

EXHIBIT 1

Termination of Stipulation Categories

II A

1. Regionalization
2. Access to Phones
3. Training
4. Access to Counsel
5. General Education
6. Use of Force
7. Vocational Education
8. Dental Services
9. Grievances
10. Intervention Hearing and Discipline (except for mental health)
11. Reentry
12. Classification

II B

1. Rehabilitation and Structured Programming (limited to QA to ensure that programming is based on a comprehensive individualized assessment and is then directed towards criminogenic needs; and QA that tracks implementation to ensure that it is accomplished with fidelity to program design, setting clear behavior targets and administered with appropriate intensity and duration. Identified problems will be addressed with corrective action plans as appropriate.)
2. Investigations (limited to QA for investigations completed by the facility-based investigators)
3. Safe Living Conditions (limited to QA for IRAV, seclusion and protection from harm indicators)
4. Medical (paper review, limited to: peer / competency reviews of all clinical staff and adjunct staff to ensure knowledge and use of DYS policy, to identify problems in service delivery through targeted data collection, and to implement corrective action as appropriate)
5. Special Education (limited to QA to determine all students with disabilities have FAPE, "as needed" team meetings are conducted as needed, use of positive behavioral strategies, continuum of placements being used, efforts to reduce violence which interfere with special ed students program, special ed caseloads, and special ed teaching staff in specialty units, including for all CAP and training requirements)
6. Release Authority – (limited to QA for analysis of release data, appropriate and consistent application of release criteria, and implications of MH and discipline on application of additional time, with corrective action plans and training as appropriate)

II C

1. Mental Health: a. QA/QI and peer review for mental health and psychiatry; b. psychotropic medication; c. sufficiency of psychiatry resources; d. equitable treatment (including race); e. case formulation, fidelity of treatment provided to treatment model, treatment planning and treatment teams; f. behavior contracts; g. suicide prevention; and h. discipline for youth on the mental health caseload through the intervention hearing process
2. Special Management Unit/Progress Units