

**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
SUBMIT THE MONITOR'S QUARTERLY REPORT AND
PROPOSE A TIMETABLE FOR A SPECIAL COMPLIANCE REPORT**

TO THE HONORABLE COURT:

Today, the Monitor submits the Monitor's Fourth Quarter Report for 2017. The report covers the months of October, November and December 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.

On March 6, 2018, the Commonwealth filed a motion for termination of Settlement Agreement Paragraphs 34, 35 and 37. (Docket 1272) Consistent with prior practice in this case, the Monitor will provide a special report summarizing the history and status of compliance for these provisions. Production will take up to 30 days followed by an additional period of time for the reviews by the parties and response to the reviews that are required by Settlement Agreement 100. Therefore the special report in Settlement Agreement paragraphs 34, 35 and 37 will be filed not later than May 17, 2018 unless the Court orders otherwise.

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 16th day of March 2018, 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 Fourth Quarter 2017

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

The following is the Monitor's Fourth 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 October, November and December 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:	Protective Custody and Transitional Measures
Document Attachment E:	Consultant Report on Education
Document Attachment F:	Abuse Referrals Tracking Statistics
Document Attachment G:	Case Assessment Report
Document Attachment H:	Consultant Report on Facilities
Document Attachment I:	Consultant Report on Mental Health
Document Attachment J:	Chronology of Site Visits

Attachment One: Table of Compliance Ratings

Respectfully Submitted,



F. Warren Benton, Ph.D.
Monitor

Document Attachment A: Consultant Robert Dugan Reports on Staffing

S.A. 48: DCR Staff Youth Ratio 2017 Fourth Quarter Report

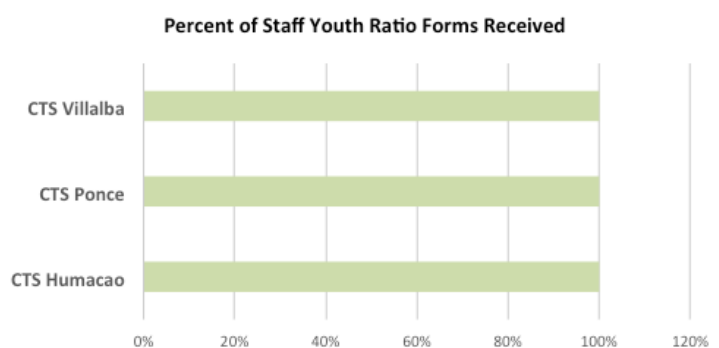
Prepared by Bob Dugan: Office of the Monitor

Background:

S.A. 48 Staff Youth Ratio monitoring compliance is analyzed on a quarterly basis using DCR facility generated weekly staff youth ratio forms. These forms are submitted to the Monitor's Consultant throughout the reporting quarter. DCR facilities daily shift by shift staffing and youth population for each operational housing module is reported, as well as any 1:1 supervision events, and the volume of staff that are required to work a double shift. The report provides information from Staff Youth Ratio forms that were provided to the Monitor's Consultant for the period of October 1, 2017 through December 30, 2017.

As of the Wednesday, January 17, 2018, the following forms were submitted:

Facilities	Volume of Weeks of Staff Youth Ratio Forms Requested	Volume of Staff Youth Ratio Forms Received
CTS Ponce	13	13
CTS Humacao	13	13
CTS Villalba	13	13
Totals	51	51

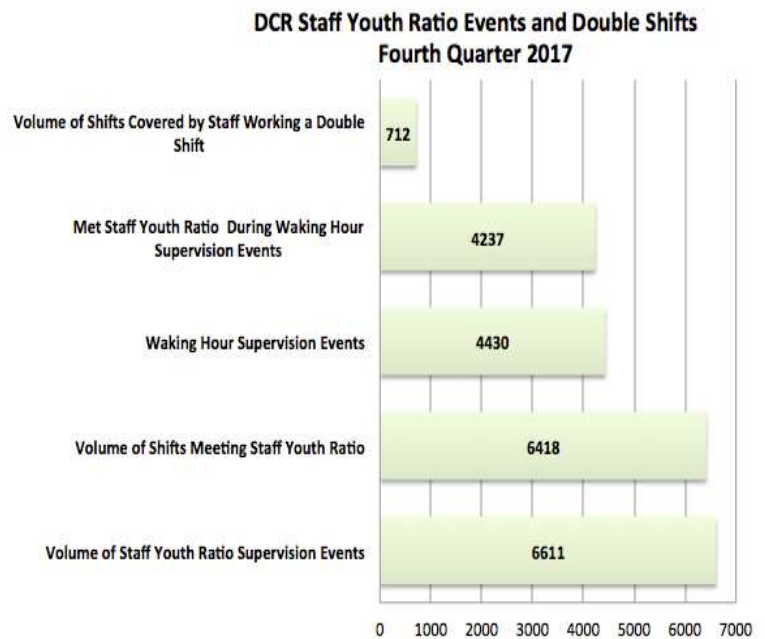


DCR submitted a total of 51 facility staff youth ratio forms for the three facilities requiring staff youth ratios, allowing for 100% of the staff youth ratio forms being available for analysis. DCR has consistently provided all requested Staff Youth Ratio forms used for monitoring and reporting. The table displaying the dates that staff youth ratio forms were received is on the last page of this report. Detention youth population and Sumaridos were detained in the Humacao facility for the balance of the fourth quarter reporting period.

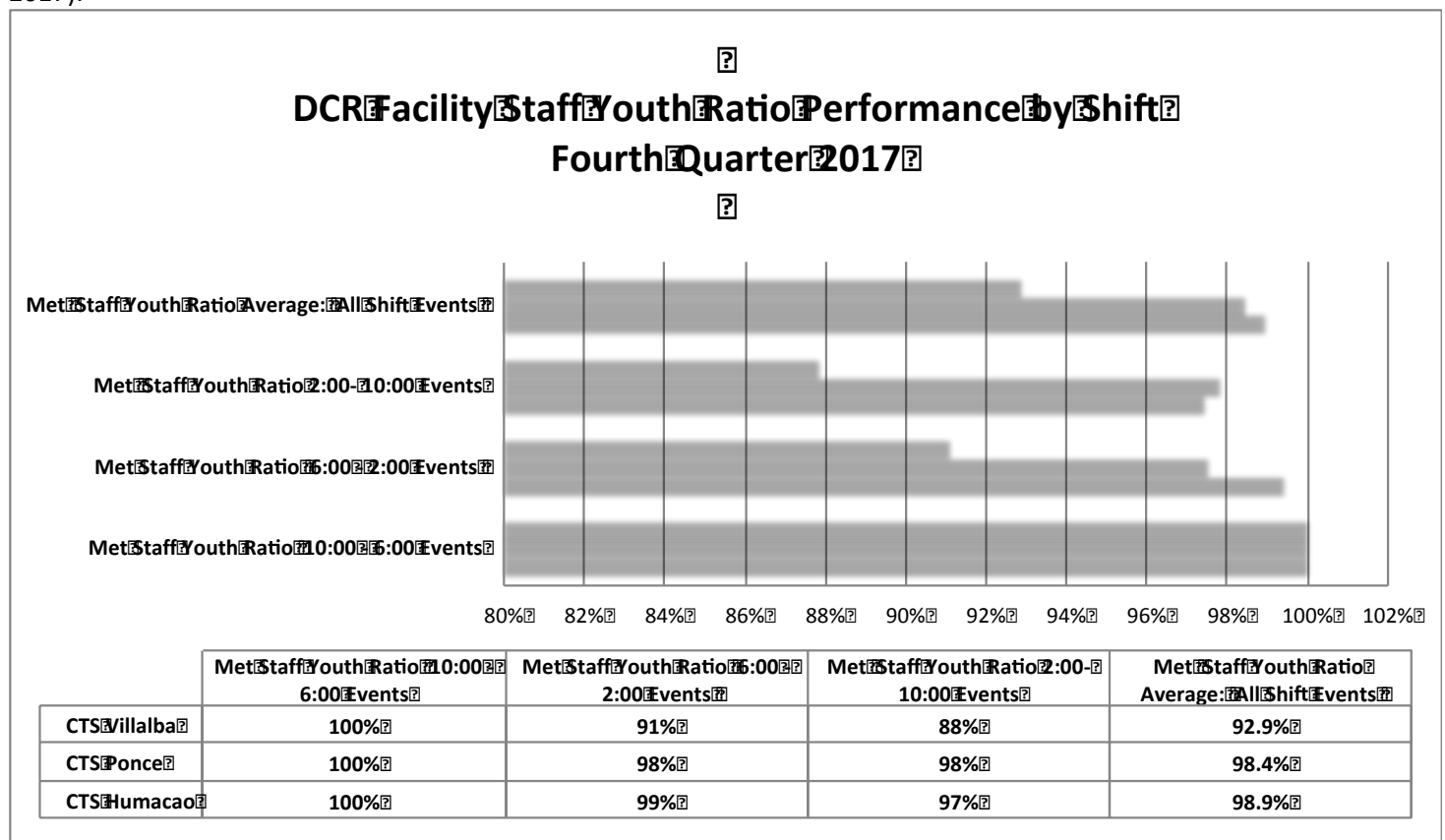
DCR Staff Youth Ratio Performance:

During the 2017 Fourth Quarter reporting period (October 1 through December 30, 2017), DCR documented a total of 6611 shift / unit events that required staff to youth supervision. This is an increase of 1122 staff youth supervision events from the Third Quarter of 2017 (5489 events). Of the 6611 shift / unit events, 6418 of the events (97%) were supervised with the required staff youth ratios, a 1% increase from the 96% of events supervised with the required staff youth ratios from the Third Quarter of 2017.

Of the 6418 staffing events meeting the required staff youth ratio, 2181 (34%) of the staffing events occurred on the 10:00 PM – 6:00 AM shift.



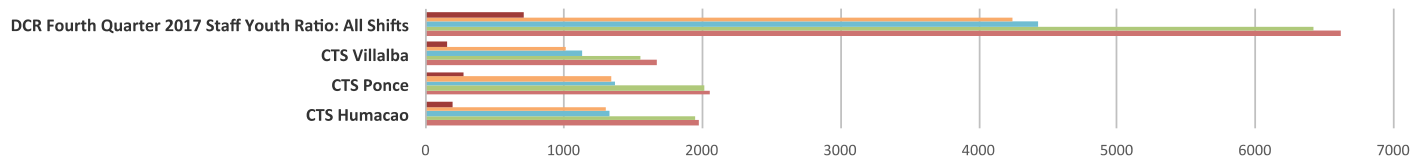
The chart and table below represent staff youth ratio performance by shift for the period (October 1 through December 30, 2017).



Staffing Requiring Double Shifts:

For the 2017 Fourth Quarter, 712 (11%) of the 6611 staff youth ratio events were covered by staff working a double shift. This is 0% increase of shifts requiring staff to work a double shift compared to the Third Quarter 2017 reporting period.

DCR Staff Youth Ratio Events and Double Shifts Fourth Quarter 2017



	CTS Humacao	CTS Ponce	CTS Villalba	DCR Fourth Quarter 2017 Staff Youth Ratio: All Shifts
■ Volume of Shifts Covered by Staff Working a Double Shift	197	274	153	712
■ Met Staff Youth Ratio During Waking Hour Supervision Events	1301	1335	1010	4237
■ Waking Hour Supervision Events	1322	1367	1129	4430
■ Volume of Shifts Meeting Staff Youth Ratio	1949	2017	1552	6418
■ Volume of Staff Youth Ratio Supervision Events	1970	2049	1671	6611

The tables below provides data relating to staff youth ratio events during waking hours for the Fourth Quarter of 2017. Fourth Quarter waking hour staff youth ratio of 96% is 2% higher than the prior quarter (94%).

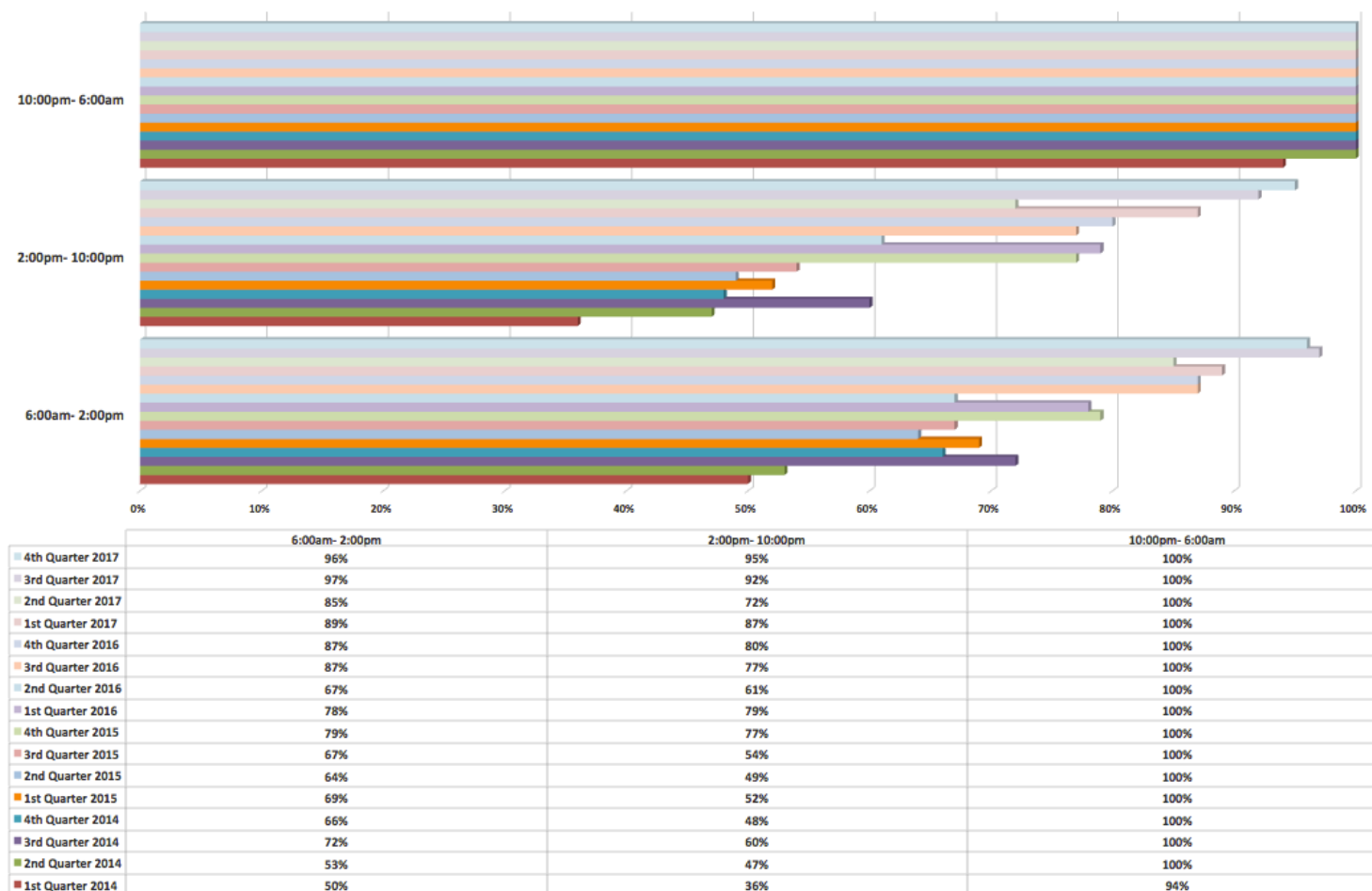
During the Fourth Quarter, CTS Humacao reported meeting the staff youth ratio in 99% of the waking hour staffing events. This rate is the highest amongst the three facilities operational during the quarter.

During the Fourth Quarter, CTS Villalba has the lowest volume of events meeting the staff youth ratio requirements during waking hours (93%). PUERTAS, housed in one of the housing modules within CTS Ponce, met the staff youth ratio for all shifts throughout of the 2017 Fourth Quarter reporting period.

DCR Fourth 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
CTS Humacao	1322	1301	98%	197	15%
CTS Ponce	1367	1335	98%	274	20%
CTS Villalba	1129	1010	89%	153	14%
DCR Fourth Quarter Staff Youth Ratio: Waking Hours	4430	4237	96%	712	16%

The following chart represents the DCR agency Staff Youth Ratio averages by shift for the last sixteen quarters through December 30, 2017:

DCR Quarterly Staffing Performance
**Meeting Staff/ Youth Supervision Ratios:
 2014, 2015, 2016 and 2017 Through Fourth Quarter**



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

- 6:00 am – 2:00 pm shift: 96% of events, a 1% decrease from the Third Quarter of 2017 (97%)
- 2:00 pm – 10:00 pm shift: 95% of events, a 3% increase from the Third Quarter of 2017 (92%)
- 10:00 pm – 6:00 am shift: 100% of events, a 0% increase from the Third Quarter of 2017 (100%)

Of the 4430 waking hour supervision events (6:00 – 2:00 and 2:00 – 10:00 shifts) 4237 of the events (96%) met the shift staff youth ratio requirements. The DCR 2017 Fourth Quarter Staff Youth Ratios compliance performance reflects a 2% increase in staff youth ratio compliance from the third quarter reporting period. The fourth quarter staff youth ratio was the highest aggregate percentage of staff youth ratio compliance in the thirty-two 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:

- Daily youth population list, identify which youth are in which modules, designation of any youth on Protective Custody, Transitional Measures, Therapeutic Observation of Constant Watch. Additionally, daily trips and youth assigned to those trips should also be maintained in the daily population list.

- The facility staff roster, displaying which staff has been assigned to which modules. It is critical that the form allows for clear documentation of officers assigned to each module as well as mini control. This form should be uniform between all four facilities.
- To review staff and youth population materials in an efficient manner, it has been requested that staffing binders be put in place at each facility that allows for a review of daily staffing practices, which will allow for both DCR and Monitor's Office analysis of policy and procedural compliance.

Staff youth ratio compliance analysis consists of a review of the Master Roster. The Master Roster is an agency generated staffing roster-identifying posts, fixed posts, 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 December 5 and 6 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 second draft version of the staffing policy, master roster and facility daily rosters were provided to DCR by the Monitor's Consultant on December 6, 2017.

Although it was anticipated that the revised staffing policy would be approved and returned by to the Monitor's Staffing Consultant, DCR has yet to provide an update on the status of the staffing policy recommendations as of the production of the fourth quarter staffing report. As of the fourth 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 fourth quarter staffing report there has been no response on the status of this report.

DCR Agency 1:1 Supervision Events:

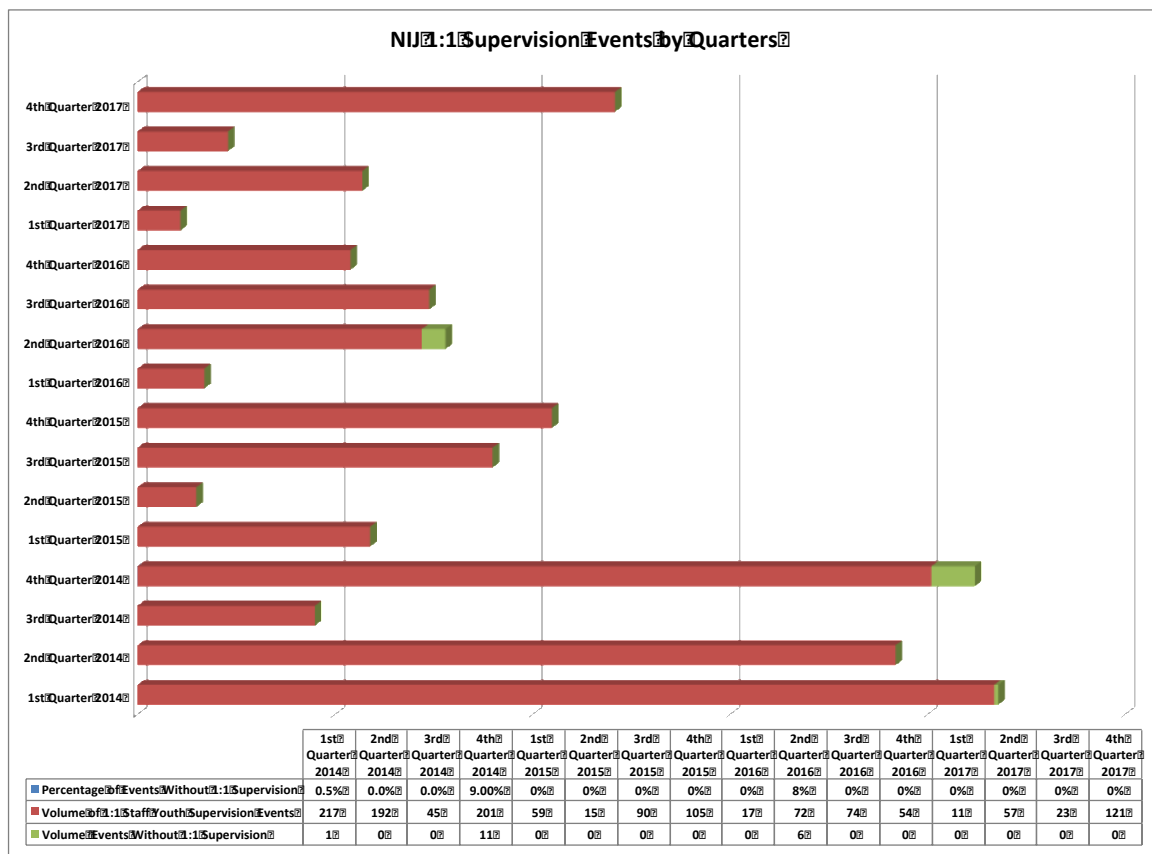
DCR reported successfully staffing all 1:1 supervision events for the 2017 Fourth Quarter, continuing to resolve 1:1 staffing shortages identified in the 2016 Second Quarter report.

The 2017 Fourth Quarter reporting period reflects the volume of 1:1 supervision events reported as 121 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
- 23 events 3rd Quarter 2017
- 121 events 4th Quarter 2017

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

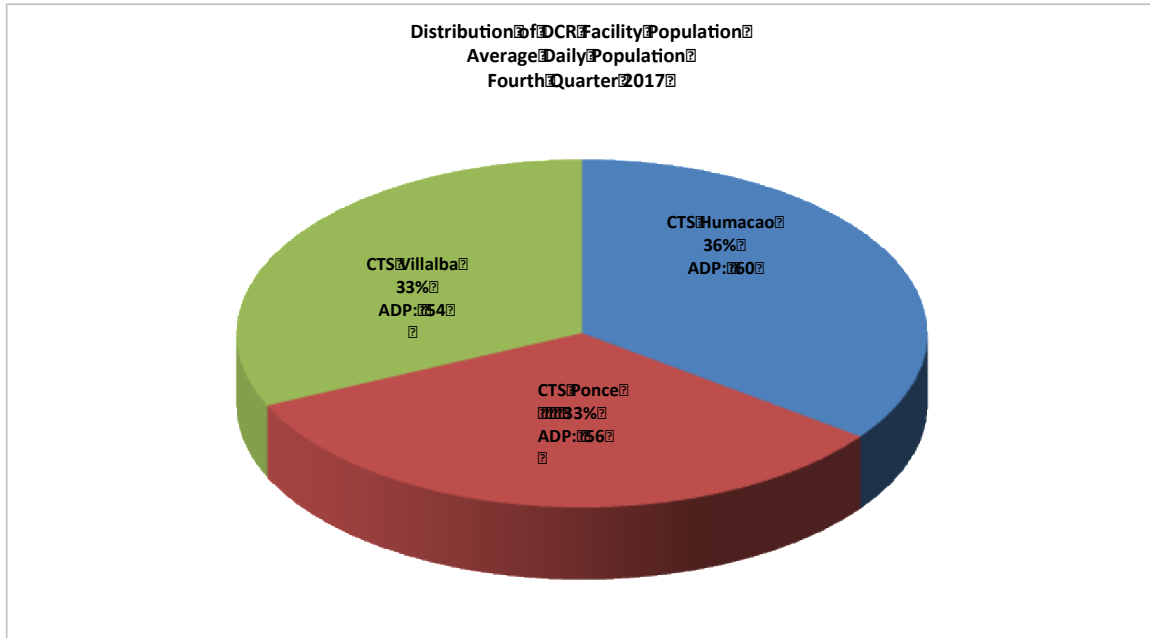
- 1 events 1st Quarter 2014
- 0 events 2nd Quarter 2014
- 0 events 3rd Quarter 2014
- 4 events 4th Quarter 2014
- 0 events 1st Quarter 2015
- 0 events 2nd Quarter 2015
- 0 events 3rd Quarter 2015
- 0 events 4th Quarter 2015
- 0 events 1st Quarter 2016
- 6 events 2nd Quarter 2016
- 0 events 3rd Quarter 2016
- 0 events 4th Quarter 2016
- 0 events 1st Quarter 2017
- 0 events 2nd Quarter 2017
- 0 events 3rd Quarter 2017
- 0 events 4th 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 (October 1, 2017 through December 30, 2017), as well as the proportionate facility youth population that each facility contributes to the agency average daily population.



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

CD Humacao Staff Youth Ratio Analysis:

October 1 through December 30, 2017

Detention 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
- For a period of the fourth quarter, Humacao housed both detention and treatment youth.
- Sumaridos were transferred from CTS Villalba to CD Humacao on December 17, 2017.

Percent of Forms Available: 100%

Volume of Weeks Analyzed: 13 of 13 requested

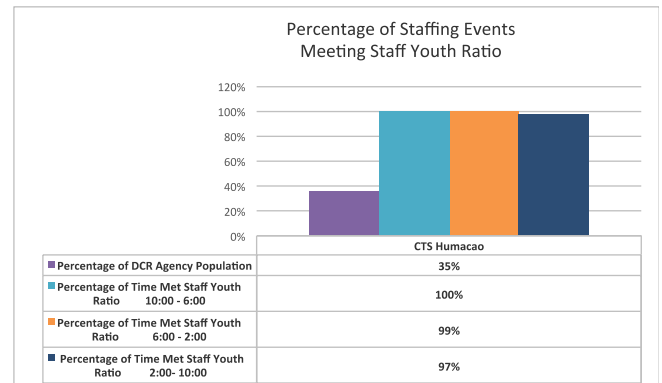
- Volume of Staff Youth Ratio Events: 1970
- Volume of Staffing Events with Staff Working a Double Shift: 197 (10%)

The Fourth 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: 99%, a 1% decrease since the Third Quarter reporting period
- 2:00 pm – 10:00 pm: 97%, a 3% decrease since the Third Quarter reporting period
- CTS Humacao represents 35% of the DCR institutional population.
- A facility site visit was conducted on 12/6/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

Volume of Weeks Analyzed: 13

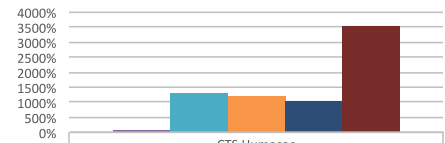
Volume of Days Analyzed: 91



35 youth supervision events for the Fourth Quarter of 2017

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

Supervision Events: 1:1



Percentage of DCR Agency Population	35%
Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	13
Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	12
Youth Assigned 1:1 Staff Youth Supervision 2:00 - 10:00	10
Total Youth Assigned 1:1 Staff Youth Supervision Events	35

CTS Ponce Staff Youth Ratio Analysis:

October 1 through December 30, 2017

Treatment Level 2 and 3 and houses the two PUERTAS housing modules.

CTS Ponce staff youth ratio is being analyzed as follows:

- A Staff Youth Ratio of 1:8 during 6:00 AM -2:00 PM and 2:00 PM -10:00 PM
- 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: 2049
- Volume of Staffing Events with Staff Working a Double Shift: 274 (13%)

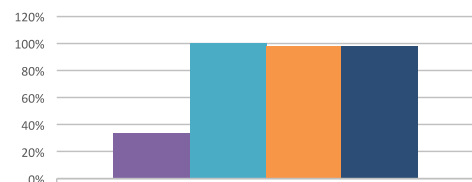
The Fourth Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- 10:00 pm- 6:00 am: 100%, maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 98 %, a 2% decrease since Third Quarter reporting
- 2:00 pm – 10:00 pm: 98%, a 11% increase since the Third Quarter reporting
- CTS Ponce represents 33% of the DCR institutional population.
- The PUERTAS module met the staff youth ratio 100% of the Fourth Quarter shifts.

Volume of Weeks Analyzed: 13

Volume of Days Analyzed: 91

Percentage of Staffing Events Meeting Staff Youth Ratio



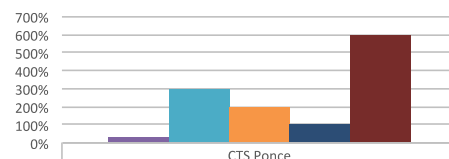
Percentage of DCR Agency Population	33%
Percentage of Time Met Staff Youth Ratio 10:00 - 6:00	100%
Percentage of Time Met Staff Youth Ratio 6:00 - 2:00	98%
Percentage of Time Met Staff Youth Ratio 2:00 - 10:00	98%

- A facility site visit was conducted on 12/5/2017. Observed module staffing and youth populations coincided with staff youth ratios as reported for that shift.

6 youth 1:1 supervision events for the Fourth Quarter of 2017

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

Supervision Events: 1:1



Percentage of DCR Agency Population	33%
Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	3
Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	2
Youth Assigned 1:1 Staff Youth Supervision 2:00 - 10:00	1
Total Youth Assigned 1:1 Staff Youth Supervision Events:	6

CTS Villalba Staff Youth Ratio Analysis:

October 1 through December 30, 2017

Treatment Level 4 and 5 Facility:

During the 2017 Fourth Quarter Villalba also maintained a treatment and Sumaridos population. Sumaridos were transferred to Humacao on December 17, 2017.

- 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: 1671
- Volume of Staffing Events with Staff Working a Double Shift: 153 (9%)

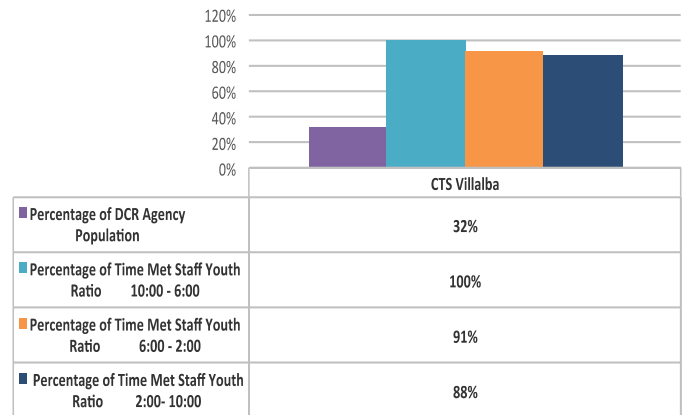
The Fourth Quarter of 2017 Staff Youth Ratio requirements display the following characteristics:

- 10:00pm- 6:00am: maintained 100% required staff youth ratio
- 6:00 am – 2:00 pm: 91%, a 1% decrease since Third Quarter reporting
- 2:00 pm – 10:00 pm: 88%, a 0% increase the Third Quarter reporting
- CTS Villalba represents 32% of the DCR institutional population.
- A facility site visit was conducted on 12/5/2017. 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



69 youth 1:1 supervision events for the Fourth Quarter of 2017

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

Supervision Events: 1:1

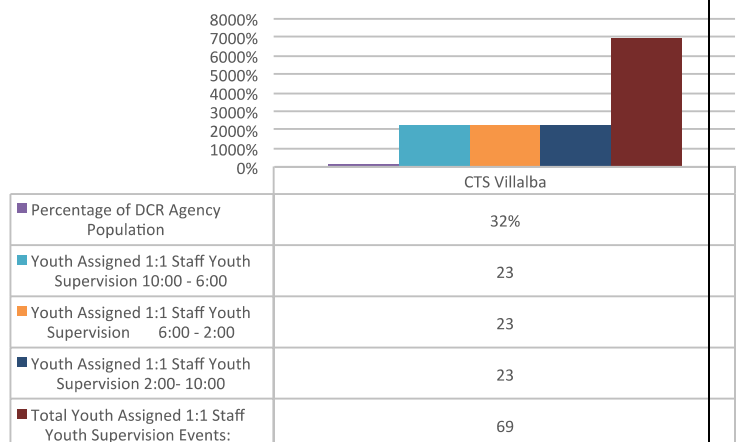


Table of Date of Receipt of Facility Staff Youth Ratio Form:

<u>Date</u>	<u>CTS Humacao</u>	<u>CTS Ponce</u>	<u>CTS Villalba</u>
October 1 -7, 2017	11/13/17	11/13/17	11/13/17
October 8 - 14, 2017	11/13/17	11/13/17	11/13/17
October 15 - 21, 2017	11/13/17	11/13/17	11/13/17
October 22 - 28, 2017	11/13/17	11/13/17	11/13/17
October 29 - November 4, 2017	11/13/17	11/13/17	12/4/17
November 5 - 11, 2017	12/4/17	12/4/17	12/4/17
November 12 - 18, 2017	12/3/17	12/8/17	12/3/17
November 19 - 25, 2017	12/8/17	12/28/17	12/3/17
November 26 - December 2, 2017	12/8/17	12/28/17	12/8/17
December 3 - 9, 2017	12/28/17	12/29/17	12/28/17
December 10 - 16, 2017	12/28/17	12/29/17	12/29/17
December 17 - 23, 2017	1/16/18	1/13/18	12/29/17
December 24 - 30, 2017	1/16/18	1/13/18	1/13/18
	13	13	13
Volume of Forms Submitted	100.00%	100.00%	100.00%

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

<u>Dates of Reporting Period</u>	<u>CTS Humacao</u>	<u>CTS Ponce</u>	<u>CTS Villalba</u>	<u>Totals</u>
October 1 -7, 2017	69	54	54	177
October 8 - 14, 2017	72	54	54	180
October 15 - 21, 2017	71	54	54	179
October 22 - 28, 2017	73	54	54	181
October 29 - November 4, 2017	54	54	54	162
November 5 - 11, 2017	56	63	55	174
November 12 - 18, 2017	55	59	54	168
November 19 - 25, 2017	54	60	51	165
November 26 - December 2, 2017	56	58	51	165
December 3 - 9, 2017	62	60	50	172
December 10 - 16, 2017	62	55	52	169
December 17 - 23, 2017	51	55	62	168
December 24 - 30, 2017	45	54	62	161
Totals	780	734	707	2221
Percentage of All Agency Population	35%	33%	32%	100%
Average Daily Population	60	56	54	171

Document Attachment B: Classification Report

S.A. 52: DCR Classification 2017 Fourth Quarter Report:

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

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

Background:

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

Training and Staff Development:

On April 9, 2015, forty DCR staff participated in a three hour training session on the Orientation of the Classification Instruments. Supplemental training sessions have also been provided on both the ICC and ICD. Training session sign in sheets and presentation slides have been provided to the Monitor's Consultant. As of the time of this report the Monitor's Consultant has not attended training. A review of the training slides appears to be a comprehensive coverage of the required content to implement the classification instrument. The Monitor's Consultant did not have the opportunity to participate in the training, but will attempt to attend if another training session is offered.

As of the time of this report the Monitor's Consultant has not had an opportunity to review the application of the electronic record classification instrument

DCR Classification Policy:

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

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

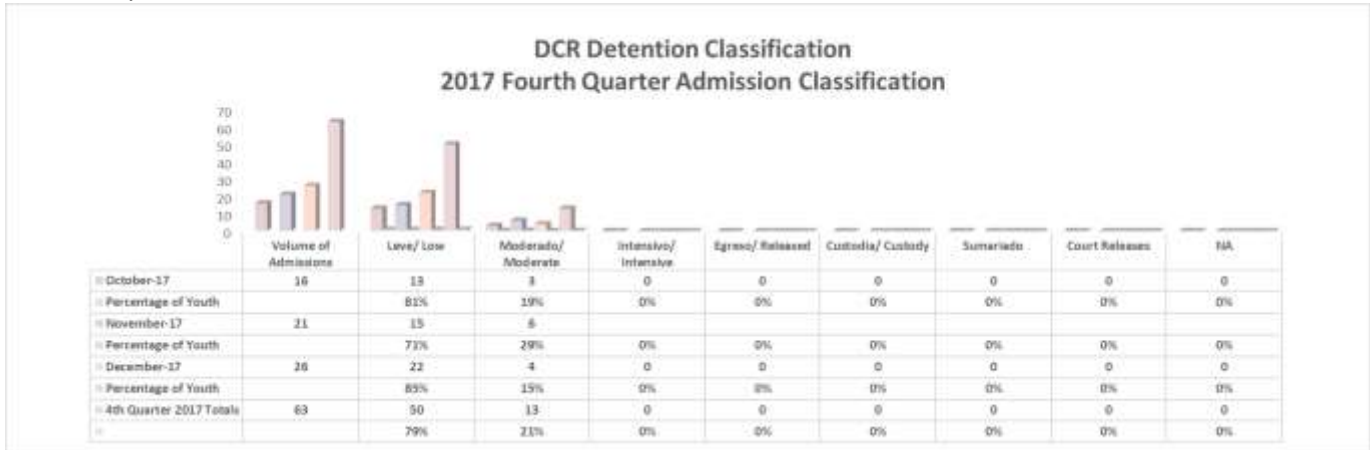
- CD Bayamon: Detention populations classified as low, moderate or intensive
- CTS Humacao: Treatment Level 5
- CTS Villalba: Treatment Level 4 and detention populations
- CTS Ponce: Treatment Level 3 and 2

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

As of the end of the fourth quarter of 2017, considering facility closures and youth classification population reassignments, DCR has been notified that the Administrative Order needs to be revised to reflect current facilities and classification assignments.

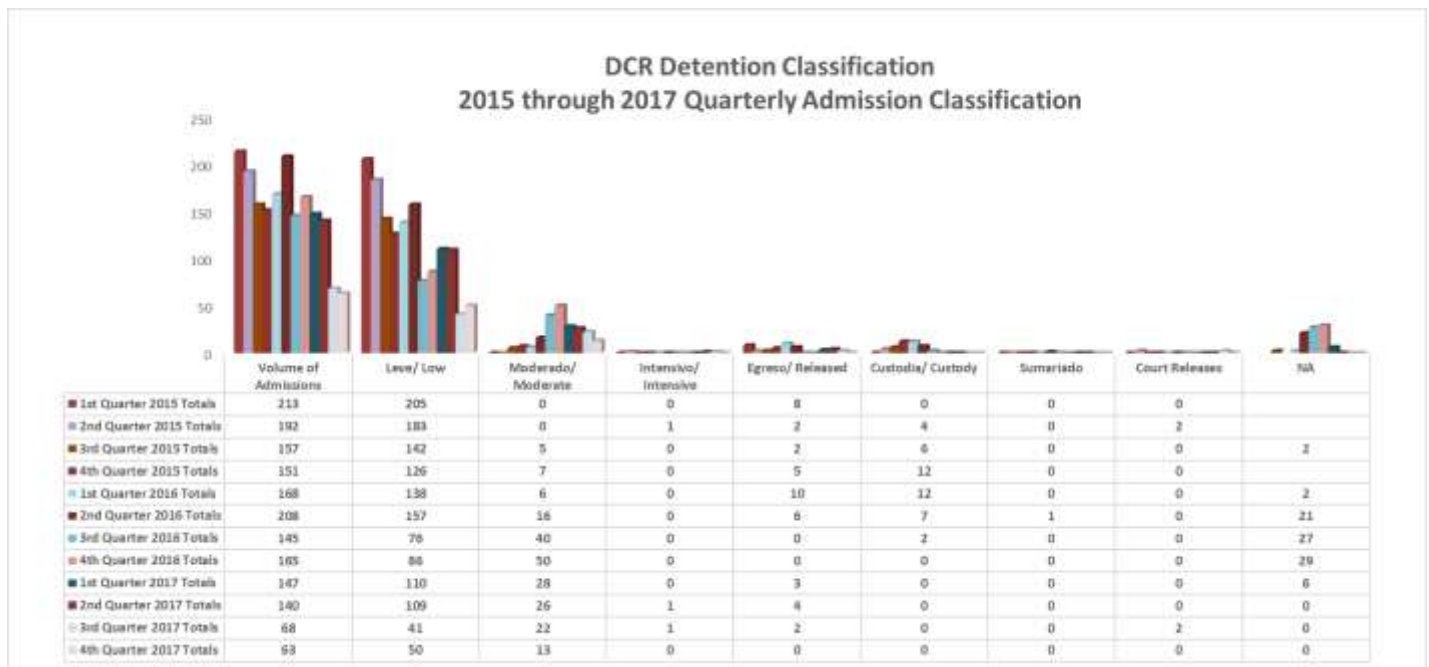
Fourth Quarter: October 1- December 31, 2017: DCR Detention Admission Classification:

The 2017 Fourth Quarter is the twenty-second quarter that DCR has produced Detention Admission Classification data to be included in the Quarterly Report. Commencing with the fourth quarter of 2017, upon the closure of CD Bayamon, all detention youth are now housed at CD Humacao.



For the fourth quarter, there were 63 admissions of which 79% (50) were classified as low; 21% (13) were classified as moderate.

Detention classification documentation indicates youth have been consistently classified and assigned to a housing module that corresponds to detention classification level. A review of facility and housing module assignments at the time of fourth quarter site visits (December 5 and 6, 2017) reflects that youth are consistently assigned to the facility and housing module that matches their levels of treatment classification.

**Fourth Quarter: October 1- December 31, 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

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

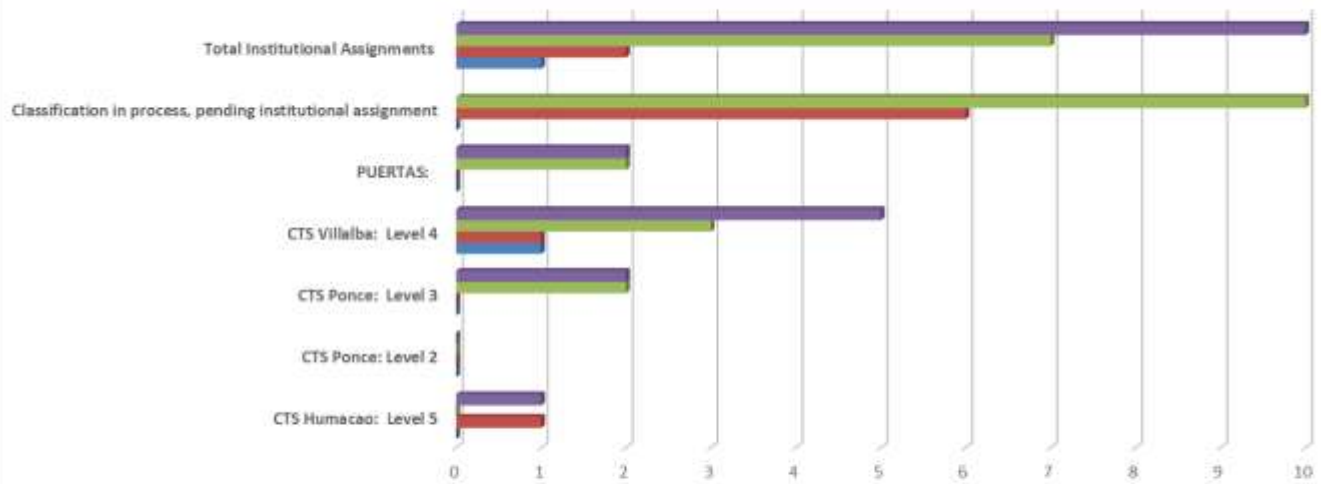
DCR has produced a monthly facility population and levels of treatment verification report for each month of the fourth quarter of 2017. The report identifies each facility, youth name, assigned housing module and youth classification level of treatment. The submitted reports document consistency and 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 fourth 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 December 5 and 6, youth housing assignments were uniformly consistent with assessed classification levels of treatment and corresponding facilities.

As of the end of the fourth quarter, DCR assigns committed Level 2 and Level 3 youth to CTS Ponce. Additionally, CTS Ponce also houses the two PUERTAS housing modules. DCR assigns committed Level 4 and Level 5 youth to CTS Villalba.

Although the table below displays one youth assigned to Humacao in the fourth quarter, as of December 17, 2017, Humacao youth population consists of only detention youth and youth designated as Sumaridos.

**DCR Classification of Committed Youth
2017 Fourth Quarter**



	CTS Humacao: Level 5	CTS Ponce: Level 2	CTS Ponce: Level 3	CTS Villalba: Level 4	PUERTAS:	Classification in process, pending institutional assignment	Total Institutional Assignments
■ 2017 Fourth Quarter Totals	1	0	2	5	2		10
■ Dec-17	0	0	2	3	2	10	7
■ Nov-17	1	0	0	1	0	6	2
■ Oct-17	0	0	0	1	0	0	1

Document Attachment C:
Incidents and Understaffing report

Date	Number	Facility	Shift	Summary	Ratio
Dec. 9	17-072	CTS Villalba	Night	The youth (CVP) cut himself in his left arm while he was on mental health supervision (constant watch). The incident occurred immediately after the youth was placed in his room. At that moment the youth officer C. Reyes was documenting youth arrival in the table located in module's common area. The youth was sent to an emergency room for stitches.	2 officers, 11 juveniles (1 officer was supervising the youth on Constant Watch)
Dec. 17	17-074	CTS Ponce Girls	Morning	Allegedly, the girl (GG) was hit by the girl (DM). The incident occurred in Module 5 while, allegedly, the only youth officer assigned to the module was out of it. Infirmary note shows no evidence of aggressions.	1 officers, 10 juveniles
Dec. 28	17-076	CTS Villalba	Morning	Allegedly, UEO Officer Delgado hit the youth (WRS) in his back while he was against the window wall in Module D-2. According to Form 284, the officer also took the youth to the ground and put his boot in youth's face while was handcuffed. Incidents reports mention the youth was in a bad attitude and refused to follow instructions during a search conducted in the module. Infirmary notes show hematomas and abrasions in different parts of his body, including the face.	2 officer, 12 juveniles (in addition a group of UEO officers)

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: Protective Custody and Transitional Measure Record Review

Fourth Quarter Protective Custody and Transitional Measure Record Review:

Fourth quarter site visits occurred on December 5 and 6, 2017. The following cases were assessed against all the criteria of S.A. 79 and S.A. 80.

All fourth quarter Protective Custody and Transitional Measure events occurring during the quarter or active at the time of facility site visits were reviewed. The table below, organized by facility, 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.

Ponce

Date of Review	12/05/17	12/05/17	12/05/17	12/05/17	12/05/17
	CTS	CTS	CTS	CTS	CTS
Facility:	CTS Ponce	Ponce	Ponce	Ponce	Ponce
Name of Youth:	ESR	LRA	DLA	MCC	ERR
Isolation Status:	Protective Custody	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures
Starting Date of Status:	10/25/17	10/06/17	10/19/17	10/19/17	10/23/17
Ending Date of Status:	11/09/17	10/10/17	11/15/17	11/15/17	10/25/17
Total Days of Status:	16	5	28	28	3

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Villalba

Date of Review	12/05/17	12/05/17	12/05/17	12/05/17
	CTS	CTS	CTS	CTS
Facility:	Villalba	Villalba	Villalba	Villalba
Name of Youth:	ECC	LVO	JPR	CVP
Isolation Status:	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures
Starting Date of Status:	07/26/17	11/06/17	11/09/17	11/09/17
Ending Date of Status:	11/15/17	11/15/17	12/04/17	12/04/17
Total Days of Status:	113	10	26	26

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Humacao

Date of Review	12/06/17	12/06/17	12/06/17	12/06/17	12/06/17	12/06/17	12/06/17	12/06/17	12/06/17	12/06/17	12/06/17
	CTS	CTS	CTS	CTS	CTS	CTS	CTS	CTS	CTS	CTS	CTS
Facility:	Humacao	Humacao	Humacao	Humacao	Humacao	Humacao	Humacao	Humacao	Humacao	Humacao	Humacao
Name of Youth:	KER	KER	EMR	EMR	WPH	ACV	ACV	ACV	ELE	JMC	JRD
Isolation Status:	Protective Custody	Transitional Measures	Protective Custody	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures	Transitional Measures
Starting Date of Status:	11/08/17	10/12/17	11/08/17	10/12/17	09/11/17	09/25/17	10/04/17	11/07/17	09/28/17	11/01/17	11/17/17
Ending Date of Status:	11/10/17	10/24/17	11/10/17	10/24/17	10/06/17	10/06/17	10/06/17	12/01/17	10/12/17	11/07/17	11/29/17
Total Days of Status:	3	13	3	13	26	12	3	25	15	7	13
Type of Custody	Committed	Committed	Committed	Committed	Detention	Detention	Detention	Detention	Detention	Detention	Detention

S.A. 80 Protective Custody Record Assessment:

Type of Custody	Committed	Committed	Committed	Committed	Committed	Committed	Committed	Committed	Committed	Committed	Committed

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

Date of Review	12/05/17	12/06/17	12/06/17
Facility:	CTS Ponce	CTS Humacao	CTS Humacao
Name of Youth:	ESR	KER	EMR
Isolation Status:	Protective Custody	Protective Custody	Protective Custody
Starting Date of Status:	10/25/17	11/08/17	11/08/17
Ending Date of Status:	11/09/17	11/10/17	11/10/17
Total Days of Status:	16	3	3
Type of Custody	Committed	Committed	Committed
Are the following revoked or limited?			
safety	No	No	No
crowding	No	No	No
health	No	No	No
hygiene	No	No	No
food	No	No	No
education	No	NA	NA
recreation	No	Yes/ Limited	Yes/ Limited
access to courts	No	No	No

For the three 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. As reported in previous quarterly reports, education for youth in Protective Custody status continues to be limited, consisting of twenty minutes of individual instruction per subject. KER and EMR are youth who already received their GED, meaning that they are no longer eligible for education (this would be the case whether they were in general population or on PC status). The review of protective custody records reflected that recreation for two of the three youth on this status was limited compared to that of the facility general population, with the limits typically occurring on weekends.

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

Date of Review	1/29/17	1/30/17	1/31/17	2/1/17	2/2/17	2/3/17	2/6/17	2/7/17	2/8/17	2/9/17	2/13/17	2/14/17	2/15/17	2/16/17	2/17/17	2/20/17	2/21/17	2/22/17	2/23/17	2/27/17	2/28/17	2/29/17	3/1/17	3/2/17	3/5/17	3/6/17	3/7/17	3/8/17	3/9/17	3/12/17	3/13/17	3/14/17	3/15/17	3/16/17	3/19/17	3/20/17	3/21/17	3/22/17	3/23/17	3/26/17	3/27/17	3/28/17	3/29/17	3/30/17	3/31/17	4/3/17	4/4/17	4/5/17	4/6/17	4/10/17	4/11/17	4/12/17	4/13/17	4/17/17	4/18/17	4/19/17	4/20/17	4/24/17	4/25/17	4/26/17	4/27/17	4/30/17	5/1/17	5/2/17	5/3/17	5/4/17	5/8/17	5/9/17	5/10/17	5/11/17	5/15/17	5/16/17	5/17/17	5/18/17	5/22/17	5/23/17	5/24/17	5/25/17	5/29/17	5/30/17	5/31/17	6/1/17	6/4/17	6/5/17	6/6/17	6/7/17	6/8/17	6/11/17	6/12/17	6/13/17	6/14/17	6/15/17	6/19/17	6/20/17	6/21/17	6/22/17	6/26/17	6/27/17	6/28/17	6/29/17	6/30/17	7/3/17	7/4/17	7/5/17	7/6/17	7/10/17	7/11/17	7/12/17	7/13/17	7/17/17	7/18/17	7/19/17	7/20/17	7/24/17	7/25/17	7/26/17	7/27/17	7/31/17	8/1/17	8/2/17	8/3/17	8/4/17	8/8/17	8/9/17	8/10/17	8/11/17	8/15/17	8/16/17	8/17/17	8/18/17	8/22/17	8/23/17	8/24/17	8/25/17	8/29/17	8/30/17	8/31/17	9/1/17	9/4/17	9/5/17	9/6/17	9/10/17	9/11/17	9/12/17	9/13/17	9/17/17	9/18/17	9/19/17	9/20/17	9/24/17	9/25/17	9/26/17	9/27/17	9/30/17	10/1/17	10/2/17	10/3/17	10/4/17	10/8/17	10/9/17	10/10/17	10/11/17	10/15/17	10/16/17	10/17/17	10/18/17	10/22/17	10/23/17	10/24/17	10/25/17	10/29/17	10/30/17	10/31/17	11/1/17	11/2/17	11/5/17	11/6/17	11/7/17	11/8/17	11/12/17	11/13/17	11/14/17	11/15/17	11/19/17	11/20/17	11/21/17	11/22/17	11/26/17	11/27/17	11/28/17	11/29/17	11/30/17	12/1/17	12/4/17	12/5/17	12/6/17	12/10/17	12/11/17	12/12/17	12/13/17	12/17/17	12/18/17	12/19/17	12/20/17	12/24/17	12/25/17	12/26/17	12/27/17	12/31/17	1/1/18	1/2/18	1/3/18	1/4/18	1/8/18	1/9/18	1/10/18	1/11/18	1/15/18	1/16/18	1/17/18	1/18/18	1/22/18	1/23/18	1/24/18	1/25/18	1/29/18	1/30/18	1/31/18	2/1/18	2/2/18	2/5/18	2/6/18	2/7/18	2/8/18	2/12/18	2/13/18	2/14/18	2/15/18	2/19/18	2/20/18	2/21/18	2/22/18	2/26/18	2/27/18	2/28/18	2/29/18	3/1/18	3/2/18	3/5/18	3/6/18	3/7/18	3/8/18	3/12/18	3/13/18	3/14/18	3/15/18	3/19/18	3/20/18	3/21/18	3/22/18	3/26/18	3/27/18	3/28/18	3/29/18	3/30/18	3/31/18	4/1/18	4/2/18	4/3/18	4/4/18	4/8/18	4/9/18	4/10/18	4/11/18	4/15/18	4/16/18	4/17/18	4/18/18	4/22/18	4/23/18	4/24/18	4/25/18	4/29/18	4/30/18	5/1/18	5/2/18	5/3/18	5/4/18	5/8/18	5/9/18	5/10/18	5/11/18	5/15/18	5/16/18	5/17/18	5/18/18	5/22/18	5/23/18	5/24/18	5/25/18	5/29/18	5/30/18	5/31/18	6/1/18	6/2/18	6/3/18	6/4/18	6/8/18	6/9/18	6/10/18	6/11/18	6/15/18	6/16/18	6/17/18	6/18/18	6/22/18	6/23/18	6/24/18	6/25/18	6/29/18	6/30/18	7/1/18	7/2/18	7/3/18	7/4/18	7/8/18	7/9/18	7/10/18	7/11/18	7/15/18	7/16/18	7/17/18	7/18/18	7/22/18	7/23/18	7/24/18	7/25/18	7/29/18	7/30/18	7/31/18	8/1/18	8/2/18	8/3/18	8/4/18	8/8/18	8/9/18	8/10/18	8/11/18	8/15/18	8/16/18	8/17/18	8/18/18	8/22/18	8/23/18	8/24/18	8/25/18	8/29/18	8/30/18	8/31/18	9/1/18	9/2/18	9/3/18	9/4/18	9/8/18	9/9/18	9/10/18	9/11/18	9/15/18	9/16/18	9/17/18	9/18/18	9/22/18	9/23/18	9/24/18	9/25/18	9/29/18	9/30/18	10/1/18	10/2/18	10/3/18	10/4/18	10/8/18	10/9/18	10/10/18	10/11/18	10/15/18	10/16/18	10/17/18	10/18/18	10/22/18	10/23/18	10/24/18	10/25/18	10/29/18	10/30/18	10/31/18	11/1/18	11/2/18	11/3/18	11/4/18	11/8/18	11/9/18	11/10/18	11/11/18	11/15/18	11/16/18	11/17/18	11/18/18	11/22/18	11/23/18	11/24/18	11/25/18	11/29/18	11/30/18	12/1/18	12/2/18	12/3/18	12/4/18	12/8/18	12/9/18	12/10/18	12/11/18	12/15/18	12/16/18	12/17/18	12/18/18	12/22/18	12/23/18	12/24/18	12/25/18	12/29/18	12/30/18	12/31/18	1/1/19	1/2/19	1/3/19	1/4/19	1/8/19	1/9/19	1/10/19	1/11/19	1/15/19	1/16/19	1/17/19	1/18/19	1/22/19	1/23/19	1/24/19	1/25/19	1/29/19	1/30/19	1/31/19	2/1/19	2/2/19	2/3/19	2/4/19	2/8/19	2/9/19	2/10/19	2/11/19	2/15/19	2/16/19	2/17/19	2/18/19	2/22/19	2/23/19	2/24/19	2/25/19	2/29/19	2/30/19	3/1/19	3/2/19	3/3/19	3/4/19	3/8/19	3/9/19	3/10/19	3/11/19	3/15/19	3/16/19	3/17/19	3/18/19	3/22/19	3/23/19	3/24/19	3/25/19	3/29/19	3/30/19	3/31/19	4/1/19	4/2/19	4/3/19	4/4/19	4/8/19	4/9/19	4/10/19	4/11/19	4/15/19	4/16/19	4/17/19	4/18/19	4/22/19	4/23/19	4/24/19	4/25/19	4/29/19	4/30/19	5/1/19	5/2/19	5/3/19	5/4/19	5/8/19	5/9/19	5/10/19	5/11/19	5/15/19	5/16/19	5/17/19	5/18/19	5/22/19	5/23/19	5/24/19	5/25/19	5/29/19	5/30/19	5/31/19	6/1/19	6/2/19	6/3/19	6/4/19	6/8/19	6/9/19	6/10/19	6/11/19	6/15/19	6/16/19	6/17/19	6/18/19	6/22/19	6/23/19	6/24/19	6/25/19	6/29/19	6/30/19	7/1/19	7/2/19	7/3/19	7/4/19	7/8/19	7/9/19	7/10/19	7/11/19	7/15/19	7/16/19	7/17/19	7/18/19	7/22/19	7/23/19	7/24/19	7/25/19	7/29/19	7/30/19	7/31/19	8/1/19	8/2/19	8/3/19	8/4/19	8/8/19	8/9/19	8/10/19	8/11/19	8/15/19	8/16/19	8/17/19	8/18/19	8/22/19	8/23/19	8/24/19	8/25/19	8/29/19	8/30/19	8/31/19	9/1/19	9/2/19	9/3/19	9/4/19	9/8/19	9/9/19	9/10/19	9/11/19	9/15/19	9/16/19	9/17/19	9/18/19	9/22/19	9/23/19	9/24/19	9/25/19	9/29/19	9/30/19	10/1/19	10/2/19	10/3/19	10/4/19	10/8/19	10/9/19	10/10/19	10/11/19	10/15/19	10/16/19	10/17/19	10/18/19	10/22/19	10/23/19	10/24/19	10/25/19	10/29/19	10/30/19	10/31/19	11/1/19	11/2/19	11/3/19	11/4/19	11/8/19	11/9/19	11/10/19	11/11/19	11/15/19	11/16/19	11/17/19	11/18/19	1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Document Attachment E: Education Report

Site Visits 4th Quarter December 2017

Victor Herbert

Monitor's Consultant for Education and Training

Education Issues: August 14, 2017 was the scheduled first day of class for the Puerto Ricans schools. There was a two week delay due to a budget problem outside the control of DCR/NIJ. As a result academic teachers and school directors were not in place at the semester start but vocational and special education staff were not affected as they are considered Department of Education and not DCR/NIJ employees. Those in place did not offer instruction while waiting for the others to arrive but gathered materials, work on rooms and engaged in training. It was actually one of the better starts to the school year even with the delay as there were fewer staff vacancies. Nevertheless the hurricanes Irma and Maria led to closings that extended into October and beyond. During the 4th quarter site visit all three schools were open and offering a full day schedule to all students.

1. **CTS Humacao:** The resident CTS population was 35 in August and down to 20 in December. The CD population transferred from Bayamon was 40. The institution director stated that the trend suggests that Humacao would become the DCR/NIJ detention center with the remaining CTS youths transferred to another institution. Teachers present in the 3rd quarter included three vocational and two special education personnel waiting for the academic staff. They did not offer instruction until the academic teachers arrived. Once DCR/NIJ resolved the budget issue, classes began with a full-day schedule. This all changed just before September 30 and the hurricanes. Once school opened again in mid-October, there was one vacancy in social studies and another in Title One. There is no school director assigned but an experienced teacher is in charge. She noted that they were waiting for additional staff to help cover the large number of detention students but said she was able to schedule a full day of instruction for both groups. She also announced that they were able to offer true vocational classes to all because of the variety of programs available. She did not believe that the ethics class met the vocational requirement for special education students in detention. On a positive note, the mental health staff increased because some of the Bayamon USMIC team arrived in Humacao. They were still waiting for the school educational counselor and Bayamon academic teachers. There were two special education evaluators assigned from Bayamon but one indicated that the travel time and the health of her mother would determine whether she could continue. In the 3rd quarter, the delivery of related services contained in the IEPs was minimal. By the 4th quarter, they improved but an earlier practice of USMIC staff providing documentation of services for inclusion in the student's file was no longer in place. The special education lead stated that an USMIC representative was always present at the COMPU representing USMIC colleagues and was aware of the services written into the IEP. Nevertheless, they considered them

recommendations and preferred to offer them as needed rather than in accord with the IEP. On the other hand, the teacher agreed that the education requirement for five days, six hours and ten week was a requirement and not a recommendation. The final issue discussed resulted in a long exchange about the pros and cons of adult education. In short, staff maintained that this is the only way to get DCR/NIJ young people to a diploma. Staff did not know whether this diploma contained the name of CTS institution or not. They believed it was a DOE diploma more or less equal to community schools but without a school designation.

The Humacao compliance officer stated that he did not expect the pilot developed last year for TM and PC youth to repeat. He claimed the number of candidates was down and that many of the modification made in the pilot were now routinely implemented thus negating the need for it. Later, the institution director stated that it was not a closed issue but could be renewed if the number rose significantly. The compliance officer also noted that they were waiting for more Bayamon security officials but did not know when they would be assigned. He indicated that the need for the CD students was especially important, as current staff was required to remain for second shifts at a difficult time of year following the hurricanes and the approaching holidays.

2. **CTS Villalba:** As is the case in other institutions, the overall population was down from the previous year. There were 58 youths, 49 in the CTS group and 9 in detention in the 3rd quarter and 44 and 9 in the 4th. Special education numbers are also diminished with a current number at 12 from last year's high of 26. Currently, there are 13 residents who have completed their 4th year and no longer attend academic classes. They do participate in vocational shops, facility maintenance and community service. During the delayed opening of the schools, staff prepared rooms, gathering materials and attending training sessions. Post hurricane, the school here opened on October 6.
3. When asked about the delivery of services to special education students, staff reported that the new company charged with the delivery of related services was now providing those services at about the same level as before the contract was signed and in some cases even higher. The lead special education teacher reported that she had been in meetings with the newly appointed psychologist shared with CTS Ponce and that they were developing service delivery plans in accord with the COMPU and IEP for each student. Nevertheless, there is no report that comes back for inclusion in the IEP as there is in Ponce indicating that the mandated services had been provided. Both the teacher-in-charge and the institution director said they would take steps to implement the form as it was common practice earlier. There were no CP or TM students reported although 8 youths were in a group of sumariados and received their instruction as in the PC/TM 20 minute model.
4. **CTS Ponce:** Staff present included vocational and special education only as in the other institutions at the outset of the school year. Their activities were similar

to those at Villalba but they were somewhat better informed about the cause of the late opening and the projected date to begin the full day. The population consists of 44 youths including 9 in special education. 21 have already completed 4th year and do not participate in academic classes although some attend the vocational shops. Puertas youth are integrated into all classes but the young women have a program separate from the others as required. The special education lead reported that the delivery of related services as contained in the IEP was much improved from the previous two quarters when DCR/NIJ contracted with PPPC. She also provided copies of the form used earlier in the institutions that coordinated the mental health and other special services with the IEP. Ponce is the only institution employing the report but the others pledged to do something similar before the second semester begins. The teacher-in-charge stated that all students, male and female, were participating in vocational education. The young women spend time in each of the four shops in an exploratory mode. While visiting the classes, one girl said she hated woodworking and wanted to get back to the cooking shop. Last year Ponce was able to provide a full-day schedule even with vacancies by assigning elementary teachers to cover secondary classes. This year they still have an English teacher and elementary teacher as vacancies but do offer the full day while awaiting the assignments. As in other institutions, staff generally believes that changing the adult education curriculum to the DOE secondary school requirement would be counterproductive. They believe the acceleration and flexibility enable young people to gain a diploma that would be available otherwise.

There were no PC or TM students reported.

5. **CD/CTS Bayamon:** Facility is now completely closed to DCR/NIJ youth. Male resident sent to Humacao; female, Ponce.

Functional Team Meeting: Although requested, DCR/NIJ was unable to schedule it. A similar request to meet will be forwarded for the next quarter.

Training Issues: The IDECAHR director offered a draft report during the 3rd quarter FT meeting that she believed would provide suitable evidence of compliance by the projected date of December 31, 2017. The report was projected to be specific, listing all active, direct contact officials and their total training hours. It would be different from the earlier summary tables listing system and institutional percentages in that it would detail the record of each direct contact person trained over the proposed time frame. The lead attorney intended to discuss the Steps to Compliance document below from by the monitor's consultant but could not schedule the meeting. It will be the main FT agenda item in the next quarter. It is likely that the hurricanes and their aftermath will necessitate a revised calendar. The IDECAHR director indicated that they were still reviewing the document and would respond shortly with adjustments as necessary. She also noted that the training sessions for most of September and all of October and November were cancelled. The December calendar is attached.

Observation: As listed in the December calendar, training sessions were scheduled for most of the month. On December 21, Suicide Prevention was offered by the Humacao psychologist, Dr.

Lillybeth Amaro Amaro. She followed the lesson plan observed in previous classes employing the Power Point provided by IDECAHR and a series of work sheets including a pre- and post-test. There were 11 security officials present all from Humacao with 8 male guards and 3 female. The group was attentive and responded to questions asked at various points by Dr. Amaro. As noted previously, there is a tendency to allow the more vocal members to dominate the discussion. If the instructor added a name to the question rather than accepting group or spontaneous responses, it would ensure involvement from all and especially the reticent who rarely respond. This style is not isolated to this instructor but is common among those observed. There were group exercises that heightened group learning. At one point there were technical issues with the projector and the group had to watch the screen on the lap top. They all leaned forward and continued to follow the presentation even the one in English where the sub-titles were difficult to view. Overall, this was a satisfactory lesson and my recommendation is that the trainers of the various instructors, some new to this with the PPPC Company, offer more pedagogic methodology to enhance the learning potential.

General Note: This report includes some content from the 3rd quarter since the site visit notes were not included in the condensed 3rd quarter QR.

Document Attachment F: 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	17-1st	17-2nd	17-3rd	17-4th
A.1 Average Monday 1st Shift count of youth	256	210	184	176
A.2 Number of incident events	65	49	40	89
A.3 Number of youth-to-youth incident events	34	10	24	37
A.4 Incident events involving use of force by staff	16	10	17	30
A.5 Incident events with suicide act, ideation, or gesture	7	12	5	1
A.6 Incident events w/ self-mutil. act, ideation, or gesture	8	16	6	17

The number of incident events (A.2) increased from 40 to 89.

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

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

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

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 89 (A.2) incident events in most recent quarter, 17 (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 this year, a change in mental health staffing was proposed and apparently implemented it is not clear whether the new personnel are fully informed as to how to complete the referral reviews.

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

C. 284 Incidents	17-1st	17-2nd	17-3rd	17-4th
C.1 284 Incident Events	21	11	28	16
C.2 Level One Incident Events	5	1	4	2
C.3 Level Two Incident Events	16	10	24	14
C.4 Referrals to OISC	16	11	24	14
C.5 Youth-to-Youth Incidents	6	0	9	5
C.6 Youth-to-Youth Injuries	3	0	5	4
C.7 Youth-to-Youth with External Care	2	0	4	0
C.8 Youth-to-Youth Sexual	0	0	0	1
C.9 Youth-to-Youth Sexual w/ Injury	0	0	0	0
C.10 Staff-to-Youth Incidents	15	11	19	11
C.11 Staff-to-Youth Injuries	9	2	3	5
C.12 Staff-to-Youth with External Care	0	0	0	1
C.13 Staff-to-Youth Sexual	1	2	4	0
C.14 Staff-to-Youth Sexual with Injury	0	0	0	0
C.15 284 Incident Events with administrative actions	21	11	28	16
C.16 284 Incident Events with report by end of shift	20	10	27	13
C.17 Level 1 Investigations complete within 20 days	5	1	4	2
C.18 SOU (Special Operations) interventions	1	0	0	0
C.19 SOU events with 284 reports	1	0	0	0
C.20 284 with Item 5 completed	20	10	26	16
C.21 284 with Staffing Compliance	16	9	26	12
C.22 Percent 284 cases with staffing compliance	80%	81%	93%	75%

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

Of the 16 housing unit events with item 5 checked in the report (C.20), 75% (C.22) took place when there was compliance with staffing provisions. This is a decline in staffing coverage at the time of incidents.

D. Initial Case Management Measures	17-1st	17-2nd	17-3rd	17-4th
D.1 284 percent with admin actions	100%	100%	100%	100%
D.2 284 per cent completed by end of shift	95%	91%	96%	81%
D.3 284 Level 1 Investigation Complete Within 20 days	100%	100%	100%	100%

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

E. OISC	17-1st	17-2nd	17-3rd	17-4th
E.1 Cases Referred from this quarter	16	11	24	14
E.2 Received by OISC Within 24 hours	15	10	23	11
E.3 Completed by OISC Within 30 workdays	16	10	14	8
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.	0	1	10	6
E.6 Percent of OISC cases completed within 30 days	100%	91%	58%	57%
E.7 Completed Cases Returned for Further investigation	0	0	0	0
E.8 Percent of cases returned for further investigation	0%	0%	0%	0%
E.9 Further Investigation Completed	0	0	0	0
E.10 Cases this quarter incomplete, including further investigation	0	1	3	6
E.11 Percent of cases from this quarter not yet completed	0%	9%	12%	43%

During the quarter 14 cases were investigated but only 8 were completed in the 30 days period for a 57% timely completion rate. This might be due to disruptions resulting from the hurricanes.

The quality of investigations is assessed in the Case Assessment Table that normally follows in the next Appendix section. However, due to the hurricanes, this report will be included in the fourth quarter report.

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

F. Administrative Determinations for 284 Cases	17-1st	17-2nd	17-3rd	17-4th
F.1 Cases with youth discipline referrals	10	2	26	9
F.2 Cases with youth discipline actions	7	2	23	4
F.3 Cases with youth no discipline actions	3	0	3	5
F.4 Cases Staff/youth with determinations	20	5	10	4
F.5 Cases recommending personnel actions	8	11	2	8

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 16 cases (C.1) with referrals as 284-cases, 4 (F.2) were referred for disciplinary actions and 5 (F.3) were the subject to discipline actions for youth involved.

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

Document Attachment G: Case Assessment Table October - December 2017

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-19, N-1	The percentage for this report is 95%. The percentage in the last report was 100%. *Case 17-043 (Level I) In this reporting period 20 Level I and II 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%. *Case 17-043 (Level I).
A.4 If there was physical evidence, was the evidence documented and preserved?	Y-2, *N-2, N/A-16	The percentage for this report is 50%. The percentage in the last report was 100%. *Cases 17-033 and 17-059 Reduced Compliance
A.5: Was the incident correctly classified?	Y-20	The percentage for this report is 100%. The percentage in the last report was 100%.
A.6 Was the 284 report forwarded to the Police Department, the Department of Family Services, and the Department of Corrections Administration within 24 hours?	Y-17, *N-3	The percentage for this report is 85%. The percentage in the last report was 91%. *Cases 17-043 (Level I), 17-053 (Level I) and 17-060.
A.7 If it was classified as a level 2 incident, was OISC notified within 24 hours?	Y-12, *N-4	The percentage for this report is 75%. The percentage in the last report was 91%. *Cases 17-037, 17-044, 17-056, and 17-058
A.8 Were youths suspected as perpetrators separated from the victim(s)?	Y-12, N/A-8	The percentage for this report is 100 %. The percentage in the last report was 73%. Improved Compliance
A.9 Did the 284 accurately list all youth and staff witnesses?	Y-9, *N-8, N/A-3	The percentage for this report is 47%. The percentage in the last report was 87%. *Cases 17-040 (Level I), 17-045 (Level I), 17-053 (Level I), 17-042, 17-035, 17-048, 17-052 and 17-039. Reduced Compliance
A.10 Did all staff witnesses complete an incident report before the end of shift?	Y-17, *N-2, N/A-1	The percentage for this report is 89%. The percentage in the last report was 100%.
A.11 If there was timeliness non-compliance, was related to shortage of investigative or supervisory staffing?	N-11, N/A-9	The percentage for this report is 100%. The percentage in the last report was 100%. The N answer isn't a negative factor.
A.12 At the location of the incident at the time of the incident, was staffing compliant with Settlement Agreement requirements?	Y-16,*N-1, N/A-2, Blank-1	The percentage in this report is 89%. The percentage in the last report was 91%. *Case 17-054.

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-15	The percentage for this report is 100%. The percentage in the last report was 36%. Improved Compliance In this reporting period 15 cases were evaluated to complete Section B.
B.2 Did PRPD investigators determine that physical evidence, if any was appropriately preserved?	Y-15	The percentage for this report is 100%. The percentage in the last report was 22%. Improved Compliance NIJ-DCR facilities' staff is trained to preserve evidence if necessary but some cases do not require preserving evidence.
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-15	In this reporting period no cases were found.
B.4 Were PRPD expectations met for timeliness in completing the investigation?	Y-15	The information provided by the facilities was Y- (yes) in 100% of the cases. 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	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.

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-4	The percentage in this reporting period is 100%. For this quarter 4 Level I cases were evaluated to complete Section C.
C.2 Was there a personal interview of the victim(s) with a record of the questions and answers?	Y-4	The percentage in this reporting period is 100%.
C.3 Was there a personal interview of the alleged perpetrator(s) with a record of the questions and answers?	Y-4	The percentage in this reporting period is 100%.
C.4 Was physical evidence, if any, preserved and documented?	N/A-4	No comment
C.5. If the incident was classified as Level I, was the investigation completed within 20 calendar days?	Y-4	The percentage in this reporting period is 100%.
C.6 Was the completion of the investigation documented in the tracking database?	Y-4	The percentage in this reporting period is 100%.
C.7 If there was timeliness non-compliance, was related to shortage of staffing?	N/A-4	No comment

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-12, *N-4	The percentage for this report is 75%. The percentage in the last report was 91%. *Cases 17-037, 17-044, 17-056 and 17-058. In this reporting period 16 cases were evaluated.
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-8, *N-8	The percentage for this report is 50%. The percentage in the last report was 78%. Reduced Compliance * Cases 17-035, 17-050, 17-051, 17-054, 17-055, 17-056, 17-059 and 17-060.
D.3 Did the investigation meet OISC's standards for investigation quality?	Y-16	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-16	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-16	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-16	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/A-16	No comment
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-16	The percentage for this report is 100%. The percentage in the last report was 100%. NIJ-DCR already has an electronic data base for Level II cases but a manual system to document Level I cases.
E.2 Was the initial investigation (284) received at NIJ within 24 hours?	Y-17, *N-3	The percentage for this report is 85%. The percentage in the last report was 91%. *Cases 17-043 (Level I), 17-053 and 17-060.
E.3 Was the Level 1 facility investigation completed within 20 days?	Y-4	The percentage in this reporting period 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-12, *N-4	The percentage for this report is 75%. The percentage in the last report was 100%. *Case 17-037, 17-044, 17-056 and 17-058. In this reporting period 16 Level II cases were received and evaluated.
E.5 DELETED		
E.6 Did NIJ reached an administrative determination concerning the case which is documented in the tracking records?	Y-16	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-16	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-16	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-15	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-4	During this reporting period only 4 Level I cases were selected for evaluation.
F.4 Does the Monitor’s Office confirms the timeliness facts as asserted in Page D?	Y-16	The percentage in this reporting period is 100%. The percentage in the last report was 100%. In this period 16 Level II cases were evaluated.
F.5 Does the Monitor’s Office confirms the timeliness facts as asserted in Page E?	Y-16	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 H: Consultant Report on Facilities
Curtiss Pulitzer, AIA

**USA v. CPR
Office of the Monitor
Site Visit Notes
January 29-30, 2018
Curtiss Pulitzer**

On January 29th and 30th I toured the three juvenile facilities operated under DCR auspices in CD Humacao, CTS Ponce and CTS Villalba and also met with my Functional Team on the 30th. This was my first visit back to Puerto Rico since Hurricane Maria in September. For the past few months I have kept in touch, when internet and phone service was restored, with Javier Burgos, the Deputy Monitor as well as Luis Ortiz, head of physical plant for the juvenile facilities and Pedro Santiago, the agency's Life Safety and Fire Prevention Officer, to make sure that the life safety conditions and well-being of the juveniles at the three facilities was being maintained. I was assured that despite severe hardships on the island, the juveniles' safety and well-being was maintained throughout the crisis with emergency generators providing power and air conditioning in all three facilities and all life safety and security systems in full operating mode and with water coming from the cisterns at each facility.

Upon my arrival in Puerto Rico, at least in San Juan there appeared to be a sense of normalcy which was quite surprising. As we made our way through the island towards Ponce and Villalba vegetation damage was very visible and some traffic lights were missing but no apparent structural damage to buildings was visible and the electrical power had been restored. The same cannot be said for Humacao area which bore the brunt of the storm and still had no electrical power the day of my visit on the 30th. What I learnt during the course of my visit were tales of heroism and dedication by the staff who stayed at the facilities during the hurricane rather than leave to go home to their loved ones and family. Some staff at Humacao lived at the facility for many weeks and the lead fire safety officer at Humacao lived in his office on a cot 2.5 months. All this was to insure that the juveniles would be safe and taken care of and to oversee repairs where hurricane damage had occurred. I have never seen that level of dedication from public employees in my professional career in the criminal justice system. Fortunately, the Brigades who are under the direction of Luis Ortiz have helped bring the level of maintenance at all three facilities to new high levels, worked diligently alongside facility staff these past several months to repair damage from the storm in particular water leaks and failed air conditioning systems. By the time of my visit the three facilities were in a remarkably good state of repair save for air conditioning issues in some living units and water penetration and roof damage in several of the gyms.

I attribute this remarkably quick turnaround to the hard work and protocols that NIJ, now DCR, has set in place these past few years to provide improved maintenance at the institutions. As stated before, the initiative that occurred three years ago, which has served the agency well, was dedicating Luis Ortiz and Pedro Santiago to be nearly full time servicing and supporting the juvenile facilities, as they had been prior to the consolidation with DCR. This has allowed DCR to stay on top of needed maintenance and fire safety issues. In addition, the dedicated staff at the facilities have been trained to work alongside the Brigades and are diligent in following all the

life safety protocols and procedures that the monitor's office has helped put in place these past several years.

Key comments and issues for each of the three facilities visited are listed below. At each facility I held a pre-tour briefing as well a post-tour exit briefing with the Director and key facility staff. Luis Ortiz and Pedro Santiago as well as Javier Burgos accompanied me on all the tours.

CTS Ponce (Population: 62 juveniles including 14 girls and 8 in Puertas)

- Despite some damage from the hurricane, such as tile damage and some water damage, the physical plant was in very good condition.
- There was water major water infiltration in the gym, kitchen and kitchen storage areas from the storm, but all areas have been cleaned up and are functioning. Two of the fiberglass skylight panels in the gym were blown away and it when it rains the gym cannot be used. I was told that the facility has begun the process of filing an insurance claim to get money for repairs.
- Power from the utility grid was restored on November 19th. Until that time (two months) the facility operated on emergency power which functioned well. Also, water for the facility came from the cisterns.
- The juvenile girls were moved to the facility on the 23rd of October while the facility was still on emergency power. The move went well and the facility is managing the populations through proper scheduling
- Cells were clean and in good order although some rooms on the upper level had water penetration
- 100% of the plumbing was in working order and there was hot water in all living units. One shower in module 5 was in the process of being repaired.
- The air-conditioning systems were mostly all working but the cooling compressors were not working in one half of the rooms in Module2 and on half of the rooms in Module 3 and Module 6. The split A/C unit in the mini-controls were all working.
- I spot- tested an emergency exit door in each module from the housing units and all were opened in a matter of a few seconds, as they have been in all prior visits.
- The security electronic room door systems and room call-in system to mini-control was working well.
- The fire alarm system was in working order but a few smoke detectors were out of order. The vendor that maintains the system was still in the process of repairing the smoke detectors which were mostly battery replacements.
- The sprinkler system appeared in good operating condition with appropriate water pressure at the standpipes
- The air vent grills in the ceiling of the lower rooms in all modules are in the process of being replaced with suicide resistant air vent grills by the brigade teams under the direction of Luis Ortiz. This process was started prior to the hurricane and will resume soon.
- The grounds and fencing on the perimeter, which had been damaged but are now repaired, were in good condition with the grass plowed and no vegetation on the fence.
- I inspected the fire safety and fire exit logs as well as the fire drill logs and all were 100% complete in compliance with the monitor's office documentation requirements. Even

during the hurricane crisis, the weekly inspections and fire drills were conducted successfully.

CTS Villalba (Population: 65 with 23 Level V and 42 Level IV juveniles; two living units- C1 and D1 were closed)

- The physical plant was in good condition, but Villalba suffered more hurricane damage than Ponce. The Director shared with me a long list of needed repairs attributed to the storm which was a 100 day report to the Central Office.
- While the roofs over the dayroom areas were repaired a while ago, there was some new water infiltration in the dayroom area and in some rooms following the storm. While the mold stains are still visible, they have been treated with chloride by the brigades to kill the mold and stop it from spreading.
- Power from the utility grid was restored only on December 27th. Until that time (three months) the facility operated on emergency power which functioned well. Also, water for the facility came from the cisterns. There was no cell phone service until late October
- There was flooding in the administration area and many documents were ruined
- The electrical systems in the kitchen were damaged due to flooding and are in the process of being repaired
- Several of the gym fiberglass skylight panels were blown away and it when it rains the



cannot be used.

- Power was restored only on December 27th. Y=Until that time the emergency generators
- Cells were clean with little or no water damage and the juveniles were maintaining their rooms in a neat and orderly manner.
- 100% of the plumbing was in working order and there was hot water in all living units except in Living Units A1 and A2 where the heating coil is damaged so that only one juvenile at a time can use any of the 4 showers to insure there is sufficient hot water. A purchase order for a new hot water unit is waiting approval from headquarters.
- The air-conditioning systems were not in good working condition. Due to the storm, ductwork along the roofs were damaged and roof-top A/C units were damaged. There was no air conditioning in the following areas:

- Living Unit A2 - right side rooms
- Living Unit B1 - dayroom and left side rooms
- Living Unit B2 - left side rooms
- Living Unit C1 (closed) - right side rooms
- Living Unit C2 - right side rooms partial A/C
- Living Unit D1 (closed)– The entire unit had no A/C right side rooms
- Living Unit D2 – day room, right side rooms and partial A/C in left side rooms
- All of the plumbing was in working order and there was hot water in all living units
- I spot- tested an emergency exit door in each module from the housing units and all were opened in a matter of a few seconds, as they have been in all prior visits.
- The security electronic room door systems were working well but the room call-in system to mini-control does not work and has not worked for many years.
- The fire alarm system was in working order but many smoke detectors were out of order. The facility was preparing a proposal to have the system repaired.
- The sprinkler system appeared in good operating condition with appropriate water pressure at the standpipes
- The air vent grills in the ceiling of the lower rooms in five of the modules were replaced with suicide resistant air vents. The remaining five are in the process of being replaced with by the brigade teams under the direction of Luis Ortiz. This process was started prior to the hurricane and will resume soon. (see picture of new grills)



- The grounds and fencing on the perimeter, which had been severely damaged but are now repaired, were in good condition with the grass plowed and no vegetation on the fence.
- I inspected the fire safety and fire exit logs as well as the fire drill logs and all were 100% complete in compliance with the monitor's office documentation requirements, with the exception of the period between September 15th and October 13th when dealing with the aftermath of the storm. All fire drills were conducted successfully.
- The camera systems at Villalba, which have not worked for many years, need to be replaced similar to the project that was complete at CTS Ponce several years ago.

CD Humacao (Population: 40 juveniles; 35 in detention status and 5 in CER); two living units- 4A and 4B- were closed)

- Humacao was in the direct path when the hurricane hit Puerto Rico. Remarkably, the facility was in very good condition and withstood the storm well although major repairs had occurred prior to my visit. The facility was still on emergency power, 3129 hours so

far on the date of my site visit. Through rigorous weekly maintenance, the staff have been able to keep the generator running far exceeding any normal performance criteria. Water service has been restored to the facility after having used the cistern system for many weeks.

- The dedication of staff during and following the storm went beyond the call of duty with some staff sleeping at the facility for many weeks at a time. The fire safety officer slept on a cot in his office for 2.5 months. The facility has been getting aid from the US National Guard and the US Army Corps of Engineers were preparing to bring in a large standby generator until full power is restored.
- Nearly all the roof tiles were blown off of the roofs and three rooftop A/C units were also blown off the roofs and there are persistent roof leaks and mold was developing in some areas. There was considerable water damage and flooding in the administration area, but these areas have now been repaired. The brigades recently completed renovations to the visiting room which was in excellent condition.
- Despite all this, much of the physical plant had been repaired and was in good condition as was the living units. The walls facing the perimeter which prior to the storm needed to be cleaned of mold and painted are now in worse condition.
- One end of the wall of the gym had been blown away and is open to the elements but the skylights have been repaired but the new floor in the gym has been damaged. The gym cannot be used in the rain.
- Cells were clean and the juveniles were maintaining their rooms in a neat and orderly manner.

All of the plumbing was in working order and there was hot water in all living units except for the closed ones. The air-conditioning systems were not in good working condition.

- As stated earlier due to the storm, ductwork along the roofs were damaged and roof-top A/C units were damaged. There were actually fewer units out of order at Humacao than in Villalba. There was no air conditioning in the following areas:
 - Living Unit 1A – day room (compressor broken) and left side rooms
 - Living Unit 2B - left side rooms
 - Living Unit 3A – left side rooms
- I spot-tested a number of emergency exit doors from the housing units and all were opened electronically from the mini-control in a matter of a few seconds. This is particularly critical in Humacao where there are no electronic locks that can be remotely released. The new procedures are in place to for the evacuation of juveniles from living units which is tested weekly in accordance with the monitor's office recommendations.
- The fire alarm system was in working order but many smoke detectors were out of order
- The sprinkler system appeared in good operating condition with appropriate water pressure at the standpipes but one standpipe was turned off as sprinkler heads were being replaced at the time of my visit.
- The air vent grills in the ceiling of the lower rooms in all the modules are suicide resistant air vents.
- There is no room call-in system to mini-control at Humacao.

- The camera systems at Humacao, which have not worked for many years, need to be replaced similar to the project at CTS Ponce
- I inspected the fire safety and fire exit logs as well as the fire drill logs and all were 100% complete in compliance with the monitor's office documentation requirements. During the height of the emergency crisis, the weekly inspections and fire drills were conducted successfully, although makeshift forms were utilized from September through mid-Novemembr.

Document Attachment I: Consultant Report on Mental Health Services Miriam Martinez, PhD

The Mental Health Monitor was scheduled for site visit October of 2017, however, due to the hurricanes, this trip was canceled. In preparation for the visit in October, a list of documents was requested on September 16, 2017 including an action plan for addressing mental health concerns originally requested June of 2017 by Ned Benton. A "revised action plan" was hand delivered, hard copy to the Mental Health Monitor during the site visit in December of 2017, six months after the original request. The contents are being evaluated keeping in mind the devastating hurricanes in Puerto Rico, Harvey and Maria.

The Mental Health Monitor visited CTS Ponce and CTS Villalba on December 18, 2017 as well as CTS Humacao on December 19, 2017. During these site visits the Mental Health Monitor reviewed records and interviewed youth. As reported previously, the majority of the youth in Ponce 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.

Deputy Monitor, Javier Burgos assisted in manual chart reviews to ascertain whether psychiatric services were being provided consistently, according to the youth's Plan of Care and in keeping with best standards of care. In a manual review of 6 records, Mr. Burgos and the Mental Health Monitor found that 4 out of the 6 records reviewed had consistent monthly psychiatric visits. The Psychiatrist, Dr. Cabán and the Psychologist, Dr. Muriel were both interviewed. Dr. Cabán only recently gained access to the electronic medical record (EMR). He had been hand writing his notes in the paper records. He did not have training on the MAYSI -2 nor did he know where to locate it in the EMR. The Psychologist, Dr. Muriel reported that she began contracted under PCPS at Bayamon and when that unit closed, she transferred to Ponce but still doesn't have a contract. Neither were trained in the MAYSI -2 and only Dr. Muriel could determine where they were in the EMR. Dr. Amaro also reported that he had not been trained in the MAYSI-2. The Mental Health Monitor spoke to each of these mental health providers about the importance of the mental health standardized assessment and why it was important to review it for each youth in their care and to incorporate the findings into the Plan of Care and their treatment of the youth.

The Mental Health Monitor interviewed 8 youth in Ponce PUERTAS. The youth are divided into two modules with one acting as a "step down" from the more intensive unit. All of the youth interviewed except for one were able to name the medications that they were prescribed and taking and 5 endorsed present or past psychotic symptoms (hearing voices) but indicated that the medications were helping. Youth were able to state that they were seeing the psychologist consistently that they received incentives (mainly candy) for behavior modification and that they participated in group therapy and activities. Of concern was the amount of unstructured time the youth spent in the modules and the little recreation time that they receive.

Three youth were interviewed in Villalba. One denied suicidal ideation and stated he knew to ask for the Psychologist if he began to feel suicidal. One youth remembered meeting Mental Health Monitor and having discussion about his need for substance abuse services although the youth had been requesting to be transferred to PUERTAS. This particular youth stated that the

substance abuse services were helping him and that he wanted help to re-integrate into the community with respect to his substance abuse as he was due to leave in March of 2018.

Three youth were interviewed in Humacao. One youth appeared very depressed and tearful although he denied suicidal ideation. He stated that he sees the psychologist regularly and that this helps him. He was brought to the attention of the Director and the Mental Health Treatment team on site who were aware of his depression and events surrounding his current state with his mother.

With respect to Behavior Modification, all youth interviewed could state that they received a reward (candy) for "good behavior." Some were able to state that they received group incentive such as an electronic game to play. Levels, points and better incentives than candy were discussed during the Functional Team Meeting mentioned below. All youth report the need for more recreation time.

Records reviewed remotely indicate a failure to comply with C.O. 36 and S. A. 63 including the lack of continuous psychiatric and psychological services. Specifically, and as reported in Q2, the psychiatrist needs to immediately see a youth who has suicidal ideation per S. A. 63. This was also brought to the attention of the members present for the Functional Team meeting held with the Mental Health Monitor on December 19, 2017. During this visit, the Mental Health Monitor reported being pleased with the cooperation of DCR in providing listings of youth in TM & PC, lists of youth evaluated via the MAYSI 2 and list of any youth who have reported suicidal ideation, have had gestures and/or self-mutilated.

During the Functional Team Meeting of December 19th present were: Miguel Segura Contreras, Josolito Colon, Kelvin Merced, Neida Feliciano and Arlene Perez Barrero as well as Steven Delgado Hernandez, Marie Rhohena Quinones and Sonia Guzman Ortiz (from PCPS) and the Deputy Monitor Javier Burgos. Please note payment to previous contracted mental health professionals and timely payment to current mental health providers was discussed during the Functional Team Meeting in the context of the stipulations of this case which require the recruitment, training and retention of a qualified psychiatric work force.

On January 7, 2018 the Mental Health Monitor sent the following to members that attended the Functional Team meeting:

1. ADMINISTRATION OF THE MAYSI 2:

It is my strong recommendation that you transition from having a Social Worker administer the MAYSI to having a Psychologist administer the MAYSI. The process that was in place with Dr. Sumpter was ideal in that she had the skills as a psychologist to provide a comprehensive clinical evaluation that incorporated her interpretation with the MAYSI 2, follow up on any items that were concerning (delusions, suicidal ideation, and she immediately alerted the team to a consideration for PUERTAS if one was warranted.

2. DOCUMENTATION:

Psychiatrist notes must be in the electronic medical record within the time frame written into the Policies and Procedures. In addition, the Psychiatrists must all re-visit the diagnosis for each minor that they are prescribing serious psychotropic medications.

When writing a medication for off label use, this needs to be clearly stated in the notes.

3. TRAINING:

Please provide evidence of training

(a) ALL mental health staff on the administration and interpretation of the MAYSI 2.

Some of the mental health staff reported not knowing how to administer nor where to find it in the electronic medical record.

There should be EVIDENCE documented (in writing) of the incorporation of the MAYSI 2 into the Plan for each youth.

(b) All social workers, substance abuse counselors, psychologists, psychiatrists, teachers, occupational therapists, behavioral modification staff and security personnel on the policy and procedure for referring a youth to PUERTAS. Any one of the staff mentioned here should be able to request a consideration, in writing, for a youth to be considered for PUERTAS given the criteria as outlined. Please see attached which is the last policy and procedure that I have. Kelvin mentioned it was being revised. Please send draft before it is finalized.

(c) Suicide prevention - please confirm that all Mental Health Staff were trained as per memo provided (Dec 7th for Humacao, Dec 12 for Ponce and Dec 12 for Villalba).

4. PSYCHIATRIST IMMEDIATE EVALUATION OF YOUTH WHO EXPRESSES SUICIDAL IDEATION/SELF MUTILATION:

A Psychiatrist needs to immediately examine any youth who is screened to have active suicidal or self-mutilating intent as per :

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

In reading the notes, it appears that psychiatrists were either not available at all to consult with or were "consulted" but not immediately seeing the youth.

Please ensure that all staff are clear of this expectation and that interventions are written into the electronic medical record by the psychiatrist of record who evaluates the youth.

5. CONSISTENT PSYCHIATRIC TREATMENT

A Psychiatrist must see youth consistently and at least once per month if prescribing psychotropic medications and/or the youth has a serious mental health condition.

While we were able to locate some notes that were hand written, we were not able to locate 100% of the notes that should have been written for youth that Dr. Martinez found to be lacking the appropriate follow up care. Names and dates were provided during the

site visits. Records were pulled and Javier Burgos assisted in the record review. It is not within accepted professional standards for youth to go months without seeing a psychiatrist if the youth is on psychotropic medication and/or has a serious mental health condition.

6. BEHAVIOR MODIFICATION

As discussed, much progress has been made in this area.

Per the Mental Health Monitor and per agreement by Kelvin Merced this area requires a bit more strengthening.

Please consider strengthening the point and level system and the incentives provided.

Cost neutral incentives were discussed such as moving youth from the 5 minute per week phone call to a 10 minute, 15 minute and 20 minute phone call with family. Incentives such as outdoor time, recreation time and "jobs" that youth have interest in. Some youth expressed to Dr. Martinez the desire to read more. Can books be also made available that are educational and appropriate for this population?

See also the Council of Juvenile Correctional Administrators webinar which we had viewed together some time ago to learn new strategies:

- During the webinar you will hear about strategies employed by Indiana, Massachusetts, and Oregon that have resulted in a significant reduction in the use of isolation. Webinar topics include: Advanced Behavioral Directives; components of effective behavioral management systems; individual support plans; and crisis response or CARE teams (Crisis Awareness Response Effort)*
<https://www.youtube.com/watch?v=4mjhlObE6fw>

7. INCREASE PRODUCTIVE AND EDUCATION TIME FOR YOUTH

Youth spend up to 8 hours especially if not in school watching tv or not involved in activities. Please consider art projects, reading materials, educational videos, games, or other safe structured activities.

8. PUERTAS PROGRAM

(a) The security staff that work within PUERTAS should be consistent, self-selected to want to work with this population, experienced and trained in de-escalation and suicide prevention.

(b) In addition to individual psychiatric and psychotherapeutic services, individual substance abuse counseling and other individual interventions such as occupational therapy as needed, below are the notes for the suggested PUERTAS program as Dr. Martinez mentioned in the meeting were previously provided first in Nov of 2016 and again in mid 2017:

PUERTAS needs to increase therapeutic group activities and consider increasing recreational time that is safe for all PUERTAS participants. Hiring an occupational therapist is highly recommended for this group of youth and for others in Ponce that could benefit from this intervention. NIJ leadership needs to review the staffing for PUERTAS, however with a full time social worker, access to substance abuse counselors and to mental health staff, it has been recommended that the program be more intensive and tailored to this population. See recommendations from Dr. Martinez written in March and follow-ups in June and July (phone call including discussion of PUERTAS). See resources sent by Dr. Martinez from Alameda County in March 2016. See also SAMSHA

resources attached – Anger Management for Substance Abuse and Mental Health Clients (Spanish version).

It is recommended that the youth receive 3 groups per day rotating through the following:

- *Substance Abuse groups – minimum 2 times per week*
- *Increase the groups and incentives for behavior modification*
- *Anger management – minimum 1 time per week*
- *Art activities –(expressive group art activities)*
- *Medication group 1X/month*
- *Community check in/group 1X per week and as needed*
- *Health and Wellness topics – 1 time per week (video, didactics, activities)*
- *Mindfulness meditation 2 times per week (1/2 hr per session)*
- *Educational activities for those who have completed high school (i.e. financial literacy, job seeking skills, home finding and making skills, cooking classes if possible, etc.)*

Lastly, regarding Provision 29, during the Functional Team meeting, DCR/NIJ agreed to present a proposal to comply with a “reasonable” number of beds for the youth identified for PUERTAS/mental health youth.

The Mental Health Monitor spoke via telephone with Dr. Kelvin Merced regarding the above recommendations. A phone conference will be scheduled in the following weeks to discuss progress items discussed and the recommendations listed.

Miriam Martinez, PhD
March 15, 2018

Document Attachment J: 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.

Oct. 13, 2017:	Deputy Monitor Javier Burgos visited CTS Humacao.
Oct. 17, 2017:	Deputy Monitor Javier Burgos visited CTS Ponce.
Oct. 24, 2017:	Deputy Monitor Javier Burgos visited CTS Villalba.
Oct. 30, 2017:	Deputy Monitor Javier Burgos visited CTS Ponce.
Nov. 6, 2017:	Deputy Monitor Javier Burgos visited CTS Villalba.
Nov. 15, 2017:	Deputy Monitor Javier Burgos visited CTS Humacao.
Dec. 5, 2017:	Consultants David Bogard, Bob Dugan and Deputy Monitor Javier Burgos CTS Ponce.
Dec. 5, 2017:	Consultant Victor Herbert visited CTS Humacao.
Dec. 5, 2017:	Consultants David Bogard, Bob Dugan and Deputy Monitor Javier Burgos visited CTS Villalba.
Dec. 6, 2017:	Consultant Victor Herbert visited CTS Villalba.
Dec. 6, 2017:	Consultants David Bogard, Bob Dugan and Deputy Monitor visited CTS Humacao.
Dec. 7, 2017:	Consultant Victor Herbert visited CTS Ponce.
Dec. 12, 2017:	Deputy Monitor Javier Burgos visited CTS Ponce.
Dec. 18, 2017:	Consultant Miriam Martinez and Deputy Monitor Javier Burgos visited CTS Ponce.
Dec. 18, 2017:	Consultant Miriam Martinez and Deputy Monitor visited CTS Villalba.
Dec. 19, 2017:	Consultant Miriam Martinez and Deputy Javier Burgos visited CTS Humacao.

THE UNITED STATES OF AMERICA

Plaintiff,

v.

CIVIL ACTION NO. 94-2080 CC

COMMONWEALTH OF PUERTO RICO

Defendants,

Monitor's Compliance Ratings
Fourth Quarter 2017

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

Provision	P	S	R	T	D	G	Comment
Facility Provisions							
C.O. 41: Within ninety (90) days of the filing of this Consent Order, Defendants shall repair all defective plumbing in the facilities in this case. The defective plumbing shall be repaired first at Mayaguez, Ponce Industrial, Ponce Detention and Humacao.	Y	Y	Y	I	Y	Y	This provision was terminated by the Court on March 30, 2017.
S.A. 29. Each new facility shall be built in accordance with: (1) the American Correctional Association's (hereinafter "ACA") standards in effect at the time of the construction; (2) the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213 and 47 U.S.C. §§ 225 and 611, and the regulations thereunder; and (3) all Commonwealth fire codes and regulations.	Y	I	I	I	Y	Y	This provision was terminated by the Court on March 30, 2017.

Provision	P	S	R	T	D	G	Comment
S.A.31. Existing facilities expected to be occupied by juveniles beyond Fiscal Year 1996-1997 shall conform to applicable federal, state and/or local building codes.	Y	N	N	N	N	N	<p>There are still life and fire safety code and ADA violations that have not been remedied. DCR has not allocated sufficient resources to support compliance with this provision nor is there documentation at this juncture to support a pathway to compliance. The Monitor's office and the functional team have, however, discussed a potential Roadmap for compliance with this provision, including utilizing the checklists developed for SA 29 as a foundation for further evaluation. We also met in March 2017 with a new team of engineers who were consultants to DCR hired to develop a strategy to pave the way for a roadmap for eventual compliance with this provision. The monitor was informed that the engineers for DCR had reviewed existing drawings and the documentation developed for SA 29 as well as toured one of the existing facilities. They have also presented the Monitor's Office with a preliminary listing of codes for compliance analysis. This list was preliminarily reviewed by the Monitor's office and was pending a follow-up discussion with the engineers.</p> <p>The monitor's office has since been informed that the contract with the engineers ended on June 30, 2017 and that a new consulting group will need to be hired. If a different firm is re-hired, it will set the process back for making progress on this provision. To date no new contract has been developed with an engineering consultant.</p>

Provision	P	S	R	T	D	G	Comment
S.A. 34. In order to properly equip and swiftly evacuate the facilities in the event of a fire or other emergency, in each facility, Defendants shall provide sufficient staff with appropriate keys to unlock exit doors in all buildings occupied by juveniles. The keys shall be color coded and notched or otherwise readily identifiable. Defendants shall also store a backup set of emergency keys at a place accessible at all times to staff on duty on all shifts.	N	#	#	#	#	N	<p>The DCR Fire Safety Officer has revised the procedures for emergency key control based on the review by the monitor's office. These procedure were just updated again in January 2018 and await translation at this time.</p> <p>There have been ongoing weekly simulations at Humacao to determine whether staffing is sufficient to manually unlock housing room doors and exit doors within two minutes, in compliance with current life safety codes. Humacao's fire safety officer has run these simulations to address the requirements of this provision while, at the same time, providing informal training opportunities for staff. The Monitor's Consultant has continued to review the weekly simulation documentation for Humacao, and this data provides clear evidence that Humacao's housing units can be safely evacuated in less than two minutes. The room doors at Villalba and Ponce are electronically controlled and the mini-controls are always staffed by an officer who can release both the exit and room doors.</p> <p>DCR has completed the process of color coding and notching emergency keys and storing them in accessible secure locations for staff access on all shifts.</p> <p>The Monitor's Consultants submitted an emergency key report in the third quarter of 2016. Since that time, DCR was very responsive in correcting the issues noted in the report. In April 2017, the Monitor's Consultant conducted a compliance assessment tour that revealed that compliance has been achieved with only a few minor corrections required. The monitor's office is awaiting documentation to show that the corrections have been completed. Additional evidence of staff training is required to determine full compliance with this provision.</p> <p>A termination motion was filed on 3/6/2018 (Docket #1272) and a report will be submitted separately in response to the motion.</p>

Provision	P	S	R	T	D	G	Comment
S.A. 35. Defendants agree that designated exit doors in all facilities will be maintained in operable condition and shall be readily unlocked in case of an emergency.	N	#	#	#	Y	N	<p>DCR has vastly improved its ability to maintain operable exit doors from living units that can be readily unlocked in emergency situations.</p> <p>DCR is now documenting on a weekly basis its monitoring and inspections made by the fire safety officers at each facility documenting that all exit doors are maintained in operable condition and can be readily unlocked. The process for documentation has been agreed to with the Monitor and Functional team and documentation began in August 2014. The Monitor's office has observed this documentation being utilized at all the facilities and in practice and is satisfied with the progress of compliance. The monitor is also waiting for additional training curriculum documentation. A draft Roadmap for this provision was completed in consultation with the Functional Team and was presented to USA for comments. The Monitor's Office received those comments and also shared them with the functional team members. In the most recent quarterly site visits to the three facilities, there were no issues observed in spot checking emergency exit doors in the housing units. In addition, the Monitors' Office reviewed the most recent quarterly inspection reports and found them to be complete and demonstrated compliance with this stipulation. These inspections even continued during the immediate aftermath of the hurricane.</p> <p>In addition, DCR has submitted to the monitor's offices a summary spreadsheet of all the exit door tests showing the data in summary form through July 2017. The data for operating exit doors in a manual mode in living areas, which is the worst-case scenario covers the period of June 2017 through July 2017 and summarizes the weekly inspection forms that the monitor's office has been continually reviewing. The timeframes are well within acceptable life safety requirements, with a systemic average of 15 to 16 seconds. The Commonwealth is continuing to collect this data as well as the data for electronic exit door releases for submission as part of a compliance memorandum.</p> <p>Once all the other documents required for compliance with this provision, such as specific policies and training of staff, which is presently proceeding, are submitted to the Monitor's Consultant, a Compliance Memorandum can be drafted.</p> <p>A termination motion was filed on 3/6/2018 (Docket #1272) and a report will be submitted separately in response to the motion.</p>

Provision	P	S	R	T	D	G	Comment
S.A. 37. AIJ policy shall ensure safety for juveniles and staff by requiring compliance with fire safety code requirements. Specific emergency plans shall be developed and copies made available to staff members. There shall be ongoing training programs and emergency procedures shall be reviewed and updated annually.	Y	N	Y	#	#	N	<p>DCR is planning to submit an update to its new lesson plans for training compliance. The training using the new curriculum has begun. The Monitor and Functional Team have agreed to focus primarily on the training curriculum and number of staff trained in 2016 and 2017 as these time-frames are more pertinent to determine compliance with this provision.</p> <p>DCR has supplied documentation that emergency procedures are reviewed and updated annually. Documentation has also been provided showing that copies of the emergency plans are available to staff at all facilities. The documentation received certifies that emergency plans have been made available to staff at the institutions for 2016 and part of 2017. The documentation will be updated through 2017.</p> <p>A Final Roadmap for this provision was agreed to by DCR and USA. The Monitor's consultants continue to work with the parties to assemble the necessary compliance documentation expectations for the Roadmap. The Monitor's Office is also waiting for the updated training documentation to become part of a compliance memorandum to be submitted early in 2018.</p> <p>\A termination motion was filed on 3/6/2018 (Docket #1272) and a report will be submitted separately in response to the motion.</p>

Provision	P	S	R	T	D	G	Comment
Policies and Procedures							
S.A. 45. Within one year of the approval of this agreement by the Court, Defendants agree to provide an agency policy and procedure manual governing all operational aspects of the institutions. Within eighteen months of the approval of this agreement by the Court, Defendants shall further insure that the facilities are strictly operated within these policies and procedures and that all staff have been trained accordingly.	Y	I	I	#	#	N	The Monitor agrees that the agency maintains a policy and procedure manual as required by this provision, although whether it governs all aspects of running the facilities as required has not yet been confirmed. Moreover, in the rest of this table, policies and procedures are rated as a compliance problem for many of the provisions in this case. See the compliance rating in Column T, which identifies when a training deficiency is a factor in compliance. While having developed and routinely updated a manual is a factor in compliance, the provision also clearly requires that the facilities be strictly operated within these policies and this implementation requirement's scope and accuracy have not yet been established.

Provision	P	S	R	T	D	G	Comment
Staffing							
<p>S.A. 48. Defendants shall ensure that the facilities have sufficient direct care staff to implement all terms of this agreement. Direct care staff supervise and participate in recreational, leisure and treatment activities with the juveniles. Compliance can be demonstrated in either of two ways.</p> <p><u>48.a Method one:</u> Defendants may provide documentation of consistent supervision by not less than one (1) direct care worker to eight (8) juveniles during day and evening shifts and not less than one (1) direct care worker to sixteen(16) juveniles during normal sleeping hours.</p> <p><u>48.b Method Two:</u> Defendants may develop, and submit to the court for approval, an alternate staffing roster for any facility in this case. The roster shall be based on a study that shall specify fixed posts and the assignment necessary to implement the terms of this agreement, taking into consideration the physical configuration and function of spaces, the classification and risk profiles of youths involved, the incident patterns in the settings involved, the routine availability in the settings of other categories of staff, and the overall number of direct care positions necessary to consistently achieve the coverage proposed. Once a plan is approved for a facility, defendants shall document the employment of the necessary overall numbers of direct care staff, and the ongoing deployment of such staff in accordance with the plan.”</p>	N	N	N	N	Y	N	<p>The Commonwealth has the choice to demonstrate compliance according to method 48.a or 48.b. They have informed the Monitor that they do not intend to select method 48.b and that their legal position is that this language should be struck from the Settlement Agreement as superfluous. The Monitor agrees.</p> <p>For the Fourth Quarter of 2017, the staffing performance data below reflects the staff youth ratio forms that were received and analyzed. The staff youth ratio performance is the highest level of staff ratio compliance in the thirty-two quarters that have been documented in Staff Youth Ratio Quarterly Reports.</p> <p>6:00 am- 2:00 pm shift: 96% of events, a 1% decrease since the Third Quarter reporting period 2:00 pm- 10:00 pm shift: 95% of events, a 3% increase since the Third Quarter reporting period 10:00 pm- 6:00 am shift: 100% of events, a 0% increase since the Third Quarter reporting period</p> <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>Monitor’s consultants are working with the parties to identify necessary documentation expectations for compliance, including an agency approved, trained and implemented staffing policy.</p>
<p>January 2009 Stipulation Paragraph 1: All necessary steps shall be taken immediately to ensure the reasonable safety of youth by providing adequate supervision of youth in all facilities operated by, or on behalf of, the Defendants.</p>	Y	N	N	N	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations Sections 115.313, 115.364. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p>

January 2009 Stipulation Paragraph 2: All necessary steps shall be taken to provide sufficient direct care staff to implement the Consent Decree and adequately supervise youth, pursuant to Paragraph 48.	N	N	N	N	N	N	The requirement that 50 YSOs be hired each month was terminated by the Court on September 13, 2011 (Docket 991) No new YSOs were hired during the Fourth Quarter of 2017.
January 2009 Stipulation Paragraph 3: Defendants will include as direct care staff all social workers assigned to its institutions, once such staff receive forty (40) hours of pre-service training, pursuant to Paragraph 49 of the Consent Decree . The same shall also receive annual training as direct care staff, pursuant to Paragraph 50 of the Consent Decree.	#	#	#	#	#	#	The Commonwealth has decided not to employ this provision to enhance coverage. However, the provision remains as a future option. Unless and until the Commonwealth determines that they want to apply this provision, the Monitor's Office will not Monitor the provision. The choice to not implement this provision is not non-compliance. The struck part of the provision references a provision that has been terminated.
January 2009 Stipulation Paragraph 4: All persons hired to comply with Paragraph 48 shall be sufficiently trained, pursuant to Paragraph 49 of the Consent Decree , before being deployed. Defendants shall deploy all duly trained direct care staff, pursuant to Paragraph 49 , to juvenile facilities in a timely manner.	#	#	#	#	#	#	The phrases in this provision that refer to Paragraph 49 are struck because that provision has been terminated.
January 2009 Stipulation Paragraph 5: On the fifth day of every thirty-day period commensurate with the Order approving this Stipulation, Defendants shall submit a report to the Monitor and the United States providing the following: a. the number of current direct care staff, by position classification, at each facility; b. the number of qualified direct care staff hired during the previous period; c. the number of hired direct care staff in the previous period who were hired and have received pre-service training, pursuant to Paragraph 49 ; and d. the juvenile facilities where the direct care staff who were hired in the previous quarter and have received pre-service training, pursuant to Paragraph 49 , have been deployed or assigned.	N	N	N	N	N	N	The struck part of the provision references a provision that has been terminated. The report was not provided during the Fourth Quarter of 2017, nor has it been provided by the Commonwealth since the initiation of the stipulation

Provision	P	S	R	T	D	G	Comment
Training							
<p>S.A. 50. Defendants shall ensure that current and new facility direct care staff are sufficiently well-trained to implement the terms of this agreement. Each direct care staff, whether current or new, shall receive at least forty (40) hours of training per year by qualified personnel to include, but not be limited to, the following areas: CPR (cardiopulmonary resuscitation); recognition of and interaction with suicidal and/or self-mutilating juveniles; recognition of the symptoms of drug withdrawal; administering medicine; recognizing the side-effects of medications commonly administered at the facility; HIV related issues; use-of-force regulations; strategies to manage juveniles' inappropriate conduct; counseling techniques and communication skills; use of positive reinforcement and praise; and fire prevention and emergency procedures, including the fire evacuation plan, the use of keys, and the use of fire extinguishers.</p>	Y	#	#	#	#	N	<p>Compliance tables documenting training within the agency as required in this stipulation have not been submitted to the Monitor since 2011, despite repeated requests.</p> <p>Training sessions scheduled in both the 3rd and 4th quarters were cancelled following hurricane destruction on the Island. They resumed in December.</p> <p>During the 3rd quarter 2017 DCR FT meeting, the IDECAHR director and FT members provided additional detail about the compliance plan for this stipulation. The timeline was to extend from July 2016 to the end of December 2017 and achieve a 90% or higher compliance threshold for all components of the training offered to active direct contact security staff. IDECAHR stated that they have already achieved 100% compliance for CPR (DCR maintains they are only required to offer training every 2 years rather than annually as written). and are on track to do so with other training categories. During the 3rd Quarter 2017 FT meeting DCR requested that the monitor's consultant prepare a document that would establish recommended steps to compliance with this provision; the document was submitted. The 4th quarter FT meeting, at which the proposed compliance plan was to be reviewed and a decision made whether a new calendar needed to be established, was cancelled. To date, there has been no formal DCR response to the proposed compliance plan document, <i>which was attached to the 3rd Quarter QR.</i></p> <p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. A review of the training sessions during the quarter revealed that PREA training is being offered within the institutions.</p>
Classification							

Provision	P	S	R	T	D	G	Comment
S.A. 52. At both the detention phase and following commitment, Defendants shall establish objective methods to ensure that juveniles are classified and placed in the least restrictive placement possible, consistent with public safety. Defendants shall validate objective methods within one year of their initial use and once a year thereafter and revise, if necessary, according to the findings of the validation process.	Y	Y	#	Y	N	N	<p>DCR, with the support of consultants, has conducted a validation study of the classification process for detention and committed and detention youth.</p> <p>DCR has conducted a classification validation study on committed and detention youth. The validation study was assessed for agency impact, piloted and was implemented in June 2016. An Administrative Order describing implementation of the Instruments of Classification in Custody and Instruments of Classification in Detention has been trained and operationalized</p> <p>Documentation has been provided for the classification of youth for detention, as well as for committed youth, for the months of October, November and December of the Fourth Quarter of 2017.</p> <p>For the months of October, November and December of the Fourth Quarter, there were 63 detention admissions, of which 79% (50) were classified as low; 21% (13) were classified as moderate.</p> <p>For the months of October, November and December of the Fourth Quarter of 2017, there were 10 committed youth institutional assignments based on the Instruments of Classification in Custody: CTS Humacao (Treatment Level 5: 1 youth); CTS Villalba (Treatment Level 4: 5 youth); CTS Ponce (Treatment Level 2: 0 youth) CTS Ponce (Treatment Level 3: 2 youth); CTS Ponce, PUERTAS; 2 youth). Pending Placement: 10 youth were pending treatment facility placement as of the end of December 2017.</p> <p>As of 12/17/2017, Humacao is now a detention facility, CTS Ponce houses Level 2 and 3 youth as well as the PUERTAS program. CTS Villalba houses Level 4 and 5 youth.</p> <p>Monitor's consultants are continuing to work with the parties to identify necessary compliance documentation expectations.</p>

Provision	P	S	R	T	D	G	Comment
Mental Health and Substance Abuse Treatment							
S.A. 59. Defendants, specifically the Department of Health (ASSMCA), shall provide an individualized treatment and rehabilitation plan, including services provided by AIJ psychiatrists, psychologists, and social workers, for each juvenile with a substance abuse problem.	Y	#	#	#	#	N	See Mental Health report. Per CPR leadership as reported in Functional Team meeting, Policies previously in place are continuing in force. Hours contracted versus hours provided for mental health services are being reviewed for consistency in delivery. Mental health treatment, rehabilitation plan, including services provided by contracted psychiatrists, psychologists and social workers for each juvenile with a substance abuse problem are not being provided consistently by generally acceptable standards. More time is needed, especially after the transition to PCPS, to assess overall adequacy of staffing, resources and training of new staff.
C.O. 29: Defendants shall establish an adequate residential mental health treatment program which provides services in accordance with accepted professional standards for juveniles confined in the facilities in this case who are attempting to commit suicide and/or who are inflicting harm upon themselves and/or any other juvenile in need of such services as determined by the juvenile's interdisciplinary mental health team, which includes a qualified psychiatrist. This residential treatment program will house up to forty-eight (48) juveniles from Commonwealth facilities. The residential treatment program will be established in an area that meets professional standards regarding safe physical areas for suicidal and/or self-mutilating juveniles.	Y	#	Y	#	Y	#	PUERTAS provides intensive psychiatric services to approximately 12 youth who are evaluated and determined by a multidisciplinary team to be able to benefit from the intensity of services in a more structured setting. The services include Substance Abuse Counseling, Psychological Services, Occupational Therapy, Social Work Services, Behavioral Modification and Psychiatric medication evaluation and treatment. Individual and group counseling are both provided. The Mental Health Monitor met with the functional Team this quarter and discussed recommended strategy to determine the adequate number of beds given the current census; DCR has committed to present a proposal regarding reasonable number of beds, although this has not yet been received. Policies and Procedures for PUERTAS have been previously reviewed and accepted by Monitor. Staffing and Resources for PUERTAS at this time appear adequate, however more time is needed to review training and consistency of staffing and services over time (contracted hours vs. hours served by the mental health staff).
C.O. 34. Within 160 days of the filing of this Consent Decree, Defendants shall train all staff whose responsibilities include supervision of the juveniles regarding the effective recognition of suicidal and/or self-mutilating behaviors.	Y -	Y	Y	Y	Y	Y	This provision was terminated by the Court on March 30, 2017.

Provision	P	S	R	T	D	G	Comment
C.O. 36. Within 120 days of the filing of this Consent Order, Defendant Juvenile Institutions Administration shall provide continuous psychiatric and psychology service to juveniles in need of such services in the facilities in this case either by employing or contracting with sufficient numbers of adequately trained psychologists or psychiatrists, or by contracting with private entities for provision of such services. The continuous psychiatric and psychological services to juveniles in need of such services shall include at a minimum, a thorough psychiatric evaluation, necessary diagnostic tests before the prescription of behavior-modifying medications, blood-level monitoring if behavior-modifying medications are prescribed, therapy, counselling, treatments plans and necessary follow-up care.	Y	#	#	#	#	N	Policies and Procedures have been previously received, reviewed and accepted by Mental Health Monitor. While staffing appears to be in place currently, more time is needed to validate whether contracted psychiatric and psychological hours are being provided with associated services. See also Mental Health Report.
S.A. 63. For each juvenile who expresses suicidal or self-mutilating ideation or intent while incarcerated, staff shall immediately inform a member of the health care staff. Health care staff shall immediately complete a mental health screening to include suicide or self-mutilation ideation for the juvenile. For each juvenile for whom the screening indicates active suicidal or self-mutilating intent, a psychiatrist shall immediately examine the juvenile. The juvenile, if ever isolated, shall be under constant watch. Defendants shall develop written policies and procedures to reduce the risk of suicidal behavior by providing screening for all juveniles at all points of entry or re-entry to AIJ's facilities and/or programs and by providing mechanisms for the assessment, monitoring, intervention and referral of juveniles who have been identified as representing a potential risk of severe harm to themselves. Treatment will be provided consistent with accepted professional standards.	Y	N	N	#	#	N	See Mental Health Report. Psychiatrists are not immediately available to examine juveniles who have self-mutilated and/or expressed suicidal ideation.
S.A. 72. All juveniles receiving emergency psychotropic medication shall be seen at least once during each of the next three shifts by a nurse and within twenty-four (24) hours by a physician to reassess their mental status and medication side effects. Nurses and doctors shall document their findings regarding adverse side effects in the juvenile's medical record. If the juvenile's condition is deteriorating, a psychiatrist shall be immediately notified.	Y	#	#	#	#	#	While there is an appropriate policy in place, the Mental Health Monitor has thus far seen no evidence that emergency psychotropic medications have been utilized. The Mental Health Monitor requires more time to adequately assess whether there are any instances of emergency psychotropic medications and, if so, whether the requirements of this provision were followed. Such verification is particularly necessary as there are now new psychiatric staff hired by PCPS.

Provision	P	S	R	T	D	G	Comment
S.A. 73. Defendants, specifically AIJ, shall design a program that promotes behavior modification by emphasizing positive reinforcement techniques. Defendants, specifically AIJ, shall provide all juveniles with an individualized treatment plan identifying each juvenile's problems, including medical needs, and establishing individual therapeutic goals for the juvenile and providing for group and/or individual counseling addressing the problems identified. Defendants, specifically AIJ, shall implement all individualized treatment plans.	Y	Y	Y	#	Y	#	<p>Policy and procedures were received, reviewed and accepted by Monitor. Documentation of behavior modification services is consistent with plan of care. Monitor has been able to sit in on multidisciplinary discussion of youth with respect to behavior modification. Youth consistently report receiving individual and group incentives. Monitor's consultant is awaiting a training log as evidence of compliance with this factor.</p> <p>The Monitor's consultant is planning to develop a Compliance Memorandum after receipt of first quarter 2018 information regarding training.</p>

Provision	P	S	R	T	D	G	Comment
Discipline							
S.A. 74. Defendants shall specify the rules of the facilities with a complete list of possible punishments for violations of such rules in the handbook described in ¶ 47 above. Written notice of any rule violation, a hearing before a facility staff person not involved in the investigation of the violation, and an appeal to the facility director shall be provided to a juvenile prior to any punishment being imposed, except that Defendants may administratively segregate a juvenile in emergency or life threatening situations. In the event of an emergency, when circumstances make it inappropriate to hold a hearing prior to segregation, a hearing shall take place within forty eight (48) hours from the time of segregation.	Y	Y	I	Y	Y	Y	This provision was terminated by the Court on December 10, 2014 after the parties filed a joint motion to terminate this provision on July 11, 2014.

Provision	P	S	R	T	D	G	Comment
S.A. 77. In no event is physical force justifiable as punishment on any juvenile. The use of physical force by staff, including the use of restraints, shall be limited to instances of justifiable self-defense, protection of self and others, to maintain or regain control of an area of the facility, including the justifiable protection of significant property from damage; and prevention of escapes; and then only when other less severe alternatives are insufficient. A written report is prepared following all uses of force and is submitted to administrative staff for review. When force, including restraint, is used to protect a youth from self, this must be immediately referred to the medical area for medical and mental health evaluation and any necessary treatment.	#	#	I	Y	N	N	<p>Overall, use of force incidents decreased from the previous quarter. Incidents occurred as follows: Humacao (3); Villalba (1); Ponce (19). Once again, however, 16 of the incidents at Ponce involved a single, very troubled youth, JS. OC was not used to control JS and the volume of OC use decreased significantly this quarter- from 16 to only one such incident (at Humacao). According to health care staff evaluations and documentation, there were no reported injuries to youth caused by use of force.</p> <p>During site visits in December 2017, the Monitor's consultant reviewed several use of force videos at Ponce involving J.S., including three that occurred in succession on the same day. Review of videos at Ponce revealed staff responding to J.S.'s significantly disruptive behavior with extraordinary patience, use of de-escalation techniques and reluctance to use force even when faced with his destruction of property, possession of a weapon and assaults on other youth and staff.</p> <p>The availability of cameras at Ponce is an invaluable tool that is not available at the other two facilities, blind spots in the Ponce housing units should be covered with additional cameras.</p> <p>Review of Q-3 and Q-4 use of force incidents at Humacao revealed ongoing leadership struggles and youths possessing blades, which appears to affect frequency and potentially amount of force, e.g., officers are more prone to use OC when they are concerned that youth may have blades.</p> <p>The Monitor's Consultant reviewed multiple reports for more than 10 use of force incident reports, and most were completed properly and thoroughly, although accuracy must be determined via investigations. We identified, via 284s, 5 incidents in which there were allegations by staff or youth of force that may not have comported with the terms of this provision. These allegations were referred for investigation, although use of force investigations have not routinely and regularly been submitted to the Monitor during this quarter.</p> <p>The Monitor received from DCR on February 8, 2018 evidence of use of force training completion; DCR maintains a use of force policy, although it is in need of review and revision. The Deputy Monitor has previously reviewed training curricula and attended training sessions.</p>

Provision	P	S	R	T	D	G	Comment
Abuse and Maltreatment Investigation and Management							
S.A. 78.a Defendants shall take prompt administrative action in response to allegations of abuse and mistreatment, including steps to protect and treat the victim, steps to preserve evidence and initiate investigation, steps to isolate, separate, and sanction youth and/or staff involved in misconduct or criminal conduct. Defendants' policies, procedures, and practices shall clearly define all incidents that must be reported, to include, at a minimum, allegations of: abuse, mistreatment, neglect, and excessive use of force, inappropriate use of restraints, sexual misconduct, and assaults. Defendants shall provide for confidential means of reporting suspected abuse and mistreatment, without fear of retaliation for making such report.	Y	N	N	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA. Policies have been updated to comply with this provision.</p> <p>Evidence was preserved in 50% of applicable cases sampled. (Case Assessment A.4)</p> <p>Suspected youth were separated from their victim(s) in 73% of the cases assessed. (Case Assessment A.8) Additional information about compliance can be found in the case assessment tables in the main report.</p>

Provision	P	S	R	T	D	G	Comment
S.A. 78.c Within 24 hours of knowledge of a potential abuse incident, the report shall be transmitted to the Commonwealth Police for investigation, the Department of Family Services for statistical reporting, the Department of Corrections, and the AIJ administration. For serious incidents involving allegations of: abuse; neglect; excessive use of force; death; mistreatment; staff-on-juvenile assaults; injury requiring treatment by a licensed medical practitioner; sexual misconduct; exploitation of a juvenile's property; and commission of a felony by a staff person or juvenile, the AIJ administration shall also notify SAISC within 24 hours of knowledge of the potential incident, and 1 hour for any juvenile death, and SAISC shall conduct an administrative investigation.	Y	Y	Y	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>The timeliness of initial reporting to PRPD by AIJ, based on AIJ records assessed in the case assessment process (Case Assessment B.1) , is 100%</p> <p>The Commonwealth Police do not fully respond to the Monitor's information requests for case analysis information. There are reports provided for about half of the cases, and much information is missing.</p> <p>Cases were promptly referred to OISC in 75% of sampled cases based on OISC records. (Case Assessment D.1)</p> <p>The conduct and completion of the investigations is assessed in P78.e below.</p>

Provision	P	S	R	T	D	G	Comment
S.A.78.d Within 24 hours, AIJ shall prepare and forward a copy of each incident report together with the AIJ preliminary investigation to the Police Department, the Department of Family Services, the Department of Corrections, and the AIJ Administration. Every 30 calendar days, AIJ, SAISC and the Commonwealth Police shall report to the Defendant Department of Justice and AIJ the status of each investigation including final determinations and associated administrative and criminal actions. Defendants shall implement appropriate policies, procedures, and practices to ensure that incidents are promptly, thoroughly, and objectively investigated. AIJ, SAISC, and Defendant Department of Justice shall consult throughout an investigation. If Defendant Department of Justice indicates an intent to proceed criminally, any compelled interview of the subject staff shall be delayed until Defendant Department of Justice concludes the criminal investigation, but all other aspects of the investigation shall proceed. Defendant Department of Justice shall review and investigate allegations of serious incidents following a preliminary investigation by the Puerto Rico Police Department.	N	#	#	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>Indicators of compliance with the provision include measures within the Abuse Referrals Tracking Report and the Case Assessment Table, both in appendices in the main report. These indicators are showing consistent improvement.</p> <p>The Monitor’s Office has not recently reviewed compliance with the interview compulsion provision.</p>
S.A. 78.e Administrative investigations of serious incidents shall be conducted by SAISC and completed within 30 days of SAISC’s receipt of the referral. Administrative investigation of incidents classified as less serious may be conducted internally by appropriate facility staff and shall be completed within 20 days of witnessing or discovering an incident.	Y	#	#	#	N	N	<p>For the most recent quarter, 57% of OISC case investigations were completed within 30 days. (Abuse Tracking Statistics E.5 and E.6)</p> <p>100% of Level One case investigations were completed within 20 days at the facilities. (Abuse Tracking Statistics D.3)</p>

Provision	P	S	R	T	D	G	Comment
S.A. 78.f Defendants shall implement investigation standards in conformance with applicable law, including, at a minimum: photographing visible injuries; preserving and analyzing evidence; conducting separate, face-to-face, private interviews of the alleged victim, perpetrator, and all possible witnesses, with a record of the questions and answers. Whenever there is reason to believe that a juvenile may have been subjected to physical sexual abuse, the juvenile shall be examined promptly by outside health care personnel with special training and experience in conducting such assessments.	N	N	Y	N	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>There is an internal process to review investigation quality. No formally-adopted standards have been submitted to the Monitor’s Office. Training may be insufficient if the policies are not in place which would be the topic of the training.</p> <p>DCR has recently adopted a very structured investigation report template for use of force cases addressing standards set forth in this provision and in others. It is considering revising and adapting the template for non-use of force investigations. The Monitor supports this concept.</p>
S.A. 78.g Every administrative investigation shall result in a written report explicitly providing: a description of the alleged incident, including all involved persons and witnesses and their role; a description and assessment of all relevant evidence; and proposed findings. Defendants shall ensure that there are sufficient numbers of demonstrably competent staff to timely complete competent and thorough administrative investigations. Responsibilities of investigators shall be clearly designated.	N	N	Y	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as “PREA” is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>For the most recent quarter, 57% of OISC case investigations were completed within 30 days. (Abuse Tracking Statistics E.5)</p> <p>There is an internal process to review investigation quality and the Monitor and Deputy Monitor are reviewing the instrument that was developed and is used. No formally-adopted standards have been submitted to the Monitor’s Office. Training may be insufficient if the policies are not in place which would be the topic of the training.</p> <p>Based on the Case Assessment sample of cases, 100% of OISC cases contain “proposed findings.”</p>

Provision	P	S	R	T	D	G	Comment
S.A. 78.h AIJ shall conduct case management, for tracking which includes identification of findings and outcomes and dates of stages of case processing, and for oversight of further administrative actions including analysis to identify and implement corrective actions designed to avoid recurrence of incidents. At the conclusion of an administrative investigation, SAISC shall provide copies of the investigation report to AIJ and Defendant Department of Justice. AIJ's quality assurance personnel shall analyze the report and, as appropriate, identify corrective action to address operational, systemic, or other problems identified in the report and ensure that such action is taken.	Y	Y	Y	#	N	N	<p>This provision requires policies, actions and/or conditions that are also required by Part 115 of Title 28 of the Code of Federal Regulations. While compliance with these regulations, also known as "PREA" is not required by the Consent Order and Settlement Agreement, the status of compliance with the PREA regulations is relevant in assessing compliance with this provision. The fact that the provision remedies are similar to those required by federal regulations also supports a conclusion that the remedies are narrowly tailored as required by the PLRA.</p> <p>The rating for Staffing and Policy Compliance is "Y" because staffing and policy is sufficient for the Commonwealth to produce this report. The Monitor believes that the remaining area where additional monitoring and documentation is needed is the quality assurance assessment described in the third sentence.</p>
S.A. 78.i Any employee, staff member or contractor who is criminally charged for offenses involving the abuse or mistreatment of juveniles, excessive force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending. Defendants may take additional administrative actions as they deem appropriate.	Y	Y	Y	Y	Y	Y	This provision was terminated by the Court on March 30, 2017.
<p>Separation Order, of December 4, 2006: Any employee, staff member, or contractor who is criminally charged in the future for offenses involving the abuse or mistreatment of juveniles, excessive use of force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including the removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending.</p> <p>For any criminal proceeding that is filed in the future, the same information shall be provided to the Monitor and the United States within fifteen (15) days after its filing.</p> <p>The order also required two reports to be filed by December 19, 2006. These were filed at the time.</p>	Y	Y	Y	Y	Y	Y	This provision was terminated by the Court on March 30, 2017.

Provision	P	S	R	T	D	G	Comment
Protection and Isolation							
<p>S.A. 79. Juveniles shall be placed in isolation only when the juvenile poses a serious and immediate physical danger to himself or others and only after less restrictive methods of restraint have failed. Isolation cells shall be suicide resistant. Isolation may be imposed only with the approval of the facility director or acting facility director. Any juvenile placed in isolation shall be afforded living conditions approximating those available to the general juvenile population. Except as provided in ¶ 91 of this agreement, juveniles in isolation shall be visually checked by staff at least every fifteen (15) minutes and the exact time of the check must be recorded each time. Juveniles in isolation shall be seen by a masters level social worker within three (3) hours of being placed in isolation. Juveniles in isolation shall be seen by a psychologist within eight (8) hours of being placed in isolation and every twenty-four (24) hours thereafter to assess the further need of isolation. Juveniles in isolation shall be seen by his/her case manager as soon as possible and at least once every twenty-four (24) hours thereafter. A log shall be kept which contains daily entries on each juvenile in isolation, including the date and time of placement in isolation, who authorized the isolation, the name of the person(s) visiting the juvenile, the frequency of the checks by all staff, the juvenile's behavior at the time of the check, the person authorizing the release from isolation, and the time and date of the release. Juveniles shall be released from isolation as soon as the juvenile no longer poses a serious and immediate danger to himself or others.</p>	#	Y	#	#	Y	N	<p>The number of TM designated and PC youth during this quarter has typically remained at 1-2 at any given time, with a total of 24 placements for TM and three for PC during the quarter. The duration of such statuses typically ranges from 3 to 30 days (one youth was on TM status for 113 days).</p> <p>There is extensive documentation available concerning the requirements of this provision.</p> <p>The Monitor's Consultants continue the process of assessing- against the criteria set forth in this provision- the circumstances and conditions of confinement of any youth on transitional measures and protective custody who are generally confined to their rooms. All Protective Custody and Transitional Measure events occurring during the 4th quarter as of the time of the facility site visits were reviewed, and the results of that evaluation are included as a separate report in this Quarterly Report. While we found compliance with 15 of 21 criteria, six areas of non-compliance currently are: not all youths placed pose a serious and immediate physical danger to self or others; not all isolation cells are sufficiently suicide resistant; most youths are not seen by masters level social worker within 3 hours; most youths are not seen by psychologist within 8 hours or every 24 hours thereafter; not all youths are seen by a case manager every 24 hours.</p> <p>On 12/6/17, DCR committed to revising current TM and PC policies to reflect the requirements of this provision and P80 and making necessary adjustments to practice accordingly. A draft policy for TM was provided to the Monitor in February 2018 and was promptly returned to DCR with broad comments; DCR has proposed to discuss revised policies at the Monitor's April site visit.</p>

Provision	P	S	R	T	D	G	Comment
S.A. 80. The terms of this agreement relating to safety, crowding, health, hygiene, food, education, recreation and access to courts shall not be revoked or limited for any juvenile in protective custody.	#	Y	#	N	Y	N	<p>See above discussion for P 79 and separate report on Transitional Measures and Protective Custody.</p> <p>As has been the case in previous quarters the only services that were found to be <i>limited</i> (none were revoked) in comparison with general population youth were recreation (on weekends) and education. DCR Policies 17.19 (PC) currently establish 20 minutes of individual instruction per subject as the standard for education for these youth and while this amount of one-on-one education <i>may</i> be the equivalent of that offered to other youth in classroom settings, this equivalence for compliance purposes has not been stipulated to by the parties. There is extensive documentation available concerning the requirements of this provision, including the aforementioned non-compliant education requirement.</p> <p>On 12/6/17, DCR committed to revising current TM and PC policies to reflect the requirements of this provision and making necessary adjustments to practice accordingly.</p> <p>Report. A draft policy for TM was provided to the Monitor in February 2018 and was promptly returned to DCR with comments; DCR has proposed to discuss revised policies at the Monitor's April site visit.</p> <p>.</p>

Provision	P	S	R	T	D	G	Comment
Education and Vocational Services							
S.A. 81. Defendants, specifically the Department of Education, shall provide academic and/or vocational education services to all juveniles confined in any facility for two weeks or more, equivalent to the number of hours the juveniles would have received within the public education system. Specifically, this education shall be provided 5 (five) days per week, 6 (six) hours per day, 10 (ten) months per year. AIJ shall provide adequate instructional materials and space for educational services. Defendants shall employ an adequate number of qualified and experienced teachers to provide these services.	#	N	N	I	N	N	<p>The 2017-2018 school opening was delayed for two weeks but was followed by a full schedule soon afterwards in each institution. Except for CD students and those in protective custody or transitional measures, DCR offers a 5 day a week, 6 hours per day for ten months in each school within the sites.</p> <p>Vocational opportunities are available in the CTS institutions for all students. During the 4th quarter site visit, the Humacao teacher-in-charge reported that all CD students also receive vocational education e.g., barbering, baking and wood working, in addition to the civics class (which DCR and DOE previously proposed as a substitute for traditional vocational education but which was rejected by the Monitor). This is also the case in Ponce where the young women are now in residence with the CD students participating in the vocational shops. With the relocation of CD students to Humacao and Ponce, each site offers both the civics course and traditional vocational education according to the teachers-in-charge.</p>
S.A. 86a. Defendants, specifically the Department of Education, shall abide by all mandatory requirements and time frames set forth under the Individuals with Disabilities Education Act, 20 USC §§ 1401 <u>et seq.</u> Defendants shall screen juveniles for physical and learning disabilities.	#	N	N	N	N	N	<p>The Monitor, consultants, and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance. During the 4th quarter, staff reported that related services as required in the special education IEP were improved. In Ponce, a form coordinates both the prescribed services and the delivery. Directors in the two other institutions said they would look into employing that form as well.</p> <p>Compliance with 86a requires compliance with 86b.</p>
S.A. 86b. The screening shall include questions about whether the juvenile has been previously identified by the public school system as having an educational disability, previous educational history, and a sufficient medical review to determine whether certain educational disabilities are present, such as hearing impairments, including deafness, speech or language impairments, visual impairments, including blindness, mental retardation, or serious emotional disturbances adversely affecting educational performance.	#	N	N	I	N	N	<p>Special education files list various instruments employed to determine the educational, mental and physical needs of the students. There is little evidence that the areas identified here are addressed at admission and subsequently re-evaluated in annual reviews.</p> <p>The Monitor's consultants and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance.</p> <p>Compliance with 86b requires compliance with 86a.</p>

Provision	P	S	R	T	D	G	Comment
S.A. 87. If a juvenile has been previously identified as having an educational disability, Defendants shall immediately request that the appropriate school district provide a copy of the juvenile's individualized education plan ("IEP"). Defendants shall assess the adequacy of the juvenile's IEP and either implement it as written if it is an adequate plan or, if the IEP is inadequate, rewrite the plan to make it adequate, and then implement the revised IEP.	#	N	N	I	N	N	<p>Compliance with the first part of the stipulation remains high in that the agency institutions routinely request IEPs and special education files from the community public schools. The request is frequently ignored or results in late delivery preventing compliance with the second part requiring assessment of the documents' adequacy. This is particularly the case in the detention institutions (now Humacao for boys and Ponce for girls). Rather than pursue the IEP and special education file from the prior community school, the DCR special education staff develop temporary institutional documents which will travel with the youth after classification and assignment. DCR's response to this issue is that they have no authority over the community schools and that is a concern of the Department of Education for the Commonwealth. It should be noted that the DOE is part of the consent decree and should take steps to implements terms of the agreement as they relate to DCR youth and the requirement that a student's special education file, including the IEP, follows reasonably quickly after the youth's transfer into the DCR sites.</p> <p>The Monitor's Consultant, routinely during site visits examines the special education files of newly arrived certified special education youth to determine that the institution took steps to obtain them from the community; secondly to review and evaluate the documents and finally rewrite the IEP if deemed inadequate.</p> <p>The Monitor, consultants, and DCR officials continue to study the most effective way to develop an instrument for periodic case reviews and assess stipulation compliance.</p>

Provision	P	S	R	T	D	G	Comment
S.A. 90. Defendants shall provide appropriate services for juveniles eligible for special education and related services. Defendants shall provide each such juvenile with educational instruction specially designed to meet the unique needs of the juvenile, supported by such services as are necessary to permit the juvenile to benefit from the instruction. Defendants shall coordinate such individualized educational services with regular education programs and activities.	#	N	N	I	N	N	<p>Since all special education students are mainstreamed with those not certified, they receive the equivalent adult education as the others except for those in protective custody or in transitional measures. This consists of a 6 hour day, 5 days a week for 10 months. The monitor's consultant does not acknowledge adult education as delivered in the institutions adequate to the needs of the DCR youth. See note to S.A. 81 as to the appropriateness of adult education. See note to S.A. 94 about protective custody and transitional compliance. See note to S.A. 87 about the development of a mental health/special education assessment.</p> <p>There are no educational services offered to special education or other students who have completed the 4th year, as DCR does not consider them part of the agreement. The DCR education director agreed that this policy should be re-examined and indicated he would prepare some recommendation for 4th year completers in the next quarter. He noted that some participate in vocational shops with instructor permission. Since the FT meeting was not held, those recommendations have not been delivered to date.</p>

Provision	P	S	R	T	D	G	Comment
S.A. 91. Qualified professionals shall develop and implement an IEP reasonably calculated to provide educational benefits for every juvenile identified as having a disability. When appropriate, the IEP shall include a vocational component.	#	N	Y	I	N	N	<p>Certified special education teachers provide education services to youth. For the 4th quarter, vocational opportunities were available in each institution. The monitor's educational consultant maintains that civics/ethics cannot be reasonably be considered vocational education. Based on the school director's report in Humacao and Ponce where CD students are housed, they are now receiving traditional vocational education in addition to the ethics class. It appeared to be the case in the 4th Quarter that all CD special education students could be included in Humacao and Ponce vocational shops.</p> <p>There has been a system wide gap in communication between education and mental health staff for most of 2017. Prescriptions written into the IEP fall into a "one size fits all" admittedly written by educators with scant consultation with mental health staff. During the previous three quarters, mental health personnel rarely participate in the COMPU which prepares and recommends implementation of the IEP. Special education staff in each institution report that the level of service improved in the 4th quarter and that an USMIC representative does participate in the COMPU in each site.</p> <p>The agency has moved from their previous model of mental health and other related services by contracting with a private enterprise, PPCP. There have been numerous delays in the delivery to date, but there were reported improvement in each situation during this quarter.</p> <p>Previously, a process started with the education and mental health consultants evaluating the qualification of professionals to develop and implement the IEP. It was not completed due to the resignation of the previous mental health consultant and the termination of mental health personnel in place before the new PPCP contract was approved.</p> <p>See note in reference to related services such as mental health and substance abuse in SA 87.</p>
S.A. 93. Services provided pursuant to IEPs shall be provided year round. Defendants shall ensure that juveniles with educational disabilities receive a full day of instruction five (5) days a week.	#	N	N	I	N	N	<p>The summer camp program did not offer credit-bearing opportunities this year. Although this could extend the school year for some, DCR/NIJ does not believe there are students who meet the prerequisites for year round education; the monitor's office disagrees that there are no such students. The summer program for 2018 has not been developed to date in part because of the hurricanes.</p> <p>The Monitor and consultants are working with DCR officials to develop an instrument for periodic case reviews to more fully document the level of compliance with this provision.</p>

Provision	P	S	R	T	D	G	Comment
S.A. 94. Juveniles shall not be excluded from services to be provided pursuant to IEPs based on a propensity for violence or self-inflicted harm or based on vulnerability. Juveniles in isolation or other disciplinary settings have a right to special education. If required for institutional security, services provided pursuant to IEPs may be provided in settings other than a classroom.	#	N	N	I	N	N	Ongoing reviews of services provided for youth in transition or protective custody, showed that youth are not receiving services comparable to youth who are not in isolation. This has not changed to date (See also comments for S.A. 90 and SA 80).
S.A. 95. When an IEP is ineffective, Defendants shall timely modify the IEP.	#	Y	Y	I	N	N	<p>All special education positions are filled for the 2017-2018 school year. The delayed opening of the schools during the last three years negatively affects all students, including those in special education. See note about the delivery of special services in SA 86.</p> <p>A systematic assessment has not yet been completed by the Commonwealth and provided to the Monitor's Office for review.</p>
Funding and Implementation							
C.O. 43 Until this order is fully implemented, Defendants shall submit to the Legislature of the Commonwealth each fiscal year a report wherein the required sums of money will be established so as to implement this Consent order.	I	I	N	I	N	N	<p>The Commonwealth legal position is that the required report is the agency budget request. The budget request is not routinely provided to the Monitor or the United States.</p> <p>It is also not established that the budget identifies the "required sums of money" to "implement the order."</p> <p>The budget has been, in fact, insufficient to implement the requirements of the decree. There are many provisions in non-compliance with category "R" specified as one of the factors. These are provisions where lack of resources is a factor in non-compliance.</p> <p>Monitor's consultants are prepared to work with parties to identify necessary compliance documentation expectations for a Roadmap.</p>