/2017	5/20/2017	5/25/2017	5/20/2017	5/20/2017
April 30 - May 6, 2017	5/20/2017	5/25/2017	5/25/2017	5/20/2017	5/25/2017
May 7 - 13, 2017	5/25/2017	5/25/2017	6/14/2017	6/13/2017	5/25/2017
May 14 - 20, 2017	5/25/2017	6/13/2017	6/14/2017	6/14/2017	5/25/2017
May 21 - 27, 2017	6/13/2017	6/13/2017	6/14/2017	6/14/2017	6/13/2017
May 28 - June 3, 2017	6/13/2017	6/13/2017	6/14/2017	6/14/2017	6/13/2017
June 4 - 10, 2017	6/14/2017	6/14/2017	7/11/2017	6/14/2017	NA
June 11 - 17, 2017	6/29/2017	6/29/2017	7/11/2017	6/29/2017	NA
June 18 -24, 2017	6/29/2017	6/29/2017	7/11/2017	6/29/2017	NA
June 25 - July 1, 2017	7/11/2017	7/11/2017	7/11/2017	7/11/2017	NA
	13	13	13	13	9
Volume of Forms Submitted	100.00%	100.00%	100.00%	100.00%	100.00%

****CREANDO closed as of 5/30/2017.**

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

<u>Dates of Reporting Period</u>	<u>CD Bayamon</u>	<u>CTS Humacao</u>	<u>CTS Ponce</u>	<u>CTS Villalba</u>	<u>Program CREANDO</u>	<u>Totals</u>
April 2 -8, 2017	45	46	64	73	15	243
April 9 - 15, 2017	46	46	63	71	15	241
April 16 - 22, 2017	38	45	60	80	15	238
April 23 -29, 2017	43	40	61	70	15	229
April 30 - May 6, 2017	41	39	61	68	15	224
May 7 - 13, 2017	31	38	59	71	15	214
May 14 - 20, 2017	33	36	58	70	15	212
May 21 - 27, 2017	32	37	59	69	15	212
May 28 - June 3, 2017	44	37	59	65	15	220
June 4 - 10, 2017	37	39	57	70	NA	203
June 11 - 17, 2017	30	37	56	72	NA	195
June 18 -24, 2017	34	35	57	70	NA	196
June 25 - July 1, 2017	27	34	56	71	NA	188
Totals	481	509	770	920	135	2815
Percentage of AIJ Agency Population	17%	18%	27%	33%	5%	100%
Average Daily Population for Quarter	37	39	59	71	15	217

Document Attachment B:**Consultant Robert Dugan Reports on Classification****S.A. 52: DCR Classification 2017 Second Quarter Report:**

Prepared by Bob Dugan: Office of the Monitor: July 2017

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 by the DCR staff responsible for administration of classification.

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 (ORI) 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.

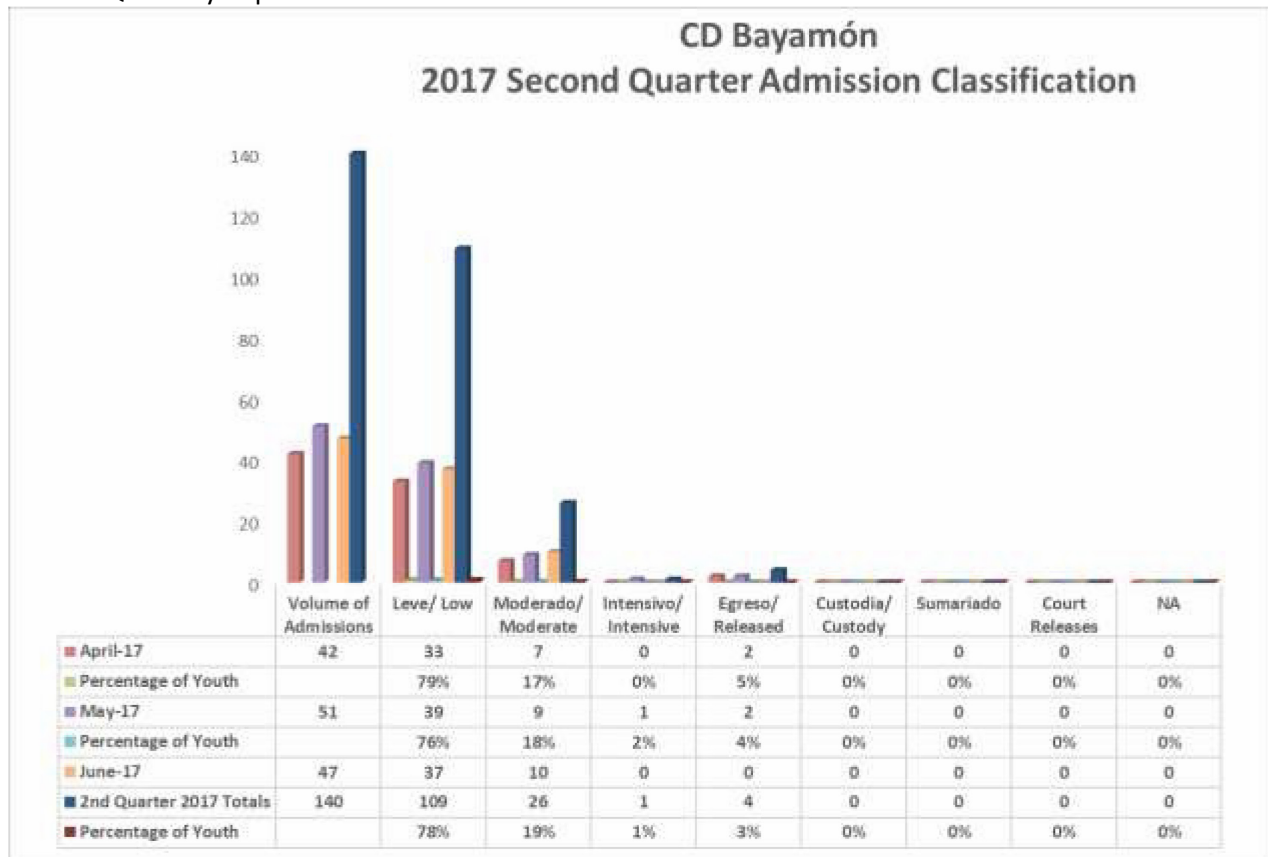
The Administrative Order designates the following facilities will provide services to the corresponding levels of treatment as assessed by the detention classification or committed classification assessment instruments, behavioral and safety characteristics, demographic characteristics consisting of age, race, national origin, sex, religious affiliation, criminogenic need factors. *Criminogenic needs factors* are related to dynamic risk factors that and refer to characteristics of the youth that, when changed, are associated with changes in risk of reoffending (Vincent, Guy, and Grisso 2012).

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

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

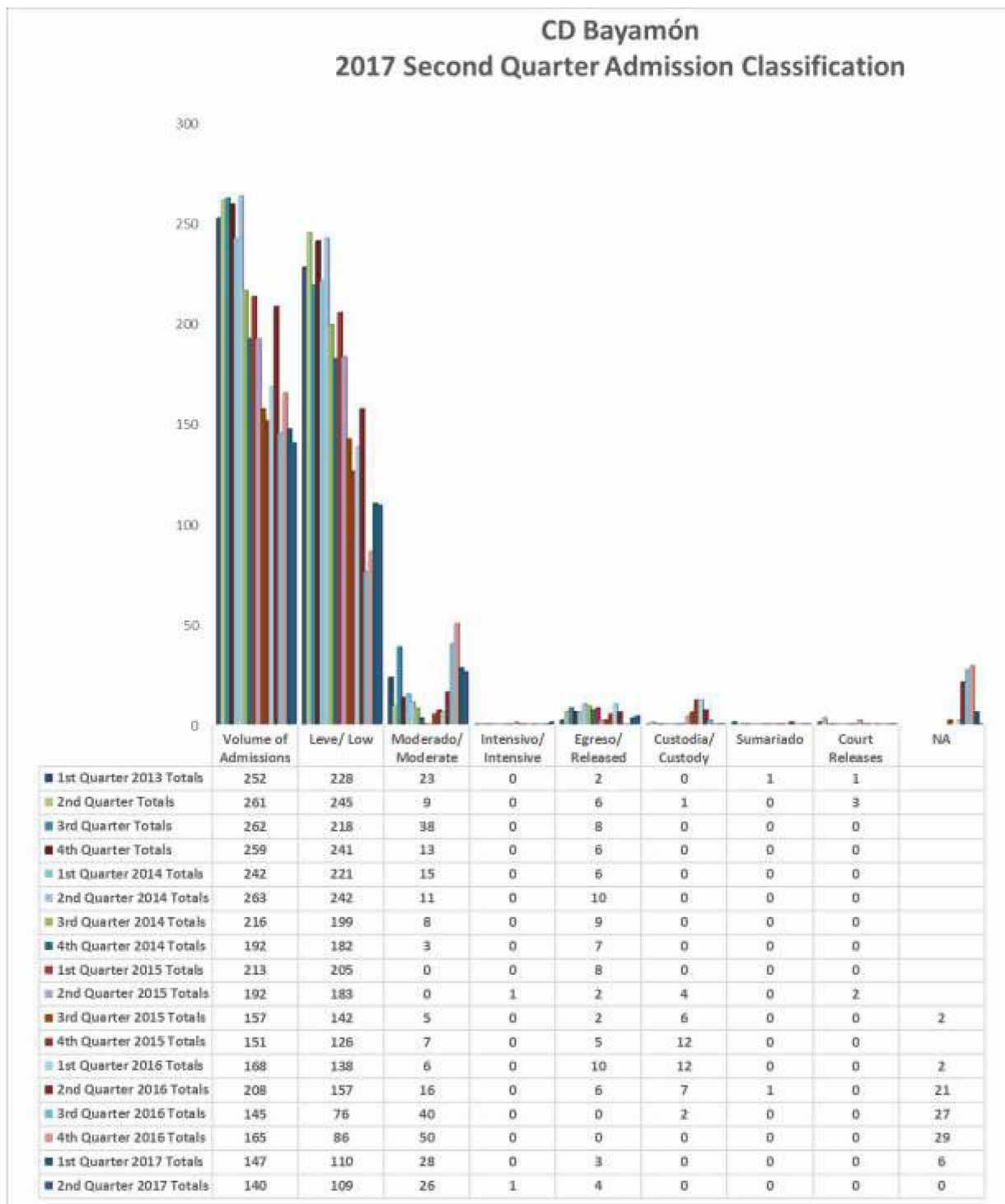
Second Quarter: April 1- June 30, 2017: CD Bayamón Admission Classification:

The 2017 Second Quarter is the twentieth quarter that DCR has produced CD Bayamón Admission Classification data to be included in the Quarterly Report.



For the second quarter, there were 140 admissions of which 78% (109) were classified as low; 19% (26) were classified as moderate; 1% (1) was classified as intensive 3% (4) Released (prior to classification).

Detention classification documentation indicates youth have been consistently classified and assigned to a housing module that corresponds to the assessed detention classification level. A review of facility and housing module assignments at the time of second quarter site visits (June 20-22, 2017) 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, 2017: Committed Classification:

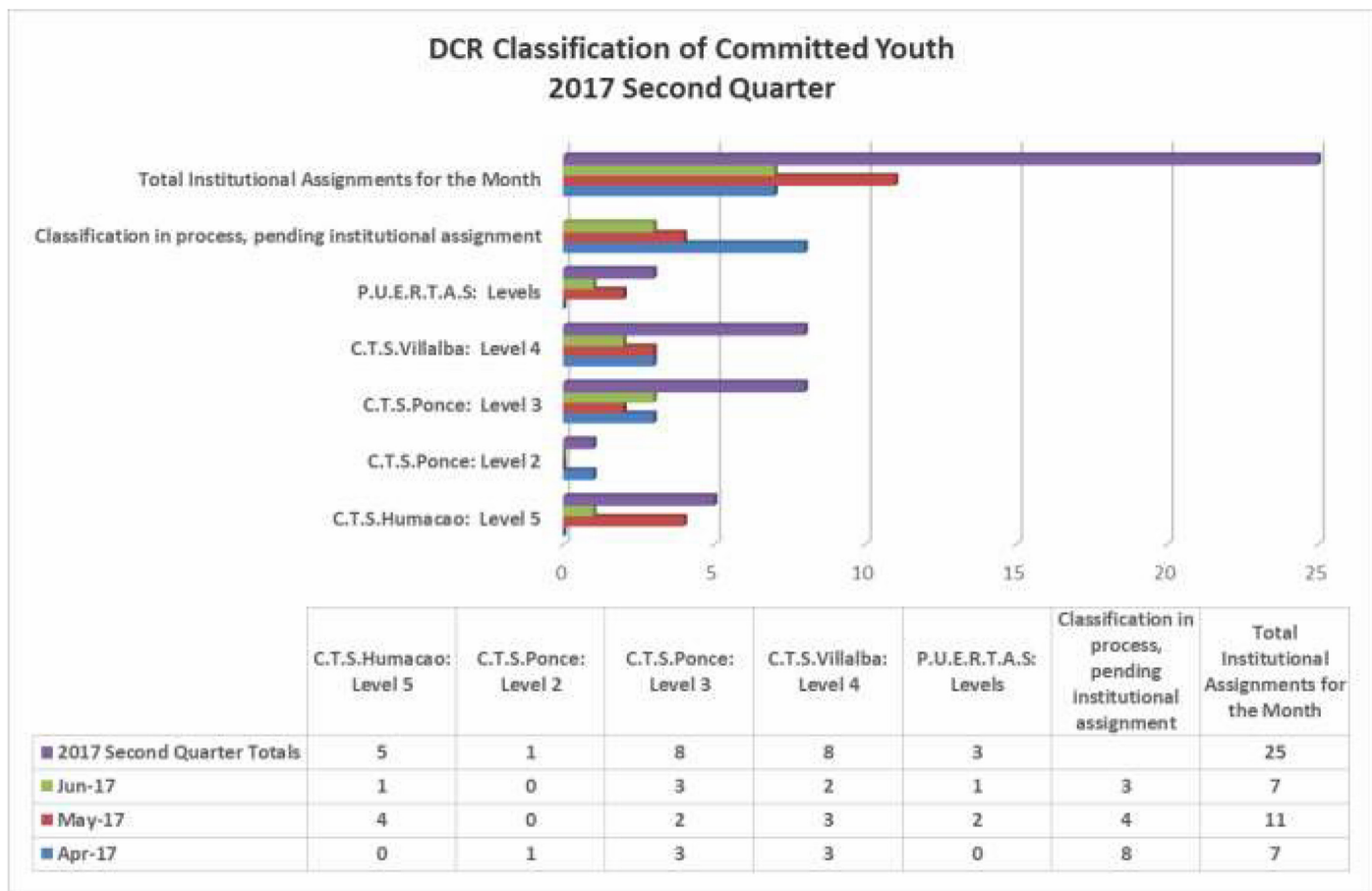
DCR has provided committed classification documentation for since January 2014. A mutual decision on the part of the DCR Classification Functional Team and the Monitor's Consultant was not to analyze this data for the Quarterly Reports in recognition of the absence of a validated committed classification instrument. With the implementation of the Instrumento de Clasificación en Custodia (ICC), committed classification has been reported on as of 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 transcurridos

DCR has produced a monthly facility population and levels of treatment verification report for each month of the second quarter of 2017. 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 as described in the Classification Administrative Order.

The youth's institutional assignment is reviewed to assess if it corresponds to the level of treatment score. For the second quarter of 2017, 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 June 20 through 22, youth housing assignments were uniformly consistent with assessed classification levels of treatment.



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. For the second quarter, the average duration of placement in the MER is fifteen days. Several of the longer duration events in the MER were the result of delay in delivery from the Courts of proper documentation.

Sixteen of the twenty-five classification assignments (64%) for the second quarter of 2017 were placed at CTS Ponce.

Document Attachment C: Incident and Understaffing report

For the quarter there was one incident to report where there was understaffing at the time and location of the incident.

May 3	CD/CTS Bayamón boys	17- 025	Afternoon	Allegedly, the youth (HRP) was kicked 3 times in his back by the youth officer (AC) while he was on the floor. Apparently, this youth and others were ordered to stay on the floor after an incident between the juveniles (BRR) and (SR). Infirmary notes say there were no hematomas or red/back areas but the youth had pain in his back.	9 juveniles 2 officers (1 officer with a therapeutic supervision)
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The staffing requirement was not met because there should have been 3 officers, as one was assigned to therapeutic supervision of one youth.

Document Attachment D: Transitional Measures and Protective Custody Reviews

Second quarter site visits occurred on June 20, 21 and 23, 2017. The following cases were assessed against all of the criteria of S.A. 79 and S.A. 80.

All second quarter Protective Custody and Transitional Measure events occurring or active at the time of facility site visits were reviewed. The table below displays the date of case study reviews, facility, identification of either Protective Custody or Transitional Measure, youth initials, starting and ending date of status and duration of status.

Date of Review	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	6/202017	06/21/17	06/21/17	06/22/17
Facility:	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Villalba	CTS Humacao	CD Bayamon
Name of Youth:	JVMS	JCSO	JCSO	JRE	JSO	JACC	KCS	EJRR	KER	MAMA	SSS
Isolation Status:	Protective Custody	Protective Custody	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures
Starting Date of Status:	12/30/16	03/31/17	04/06/17	03/15/17	03/15/17	05/22/17	06/01/17	06/12/17	05/17/17	05/12/17	05/04/17
Ending Date of Status:	05/09/17	04/06/17	05/09/17	04/05/17	04/11/17	Active at time of review	Active at time of review	06/19/17	05/25/17	Active at time of review	05/08/17
Total Days of Status:	131	7	34	22	27	30*	20*	8	9	41*	5

S.A. 80 Protective Custody Record Assessment:

The two Ponce protective custody events were assessed as to the criteria of S. A. 80 with the following results.

Date of Review	06/20/17	06/20/17
Facility:		
Name of Youth:	JVMS	JCSO
Isolation Status:		
Starting Date of Status:	12/30/16	03/31/17
Ending Date of Status:	05/09/17	04/06/17
Total Days of Status:	131	7
Are the following revoked or limited?		
safety		
crowding		
health		
hygiene		
food		
education		
recreation		
access to courts		

Youth on Protective Custody status conditions of safety, crowding, health, hygiene, food and access to the courts were neither limited nor revoked from that which was received by other facility youth. These findings are based on interviews with youth and staff, observations, log reviews and file reviews.

As reported in previous quarterly reports, education for youth in Protective Custody status was limited, consisting of twenty minutes per subject. For JVMS there were a number of days with no documented educational programming. A review of protective custody records reflected that recreation for the two youth on this status was limited compared to that of the facility general population, particularly on weekends.

The two Ponce youth who were on protective custody status were housed on a module with one officer or housed on the PUERTAS module. In light of the time that youth were confined to their room, both protective custody youth were also assessed for whether the elements of S.A.79 were met.

S.A. 79 Protection and Isolation Record Assessment: All eleven youth on protective custody and or transitional measure status were assessed for the S.A. 79 protection and isolation criteria.

Date of Review	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	06/20/17	6/20/2017	06/21/17	06/21/17	06/22/17			
Facility:	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Ponce	CTS Villalba	CTS Humacao	CD Bayamon			
Name of Youth:	JVMS	JCSO	JCSO	JRE	JSO	JACC	KCS	EJRR	KER	MAMA	SSS			
Isolation Status:	Protective Custody	Protective Custody	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures			
Starting Date of Status:	12/30/16	03/31/17	04/06/17	03/15/17	03/15/17	05/22/17	06/01/17	06/12/17	05/17/17	05/12/17	05/04/17			
Ending Date of Status:	05/09/17	04/06/17	05/09/17	04/05/17	04/11/17	Active at time of review	Active at time of review	06/19/17	05/25/17	Active at time of review	05/08/17			
Total Days of Status:	131	7	34	22	27	30	20	8	9	41	5			
												No	Yes	NA
Was youth placed in isolation only when the juvenile poses a serious and immediate physical danger to himself or others?	Yes	No	No	Yes	No	No	No	No	Yes	No	No	8	3	0
Were other less restrictive methods of restraint tried and failed?	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	No	5	6	0
Was the isolation cells suicide resistant ?	No	No	No	No	No	No	No	No	No	No	NA	10	0	1
Did the facility director or acting facility director approve the placement ?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
Was youth afforded living conditions approximating those available to the general juvenile population ?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
Was youth visually checked by staff at least every fifteen (15) minutes and the exact time of the check must be recorded each time ?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
Was juvenile seen by a masters level social worker within three (3) hours of being placed in isolation?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	4	7	0
Was juvenile seen by a psychologist within eight (8) hours of being placed in isolation?	No	Yes	No	No	No	Yes	No	No	No	No	No	9	2	0
Was juvenile seen by a psychologist every twenty-four (24) hours thereafter to assess the further need of isolation?	No	No	No	No	No	No	No	No	No	No	No	11	0	0
Was youth seen by his/her case manager as soon as possible ?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
Was youth seen by his/her case manager at least once every twenty-four (24) hours thereafter?	No	No	No	No	No	No	No	No	No	No	No	11	0	0
Was the juvenile released from isolation as soon as the juvenile no longer poses a serious and immediate danger to himself or others ?	Yes	Yes	No	Yes	Yes	NA	NA	Yes	No	NA	No	3	5	3
Is there a log (or other documentation) kept which contains:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
daily entries on each juvenile in isolation,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the date and time of placement in isolation,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
who authorized the isolation,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the name of the person(s) visiting the juvenile,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
staff,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the juvenile's behavior at the time of the check,	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the person authorizing the release from isolation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0
the time and date of the release	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0	11	0

A review of the S.A. 79 protection and isolation compliance table reflects that the cases reviewed consistently met all log documentation criteria; youth were consistently seen by case managers as soon as possible; consistent random minimum fifteen-minute checks; living conditions approximating those available to the general juvenile population; and the facility director or acting facility director approved the placement.

Record review of protection and isolation criteria was not met for the following elements in all or the majority of the cases reviewed:

- The youth placed in isolation only when the juvenile poses a serious and immediate physical danger to himself or others.
- The youth was not seen by a psychologist within eight (8) hours of being placed in isolation.
- The youth was not seen by a psychologist every twenty-four (24) hours thereafter to assess the further need of isolation.
- The youth was not seen by his/her case manager at least once every twenty-four (24) hours thereafter.
- There are not necessarily designated cells assigned for confinement purposes for TM or PC. As such, we looked at all cells and, while they are by and large fairly suicide resistant, we did note the following:
 - Bayamon- All cells seem acceptable in terms of bunks, vents and stools and hinges, although the metal desks could be a problem the way they are fastened to the wall. The size of the desk may allow for a sheet to serve as a ligature if wrapped around the desk surface.
 - Humacao- All cells seem acceptable in terms of bunks, vents, stools, desks and hinges.
 - Villalba- All cells seem acceptable in terms of bunks, stools, desks and hinges, although the vents holes in the lower floor ceilings vents are a problem as they are too wide. Appropriate vents are being installed and the replacements have been completed in 5 modules (A1, A2, B1, B2, C1) so far. There is a need for security caulking in some rooms as the new vents are not flush with the ceiling (vents in other three are a significant problem).
 - Ponce- All cells seem acceptable in terms of bunks, stools, desks and hinges, although the vents on the lower floor ceilings are a problem as a ligature could be threaded through the vent openings and no changes have yet been made.

Document Attachment E: Abuse Referrals Tracking Report

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.

This table has been revised to along the measures that are presented with the updated procedures for the management of these cases. There are empty cells for earlier quarters that are to be updated by NIJ. The table is subject to further revision for the upcoming quarter based on the experience of the parties and the Monitor's Office.

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	16-3th	16-4th	17-1st	17-2nd
A.1 Average Monday 1st Shift count of youth	271	259	256	210
A.2 Number of incident events	67	53	65	49
A.3 Number of youth-to-youth incident events	34	23	34	10
A.4 Incident events involving use of force by staff	18	23	16	10
A.5 Incident events with side act, ideation, or gesture sui	9	9	7	12
A.6 Incident events w/ self-mutil. act, ideation, or gesture	11	3	8	16

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

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 49 (A.2) incident events in most recent quarter, 12 (B.1 plus B.10) involved suicide and self-mutilation incidents.

None of the above incidents resulted in a Paragraph 78a abuse referral. All cases were to be referred to the mental health process. During the quarter, 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	16-3th	16-4th	17-1st	17-2nd
C.1 284 Incident Events	30	21	21	11
C.2 Level One Incident Events	3	2	5	1
C.3 Level Two Incident Events	27	19	16	10
C.4 Referrals to OISC	27	19	16	11
C.5 Youth-to-Youth Incidents	11	5	6	0
C.6 Youth-to-Youth Injuries	3	2	3	0
C.7 Youth-to-Youth with External Care	1	2	2	0
C.8 Youth-to-Youth Sexual	0	1	0	0
C.9 Youth-to-Youth Sexual w/ Injury	0	0	0	0
C.10 Staff-to-Youth Incidents	19	16	15	11
C.11 Staff-to-Youth Injuries	7	3	9	2
C.12 Staff-to-Youth with External Care	0	1	0	0
C.13 Staff-to-Youth Sexual	3	1	1	2
C.14 Staff-to-Youth Sexual with Injury	0	0	0	0
C.15 284 Incident Events with administrative actions	30	21	21	11
C.16 284 Incident Events with report by end of shift	30	21	20	10
C.17 Level 1 Investigations complete within 20 days	3	2	5	1
C.18 SOU (Special Operations) interventions	2	1	1	0
C.19 SOU events with 284 reports	2	1	1	0
C.20 284 with Item 5 completed	30	21	20	10
C.21 284 with Staffing Compliance	19	17	16	9
C.22 Percent 284 cases with staffing compliance	63%	81%	80%	81%

Level One incidents are investigated locally at the institution. Level Two incidents are investigated by OISC.

Of the 10 housing unit events with item 5 checked in the report (C.20), 81% (C.22) took place when there was compliance with staffing provisions.

D. Initial Case Management Measures	16-3th	16-4th	17-1st	17-2nd
D.1 284 percent with admin actions	100%	100%	100%	100%
D.2 284 per cent completed by end of shift	100%	100%	95%	91%
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	16-3th	16-4th	17-1st	17-2nd
E.1 Cases Referred from this quarter	27	19	16	11
E.2 Received by OISC Within 24 hours	26	19	15	10
E.3 Completed by OISC Within 30 workdays	26	18	16	10
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.	1	1	0	1
E.6 Percent of OISC cases completed within 30 days	95%	95%	100%	91%
E.7 Completed Cases Returned for Further investigation	2	1	0	0
E.8 Percent of cases returned for further investigation	8%	6%	0%	0%
E.9 Further Investigation Completed	0	2	0	0
E.10 Cases this quarter incomplete, including further investigation	3	2	0	1
E.11 Percent of cases from this quarter not yet completed	11%	11%	0%	9%

The quality of investigations is assessed in the Case Assessment Table that follows in the next Appendix section.

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

F. Administrative Determinations for 284 Cases	16-3th	16-4th	17-1st	17-2nd
F.1 Cases with youth discipline referrals	16	14	10	2
F.2 Cases with youth discipline actions	13	11	7	2
F.3 Cases with youth no discipline actions	3	3	3	0
F.4 Cases Staff/youth with determinations	22	5	20	5
F.5 Cases recommending personnel actions	5	0	8	11

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 11 cases (C.1) with referrals as 284-cases, 2 (F.2) were referred for disciplinary actions and 2 (F.3) were the subject to discipline actions for youth involved.

G. Prosecutorial Determinations for 284 Cases	16-3th	16-4th	17-1st	17-2nd
G.1 Cases received by PRDOJ	0	2	0	0
G.2 Cases with decision not to prosecute	0	3	0	4
G.3 Cases with referral for prosecution	0	1	0	0
G.4 Cases pending determinations	7	5	5	1

Document Attachment F: Case Assessment Table April-June 2016

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

The contents of the table were updated based on discussions following the May 2014 Monitor's Conference. The table is subject to further revision based on the experience of the parties and the Monitor's Office. It may also be adapted based on development of the road map for the Paragraph 78 provisions.

The six parts are:

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

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

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

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

The first table relates to initial incident reporting.

Case Assessment Instrument – Section A – Initial Reporting		
Assessment Criterion	Status Y/N/NA	Comment
A.1 Was the incident reported to the appropriate supervisor or designated person by the end of the shift during which the reporter became aware of the incident?	Y-20	The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 20 cases were evaluated to complete Section A.
A.2 Were appropriate administrative actions taken to protect the victim(s)?	Y-20	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, N-1	The percentage for this report is 95%. The percentage in the last report was 95%.
A.4 If there was physical evidence, was the evidence documented and preserved?	Y-10, *N-1, N/A-9	The percentage for this report is 91%. The percentage in the last report was 100%. *Case 17-009.
A.5: Was the incident correctly classified?	Y-20	The percentage for this report is 100%. The percentage in the last report was 86%.
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-19, *N-1	The percentage for this report is 95%. The percentage in the last report was 100%. *Case 17-005.
A.7 If it was classified as a level 2 incident, was OISC notified within 24 hours?	Y-15, *N/A-5	The percentage for this report is 100%. The percentage in the last report was 100%. * Level I cases.
A.8 Were youths suspected as perpetrators separated from the victim(s)?	Y-9, *N-1, N/A-10	The percentage for this report is 90%. The percentage in the last report was 89%. *The case in noncompliance is 17-015.
A.9 Did the 284 accurately list all youth and staff witnesses?	Y-16, N/A-4	The percentage for this report is 80%. The percentage in the last report was 91%.
A.10 Did all staff witnesses complete an incident report before the end of shift?	Y-19, N-1	The percentage for this report is 95%. The percentage in the last report was 100%. The Y responses include Level I cases.
A.11 If there was timeliness non-compliance, was related to shortage of investigative or supervisory staffing?	N-6, N/A-14	The percentage for this report is 100%. The percentage in the last report was 100%.
A.12 At the location of the incident at the time of the incident, was staffing compliant with Settlement Agreement requirements?	Y-19, *N-1	The percentage in this report is 95%. The percentage in the last report was 91%. *Case 17-006.

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 for this report is 100%. The percentage in the last report was 100%. In this reporting period 19 cases were evaluated to complete Section B.
B.2 Did PRPD investigators determine that physical evidence, if any was appropriately preserved?	N-10, *N-1, N/A-8	The percentage in the last report was 100%. NIJ-DCR facilities' staff is trained to preserve evidence if necessary but some cases do not require preserving evidence. *In this reporting period case 17-009 was found in noncompliance.
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	In this reporting period no cases were found.
B.4 Were PRPD expectations met for timeliness in completing the investigation?	Y-10, Blank-9	The information provided by the facilities was Y- (yes) in 53% of the cases. In this reporting period the Office of the Court Monitor did not have enough information to verify the data.
B.5 Was completion of the PRPD investigation documented?	Y-15, *N/A-5	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. *Level I cases.

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?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 5 Level I cases were received and evaluated.
C.2 Was there a personal interview of the victim(s) with a record of the questions and answers?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%.
C.3 Was there a personal interview of the alleged perpetrator(s) with a record of the questions and answers?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%.
C.4 Was physical evidence, if any, preserved and documented?	N/A-5	No comment.
C.5. If the incident was classified as Level I, was the investigation completed within 20 calendar days?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%.
C.6 Was the completion of the investigation documented in the tracking database?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%. NIJ-DCR already has an electronic database.
C.7 If there was timeliness non-compliance, was related to shortage of staffing?	N/A-5	Because there were no such non-compliances there is no appropriate rating percentage.

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-14, *N-1	The percentage for this report is 93 %. The percentage in the last report was 100%. *Case 17-011.
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-15	The percentage for this report is 100%. The percentage in the last report was 85%.
D.3 Did the investigation meet OISC's standards for investigation quality?	Y-15	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 in October 2016.
D.4 Did the investigation provide a description of the alleged incident, including all involved persons and witnesses and their role?	Y-15	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-15	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?	Y-15	The percentage for this report is 100%. The percentage in the last report was 100%.
D.7 If there was timeliness non-compliance, was it related to shortage of OISC staffing?	N-15	The percentage for this report is 100%. The percentage in the last report was 100%.
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-20	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-14, *N-1	The percentage for this report is 95 %. The percentage in the last report was 100%. *Case 17-005.
E.3 Was the Level 1 facility investigation completed within 20 days?	Y-5	The percentage for this report is 100%. The percentage in the last report was 100%.
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-15	The percentage for this report is 100%. The percentage in the last report was 100%. In this reporting period 15 Level II cases were received for evaluation.
E.5 DELETED		
E.6 Did NIJ reached an administrative determination concerning the case which is documented in the tracking records?	Y-15	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-15	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-15	The percentage for this report is 100%. The percentage in the last report was 100%.

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-20	The percentage in this report is 100%. The percentage in the last report was 100%. In this reporting period 20 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 report is 100%. The percentage in the last report was 100%.
F.3 Does the Monitor’s Office confirms the timeliness facts as asserted in Page C?	Y-5	The percentage in this report is 100%. The percentage in the last report was 100%. Every incident is investigated but Level I cases are investigated at facility level. In this reporting period 5 Level I cases were evaluated.
F.4 Does the Monitor’s Office confirms the timeliness facts as asserted in Page D?	Y-15	The percentage in this reporting period is 100%. The percentage in the last report was 100%. In this period 15 Level II cases were evaluated.
F.5 Does the Monitor’s Office confirms the timeliness facts as asserted in Page E?	Y-15	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.
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.
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.

Document Attachment G: Consultant Report on Mental Health

Office of the Monitor
Mental Health Quarterly Report
Second Quarter 2017
Miriam Martinez, PhD
Mental Health Consultant

Note: references to specific cases are identified by letters. The Monitor will provide the record numbers to either party on request.

The Mental Health Monitor continues to find DCR to be out of compliance with the stipulations of the agreement with respect to mental health service delivery. Please refer to the Mental Health Monitor report, First Quarter 2017 which included information regarding an April site visit.

The lack of adequate staffing has resulted in several unsafe situations and to subpar mental health treatment of minors in custody. One psychiatrist only available in one of 4 sites for a mere 15 hours a week is not sufficient to meet the needs of this vulnerable population. Psychiatrists need time to at a minimum:

- adequately psychiatrically assess youth
- review medications the youth may be on
- confer with medical and mental health providers
- attend multidisciplinary planning meetings
- order and read lab results
- intervene in crisis (suicide attempts, self-mutilation)
- timely documentation
- attend court or reply to judges requests as needed

Site visits were performed by the Mental Health Monitor in February and April of 2017. During these site visits the Mental Health Monitor reviewed records and interviewed youth. The majority of the youth in PUERTAS have histories of serious suicide attempts, suicide gestures, histories of cutting behavior, and other psychiatric symptoms (i.e. psychosis) that places them at extreme risk. My assessment of youth in Villalba, Bayamon, Ponce and Humacao indicate that the majority have serious histories of substance abuse and that many have suffered extreme neglect, physical and sexual abuse as well as other traumas. This group of youth need dedicated, experienced psychologists and psychiatrists that can evaluate and treat them consistently. The youth require that their psychotropic medications be continuously monitored and that related lab work be ordered and reviewed for the proper medical follow-up to be delivered in a seamless, time sensitive and clinically sound manner. An emergency back-up plan as presented to the Mental Health Monitor using off site psychiatrists does not meet the serious needs of the youth and in no way satisfies the provisions of this case.

Case examples of a failure to comply with C.O. 36 and S. A. 63 including the lack of continuous psychiatric and psychological services are:

PUERTAS youth #A who has a history of attempted suicide, has needed multiple crisis interventions and has been placed on suicide watch. As per my clinical interview of him, #A stated that he hears voices, primarily when alone. These voices tell him to pick his face, to hang others, kill others and to kill himself, to poison himself. He volunteered that in the past he swallowed all of his mother's pills in a suicide attempt. Command auditory hallucinations are extremely concerning as he is at risk and needs to be consistently evaluated by a psychiatrist. On 3/31/17 minor #A was placed on constant watch due to depression over death of grandfather and over "dynamics in the module."

On 4/4/17 the treating psychologist mentions absence of psychiatrist to consult with to bring him down from constant watch to preventative watch. Note mentions discussion of verbalization by minor to do harm to another youth.

4/8/17 Psychiatrist note documented in the record [8 days have passed since he should have been seen given his psychiatric history of suicide attempts]

4/10/17 psychologist discontinues constant watch after consultation with psychiatrist.

4/20/17 back on continuous watch. Unclear why.

4/24/17 psychologist notes that there isn't a psychiatrist to consult with & keeps minor on preventative watch.

4/25/17 & 4/26/17 psychologist repeats that he is keeping minor on preventative watch as he does not have a psychiatrist to consult with.

5/2/17 psychologist repeats that there is not a psychiatrist to consult with and adds that there are no medications to administer. Preventative watch is continued.

5/3/17, 5/4/17 psychologist repeats that he is keeping minor on preventative watch in the absence of having a psychiatrist to consult with.

5/9/17 psychologist consulted with psychiatrist and discontinued preventative watch.

5/31 minor refuses psychiatric visit. This note is written by the psychiatrist who states he consults with the psychologist and reviews the record.

6/2/17 He is placed again on constant watch. Notes from psychologist indicate that minor is having auditory hallucinations, is a danger to others, is having nightmares of dead people, complaining of uncontrollable anger and anxiety. He should have been seen by a psychiatrist immediately and instead the psychiatrist evaluates him 3 days later on 6/5/17.

Examples of other youth having gaps in psychiatric services were found during review of electronic records on 5/21/17 and 5/26/17: For example,

PUERTAS youth #B, #C, #D and youth # E were last seen by psychiatrist on 4/8/17.

PUERTAS youth # F had his last Psychiatry visit on 3/17/17

PUERTAS youth #G was on continuous watch on 5/18/17. He was on transitional measures and not seen by a psychiatrist until 5/31/17.

Another example is that on 5/26/17 it was noted by the Mental Health Monitor that PUERTAS youth #H has a history of self-mutilation and was in protective custody was last seen by a psychiatrist on 4/30/17.

In PUERTAS youth #H who has a history of 6 suicide attempts, PUERTAS youth #I has had 3 psychiatric hospitalizations and a history of self mutilation, and PUERTAS youth # G had a suicide attempt by tying cord around neck on July 2, 2017. PUERTAS youth

require continuous psychiatric care and the lack of psychiatric care as of 4/15/17 has been consistently documented in emails to and phone conferences with DCR.

In addition to the above, electronic records of the youth below were reviewed 7/22/17:

#J, has a history serious poly substance abuse, suicidality and self-mutilation was last seen by a psychiatrist on 4/8/17 (over a 3 month gap in psychiatric care). On 4/8/17 two medications were discontinued (Zyprexa and Wellbutrin). Accepted professional standards are that the minor would have continuous psychiatric and psychological services to assess for the effects of discontinuing these medications - especially given a history of suicidality and serious poly substance use. On 4/24/17 the minor self-mutilated. He also became irritable resulting in disciplinary matters. His mental health note of 7/18/17 indicated that he was reporting feeling lonely and anxious.

#K, has a history of suicidality and has been seen for emergency psychiatric evaluations several times including for self-mutilation. He was last seen by a psychiatrist on 4/8/17 with medications of Abilify, Trazodone and Vistaril (over a 3 month gap in psychiatric care). On 4/8/17 the Psychiatrist discontinued Trazodone and Ability and added Seroquel 200 mg for 30 days with a note to re-evaluate in one week.

#L has a history of psychosis including command auditory hallucinations telling him to hurt himself and in fact had recently thrown himself in front of a moving vehicle injuring himself. He was last seen by a psychiatrist on 6/5/2017 (over a 5 week gap in psychiatric care). He was interviewed by the MH Monitor, Dr. Martinez in April of 2017 in the Admissions area where he resided due to his injuries. During that visit, he reported psychotic symptoms and stated that he felt the medications he was taking were not helping him. He carries a diagnosis of Bipolar with a recent episode of depression, psychotic symptoms, and substance dependence. On his last visit on with the psychiatrist 6/5/17, the medications prescribed were Depakote 500 mg 2X per day, Seroquel 400 mg. 2X per day and Benedryl 100 mg at bedtime. He subsequently has had 5 interventions classified as Preventative Supervision or Preventative Vigilance with either a social worker or a psychologist and three more regular clinical visits but up no further visit from a psychiatrist as of the record review of 7/22/17.

#M has a history of multiple suicide attempts, self-mutilation, psychosis and has a history of threatening to kill staff for which he was then placed in isolation (1/31/17). He was placed on continuous watch on 1/31/17 and then moved to preventative watch on 2/4/17. Minor was evaluated by psychiatrist on 2/4/17 and next on 3/9/17 (over a month gap). The Mental Health Monitor has interviewed this young man and has brought the youth to the attention of clinical leadership on multiple occasions, advocating for a psychiatric hospitalization. As of 7/22/17 when these records were reviewed the youth was last seen by a psychiatrist on 4/8/2017 (over a 3 month gap) when during this visit he was prescribed Zoloft 75 Mg in pm, Seroquel 100 in a.m. and 400 in pm. He was placed in transitional measures for most of June which this MH Monitor has cautioned NIJ about using isolation as a way to manage difficult behaviors between youth as it could lead to decompensation, psychosis, depression and suicidality.

Potential consequences of the lack of psychiatric coverage are decompensation, depression and intents to harm self or others. Discontinuing medications without proper monitoring is simply unacceptable and inadequate care. Each of these minors needs to be monitored closely (at a minimum 1X / month) by a psychiatrist. At the time of the review in July of 2017, there was not an assigned psychiatrist except for one of four sites, for 15 hours / week.

The Mental Health Monitor communicated with a number of the mental health staff that did not renew contracts for July 1, 2017, and learned that nonpayment for all of the months worked under PCPS (April, May and June of 2017) was a major factor in approximately 8 (the majority) of mental health personnel not renewing contracts. Under PCPS we have lost valued Child and Adolescent Psychiatrists and Psychologists with years of experience serving this population and NIJ is not following Policies and Procedures, such as stipulated in Provision S.A. 50, C.O. 29, C.O. 36, S.A. 63, and S.A. 72 as a result of having lost staffing.

The Mental Health Monitor has communicated with DCR that an emergency back-up plan using off site Psychiatrists is not meeting the serious psychiatric needs of the youth and in no way satisfies the provisions of this case. The Mental Health Monitor has reviewed the most recent staffing pattern prepared by PCPS and informed DCR that it does not meet standard of care expected for the population of youth in the facilities. A suggested staffing pattern and program for PUERTAS (first provided in November of 2016) was provided to NIJ on July 6, 2017. To date there is no indication that these recommendations have been implemented.

Miriam Martinez, PhD

Document Attachment H: Consultant Report on Education and Training Victor Herbert

Education Issues: Each year, a series of site visits focus on the school year progress and conclusion in each of the DCR juvenile institutions.

1. CTS Villalba: There was a delay in teacher assignments at the beginning of the school year affecting all the institutions. Villalba was the last to resolve the problem offering a modified, half-day schedule for the first half of the semester. By the second half of the semester, a decision was made to transfer teachers from a different license area to fill the two vacancies. Each was licensed as a DOE elementary teacher with subject area awareness. The schedule then was restored to the full six hour day. The school director stated that students receive more hours than required for promotion or graduation and that the modified schedule would not impede individual student progress. Staff expressed concern about the pending changes in the delivery of mental and physical health and was uncertain about plan implementation. The lead special education teacher reported that they were conducting COMPUS and other special education meetings as always. Nevertheless, she did not know how the prescribed related services written into all annual mandated IEP revision would actually be delivered. While not all special education students require the services of a psychologist or psychiatrist, many do. The level of service is spelled out in the annually revised IEP. Since the contract with the private enterprise was still not finalized the school staff decided to move forward with a wait and see attitude. Similar questions were raised in other sites. Later in the day, while observing the behavior modification session, I noted a team of people from the PPCS firm touring the facility. There was one student assigned to TM and none in PC. As indicated earlier, the growing number of students with their 4th year completed did not participate in community or educational activity except that some did attend the vocational shops on a part-time basis. There was some additional concern about the closing of community schools and the projected number of teachers who will not have assignments. DCR academic teachers do not have contracts beyond the school year and hope to be rehired in August. Whether that will occur or the displaced DOE teachers will be assigned to the institutions is not clear.
2. CTS Ponce: Although affected by the delay in teacher assignments, Ponce was able to offer the full day from the outset of the school year. Staff reported that it was a successful year with few educational issues. The IEP revisions were complete except for one currently under review. They noted that the parent participation in the COMPUS was higher than in other facilities but that a representative was named if parents did not attend. The number of 4th year completion student was also high but Ponce was able to establish partnerships with the community that allowed students to engage in service and internship activity. There were no students in either TM or PC. The school director reported that there would be another June “campamento” for the CTS sites with a theme build on the

topic of emotions. She did not believe there would be credible hours available as there were in the previous year's program. Only CTS sites will participate. There was some concern similar to Villalba about the implications of physical and mental health changes but they too were functions as if the change would not disrupt services. The addition of a shop this year enabled the site to provide vocational education for all students.

3. CTS Humacao: The school does not have a director but the teacher in charge has had 22 years' experience in education with most of that time served in the DCR/NIJ facilities. This was her first year as the lead administrator and expressed pride in that she believed it to be a very successful year. The teacher nomination delay did not impede the implementation of a full day schedule and they too were able to provide teachers to cover for specific vacancies.

There was one student in TM and he was receiving instruction according to the DCR 20 minute plan as in other sites. The compliance committee was evaluating his situation and expected that he would not continue into the next school year.

Vocational education was available to all students including special education youth mainstreamed.

There were no programs available for 4th year completed students except for vocational shop time which staff offered twice a week over and beyond their normal schedule. The acting director suggested that this was typical of the cooperative spirit of the institution. She also noted that as a level 5 site, it was more difficult to assign these graduates to the community.

The transfer of the detention students to Bayamon and Villalba may also have contributed to the efficient delivery of the education curriculum.

4. CD/CTS Bayamon: The institution reported few problems from the teacher nomination delay and indicated that the nature of instruction in the two CD groups is traditionally flexible. The CTS young women experienced the full day program including vocational cosmetology from the beginning of the school year.

There were a number of special activities underway including a sports tournament during the site visit. Staff scheduled the events so that the CD male students would not be integrated with the others. This did not seem to be an issue for the young women. Some of the male students also participated in the vocational cosmetology shop but not simultaneously with the young women. This also included detention students who previously only were offered ethics rather than a traditional vocational program.

Bayamon will not be included in the summer campamento although there are plans for alternate activities within the facility. Events similar to the day's sports tournament and other programs will be provided. As noted, scheduling is a bit more complicated because of the two CD groups and the one CTS.

The special education teacher indicated that they too were not sure what the mental health changes implied but that they were proceeding as usual. As in the other sites, they were able to identify an elementary level teacher with English skills to provide instruction since a certified teacher of English was not available.

Functional Team Meeting: Postponed until August, 2017. Notes below indicate pending actions about SA 50 training compliance. Since these steps reflect ongoing activity toward compliance by year's end, I repeat the information as provided in the previous quarter.

1. Purpose: Discussion with NIJ administration about the possibility of modeling a compliance memorandum along the lines of the one completed for CO 34.
2. Procedures: The group determined that a memorandum would contain the following ingredients:
 - a. Statement of the stipulation.
 - b. Inclusion of Commonwealth policy in regard to training.
 - c. History of the issue.
 - d. Time frame: July 2016-December 2017
 - e. Spreadsheet report identifying participants in training sessions.
 - f. Attendance sheets during the designated time.
 - g. Curriculum for the training specified in the stipulation.
 - h. Instructor Qualifications
3. Discussion Summary: The IDECAHR director, Aida Burgos, led the group through a feasibility analysis for each of the items. She noted that most were available and would present little difficulty for inclusion in the compliance memorandum. She indicated that the curriculum package would be quite large and would investigate the best way to gather it as an attachment. The one item that presented serious difficulty was the spreadsheet as the information was not as accessible in the same way as in the case of CO 34 where it amounted to a single system-wide training as opposed to the multiple trainings required in SA 50. After an extended conversation about the best way to gather the data, it was decided that the best course of action for the moment was to ask Aida to come back at a future meeting with some proposals. She agreed and the group will gather shortly to finish the compliance plan.

Training Sessions Observed: DCR has agreed to provide quarterly and eventually semester training calendars so that consultants and other parties may observe area training relevant to their areas during site visits. The calendars for this quarter are attached.

Behavior modification training was offered twice during the week in Villalba and later at Ponce. The instructor Giovanni Alomar Sastre followed the usual pattern allowing a power point curriculum to lead the class through lecture, discussion and Q&A. The students in each instance were direct contact security officials and exhibited awareness of the program and offered suggestions for improvement. One stated that he did not believe security officials were consulted as much as he would prefer stating it was they who best knew student behavior. This led to a brief discussion with a consensus achieved about their roles and that of other staff in behavior modification. The instructor was knowledgeable, exhibited a sense of humor and took note of the class comfort level. Apparently a transformer explosion on the previous day led to a power failure so the conference area was without air conditioning. Mercifully, he ended the session early. The session in Ponce was identical with more time available. There was also a "train the trainer" session scheduled at DCR central but it conflicted with the Villalba visit.

General Information:

1. Graduation and Promotion: As in the previous school year, all institutions will gather on June 9 for promotional ceremonies. This used to be a local practice but was quite successful as a system event. Unfortunately, there was a last minute glitch that required a date change when the selected venue cancelled. As mentioned above, the number of 4th year completed students continues to increase in each facility and presents issues about continuing education or other significant activities.
2. Mental and Physical Health Changes: In each institution as noted, concerns were expressed about the next school year and the implications of what appear to be reduced personnel availability and reduced hours. One institution director stated that medical staffs once available on site now are “on call.” He worried about the emergency and the need to call for an ambulance when an on-site diagnosis might distinguish between a “stomach ache” and something more serious.
3. Adult Education: In each institution, a discussion ensued with institution and education staff about the adult education program. While few suggested it was the equivalent of the secondary program available in the community, all emphatically stated that an imposition of that curriculum would lead to student frustration and failure. The benefits of the accelerated course measured by hours accumulated rather than months and semesters were enthusiastically endorsed by all. Some believe that allowing the DCR students to follow the adult education program is both legal and consistent with the practice in the community even though the compulsory education law requires mandatory attendance up to 18 years and 21 years for special education youth. Some described an alternate program for students in the community 16 years of ages who have “dropped out” of the secondary schools as similar to the adult education offered in the institutions. Although others acknowledged that not all the DCR youth were at least 16 and actually school “drop outs”, they maintained that it was to their advantage to work toward the 4th year completion rather than the community secondary diploma. At some point, it may be necessary to do a side by side comparison of the community secondary school curriculum and the adult education curriculum as delivered in the DCR facilities.

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. 3, 2017:	Consultant Curtiss Pulitzer and Deputy Monitor Javier Burgos visited CTS Ponce.
Apr. 3, 2017:	Consultant Curtiss Pulitzer and Deputy Monitor Javier Burgos visited CTS Villalba.
Apr. 4, 2017:	Consultant Curtiss Pulitzer and Deputy Monitor Javier Burgos visited CTS Humacao.
Apr. 4, 2017:	Consultant Curtiss Pulitzer and Deputy Monitor Javier Burgos visited CD/CTS Bayamón.
Apr. 6, 2017:	Deputy Monitor Javier Burgos visited CTS Ponce (PUERTAS).
Apr. 10, 2017:	Consultant Michael Gatling and Deputy Monitor Javier Burgos visited CTS Humacao.
Apr. 10, 2017:	Consultant Michael Gatling and Deputy Monitor Javier Burgos visited CD/CTS Bayamón.
Apr. 19, 2017:	Consultant Miriam Martínez and Deputy Monitor Javier Burgos visited CTS Ponce.
Apr. 19, 2017:	Consultant Miriam Martínez and Deputy Monitor Javier Burgos visited CTS Villalba.
Apr. 20, 2017:	Consultant Miriam Martínez and Deputy Monitor Javier Burgos visited CD/CTS Bayamón.
Apr. 20, 2017:	Consultant Miriam Martínez and Deputy Monitor Javier Burgos visited CTS Humacao.
May 18, 2017:	Deputy Monitor Javier Burgos visited CD/CTS Bayamón.
May 22, 2017:	Deputy Monitor Javier Burgos visited CREANDO (Salinas).
May 23, 2017:	Consultant Víctor Herbert visited CTS Villalba.
May 23, 2017:	Consultant Víctor Herbert visited CTS Ponce.

May 24, 2017:	Consultant Víctor Herbert visited CTS Humacao.
May 25, 2017:	Consultant Víctor Herbert visited CD/CTS Bayamón.
May 25, 2017:	Deputy Monitor Javier Burgos visited CTS Humacao.
May 30, 2017:	Deputy Monitor Javier Burgos visited CTS Ponce.
June 8, 2017:	Deputy Monitor Javier Burgos visited CTS Villalba.
June 20, 2017:	Consultants David Bogard, Robert Dugan and Deputy Monitor Javier Burgos visited CTS Ponce.
June 21, 2017:	Consultants Robert Dugan, David Bogard and Deputy Monitor Javier Burgos visited CTS Villalba.
June 21, 2017:	Consultants David Bogard, Robert Dugan and Deputy Monitor Javier Burgos visited CTS Humacao.
June 22, 2017:	Consultants Robert Dugan, David Bogard and Deputy Monitor Javier Burgos visited CD/CTS Bayamón.