

**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,

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**INFORMATIVE MOTION TO FILE THE MONITOR'S QUARTERLY REPORT**

TO THE HONORABLE COURT:

Today, the Monitor submits the Monitor's First Quarter Report for 2011. The report covers the months of January, February and March 2011. This report consists of an introductory statement by the Monitor, along with the compliance ratings tables and special reports by the Monitor's consultants.

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

**Respectfully Submitted,**

s/ F. Warren Benton

**F. Warren Benton**

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

**Certificate of Service**

I HEREBY CERTIFY that this 9<sup>th</sup> day of May, 2011, I electronically filed the forgoing with the Clerk of the Court using the CM/ECF system, which will simultaneously serve notice of such filing to counsel of record to their registered electronic mail addresses.

Respectfully Submitted,

s/ F. Warren Benton

F. Warren Benton

Monitor

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

USACPR Monitoring Inc.

Calle Mayaguez # 212, Esquina Nueva, San Juan, PR 00917

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## Monitor's Quarterly Report Fourth Quarter, 2010

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

The following is the Monitor's First Quarter Report for 2011. The report is in two parts – a narrative overview, along with a set of tables classifying the status of compliance with each provision. The narrative supplements the tables, describing recent events and accomplishments, reviews the results of some of the on-site monitoring tours, and examining particular compliance problems and pending issues. The narrative section does not comment on every category of provisions in every quarterly report.

A.	PLRA Motion .....	3
B.	Status of the Proposed Modification of the Use of Force Provision .....	3
C	Central Review of Suicide and Self-Mutilation Incidents .....	4
D.	Education Requirements for Students in Protective Custody .....	4

Document Attachment A:	Consultant Robert Dugan Report on Staffing Compliance
Document Attachment B:	Classification Validation
Document Attachment C:	Report on Incidents and Understaffing
Document Attachment D:	Abuse Referrals Tracking Report
Document Attachment E:	Abuse Referral Case Assessment Report
Document Attachment F:	Review of Suicide and Self-Mutilation Incidents
Document Attachment G:	Chronology of Site Visits

Separate Attachment One: Table of Compliance Ratings

### A. PLRA Motion and the Monitor's Special Report

The Monitor's report was filed on April 25, 2011.

### B. Paragraph 77

The Monitor, Monitor's Consultant and counsel for both parties met to discuss the revision of Paragraph 77 to address concerns raised by the Monitor's consultant about the interpretation, implementation and compliance monitoring for the provision. Based on the conference call the Monitor has asked the parties to consider the following revision:

*In no event is physical force, including the use of restraints, 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 others, to maintain or regain control of an area of the facility, including the justifiable protection of property from damage; and prevention of escapes; and then only after less severe alternatives have been reasonably used or rejected as unworkable. 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 reported to a psychiatrist who shall provide an intervention and treatment plan.*

The revision clarifies the circumstances under which force and/or restraint may be used, and clarifies the reporting expectations after the incident. The next step is for the parties to advise the Monitor as to whether the proposed language is acceptable.<sup>1</sup>

## C. Central Review of Suicide and Self-Mutilation Incidents

In the prior Quarterly Report, the Monitor set a deadline for the development of a process for the central review of suicide and self-mutilation gestures and attempts - not later than the end of the first quarter of 2011.

The Commonwealth reports the following:

- Dr. Arcangel Rodriguez, the new mental health coordinator, began his review of these cases on February 2, 2011.
- Dr. Rodriguez is notified of every incident and evaluates each incident within five days from receipt of the referral and prepares a report. If he finds that the incident was not adequately managed, he will visit the facility where the incident took place and discuss the case with the treatment committee of the institution.
- If he determines that there was any possible negligence, he will refer the case to UEMNI within 15 working days for investigation.
- Dr. Rodriguez keeps a table of monthly statistics of all the incidents he receives and evaluates.
- These new process are in addition to the previous regular process of referring the youth involved in an incident to the medical area for evaluation, referral to hospital if needed, and referral to the psychologist for activation of the suicide prevention protocols if deemed necessary.

The Commonwealth has issued a procedure which is presented in Appendix F of this report.

The Monitor's consultant for mental health services, Dr. Thomas Kucharski, will initiate site visits to review this process.

## D. Education Requirements for Students in Protective Custody

Paragraph 80 of the Settlement Agreement requires that: "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."

The Monitor's consultants developed a statement that proposes to define how they would assess compliance with this provision. The statement reads as follows: "*All students classified as PC (protective custody) shall receive no less than two (2) hours of direct instruction per day from a certified teacher in material comparable to what other students receive in the regular classroom. It shall include instruction in the core academic subjects, mathematics, Spanish, social studies, science, and English, though the relative amount of time spent in each subject is at the discretion of the teacher. For the purposes of*

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<sup>1</sup> The Monitor is deferring intensive compliance monitoring for paragraph 77 until the modification is either approved or rejected. The United States disagrees with the Monitor's approach. The problem, as the Monitor sees it, is that the current language of Paragraph 77 is operationally impractical. For example, it requires prior approval by the facility director or his/her designee before restraints can be applied. In any emergency when use of restraints becomes immediately necessary for the reasons listed in the provision, it is imprudent for the staff member to wait until approval is received in advance. If ultimately necessary the Monitor would assess compliance with the existing provision, but the Monitor believes it would be more constructive to reach some level of agreement on the revisions first.

*compliance, the following will provide adequate documentation: teacher contact log, interviews with students, and review of student class-work files. Special education students will also receive services identified in their PEIs. Teacher providing direct instruction will collaborate with special education teachers to deliver those services."*

The parties conferred, and it was agreed that the Commonwealth is not presently providing and documenting even this level of service. It was agreed that a first step would be for the Defendants to notify the Monitor and the United States when they have achieved consistent level of implementation of the level of service, and documentation of service delivery, that is proposed above. The Monitor's consultants and the United States will then assess whether this is appropriate and sufficient for the youth involved.

The Monitor encourages the Commonwealth to implement their plan so that it can be assessed.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "F. Warren Benton", is written over a horizontal line.

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F. Warren Benton, Ph.D.  
Monitor

## Document Attachment A: Consultant Robert Dugan Report on Staffing Compliance

### AIJ Staffing Quarterly Report: January 2, 2011 – April 2, 2011

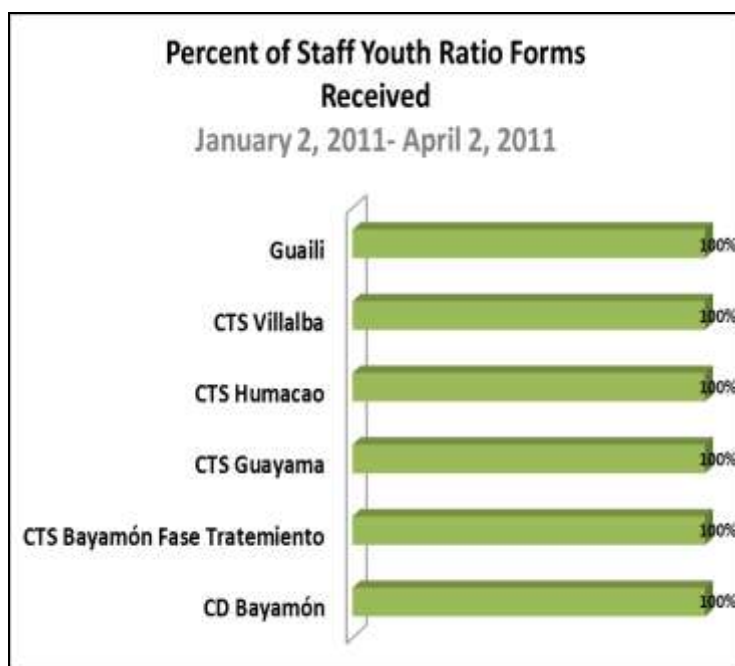
Prepared by Bob Dugan: Office of the Monitor: April 14, 2011

### Background:

The following report constructed on April 14, 2011 provides information on Staff Youth Ratio forms that were provided to the consultant for the period of January 2, 2010 thru April 2, 2011.

As of the Friday, April 8, 2011 the following forms have been submitted.

Facilities	Volume of Weeks of Staff Youth Ratio Forms Requested	Volume of Staff Youth Ratio Forms Received
<a href="#">CD Bayamón</a>	13	13
<a href="#">CTS Bayamón Fase Tratamiento</a>	13	13
<a href="#">CTS Guayama</a>	13	13
<a href="#">CTS Humacao</a>	13	13
<a href="#">CTS Villalba</a>	13	13
<a href="#">Guaili</a>	13	13
<b>Totals</b>	<b>78</b>	<b>78</b>



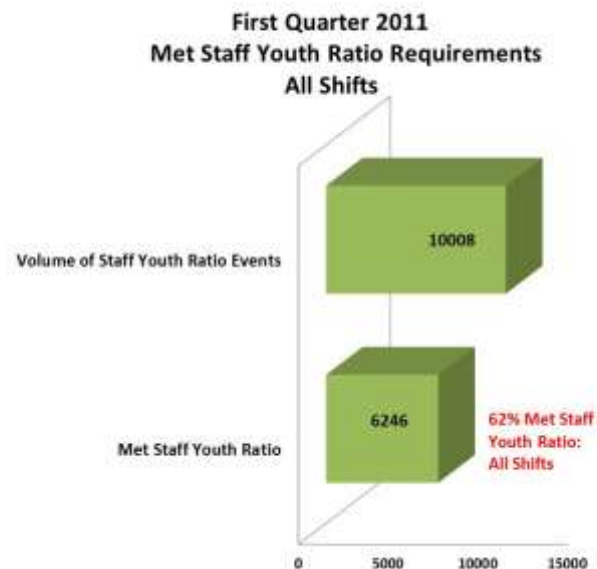
AIJ submitted a total of 78 facility staff youth ratio forms. For this quarterly reporting period 100% of the staff youth ratio forms were available for analysis. For all of the 2010 Quarterly Reports and this first 2011 Quarterly Report, AIJ has provided 100% of requested Staff Youth Ratio Forms.

The table displaying the date that Staff Youth Ratio forms were received is on page 14 of this report.

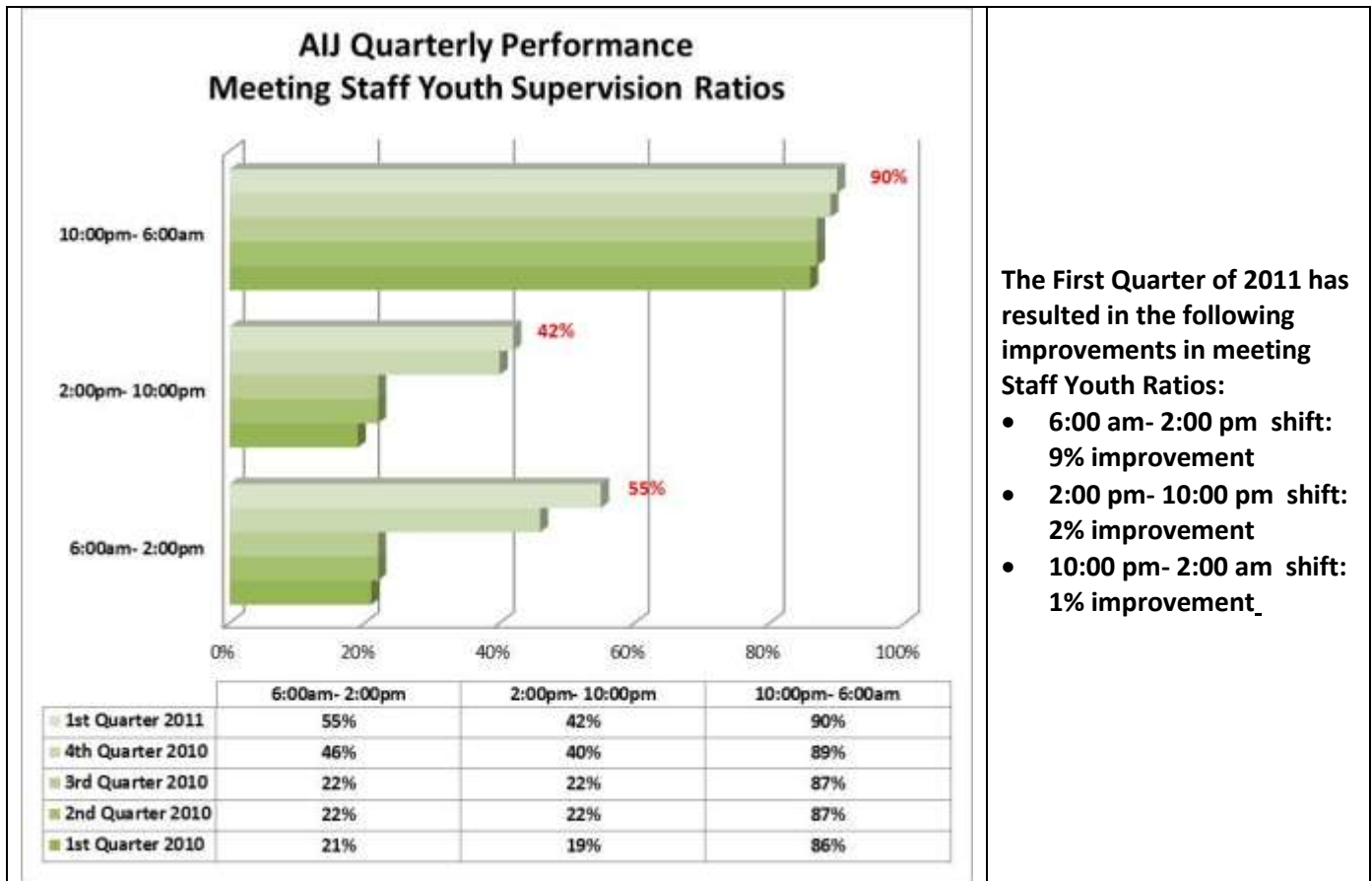
**AIJ Staff Youth Ratio Averages:**

During the First Quarter reporting period (January 2, 2011 thru April 2, 2011), AIJ documented a total of 10,008 shift / unit events that required staff to youth supervision. This is a reduction of 2244 staff youth supervision events since the Fourth Quarter of 2010.

Of the 10,008 shift / unit events, 6246 of the events (62.4%) were supervised with the required staff youth ratios, an improvement of 4% since the Fourth Quarter of 2010.



The following chart represents the AIJ agency Staff Youth Ratio averages by shift for the last four quarters through April 2, 2011:



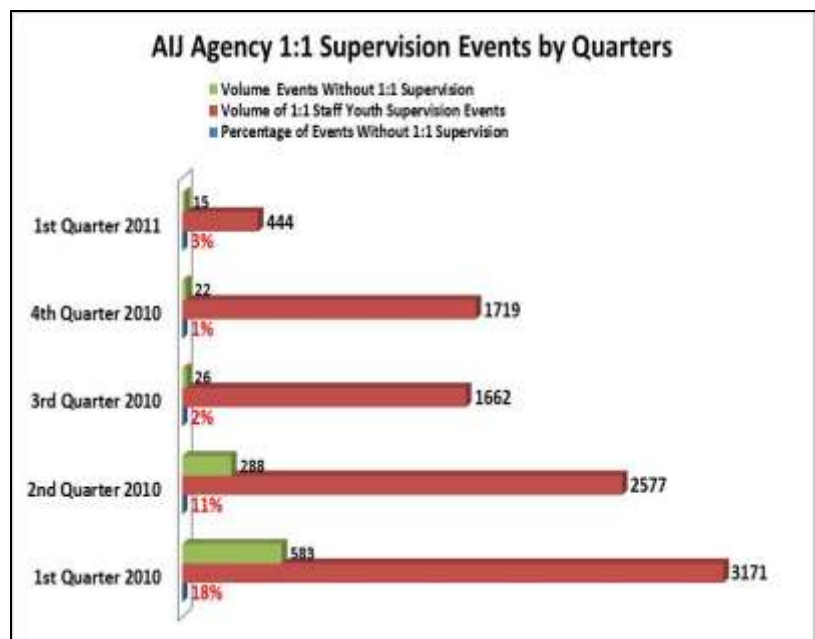
### AIJ Agency 1:1 Supervision Events:

Over the course of the last five quarterly reports, there has been a remarkable reduction in the volume of youth designated for 1:1 supervision

- 3171 events 1<sup>st</sup> Quarter 2010
- 2577 events 2<sup>nd</sup> Quarter 2010;
- 1662 events 3<sup>rd</sup> Quarter 2010
- 1719 events 4<sup>th</sup> Quarter 2010
- 444 events 1st Quarter 2011

Correspondingly, there has been a continual reduction in the volume of youth without required 1:1 supervision:

- 583 events 1<sup>st</sup> Quarter 2010
- 288 events 2<sup>nd</sup> Quarter 2010
- 26 events 3<sup>rd</sup> Quarter 2010
- 22 events 4<sup>th</sup> Quarter 2010
- 15 events 1st Quarter 2011





During the First Quarter 2011 reporting period, AIJ documented a total of 444 events that required 1:1 staff to youth supervision.

Of the 444 1:1 events, 15 of the events (.03%) were not supervised with the required 1:1 staff youth ratio.

This is a significant improvement from the Second Quarter of 2010 when 11.2% of 1:1 supervision events were not supervised with the required 1:1 staff youth ratio.



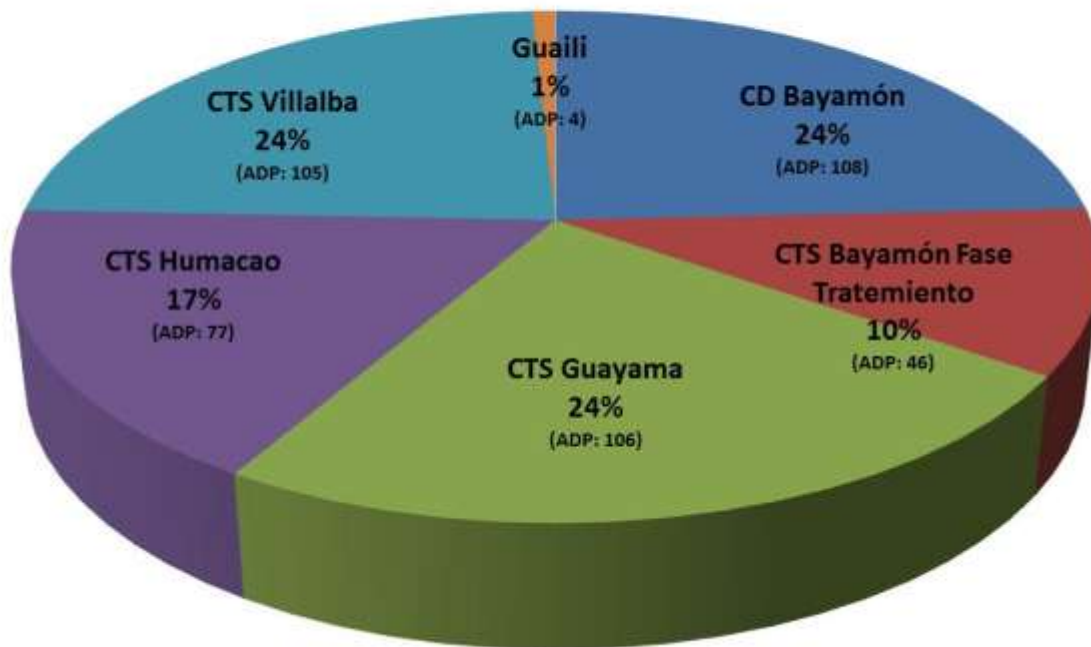
### **AIJ Average Daily Population:**

Analysis of Staff Youth Ratio forms has been expanded to provide some perspective to not only the number of shifts that are in compliance with expected staff youth ratios, but to display staffing information compared to facility average daily population (ADP). Facility average daily population was computed from the weekly Staff Youth Ratio forms by averaging the 6:00-2:00 shift facility population on the first Monday of each of the thirteen reporting weeks.

The table below displays each facilities average daily population for the reporting cycle (January 2 thru April 2, 2011) as well as the proportionate facility youth population that each facility contributes to the agency average daily population.

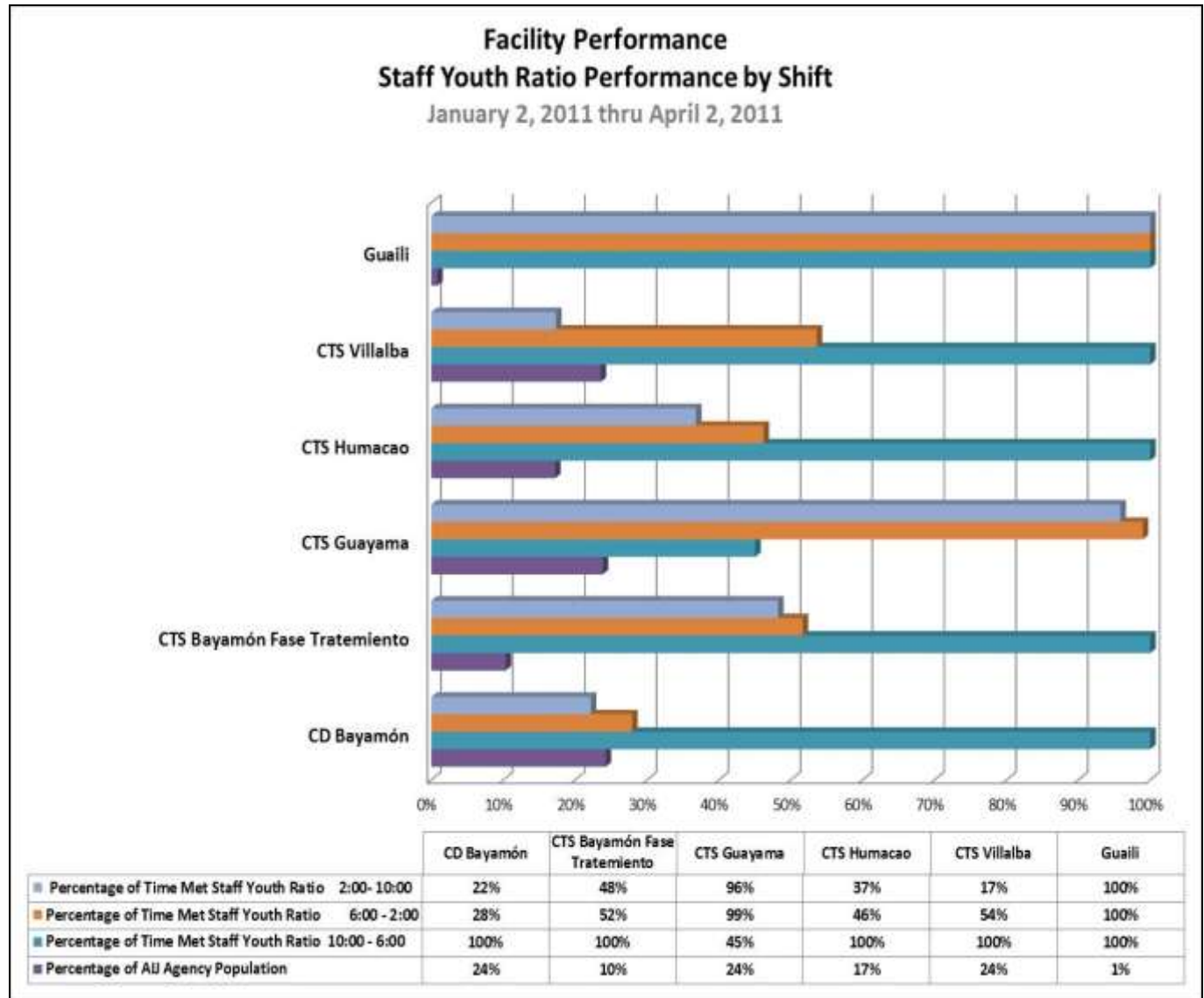
### Distribution of AIJ Facility Average Daily Population

January 2, 2011 thru April 2, 2011



The staff youth ratio analysis below represents the staffing information received for the period from January 2, 2011 thru April 2, 2011 (13 weeks). The purple bar for each facility represents the proportionate average daily population that facility contributes to the AIJ average daily population. The table of average daily population can be found on page 15 of this report.

During the first quarter reporting period (January 2, 2011 thru April 2, 2011), CD Bayamon, CTS Villalba, and CTS Humacao have the largest volume of staffing deficiencies, representing 65% of the AIJ youth population.



**CD Bayamón Staff Youth Ratio Analysis:**

January 2, 2011 thru April 2, 2011

**Level 5 Facility:** AIJ has not identified CD Bayamon units that will have youth classified as low risk.

AIJ has not designated CD Bayamon high risk units or low risk units, consequently the analysis was done with the ratios of 1:8 during the 6:00 AM-2:00 PM and 2:00 PM -10:00 PM shifts.

- High Risk CD Units: Staff Youth Ratio 1:8 during 6:00-2:00 and 2:00-10:00
- Low Risk CD Units: Staff Youth Ratio 1:16 during 6:00-2:00 and 2:00-10:00
- All Units Staff Youth Ratio 1:16 during 10:00-6:00

**Percent of Forms Available:** 100%

**Volume of Weeks Analyzed:** 13 of 13 requested

For the 1st Quarter of 2011 there has been the following improvement in Staff Youth Ratio supervision:

- 10:00pm- 6:00am: a 3% improvement
- 6:00 am – 2:00 pm: a -1% reduction in improvement
- 2:00 pm – 10:00 pm: a -7% reduction in improvement

**\*\*CD Bayamón contributed 217 of the 444 (49%) AIJ 1:1 supervision events for the 1<sup>st</sup> Quarter reporting period.**

Average volume of youth assigned 1:1 staff youth supervision per reported day:

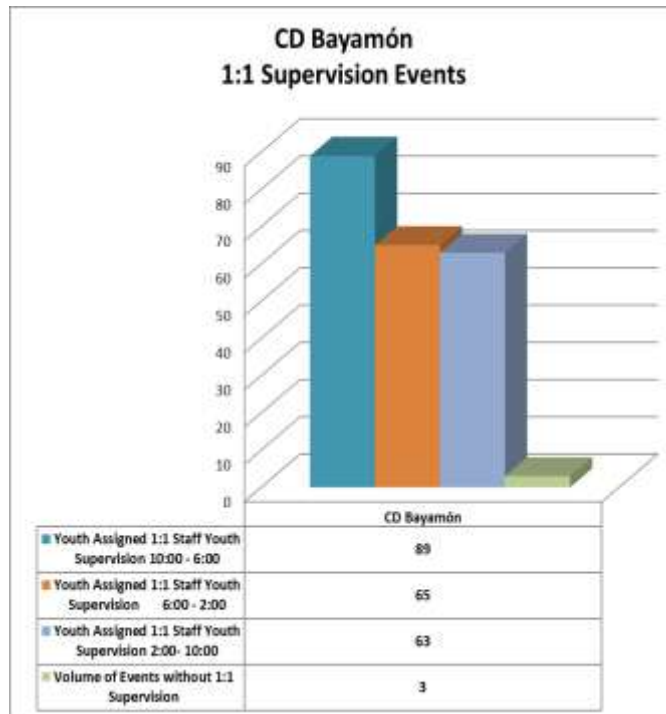
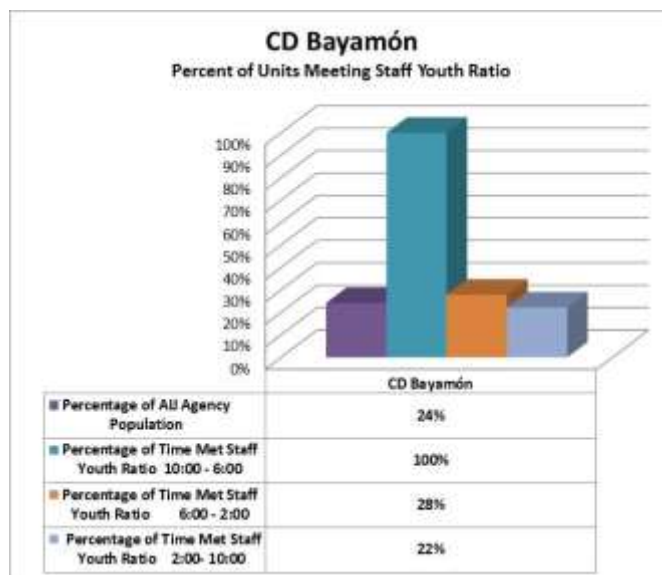
**0.79/ 217 youth supervision events for the 1<sup>st</sup> Quarter of 2011**

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

**3**

**Volume of Weeks Analyzed: 13**

**Volume of Days Analyzed: 91**



**CTS Bayamón Fase Tratamiento Staff Youth Ratio Analysis:**

January 2, 2011 thru April 2, 2011

**Level 4 and 5 Facility:**

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

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

**Percent of Forms Available:** 100%

**Volume of Weeks Analyzed:** 13 of 13 requested

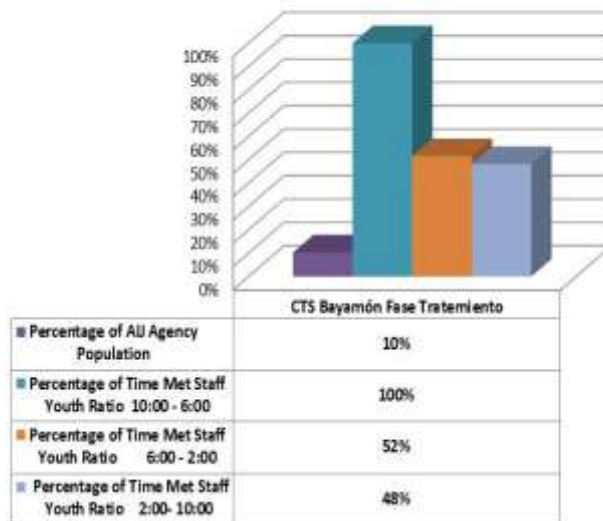
For the 4<sup>th</sup> Quarter there has been the following improvement is Staff Youth Ratio supervision:

- 10:00pm- 6:00am: a 1% improvement
- 6:00 am – 2:00 pm: a 30% improvement
- 2:00 pm – 10:00 pm: a 16% improvement

**Volume of Weeks Analyzed:** 13

**Volume of Days Analyzed:** 91

**CTS Bayamón Fase Tratamiento**  
Percent of Units Meeting Staff Youth Ratio



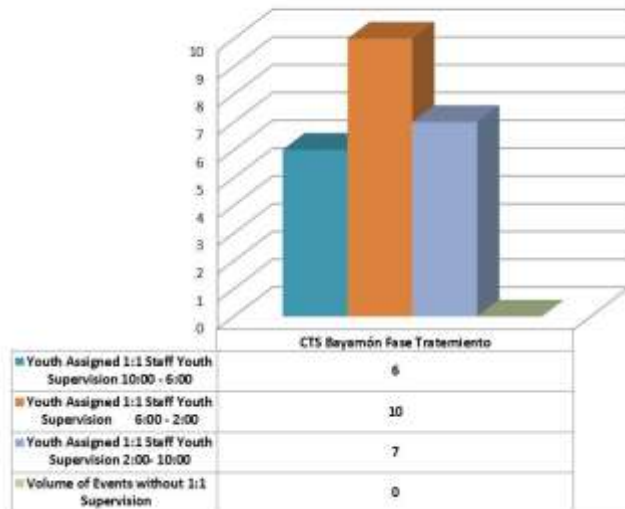
Average volume of youth assigned 1:1 staff youth supervision per reported day:

**0.5/ 23 youth supervision events for the 1<sup>st</sup> Quarter of 2011**

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

**0**

**CD Bayamón Fase Tratamiento**  
1:1 Supervision Events



**CTS Guayama Staff Youth Ratio Analysis:**

January 2, 2011 thru April 2, 2011

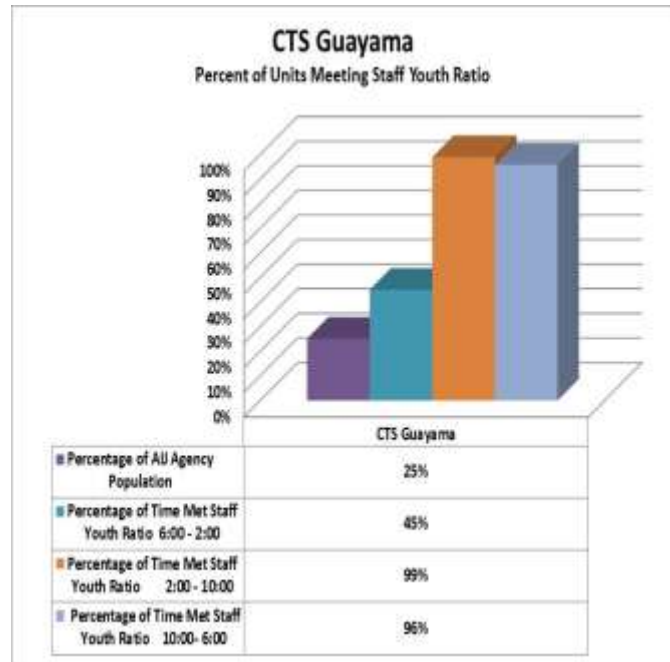
**Level 3 Facility:**

- A Staff Youth Ratio of 1:16 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

For the 1st Quarter of 2011 there has been the following improvement is Staff Youth Ratio supervision:

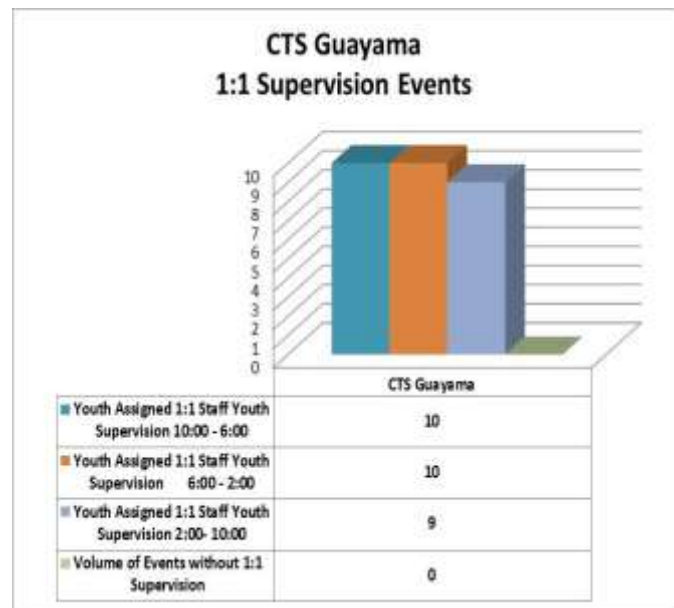
- 10:00pm- 6:00am: a 15% improvement
- 6:00 am – 2:00 pm: a 11% improvement
- 2:00 pm – 10:00 pm: a 10% improvement

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

Average volume of youth assigned 1:1 staff youth supervision per reported day:

**0.11/ 29 youth events for the 1<sup>st</sup> quarter**

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

**0**

**CTS Humacao Staff Youth Ratio Analysis:**

January 2, 2011 thru April 2, 2011

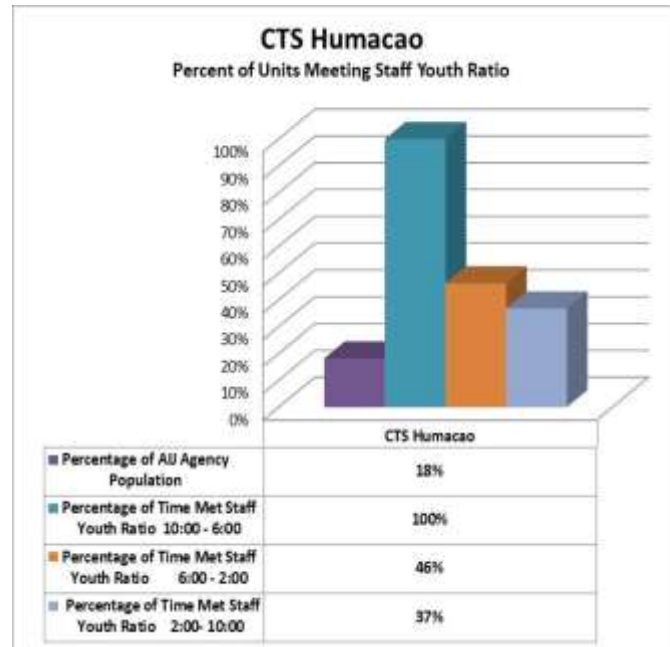
**Level 4 Facility:**

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

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

For the 1st Quarter of 2011 there has been the following improvement is Staff Youth Ratio supervision:

- 10:00pm- 6:00am: a 15% improvement
- 6:00 am – 2:00 pm: a 16% improvement
- 2:00 pm – 10:00 pm: maintained at 100%

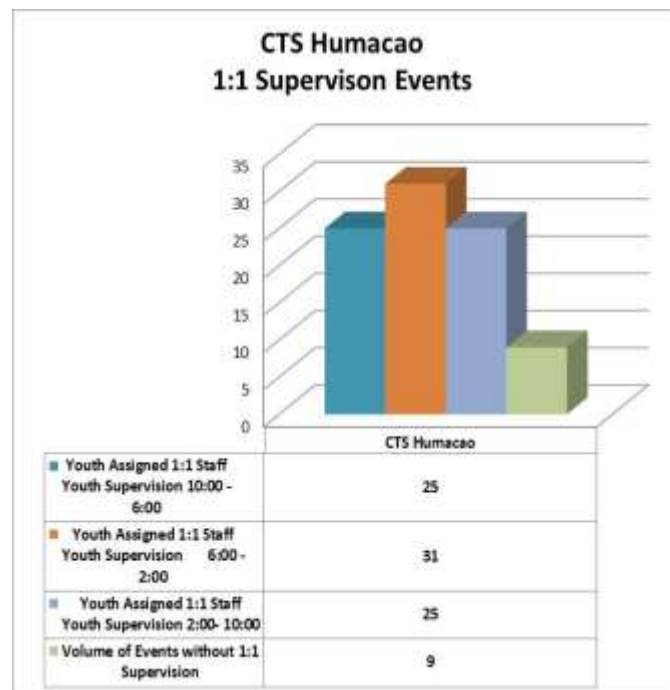
**Volume of Weeks Analyzed: 13****Volume of Days Analyzed: 91**

Average volume of youth assigned 1:1 staff youth supervision per reported day:  
**.30/ 81 youth supervision events for the 1<sup>st</sup> Quarter of 2011**

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

**9**

- *There has been continual reduction each quarter in the volume of 1:1 youth supervision events that have not been supervised as required.*





**CTS Villalba Staff Youth Ratio Analysis:**

January 2, 2011 thru April 2, 2011

**Level 5 Facility:**

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

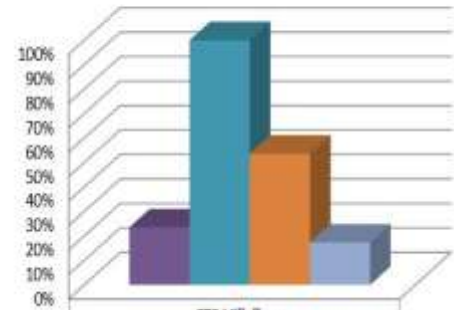
**Percent of Forms Available:** 100%**Volume of Weeks Analyzed:** 13 of 13 requested

For the 1<sup>st</sup> Quarter of 2011 there has been the following improvement is Staff Youth Ratio supervision:

- 10:00pm- 6:00am: a 17% improvement
- 6:00 am – 2:00 pm: a 29% improvement
- 2:00 pm – 10:00 pm: a 4% reduction in improvement

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

**CTS Villalba**  
Percent of Units Meeting Staff Youth Ratio



Percentage of All Agency Population	24%
Percentage of Time Met Staff Youth Ratio 10:00 - 6:00	100%
Percentage of Time Met Staff Youth Ratio 6:00 - 2:00	54%
Percentage of Time Met Staff Youth Ratio 2:00 - 10:00	17%

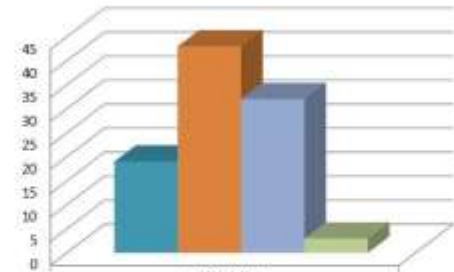
Average volume of youth assigned 1:1 staff youth supervision per reported day:

**0.34/ 94 youth supervision events for the 1<sup>st</sup> Quarter of 2011**

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

**3**

**CTS Villalba**  
1:1 Supervision Events



Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	19
Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	43
Youth Assigned 1:1 Staff Youth Supervision 2:00 - 10:00	32
Volume of Events without 1:1 Supervision	3



**Guaili Staff Youth Ratio Analysis:**

January 2, 2011 thru April 2, 2011

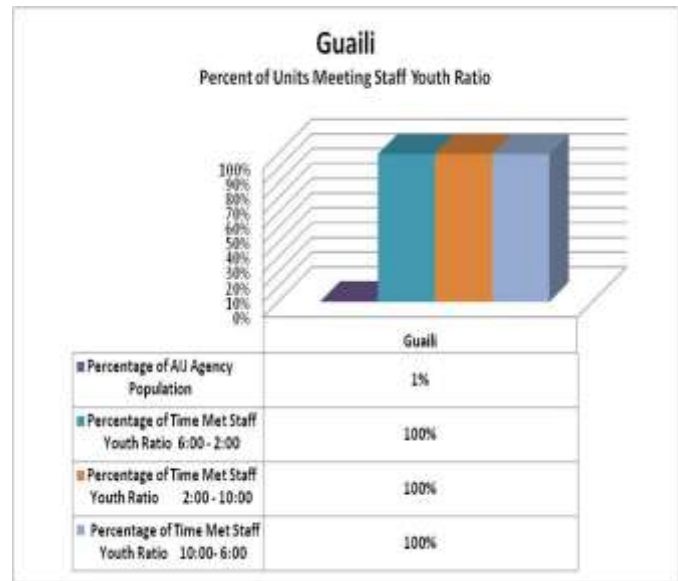
**Level 2 Facility:**

- A Staff Youth Ratio of 1:16 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

Guaili has maintained Staff Youth Ratio expectations for all four quarters of 2010 and again for the 1<sup>st</sup> Quarter of 2011.

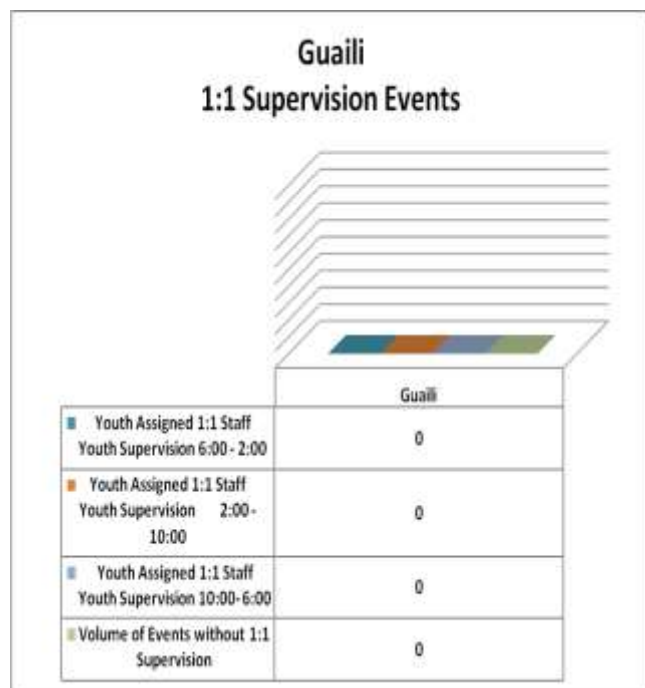
Guaili represents 1% of the AIJ institutional population.

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

Average volume of youth assigned 1:1 staff youth supervision per reported day:

**0**

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

**0**

**Facility Table of Shift Compliance with Staff Youth Ratio:**

	Percent of Staff Youth Ratio Forms Received	Percentage of All Agency Population	Percentage of Time Met Staff Youth Ratio 10:00 - 6:00	Percentage of Time Met Staff Youth Ratio 6:00 - 2:00	Percentage of Time Met Staff Youth Ratio 2:00- 10:00
CD Bayamón	100%	24%	100%	28%	22%
CTS Bayamón Fase Tratamiento	100%	10%	100%	52%	48%
CTS Guayama	100%	24%	45%	99%	96%
CTS Humacao	100%	17%	100%	46%	37%
CTS Villalba	100%	24%	100%	54%	17%
Guaili	100%	1%	100%	100%	100%

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

	Youth Assigned 1:1 Staff Youth Supervision 10:00 - 6:00	Youth Assigned 1:1 Staff Youth Supervision 6:00 - 2:00	Youth Assigned 1:1 Staff Youth Supervision 2:00- 10:00	Total Youth Assigned 1:1 Staff Youth Supervision Events: Quarter	Volume of Events without 1:1 Supervision	Volume of Days Analyzed
CD Bayamón	89	65	63	217	3	91
CTS Bayamón Fase Tratamiento	6	10	7	23	0	91
CTS Guayama	10	10	9	29	0	91
CTS Humacao	25	31	25	81	9	91
CTS Villalba	19	43	32	94	3	91
Guaili	0	0	0	0	0	91
<b>Totals</b>	<b>149</b>	<b>159</b>	<b>136</b>	<b>444</b>	<b>15</b>	<b>546</b>

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

<b><u>Date</u></b>	<b><u>CD Bayamon</u></b>	<b><u>CTS Bayamón Fase Tratamiento</u></b>	<b><u>CTS Guayama</u></b>	<b><u>CTS Humacao</u></b>	<b><u>CTS Villalba</u></b>	<b><u>Guaili</u></b>
January 2 - 8, 2011	<u>2/28/2011</u>	<u>2/28/2011</u>	<u>2/22/2011</u>	<u>1/13/2011</u>	<u>2/24/2011</u>	<u>2/24/2011</u>
January 9 - 15, 2011	<u>2/26/2011</u>	<u>2/24/2011</u>	<u>2/22/2011</u>	<u>2/28/2011</u>	<u>2/24/2011</u>	<u>2/24/2011</u>
January 16 - 22, 2011	<u>2/24/2011</u>	<u>2/24/2011</u>	<u>2/22/2011</u>	<u>2/28/2011</u>	<u>2/24/2011</u>	<u>2/24/2011</u>
January 23- 29, 2011	<u>2/24/2011</u>	<u>2/24/2011</u>	<u>2/22/2011</u>	<u>2/28/2011</u>	<u>2/24/2011</u>	<u>2/22/2011</u>
January 30 - February 5, 2011	<u>2/28/2011</u>	<u>2/24/2011</u>	<u>2/22/2011</u>	<u>2/22/2011</u>	<u>2/24/2011</u>	<u>2/22/2011</u>
February 6 -12, 2011	<u>3/2/2011</u>	<u>2/28/2011</u>	<u>2/28/2011</u>	<u>2/22/2011</u>	<u>3/19/2011</u>	<u>2/28/2011</u>
February 13 - 19, 2011	<u>3/2/2011</u>	<u>2/28/2011</u>	<u>3/19/2011</u>	<u>2/25/2011</u>	<u>3/11/2011</u>	<u>2/28/2011</u>
February 20 - 26, 2011	<u>3/2/2011</u>	<u>3/2/2011</u>	<u>3/19/2011</u>	<u>3/11/2011</u>	<u>3/19/2011</u>	<u>3/11/2011</u>
February 27- March 5, 2011	<u>3/11/2011</u>	<u>3/11/2011</u>	<u>3/19/2011</u>	<u>3/19/2011</u>	<u>3/19/2011</u>	<u>3/19/2011</u>
March 6 - 12, 2011	<u>3/25/2011</u>	<u>3/25/2011</u>	<u>3/19/2011</u>	<u>3/19/2011</u>	<u>3/25/2011</u>	<u>3/19/2011</u>
March 13 - 19, 2011	<u>3/25/2011</u>	<u>3/25/2011</u>	<u>3/25/2011</u>	<u>3/25/2011</u>	<u>3/25/2011</u>	<u>3/25/2011</u>
March 20 - 26, 2011	<u>4/1/2011</u>	<u>4/8/2011</u>	<u>4/1/2011</u>	<u>4/1/2011</u>	<u>4/1/2011</u>	<u>4/1/2011</u>
March 27 - April 2, 2011	<u>4/8/2011</u>	<u>4/8/2011</u>	<u>4/6/2011</u>	<u>4/6/2011</u>	<u>4/8/2011</u>	<u>4/6/2011</u>
	100%	100%	100%	100%	100%	100%

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

<b>Dates of Reporting Period</b>	<b><u>CD</u> <u>Bayamon</u></b>	<b><u>CTS</u> <u>Bayamón</u> <u>Fase</u> <u>Tratamiento</u></b>	<b><u>CTS</u> <u>Guayama</u></b>	<b><u>CTS</u> <u>Humacao</u></b>	<b><u>CTS</u> <u>Villalba</u></b>	<b><u>Guaili</u></b>
January 2 - 8, 2011	109	50	106	81	105	3
January 9 - 15, 2011	117	46	105	84	96	2
January 16 - 22, 2011	111	47	96	79	94	2
January 23- 29, 2011	102	46	96	80	94	2
January 30 - February 5, 2011	105	50	103	80	93	4
February 6 -12, 2011	123	46	105	74	95	5
February 13-19, 2011	121	40	108	72	100	7
February 20 -26, 2011	99	47	115	71	114	5
February 27- March 5, 2011	101	47	110	73	118	4
March 6- 12, 2011	100	47	110	73	113	4
March 13 - 19, 2011	106	46	108	76	113	3
March 20- 26, 2011	105	45	108	77	115	3
March 27- April 2, 2011	105	41	110	77	113	3
<b>Totals</b>	<b>1404</b>	<b>598</b>	<b>1380</b>	<b>997</b>	<b>1363</b>	<b>47</b>
<b>Percentage of AIJ Agency Population</b>	<b>24%</b>	<b>10%</b>	<b>24%</b>	<b>17%</b>	<b>24%</b>	<b>1%</b>
<b>Average Daily Population</b>	<b>108</b>	<b>46</b>	<b>106</b>	<b>77</b>	<b>105</b>	<b>4</b>

## Document Attachment B:

### Paragraph 52: Classification Validation

A meeting was held on Thursday, March 3, 2011 to review AIJ progress toward meeting the Classification requirements found in Paragraph 52. Attending the meeting were the following: Taraneh Ferdman; Maria del Carmen; Aida Burgos; Evelyn Angulo; Virgen Vega; Ricardo Blanco; and Bob Dugan.

As reported in the prior quarterly report, AIJ has *conducted the “ Study of the Internal Validation Instrument for Juveniles in Detention”*. The validation study was conducted by Professional Consulting Psychoeducational Services(PCPS) in 2010. A final version of the validation study was provided to AIJ in May 2010. At this time the Monitor’s Office is securing an English version of the validation report as well as the following items were agreed upon:

- Maria Del Carmen will try to get from firm that conducted the Classification validation the following:
  - Word version of the report
  - PowerPoint slides from the training
- Aida Burgos will provide to Bob Dugan either the attendance list from the Classification training, or the list of how many individuals attended each training.
- AIJ will develop information about how on-going training of administration of the Classification tool will be conducted in the future (i.e. Train the Trainers model).
- Bob Dugan identified that sexual victimization, sexual perpetration and trauma are not included as formal weighted risk factors in the AIJ detention classification instrument; the existing classification instrument is absent of an assessment of sexual victimization or sexual assault or predatory behavior beyond formal offenses
  - With pending PREA standards promulgation it is important that it is recognized that these are contemporary juvenile correctional classification risk categories
  - This category of risk factors should be included in the automation of the classification instrument.
- Application of classification at this time does not result in specific housing unit assignment or treatment protocols per se. This is the next phase of AIJ’s work.
- AIJ is developing a second phase of the electronic files application that will include the revisions of the Classification scoring instrument.
  - At this time manual application of the Classification scoring is being done and documented in the electronic files application.
  - Formal monitoring of detention and commitment classification will not occur until results of this phase of application development can be more accurately assessed.
- For purposes of monitoring Classification compliance, Bob Dugan has recommended that AIJ ask for the development of a report from the AIJ electronic file application development that will allow for identification of each youth who has had either detention or commitment classification to display on a report with date, youth name, date of admission, classification levels, facility assignment, unit assignment, staff who administered classification instrument, and other fields that AIJ might find helpful.

Document Attachment C:  
 Report on Incidents and Understaffing  
 January – March 2011

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

Jan. 14	CTS Bayamón	11-014	Afternoon	A juvenile was hit in his back and ribs by another youth while other was watching.	1 officer, 10 juveniles
Jan. 18	CTS Bayamón	11-016	Morning	Two juveniles were found watching a pornographic movie in the living unit.	1 officer, 10 juveniles
Jan. 27	CTS Bayamón	11-017	Morning	A group of 9 juveniles assaulted 2 youths in the living unit. A broom stick was used during the aggression.	1 officer, 16 juveniles
Jan. 29	CD Humacao	11-019	Afternoon	A juvenile was stabbed in different parts of his body with a “shank”.	1 officer, 13 juveniles
Jan. 30	CTS Humacao	11-023	Afternoon	A group of juveniles tried to sodomized another youth in living unit III-A.	officer (not available), 13 juveniles
Feb. 1	CTS Villalba	11-022	Afternoon	A juvenile was hit in his back by two youths from his own living unit. The incident occurred in living unit’s bathroom.	1 officer, 15 juveniles
Feb. 7	CTS Bayamón	11-027	Afternoon	Allegedly a juvenile was forced to have oral sex with other juveniles in order to avoid been hit.	1 officer, 9 juveniles
Feb. 9	CTS Villalba	11-029	Afternoon	A juvenile was hit in different parts of his body by a group of 3 youths. The incident occurred in the living unit as an internal sanction.	1 officer, 15 juveniles
Feb. 23	CTS Humacao	11-040	Afternoon	A juvenile was hit by two custody officers inside the living unit.	1 officer, 11 juveniles
Mar. 6	CTS Ponce	11-053	Afternoon	A girl allegedly was sexually threatened by other girl in the living unit.	1 officer, 12 juveniles
Mar.16	CTS Bayamón	11-065	Afternoon	A juvenile cut the face of other juvenile with a piece of a disposable razor. The incident occurred in the living unit in front of the officer.	1 officer, 12 juveniles
Mar. 19	CTS Villalba	11-067	Afternoon	A juvenile was threaten with a “shank” and allegedly forced to have oral sex with two juveniles. The incident occurred in the living unit.	1 officer, 14 juveniles
Mar. 20	CTS Villalba	11-068	Afternoon	A juvenile was hit by others in the living unit.	1 officer, 13 juveniles

## Document Attachment D: Abuse Referrals Tracking Report

The following tables summarize statistics about case management for the four quarters of 2010. The underlying source of the information is the tracking database maintained by AIJ along with other records.

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

Statistics for 2010-2011		2010-2nd	2010-3rd	2010-4th	2011-1st
Incidents		147	139	111	259
	Suicidal Incidents	26	15	10	23
	Self-Mutilation Incidents	37	38	25	59
Suicidal Incidents (From M/H Records)		26	15	10	4
	Youth Involved	24	15	9	21
	Cases involving ideation only	12	10	2	11
	Cases involving suicide intention	1	1	1	0
	Cases w/ ambulatory treatment	12	6	2	4
	Cases with hospitalization	2	0	0	0
	Cases leading to death	0	0	0	0
	Cases with 284a report filed	0	0	0	0
Self-Mutilations Incidents (MH records)		37	38	25	59
	Youth Involved	30	34	24	56
	Cases requiring sutures	3	2	1	0
	Cases requiring hospitalization	0	0	0	0
	Cases leading to death	0	0	0	0
	Cases with a 284a report filed	5	1	4	2

The Monitor questions whether 21 youth were involved in 4 suicide incidents. The number of youth involved is intended to identify situations where one youth accounted for multiple incidents. The Monitor requested clarification of this statistic from the Commonwealth but a response was not provided by the time the report was filed.

The above cases come from mental health records. AIG has implemented a screening procedure and instrument that diverts the investigation of some incidents from the Paragraph 78 process to a recently developed mental health process. Of the 259 suicide and self-mutilation incidents for the third quarter, only 2 resulted in a Paragraph 78a abuse referral. The remaining cases were to be referred to the mental health process.

The second table concerns incidents that warranted abuse referrals.

Statistics for 2010-2011		2010-2nd	2010-3rd	2010-4th	2011-1st
284 A Incidents		71	62	76	75
	Level Two Incidents	49	50	62	54
	Referrals to SAISC	49	50	62	54
	Suicide Ideation/Attempt	0	0	0	0
	Self-Mutilation Idea/Attempt	7	3	7	2
	Youth-to-Youth Incidents	42	40	42	46
	Youth-to-Youth Injuries	25	29	36	28
	Youth-to-Youth with External Care	15	11	12	12
	Youth-to-Youth Sexual	2	8	4	6
	Youth-to-Youth Sexual w/ Injury	1	0	0	0
	Staff-to-Youth Incidents	21	19	27	30
	Staff-to-Youth Injuries	12	34	14	8
	Staff-to-Youth with External Care	2	3	4	3
	Staff-to-Youth Sexual	0	3	4	1
	Staff-to-Youth Sexual with Injury	0	0	0	0
	SOU 284A Interventions	5	4		5
	284A with Item 5 completed	66	49	67	53
	284A with Staffing Compliance	32	36	43	30

Serious incidents reported under Paragraph 78 increased during fourth quarter of 2010.

For the third quarter, 30 of the 53 284A reports documented staffing compliance based on Paragraph 48.

The next table summarizes initial case management.

Statistics for 2010-2011		2010-2nd	2010-3rd	2010-4th	2011-1st
Initial Case Management					
	284A percent with admin actions	92%	94%	92%	92%
	284A Within 24 hours	86%	77%	78%	85%
	284A Within 72 hours	96%	99%	98%	96%
	284B or Local Report Within 5 days	N/A	N/A	N/A	N/A
	284B or Local Report Within 15 days	N/A	N/A	N/A	N/A
	284B or Local Report Within 20 days	26%	54%	29%	33%

The 20-day completion rate for local investigations remains low. The low level of compliance continues to take place even though the number of cases being deferred for local 284a investigation is declining due to the mental health referral process.



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

Statistics for 2010-2011		2010-2nd	2010-3rd	2010-4th	2011-1st
OISC					
	Cases Referred from this quarter	48	49	59	51
	Referred Within 1 day	48	49	59	30
	Referred Within 3 days	0	0	0	0
	Referred Within 10 Days	0	0	0	0
	Referred Within 20 Days	0	0	0	0

Based on the new investigation procedure, cases are immediately provided to the SAISC investigator responsible for the facility involved.

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

Statistics for 2010-2011		2010-2nd	2010-3rd	2010-4th	2011-1st
OISC Investigation Durations					
	Completed in less than 10 workdays	0	0	0	0
	Completed in 11-20 workdays	0	0	1	3
	Completed in 21-30 workdays	0	1	5	6
	Completed in 31-45 workdays	5	7	0	7
	Completed in more than 45 workdays	4	3	1	12
	Completed in a subsequent quarter				32
	Not completed yet.	39	38	52	23
	Returned for Further investigation				0
	Further Investigation Completed				0

Paragraph 78.e requires that OISC complete investigations within 30 days. For the first quarter of 2011, there were 51 cases referred to OISC, and only 9 were completed within the 30-day limit specified in Paragraph 78.e.

The Monitor has modified the tracking report to add additional rows to this table to track the subsequent processing of cases not completed during the quarter in which the cases were initiated. A large number of cases have yet to be completed.

In discussions about 30-day deadline compliance, the OISC Director reported that there are a significant number of cases that are completed by OISC and then returned to OISC by the Commonwealth Department of Justice for further investigation. The revised reporting format also tracks these cases. During the first quarter none were reported.

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

Statistics for 2010-2011	2010-2nd	2010-3rd	2010-4th	2011-1st
Administrative Determinations				
Cases with youth discipline referrals	40	53	54	52
Cases with youth discipline actions	27	45	34	37
Cases with youth no discipline actions	13	8	20	15
Cases staff/youth with determinations	0	0	0	0
Cases recommending personnel actions	0	0	0	0

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

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

Statistics for 2010-2011	2010-2nd	2010-3rd	2010-4th	2011-1st
Prosecutorial Determinations	0	1	0	0
Cases with no determinations	1	0	1	1
Cases with decision not to prosecute	4	4	3	0
Cases with referral for prosecution	0	2	0	5
Total cases documented	5	7	4	6

## Document Attachment E:

### Abuse Referral Case Assessment Report

### April – June 2010

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

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

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

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

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

The first table relates to initial incident reporting.

Case Assessment Instrument – Section A – Initial Reporting		
Assessment Criterion	Status Y/N/NA	Comment
A.1 Was the incident promptly reported?	Y-31, N-2, Blank-1	The percentage for this report is 91%. The percentage in the last Quarterly Report was 88%.
A.2 Were appropriate administrative actions taken to protect the victim(s)?	Y-31, N-2, Blank-1	The percentage for this report is 91%. The percentage in the last Quarterly Report was 100%.
A.3 If injury was suspected, was the victim promptly evaluated for injury by health care personnel?	Y-29, N-2, Blank-1	The percentage for this report is 85%. The percentage in the last Quarterly Report was 83%.
A.4 Was evidence preserved?	Y-10, N/A-22, N-1	The percentage for this report is 29%. The percentage in the last Quarterly Report was 30%.
A.5 Was investigation initiated promptly?	Y-27, N-2, N/A-3, Blank-2	The percentage for this report is 79%. The percentage in the last Quarterly Report was 96%. <b>Reduced Compliance</b>
A.6 Was the 284-A filed within 24 hours?	Y-28, N-5, Blank-1	The percentage for this report is 82%. The percentage in the last Quarterly Report was 96%. <b>Reduced Compliance</b>
A.7 Did the reporting official file an incident report before the end of shift?	Y-26, N-3, N/A-4, Blank-1	The percentage for this report is 76%. The percentage in the last Quarterly Report was 100%. <b>Reduced Compliance</b>
A.8 If this was a serious incident, was SAISC notified within 24 hours?	Y-30, N-3, Blank-1	The percentage for this report is 88%. The percentage in the last Quarterly Report was 100%. <b>Reduced Compliance</b>
A.9 Was the AIJ preliminary investigation reported within 24 hours to the Police Department, the Department of Family Services, the Department of Corrections, and the AIJ Administration.	Y-30, N-3, Blank-1	The percentage for this report is 88%. The percentage in the last Quarterly Report was 100%. <b>Reduced Compliance</b>
A.10 Were any youths suspected as perpetrators separated from the victim(s)?	Y-16, N-12, N/A-5, Blank-1	The percentage for this report is 47%. The percentage in the last Quarterly Report was 50%.
A.11 If the case was serious, were the police notified that the case was serious within 24 hours?	Y-29, N-4, Blank-1	The percentage for this report is 85%. The percentage in the last Quarterly Report was 96%.
A.12 Did the initial investigation accurately list all youth and staff witnesses?	Y-24, N-1, N/A-8	The percentage for this report is 71%. The percentage for the last Quarterly Report was 63%. <b>Improved Compliance</b>
A.13 Did all staff witness's document what they knew or saw before the end of shift?	Y-29, N-2, N/A-2, Blank-1	The percentage for this report is 85%. The percentage in the last Quarterly Report was 83%.
A.14 If there was timeliness non-compliance, was related to shortage of staffing?	Y-2, N-14, N/A-17, Blank-1	The percentage for this report is less than 1%. The percentage in the last Quarterly Report was 0%.

A.15 At the location of the incident at the time of the incident, was staffing compliant with Settlement Agreement requirements?	Y-17, N-12, N/A-2, Blank-3	The percentage for this report is 50%. The percentage in the last Quarterly Report was 71%. <b>Reduced Compliance</b>
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The second table relates to investigations by the police and the prosecutors. According to Commonwealth counsel, this information is sought from the Commonwealth Police, but the Agency does not cooperate in providing the information, returning information instead on the “status” of cases.

The PRDOJ sent a table with the following information: 3 cases were terminated/closed by the PRPD agents, 1 case is still under investigation by the Youth Prosecutor and the PRPD, in 1 case the Youth Prosecutor did not present charges. In addition, the PRDOJ reported that they had no previous notification in 18 cases also requested.

Case Assessment Instrument – Section B – Police and Prosecutorial Investigation		
Assessment Criterion	Status Y/N/NA	Comment
B.1 Was the incident report received from the facility within 24 hours of the time recorded as the point of knowledge of the incident?		The information was not provided.
B.2 If the case was considered serious by the facility where the incident took place, were the police contacted within 24 hours?		
B3. Were PRPD expectations met for promptly initiating an investigation?		
B.4 Did PRPD investigators determine that evidence was appropriately preserved?		
B.5 If prosecutors communicated an intent to proceed criminally, was AIJ informed to delay any compelled interview of the subject until the criminal investigation was completed?		
B.6 Were PRPD expectations met for timeliness in completing the investigation?		
B.7 Was completion of the investigation documented?		
B.8 If there was timeliness non-compliance, was is related to shortage of staffing?		

The next table concerns facility-level investigations.

Case Assessment Instrument – Section C – Facility Investigation		
Assessment Criterion	Status Y/N/NA	Comment
C.1 If there were potential injuries, did the investigation include photographs of visible injuries?	Y- 24, N-2, N/A – 8	Only 34 complete cases were received for this reporting period. The percentage for this report is 71%. The percentage in the last Quarterly Report was 47%. <b>Improved Compliance</b>
C.2 Was there a personal interview of the victim(s) with a record of the questions and answers?	Y-5, N-29	The percentage for this report is 1%. The percentage in the last Quarterly Report was 1%. For this question, 12 cases were classified as level I.
C.3 Was there a personal interview of the alleged perpetrator(s) with a record of the questions and answers?	Y-5, N-29	The percentage for this report is 15%. The percentage in the last Quarterly Report was 1%. For this question, 12 cases were classified as level I. <b>Improved Compliance</b>
C.4 Was physical evidence preserved and documented?	Y-9, N-8, N/A-17	The percentage for this report is 26%. The percentage in the last Quarterly Report was less than 2%. <b>Improved Compliance</b>
C.5. If the incident was classified as Level I, was the investigation completed within 20 calendar days?	Y-3, N-8, N/A-23	The percentage for this report is 25%. The percentage in the last Quarterly Report was 83%. In the sample only 12 cases were classified as Level I. <b>Reduced Compliance</b>
C.6 Was the completion of the investigation documented in the tracking database?	Y-34	The percentage for this report is 100%. The percentage in the last Quarterly Report was 100%. During the last 4 years the data base was operated manually.
C.7 If there was timeliness non-compliance, was related to shortage of staffing?	N/A-34	The answers do not represent the facilities real situation.

The next table concerns investigations by SAISC.

Case Assessment Instrument – Section D – SAISC Investigation		
<b>NOTE: Completed only for Level II cases.</b>		
Assessment Criterion	Status Y/N/NA	Comment
D.1 If the case was a Level II case, was the referral received by SAISC within 24 hours?	Y-9, N-13	The percentage for this report is 37%. The information in the last Quarterly Report was 54%. <b>Reduced Compliance.</b>
D.2 Did SAISC complete (and transmit to AIJ and the PRDOJ) an investigation within 30 calendar days of the receipt of the initial referral by SAISC?	Y-4, N-12, Blank - 6	The percentage for this report is less than 18%. The information in the last Quarterly Report was less than 1%. <b>Improved Compliance</b>
D.3 Did the investigation meet SAISC's standards for investigation quality?	Y-16, Blank - 9	The percentage for this report is 73%. The information in the last Quarterly Report was 62%. <b>Improved Compliance</b>
D.4 Did the investigation provide a description of the alleged incident, including all involved persons and witnesses and their role?	Y-16, Blank - 9	The percentage for this report is 73%. The information in the last Quarterly Report was 62%. <b>Improved Compliance</b>
D.5 Did the investigation provide a description and assessment of all relevant evidence?	Y-16, Blank - 9	The percentage for this report is 73%. The information in the last Quarterly Report was 62%. <b>Improved Compliance</b>
D.6 Did the investigation provide proposed findings?	Y-7, N-10, Blank - 5	The percentage for this report is 32%. The information in the last Quarterly Report was 58%. <b>Reduced Compliance</b>
D.7 If there was timeliness non-compliance, was it related to shortage of staffing?	Y – 13, N - 3 Blank - 6	The percentage for this report is 59%. The information in the last Quarterly Report was 62%. In this question if the percentage of “Yes” is high it reflects non compliance.

There is improved compliance in most categories.

The next table concerns case tracking and outcomes. A basic problem here is that the computer-based tracking system has not been supported by AIJ's UEMNI unit for several quarters. Some case tracking statistics are gathered manually, but the computer-based system is not updated. Apparently there is a plan to update the software, but whether that is taking place is not clear.

The value of the computer-based tracking system is that the information can be used to assess and evaluate many other aspects of the abuse case management system, including the evaluation of patterns of abuse that might be addressed with preventive measures.

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



The final table summarizes the Monitor's Office assessment of the findings.

<b>Case Assessment Instrument – Section F – Monitor's Office Assessment</b>		
<b>Assessment Criterion</b>	<b>Status Y/N/NA</b>	<b>Comment</b>
F.1 Does the Monitor's Office confirm the timeliness facts as asserted in Page A?	Y-29, N-5	All the cases were reviewed and the Monitor's Office confirmed the information provided by the facilities 85% of the cases. The percentage in the last Quarterly Report was 87%.
F.2 Does the Monitor's Office confirm the timeliness facts as asserted in Page B?		The information was provided partially and in a different format.
F.3 Does the Monitor's Office confirm the timeliness facts as asserted in Page C?	N/A - 34	The percentage for this report is 100%. The percentage in the last Quarterly Report was 100%.
F.4 Does the Monitor's Office confirm the timeliness facts as asserted in Page D?	Y-24	The percentage for this report is 100%. The percentage for the last Quarterly Report was 100%.
F.5 Does the Monitor's Office confirm the timeliness facts as asserted in Page E?		The Information was not provided.
F.6 Does the Monitor's Office confirm the investigation quality as asserted in page B?		The information was not provided.
F.7 Does the Monitor's Office confirm the investigation quality as asserted in page C?	Y-29, N-5	The percentage for this report is 85 %. This percentage only means that the Monitor's Office confirms the information provided by the facilities not a percentage of compliance.
F.8 Does the Monitor's Office confirmed the investigation quality as asserted in page D?	Y-24	The percentage for this report is 100 %. This percentage only means that the Monitor's Office confirms the information provided by OISC not a percentage of compliance.

## Document Attachment F: Suicide and Self-Mutilation Review

**ESTADO LIBRE ASOCIADO DE PUERTO RICO**  
*DEPARTAMENTO DE CORRECCION Y REHABILITACION*  
**ADMINISTRACION DE INSTITUCIONES JUVENILES**

**REVISION ADMINISTRATIVA PARA CASOS DE DAÑO AUTOINFLIGIDO O  
AUTOMUTILACION**

### **I. Propósito:**

El propósito de este procedimiento es establecer una estructura administrativa para la supervisión y seguimiento de todo incidente de automutilación y/o daño autoinfligido que se reporte en jóvenes ubicados en alguna institución de la Administración de Instituciones Juveniles. De esta manera se garantizará la atención inmediata y/o correctiva en la identificación y/o prevención de cualquier acto de negligencia o maltrato institucional.

### **II. Definiciones:**

**Daño Autoinfligido o Automutilación:** Cualquier tipo de autoagresión o daño provocado por un joven a sí mismo que constituya un golpe, cortadura, rasguño o herida (que va desde una laceración simple hasta una herida profunda, con desprendimiento en piel o una que requiera puntos de sutura). Todo daño autoinfligido o automutilación sin importar su gradación requerirá de evaluación y atención médica; y podría ser clasificada como peligrosa o no dependiendo de su naturaleza y el evento. La intención del daño debe ser evaluada por personal de salud mental y referida al nivel de tratamiento que requiera según necesario conforme el ejercicio de la buena práctica profesional.

### **III. Procedimiento:**

1. El evento de daño autoinfligido o automutilación será reportado inmediatamente por cualquier empleado de AIJ que se encuentre presente o reciba la notificación del suceso.
2. El joven será llevado al Área Médica de la institución para evaluación del daño, atención y canalización de la situación.
3. La Enfermera consultará a la Autoridad en Salud del centro para manejo médico o se referirá para evaluación inmediata en facilidad hospitalaria conforme la naturaleza de la automutilación. Completará el "*Cernimiento de Comportamiento Suicida*" y notificará al Psicólogo de la USMIC para una consulta Psiquiátrica y referido pertinente del joven.

4. El Psicólogo procederá a realizar una intervención en crisis conforme la situación del joven. Este determinará mediante un examen de estado mental y la información reportada todas las acciones correspondientes para garantizar el bienestar del joven asegurando el nivel de cuidado pertinente y protección por parte de la agencia.
5. La evaluación psicológica determinará la intención de daño del joven y establecerá las diferencias entre aquellos casos que se producen daño por problemas maladaptativos, de los que tienen realmente riesgo suicida y/o alguna crisis o disturbio emocional.
6. Los casos de eventos maladaptativos serán manejados a nivel institucional mediante discusiones de caso en el Comité de Tratamiento y el Programa de Modificación de Conducta de la Institución y se mantendrá un reporte de estas discusiones en el área de la USMIC y de Trabajo Social. Se garantizará el debido seguimiento en aquellos casos que reincidan en la conducta de daño autoinfligido o automutilación producto de conductas maladaptativas.
7. Cuando estos casos de conducta maladaptativa excedan de tres (3) incidentes de automutilación o más en el mismo joven, sin que se considere el tiempo transcurrido entre cada incidente serán referidos por el Psicólogo al Psiquiatra correspondiente, quien se reunirá con el equipo USMIC para revisar el PIS\* (por entender “pobre juicio” el cual es considerado un elemento forense). También serán referidos al Coordinador de Salud Mental para seguimiento.
8. Por otra parte, aquellas situaciones donde medie la intención suicida se activará el Protocolo de Prevención de Suicidio establecido por AIJ y se observarán los procedimientos correspondientes salvaguardando la seguridad y la vida del joven. En los casos de disturbios emocionales el Psicólogo del centro establecerá el plan de acción pertinente de acuerdo al juicio clínico mediante consulta con el Psiquiatra correspondiente.
9. Siempre que se produzca un daño autoinfligido o automutilación el Psicólogo institucional notificará al Coordinador de Salud Mental para una revisión administrativa sobre el manejo del caso a nivel institucional. El Psicólogo completará la hoja de “*Reporte de Automutilaciones y/o Daño Autoinfligido*” donde documentará de forma breve la descripción del evento, los resultados del examen mental del joven, el tipo de intervención realizada, las acciones tomadas y referidos realizados. Este Reporte será enviado al Coordinador de Salud Mental tan pronto la situación haya sido atendida.

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\* PIS – Plan Individualizado de Servicios

10. En los próximos 5 días laborables después del evento, el Coordinador de Salud Mental debe haber realizado la revisión administrativa del caso. Si encontró que se llevó a cabo el debido proceso, se cierra el caso desde el punto de vista administrativo. Si por el contrario, el Coordinador de Salud Mental determina que el caso no fue manejado adecuadamente, visitará la institución y solicitará la revisión del caso participando en una reunión con el Comité de Tratamiento Institucional.
11. De encontrarse que el evento ocurrió como consecuencia de la falta de personal de seguridad para supervisar el joven, supervisión inadecuada o manejo inadecuado del caso conforme las normas y procedimientos de AIJ, se procederá a realizar un referido de alegada negligencia a la Unidad Especializada en Maltrato y Negligencia Institucional (UEMNI) de la AIJ acompañado de un informe completo sobre las fallas y/o violación de procesos. El mismo deberá ser sometido en un periodo no mayor de quince (15) días laborables. Copia del informe será sometido al Gerente de Programas, Director de Servicios de Salud y al Jefe Institucional para la acción correspondiente. (Es importante reconocer que este procedimiento sólo se aplica a la revisión administrativa de los eventos y no excluye la identificación o referido de negligencia institucional inmediato realizado por cualquier miembro del equipo de Salud Mental al manejar la situación).

Procedimiento aprobado en Octubre 2010 por las Autoridades correspondientes de la Administración de Instituciones Juveniles (AIJ) & Administración de Servicios de Salud Mental y Contra la Adicción (ASSMCA)

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Dr. Jorge Suria Colón  
Psiquiatra de Niños y Adolescentes AIJ

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Frances Rodríguez Meléndez, MPH, CHES, CCHP  
Directora Servicios de Salud AIJ

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María del C. Torres Meléndez, PhD  
Gerente Programas Operacionales AIJ

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Dra. Eurídice Cruz, Coordinadora  
Programa de Niños y Adolescentes ASSMCA

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Dr. José A. De León Fuentes  
Administrador Auxiliar de Tratamiento ASSMCA

**ESTADO LIBRE ASOCIADO DE PUERTO RICO**

*DEPARTAMENTO DE CORRECCION Y REHABILITACION*

**ADMINISTRACION DE INSTITUCIONES JUVENILES**

REPORTE DE AUTOMUTILACIONES Y/O DAÑO AUTOINFLIGIDO  
(COMPORTAMIENTO AUTODESTRUCTIVO)

Nombre del joven: \_\_\_\_\_

Edad: \_\_\_\_\_ Institución: \_\_\_\_\_

Evento o incidente: \_\_\_\_\_

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_

**A. Descripción Breve del Evento:**

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**B. Resumen / Datos de Examen de Estado Mental:**

Apariencia: \_\_\_\_\_

Actitud: \_\_\_\_\_

Estado de Animo: \_\_\_\_\_

Orientación: \_\_\_\_\_

Distorsiones visoperceptuales, auditivas, táctiles, kinestésicas: \_\_\_\_\_

Proceso de Pensamiento: \_\_\_\_\_

Contenido de Pensamiento: \_\_\_\_\_

Juicio: \_\_\_\_\_

Introspección: \_\_\_\_\_

Peligrosidad: \_\_\_\_\_

**C. Tipo de Intervención:**

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**D. Acciones Tomadas:**

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**E. Referidos: (SI APLICA)**

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**Psicólogo:** \_\_\_\_\_ **# LIC.** \_\_\_\_\_

**Fecha:** \_\_\_\_\_

La notificación del evento debe ser notificado vía telefónica y este informe será sometido al Coordinador de Salud Mental tan pronto como el caso sea debidamente atendido y manejado. Se acompañará con el mismo cualquier otra documentación relacionada al evento para la realización de la revisión administrativa correspondiente.



## ESTADO LIBRE ASOCIADO DE PUERTO RICO

### DEPARTAMENTO DE CORRECCION Y REHABILITACION ADMINISTRACION DE INSTITUCIONES JUVENILES

#### REVISION ADMINISTRATIVA

#### PROCESO DE EVALUACION PROCESOS MANEJO DE AUTOMUTILACIONES Y/O DAÑO AUTOINFLIGIDO (COMPORTAMIENTO AUTODESTRUCTIVO)

Con el propósito de identificar y prevenir eventos de alegada negligencia o maltrato institucional relacionados con eventos de daño autoinfligido, automutilación o intentos suicidas, el Coordinador de Salud Mental revisará los casos con la información y documentación clínica pertinente realizando un proceso de revisión administrativa conforme el procedimiento establecido.

Fecha de Revisión: \_\_\_\_\_ Institución: \_\_\_\_\_  
 Fecha del evento: \_\_\_\_\_ Psicólogo: \_\_\_\_\_  
 Nombre del Joven: \_\_\_\_\_

#### 1. Tipo de Incidente:

- ☐ Auto laceración
- ☐ Auto mutilación
- ☐ Gestos o intento suicida
- ☐ Auto agresión

2. Se encontraba el joven en algún tipo de supervisión: SI ☐ NO ☐

- ☐ Salud Mental
- ☐ Custodia Protectiva
- ☐ Otro (Supervisión Médica)

#### 3. Utilizó algún objeto dañino / externo prohibido

- ☐ Si (objeto: \_\_\_\_\_)
- ☐ No

4. Evaluación de circunstancias que rodean el evento:

- ☐ Si
- ☐ No \_\_\_\_\_
- ☐ Se recomienda: \_\_\_\_\_

5. Evaluación de procedimientos institucionales que rodean el evento:

- ☐ Si
- ☐ No \_\_\_\_\_
- ☐ Se recomienda: \_\_\_\_\_

6. Adiestramiento relevante recibido por el personal involucrado:

- ☐ Si
- ☐ No \_\_\_\_\_
- ☐ Se recomienda: \_\_\_\_\_

7. Manejo adecuado de procedimientos médicos:

- ☐ Si
- ☐ No \_\_\_\_\_
- ☐ Se recomienda: \_\_\_\_\_

8. Revisión de Procesos Clínicos: Redacción y Documentación adecuada:

- ☐ Si
- ☐ No \_\_\_\_\_
- ☐ Se recomienda: \_\_\_\_\_

9. Revisión de Procesos Clínicos: Manejo Adecuado de procedimientos clínicos:

- ☐ Si
- ☐ No \_\_\_\_\_
- ☐ Se recomienda: \_\_\_\_\_

10. Documentación de gestiones realizadas (Minutas de reunión, Hojas de asistencia, Libro de Novedades, Informe de Incidentes, Referido de Alegado Maltrato Institucional, entre otros):



- ☐ Si
- ☐ No \_\_\_\_\_
- ☐ Se recomienda: \_\_\_\_\_

11. Acciones Correctivas programadas o desarrolladas:

- ☐ Si
- ☐ No \_\_\_\_\_
- ☐ Se recomienda: \_\_\_\_\_

12. Luego de revisar los procesos y criterios del caso se determina alegado Maltrato Institucional:

- ☐ Si
- ☐ No

13. Conclusiones y determinaciones:

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Firma del Coordinador de Servicios de Salud Mental Fecha: \_\_\_\_\_

Si se visitó la institución:

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Firma del Psicólogo Fecha: \_\_\_\_\_

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Firma del Jefe Institucional o su representante Fecha: \_\_\_\_\_

## Document Attachment G: 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 and Associate Monitor Ricardo Blanco continue 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.

January 5, 2011:	Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit To CTS Humacao.
January 19, 2011:	Consultant Curtiss Pulitzer, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Bayamon.
January 19, 2011:	Consultant Curtiss Pulitzer, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CDT Ponce "Girls" and "Guaili".
February 3, 2011:	Consultant Michael Gatling, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CD Bayamon.
February 3, 2011:	Consultant Michael Gatling, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Bayamon.
February 3, 2011:	Consultant Michael Gatling, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Humacao.
February 4, 2011:	Consultant Michael Gatling, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CDT Ponce "Girls" and "Guaili".
February 4, 2011:	Consultant Michael Gatling, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Villalba.
February 4, 2011:	Consultant Michael Gatling, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Guayama.
February 10, 2011:	Consultant Tom Kucharski, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CD Bayamon.
February 11, 2011:	Consultant Tom Kucharski and Associate Monitor Ricardo Blanco site visit to CTS Humacao.
February 15, 2011:	Consultant David Bogard and Deputy Monitor Javier Burgos site visit to CD and CTS Bayamon.
February 16, 2011:	Consultant David Bogard and Deputy Monitor Javier Burgos site visit to CDT Ponce "Girls" and "Guaili".
February 16, 2011:	Consultant David Bogard and Deputy Monitor Javier Burgos site visit to CTS Villalba.

February 17, 2011: Consultant David Bogard and Associate Monitor Ricardo Blanco site visit to CTS Guayama,

February 17, 2011: Consultant David Bogard and Associate Monitor Ricardo Blanco site visit to CTS Humacao.

March 1, 2011: Consultant Bob Dugan, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Humacao.

March 1, 2011: Consultant Bob Dugan, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Bayamon.

March 2, 2011: Consultant Bob Dugan, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CDT Ponce "Girls and "Guaili".

March 2, 2011: Consultant Bob Dugan, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Villalba.

March 2, 2011: Consultant Bob Dugan, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Guayama.

March 14, 2011: Consultant Curtiss Pulitzer, Consultant Alfred Longhitano, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Humacao.

March 15, 2011: Consultant Curtiss Pulitzer, Consultant Alfred Longhitano, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Bayamon.

March 16, 2011: Consultant Curtiss Pulitzer, Consultant Alfred Longhitano, Deputy Monitor Javier Burgos and Associate Monitor Ricardo Blanco site visit to CTS Guayama.

March 17, 2011: Consultant Curtiss Pulitzer, Consultant Alfred Longhitano and Deputy Monitor Javier Burgos site visit to CDT Ponce "Girls" and "Guaili".

**THE UNITED STATES OF AMERICA**

Plaintiff,

v.

CIVIL ACTION NO. 94-2080 CC

**COMMONWEALTH OF PUERTO RICO**

Defendants,

Monitor's Compliance Ratings  
First Quarter 2011

Provision	P	S	R	T	D	G	Comment
<b>Compliance Category and Rating Definitions</b>							
<b>Compliance Category P</b>	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.						
<b>Compliance Category S</b>	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.						
<b>Compliance Category R</b>	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.						
<b>Compliance Category T</b>	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.						
<b>Compliance Category D</b>	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.						
<b>Compliance Category G</b>	This category concerns <u>General Compliance</u> - the overall achievement of compliance with the provision involved.						
<b>Compliance Rating Definitions</b>	"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
<b>Facility Provisions</b>							
<b>C.O. 41:</b> Within ninety (90) days of the filing of this Consent Order, Defendants shall repair all defective plumbing in the facilities in this case. The defective plumbing shall be repaired first at Mayaguez, Ponce Industrial, Ponce Detention and Humacao.	N	N	N	#	#	N	Compliance with this provision will be impossible to achieve under the current AIJ operating procedures and policies as it pertains to maintenance. Key issues are a lack of sufficient numbers of maintenance personnel coupled with an arcane procurement process for parts. The defendants concur with this assessment through numerous conversations with the monitor's office but to date no viable plan has been created to address plumbing and maintenance repairs in a timely manner.
<b>C.O. 29.</b> Each new facility shall be built in accordance with: (1) the American Correctional Association's (hereinafter "ACA") standards in effect at the time of the construction; (2) the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101-12213 and 47 U.S.C. §§ 225 and 611, and the regulations thereunder; and (3) all Commonwealth fire codes and regulations.	Y	I	N	Y	N	#	The defendants have closed several older facilities that had serious fire and life safety code violations as well as non-compliance with ACA standards and ADA regulations. Accordingly, AIJ is close to compliance with this provision pending the availability of additional resources to both document compliance as well complete necessary repairs and/or renovations to allow full compliance with this provision. It is recommended that an audit be conducted to determine how ADA compliance can be achieved.
<b>S.A.31.</b> Existing facilities expected to be occupied by juveniles beyond Fiscal Year 1996-1997 shall conform to applicable federal, state and/or local building codes. Sleeping areas in which juveniles are confined shall conform to 35 square feet per one occupant. Toilets shall be provided at a minimum ratio of one for every 12 juveniles in male facilities and one for every eight juveniles in female facilities. Juveniles will have access to operable wash basins with running water, to operable showers, and to potable drinking water.							See the Monitor's March 2011 PLRA Report.
<b>S.A. 32.</b> Defendants shall eliminate ventilation and acoustical echoing problems at Centro Juvenile Metropolitano in Bayamón.							See the Monitor's March 2011 PLRA Report.
<b>S.A. 33.</b> Defendants will ensure that ventilation and acoustical systems provide healthful living and working conditions for juveniles and staff in all facilities.							See the Monitor's March 2011 PLRA Report.

Provision	P	S	R	T	D	G	Comment
<b>S.A. 34.</b> In order to properly equip and swiftly evacuate the facilities in the event of a fire or other emergency, in each facility, Defendants shall provide sufficient staff with appropriate keys to unlock exit doors in all buildings occupied by juveniles. The keys shall be color coded and notched or otherwise readily identifiable. Defendants shall also store a backup set of emergency keys at a place accessible at all times to staff on duty on all shifts.	Y	#	#	#	N	#	While all facilities have emergency keys that are readily available for use in an emergency, the monitor's office has found that in many instances the keys are not properly color coded or notched. Also, there is no systematic approach to storing or issuing the correct keys in an emergency. The AIJ Fire Safety Officer has been working on a plan to rectify this. When that plan is completed, the monitor's office will review it and oversee its proper implementation. The electrification of the cell doors at CD Bayamon and Ponce Ninas, and hopefully Humacao, will help achieve compliance with this provision by reducing the number of keys needed for emergency exiting. AIJ needs to ensure sufficient staff, with proper communication to staff in the living units, are working in the Housing Control stations on all shifts to operate the control panels to remotely unlock all doors.
<b>S.A. 35.</b> Defendants agree that designated exit doors in all facilities will be maintained in operable condition and shall be readily unlocked in case of an emergency.	Y	#	N	#	Y	#	Non-compliance with the resource designation in this provision relates to the lack of staff and funds in regards to maintenance and repair of all exit doors as well as current maintenance procedures and procurement policies. There are sufficient resources to conduct regular checks and monthly reports by each facility's fire safety coordinators and that is being performed and well-documented.
<b>S.A. 37.</b> AIJ policy shall ensure safety for juveniles and staff by requiring compliance with fire safety code requirements. Specific emergency plans shall be developed and copies made available to staff members. There shall be ongoing training programs and emergency procedures shall be reviewed and updated annually.	Y	Y	Y	#	Y	#	Pedro Santiago the AIJ Fire Safety Officer has been providing regular training in all emergency procedures to the fire safety coordinators and appropriate AIJ staff. The adequacy of the training which will need to be reviewed by Victor Herbert.
<b>S.A. 38.</b> A person having knowledge of the NFPA Life Safety Code and of the requirements of the specific building and fire codes for Puerto Rico will be designated as the Fire and Safety Officer. This Fire Safety Officer will have the authority to conduct monthly inspections of each facility for compliance with safety and fire prevention requirements. The Fire and Safety Officer shall prepare a monthly report of his findings and submit the report to the Monitor. Defendants shall correct in a timely manner any fire safety deficiency noted in the reports of the Fire and Safety Officer. A staff member in each facility who has received training in and is familiar with weekly inspection procedures, including the use of checklists and methods of documentation, will be appointed to work with the Fire and Safety Officer.	Y	Y	N	Y	Y	#	There are numerous reports that are prepared weekly and monthly by the various institutional fire safety coordinators. These in turn are reviewed by the AIJ Fire Safety Officer, and then submitted to the monitor's office. The key obstacle to full compliance with this provision is "Defendants shall correct in a timely manner any fire safety deficiency noted in the reports of the Fire and Safety Officer." Resources to achieve this have not been allocated nor have adequate maintenance procedures and procurement policies been put in place to allow for deficiencies to be corrected in a timely manner.

<b>Provision</b>	<b>P</b>	<b>S</b>	<b>R</b>	<b>T</b>	<b>D</b>	<b>G</b>	<b>Comment</b>
<b>S.A. 44.</b> Defendants agree to provide mattresses constructed of fire retardant materials.							See the Monitor's March 2011 PLRA Report.



Provision	P	S	R	T	D	G	Comment
<b>Policies and Procedures</b>							
<b>S.A. 45.</b> Within one year of the approval of this agreement by the Court, Defendants agree to provide an agency policy and procedure manual governing all operational aspects of the institutions. Within eighteen months of the approval of this agreement by the Court, Defendants shall further insure that the facilities are strictly operated within these policies and procedures and that all staff have been trained accordingly.	N					N	In the rest of this table, policies and procedures are rated as a compliance problem for many of the provisions in this case.
<b>Staffing</b>							
<b>S.A. 48.</b> Defendants shall ensure that the facilities have sufficient direct care staff to implement all terms of this agreement. Direct care staff supervise and participate in recreational, leisure and treatment activities with the juveniles. Compliance can be demonstrated in either of two ways.	N	N	N	N	Y	N	For the 1st quarter of 2011, all of the facilities submitted the staffing compliance reports. Improvement has been noted in reduction of failures in meeting 1:1 supervision events. Agency meeting staffing ratio requirements: 6:00 – 2:00: 55% of events: 9% improvement from 4th quarter 2010 2:00 – 10:00: 42% of events: 2% improvement from 4th quarter 2010 10:00 – 6:00: 90% of events. 1% improvement from 4th quarter 2010  Guaili has met 100% staff youth ratio requirements for all four quarters of 2010 and 1 <sup>st</sup> quarter of 2011.  See the 2011 First QR narrative for more information about staffing compliance.
<b>January 2009 Stipulation Paragraph 1:</b> All necessary steps shall be taken immediately to ensure the reasonable safety of youth by providing adequate supervision of youth in all facilities operated by, or on behalf of, the Defendants.	Y	N	N	N	N	N	A remarkable reduction in volume of youth requiring 1:1 Staff youth ratio supervision (3171 events 1 <sup>st</sup> quarter 2010/ 444 1 <sup>st</sup> quarter 2011). Only 15 reported instances of youth not receiving 1:1 supervision in 1 <sup>st</sup> quarter 2011.
<b>January 2009 Stipulation Paragraph 2:</b> 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, as amended by Court Order dated May 15, 2007 (Dkt. #719), by hiring qualified direct care staff, beginning with fifty (50) direct care staff within thirty (30) days of this Order, and fifty (50) additional direct care staff every thirty (30) days, until Defendants achieve the goal to provide adequate supervision of youth in all facilities.	N	N	N	N	N	N	The January 2010 academy yielded 43 YSOs. The May 2010 academy yielded 52 YSOs. A third academy scheduled for August 2010 is expected to yield 50 YSOs.

Provision	P	S	R	T	D	G	Comment
<b>January 2009 Stipulation Paragraph 3:</b> 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.
<b>January 2009 Stipulation Paragraph 4:</b> All persons hired to comply with Paragraph 48 shall be sufficiently trained, pursuant to Paragraph 49 of the Consent Decree, before being deployed. Defendants shall deploy all duly trained direct care staff, pursuant to Paragraph 49, to juvenile facilities in a timely manner.	Y	N	N	#	N	N	The new YSOs have been deployed to youth corrections facilities.
<b>January 2009 Stipulation Paragraph 5:</b> On the fifth day of every thirty-day period commensurate with the Order approving this Stipulation, Defendants shall submit a report to the Monitor and the United States providing the following: a. the number of current direct care staff, by position classification, at each facility; b. the number of qualified direct care staff hired during the previous period; c. the number of hired direct care staff in the previous period who were hired and have received pre-service training, pursuant to Paragraph 49; and d. the juvenile facilities where the direct care staff who were hired in the previous quarter and have received pre-service training, pursuant to Paragraph 49, have been deployed or assigned.	Y	Y	Y	Y	Y	Y	The reports are being provided. However, they are not reporting compliance with the other parts of the stipulation.

Provision	P	S	R	T	D	G	Comment
<b>Training</b>							
<b>S.A. 49.</b> Direct care staff shall have at least forty (40) hours of pre-service training before being given supervisory responsibility for juveniles.							See the Monitor's PLRA Report.
<b>S.A. 50.</b> Defendants shall ensure that current and new facility direct care staff are sufficiently well-trained to implement the terms of this agreement. Each direct care staff, whether current or new, shall receive at least forty (40) hours of training per year by qualified personnel to include, but not be limited to, the following areas: CPR (cardiopulmonary resuscitation); recognition of and interaction with suicidal and/or self-mutilating juveniles; recognition of the symptoms of drug withdrawal; administering medicine; recognizing the side-effects of medications commonly administered at the facility; HIV related issues; use-of-force regulations; strategies to manage juveniles' inappropriate conduct; counseling techniques and communication skills; use of positive reinforcement and praise; and fire prevention and emergency procedures, including the fire evacuation plan, the use of keys, and the use of fire extinguishers.	Y	N	N	I	Y	N	The most recent report (provided in February 2011) indicates 59% compliance with this provision across AIJ. The lowest levels of compliance are at CREANDO (48%) and Mayaguez (44%). The highest levels are at the Central Office (75%) and at CTS Bayamon (72%). Curiously, across the street at CD Bayamon the compliance level is 50%.
<b>Classification</b>							
<b>S.A. 52.</b> At both the detention phase and following commitment, Defendants shall establish objective methods to ensure that juveniles are classified and placed in the least restrictive placement possible, consistent with public safety. Defendants shall validate objective methods within one year of their initial use and once a year thereafter and revise, if necessary, according to the findings of the validation process.	N	#	#	#	#	N	The detention classification system is not yet fully defined and implemented. A pilot program is being evaluated. Staff have been trained. Application of classification does not result in specific housing unit assignments at this time. AIJ is developing a second phase of the electronic files application that will include revisions of the Classification scoring instrument.

Provision	P	S	R	T	D	G	Comment
<b>Mental Health and Substance Abuse Treatment</b>							
<b>S.A. 59.</b> Defendants, specifically the Department of Health (ASSMCA), shall provide an individualized treatment and rehabilitation plan, including services provided by AIJ psychiatrists, psychologists, and social workers, for each juvenile with a substance abuse problem.	N	N	Y	#	N	N	Review of the medical records and observation of a treatment team meeting revealed that the treatment planning process is markedly deficient. The team meeting was not attended by the psychiatrist, no treatment needs were identified, the youths were all reported to be “stable”. The types and frequency of substance abuse difficulties were noted but the treatable psychological deficits that lead to and support substance abuse were not identified or discussed.
<b>C.O. 29:</b> Defendants shall maintain an adequate 48 bed residential mental health treatment program which provides services in accordance with accepted professional standards, for juveniles confined in the facilities in this case in need of such services as determined by a qualified child and adolescent psychiatrist as part of a qualified interdisciplinary mental health team.	N	N	N	#	N	N	Currently there are no special residential placements for youth in detention. Detention youth released from suicide watch or returning from inpatient psychiatric hospitalization are placed back in general population as there is no specialized residential placement in detention. The mission of the PUERTAS program at CTS Bayamon (which has replaced an earlier program at Rio Grande) remains unclear. At the last site there were less than 20 youth at the CTS Bayamon residential facility. Interviews with youth at other facilities identified several youth who could benefit from residential treatment who were not being considered for CTS Bayamon Mental Health Unit
<b>C.O. 30:</b> Defendants provide adequate qualified staff members for the residential treatment program, which include a child psychiatrist, psychologist, occupational therapist, social workers and nurses.		N					Psychologist hours had been cut from 35 to 30 hours in general. Some psychologists work only 28 hours. While this is not per se a violation of the Consent Order, the Monitor’s consultant believes that the number of hours is insufficient.
<b>C.O. 34.</b> 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.							<ul style="list-style-type: none"> <li>Not yet rated.</li> </ul>

Provision	P	S	R	T	D	G	Comment
<b>C.O. 36.</b> Within 120 days of the filing of this consent Order, Defendant Juvenile Institutions Administration shall provide continuous psychiatric and psychology service to juveniles in need of such services in the facilities in this case either by employing or contracting with sufficient numbers of adequately trained psychologists or psychiatrists, or by contracting with private entities for provision of such services. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum, a thorough psychiatric evaluation. The continuous psychiatric and psychological services to juveniles in need of such services to include at a minimum diagnostic tests before prescription of behavior-modifying medications.	N	N	#	N	N	N	<ul style="list-style-type: none"> <li>Psychologist hours had been cut from 35 to 30 hours. Youth are not adequately assessed.</li> <li>Treatment plans are not individualized and treatment progress not assessed and documented.</li> <li>Policy is deficient in terms of the procedures for documenting progress. Given the deficient assessment practices policies will need to be developed that include enhanced assessment.</li> <li>Assessment is seriously deficient with many youth being diagnosed as free of mental health concerns.</li> <li>Because the evaluation of youth is so deficient, appropriate treatment services are not being provided.</li> </ul>
<b>S.A .62.</b> In addition to the mental health staff required by ¶ 36 of the Consent Order approved by the Court in this case in October 1994, Defendants shall provide ambulatory psychiatric services by a team. This team shall be composed of a child psychiatrist, a child psychologist and a social work counselor. All mental health care personnel shall have written job descriptions and meet applicable Commonwealth licensure and/or certification requirements. Defendants, specifically AIJ, will provide for residential treatment and, if needed, in-patient hospitalization for those cases where such service is needed.	N	N	#	#	N	N	<ul style="list-style-type: none"> <li>Currently there are no special residential placements for youth in detention. Detention youth released from suicide watch or returning from inpatient psychiatric hospitalization are placed back in general population as there is no specialized residential placement in detention.</li> <li>Although the services are provided by a team, the absence of a single master treatment plan demonstrates one aspect of the fragmentation of service delivery. The serious deficiencies in assessment of youth make the current provision of ambulatory mental health services inadequate. Many mental health difficulties of youth go undetected, youth who repeatedly self mutilate, or aggressive are viewed not as in need of mental health services but as manipulative.</li> <li>Documentation does not reflect the efficacy of treatment or lack thereof so that adjustments can be made. Many youth have been taken off psychotropic medications including medications to treat ADHD without adequate assessments to determine the need for these medications. Most youth referred for psychiatric hospitalization are not admitted either due to inappropriate referral, inappropriate admission standards or refusal by the hospital.</li> </ul>

Provision	P	S	R	T	D	G	Comment
<b>S.A. 63.</b> For each juvenile who expresses suicidal or self-mutilating ideation or intent while incarcerated, staff shall immediately inform a member of the health care staff. Health care staff shall immediately complete a mental health screening to include suicide or self-mutilation ideation for the juvenile. For each juvenile for whom the screening indicates active suicidal or self-mutilating intent, a psychiatrist shall immediately examine the juvenile. The juvenile, if ever isolated, shall be under constant watch. Defendants shall develop written policies and procedures to reduce the risk of suicidal behavior by providing screening for all juveniles at all points of entry or re-entry to AIJ's facilities and/or programs and by providing mechanisms for the assessment, monitoring, intervention and referral of juveniles who have been identified as representing a potential risk of severe harm to themselves. Treatment will be provided consistent with accepted professional standards.	Y	#	N	N	N	N	<ul style="list-style-type: none"> <li>The current staffing for mental health professionals does not make it possible for a psychiatrist to "immediately evaluate" the youth. This is an overly stringent requirement. Youth should be evaluated immediately by n medical staff and placed on Therapeutic observation and seen by the psychiatrist or psychologist within 8 hours. This generally occurs. However, recent site visits revealed numerous youth isolated reportedly for reasons other than MH concerns. Many of these youth had serious MH concerns with automutilation being common. Minimal MH treatment is being provided these youth. Because youth with MH difficulties are poorly assessed and not identified treatment is not provided in accordance with accepted professional standards.</li> </ul>
<b>S.A. 66.</b> An AIJ child and/or adolescent psychiatrist shall develop a protocol for the use of psychotropic medication by other physicians. A training program will complement this protocol. A child and/or adolescent psychiatrist will be available on an on-call basis at all times.	Y	N	Y	#	N	N	<ul style="list-style-type: none"> <li>The primary purpose of that paragraph was to deal with the problems associated with treatment by psychiatrists who are not specialists in child and adolescent psychiatry. The paragraph implied supervision by means of the protocol and the on-call consultation.</li> <li>The Monitor's consultant believes that there should be central oversight of psychiatric services by a psychiatrist.</li> </ul>
<b>S.A. 67.</b> Defendants shall obtain specific informed consent from a juvenile's parent or legal guardian or from the state court for the use of psychotropic medication for each juvenile on such medication. All psychotropic medications will be prescribed by a licensed psychiatrist and/or physician. All psychotropic medication will be reviewed and approved by an AIJ child psychiatrist. In all cases, the family of any juvenile taking psychotropic medication will be informed in writing by the family's case manager.	#	N	Y	#	#	N	<ul style="list-style-type: none"> <li>The current informed consent process is seriously deficient. During recent site visits consent forms that were reviewed often did not list any risks, treatment rationale was listed in the risk section. In many instances serious risks such as liver failure for drugs like Depakote were not listed at all. The current process does not provide for "informed" consent as it is typically understood in clinical practice. AIJ continues to have the proposed treatments and their risks explained to parents by social workers who are not qualified to answer questions regarding treatment options and medical risks. Thus the process does not represent informed consent as it is generally conceived in clinical practice.</li> </ul>
<b>S.A. 70.</b> The AIMS instrument shall be completed at least once every six (6) months for each juvenile taking psychotropic medications.							<ul style="list-style-type: none"> <li>See the Monitor's PLRA Report.</li> </ul>

Provision	P	S	R	T	D	G	Comment
<b>S.A. 71.</b> Stimulants, tranquilizers, and psychopharmacological drugs shall only be used as deemed medically necessary and shall not be administered for punishment.	#	N	Y	#	#	N	The Monitor's consultant and Plaintiff's consultant identified during recent reviews instances where medication would appear to be unnecessary. Most noteworthy were cases where emergency medications were administered after the emergency was over and the need to medicate had passed. Emergency medication in all case involved Haldol a powerful antipsychotic in cases where psychosis is not the issue. Use of less powerful and safer yet equally effective medications such as Ativan is nonexistent.
<b>S.A. 72.</b> All juveniles receiving emergency psychotropic medication shall be seen at least once during each of the next three shifts by a nurse and within twenty-four (24) hours by a physician to reassess their mental status and medication side effects. Nurses and doctors shall document their findings regarding adverse side effects in the juvenile's medical record. If the juvenile's condition is deteriorating, a psychiatrist shall be immediately notified.	Y	Y	Y	Y	N	N	In instances where emergency medication was used adequate follow-up of the youth and documentation of the youth's response to the medication is lacking.
<b>S.A. 73.</b> Defendants, specifically AIJ, shall design a program that promotes behavior modification by emphasizing positive reinforcement techniques. Defendants, specifically AIJ, shall provide all juveniles with an individualized treatment plan identifying each juvenile's problems, including medical needs, and establishing individual therapeutic goals for the juvenile and providing for group and/or individual counseling addressing the problems identified. Defendants, specifically AIJ, shall implement all individualized treatment plans.	N	N	N	N	N	N	The AIJ Behavior Management program is seriously deficient. Currently youth receive points on a daily basis for prosocial behavior. However, the reward schedule is so poor that youth need to save up points for an entire month in order to get the Nintendo for the weekend. Youth report that frequently when they try to exchange points for items like pizza or a movie that these are not available due to budget limitations. This undermines the entire rationale for a BM program where rewards in reasonable frequency and quantity are needed to promote positive behavior.



Provision	P	S	R	T	D	G	Comment
<b>Discipline</b>							
<b>S.A. 74.</b> 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	#	I	#	N	#	<ul style="list-style-type: none"> <li>All rules are specified in handbook. A new handbook has been prepared, reviewed and approved by the Monitor's Consultant, and should be issued to youth in early 2011.</li> <li>Additional monitoring is necessary to determine whether group punishment is still being meted out in violation of AIJ policy.</li> <li>Additional monitoring is required to determine whether there remains inconsistent implementation of policies regarding the limited dayroom access sanction.</li> </ul>
<b>S.A. 75.</b> The handbook described in ¶ 47 above shall include a description of the grievance process. Grievance decisions that are appealed by the juvenile beyond the facility shall be reviewed by Defendant Director of the AIJ or his or her designee.							<ul style="list-style-type: none"> <li>See the Monitor's March 2011 PLRA Report.</li> </ul>
<b>S.A. 76.</b> 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 for disciplinary reasons.							<ul style="list-style-type: none"> <li>See the Monitor's March 2011 PLRA Report.</li> </ul>
<b>S.A. 77.</b> No corporal punishment shall be imposed on any juvenile. The use of physical force by staff shall be limited to instances of justifiable self-defense, protection of others, and prevention of escapes. Defendants agree that under no circumstances shall restraints be used as a form of punishment. In cases where restraints are necessary to prevent a juvenile from causing serious bodily harm to himself or to another, the facility director or his/her designee must approve the use of restraints before they are applied.	N	#	I	N	#	N	<p>AIJ policy and training and associated practice does not currently comport with the language of this provision. The Monitor has urged the parties to resolve this issue for two years.</p> <p>Concerted efforts will be required to fully determine compliance levels once there is resolution of the wording of this provision. A new incident report has been designed and implemented throughout the system this quarter, which has already been found to provide more and better information about use of force incidents.</p>



Provision	P	S	R	T	D	G	Comment
<b>Abuse and Maltreatment Investigation and Management</b>							
<b>S.A. 78.a</b> Defendants shall take prompt administrative action in response to allegations of abuse and mistreatment, including steps to protect and treat the victim, steps to preserve evidence and initiate investigation, steps to isolate, separate, and sanction youth and/or staff involved in misconduct or criminal conduct. Defendants' policies, procedures, and practices shall clearly define all incidents that must be reported, to include, at a minimum, allegations of: abuse, mistreatment, neglect, excessive use of force, inappropriate use of restraints, sexual misconduct, and assaults. Defendants shall provide for confidential means of reporting suspected abuse and mistreatment, without fear of retaliation for making such report.	Y	N	N	#	N	N	<p>Policies have been updated to comply with this provision. The Quarterly Case Assessments in the main part of the report consistently reveal the following problem areas:</p> <ul style="list-style-type: none"> <li>Evidence is rarely preserved.</li> <li>Suspected youth are separated from their victim(s) less than half of the time.</li> </ul>
<b>S.A. 78.b</b> All Defendants' staff or contractors who are involved in, witness, or discover an incident (or evidence of abuse or mistreatment, in the case of a health care worker) shall document the incident or evidence in writing in a standardized incident report. The report shall be submitted to the reporter's supervisor or other designated staff person before the reporter leaves the facility following shift change. The report shall include all relevant details regarding the incident, including a description of the events leading to and immediately following the incident; date, time, and place; all persons involved, including alleged victim(s) and all witnesses; how the incident was detected; reporter's name and signature; and date and time the report form was completed.	Y	Y	Y	#	N	N	<p>The timeliness of initial reporting appears to have improved, but statistics are not yet available to assess whether compliance has been achieved. In the future, a compliance review will be necessary to determine whether they are completed with consistent timeliness and quality.</p>
<b>S.A. 78.c</b> 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>The timeliness of initial reporting by AIJ, based on AIJ records, has been high.</p> <p>The Commonwealth Police do not respond to the Monitor's information requests for case analysis information.</p> <p>Cases are promptly referred to SAISC.</p>

Provision	P	S	R	T	D	G	Comment
<b>S.A.78.d</b> 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.	Y	#	#	#	N	N	<ul style="list-style-type: none"> <li>Documentation is insufficient concerning the implementation of investigations by the Commonwealth Police. The Commonwealth Police do not respond to the Monitor's information requests. See the Attachment to the QR concerning Abuse Referral Case Assessments.</li> </ul>
<b>S.A. 78.e</b> 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	<ul style="list-style-type: none"> <li>For the entire year 2010, there were 208 cases referred to SAIEC, and only 10 were completed within the 30-day limit specified in Paragraph 78.e.</li> <li>For the first two quarters of 2010, of 147 cases referred, 118 were still open cases lacked complete investigations.</li> <li>During the fourth quarter, of 59 cases, 52 were not completed within 45 days. Based on the modifications to Paragraph 78 adopted in 2007, the cases referred to SAISC are only the most serious cases.</li> <li>Thus, it appears that the majority of serious cases referred to SAISC are no longer being investigated on a timely basis.</li> </ul>
<b>S.A. 78.f</b> 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	<ul style="list-style-type: none"> <li>No process is in place to assess whether compliance is achieved with respect to investigation quality.</li> <li>No standards have been formally adopted.</li> </ul>

Provision	P	S	R	T	D	G	Comment
<b>S.A. 78.g</b> 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	<ul style="list-style-type: none"> <li>No process is in place to assess whether compliance is achieved with respect to these aspects of investigation quality.</li> </ul>
<b>S.A. 78.h</b> AIJ shall conduct case management, for tracking which includes identification of findings and outcomes and dates of stages of case processing, and for oversight of further administrative actions including analysis to identify and implement corrective actions designed to avoid recurrence of incidents. At the conclusion of an administrative investigation, SAISC shall provide copies of the investigation report to AIJ and Defendant Department of Justice. AIJ's quality assurance personnel shall analyze the report and, as appropriate, identify corrective action to address operational, systemic, or other problems identified in the report and ensure that such action is taken.	N	N	Y	#	N	N	<ul style="list-style-type: none"> <li>Case tracking is inconsistent and incomplete.</li> <li>The case tracking information system has not been updated at all during 2008.</li> <li>AIJ lacks staffing and resources to do meaningful analysis of cases</li> </ul>
<b>S.A. 78.i</b> Any employee, staff member or contractor who is criminally charged for offenses involving the abuse or mistreatment of juveniles, excessive force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending. Defendants may take additional administrative actions as they deem appropriate.	Y	Y	Y	Y	N	N	<ul style="list-style-type: none"> <li>AIJ policies comply with this provision.</li> <li>Policies and procedures require separation based on substantiated allegations, which is a higher standard of performance than required in this provision.</li> <li>It appears that criminal charges had been filed against three AIJ employees in relation to an alleged assault on a youth on September 10, 2009. The fact of the charges was not reported and compliance with the separation requirements of the December 2006 order has also not been established.</li> </ul>
<b>Separation Order, of December 4, 2006:</b> Any employee, staff member, or contractor who is criminally charged in the future for offenses involving the abuse or mistreatment of juveniles, excessive use of force on juveniles, sexual misconduct with juveniles, or any other offense relating to the safety and welfare of juveniles, shall be immediately separated from having contact with detained or committed juveniles, including the removal of any such person from exercising supervisory authority over any staff in AIJ facilities, while the criminal investigation or process is pending.	N	Y	Y	N	N	N	It appears that criminal charges had been filed against three AIJ employees in relation to an alleged assault on a youth on September 10, 2009. The fact of the charges was not reported and compliance with the separation requirements of the December 2006 order has also not been established. Apparently the charges were dismissed following a preliminary hearing on December 18, 2009 due to insufficient evidence, but the authorities are seeking review of the dismissal.

Provision	P	S	R	T	D	G	Comment
<b>Protection and Isolation</b>							
<p><b>S.A. 79.</b> 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>	#	#	#	#	#	#	<ul style="list-style-type: none"> <li>This provision is related to both Discipline and Mental Health. The meaning and application of the provision continues to be unresolved.</li> <li>There is no evidence to suggest that mental health isolation is being used for disciplinary purposes and AIJ policy prohibits this.</li> </ul>
<p><b>S.A. 80.</b> 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.</p>	#	#	#	#	#	#	See the discussion of this issue in the QR narrative report.

Provision	P	S	R	T	D	G	Comment
<b>Education and Vocational Services</b>							
<b>S.A. 81.</b> Defendants, specifically the Department of Education, shall provide academic and/or vocational education services to all juveniles confined in any facility for two weeks or more, equivalent to the number of hours the juveniles would have received within the public education system. Specifically, this education shall be provided 5 (five) days per week, 6 (six) hours per day, 10 (ten) months per year. AIJ shall provide adequate instructional materials and space for educational services. Defendants shall employ an adequate number of qualified and experienced teachers to provide these services.	Y	N	N	I	Y	N	All AIJ facilities began the school year in August without a sufficient number of teachers. This has been an on-going problem which has been exacerbated by the failure of AIJ and the Department of Education to provide teachers in juvenile facilities with the same continuing contracts as teachers in the public schools in the Commonwealth. At the end of September, documentation provided by the Commonwealth showed that teacher shortages remained at Bayamon CTS, Bayamon CD, Ponce Ninas CTS, Villalba CTS, Guyama CTS, Humacao, CTS, and at Creando. At Guyama the problems have been particularly severe. At that facility, one of the largest, there were four teaching vacancies during a visit by the monitor's consultants in October 2010. At Bayamon, another site with staffing problems, the abbreviated school day according to students and staff is about three hours long. Staffing decisions within AIJ are not being made by the acting director of education for AIJ but rather directly through the office of the director (assistant secretary) of AIJ.
<b>S.A. 86.</b> 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. The screening shall include questions about whether the juvenile has been previously identified by the public school system as having an educational disability, previous educational history, and a sufficient medical review to determine whether certain educational disabilities are present, such as hearing impairments, including deafness, speech or language impairments, visual impairments, including blindness, mental retardation, or serious emotional disturbances adversely affecting educational performance.	Y	N	Y	I	Y	N	The education program has had a system to screen youth with a history of special education services as well as those who were not previously served but who exhibit characteristics indicating that they might be eligible for services. Teacher vacancies have compromised the ability of the Commonwealth to be in compliance with this provision.
<b>S.A. 87.</b> If a juvenile has been previously identified as having an educational disability, Defendants shall immediately request that the appropriate school district provide a copy of the juvenile's individualized education plan ("IEP"). Defendants shall assess the adequacy of the juvenile's IEP and either implement it as written if it is an adequate plan or, if the IEP is inadequate, rewrite the plan to make it adequate, and then implement the revised IEP.	Y	Y	N	I	Y	N	AIJ education staff report that records including students' IEPs are passed on to the schools in which students are supposed to enroll upon their release. None of the education programs at AIJ facilities have school directors and the AIJ has eliminated the two regional directors. Facilities have "teachers in charge (maestros encarga)" but these individuals have teaching responsibilities. This provision will be examined closely during the next reporting period.

Provision	P	S	R	T	D	G	Comment
<b>S.A. 88.</b> If the juvenile has not been previously identified as having an educational disability, but indications of such a disability exist, an adequate evaluation must be performed within the time limits prescribed by federal law. The Commonwealth shall use only professionally accepted tests to complete the evaluation. The evaluation shall include a complete psychological battery and intellectual achievement tests. A copy of this educational evaluation shall be kept in the juvenile's record at the facility.							See the Monitor's PLRA Report.
<b>S.A. 89.</b> If a juvenile referred for an evaluation pursuant to the above paragraph is discharged from the system before the evaluation is complete, Defendants shall forward all information regarding screenings and evaluations completed to date, noting what evaluations are yet to be performed, to the juvenile's receiving school district.							See the Monitor's PLRA Report.
<b>S.A. 90.</b> Defendants shall provide appropriate services for juveniles eligible for special education and related services. Defendants shall provide each such juvenile with educational instruction specially designed to meet the unique needs of the juvenile, supported by such services as are necessary to permit the juvenile to benefit from the instruction. Defendants shall coordinate such individualized educational services with regular education programs and activities.	Y	N	N	I	Y	N	During this quarter, site visits to each facility showed appropriate services and compliance in some cases inadequate services in others, particularly where there were teaching vacancies.
<b>S.A. 91.</b> Qualified professionals shall develop and implement an IEP reasonably calculated to provide educational benefits for every juvenile identified as having a disability. When appropriate, the IEP shall include a vocational component.	Y	N	N	I	Y	N	Certified special education teachers, many of them new to the profession, provide education services to youth.
<b>S.A. 92.</b> All juveniles 18 years old or older shall be permitted to participate in the development of the IEP. Juveniles under age 18 have a right to have a parent present during the development of the IEP. If a parent is unwilling or unable to attend, Defendants shall appoint a surrogate parent trained in the relevant provisions of federal and state law to participate in the development of the IEP. Appointed surrogate parents may not be employees of any public agency involved in the education or care of the juvenile. All juveniles, parents, and surrogate parents shall be informed that they have the right to challenge the IEP.							See the Monitor's PLRA Report.

Provision	P	S	R	T	D	G	Comment
<b>S.A. 93.</b> 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	#	#	In spite the fact that there are unresolved differences between plaintiffs and defendants about the meaning of year round services in the context of special education, the current system of hiring and appointing teachers to facilities has left the agency chronically understaffed for the first two months of the school year.
<b>S.A. 94.</b> 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.	Y	N	N	I	Y	N	Consultant Victor Herbert's most recent examination of services for youth in isolation indicates that for the most part, all youth in isolation do not receive the services to which they are entitled. This true for students eligible for special education services as well as other youth.. (See comments for Provision 80.)
<b>S.A. 95.</b> When an IEP is ineffective, Defendants shall timely modify the IEP.							All special education positions are now filled (5 months into the school year). The Monitor's consultants do not have direct knowledge of whether newly hired and other special education teachers are updating IEPs. Consultant Leone believes, based on past experience, that when special education teachers have been employed, they have been reviewing and revising IEPs. However, the substance of the modifications have not yet been reviewed.