Monitoring Report

Settlement Agreement

April 2026

Monitoring Team

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TABLE OF CONTENTS

INTRODUCTION 1
COMPLIANCE RATINGS 2
COMPLIANCE RATING SUMMARY 3
PROTECTION FROM HARM 6
General Provisions 6
28. GENERAL PROVISIONS 6
Staffing 7
29. STAFFING STUDY CONSULTANT 7
30. STAFFING STUDY CONSULTANT SELECTION 8
31. STAFFING STUDY FACTORS 9
32. STAFFING CHANGES 10
Physical Plant 11
33. PHYSICAL PLANT 11
34. SURVEILLANCE TOOLS TIMELINE PROPOSAL 12
35. SURVEILLANCE TOOLS TIMELINE REVIEW 13
36. SURVEILLANCE INSTALLATION 14
37. VIDEO RETENTION 15
Rehabilitative Programming 16
38. REHABILITATIVE PROGRAMMING 16
39. REHABILITATIVE PROGRAMMING MIX 16
Approach to Behavior Management 23
40. APPROACH TO BEHAVIOR MANAGEMENT 23
41. POSITIVE BEHAVIOR MANAGEMENT TOOLS 24
42. CONSISTENTLY IMPLEMENT BEHAVIOR MANAGEMENT TOOLS 25
43. DE-ESCALATION STRATEGIES AND GRADUATED RESPONSES 29
44. ON-SITE COACHES 30
Use of Force 32
45. REVISE USE OF FORCE POLICIES & PROCEDURES 32
46. IMPLEMENT REVISED USE OF FORCE POLICIES AND PROCEDURES 33
47. LIMIT USES OF FORCE 34
48. REASONABLE EFFORTS 38
49. USE FORCE FOR THE MINIMUM AMOUNT OF TIME 39
50. PROHIBITION ON USE OF FORCE 42
51. ONLY TRAINED STAFF MAY USE APPROVED TECHNIQUES 43
52. USE OF FORCE DOCUMENTATION 45
53. MEDICAL EVALUATION FOLLOWING USE OF FORCE 47
54. MEDICAL EVALUATION PROCEDURES 49
55. MEDICAL EVALUATION REFUSAL PROCEDURES 50

Investigations of Physical Harm to Youth from Other Youth, Excessive or Unnecessary Use of Physical Force, or Improper Use of Isolation 52
56. REVISE INVESTIGATION POLICIES & PROCEDURES 52
57. IMPLEMENT REVISED INVESTIGATION POLICIES AND PROCEDURES 53
58. INITIAL REVIEW OF INCIDENTS 54
59. INVESTIGATION PROCEDURES 57
60. STAFF REVIEW OF INCIDENTS 60
61. PERMISSIBLE CONTACT FOLLOWING AN ALLEGATION 63
62. VIDEO REQUEST FOLLOWING AN ALLEGATION 66
63. RETENTION SCHEDULE 67
64. INVESTIGATIONS WITHOUT VIDEO 68
65. ACTION FOLLOWING A FINDING OF STAFF MISCONDUCT 69
66. INVESTIGATIONS WHEN A YOUTH WITHDRAWS AN ALLEGATION 71
Isolation 72
67. REVISE USE OF ISOLATION POLICIES & PROCEDURES 72
68. IMPLEMENT REVISED ISOLATION POLICIES AND PROCEDURES 73
69. REASONS FOR ISOLATION 74
70. PROHIBITIONS ON ISOLATION 74
71. LESS RESTRICTIVE TECHNIQUES REQUIREMENT 80
72. NOTIFICATION OF ISOLATION 83
Documentation of Isolation 85
73. DOCUMENTATION REQUIREMENTS 85
Duration of Isolation 87
74. DURATION OF ISOLATION 87
75. INTERVENTION WHILE IN ISOLATION 91
76. ISOLATION TIME LIMIT 94
77. ROLE OF QUALIFIED MENTAL HEALTH PROFESSIONAL 96
78. EXTENSION REQUIREMENTS 98
79. REPORTING REQUIREMENTS 100
80. REMOVAL FROM ISOLATION 102
Multidisciplinary Team to Review Isolation Placement 104
81. MULTIDISCIPLINARY TEAM 104
82. MULTIDISCIPLINARY TEAM PROCEDURES 105
83. MULTIDISCIPLINARY TEAM REVIEWS 107
84. REVIEW OF YOUTH ISOLATED TWO OR MORE TIMES OR MORE THAN FOUR HOURS 109
Development Of Appropriate Space for Isolation 111
85. PLAN FOR USING ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH 111
86. ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH TIMELINE APPROVAL 112
Conditions And Services While in Isolation 113
87. ISOLATION CONDITIONS 113

88. EDUCATIONAL SERVICES WHILE IN ISOLATION 114
Housing Vulnerable Youth 117
89. REVISED HOUSING CLASSIFICATION POLICIES 117
90. ADMISSION SCREENING PROTOCOLS 118
91. SPECIALIZED HOUSING FOR VULNERABLE YOUTH 119
92. ACCESS TO SERVICES 120
Youth On Suicide Watch 121
93. PROHIBITION ON ISOLATION 121
94. DMH AMENDED AGREEMENT 123
Training 124
General Provisions 124
95. TRAINING CURRICULUM REVIEW 124
Behavior Management 125
96. COMPETENCY-BASED STAFF TRAINING 125
97. STAFF RETRAINING PROCEDURES 127
Use Of Physical Force 128
98. STAFF TRAINING ON UPDATED USE OF PHYSICAL FORCE POLICY 128
99. RETRAINING WITHIN 90 DAYS 130
Investigation 132
100. INVESTIGATIONS STAFF TRAINING 132
Quality Assurance 133
General Provisions 133
101. QUALITY ASSURANCE SYSTEM 133
102. MONTHLY DATA REVIEW 135
103. DATA ELEMENT REQUIREMENTS 137
104. SAMPLE DATA REVIEW 142
105. OTHER DATA REVIEW RECOMMENDATIONS 144
106. QUALITY IMPROVEMENT COMMITTEE 145

INTRODUCTION

On April 13, 2022, the United States Department of Justice (DOJ) and the South Carolina Department of Juvenile Justice (DJJ) entered into a settlement agreement[1] to resolve all issues associated with an investigation at Broad River Road Complex (BRRC or Facility)[2] to assess whether DJJ failed to protect youth from physical abuse by other youth and by staff, and whether DJJ subjected youth to prolonged solitary confinement. The agreement aims to "remedy the alleged constitutional violations identified by DOJ" and to ensure that "the conditions in the Facility support the rights of youth confined there, encourage rehabilitation, and improve the likelihood that youth will succeed upon release."

As part of the settlement agreement, DJJ agreed to hire a subject matter expert (SME)[3] to provide technical assistance to DJJ. Susan Burke,[4] the SME, was hired in July 2022. Joining Ms. Burke on the monitoring team are Valerie Boykin[5] and Mike Butkovich.[6] The SME must submit a biannual report assessing the department's compliance with the agreement and offer recommendations, if any, to facilitate compliance. This report utilizes the term "monitoring team" to refer to the three individuals listed herein.

The settlement agreement terms are listed verbatim in the report, and the numbering corresponds to the agreement's paragraph numbers. When a target completion timeframe is described in the agreement, the month and year are shown in brackets for the reader's convenience.

The monitoring report evaluates compliance as of March 1, 2026, based on data collected from September 1, 2025, through February 2026. The next report will detail any progress or activities from that date.

THIS MONITORING REPORT ASSESSES COMPLIANCE AS OF **MARCH 1, 2026**

A new aspect of this report, based on an agreement between DJJ and DOJ, is the categorization of certain items as no longer needing monitoring or being moved to inactive monitoring status. Items that do not require further monitoring have set deadlines and are in substantial compliance. Those in inactive status have shown ongoing substantial compliance for at least two monitoring periods. Although these items are no longer actively monitored, the SME and monitoring team may reconsider their ratings if the SME obtains information that DJJ has become noncompliant with any inactive status paragraph.

For this report, the team examined DJJ's monthly data submissions and conducted two on-site visits to assess compliance. Additionally, the team met with DJJ and facility leadership, responded to emails, and provided input on practices and documents. Throughout the monitoring period, DJJ has shown cooperation and remains actively committed to compliance efforts.

[1] The agreement can be found at https://www.justice.gov/opa/press-release/file/1494671/download.

[2] BRRC is a 136-bed youth correctional facility in Columbia, South Carolina. In June of 2025, the facility was renamed the Midlands Evaluation and Development Center (MEDC), housing youths with both short-term and long-term commitments. The facility also houses youths who are ordered to undergo a 45-day evaluation. These youths are housed separately from committed youths and are not the subject of this report.

[3] Defined in the agreement as "an individual with expertise in juvenile corrections."

[4] Ms. Burke was the director of the Utah Division of Juvenile Justice Services from 2011 to 2018. She retired from the state of Utah after having served in various positions, including Assistant Juvenile Court Administrator and Juvenile Justice Specialist.

[5] Ms. Boykin was the director of the Virginia Department of Juvenile Justice from 2019 to 2022. She retired in February 2022 from Virginia after serving in various positions, including DJJ Deputy Director of Community Programs and Norfolk Court Services Unit Director. She also served as Deputy Administrator for the Washington, DC, Youth Services Administration.

[6] Mr. Butkovich retired in May 2022 from the Utah Division of Juvenile Justice Services. He spent 32 years with the division in various positions, including youth corrections counselor, case manager, supervisor, and program director for the Office of Secure Care.

COMPLIANCE RATINGS

Ratings

Substantial Compliance means the department has achieved compliance with the material components of the provision. Substantial compliance also means the department has met the goals of the provision. Substantial Compliance indicates that there are approved, relevant policies and procedures that, when implemented, are sufficient to achieve compliance; trained staff responsible for implementation; staff and resources to implement the required reform; and consistent implementation throughout most of the monitoring period. Non-compliance with mere technicalities, or a temporary failure to comply during a period of otherwise sustained compliance, will not constitute a failure to maintain substantial compliance. At the same time, temporary compliance during a period of sustained non-compliance will not constitute substantial compliance.

The substantial compliance rating is given only when the required reforms address all issues discussed in the provision and when the reforms have been consistently implemented, as demonstrated by reliable data, observations, and reports from staff and youth for most of the monitoring period.

Partial Compliance indicates that compliance has been achieved for some components of a provision but not all. It indicates that there are approved, relevant policies and procedures that, when implemented, are sufficient to achieve compliance; trained staff responsible for implementation; and staff and resources to implement the requirements of the provision. Partial compliance indicates that, while progress has been made toward implementing the procedures described in the policy, performance has been inconsistent throughout the monitoring period, and additional work is needed to ensure that the procedures are sufficiently comprehensive to translate the policy into practice and achieve the outcome envisioned by the provision. Partial compliance is appropriate if policies may require minor revisions to comply with the Settlement Agreement, provided that other requirements of this section are applicable.

Non-Compliance indicates that most or all the components of the provision have not yet been met. Examples include provisions where policies still need to be overhauled, most staff may need training, procedures may not have been developed, documentation may not be in place or consistently provided, and there has been no determination that the procedures achieve the outcome envisioned by the provision.

Terminated means the Department has achieved substantial compliance with all of the provisions within a substantive section under Roman numeral III in the settlement agreement for at least one year. It also means that DJJ has filed a motion with the Court to terminate a particular substantive section, which the Court has granted.

Not Rated means the monitoring team did not have sufficient information to rate the item; the deadline has not passed yet; or, based on an agreement with DOJ and DJJ, the provision does not require a rating. If any progress was made on a requirement, it is noted.

Inactive Monitoring means the provision has demonstrated ongoing substantial compliance for at least two monitoring periods and has no outstanding issues. This status is granted only by agreement between DJJ and DOJ. The SME and monitoring team may reactivate monitoring if the SME obtains information that DJJ has become noncompliant with any inactive status paragraph.

Completed means DJJ has met all the requirements of the provision, is in substantial compliance, and no further action is required. This status is granted only by agreement between DJJ and DOJ.

COMPLIANCE RATING SUMMARY

Parag. No.	Compliance Provision	Compliance Status
PROTECTION FROM HARM		
General Provisions		
28	General Provisions	NOT RATED
Staffing		
29	Staffing Study Consultant	COMPLETED Substantial Compliance
30	Staffing Study Consultant Selection	COMPLETED Substantial Compliance
31	Staffing Study Factors	COMPLETED Substantial Compliance
32	Staffing Changes	INACTIVE MONITORING Substantial Compliance
Physical Plant		
33	Physical Plant	COMPLETED Substantial Compliance
34	Surveillance Tools Timeline	COMPLETED Substantial Compliance
35	Surveillance Tools Timeline Review	COMPLETED Substantial Compliance
36	Surveillance Installation	COMPLETED Substantial Compliance
37	Video Retention	COMPLETED Substantial Compliance
Rehabilitative Programming		
38	Rehabilitative Programming	Substantial Compliance
39	Rehabilitative Programming Mix	Partial Compliance
Approach to Behavior Management		
40	Approach to Behavior Management	COMPLETED Substantial Compliance
41	Positive Behavior Management Tools	COMPLETED Substantial Compliance
42	Consistently Implement Behavior Management Tools	Partial Compliance
43	De-escalation Strategies and Graduated Responses	INACTIVE MONITORING Substantial Compliance
44	On-Site Coaches	Substantial Compliance
Use of Force		
45	Revise Use of Force Policies and Procedures	COMPLETED Substantial Compliance
46	Implement Revised Use of Force Policies and Procedures	INACTIVE MONITORING Substantial Compliance
47	Limit Use of Force	Substantial Compliance
48	Reasonable Efforts	INACTIVE MONITORING Substantial Compliance
49	Use of Force for the Minimum Amount of Time	Substantial Compliance
50	Prohibition on Use of Force	INACTIVE MONITORING Substantial Compliance
51	Only Trained Staff May Use Approved Techniques	Substantial Compliance
52	Use of Force Documentation	Partial Compliance

53	Medical Evaluation Following Use of Force	Partial Compliance
54	Medical Evaluation Procedures	INACTIVE MONITORING Substantial Compliance
55	Medical Evaluation Refusal Procedures	Substantial Compliance
Investigations of Physical Harm to Youth from Other Youth, Executive or Unnecessary Use of Physical Force, or Improper Use of Isolation		
56	Revise Investigation Policies and Procedures	COMPLETED Substantial Compliance
57	Implement Revised Investigation Policies and Procedures	INACTIVE MONITORING Substantial Compliance
58	Initial Review of Uses of Force	Partial Compliance
59	Investigation Procedures	Partial Compliance
60	Staff Review of Incidents	Partial Compliance
61	Permissible Contact Following an Allegation	Substantial Compliance
62	Video Request Following an Incident	INACTIVE MONITORING Substantial Compliance
63	Retention Schedule	INACTIVE MONITORING Substantial Compliance
64	Investigations Without Video	INACTIVE MONITORING Substantial Compliance
65	Action Following a Finding of Staff Misconduct	Substantial Compliance
66	Investigations When a Youth Withdraws an Allegation	INACTIVE MONITORING Substantial Compliance
ISOLATION		
Use of Isolation		
67	Revise Use of Isolation Policies and Procedures	INACTIVE MONITORING Substantial Compliance
68	Implement Revised Isolation Policies and Procedures	INACTIVE MONITORING Substantial Compliance
69	Reasons for Isolation	Substantial Compliance
70	Prohibitions on Isolation	Substantial Compliance
71	Less Restrictive Techniques Requirement	Partial Compliance
72	Notification of Isolation	Substantial Compliance
Documentation of Isolation		
73	Documentation Requirements	Partial Compliance
Duration of Isolation		
74	Duration of Isolation	Partial Compliance
75	Intervention While in Isolation	Substantial Compliance
76	Isolation Time Limit	Partial Compliance
77	Role of Qualified Mental Health Professional	Substantial Compliance
78	Extension Requirements	Partial Compliance
79	Reporting Requirements	Partial Compliance
80	Removal from Isolation	Substantial Compliance
Multidisciplinary Team to Review Isolation Placement		
81	Multidisciplinary Team	COMPLETED Substantial Compliance
82	Multidisciplinary Team Procedures	Substantial Compliance
83	Multidisciplinary Team Reviews	Substantial Compliance

84	Review of Youth Isolated Two or More Times or More Than Four Hours	Partial Compliance
Development of Appropriate Space for Isolation		
85	Plans for Using Alternative Safe Spaces for Isolating Youth	COMPLETED Substantial Compliance
86	Alternative Safe Spaces for Isolating Youth Timeline Approval	COMPLETED Substantial Compliance
Conditions and Services While in Isolation		
87	Isolation Conditions	INACTIVE MONITORING Substantial Compliance
88	Educational Services While in Isolation	Partial Compliance
Housing Vulnerable Youth		
89	Revised Housing Classification Policies	COMPLETED Substantial Compliance
90	Admission Screening Protocols	COMPLETED Substantial Compliance
91	Specialized Housing for Vulnerable Youth	INACTIVE MONITORING Substantial Compliance
92	Access to Services	INACTIVE MONITORING Substantial Compliance
Youth on Suicide Watch		
93	Prohibition on Isolation	Substantial Compliance
94	DMH Amended Agreement	COMPLETED Substantial Compliance
TRAINING		
General Provisions		
95	Training Curriculum Review	COMPLETED Substantial Compliance
Behavior Management		
96	Competency-Based Staff Training	Substantial Compliance
97	Staff Retraining Procedures	INACTIVE MONITORING Substantial Compliance
Use of Physical Force		
98	Staff Training on Updated Use of Physical Force Policy	Substantial Compliance
99	Retraining Within 90 Days	Partial Compliance
Investigation		
100	Investigations Staff Training	INACTIVE MONITORING Substantial Compliance
QUALITY ASSURANCE		
General Provisions		
101	Quality Assurance System	Substantial Compliance
102	Monthly Data Review	Substantial Compliance
103	Data Element Requirements	Substantial Compliance
104	Sample Data Review	Substantial Compliance
105	Other Data Review Recommendations	Substantial Compliance
106	Quality Improvement Committee	Substantial Compliance

PROTECTION FROM HARM

General Provisions

The general provisions requirements of the settlement agreement ensure that youth have safe living conditions. This provision covers multiple areas—staffing, surveillance, structured programming, a positive behavior management system, and limiting use of force and restraints. If the department were to meet all the provisions identified here, most of the other specific conditions would also be met.

Compliance Rating NOT RATED

28. GENERAL PROVISIONS

DJJ shall, at all times, provide youth at BRRC with safe living conditions by: ensuring that there is sufficient staffing to implement the provisions of this agreement; using surveillance tools to prevent violence and promote accountability; providing structured programming designed to engage youth in rehabilitative activities; implementing positive behavior supports to encourage appropriate behavior; instituting clear, consistent, appropriate consequences for negative behaviors; and limiting uses of force and restraints to incidents where the youth poses a serious and immediate danger and after other efforts to de-escalate the youth's behavior have failed.

Based on an agreement between DJJ and DOJ, this provision will no longer be rated because the concepts in this section are addressed in other individual provisions.

Staffing

Compliance Rating COMPLETED

Substantial Compliance

29. STAFFING STUDY CONSULTANT

DJJ will hire a consultant to conduct a staffing study within nine months [January 2023] of the effective date. The staffing study will determine the appropriate staffing levels and patterns to implement the terms of this agreement, including adequately supervising youth in the male living units.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating COMPLETED

Substantial Compliance

30. STAFFING STUDY CONSULTANT SELECTION

The DJJ and the DOJ will jointly select the consultant who conducts the staffing study.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating COMPLETED

Substantial Compliance

31. STAFFING STUDY FACTORS

The staffing study will consider factors including:

i. The classification and risk profiles of youth at BRRC;

ii. The physical configuration and function of spaces;

iii. When and where incidents reported in BRRC's incident management system most frequently occur at BRRC; and

iv. The routine availability of staff, including supervising officers, and DJJ public safety officers to respond to incidents.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating INACTIVE MONITORING

Substantial Compliance

32. STAFFING CHANGES

Within 18 months [October 2023] of receiving the staffing study, DJJ will make reasonable efforts to implement changes to existing staffing to conform to the staffing patterns recommended by the staffing study.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

Physical Plant

Compliance Rating COMPLETED

Substantial Compliance

33. PHYSICAL PLANT

Within three months [July 2022] of the effective date of this Agreement, DJJ will identify areas within BRRC where there is currently no video surveillance, and where incidents have occurred in the last year, or are likely to occur.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating COMPLETED

Substantial Compliance

34. SURVEILLANCE TOOLS TIMELINE PROPOSAL

Within five months [September 2022] of the effective date of this Agreement, DJJ will propose to the United States and the Subject Matter Expert a timeline for adding surveillance tools to enable: (1) effective supervision of areas without video surveillance; and (2) effective investigations of incidents occurring in areas without video surveillance. When developing this timeline, DJJ will prioritize blind spots where incidents have occurred in the last year.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating COMPLETED

Substantial Compliance

35. SURVEILLANCE TOOLS TIMELINE REVIEW

The United States and the Subject Matter Expert will review the proposed timeline, and proposed placement of surveillance tools, and propose any revisions necessary within one month of receiving the proposal. The final timeline is subject to approval by the United States.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating COMPLETED

Substantial Compliance

36. SURVEILLANCE INSTALLATION

Once approved by the US, DJJ will add surveillance according to the approved timeline.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating COMPLETED

Substantial Compliance

37. VIDEO RETENTION

DJJ will retain all video surveillance for a sufficient period to ensure it is available for investigations, regular oversight, and quality assurance reviews.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Rehabilitative Programming

NOTE: Due to overlapping components between items 38 and 39, they are described together but rated separately.

Compliance Rating Substantial Compliance

38. REHABILITATIVE PROGRAMMING

DJJ will provide adequate, structured rehabilitative programming, from the end of the school day until youth go to bed and on weekends, to reduce the likelihood of youth-on-youth violence.

Compliance Rating Partial Compliance

39. REHABILITATIVE PROGRAMMING MIX

Rehabilitative programming will include an appropriate mix of physical, recreational, and leisure activities. The programming will be designed to support positive behavior, engage youth in constructive physical activity, address general health and mental health needs, and be coordinated with youth's individual behavioral and treatment plans.

Description of the Monitoring Process

The monitoring team reviewed facility activity schedules and records documenting programming activities and attendance, examined youth treatment plans, observed video footage from randomly selected days, and interviewed staff and youth.

Findings and Analysis

DJJ has continued its efforts to provide various opportunities for youths to engage in rehabilitative programs, including clinical and life-skills groups, recreational and leisure activities, special events, and work. However, challenges—primarily staffing-related—have occasionally limited the agency's ability to carry out planned activities.

Monthly Master Calendars and separate monthly recreation and leisure calendars are prepared to guide youth movements and detail each day's scheduled activities. These calendars are sometimes posted in the units, and staff members have reported attempts to follow the programming schedule. However, this has been disrupted at times due to staffing shortages in programming and security issues. Additionally, youth disruptions have been attributed to changes in the scheduled activities.

A review of video recordings of programming activities revealed mixed results. Youth were generally engaged in activities; however,

they were not always participating in the scheduled ones, particularly during recreational activities. Basketball remains the preferred recreational activity among youth. The observations indicated that youth were typically more engaged when staff led the activities.

During site visits in December 2025 and March 2026, the programming unit was short-staffed, with three vacancies for most of the monitoring period and four vacancies by the end. These positions had not been posted for hiring.

Several gyms remain closed, and renovations at the Birchwood gym have not started as scheduled, allowing youth to continue using it for recreation. Programming staff are increasingly utilizing outdoor spaces for youth activities, with Cedar serving as the main location for leisure programs. This setup allows different groups to rotate in and out of the space.

Youth and staff have expressed concerns about idle time, especially on weekends. During weekends, incentive activities and recreation are the only options available. When not at Cedar, the youth primarily play cards, watch TV, or hang out in their units.

DJJ has set a benchmark for the number of hours each youth is expected to achieve in leisure, recreation, and structured recreation activities. These hours are tracked and reported in the Facility Quality Improvement Team Monthly Data Review. The participation rates varied throughout the months: in September, youth received only about 40% of the expected programming. However, participation improved significantly in the following months, with youth receiving approximately 80% or more of the targeted programming in November and December and exceeding 100% in January and February.

The activities provided during this monitoring period were very similar to those in previous periods. There were instances when leisure boxes were dropped off due to low staffing levels. In the early months, there were very few special one-time activities, although holiday meals were scheduled for November and December. A significant number of activities took place in February, including involvement by external volunteer groups such as 100 Black Men and the Phi Beta Sigma Fraternity. Additionally, events such as Dog Training and Community Movie Day were planned or sponsored by the Youth Advisory Council (YAC). Members of the YAC reported collaborating with the Administration to offer input on programming and incentives.

Despite staffing challenges, DJJ reported a robust range of activities, as noted in the Recreation and Leisure Chart. The number of activities increased by 32% over the previous monitoring period.

Recreation and Leisure Chart

Activity by Category	Sep	Oct	Nov	Dec	Jan	Feb
Leisure	4	6	4	7	8	8
Recreation	180	147	159	88	88	109
Structured	64	77	98	118	121	121
TOTAL	**248**	**230**	**261**	**213**	**217**	**239**

Chaplaincy staff continue to support programming by consistently providing individual and group counseling, consultation, and religious services. During the March visit, the monitors observed chaplaincy groups virtually, where both youth and staff actively participated.

Clinical Services continue to include multiple Psychiatry Clinic Days each month, as well as individual and group counseling. Thinking For a Change (T4C) remains available in the school setting, and feedback indicates that it has been very effective. The first group of youth has completed the modules and graduated successfully. The monitors observed the T4C groups during the December 2025 site visit and via video during the March 2026 visit. Overall, youth were engaged to varying degrees, and staff engagement varied from session to session.

Aggression Replacement Training (ART) began in January 2026, and some T4C graduates are now participating in ART groups. During the monitoring period, the Clinical Team added three new staff members, who will help continue service delivery as they expand their offerings.

The chart below illustrates the clinical groups, special activities, and Chaplaincy treatment activities. There was a 40% increase in clinical group participation compared to the previous monitoring period, along with an 84% increase in one-time special activities. However, it is unclear whether Chaplain Groups and Consultations have increased, as the previous figures included all campus youth.

Programming Groups and Activities Chart

Programming Groups	Sep	Oct	Nov	Dec	Jan	Feb
Clinical Groups	31	35	14	16	27	19
One-Time Special Activities	3	2	5	13	1	13
Chaplain Groups	17	10	10	14	14	8
Chaplain Consultations	111	189	198	150	200	210
TOTAL	**162**	**236**	**227**	**193**	**242**	**250**

Notably, youth-on-youth violence rates declined significantly, from 0.33 per youth population in the previous monitoring period to 0.13 in this period (see item 42). The implementation of more robust programming and improved behavior management practices appears to have positively influenced these rates.

Provision 39 of the settlement agreement closely aligns with Provision 38, but it specifically addresses the programming mix and its connection to individual behavior and treatment plans for the youth. The DJJ Master, Recreation, and Leisure calendars appear to allocate time for a suitable mix of physical, recreational, and leisure activities, although delivering these activities can be challenging at times. As mentioned previously, DJJ is experiencing significant staffing issues in its programming. Despite these challenges, the range of planned programs is commendable, given the limited staff available to provide services.

The delivery of rehabilitative programming, including individual therapy, T4C and ART groups, and other therapies, provides an opportunity for DJJ to align treatment services with the identified criminogenic needs outlined in youth treatment plans. This requirement also emphasizes that programming staff must offer positive support to the youth and address issues in accordance with each youth's individual treatment plan.

A review of treatment plans for youth at the facility revealed a diverse range of needs. Common areas requiring attention include anger management, substance use, trauma, decision-making, and conflict resolution. While these treatment-related issues were recognized in the treatment plans, the predominant response to address them was simply individual and group counseling by clinical staff, with no specific activities outlined for the programming.

DJJ previously developed a process for programming staff to address youth needs by having a representative attend Multi-disciplinary Team Meetings. This individual would capture the identified needs and help develop programs to address the most common needs. These programs were then incorporated into the recreational and structured leisure calendars, often aligned with the specific needs they were intended to address. Staff documented the activities the youth participated in and the corresponding areas of need that were addressed.

However, since the Program Manager who supported this initiative left, adherence to this process has declined. A sample of case notes from the electronic record (JJMS) was shared with the monitoring team, showcasing some of the services provided to meet these needs. While the process developed by DJJ shows promise, some of the programming does not closely align with the treatment team's goals.

While item 38 has moved to substantial compliance due to the increased intensity of programming and reduction in youth-on-youth violence, item 39 remains in partial compliance. DJJ is commended

for its ongoing efforts to improve and diversify clinical services and programming. However, it is important to establish a stronger connection between programming and the individual behavioral and treatment plans for the youth.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to maintain/move toward substantial compliance.

- Continue to routinely post and follow a facility schedule in all living units that accounts for all daily time blocks. The schedule can be daily, weekly, or monthly and should list all activities by day and time block.
- Continue to follow the schedule consistently with exceptions for exigent circumstances.
- Continue to include all special events on the schedule unless they are inappropriate for certain groups.
- Increase offerings of structured and rehabilitative activities when youth are not attending school and at the end of the school day, until they go to bed, in coordination with the youth's individual behavioral and treatment plans.
- Continue to include rehabilitative programming on the schedule that is an appropriate mix of physical, recreational, and leisure activities. Programming should support positive behavior, engage young people in constructive physical activity, and address general health and mental health needs.
- Continue to offer rehabilitative programming in a setting that is appropriate for delivering the program and staffed by personnel trained in the program or activity.
- Increase incentives for youth to participate in groups and other activities, aligning this with the Behavioral Management Program.
- Continue to ensure that an alternate schedule is followed for young people not in school to engage them in structured activities that contribute to the attainment of prosocial skills and/or the youth's individual behavioral and treatment goals.
- Continue to provide structured, developmental activities that contribute to the youth's attainment of prosocial skills and/or behavioral and treatment goals when school is not in session and during the weekends and holidays.
- Ensure sufficient staffing levels consistent with the recommendations of the staffing study so youth may realize the full benefits of programming.
- Ensure consistent youth-centered meetings between clinical and programmatic staff to maximize programmatic support of individual behavioral and treatment plans.

DJJ should also consider the following recommended steps to enhance rehabilitative programming.

- Continue to give youth a voice in selecting the mix of rehabilitative programming they would like to have included

in the schedule. Regularly review this mix with youths to maintain their interest.
- Match rehabilitative programming to youths' needs and interests, ensuring it is developmentally appropriate.
- Require youth to practice and apply skills learned to increase their likelihood of engaging in law-abiding behavior.
- Involve security staff in observing or participating in programming so they can model the behaviors or skills learned by young people and encourage them to practice the newly acquired skills.
- Continue to monitor specialized staff schedules to ensure employees are available during non-school hours, including weekends. Specialized staff, including social workers, psychologists, clinicians, qualified mental health professionals, and youth engagement specialists, whose schedules are tailored to support these roles.
- Include representatives from all disciplines and service providers in multidisciplinary meetings to develop and update treatment plans and suggest services and programs that their discipline can offer to help meet the goals.
- Develop treatment plans that adequately identify the youth's criminogenic needs.
- Include specific DJJ responses for each discipline in the treatment plan to help youth address their identified needs.
- Individualize each youth's treatment and transition plan.
- Use the results from a validated actuarial risk and needs assessment to determine each youth's risk, criminogenic needs, strengths, and responsivity factors.
- Involve the youth and their parent(s)/guardian(s) in developing the youth's plan. Their involvement should include sharing assessment results with them and eliciting their input on which areas the youth would like to address in their plan.
- Provide cognitively based interventions at a sufficient dosage to increase the youth's likelihood of engaging in law-abiding behaviors.
- Update the treatment and transition plan every 30-90 days, involving the youth and their parent(s)/guardian(s). The updates should include documenting dosage in programs and services, acknowledging the youth's effort and progress, addressing barriers to success, and adjusting goals and activities to motivate the youth's continued engagement in the plan.

SOURCES

- Data from September 2025 to February 2026
  - Master Schedules for all units with committed youth
  - Recreation/Leisure Schedules
  - Programming Events - Recreation Activities Summary Data
  - Programming Events – Recreation Attendance Records

  - Programming Events - Leisure Activities Summary Data
  - Programming Events - Leisure Attendance Records
  - One-Time Activity Event Schedule
  - BRRC Closer Look Report
  - BRRC Chaplaincy Summary Report
  - BRRC Chaplaincy Clinical Therapeutic Sessions
  - BRRC Chaplaincy Religious Services
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews and video reviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Approach to Behavior Management

Compliance Rating COMPLETED

Substantial Compliance

40. APPROACH TO BEHAVIOR MANAGEMENT

Within six months [October 2022] of the effective date, DJJ will retain consultants to assist in establishing a positive behavior management program and provide BRRC staff with regular on-site coaching for at least two years. In seeking out consultants, DJJ will prioritize individuals who have experience in implementing behavior management systems while reducing uses of force and lessening the unnecessary use of isolation. DJJ and the DOJ will jointly select the consultants.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating COMPLETED

Substantial Compliance

41. POSITIVE BEHAVIOR MANAGEMENT TOOLS

Within twelve months [April 2023] of the effective date, DJJ will establish positive behavior management tools to encourage compliance with facility rules by providing positive incentives, including both short- and long-term incentives. These tools shall be reviewed and approved by the Subject Matter Expert.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

42. CONSISTENTLY IMPLEMENT BEHAVIOR MANAGEMENT TOOLS

DJJ will consistently implement the established positive behavior management tools to reduce youth-on-youth violence.

Compliance Rating Partial Compliance

Description of the Monitoring Process

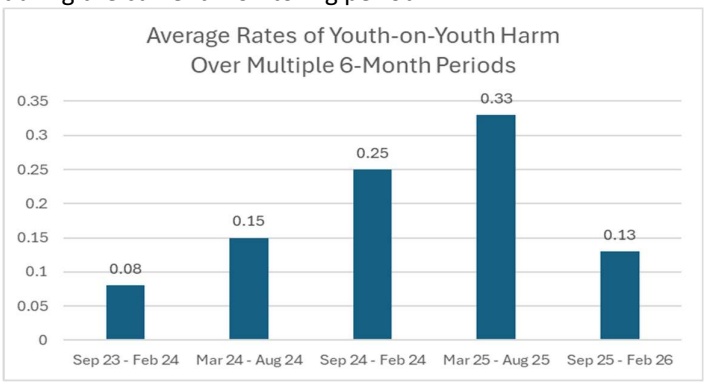
The monitoring team interviewed youth and DJJ staff and leadership responsible for behavior management. The team also reviewed documents and data related to behavior management, including motivation sheets, incentive implementation activities, group attendance records, and information on behavior review hearings. Youth-on-youth harm data were then analyzed to determine whether these tools influenced youth-on-youth harm rates. The team also previewed a behavior management application that DJJ plans to implement during the next monitoring period.

Findings and Analysis

During this monitoring period, DJJ continued its efforts to improve the use of behavior management tools and conducted staff training on the changes. They also developed a new application to digitize the system, which is set to launch in the next monitoring period. Additionally, a Youth Advisory Council was established in December 2025, providing youth with a venue to represent their peers on facility issues, including the behavior management system.

While some behavior management enhancements were successfully implemented during this monitoring period, others require further refinement, as explained further. A positive development, however, is that the rate of youth-on-youth harm has decreased for the first time, suggesting that DJJ's efforts to improve facility operations, including its behavior management system, may be beginning to positively influence youth behavior.

The chart below tracks the average rates of youth-on-youth harm over five periods from September 2023 to February 2026. As shown in the chart, these rates increased steadily before dropping significantly during the current monitoring period.



As noted in the previous monitoring period, DJJ made substantial efforts to enhance behavior management. A plan was put in place to improve incentives, ensure that behavior review sanctions were completed, and that all components of the system were being implemented cohesively. Many of these initiatives appear to be taking effect.

Incentives are now offered with greater consistency, frequency, and appeal to the youth. During this monitoring period, a total of 101 incentives were provided, averaging 17 per month. These included movie nights, game room access, special events and parties, and opportunities to purchase personal items at the facility store. The average participation rate among youth was 87%, with a peak of 99% of eligible youth engaging in activities during a single month.

Youths interviewed expressed appreciation for the special activities offered at the Cedar programming building, such as game consoles, movies, and parties featuring fresh-popped popcorn and other treats. While some youths indicated that gaming did not interest them, they valued the craft and art activities at Cedar that were part of the general programming.

Youth Advisory Council members shared that they provided input on some changes to behavior management and were pleased that their recommendations were either adopted or considered. Youth who were not on the council were familiar with its purpose and voiced a similarly positive perspective. Several indicated they were looking forward to further changes, such as the possibility of earning access to electronic tablets in the future.

Behavior reviews have shown improved consistency in ensuring that sanctions imposed on youth are completed. During this monitoring period, DJJ reported a 100% completion rate among youth, a notable improvement over the 63% to 91% completion rates recorded from July to August 2025, when the new approach was implemented. A key enhancement has been educators' involvement in helping youth complete writing assignments related to their behavior reviews. This collaboration reinforces the approach of behavior management and accountability among the youth.

Although completion rates are 100%, DJJ needs to evaluate the consistency in how behavior reviews are conducted. A review of two types of incidents that could lead to a behavior review revealed inconsistencies in referrals. During the monitoring period, there were 22 times a youth was involved in a staff assault, but only 13 times (59%) was the youth referred for a behavior review. Similarly, out of the 51 times a youth was involved in a youth-on-youth assault, only 29 times (57%) were they referred for a behavior review.

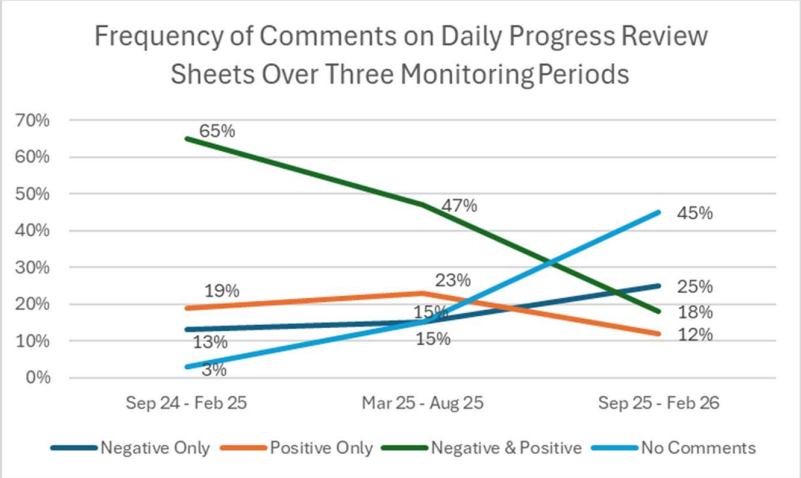
DJJ reported that a behavior review referral requires completing a separate form after staff submit their incident report in the Event Reporting System. However, some staff members overlook this step or fail to submit the form within the required five-day timeframe. To

address this issue, DJJ is considering integrating this process into a new Behavior Management Application, which is planned for rollout during the next monitoring period. This application will eliminate the need for paper forms and enable the facility to track each youth's behavior over time.

Another area in which improvement is needed and planned is the integrity of the Daily Progress Review sheets. These forms are essential to DJJ's Legacy Behavior Management System, as they determine a youth's weekly eligibility for privileges and incentives. The sheets are to be completed by security staff twice daily to rate a youth's behavior related to self, relationships, and community. On the back side of the form, staff are to describe how a youth earned a negative rating and document the positive things they observe the youth doing.

As observed in previous monitoring periods, there is an inconsistency in how staff complete the ratings and add comments. The chart below shows a shift in focus, with staff increasingly focusing on negative behaviors—rising from 13% to 25%—and decreasing their attention to a balanced assessment that includes both negative and positive behaviors, which fell from 65% to 18%.

While it is acknowledged that not all youth will exhibit both types of behaviors, the significant rise in the absence of comments is concerning. This monitoring period saw 45% of all rating forms lacking comments, up from 3%. Additionally, many of the daily ratings were incomplete in the forms reviewed, highlighting a diminished emphasis on this critical aspect of behavior management.



The quality of staff comments continues to vary. Some comments are vague and general, such as "Had a good day," while others provide more detail, such as describing how the youth resisted peer pressure or made a positive choice. DJJ is encouraged to provide staff with additional training on completing the forms effectively and giving meaningful feedback to youth. This training is essential for reinforcing positive behaviors and discouraging negative ones. Designated staff should also resume reviewing all reports and ensuring they are complete before submission.

The proposed behavior management application was previewed and shows promise in addressing the problems identified here. DJJ is encouraged to pilot the application to identify and correct any potential issues before implementing it facility-wide.

Despite improvements in the implementation of behavior management tools, DJJ remains partially compliant with this provision. Greater consistency in implementation is required to achieve substantial compliance. Nevertheless, the decrease in youth-on-youth violence is a positive development. Another monitoring period is necessary to determine whether these rates can be sustained and whether the planned behavior-management changes can address the identified deficiencies.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Provide refresher training as needed and annually for MEDC administration and staff to ensure they understand the behavior management system, how to complete documentation properly, and how to respond to the youth's behaviors in a manner that reinforces positive behavior and extinguishes undesirable behavior. Training should also focus on proper documentation.
- Develop and implement quality assurance measures to ensure staff consistently rate youth behaviors similarly.
- Ensure supervisors are appropriately monitoring BMS implementation and staff documentation.
- Streamline the process to make behavior review referrals and implement a quality assurance process to ensure consistent referrals.
- Review the rate of youth-on-youth violence monthly and make adjustments to behavior management approaches, if needed, to reduce such incidents.

SOURCES

- September 2025 to February 2026
  - Youth-on-youth violence data
  - Positive Responses data
  - Behavior Reviews data
- Daily Progress Review Sheets from 2025 to 2026 for the weeks of August 28 to September 3; September 11 to 17, 18 to 24, and 25 to 31; October 2 to 8, 9 to 15, 16 to 22, and 23 to 29; September 3o to November 5; November 6 to 12, 13 to 19, and 20 to 26; November 27 to December 3; December 4 to 10, 11 to 17, 18 to 24, and 25 to 31; January 1 to 7, 8 to 14, 15 to 21, and 22 to 28; February 5 to 11, 12 to 18, and 19 to 25.
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews and onsite observations during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Compliance Rating INACTIVE MONITORING

Substantial Compliance

43. DE-ESCALATION STRATEGIES AND GRADUATED RESPONSES

DJJ will provide staff with de-escalation strategies and a graduated array of responses and sanctions, other than use of physical force or isolation, to employ when positive behavior management tools are unsuccessful.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

44. ON-SITE COACHES

DJJ and the behavior management consultants will identify DJJ staff members who are consistently able to successfully de-escalate youth conflicts and implement appropriate discipline. These staff members will serve as on-site coaches for colleagues and mentors on the use of behavior management.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

Coaching lists and completed coaching forms were reviewed, along with meeting agendas that included coaching as a topic. Interviews were also conducted with staff.

Findings and Analysis

DJJ continued its coaching program during this monitoring period, providing 113 coaching sessions to staff on behavior management, up from 53 in the previous monitoring period. Additionally, 25 coaching sessions were offered to staff, focusing on overall job performance.

These figures indicate that coaching is occurring regularly and becoming more integrated into the work culture. During the December monthly coaches' meeting, it was emphasized that "All assigned coaches are expected to engage with officers and introduce coping skills and de-escalation strategies to individuals in need of additional coaching or training. The goal is to ensure that staff are utilizing techniques to successfully de-escalate youth conflicts and implement appropriate behavior management."

DJJ Leadership has stated that coaching is an expected duty for all supervisors, which is why all supervisors are designated as coaches. However, only 41% of the identified coaches are conducting documented sessions, as shown in the following table.

Month	Identified Coaches	Coaches Providing Staff Coaching	% of Coaches Providing Staff Coaching
September	18	10	53%
October	16	6	38%
November	19	10	53%
December	20	9	45%
January	20	5	25%
February	19	6	32%
		AVERAGE	**41%**

According to interviews with DJJ leadership and staff, coaching is taking place; however, it is not always documented. Coaches have found it inconvenient to record every coaching session on paper forms while managing their other job responsibilities. To address this issue, DJJ developed an electronic coaching submission form, which was launched in December. Due to technical difficulties, DJJ has temporarily reverted to paper forms while it works to resolve the issues.

The Coaching Standard Operating Procedures and coaching forms were adopted in May 2025, addressing a significant outstanding item affecting DJJ's compliance rating. Coaches meet regularly, demonstrating that the coaching model is becoming integrated into DJJ's practices at the facility. The current practices and documentation demonstrate that this item is now in substantial compliance. DJJ is encouraged to increase the documentation demonstrating that the identified coaches meet the role's requirements.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to document and report the number of coaching hours provided
- Update the Coaching Standard Operating Procedures (SOP) as needed to reflect current coaching practices.

DJJ should also consider the following recommended steps.

- Implement a process for coaching the coaches and conduct annual observations of coaches to support their growth and development.
- Develop a process for evaluating the impact of coaching on staff skills and whether incidents are declining, staying the same, or increasing as a result.

SOURCES

- September 2025 to February 2026 DJJ monthly coaching data collection
- Standard Operating Procedures, Security-Operations Onsite Coach
- Coaching Form
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Use of Force

Compliance Rating COMPLETED

Substantial Compliance

45. REVISE USE OF FORCE POLICIES & PROCEDURES

Within nine months [January 2023] of the effective date, DJJ, with the help of consultants, will revise its policies and procedures governing use of force and restraints, and provide the revised policies and procedures to the Subject Matter Expert and the United States for approval. The United States and the Subject Matter Expert will review the proposed policies and procedures and propose any revisions necessary within one month [February 2023] of receiving the proposal.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating INACTIVE MONITORING

Substantial Compliance

46. IMPLEMENT REVISED USE OF FORCE POLICIES AND PROCEDURES

Within 18 months [October 2023] of the effective date, DJJ will implement the revised use of force policies and procedures.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

47. LIMIT USES OF FORCE

Staff will limit uses of force or restraints to exceptional situations where a youth is currently physically violent and poses an immediate danger to self or others.

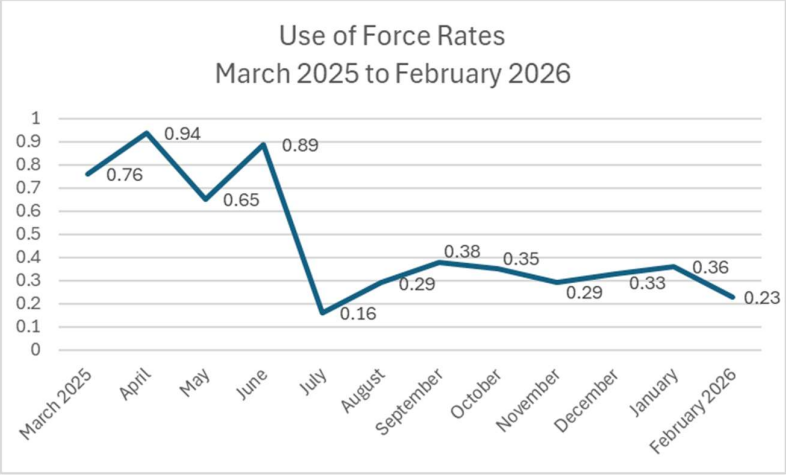
Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed the use of force data, event reports, video footage of randomly selected incidents, youth grievances, and the number of investigations into excessive or unnecessary use of force. Staff and youths were also interviewed.

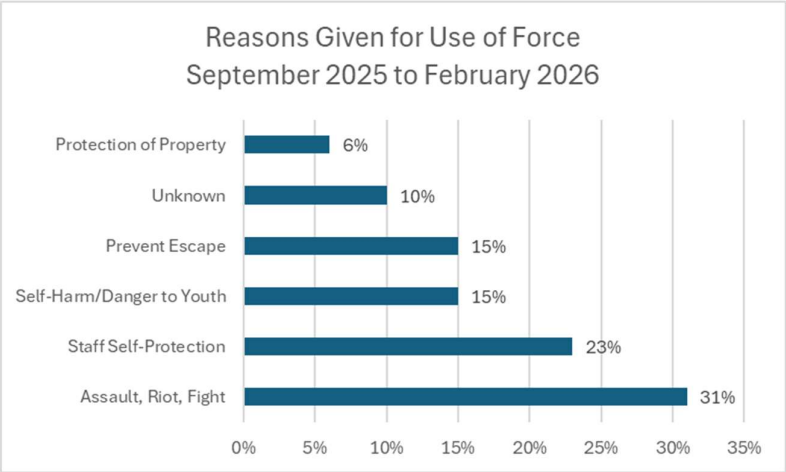
Findings and Analysis

Policy 315, Use of Physical Force, states that "employees will limit the use of physical force on youth to exceptional situations where a youth is currently physically violent and poses an immediate danger to self or others." During this monitoring period, 77 incidents involving the use of force were reported. The chart below illustrates the use-of-force rates from the previous to the current monitoring period. Previously, the overall rate for March 2025 to August 2025 was 0.62 per youth. The current overall rate is 0.32, nearly half that rate. The chart also shows a flattening trend line, a positive development following the spikes in the previous period.



The reasons given for using force are presented in the chart below. The top two reasons were assault, riot, or fight (31%) and staff self-protection (23%), similar to previous monitoring periods. Notably, there was a decline in the use of force to protect property, which accounted for 11% of all instances in the previous monitoring period but only 6% in this period. Of concern, however, is that 15 instances of staff using force (10%) were missing a reason, even though it is a required report item. During the previous monitoring period, only 2 instances (1%) lacked a reason. It appears that staff who did not

provide a reason were mostly public safety and security response team members who may require additional training.



During site visits, youths were interviewed about the use of force at the facility and the circumstances under which it is permitted. All youths were able to articulate the general policy regarding the use of force. They had all witnessed staff members using force on multiple occasions. Many youths believed that staff use force only when absolutely necessary. Most of the incidents they described involved youths engaging in assaultive behavior, destroying property, possessing weapons, attempting to escape, or refusing to follow staff instructions. When asked about the use of force in cases of mere disobedience, the youths reported that force was used only when a youth's behavior posed a safety risk.

During this monitoring period, the team reviewed more than a dozen randomly selected incidents by examining event reports and video footage. In the incidents evaluated, the use of force appeared justified despite the lack of audio. The event reports consistently explained why force was necessary, detailing the events that led to its use and the specific force applied. It seems that staff members are limiting the use of force in situations involving youth who are currently physically violent and pose an immediate danger to themselves or others.

The most common strategy used by staff to attempt to resolve a situation without using force was issuing multiple verbal directives to the youth, such as telling them to stop their behavior or to move away from the situation. In some instances, staff attempted to counsel the youth or to redirect their behavior. Staff rarely attempted to remove the youth from the situation. In some cases, de-escalation was not possible as the youth was actively engaged in an assault on staff or another youth. When these efforts failed, staff resorted to force to prevent further harm. Such efforts indicate that staff are actively evaluating the level of risk posed by the youth’s behavior.

There were, however, two incidents reviewed in which staff failed to act but would have been justified in using force. One involved a youth-on-youth assault in which a staff member called for help but did not attempt to stop the assault. In another incident, a staff member was being assaulted while another staff member failed to assist. DJJ initiated disciplinary procedures in both circumstances.

Notably, all 17 closed investigations into the use of force were found to be reasonable. Three youth grievances were filed related to the excessive use of force. Two were closed with staff being cleared. The third remains open and involves a public safety officer who is alleged to have "slammed" the youth off the phone. An Administrative Review of incidents found only one instance of inappropriate use of force by a staff member. This incident involved a youth being playful and the staff member responding with unnecessary force, but also in a playful manner. Disciplinary action was being pursued.

It appears DJJ is routinely following multiple processes to ensure force is not used unnecessarily or inappropriately through initial and administrative reviews of incidents, investigation procedures, and the grievance process.

DJJ is actively meeting the requirements of this provision, but must ensure that the rate of missing documentation is corrected during the next monitoring period.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to monitor implementation to ensure the policies have the desired impact.
- Whenever physical force is used, continue to determine whether its use complies with policies and procedures.
- Continue to provide additional training through shift briefings about the policy, including defining what constitutes use of force.
- Continue to affirm staff's appropriate use of physical force.
- Continue to take the appropriate disciplinary action when staff's use of physical force is not warranted or when staff's failure to act and use appropriate physical force results in youth or staff harm.
- Continue to consistently track and report on which incidents required an investigation for potential use of excessive or inappropriate use of force, and the outcome of the investigation.

DJJ should also consider the following recommended steps.

- Regularly review previous incidents with staff for training purposes to identify missed opportunities in which the use of force could have been avoided or should have been used to prevent or minimize harm to youth or staff.

- Require staff to be retrained on the policy should staff experience challenges with implementation.
- Consistent with the revised investigations policy, conduct initial reviews of incidents involving physical force or restraints to determine whether physical force or restraints are accurately documented and, if used, whether that use complies with policy or requires a referral for a full investigation.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- September 2025 to February 2026
  - Use of Force summary data
  - Youth Grievances related to use of force
  - Use of Force event reports
  - Videos of selected incidents
  - Investigations data
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews and onsite observations during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Compliance Rating INACTIVE MONITORING

Substantial Compliance

48. REASONABLE EFFORTS

Prior to using force or restraints, staff will make reasonable efforts to attempt and to exhaust a graduated set of interventions that avoid or minimize the use of force.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

49. USE FORCE FOR THE MINIMUM AMOUNT OF TIME

In situations where uses of force or restraints are necessary, staff will use force for the minimum amount of time necessary to stabilize the situation. As soon as the youth regains self-control and the immediate situation is safe for the youth and others, staff will temper their use of force and stop using restraints with respect to the youth involved.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

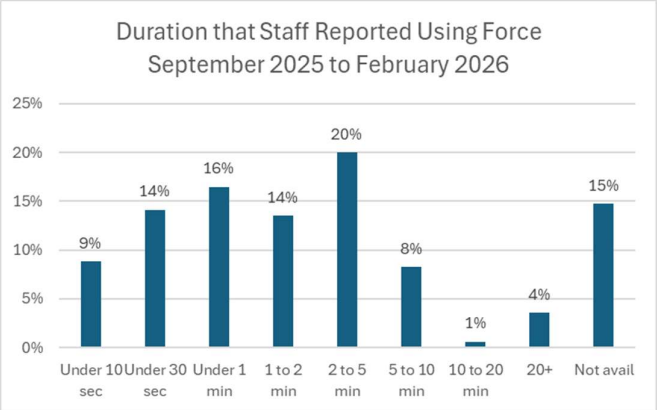
The monitoring team reviewed the use-of-force data, event reports, video footage of randomly selected incidents, youth grievances, and the number of investigations into excessive or unnecessary use of force. Staff and youths were also interviewed.

Findings and Analysis

Policy 315, Use of Physical Force, states that staff should use physical force for the minimum amount of time necessary to stabilize the situation. DJJ's Event Report System (ERS) requires staff to enter the duration of force application by selecting from a drop-down menu.

- Under 10 seconds
- Under 30 seconds
- Under 1 minute
- 1-2 minutes
- 2-5 minutes
- 5-10 minutes
- 10-20 minutes
- Over 20 minutes

During this monitoring period, staff reported using force 170 times.[7] Most, 67 (39%), involved applying force for one minute or less, with 15 (9%) lasting under 10 seconds. There were 25 instances (15%) that were not documented. During the last monitoring period, only 6% were not documented.



[7] Multiple staff/youth can be involved in one incident. This figure represents each reported use of force by a staff member.

As noted in item 47, documentation issues primarily appeared to be associated with reports written by public safety officers or security response team members, indicating a need for targeted training on the event reporting system.

DJJ continues to emphasize the importance of using de-escalation techniques and the least amount of force necessary to minimize injuries to both youth and staff. Discussions about de-escalation and the use of force remain regular topics at shift briefings, supervisor meetings, and coaching sessions.

Facility administration also meets bi-weekly to review incidents and debrief with staff. During the debrief, video footage is reviewed with the staff involved in the incident, and a form is used to standardize the review process. Discussions focus on what led to the incident and what could have been done differently before, during, or after the incident. Reviews are also used to identify whether staff require additional training on safe crisis management or event report writing.

A review of video footage from randomly selected incidents involving the use of force found that no staff observed appeared to use force longer than necessary to gain control of the incident and ensure the youth was safe from harm or unable to harm others. Notably, there were no substantiated criminal investigations of inappropriate use of force.

DJJ is actively meeting the requirements of this provision, but must ensure that the rate of missing documentation is corrected during the next monitoring period.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to require staff to document the duration of time force was used to stabilize the situation.
- Whenever physical force is used, continue to determine whether it complies with policies and procedures and whether staff used force for the minimum amount of time necessary to stabilize the situation.
- Continue to affirm staff's appropriate use of physical force.
- Continue to take the appropriate disciplinary action when staff's use of physical force is not warranted or when staff's failure to act and use appropriate physical force results in youth or staff harm.

DJJ should also consider the following recommended steps.

- Regularly review previous incidents with staff for training purposes to identify missed opportunities in which the use of force could have been avoided or should have been used to prevent or minimize harm to youth or staff.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- September 2025 to February 2026
  - Use of Force Summary data
  - Youth Grievances related to use of force
  - Use of Force event reports
  - Videos of selected incidents
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- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
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Compliance Rating INACTIVE MONITORING

Substantial Compliance

50. PROHIBITION ON USE OF FORCE

Staff will not use force or restraints as punishment or in retaliation for disobedience or the youth's failure to follow a verbal command.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

51. ONLY TRAINED STAFF MAY USE APPROVED TECHNIQUES

Only staff specifically trained in the application of force are permitted to use such techniques and trained staff may only use techniques approved by policy and consistent with training.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

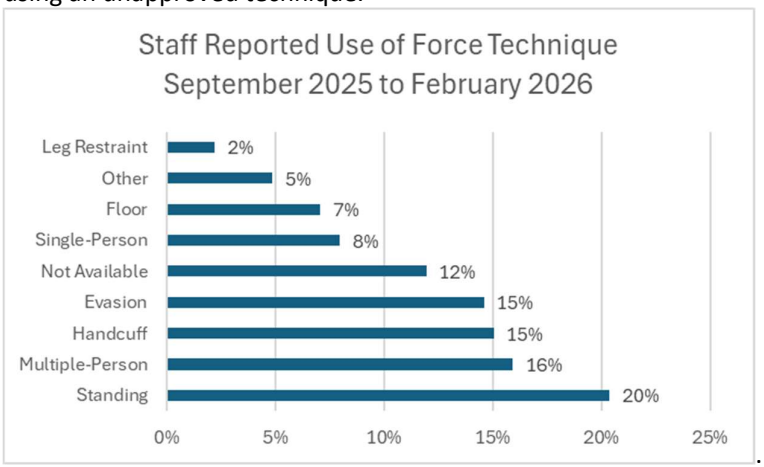
The monitoring team reviewed the use-of-force data, incident reports, the training records of staff involved in use-of-force incidents, and the number of investigations into excessive or unnecessary use of force.

Findings and Analysis

Policy 315, Use of Physical Force, states, "Only employees specifically trained in the application of physical force are permitted to use such techniques, and trained employees may only use techniques approved by policy and consistent with training." These techniques are taught as part of the Safe Crisis Management (SCM) training. Training records for security staff involved in a use-of-force incident showed that all staff had completed their initial SCM training, with two staff members due for annual recertification training.

When completing an event report, staff are required to document the use of force technique used. During this reporting period, a total of 199 types of force were reported (staff can use more than one technique during an incident), and 27 instances (12%) had the type of force not documented.

The primary reported techniques were standing (20%), multiple-person (16%), and handcuffs (15%). These techniques, along with others listed in the chart below, are all approved techniques taught in SCM. There were no substantiated criminal investigations of inappropriate use of force, and no administrative findings of staff using an unapproved technique.



While DJJ is found to be in substantial compliance with this provision, there is a concern that staff failed to report the type of technique used 27 times. As noted in items 47 and 49, documentation issues primarily appeared to be associated with reports written by public safety officers or security response team members, indicating a need for targeted training on the event reporting system. DJJ must ensure that the rate of missing documentation is corrected during the next monitoring period.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.
- Continue to allow only SCM-trained staff to use restraint and physical force on youths consistent with policies.
- Whenever physical force is used, continue to determine whether it complies with policies and procedures and whether staff who used force were trained and used the approved techniques.
- Continue to take appropriate disciplinary action when untrained staff use force or trained staff use unapproved techniques.

DJJ should also consider the following recommended steps.

- In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.
- Regularly review previous incidents with staff for training purposes to identify missed opportunities in which the use of force or restraints could have been avoided or should have been used to prevent or minimize harm to youth or staff.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- September 2025 to February 2026
  - Use of Force summary data
  - Use of Force event reports
  - Training records for staff involved in a use-of-force incident
  - Administrative reviews of use-of-force incidents
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews and onsite observations during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

52. USE OF FORCE DOCUMENTATION

DJJ will ensure that staff promptly document and report all uses of force and restraint to include:

i. A description of the youth action that created a serious and immediate danger to self or others necessitating the use of force or restraint;

ii. A description of verbal directives and graduated interventions that were attempted to avoid or minimize the use of force or restraints;

iii. The type of force or restraint used, including naming the specific techniques on which officers are trained, and for how long it was used

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team reviewed use-of-force data and event reports.

Findings and Analysis

Policy 315, Use of Physical Force, states, "Employees must promptly document and report all uses of physical force by the end of their shift, to include:

a. A description of the youth action/violent behavior and immediate danger to self or others necessitating the use of force.
b. A description of verbal directives and graduated interventions that were attempted to avoid or minimize the use of force; and
c. The type of force used, including naming the specific techniques on which officers are trained, and for how long it was used."

Since DJJ updated the Event Reporting System in January 2025, staff are prompted to enter details related to items a-c. The new system is functioning as intended, resulting in staff providing more comprehensive details about their use of force. However, during this monitoring period, there was a notable increase in reports lacking essential information. Specifically, 22 of 171 reports (13%) did not include details on the reasonable efforts attempted, and another 12 reports (7%) referenced "see event report" instead of providing the necessary information. Additionally, staff did not specify the techniques used in 27 out of 226 use-of-force reports (12%).

These lapses suggest that some staff members may benefit from further training on reporting requirements, as these figures are significantly higher than in the previous monitoring period, which showed that only 1% of reports were missing information on reasonable efforts, and only 3% on techniques used. Administrative

reviews also identified staff who failed to complete event reports, with two instances in November 2025 and eight in February 2026.

As previously noted in items 47, 49, and 51, the documentation issues primarily appeared to be associated with reports written by public safety officers or security response team members, indicating a need for targeted training on the event reporting system. However, the issue of missing event reports applies to MEDC staff, including those in supervisory positions.

A review of the content of the event report found that there are still areas where staff could benefit from additional coaching or training to improve the level of detail provided, particularly regarding verbal directives and graduated interventions that were attempted to avoid or minimize the use of force or restraints. Reports often indicate that multiple directives were used, but the specific content of those directives is not always included. More descriptive information provides a more complete understanding of the circumstances surrounding the use of force.

Due to the increase in documentation issues during this monitoring period, this item moves to partial compliance.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move back to substantial compliance

- Ensure that staff complete the event reports promptly and with the required level of detail.
- Continue to require supervisors to ensure staff complete the forms correctly through regular reviews.

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation.
- Implement supervisor review of incident reports prior to submission to ensure that staff input the required level of detail, covering items i, ii, and iii.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- September 2025 to February 2026
  - Use of Force summary data
  - Event reports
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews and onsite observations during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

53. MEDICAL EVALUATION FOLLOWING USE OF FORCE

After an instance of use of force or restraint, DJJ will ensure that youth are evaluated promptly by a qualified medical professional or transported to a medical emergency facility promptly, unless the youth refuses a medical evaluation. Except in an exceptional circumstance, the youth should be transported to the qualified medical professional by a staff member who was not involved in the use of force or restraint.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team reviewed use-of-force data, incident reports, and medical records, and interviewed staff, medical professionals, and youth.

Findings and Analysis

Policy 315, Use of Physical Force, requires a shift supervisor to ensure that a qualified medical professional evaluates a youth within two hours after an instance of physical force. Data from September 2025 to February 2026 showed that 146 youths required a medical evaluation; however, only 81 (55%) were seen within the required two-hour timeframe. This rate is lower than the previous monitoring period, in which 64% of youth were seen within the two-hour timeframe.

Measures put in place to enhance medical notification worked well during the last monitoring period, with medical staff reporting that they were informed of the need for a medical evaluation in nearly 97% of cases. During this monitoring period, the notification rate dropped to 74%, which then correlated with a lower percentage of youth (75%) receiving a medical assessment.

It is worth noting that 29% of the youth refused to participate in the evaluation. Youth and staff interviewed indicated it was often because they did not feel there was anything to evaluate. This issue is discussed further in item 55.

A review of medical logs indicated that monthly audits identified cases in which youth should have been assessed by medical personnel after the use of force. The notes indicate that the medical staff was not notified following the incident. It appears that this issue could be addressed through additional staff training regarding notifications and when youth are required to be seen by medical staff. Administrative reviews of use-of-force incidents also found 11 instances in which staff failed to follow medical assessment procedures correctly, including 5 in February 2026.

Interviews with staff indicate there are valid reasons a youth might not be evaluated promptly by medical personnel following the use of force. These include a youth's outright refusal to be transported,

another incident occurring simultaneously, or a lack of staff to provide the transport. While these reasons could delay an evaluation, they do not explain why medical was not notified 26% of the time that a youth required an evaluation.

Event reports indicate that staff continue to routinely arrange transportation for youth who need assessments. Transports are rarely performed by staff involved in the incident. This fact was reconfirmed by staff and youth.

This item is deemed to be in partial compliance. Substantial compliance requires most youth to be seen within the required timeframes most of the time.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to achieve substantial compliance.

- Whenever physical force or restraint is used, continue to determine whether staff followed the appropriate steps to ensure a medical evaluation was conducted.
- Continue to verify if the youth was transported by a staff member not involved in the use of force or restraint. If they were transported by a staff member involved, determine whether it was an exceptional circumstance.
- Continue to take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ is also encouraged to incorporate these required elements into its quality assurance system.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- September 2025 to February 2026
  - Use of Force Summary data
  - Medical Assessment spreadsheets
  - Incident Medical Response Form
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Compliance Rating INACTIVE MONITORING

Substantial Compliance

54. MEDICAL EVALUATION PROCEDURES

The qualified medical professional will examine and question the youth involved in the use of force or restraint outside the hearing of other staff or youth. If, in the course of the youth's examination, a qualified medical professional suspects the inappropriate use of force or restraints, the qualified medical professional will immediately take all appropriate steps to document the matter in the youth's medical record and complete an incident report.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

55. MEDICAL EVALUATION REFUSAL PROCEDURES

If a youth refuses a medical evaluation immediately after the use of force or restraint, staff will document the refusal and report it to the qualified medical professional. Within 12 hours of the use of force or restraint, the qualified medical professional will contact the youth to offer to conduct an evaluation. If the youth consents, or if injuries are visible without conducting an exam, the qualified medical professional will document any injuries. If the youth again refuses and no injuries are visible, the qualified medical professional will document the youth's refusal and any reasons the youth provides for the refusal.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed the use of force data, incident reports, and medical records and interviewed staff, medical professionals, and youth.

Findings and Analysis

Following an incident involving force or restraint, DJJ staff must ensure that the youth is evaluated by a qualified medical professional or transported to a medical emergency facility unless the youth refuses a medical evaluation. Policy 315, Use of Force, states that if a youth refuses medical care, they must sign a refusal form "in the presence of a medical provider." Policy 604, Refusal of Medical Care, also requires that if a youth declines an assessment, they "will be contacted by the nurse within twelve (12) hours to offer an evaluation and provide necessary treatment either at the infirmary or on the youth's unit."

During this monitoring period, 42 documented cases of youth refusing medical evaluations in the presence of medical staff were recorded, in accordance with the policy. Only 2 instances involved refusals given to security staff.

Of the 42 refusals for a medical evaluation, only 28 (67%) occurred within the required 2-hour timeframe. This rate is an improvement from the previous period, when it was 50%. Nonetheless, all these youth, including those who refused to security staff, were evaluated by medical personnel. Only two youths were reported to have injuries, and neither required hospitalization.

Interviews with both youth and staff suggested that refusals often stemmed from youth feeling the evaluation was unnecessary because there were no visible injuries or pressing needs. In some instances, the youth refused to cooperate with the transport. Staff members indicated that they preferred not to force an evaluation, believing that the youth might later request one or that medical staff would follow up after being informed of the situation.

DJJ is actively meeting the requirements of this provision, but must ensure that the timeliness of refusals continues to improve during the next monitoring period.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to monitor implementation to ensure staff adhere to the policies and that the policies have the desired impact.

DJJ is also encouraged to incorporate these required elements into its quality assurance system.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Policy 604, Refusal of Medical Care
- September 2025 to February 2026
  - Use of Force summary data
  - Medical Assessment spreadsheets
  - Incident Medical Response Form
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Investigations of Physical Harm to Youth from Other Youth, Excessive or Unnecessary Use of Physical Force, or Improper Use of Isolation

Compliance Rating COMPLETED

Substantial Compliance

56. REVISE INVESTIGATION POLICIES & PROCEDURES

Within nine months [January 2023] of the effective date, DJJ, with assistance from the Subject Matter Expert, will draft modifications to policies, procedures, and practices concerning investigations of physical harm to youth from other youth, excessive or unnecessary use of physical force, or improper use of isolation. DJJ will provide the revised policies and procedures to the United States and the Subject Matter Expert for approval. The United States and the Subject Matter Expert will review the proposed policies and procedures and propose any revisions necessary within one month [February 2023] of receiving the proposal.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating INACTIVE MONITORING

Substantial Compliance

57. IMPLEMENT REVISED INVESTIGATION POLICIES AND PROCEDURES

Within 18 months [October 2023] of the effective date, DJJ will implement the revised investigation policies and procedures.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

58. INITIAL REVIEW OF INCIDENTS

DJJ will ensure that all uses of force or restraint, allegations of physical harm to youth from other youth, or the improper use of isolation receive an initial review, including review of the incident report, use of force report, and video, if applicable. DJJ will track every use of force or restraint, allegation of youth-on-youth harm, or the improper use of isolation incident that receives an initial review, the outcome of that review, and the basis for that determination.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team reviewed initial event review documents for the incident types described in this provision and interviewed investigations staff.

Findings and Analysis

During this monitoring period, investigations reported that they conducted an initial review of 104 incidents related to this provision. Only 21 (20%) were assigned to a criminal investigation. The remaining 83 were referred back to security and operations management for further review and handling.

The investigations team reported a shift from weekly meetings to bi-weekly meetings to conduct these reviews. In these meetings, they determine whether a full investigation is necessary, if the case can be closed with the available information, or if it should be closed and forwarded to management for further action.

The team acknowledged that further refinement of their processes is needed to document more consistently how they decide when an investigation is warranted. They are considering implementing a checkbox that would indicate which of the following six criteria have been met, which would eliminate the need for an investigation.

(1) the case does not exceed Assault and Battery 3rd Degree for youth-on-youth physical harm;

(2) there is no apparent evidence that use of force was inappropriate, unnecessary, or excessive;

(3) there is no apparent evidence that isolation was used improperly;

(4) a grievance or informal complaint has not been filed;

(5) the case is best served by internal sanctions to address youth behavior rather than criminal prosecution; or,

(6) the case should otherwise be handled at the management level (minor policy violations with available, conclusive evidence to support the allegation; staff disputes; disciplinary issues, administrative PREA incidents with no criminal

element, etc.) unless a significant controversy of fact is present (conflicting accounts without available, conclusive evidence to support a conclusion).

As noted in previous monitoring reports, the outcome of the determination is typically documented using boilerplate language. Documenting the outcome meets one requirement of this provision. The other requirement is that a basis for the determination be provided. That information is missing in most cases.

The following is an example of what is sent to management for handling:

"An initial review of the incident, including video footage and/or associated documentation, indicates no apparent violation of agency policy or applicable law. The use of force by staff appears reasonable under the circumstances. The matter has been referred to Security Operations for management review and appropriate action regarding the youth's behavior."

It is unknown how it was determined that the force used was reasonable, such as whether it was necessary to protect another youth or staff member, or to prevent further risk to safety and security.

Examples of what would suffice as documentation of the basis were provided to DJJ in the previous monitoring report. Changes to practices, however, are not evident in the information reviewed during this monitoring period. This item remains in partial compliance.

Recommendations to Achieve Compliance

To achieve substantial compliance, the following steps are recommended:

- Continue to ensure that all uses of force or restraint, allegations of physical harm to youth from other youth, or the improper use of isolation receive an initial review, including a review of the incident report, use of force report, and video, if applicable.
- Continue to track every use of force or restraint, allegation of youth-on-youth harm, or the improper use of isolation incident that receives an initial review, the outcome of that review, and the basis for that determination.
- Ensure that the basis for the determination is included for each initial review.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Create an operations manual that outlines the details and roles for all investigations.

SOURCES

- Policy 328, Investigations

- September 2025 to February 2026
  - Initial review of incident log
  - Monthly sample of investigation case files
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

59. INVESTIGATION PROCEDURES

All incidents where:

(1) a youth or someone on the youth's behalf files a grievance or an informal complaint of youth-on-youth physical harm from fights or assaults, uses of force or restraint, or the improper use of isolation; or (2) where the initial review described above indicates conduct may be in violation of criminal law (excluding Assault and Battery 3rd degree involving a youth perpetrator) or agency policy will be fully investigated by trained investigators with no involvement or personal interest in the underlying event. A full investigation conducted by a DJJ investigator will be completed within ten business days of the investigator receiving the allegation for investigation. The policies may permit an extension of no more than ten additional business days to complete an investigation where the investigator documents the need for such an extension to complete the steps below. A full investigation must include, but may not be limited to:

i. Interviews with the alleged victim, the alleged perpetrator, all officers present during the incident, and any other witnesses;

ii. Review of any documentation that exists, including the incident report, youth's grievance, if applicable, use of force report, and witness statements;

iii. Review of a video of the incident, if one exists; and

iv. A written report documenting the investigation and the conclusion(s).

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team reviewed investigation data and tracking documents, and interviewed staff and youths.

Findings and Analysis

Between September 2025 and February 2026, 21 investigations related to this provision were conducted, comprising 20 criminal investigations and 1 internal integrity investigation. Of the criminal investigations, all involved youth-on-youth harm, with 17 of these involving the use of force. The internal integrity investigation involved only the use of force.

A sample review of closed investigations found that staff are actively following established procedures. The investigations included administrative inquiry reports, case status reports, and case and management history reports. However, not all investigative steps are appropriately documented.

DJJ's Monthly Investigations Targeted Reviews Report assesses compliance with Investigations Policy 328. The report examines the timely receipt of all required investigative materials by the assigned investigator, the comprehensiveness of the investigation, and compliance with the required timeframes. The monthly reports indicated that documentation needed improvement. The December

2025 report noted, "incomplete or inconsistent documentation of key investigative elements, including interviews, report reviews, verification of Use of Force submissions, and confirmation of medical record reviews."

The recommendations offered are similar in scope to those previously recommended by the monitoring team, such as establishing investigation protocols and documenting each step. The QA process implemented during this monitoring period will help ensure fidelity to investigation protocols if the recommendations are adopted.

The monitoring team also found that completing investigations within the required timeframes is challenging for staff. A review of closed criminal investigations during this monitoring period shows that only 11 out of 20 (55%) were completed within the 10-day deadline. However, an additional two met the extension deadline, bringing the total to 13 (65%) investigations completed within the required time frame. The one internal integrity investigation is currently active. These figures indicate a consistent effort to complete investigations in a timely manner when feasible, based on the circumstances of the case, the ability to interview witnesses on time, and the investigators' workload.

Again, the monitoring team notes that the completion deadlines required by this provision are unrealistic for complex cases, and exceptions may be necessary to achieve substantial compliance.

Based on the documentation reviewed and staff interviews, this provision remains in partial compliance. Further improvements are needed in documentation and in meeting the required deadlines.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Investigate all incidents meeting the above-listed criteria using a trained DJJ investigator. A full investigation should include, but not be limited to, items i-iv.

DJJ should also consider the following recommended steps.

- Create an operations manual that outlines the process and roles for all investigations.
- Identify and implement an investigation data tracking system to improve efficiency and the ability to track and analyze investigation data.

SOURCES

- Policy 328, Investigations
- September 2025 to February 2026
  - Administrative/investigative inquiry reports
  - Case status and investigative reports
  - Case management history documents

  - Events reports
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

60. STAFF REVIEW OF INCIDENTS

If the initial review of a use of force or restraint does not result in a full investigation, the investigator will send all documentation, including the incident report, use of force report, and video, if available, to the impacted Deputy Director(s). The impacted Deputy Director(s) will ensure that the employee's Senior Manager reviews the documentation and video, if available, to evaluate proper techniques and de-escalation efforts. Upon this review, the Senior Manager will provide staff feedback as appropriate to reinforce or correct staff.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team requested documentation of all Deputy Director(s)' review of use-of-force or restraint incidents that did not result in a full investigation, as well as the actions taken by the employee's senior manager. Staff were also interviewed.

Findings and Analysis

According to Policy 328, Investigations, if the initial review of the use of force or restraint does not require a full investigation, the employee's supervisor must review the report within seven business days. The supervisor is then responsible for determining whether any corrective action is necessary and providing feedback to the employee within that timeframe. The Senior Manager will also review the proper techniques and de-escalation efforts. Following this review, the Senior Manager will give appropriate feedback to staff to reinforce or correct their actions.

During this monitoring period, a total of 85 administrative reviews were conducted. These reviews summarize each incident and assess whether any corrective actions are needed. Most reviews appeared to focus on whether staff completed a negative behavior report and whether the youth was seen by medical staff following the use of force. In most cases, the documents reviewed did not indicate whether there was staff follow-up.

DJJ also conducts random camera reviews during shifts to identify policy violations, opportunities for additional staff coaching, and instances in which staff are performing their duties well. A sample of emails documenting these reviews shows that the information is sent to the employee's senior manager to address any identified issues. However, it was not always confirmed whether this information was acted upon.

DJJ also uses a Facility Incident Review Documentation form with 12 sections for comprehensive incident analysis. These sections include:

1. Incident Overview
2. Youth Information
3. Staff Responding During Incident

4. Force Used
5. Injuries
6. Synopsis of Events
7. Actions/Steps Taken by Employees
8. Timeline of Events
9. Identified Concerns, Barriers, Obstacles, Issues
10. Corrective Action Needed/Action Plan
11. Preventive Measures/Action Steps
12. Next Steps/Timeline

The form also includes a section for employees to complete, focusing on three areas: What I Know Now, What I Want to Know, and What I Learned. This section was not completed for the form reviewed. However, when an incident is reviewed with the employee present, immediate feedback is given, identifying what went well and what could be improved next time. Policy violations, if any, are also identified.

It is commendable that DJJ takes multiple approaches to reviewing incidents, including random camera reviews. However, there is still an issue of not consistently documenting whether there is a follow-up with staff. As a result, this item remains in partial compliance.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Continue to ensure that if the initial review of a use of force or restraint does not result in a full investigation, the investigator will send all documentation, including the incident report, use of force report, and video, if available, to the impacted Deputy Director(s).
- Verify and document that the impacted Deputy Director(s) ensured that the employee's Senior Manager reviewed the documentation and video, if available, to evaluate proper techniques and de-escalation efforts.
- Verify and document the Senior Manager provided staff feedback as appropriate to reinforce or correct staff.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps.

- Implement a mechanism to track each step of the review process, and ensure that staff responsible for each step are accountable for reporting when their required actions are completed.

SOURCES

- Policy 328, Investigations
- September 2025 to February 2026, administrative review data
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting

- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

61. PERMISSIBLE CONTACT FOLLOWING AN ALLEGATION

After an allegation as indicated above is made, DJJ will make a prompt determination about the level of permissible contact between the youth and the alleged perpetrator during the investigation period, in light of the nature of the allegation and the safety of all youth.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team interviewed staff and reviewed incident reports, youth grievances, and monthly permissible contact following an allegation documents provided by DJJ.

Findings and Analysis

DJJ has demonstrated a consistent and timely process for assessing and limiting contact between youth and alleged perpetrators during investigations involving youth-on-youth harm, use of force or restraint, and allegations of improper isolation. When a youth, or someone acting on the youth's behalf, files a grievance or informal complaint, DJJ promptly evaluates whether restrictions on contact are necessary while the matter is under review. This same process applies when the preliminary review suggests that the conduct may violate agency policy or criminal law.

When allegations involve a staff member, DJJ administration collaborates with Investigations and Human Resources to determine the appropriate response, including whether the staff member should remain on duty, be reassigned, or be placed on Suspension Pending Investigation, in accordance with Policy 328, Investigations. Human Resources also follows established procedures for responding to allegations against staff. DJJ reviewed these procedures with the monitoring team, which then examined two cases in which the agency determined staff should not have contact with a youth during the investigation.

The first case involved a youth grievance alleging excessive use of force by a staff member. The second involved a physical altercation between a staff member and a youth that resulted in serious injuries to the staff member. In both cases, DJJ administration promptly coordinated with Investigations and Human Resources to assess whether restrictions on staff-youth contact were necessary. The reviews were completed shortly after the incidents and were consistent with agency policy. Ultimately, both investigations concluded that the force used by staff was appropriate.

The monitoring team also reviewed all incidents involving youth-on-youth physical harm, use of force or restraint, and allegations of improper isolation, regardless of whether a grievance was filed or an

investigation was conducted. This broad review was intended to identify incidents that DJJ may have overlooked.

During this monitoring period, 107 incidents met the review criteria, including 31 youth-on-youth harm cases, 76 uses of force or restraint, and 55 incidents involving isolation. Four grievances were filed during this period, including the previously discussed case in which staff contact with a youth was restricted. The review also identified two allegations of inappropriate use of force by staff and two allegations involving improper isolation.

Two grievances involved allegations of excessive force by public safety staff. In both matters, DJJ promptly determined that restrictions on staff contact were unnecessary during the investigation. These decisions appeared reasonable under the circumstances, particularly because the staff members involved were not assigned to MEDC. One investigation has since been closed with the staff member being cleared of wrongdoing, while the other remains pending.

The remaining grievance involved a youth who wanted to press charges against two other youths following an assault in a school hallway that caused him to strike his head and experience headaches. DJJ determined that restrictions were unnecessary because the youths resided in separate buildings and would not ordinarily interact.

The monitoring team also reviewed two incidents involving allegations of inappropriate use of force by staff. In the first case, a supervisory staff member was observed hitting a youth multiple times. DJJ suspended the staff member, escorted the individual off campus, and initiated an internal investigation. Because the staff member had already been removed from the facility, a separate determination of permissible contact was unnecessary at that stage. The staff member later resigned before the investigation could begin.

In the second case, a staff member responded to a youth's playful behavior with unnecessary force, even though the staff member intended the response to be playful. DJJ initiated disciplinary action and determined that restricting contact between the staff member and the youth was not warranted.

Finally, the monitoring team reviewed two incidents involving allegations of improper isolation. In both cases, staff failed to follow the required procedures for obtaining approval and documenting the isolation. After review, however, DJJ determined that the use of isolation itself was appropriate under the circumstances. Restricting staff contact was not considered, as no allegations required a response.

Based on the incidents reviewed and DJJ’s consistent and timely responses, the monitoring team finds that this item is now in substantial compliance.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to promptly determine the level of permissible contact between the youth and the alleged perpetrator during the investigation period, taking into account the nature of the allegation and the safety of all involved youth.
- Continue to ensure that no-contact orders are communicated to relevant staff and followed.
- Continue to maintain records of no-contact orders, including the effective date and the date, if applicable, when the order is lifted.
- Continue to take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps.

- Develop a procedure for how the decision would be made to determine the level of permissible contact between the youth and the alleged perpetrator, including the requirement that:
  - The decision should be made within one business day of the incident.
  - Pending the outcome of the decision, the alleged perpetrator should be prohibited from having any contact with the youth.
- Establish a process for determining whether the alleged perpetrator should be placed on administrative leave or moved to another work location or unit pending the outcome of the investigation.
- Implement a method for identifying staff and youth who are not permitted to have contact and tracking compliance.

SOURCES

- Policy 328, Investigations
- September 2025 to February 2026
  - MEDC permissible contact documents
  - Youth grievances
  - Event reports
  - Investigations case logs
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Compliance Rating INACTIVE MONITORING

Substantial Compliance

62. VIDEO REQUEST FOLLOWING AN ALLEGATION

DJJ will ensure that a video of the incident, if one exists, is requested within three days of receiving the allegation.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

Compliance Rating INACTIVE MONITORING

Substantial Compliance

63. RETENTION SCHEDULE

DJJ will retain all investigation documents, including video and interview notes, for at least one year.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

Compliance Rating INACTIVE MONITORING

Substantial Compliance

64. INVESTIGATIONS WITHOUT VIDEO

If the incident requires a full investigation as described in paragraph 59, the investigation must be completed even where no video exists of the incident.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

65. ACTION FOLLOWING A FINDING OF STAFF MISCONDUCT

DJJ will take prompt and appropriate corrective and disciplinary measures in response to a finding of staff misconduct arising from the inappropriate use of isolation, the excessive or unnecessary use of physical force, or a failure to protect youth from physical harm by other youth.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team requested documentation of corrective or disciplinary actions taken in response to the use of force or restraint, as well as information on any violations of the isolation policy, including inappropriate use of isolation. The team also examined investigation data, event reports, and administrative review logs.

Findings and Analysis

From September 2025 to February 2026, DJJ reported three incidents of alleged staff misconduct: two related to the improper use of isolation and one involving the use of force. These incidents occurred in November and December of 2025.

Of the two improper isolation cases, both cases involved the staff member failing to properly document the use of isolation. One youth was isolated for 114 minutes, and the other for less than 15 minutes. DJJ determined that isolation was appropriate in both instances, but that the approval and documentation process was not followed. One staff member is no longer employed by the agency, and the other was referred for retraining on the isolation policy. DJJ was timely in its response to both cases.

The incident involving an allegation of excessive use of force was investigated, and it was determined that the staff acted appropriately. During the investigation, DJJ issued a permissible contact restriction against the staff member. This was done in a timely manner and appears appropriate for the situation, which stemmed from a youth grievance.

DJJ's response to these allegations and subsequent follow-up are appropriate, placing this item in substantial compliance.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to take prompt and appropriate corrective and disciplinary measures in response to a finding of staff misconduct arising from the inappropriate use of isolation, excessive or unnecessary use of physical force, or a failure to protect youth from physical harm by other youth.

- Continue to properly document all staff corrective and disciplinary measures taken in response to a finding of misconduct.
- Continue to maintain records to verify that responses are consistently and appropriately applied.

DJJ should also consider the following recommended steps.

- Ensure that policies and procedures related to staff misconduct identify the range of disciplinary responses the department can take, including but not limited to a verbal or written warning, retraining, demotion, suspension, dismissal, and referral to law enforcement.

SOURCES

- Policy 328, Investigations
- September 2025 to February 2026
  - Administrative Review of Incident Logs
  - Investigations Case Log and related investigations documents
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Compliance Rating INACTIVE MONITORING

Substantial Compliance

66. INVESTIGATIONS WHEN A YOUTH WITHDRAWS AN ALLEGATION

In cases where a youth withdraws an allegation, states a desire not to prosecute a criminal matter, declines to be interviewed about an allegation, or refuses to write a statement, this will not be used as the sole reason to terminate an investigation. The investigation will also include an effort to determine the reasons for the withdrawal or refusal.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

Isolation

Compliance Rating INACTIVE MONITORING

Substantial Compliance

67. REVISE USE OF ISOLATION POLICIES & PROCEDURES

Within nine months [January 2023] of the effective date, DJJ, with assistance of consultants, will revise its isolation policies and procedures to be consistent with the principles set forth in paragraphs 68–94. DJJ will provide the revised policies and procedures to the United States and the Subject Matter Expert for approval. The United States and the Subject Matter Expert will review the proposed policies and procedures and propose any revisions necessary within one month [February 2023] of receiving the proposal.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

Compliance Rating INACTIVE MONITORING

Substantial Compliance

68. IMPLEMENT REVISED ISOLATION POLICIES AND PROCEDURES

Within 18 months [October 2023] of the effective date, DJJ will implement its revised isolation policies and procedures.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

NOTE: Due to overlapping components between items 69 and 70, they are described together but rated separately.

69. REASONS FOR ISOLATION

Youth will only be isolated when the youth poses a serious and immediate danger to self or others and staff has made reasonable efforts to attempt and exhaust de-escalation strategies.

Compliance Rating Substantial Compliance

70. PROHIBITIONS ON ISOLATION

Once DJJ revises its policies and procedures in accord with the schedule set out in this section, staff will not use isolation for discipline, punishment, retaliation, protective custody, suicide intervention, as a temporary living unit for youth who are awaiting transfer to other facilities, or any reason other than as a response to behavior that poses a serious and immediate danger to self or others

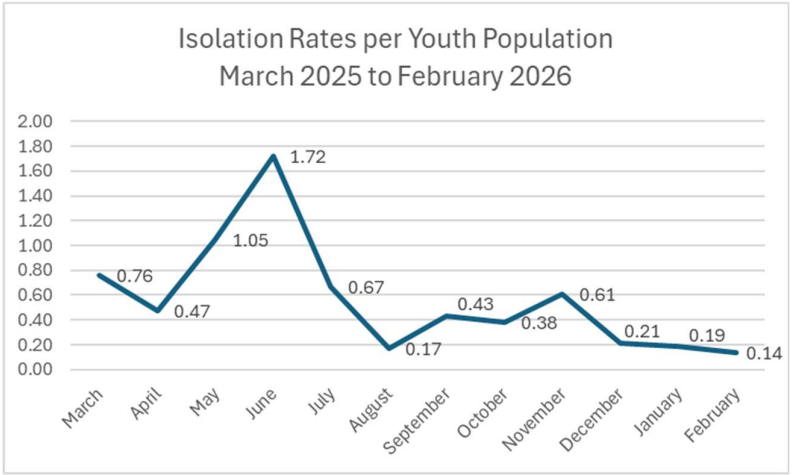
Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed isolation data and forms, reasons given for isolation, incident event reports, emails, Monthly Isolation Target Review Reports, investigations data, and interviewed staff and youths. Video footage of nearly a dozen selected incidents that resulted in isolation was also reviewed.

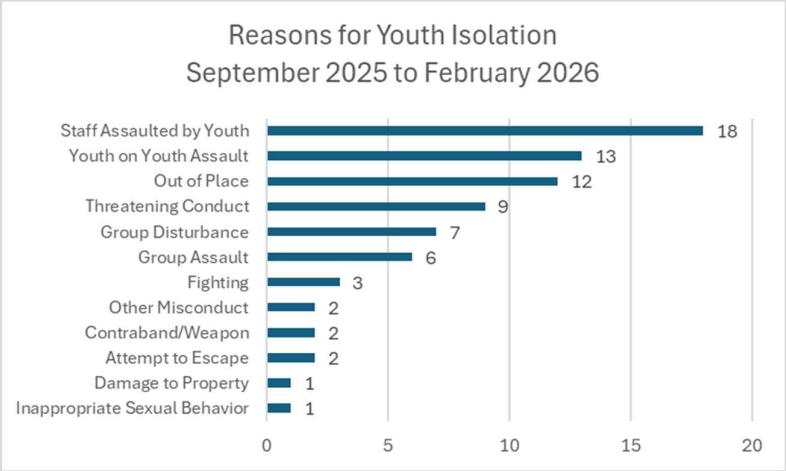
Findings and Analysis

From September 2025 to February 2026, 76 isolation events were reported, with an average isolation rate of 0.33 per youth population. This rate reflects a significant decrease from the previous monitoring period, which had an average rate of 0.81.



Isolation rates also appear to be flattening somewhat, indicating a positive trend toward reduced reliance on isolation as a behavior management tool.

Reasons for placing a youth in isolation, as noted in the chart below, remain consistent with previous monitoring periods, with 18 cases (24%) involving Staff Assaulted by Youth. This figure is similar to the previous monitoring period of 23%. Youth on Youth Assault is the second primary reason for isolation, with 13 cases (17%), followed by 12 cases (16%) of youth being Out of Place.



A review of event reports, Youth Isolation and Commencement Forms, and group isolation emails revealed that DJJ staff are providing more detailed information about the circumstances leading to the decision to isolate a youth. DJJ continues to use a group email chain to notify leadership of isolation events, describe the circumstances leading to isolation, seek approval for isolation or document that approval was given, seek approval for extensions (when relevant), describe the results of assessments conducted (clinical and leadership visits), and detail any relevant facts to assist with making a determination about the youth's release from isolation.

In the group email, it was noted that staff requesting approval for isolation routinely describe the incident and explain how the youth's behavior poses a threat to self, others, and the facility's safe operation. If approval was given in person or by phone, staff are documenting the same information in the group email to ensure that all parties are informed.

An example of the improved level of detail is evident in a September email regarding an attempted escape. The email, written by the Facility Administrator, describes in detail the youth's behavior and its impact on facility operations. The email concludes with, "As noted, due to this youth's non-compliance, disruption of security operations and creation of potential breaches (requiring further investigation) this youth presents an immediate security threat resulting in isolation until a safety plan and investigation concludes." The youth spent 20 hours in isolation.

In a November email about a group disturbance during recreation at the gym, the Facility Administrator reports that staff made several attempts to intervene verbally and physically, but those efforts were unsuccessful. A burst of chemical spray was then used, quickly ending the disturbance. However, one youth began to make threats against the staff. The email noted that "Due to his behavior and continued threats, Youth [name] was determined to be an immediate risk to the safety and security of both staff and youth," and he was placed in isolation. He was later reassessed and released after spending less than three hours in isolation. The email contained information about the assessment and release of the youth, stating that he "no longer poses an immediate threat. He was counseled on impulsive behavior, and mediation was offered between him and one of the involved youth who remains on the same unit." It should be noted that the other youths involved in the group disturbance were not isolated, as they ceased their behavior and no longer presented a safety risk.

Staffs' handling of this incident reflects taking an individualized approach to behavior management and ensuring that isolation was clearly connected to the youth's behavior rather than a disciplinary response.

Another example of staff describing why a youth poses a serious and immediate danger is noted in a February email following a youth's assault on a staff member.

"Youth [name] expresses no remorse for behavior, advising staff that he will not follow rules and does not care as being counseled. Youth [name] believes he is well in his right to continue acts of aggression towards staff, threatening staff or throwing liquids on staff and youth. Youth's recent documented ongoing behavior poses a threat to the safety of staff and youth." The youth spent 16 hours in isolation.

Each isolation case has a separate email thread, and staff are expected to add information to that thread, which then keeps a historical record of the entire isolation event, including the date and time the youth was released.

A review of isolation events found that staff routinely attempted to address youth behaviors through other means before resorting to isolation. For example, in one case, a youth was disruptive throughout the day, and staff tried to address the behavior through counseling and redirection. However, when his actions began to disrupt operations and pose a threat to others, he was placed in isolation for a short period.

In another incident, it was reported that a youth was being threatening toward staff throughout the day. Staff made efforts to counsel and redirect him rather than resorting to isolation, which would have been the standard procedure in the past. Unfortunately, the youth acted on his threats and assaulted a staff member, resulting in placement in isolation.

Youth were asked about the use of isolation at the facility and whether they had observed it or experienced it themselves. They

were also asked to describe the circumstances in which isolation could be used.

More than one youth indicated that isolation seemed to be used to address problem behaviors. A few youths, in fact, stated that isolation should be used more frequently, especially for youths who cause ongoing problems. For context, the youths who shared this point of view were housed in an honors unit, where behavioral issues are minimal.

Youth who experienced isolation seem to recognize the behaviors that led to their placement, but many still perceive isolation as a form of punishment rather than a behavior-management strategy. They struggle to understand that isolation is intended to reduce safety threats and assist them in developing a plan to reintegrate safely into the community. Isolation release logs indicate that staff are having these discussions with the youth before their release. However, it may be challenging to change the youth's perspective, as they associate isolation's restrictive nature with punishment.

No records indicated that youth were placed in isolation solely for punishment. Documentation appeared to justify their placement. There was also no evidence that youth were isolated for protective custody, suicide intervention (see item 93), or a temporary living unit for youth who are awaiting transfers to other facilities.

The Monthly Target Review Reports on Isolation for September, October, December, January, and February indicated that all isolation placements met policy criteria, except for one in November that was based on hearsay and lacked documentation of less restrictive interventions. However, the monitoring team's review of email exchanges related to this isolation event provides sufficient detail and justification to demonstrate that the youth posed a serious and immediate danger to others. While this youth was eventually transferred to another facility, less restrictive measures, such as moving him to another housing unit, did not appear to be available.

Notably, there were no referrals to investigations related to improper use of isolation. However, DJJ reported two incidents of alleged staff misconduct related to the improper use of isolation. Both were related to failure to properly document isolation rather than the misuse of isolation.

Some interviewed staff indicated that they thought isolation should be used more frequently and for punishment. However, they understood the policy and were aware that it was to be used only when the youth posed a serious and immediate danger to self or others. MEDC leadership clearly understood the purpose of isolation as part of their overall behavior management strategy. They were also experiencing that other, less restrictive strategies were beginning to have a positive impact on the environment.

There are many instances in which staff attempted to move a youth to a different living unit rather than place him in isolation following a youth-on-youth assault. Peer mediation is also used regularly to

attempt to resolve conflict and reduce the need for or the time spent in isolation. These actions indicate that DJJ is judicious in its use of isolation, as reflected in lower isolation rates.

Of the 76 isolation events reviewed, only three were missing information on de-escalation efforts attempted and exhausted. It is noted that the level of detail in staff reports on their efforts has improved. Previously, staff would frequently indicate that they gave the youth "multiple verbal directives" without specifying what those directives were. Although this issue still largely exists and is a repeated item highlighted in the Monthly Target Review Reports, some staff members are now providing more detailed information in their reports, including examples such as the following:

- "I yelled stop and attempted to calm youth during the incident. Youth ignored verbal prompts..."
- "I gave multiple directives to stop. I continued to reassure youth that he was doing the right thing by not getting involved and to stop trying to pull away from me."

Based on this review, DJJ is advised to provide ongoing staff training on the importance of providing detailed descriptions of the interventions attempted. Staff should also clearly understand how to articulate, with specificity, why isolation—the most severe response to a youth's behavior—is necessary.

The improvements in documentation and the greater fidelity to applying the isolation policy are noted. Items 69 and 70 are now in substantial compliance.

Recommendations to Sustain Compliance

To maintain compliance, it is recommended that DJJ take the following steps.

- Continue to monitor adherence to the policy to ensure that youth are only isolated when they pose a serious and immediate danger to self and others and not for any other reasons, including the prohibited reasons listed in item 70.
- Continue to require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation

SOURCES

- Policy 323, Isolation of Youth
- September 2025 to February 2026
  - Youth Isolation Details data and Youth Isolation Commencement and Release forms
  - Investigations data

  - Isolation event reports and video reviews of selected incidents
  - Administrative Review Logs
- Isolation Monthly Target Review Reports: September, October, and December 2025; and January and February 2026
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

71. LESS RESTRICTIVE TECHNIQUES REQUIREMENT

Prior to using isolation, staff will utilize less restrictive techniques, such as talking with the youth to de-escalate the situation, removing the youth from other youths with whom he is in conflict, and placing the youth in another housing unit if safe to do so. Only after less restrictive techniques have failed may the facility use isolation.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team reviewed isolation data, forms, logs, notifications, event reports, youth daily rosters and housing assignments, Monthly Target Review Reports, and investigation data. The team also interviewed staff and youths regarding isolation practices. Video footage of nearly a dozen selected incidents that resulted in isolation was also reviewed. Additionally, footage from the living units was reviewed, covering several hours on random dates.

Findings and Analysis

According to Policy 323, Isolation of Youth, employees are required to use less restrictive techniques before using isolation. These techniques include talking to the youth, verbal redirection, other de-escalation methods trained in staff training, removing the youth from conflict with other youths, involving other staff for assistance, relocating the youth to another housing unit, or allowing the youth supervised access to a different area. These strategies are designed to help reorient youth and give them time to regulate their emotions, thereby reducing the risk of harm to themselves or others.

A review of isolation events indicates that staff are routinely attempting de-escalation efforts as noted in event reports, isolation entries and emails, and video footage reviews. Only four of the 76 isolation events lacked a description of the efforts used.

A problem, however, persists: staff are still not sufficiently documenting less restrictive techniques attempted. For example, in October, a youth was placed in isolation for 27 hours for threatening conduct following a unit shakedown. The youth made direct and specific threats against staff and facility operations. The threats continued to escalate as staff spoke to the youth. The email narrative states that, “Despite attempts by PSO [Public Safety Officer] to counsel him regarding his behavior, Youth [name] refused to comply and continued issuing threats towards facility staff.” While the isolation was appropriately justified based on the youth’s behaviors and threats, staff failed to describe the content of the counseling that took place. If other strategies were attempted, it was not evident, as only one Event Report was submitted, even though other staff were present and involved.

In multiple event reports reviewed during this monitoring period, staff described their de-escalation efforts in general terms such as

making "several attempts to verbally counsel the youth," or issuing "multiple verbal directives." This problem has been noted over multiple monitoring periods. It is also a problem identified in the Monthly Target Review Reports, indicating that further attention is needed to correct this deficit.

Youth housing assignments and incident reports indicate that staff are taking additional steps to prevent isolation, such as moving a youth to another living unit. When a move is not possible, and a youth must be placed in isolation for his safety and the safety of others, staff attempt to mediate the issue with the youth. These efforts have resulted in youth being released from isolation shortly thereafter if the mediation was successful.

There were two instances in which staff described efforts throughout the day to resolve a youth's negative behavior before isolation was used because the youth's behavior escalated. In both instances, the justification for isolation was well-documented. These examples represent staff efforts to avoid an isolation response. When staff are successful, there is no documentation indicating otherwise, aside from the lower isolation rate, which was evident during this monitoring period. The rate dropped to 0.33 per youth population, down from 0.81 in the previous period.

While improvements are noted in how isolation is used and the frequency with which it is used, there remains a problem with adequately documenting what less restrictive techniques were attempted before resorting to isolation. Staff would benefit from additional training on documenting their efforts to meet this provision's requirements. As a result, this item remains in partial compliance.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Continue to monitor adherence to this requirement to ensure that youth are only isolated when they pose a serious and immediate danger to self and others.
- Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.

DJJ should also consider the following recommended steps.

- Identify less restrictive options other than isolation to reduce the reliance on isolation while maintaining youth and staff safety.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth

- September 2025 to February 2026
  - Youth Isolation Details data and Youth Isolation Commencement and Release forms
  - Investigations data
  - Isolation event reports and video reviews of selected incidents
  - Administrative Review Logs
- Isolation Monthly Target Review Reports: September, October, and December 2025; and January and February 2026
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

72. NOTIFICATION OF ISOLATION

Whenever a youth is isolated, the staff will immediately notify the Facility Administrator or the Assistant Facility Administrator.

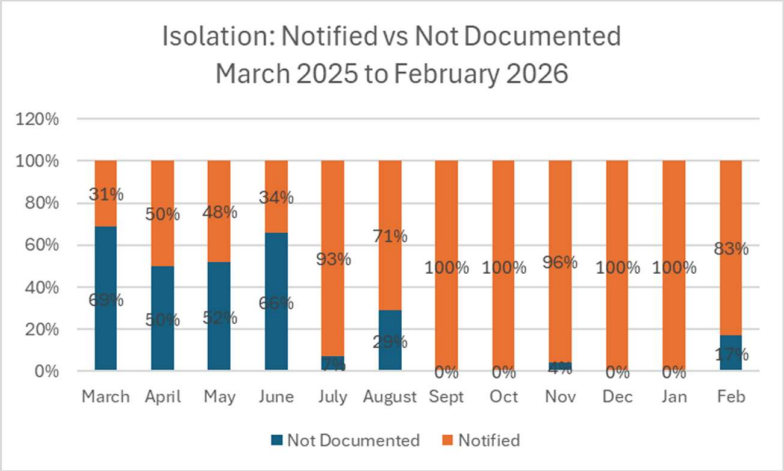
Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team interviewed the facility administrator, assistant facility administrators, and staff about isolation notification processes. Isolation data and notification documents were also reviewed, along with the Monthly Target Review Reports.

Findings and Analysis

Of the 76 isolation events reported, only 5 (7%) lacked documentation of notification. Four of the six months had 100% notification rates. This is a vast improvement over the previous monitoring period, when 49% of isolation events were missing documentation of notification, as shown in the chart below.



Notification of isolation is documented via a group email created for each isolation event. The sender may use the email as a notification and a request for approval, or to document that the notification and approval were obtained via phone or in-person communication. Members of the group email include the Deputy Director of Security and Operations, the Director of Settlement Compliance, the Facility Administrator, Assistant Facility Administrators, the Clinical Director, and others involved in the youth's case.

There are multiple instances in which the Facility Administrator or Assistant Facility Administrator was present to verbally approve isolation. When this occurred, the group email was used to document this process.

This item is now in substantial compliance.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to monitor adherence to this requirement and document that whenever a youth is isolated, staff immediately notify and obtain approval from the Facility Administrator or the Assistant Facility Administrator.
- Continue to report, investigate, and address any violations of this requirement.

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth
- September 2025 to February 2026
  - Youth Isolation Details data and Youth Isolation Commencement and Release forms
  - Isolation event reports
  - Administrative Review Logs
  - Email records of isolation notifications
- Isolation Monthly Target Review Reports: September, October, and December 2025; and January and February 2026
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Documentation of Isolation

73. DOCUMENTATION REQUIREMENTS

DJJ will ensure that documentation of isolation identifies with specificity what youth action created a serious and immediate danger to self or others necessitating the use of isolation, and what less restrictive techniques an officer used prior to using isolation.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team reviewed isolation documentation, including forms and event reports associated with incidents that resulted in isolation, as well as the Monthly Target Review Reports. Staff and youth interviews were also conducted.

Findings and Analysis

As noted in items 69-70, documentation improved during this monitoring period compared to the previous one. Staff were much more descriptive in describing the youth's behavior that created a serious and immediate danger to self or others and explaining why isolation was necessary. There was no evidence that any youth were placed in isolation in violation of the policy.

There were also no investigations into improper use of isolation. There were two incidents referred to management for handling related to failure to properly document isolation, although the use of isolation was found to be appropriate. The one isolation event noted in the Monthly Target Review Report (see item 70) as a policy violation does not appear to be one when additional documentation and email exchanges are reviewed.

Less restrictive techniques were not described in only four of the 76 isolation events. However, when staff described their efforts, they still relied on more general statements, such as saying they issued multiple verbal directives or counseled the youth, without specifying what directives were given or what counseling was provided. Staff could benefit from additional training in providing the level of detail necessary to meet this requirement.

While documentation justifying isolation has improved, more specificity is needed to describe efforts attempted to avoid isolation. This shortcoming was also noted in the Monthly Target Review Reports, but little improvement was observed over the monitoring period. As a result, this item remains in partial compliance.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to achieve substantial compliance.

- Monitor adherence to this requirement to ensure that youth are only isolated when they pose a serious and immediate danger to self and others.
- Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.
- Report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth
- September 2025 to February 2026
  - Youth Isolation Details data and Youth Isolation Commencement and Release forms
  - Isolation event reports
  - Email records of isolation notifications
- Isolation Monthly Target Review Reports: September, October, and December 2025; and January and February 2026
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Duration of Isolation

74. DURATION OF ISOLATION

Youth will be in isolation only for the time necessary for the youth to regain self-control such that they no longer pose a serious and immediate danger. As soon as the youth's behavior ceases to pose a serious and immediate danger to self or others, or once the multidisciplinary team designates an alternative living unit/placement for the youth, whichever is sooner, staff will promptly return the youth to the general population or other appropriate living unit/placement.

Compliance Rating Partial Compliance

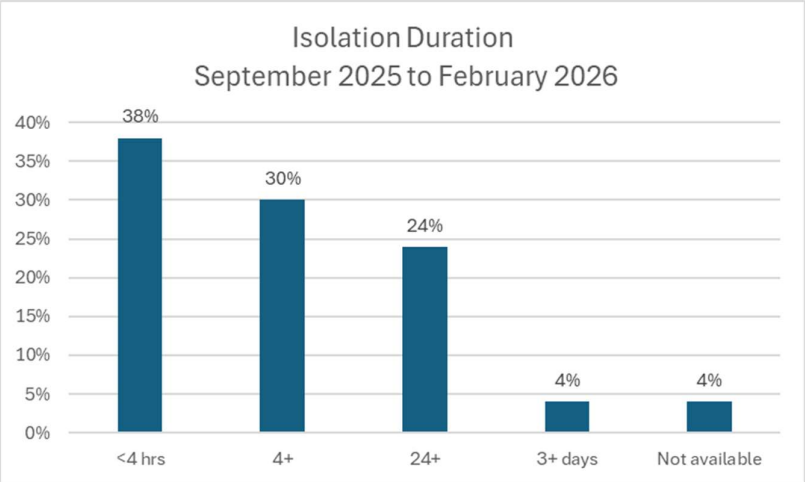
Description of the Monitoring Process

The monitoring team reviewed isolation documentation, which included Youth Isolation Details, Incident Summaries, Administrative Incident Reviews, Youth Isolation Commencement and Release forms, Youth Isolation Check logs, and Exit Support forms. Isolation Monthly Target Review Reports were reviewed, and staff and youth interviews were also conducted.

Findings and Analysis

Policy 323, Isolation of Youth, states that "employees shall not isolate youth for a predetermined time" and "isolation shall only be used until the youth can demonstrate self-control by displaying behavior that does not threaten safety or security and complies with facility/program rules." To make this determination, staff must assess the youth's readiness to rejoin the population and remove the youth from isolation "when the youth demonstrates a reasonable level of calm."

During this monitoring period, there were 76 isolation events, of which 29 (38%) lasted less than 4 hours. Another 23 (30%) were over 4 hours but under 24 hours; 18 (24%) were over 24 hours; 3 (4%) were over 3 days; and 3 (4%) had missing data.



These figures indicated that DJJ sustained the improvements made during the previous monitoring period, when 44% of isolation events lasted four hours or less.

The shortest isolation duration was 0.23 hours for threatening conduct. Once the youth calmed down, he was released. The longest isolation was 137.4 hours for a youth-on-youth assault. A review of 21 youth-on-youth assaults that resulted in isolation found that time in isolation ranged from 1.13 hours to 137.4 hours, with an average time of 23.3 hours, indicating that time in isolation is not predetermined.

DJJ regularly uses peer mediation, and there was at least one instance in which a youth was allowed to practice his safety plan when the living unit was empty of other youth. These efforts demonstrate DJJ's ongoing commitment to utilizing isolation as a temporary tool to manage a youth's behavior and ensure the safety of other youth, staff, and the facility.

An isolation group email documents the youth's behavior that led to isolation and provides information about the youth's behavior observed during an assessment to either justify continued isolation or to support the youth's safe release and return to the general population. However, there are still multiple instances in which information is not consistently added to the email thread to demonstrate ongoing efforts to deescalate the youth's behavior and prepare him for release. As a result, some youth appear to remain in isolation longer than the documentation supports. The January Monthly Target Review Report noted, "Several long duration isolation placements lacked justification for the extended time." The reports also identified inconsistencies in the strategies being used to facilitate a youth's release from isolation.

Youth generally understood why they were placed in isolation, but many said they were unclear about what they needed to do to be released. Although most eventually described release as tied to calm behavior, accountability, and cooperation, one youth said he was released only "when staff felt like it."

Isolation itself can undermine a youth's ability to remain calm and cooperative. Some youth become more agitated or experience mood changes while isolated, which can then prolong their stay because they continue to present a safety risk. For example, one youth who spent more than 100 hours in isolation was assessed by clinical staff as "decompressing." He was crying at times and agitated at others. It was recommended that alternatives to isolation be found to prevent further negative impact on his mental health.

Another youth who was isolated for an attempted escape refused to comply with a staff member's repeated request to uncover his window. The youth also made threatening comments to staff, which extended his time in isolation due to his aggressiveness. While in isolation, staff worked with him until he was assessed as no longer a safety risk. The youth spent 60 hours in isolation.

Another youth involved in the same incident was in isolation for just over 24 hours. A review of his isolation log indicated that the youth was

sleeping, talking to staff, and "appears calm." There are indications in the documentation that this youth could have been released sooner, based on the description of his behavior in the entry logs and a clinical assessment that deemed he "did not appear to pose a serious and immediate danger to others or self." Why he was not released sooner is not apparent and is an example of documentation lacking to justify extended isolation. However, this case highlights that DJJ is not isolating youth for a predetermined length for the same incident.

Another youth who was in isolation for 31 hours for a staff assault, presented as uncooperative while in isolation and refused to talk to staff. He continued to be aggressive and make threats. Staff continued to work with him during his stay until he became "receptive towards counseling on de-escalation strategies and calming techniques when he gets agitated." This case illustrates how staff are working to return youth to the community once they are determined not to pose a safety risk.

While there are many positive examples of how isolation is used appropriately to manage behavior, there are also cases in which the justification for extending their stay is not always apparent. This issue is noted in the January and February Monthly Target Review Reports, which identified "gaps in the justification for extended isolation." There are also several email messages from leadership asking why a youth remains in isolation and what is being done to release them. Justification is offered in a few of these instances, while other responses indicate that the youth is being or has been released.

Data trends indicate that youth are spending less time in isolation, and staff are making attempts to ensure that they are safe for release, placing this item in partial compliance. However, additional work is needed to move this item to substantial compliance. DJJ must ensure that staff consistently document and justify a youth's continued stay in isolation. This documentation should include efforts made to prepare the youth for a safe release and explanations of why those efforts were unsuccessful. If the justification for extending isolation is based on the youth's previous behavioral history, staff must clearly explain how that history is relevant to the current situation. Additionally, DJJ is encouraged to review and implement the recommendations outlined in the Monthly Target Review Reports, which provide specific steps to improve isolation practices.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Continue to monitor adherence to this requirement to ensure that youth are in isolation only for the time necessary for the youth to regain self-control such that they no longer pose a serious and immediate danger.
- Once a youth is no longer a danger to self or others, return the youth to the general population or other appropriate living unit/placement.
- Continue to require staff to actively assess the youth's readiness for release from isolation.

- Continue to maintain records to verify that staff are following policy.
- Continue to report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth
- September 2025 to February 2026
  - Youth Isolation Details and log
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Incident event reports
- Isolation Monthly Target Review Reports: September, October, and December 2025; and January and February 2026
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

75. INTERVENTION WHILE IN ISOLATION

During the time that a youth is in isolation, staff will provide intervention and observation. The goal of the intervention is to de-escalate the youth's behavior so that they can rejoin the general population as soon as possible.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed isolation documentation, which included Youth Isolation Details, Incident Summaries, Administrative Incident Reviews, Youth Isolation Commencement and Release forms, Youth Isolation Check logs, and Exit Support forms. Isolation Monthly Target Review Reports were reviewed, and staff and youth interviews were also conducted.

Findings and Analysis

Isolation Check Logs and Clinical Engagement forms document observations of youth in isolation and interventions attempted. This information is also shared and documented via the isolation group email for each youth in isolation. The information gleaned from these documents indicates that supervisory and clinical staff are meeting with youth and describing their interventions and observations of the youth's behavior.

As noted in item 77, clinical visits are taking place as required for most youths, with clinicians providing support and guidance for the youth. Supervisory staff are also documenting their visits with youth on the log and in emails. They are noting whether the youth was receptive and concluding whether the youth remains a safety risk. Some emails detail the interventions provided or attempted, while others are more vague.

It is evident that MEDC staff are working as a team to assess the youth's readiness to return to the community and to provide counseling on what needs to occur for release.

Interviews with youth who had experienced isolation, however, indicate that youth are not always aware of what they need to do to be released. One youth in isolation in February was documented as asking security staff multiple times why he was still isolated. Staff could not provide an answer, so when supervisory staff conducted an assessment, he presented as angry and was assessed as still a security risk. The youth may have presented differently if he had a better understanding of the expectations or if staff had been able to defuse the situation more effectively.

Initially, several youths interviewed indicated that the release decisions were unclear to them, but later admitted they needed to comply to be released. When pressed further about what compliance meant to them, most said they had to agree to behave appropriately. For many youths, viewing isolation from this perspective may be difficult, given their immaturity and inability to differentiate between

behavior management and punishment. Understanding that power struggles are a normal aspect of adolescent development may also help staff identify when other approaches are needed to prepare the youth to return to the community. It is also important for staff to be familiar with the youth's cognitive abilities to ensure that youth are not expected to demonstrate behaviors that are beyond their capabilities. At the same time, youth should be able to discern safe from unsafe behaviors and expect that unsafe behaviors would prevent their release.

Despite these imperfections and the need to add more details about their interventions, DJJ is making the necessary efforts to engage youth while they are in isolation and attempt to return them to the community as soon as it is safe to do so. They have implemented peer mediation strategies and documented discussions with the youth to help them identify the behavioral corrections needed when a similar situation arises. To further refine their practice, DJJ is encouraged to review and implement the recommendations in the Monthly Target Review Reports. This item is now in substantial compliance.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to monitor adherence to this requirement to ensure that staff provide intervention and observation to de-escalate the youth's behavior so they can rejoin the general population as soon as possible.
- Continue to maintain records to verify staff activities.
- Continue to report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps.

- Implement different approaches to facilitate youth readiness for release from isolation if evidence suggests that they are failing to respond to current practices.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth
- Revised draft Policy 323, Isolation of Youth, March 7, 2025
- September 2025 to February 2026
  - Youth Isolation Details and logs
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Incident event reports
  - Clinical Engagement forms
- Isolation Monthly Target Review Reports: September, October, and December 2025; and January and February 2026

- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

76. ISOLATION TIME LIMIT

Youth will not remain in isolation for longer than four hours, except when approved by security leadership in the chain of command from Assistant Facility Administrator to Deputy Director.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team interviewed youths and staff and reviewed isolation data. Documentation included the Commencement and Release forms, Isolation Details, and DJJ Tracking data on email notifications and responses, demonstrating that appropriate authorization was given to allow a youth to remain in isolation for longer than four hours.

Findings and Analysis

From September 2025 to February 2026, there were 76 isolation events, including three with unknown duration. Of the known isolation events, 44 lasted longer than four hours. Extensions were not documented for 14 (32%) of these isolation events. Four of the 14 were five hours or less, indicating the staff were likely working on the youth's release and did not anticipate the pending extension deadline.

There appears to be some confusion as to when extensions must be requested. When a youth is placed in isolation close to when curfew begins, their isolation time sometimes does not officially begin until the following day, since all youth are required to be confined to their rooms. While this practice makes operational sense, it sometimes results in documentation errors, with some staff entering the isolation start time from the previous evening and others entering it at 6:00 AM the following day. These errors then result in some extensions not being requested. DJJ needs to clarify the practice for staff to ensure consistency in determining when isolation should officially start. This clarity is needed to ensure that youth confined to their rooms before curfew are properly documented as being in isolation.

While documentation has improved from the previous monitoring period, DJJ needs to demonstrate that extensions are requested as required for most youth, most of the time. As a result, this item remains in partial compliance.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Monitor adherence to this requirement to ensure that youth will not remain in isolation for longer than four hours except when approved by security leadership in the chain of

command from Assistant Facility Administrator to Deputy Director.

- Require staff to document in writing the reasons why a youth must remain in isolation for longer than four hours, the efforts attempted to de-escalate the youth and prepare them for release, and why alternatives to isolation are inappropriate.

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth
- Revised draft Policy 323, Isolation of Youth, March 7, 2025
- September 2025 to February 2026
  - Youth Isolation Details and logs
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Incident event reports
  - Clinical Engagement forms
  - Youth isolation notification emails
- Isolation Monthly Target Review Reports: September, October, and December 2025; and January and February 2026
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

77. ROLE OF QUALIFIED MENTAL HEALTH PROFESSIONAL

Within the first 24 hours of isolation, and every day thereafter, a qualified mental health professional must examine the youth in-person and document whether:

i. The youth poses a serious and immediate danger to self or others;

ii. The continued use of isolation will be detrimental to the youth's current mental health; and

iii. Less restrictive measures may help to eliminate the serious and immediate danger to the youth or others.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed isolation data, Daily Clinical Engagement forms, and interviewed staff.

Findings and Analysis

Policy 323, Isolation of Youth, requires clinical staff to visit the youth within 24 hours of placement in isolation to assess their well-being and determine whether other, less restrictive measures are available to manage their behavior. From September 2025 to February 2026, there were 76 isolation events. During this monitoring period, 18 (24%) lasted more than 24 hours, while 3 (4%) exceeded 3 days, and another 3 (4%) had missing data. Youth who remain in isolation for 24 hours or longer require a clinical assessment. Each isolation period lasting at least 48 hours requires at least two visits, as each youth must be seen daily.

DJJ has been fairly consistent in providing documentation throughout the monitoring period, with only a few assessments missing. The table on the following page outlines the minimum required visits (a total of 33) based on the length of time youth were in isolation, including both initial and follow-up visits. The actual number of completed contacts was 39. For youth who were isolated for over 72 hours, the table details the number of hours spent in isolation, and the required visits are calculated based on one visit every 24 hours.

The table indicates that clinical staff are fulfilling this requirement for documented isolation events. Furthermore, an examination of the clinical engagement form's content shows that clinicians are assessing youth using items i-iii of this provision. However, some forms lack dates. The form used during this rating period is marked as a pilot and has a slightly different format, but contains similar information to the previous form. The policy has not yet been updated to include either version of the form.

Month	24 - 48 hrs 1 visit	48 -72 hrs 2 visits	Over 72 hrs 3 visits	Min # of Contacts Required	Actual Number of Contacts (Initial and Follow-Up)
Sep	6	2	1*	15	14
Oct	3	0	0	3	3
Nov	2	0	0	2	3
Dec	1	1	0	3	3
Jan	2	1	0	4	7
Feb	1	0	1 **	6	9
			TOTALS	**33**	**39**

*Youth required visits for 5 days based on 137 hours in isolation.
** Youth required visits for 5 days based on 133 hours in isolation. It is noted that one youth was seen twice in one day.

DJJ has obtained substantial compliance with this provision for the second consecutive monitoring period.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to develop and ensure notification of isolation of youth to all relevant parties.
- Continue to monitor adherence to this requirement to ensure that youth are seen by a qualified mental health professional within the required time frame.
- Continue to require the qualified mental health professional to evaluate the youth for items i-iii.
- Continue to maintain records to verify staff followed the required steps.

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth
- Revised draft Policy 323, Isolation of Youth, March 7, 2025
- September 2025 to February 2026
  - Youth Isolation Details and logs
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Incident event reports
  - Clinical Engagement forms
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

78. EXTENSION REQUIREMENTS

Prior to extending isolation beyond four hours, and every day thereafter, the Assistant Facility Administrator, Facility Administrator, or other security leadership in the chain of command up to Deputy Director must visit the youth in-person, review any completed findings of the Qualified Mental Health Professional, talk to relevant staff, and document whether:

i. Staff used less restrictive measures prior to using isolation and the effectiveness of those measures; and

ii. The youth poses a serious and immediate danger to self or others.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team requested documentation to demonstrate compliance with this provision. Isolation data, Daily Youth Isolation Check logs, and Youth Isolation Commencement and Release forms were provided. Event reports were reviewed, and staff interviews were conducted.

Findings and Analysis

Of the 76 isolation events during this monitoring period, DJJ reports that extensions were granted in 31 cases, with 14 extensions not requested. There were 31 isolations that did not require extension. Extensions are documented using an isolation group email. There is an inconsistency in the amount of detail provided when requesting an extension. Many of the emails do not include information about the least restrictive measures attempted; however, staff usually described the youth as an immediate danger to self or others.

The group emails also indicate that most messages are initiated by the Facility Administrator (FA) or an Assistant Facility Administrator (AFA). Isolation logs also demonstrate that an FA, AFA, or other security leadership is meeting with the youth and assessing their readiness to return to the community. However, not all occur within the relevant timeframe.

There were three isolation events that exceeded three days, and daily extension requests were not always documented. Email exchanges indicate there was ongoing communication about the youth, supervisory and clinical assessments conducted, and activities provided or attempted. However, the failure to document extensions for these lengthy stays of 117, 133, and 137 hours (4.9, 5.5, and 5.7 days) is problematic, as the policy requires extension approvals that include justification for why the youth cannot be safely released. Multiple missed extensions could cause a youth to remain in isolation longer than necessary.

DJJ has shown improvement in meeting the requirements of this provision; however, more work is needed to ensure consistency in visits and documentation. The Monthly Target Review Reports also

identified inconsistent documentation and missing supervisory checks across the rating period. As a result, this item is in partial compliance.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Continue to ensure notification of isolation of youth to all relevant parties.
- When considering whether to approve an extension of isolation, security leadership should continue to
  - visit the youth in person
  - review any completed findings of the qualified mental health professional
  - talk to relevant staff
  - document that staff used less restrictive measures prior to using isolation and the effectiveness of those measures
  - verify the youth poses a serious and immediate danger to self and others
- All of the above steps taken by security leadership should be specifically documented.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth
- Revised draft Policy 323, Isolation of Youth, March 7, 2025
- September 2025 to February 2026
  - Youth Isolation Details data
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Youth Isolation logs
  - Isolation notification emails
  - Clinical Engagement forms
- Isolation Monthly Target Review Reports: September, October, and December 2025; and January and February 2026
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

79. REPORTING REQUIREMENTS

The conclusions from paragraphs 77–78 must be reported to the Deputy Director or Assistant Deputy Director (or equivalent title within the security leadership chain of command) within the first four hours, and every day thereafter, and approval must be granted to continue isolating the youth.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team requested documentation to demonstrate compliance with this provision. Staff were also interviewed.

Findings and Analysis

As mentioned in provision 78, DJJ has been using a group email notification system to meet this requirement and ensure that staff adhere to the proper procedures. DJJ has made efforts to include security, clinical, and administrative staff in the email group to gather comprehensive information. It was reported that a written protocol for this communication process has been developed or is being developed; however, it has not yet been reviewed.

There remain inconsistencies in the group emails, including timing and the level of detail provided. There has been an increase in the frequency of notes from clinical staff appearing in the emails, and most messages include statements indicating whether the youth poses a serious threat. In addition, the Associate Deputy has started providing summary updates, including approvals for extensions, while the Acting Deputy has begun noting the times for the next updates. These conversations indicate that staff are aware of what is required and are making efforts to ensure they follow through.

While DJJ has made progress in meeting the requirements of this provision, additional work is needed to ensure consistent documentation. As noted in provision 78, the procedure for requesting extensions is inconsistent and is not always carried out on time. As a result, this item is in partial compliance.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Continue to ensure notification of isolation of youth to all relevant parties.
- Ensure that proper forms or processes are in place to capture the necessary information needed by the Deputy Director or Assistant Deputy Director.
- Document the steps taken by security leadership when approving an extension of isolation beyond four hours.

- Require security leadership to repeat the steps and document the results when requesting approval to continue isolating a youth every day thereafter.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth
- Revised draft Policy 323, Isolation of Youth, March 7, 2025
- September 2025 to February 2026
  - Youth Isolation Details data
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Youth Isolation logs
  - Isolation notification emails
  - Clinical Engagement forms
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

80. REMOVAL FROM ISOLATION

If, after reviewing the documentation, anyone in security leadership in the chain of command from Assistant Facility Administrator to Deputy Director determines that the youth is no longer a serious and immediate danger to self or others, the youth will be immediately removed from isolation and returned to the general population or other appropriate living unit/placement.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed isolation data, unit logs, isolation commencement and release forms, and interviewed youth and staff.

Findings and Analysis

A review of isolation logs and group isolation emails indicates that when a youth is determined not to pose a safety risk, they are removed from isolation. There were only three (4%) isolation events with missing documentation, a significant improvement over the previous monitoring period, when 36% lacked documentation.

A closer inspection of isolation documentation and the justification for stays in isolation, as noted in items 74 and 78, suggests there are instances when the determination that a youth is safe to be released could have been made sooner. However, once the determination is made, DJJ releases youth as required by this provision, thereby meeting substantial compliance.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to document the date and time when security leadership determines that a youth is no longer a serious and immediate danger to self or others and must be released from isolation.
- Continue to document the date and time the youth is released from isolation and returns to the general population or other appropriate living unit/placement.

DJJ should also consider the following recommended steps.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth

- Revised draft Policy 323, Isolation of Youth, March 7, 2025
- September 2025 to February 2026
  - Youth Isolation Details data
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Youth Isolation logs
  - Isolation notification emails
  - Clinical Engagement forms
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Multidisciplinary Team to Review Isolation Placement

Compliance Rating COMPLETED

Substantial Compliance

81. MULTIDISCIPLINARY TEAM

Within eighteen months [October 2023] of the effective date, BRRC will develop a multi-disciplinary team to review placements of youth in isolation.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

82. MULTIDISCIPLINARY TEAM PROCEDURES

The multidisciplinary team will meet within 48 hours of a youth's placement in isolation to discuss and document:

i. Whether the youth remains a serious and immediate danger to self or others. If not, the youth will be immediately returned to the general population or other appropriate living unit/placement;

ii. What services the youth received in the general population, including education and mental health treatment;

iii. How the youth will continue to receive needed services while in isolation;

iv. An individualized plan designed to facilitate the youth's return to the general population or to an alternative location (such as alternative housing units or mental health treatment facilities);

   a. The individualized plan will be created in consultation with the youth's family members, when possible; and

   b. The plan will include an anticipated timeline for implementation and the youth's return to the general population.

v. If the multidisciplinary team believes that a youth may be appropriate to be transferred to a mental health treatment facility, the team will immediately refer the youth to the SMI Special Needs Coordinator for further assessment.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team conducted interviews with staff, reviewed isolation data, and examined multidisciplinary reports.

Findings and Analysis

DJJ clinical staff continue to meet daily, Monday through Friday, at 2:00 pm for a multidisciplinary team (MDT) meeting to address the needs of youth in isolation. They also hold weekend meetings when notified by a Security Supervisor that a youth in isolation requires an MDT meeting.

During this monitoring period, the data indicate that only 6 incidents necessitated an initial MDT within 48 hours. Of these, all but one were conducted within the required timeframe. The remaining one involved a youth isolated on a Saturday, and his Initial MDT was held the following Tuesday, 72 hours vs 48 hours.

This provision also requires that the MDT Team address five elements (items i.-v.) when convened. The documentation was found to include all required elements, and DJJ has started using a new pilot form to document the required information. This form may be substituted for an earlier version that is included in the revised DJJ

Policy 323, Isolation of Youth, which has been pending approval for a while.

This provision has met the standards in the majority of reviews for the second straight rating period and is found in substantial compliance.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to require that within 48 hours of a youth's placement in isolation, the MTD meet to discuss and document items i through iv.

DJJ should also consider the following recommended steps.

- Develop a procedures manual outlining the role and function of the multidisciplinary team, including how they will convene and conduct reviews, as well as how they will document their work.
- Report, investigate, and address any violations of these requirements.

SOURCES

- Policy 323, Isolation of Youth
- September 2025 to February 2026 Youth Isolation Details data and MDT reviews
- Verbal reports from DJJ administration during November 19, 2025, and January 21, 2026, Monitoring Meeting
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

83. MULTIDISCIPLINARY TEAM REVIEWS

The multidisciplinary team will continue to meet every three days while any youth is in isolation to discuss and document:

i. Whether the youth remains a serious and immediate danger to self or others. If not, the youth will be immediately returned to the general population or other appropriate living unit/placement;

ii. Implementation of the individualized plan; and

iii. Any necessary modifications to the individualized plan the multidisciplinary team developed at its previous meeting.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team interviewed staff, reviewed Policy 323 Isolation of Youth, and analyzed youth isolation data in conjunction with multidisciplinary team reports.

Findings and Analysis

DJJ clinical staff continue to hold a standing Multidisciplinary Team (MDT) meeting every day at 2:00 PM to review youth placed in isolation who meet the criteria for either an initial or a three-day review. They will also convene on weekends if necessary.

During this monitoring period, a review of youth isolation data showed that only two three-day MDT meetings were required for two youths held in isolation. Both youths received a follow-up MDT; however, one form was undated, making it difficult to determine whether the meeting occurred within the required timeframe. However, DJJ Leadership confirmed and reviewed evidence that it was completed on time.

DJJ uses a draft form, created and included in the proposed revised Policy 323, Isolation of Youth, to capture the necessary information for this process. However, the modified procedure has not yet been approved. Although the new draft form includes all required elements, it is not dated.

DJJ has made significant progress in this area and remains in substantial compliance, but further review is needed during the next monitoring period to ensure that all cases are correctly documented.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- If a youth remains in isolation after the initial (48-hour) MDT meeting about that youth, the multidisciplinary team should continue to meet about that youth every three days to

discuss items i-iii. Their discussion and conclusions regarding these items should be clearly documented.

DJJ should also consider the following recommended steps.

- Develop a procedures manual outlining the role and function of the multidisciplinary team, including how they will convene and conduct reviews, as well as how they will document their work.
- Report, investigate, and address any violations of these requirements.

SOURCES

- Policy 323, Isolation of Youth
- September 2025 to February 2026 Youth Isolation Details data and MDT reviews
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

84. REVIEW OF YOUTH ISOLATED TWO OR MORE TIMES OR MORE THAN FOUR HOURS

The youth's unit team, which includes representatives from the security and mental health departments, will meet monthly to review youth who have been isolated two or more times in the past month or for one stay of more than four hours in the past month. The team will discuss and document:

i. Whether the youth's mental health and behavioral needs can be met in the facility and, if not, whether a recommendation to the SMI Special Needs Coordinator is appropriate; and

ii. Interventions that have been attempted to improve the youth's behavior, the success of those measures, and any additional or alternative interventions available to address the youth's needs.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team reviewed isolation data, notes from isolation reviews, and conducted interviews with staff.

Findings and Analysis

From September 2025 to February 2026, DJJ reported 76 isolation events involving 31 youths. There were 35 youths who were isolated two or more times and/or were isolated for four or more hours and reviewed by DJJ's clinical staff. It is noted that the DJJ isolation detail data does not fully align with the cases reviewed by DJJ's clinical staff. The table below displays the number of unit meetings required per this provision based on clinical records, the number of meetings held, and the compliance percentage.

Month	Number of Youth Requiring a Review	Number of Unit Meetings Held	Compliance Percentage
September	12	11	91%
October	4	4	100%
November	10	8*	60%
December	3	3	100%
January	5	5	100%
February	2	2	100%

*Two of the reviews lacked content.

DJJ clinicians used three different versions of the Monthly Isolation Review form during this monitoring period. Only one version captured all the required elements of this provision. Discussions regarding items i and ii were only noted in a couple of the reports.

DDJJ hired new staff during this period; however, the inconsistencies seem to vary among a number of clinicians.

The Monthly Isolation Review Forms vary in the level of detail regarding specific strategies to assist youth in addressing problem behavior that leads to isolation. A new form introduced in December appears to capture more detail on efforts to address the behavior that leads to isolation. Another version of the form used with a January review seems to capture behavioral approaches and the two required elements.

DJJ has improved significantly in holding meetings; however, most of the review meeting documentation still lacks the required elements. This provision remains in partial compliance.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Monitor and track youth who have been isolated two or more times in the past month or for one stay of more than four hours to ensure that the unit team reviews monthly all youths for whom such a review is required by this provision.
- Maintain records to verify monthly reviews are occurring for all youth who meet the criteria for a review. Develop a format that includes all requirements and determine where the records will be maintained.
- Report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps.

- Develop a procedures manual on how the unit team will conduct their monthly reviews and document their work, the steps for determining whether a youth's need can be met in the facility, and interventions that exist to address a youth's behavior.
- Continually monitor the services provided and employ new strategies and interventions as needed to address specific behaviors contributing to youth isolation.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- DJJ Policy 323, Isolation of Youth
- September 2025 to February 2026
  - Youth Isolation Details
  - Youth Isolation Commencement and Release forms, and isolation logs
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Development Of Appropriate Space for Isolation

Compliance Rating COMPLETED

Substantial Compliance

85. PLAN FOR USING ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH

Within 6 months [October 2022] of the effective date, DJJ will propose to the United States and the Subject Matter Expert a timeline to cease using the Laurel Building for youth in isolation and a plan to utilize alternative, safe spaces for isolating youth whose behavior poses a serious and immediate danger to self or others.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating COMPLETED

Substantial Compliance

86. ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH TIMELINE APPROVAL

The United States and the Subject Matter Expert will review the proposed timeline and plan and propose any revisions necessary within one month of receiving the proposal. The final timeline is subject to approval by the United States.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Conditions And Services While in Isolation

Compliance Rating INACTIVE MONITORING

Substantial Compliance

87. ISOLATION CONDITIONS

Youth in isolation will receive access to sunlight, working showers and bathrooms, mattresses, and food that is the same quality and quantity as offered to the general population.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

88. EDUCATIONAL SERVICES WHILE IN ISOLATION

Within the first school day after a youth is placed in isolation, DJJ will provide meaningful education services delivered by a teacher certified by the State or an associate teacher working under the supervision of a teacher certified by the State. If the youth has not regained enough self-control to receive in-person educational services, representatives from the multidisciplinary team should meet to discuss temporary alternatives to in-person education.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team reviewed isolation data and documents, education logs, and interviewed teachers, youth, and staff.

Findings and Analysis

The Education Department continues to provide services to youth in isolation. During this monitoring period, a total of 15 youths were isolated and required educational services. The department is documenting contacts with these youths and the services provided to those eligible for educational instruction while in isolation.

Education may be delivered by certified teachers and associate teacher assistants. Certified teachers provide direct instruction during their visits, while associate teachers deliver assignments prepared by the certified teachers. During this monitoring period, most services were provided by certified teachers.

Most educational sessions take place through the locked isolation cell door. A few youths participated in discussions and direct instruction sessions lasting 20 to 40 minutes. It was reported that at least one youth refused to engage with the service through the flap, while on other occasions, some youths were sleeping and did not wake up or simply refused to participate. A few requested that their packets be left for them to complete later.

The following number of youths received educational services while in isolation during the monitoring period.

Month	Youth in Isolation Receiving Educational Services	Notes
Sep	3	One youth, a graduate with an IEP, accepted a support service. Another youth received educational services on the second school day following placement in isolation.
Oct	2	One youth received services the same day.

Nov	5	One youth was not listed on the Isolation log. Education services were provided. Contact attempted; the youth's whereabouts could not be verified, and it was noted that many youth were in the courtyard. Further preventing access. Contact attempted; two youth could not be reached due to a technical issue preventing access to the dorm.
Dec	1	Youth was reported as a graduate.
Jan	1	Youth was reported as a graduate.
Feb	3	One youth was not on the isolation list.

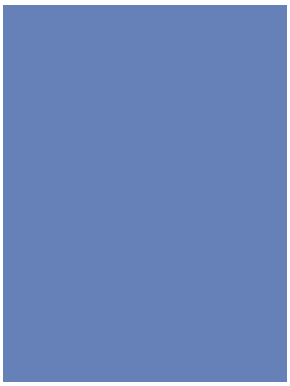
There were no reported meetings of the Multi-disciplinary Team to discuss an alternative educational plan for a youth in isolation. Quality Assurance documented at least one instance in which a youth required educational services but did not receive them while in isolation, pending transfer to another facility.

The Education Department is making serious attempts to reach and educate youth in isolation. Concern remains about how much instruction they can provide. Youth refusals, limited access to youth, and youth being marginally engaged behind locked doors make it difficult to provide most youth with a meaningful education. The monitoring team questions whether meaningful instruction can ever be provided to isolated youth behind a locked door. Due to the limited instruction provided, this item remains partially compliant.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Continue to ensure that education staff are notified when a youth is isolated so they can make plans to deliver meaningful educational services within the first school day after the youth is placed in isolation.
- Continue to routinely record and monitor youth participation in education by date and time, the type of services and instruction provided, whether the service was provided by a certified teacher or an associate teacher working under their supervision, and the duration of the service.
- Continue to document when a youth refuses services and reason(s).
- Convene the multidisciplinary team to discuss temporary alternatives to in-person education if a is unable to participate in educational services.
- Continue to maintain notes from the multidisciplinary team meeting, including attendees, and the temporary individual alternative plan, and make them available for review by the monitoring team and the DOJ.



DJJ should also consider the following recommended steps.

- Develop a procedures manual on how the multidisciplinary team will be convened and how temporary individual alternative plans will be developed and implemented.
- Require staff to be retrained on the policy should staff experience challenges with implementation.
- Consider the criteria by which a youth may come from behind the door for the short period that instruction is being provided, as they are sometimes allowed to do for large muscle exercise, and were previously allowed to do for education.

SOURCES

- Policy 323, Isolation of Youth
- September 2025 to February 2026
  - Youth Isolation Details
  - Youth Isolation Commencement and Release forms
  - Isolation logs
  - Education Isolation Spreadsheet
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Housing Vulnerable Youth

Compliance Rating COMPLETED

Substantial Compliance

89. REVISED HOUSING CLASSIFICATION POLICIES

Within nine months [January 2023] of the effective date, DJJ will review and revise its housing classification policies for youth who are identified as vulnerable to victimization to ensure youths' reasonable safety.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating COMPLETED

Substantial Compliance

90. ADMISSION SCREENING PROTOCOLS

DJJ will revise its admissions screening protocols to identify youth who are vulnerable to victimization by other youth in the facility.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Compliance Rating INACTIVE MONITORING

Substantial Compliance

91. SPECIALIZED HOUSING FOR VULNERABLE YOUTH

Youth who are not screened as vulnerable to victimization upon admission to BRRC, but later become vulnerable to violence from other youth will be considered for placement in specialized housing. Prior to placing a youth under this provision, the facility will consider other measures and options for ensuring safety.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

Compliance Rating INACTIVE MONITORING

Substantial Compliance

92. ACCESS TO SERVICES

Youth in specialized housing will have access to all services, including education, recreation, and mental health services to the same extent as youth in the general population.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

Youth On Suicide Watch

93. PROHIBITION ON ISOLATION

The facility will ensure that youth who are suicidal are not placed in isolation.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed youth isolation and suicidal assessment data to determine if the facility is ensuring that youth who are suicidal are not placed in isolation. Staff and youth interviews were also conducted.

Findings and Analysis

Revised Policy 323, Isolation of Youth, states that staff are not to use isolation as a method for suicide intervention. Additionally, youths on suicide watch cannot be placed in isolation. From September 2025 to February 2026, there were 20 instances involving 10 youth in which the youth was placed on suicide precautions, either on close observation or close and constant observation. None of these youths was placed in isolation following their assessment.

A further review of the youths and isolation events revealed that only 3 of the 10 youths experienced isolation during the monitoring period, sometimes more than once. The durations of isolation ranged from 1.5 to 54 hours, with most lasting five hours or less. Importantly, none of these isolation events occurred while the youths were assessed as being at risk for suicide.

DJJ remains in substantial compliance with this provision.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps:

- Continue to monitor each instance of isolation to verify that youth who are suicidal are not placed in isolation and youth in isolation who express suicidal ideation are promptly assessed and removed if determined to be suicidal.
- Continue to report, investigate, and address violations of these requirements.

DJJ should also consider the following recommended steps.

- Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Policy 323, Isolation of Youth
- Policy 912, Prevention and Response to Suicide and Other Mental Health Crises
- September 2025 to February 2026
  - Youth suicide assessment and logs
  - Youth Isolation Details data
  - Youth Isolation Commencement and Release forms
  - Youth Isolation logs
- Staff and youth interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

Compliance Rating COMPLETED

Substantial Compliance

94. DMH AMENDED AGREEMENT

Within six months [October 2023] of the effective date, DJJ will make reasonable efforts to amend their Agreement with the Department of Mental Health for the Identification and Transfer of DJJ Committed Juveniles Who Have a Serious Mental Illness to ensure that:

i. The Department of Mental Health identifies placements for youth with serious mental illness to ensure that youth with serious mental illness are transferred to DMH custody within 30 days of their identification as a youth with a serious mental illness; and

ii. Youth who are suicidal are promptly considered for placement out of DJJ and into DMH custody.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Training

General Provisions

Compliance Rating COMPLETED

Substantial Compliance

95. TRAINING CURRICULUM REVIEW

Within twelve months [April 2023] of the effective date, the Subject Matter Expert will review DJJ's current training curriculum and assist DJJ to develop a training curriculum that complies with the requirements of paragraphs 96–100.

Based on an agreement between DJJ and DOJ, this provision will no longer be monitored because it is in substantial compliance and requires no further action.

Behavior Management

96. COMPETENCY-BASED STAFF TRAINING

Within 18 months [October 2023] of the effective date, and annually thereafter, all security staff and teaching staff will receive competency-based training in non-physical, verbal interventions to de-escalate potential aggression from youth. This training will include conflict management, crisis intervention, and appropriate communication with youth.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed DJJ's training records to determine whether staff members are current on their Safe Crisis Management (SCM) training, the department's competency-based de-escalation training.

Findings and Analysis

During this monitoring period, DJJ continued to demonstrate substantial compliance with this item. DJJ requires all security staff and teachers to complete Safe Crisis Management (SCM) de-escalation training. Security staff must complete both the de-escalation and restraint portions of the training, which is conducted over three days. Teachers need to complete only the de-escalation portion. For all newly hired security staff, this training is included in the Basic Academy. To successfully complete the course, staff members must demonstrate competency by passing a written exam that includes de-escalation techniques and properly executing physical intervention techniques.

A total of 80 security staff completed initial SCM training, and 20 completed recertification. An additional eight non-security staff members were trained, and eight were recertified. The introduction of on-site facility trainers appears to have helped facilitate the completion of training. Staff members who have not completed their initial training are either new hires with training scheduled or existing staff currently on leave. Otherwise, DJJ continues to ensure that staff who require training complete it.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.
- Continue to maintain records to verify that staff completed the required training.
- Continue to conduct annual staff training.

DJJ should also consider the following recommended steps.

- Conduct quarterly refresher training on concepts learned in Safe Crisis Management to ensure staff can recall and apply the de-escalation strategies learned.

SOURCES

- Monthly training records, September 2025 to February 2026
- SCM Recent and Previous Training Completion Records, September 2025 to February 2026

Compliance Rating INACTIVE MONITORING

Substantial Compliance

97. STAFF RETRAINING PROCEDURES

If an investigation or review of an incident reveals that staff did not use appropriate de-escalation, the staff member will be retrained within 90 days. If an investigation or review of an incident reveals that a staff member who has been retrained continues to fail to use appropriate de-escalation, DJJ will address the staff member's failure through discipline.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

Use Of Physical Force

98. STAFF TRAINING ON UPDATED USE OF PHYSICAL FORCE POLICY

Within 18 months [October 2023] of the effective date, and annually thereafter, all security staff will receive training on the updated Use of Physical Force policy, including training in conflict resolution, management of assaultive behavior, and approved uses of force that minimize the risk of injury to youth and staff. All training shall include each staff member's demonstration of the approved techniques and require that staff meet the minimum standards for competency established by the method.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed DJJ's staff training records. Staff interviews were also conducted.

Findings and Analysis

Revised Policy 315, Use of Physical Force, became effective on October 15, 2023. Training on this policy is included in the department's Safe Crisis Management (SCM) Training program. Staff are also required to review the policy and acknowledge their review.

As discussed in item 96, all security staff, except for new hires or those with valid reasons, have completed their training in this area. The annual refresher training for SCM also incorporates the updated policy. No security staff were overdue on their annual training. This item remains in substantial compliance.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to ensure all staff are scheduled for and complete Safe Crisis Management (SCM) training before working directly with youths.
- Continue to maintain records to verify that staff completed the required training.
- Continue to conduct annual staff training.

DJJ should also consider the following recommended steps.

- Conduct quarterly refresher training on concepts learned in Safe Crisis Management to ensure staff can recall and apply the de-escalation strategies learned and approved techniques for using force when force is necessary
- Use incident data to determine if there are staff behavioral patterns that indicate a need to clarify the policy or

techniques used, whether all staff would benefit from booster training, and whether other strategies may be needed to ensure staff have the knowledge, skills, and abilities to use physical force appropriately.

SOURCES

- Policy 315, Use of Physical Force
- Monthly training records, September 2025 to February 2026
- SCM Recent and Previous Training Completion Records, September 2025 to February 2026

99. RETRAINING WITHIN 90 DAYS

If an investigation or review of an incident reveals that staff used inappropriate or excessive force, the staff member will be retrained within 90 days and will be prohibited from using force until demonstrating proficiency in the proper technique(s). The retraining and competency demonstration must be documented prior to such staff using force again.

Compliance Rating Partial Compliance

Description of the Monitoring Process

The monitoring team requested data on the number of staff required to be retrained within 90 days and the number who completed the training within that timeframe.

Findings and Analysis

During this monitoring period, the DJJ training staff reported no requests for retraining. A review of corrective and disciplinary actions logs, as well as reports of use of force and administrative reviews of incidents, confirmed that no staff retraining was requested.

As noted in item 47, all 17 closed investigations into the use of force were found to be reasonable. There were three youth grievances filed related to excessive use of force. Two were closed with staff being cleared. The third remains open and involves a public safety officer who is alleged to have "slammed" the youth off the phone.

An Administrative Review of incidents found only one instance in which a staff member used force inappropriately. This incident involved a youth being playful and the staff member responding with unnecessary force, also in a playful manner. Disciplinary action was being pursued, but retraining was not requested, even though it is required when a review indicates that staff used force inappropriately. While DJJ is tracking incidents and monitoring this requirement, the failure to require training in this instance results in partial compliance.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to achieve substantial compliance.

- Continue to document incidents in which staff did not use appropriate force or did not use an approved technique and where management has determined that retraining is needed.
- Once a staff member is identified as needing to be retrained, schedule the staff member for training as soon as possible, but within the 90-day timeframe.
- Maintain records to verify that staff complete retraining within 90 days as required.

- If the staff member continues to fail to use appropriate de-escalation techniques, address the staff member's failure through discipline.

DJJ should also consider the following recommended steps.

- Continue tracking staff who require training within 90 days to ensure they complete the training within the required timeframe.
- Once retrained, staff should be paired with a coach who can reinforce the training provided and offer support and guidance.
- Implement a method for tracking staff who did not use appropriate de-escalation techniques following retraining, so appropriate disciplinary action can be taken.
- Use incident data to determine if there are staff behavioral patterns that indicate a need to provide more clarity around the policy or techniques used, whether all staff would benefit from booster training, and whether other strategies may be needed to ensure staff have the knowledge, skills, and abilities to use de-escalation techniques appropriately.

SOURCES

- Policy 315, Use of Physical Force
- September 2025 to February 2026
  - Monthly training records
  - Investigations data
  - Management reviews of incidents
  - Monthly memos from DJJ training staff indicating whether retraining was requested
- SCM Recent and Previous Training Completion Records, September 2025 to February 2026

Investigation

Compliance Rating INACTIVE MONITORING

Substantial Compliance

100. INVESTIGATIONS STAFF TRAINING

Within 18 months [October 2023] of the effective date, and annually thereafter, DJJ will train all investigations staff, including supervisory investigative staff, in the prompt, thorough, and independent investigation of allegations of youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. DJJ will train the facility administrator and other facility security supervisory staff in the investigation process and the importance of thorough documentation of incidents and video retention.

Based on an agreement between DJJ and DOJ, this provision is now in inactive monitoring status, as DJJ has demonstrated substantial compliance for at least two consecutive review periods. The SME may reconsider the rating if the SME obtains information that DJJ has become noncompliant with the provision.

Quality Assurance

General Provisions

101. QUALITY ASSURANCE SYSTEM

Within 24 months [April 2024] of the effective date, DJJ must develop a quality assurance system that identifies trends and corrects deficiencies with regard to safety and security and the use of isolation at BRRC in a timely manner.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed the Quality Management Implementation Plan, assessed monthly reports and data submissions, and met with representatives during a site visit.

Findings and Analysis

DJJ has achieved substantial compliance with this provision. They have demonstrated that a quality assurance system is in place and that the Department of Justice has approved the Quality Management Implementation Plan to guide it. This system includes a Facility Quality Improvement Team (FQIT) and a Continuous Quality Improvement Committee (CQIC), both of which are responsible for fulfilling the requirements of this provision, as detailed in Item 106.

The FQIT comprises representatives from various areas, including facility administration, investigations, continuous quality improvement, youth services and accountability, strategic planning, and agency support. The team has continued to meet monthly throughout the monitoring period. According to the agenda and meeting minutes provided, the committee reviewed data and specific incidents, discussed current challenges and progress, identified strategies for improvement, and outlined action steps. The team monitored and reported on progress, recommendations, and corrective actions. Meeting notes documented patterns of behavior or allegations indicating safety concerns, deficiencies in staff training, and ongoing policy violations. These activities meet the requirements.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to follow the Quality Management Implementation Plan.

SOURCES

- *Quality Management - DOJ Implementation Plan draft,* revised on March 7, 2025
- Email correspondence between the SCDJJ Director of Settlement Compliance and the DOJ regarding the SCDJJ QA Implementation Plan, April 30, 2025
- September 2025 to February 2026 Monthly Data Review Meeting Minutes
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

102. MONTHLY DATA REVIEW

On a monthly basis, DJJ will collect, review, and analyze data and information sufficient to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team requested information on the type of data collected monthly, the review and analysis of the data, and the assessment of trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. Information from the Data Review meeting agendas was examined from September 2025 to February 2026, and staff interviews were conducted.

Findings and Analysis

DJJ continued to conduct Facility Quality Improvement Team (FQIT) meetings each month during the monitoring period. The agendas for these meetings included updates from the prior meeting, a review of monthly data, discussions of current setbacks and challenges, progress updates, strategies for improvement, and action steps. Various disciplines also reported operational changes that might impact other divisions. The Quality Improvement Plan process is included in the Facility Implementation Plan.

As required, data collected and reviewed included information on youth-on-youth harm, inappropriate use of force, and inappropriate use of isolation. The data reviewed continued to include information on the types of injuries sustained by youth, all isolation incidents and their lengths of stay, the average time spent in isolation, the types of grievances filed, the programs offered, and the sanctions imposed on the youth. It is noted that the grievance data was broadly reported with few specifics about any grievances related to the items in this provision. A few grievances recorded elsewhere were specific to these elements. It is also noted that the Use of Force data was limited in the October report, but it will be included in the following monthly report.

This process also identified incomplete, missing, or poor-quality data and discussed mechanisms and plans for improvement during the meetings. Trends across the rating period were documented, and the agenda included opportunities to discuss the trends.

Beginning in October, the monthly summary report included a 10% sample of use-of-force incidents, a 100% sample of isolation incidents, and a sample of closed investigations (3 cases, when available). Only the Investigations data from September were missing, which is a great improvement over the last rating period, when there were only two reports.

The monthly review process occurred consistently with minor exceptions during the monitoring period. The meetings were held

with generally good attendance. The items reviewed and the discussions held showed substantial compliance with this provision.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to formally document monthly data review meetings to demonstrate that data was reviewed and analyzed to identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation.

DJJ should also consider the following recommended steps.

- Utilize and modify, as needed, the written process for the monthly data review, including a description of how the department will respond to trends.
- Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.
- Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.

SOURCES

- *Quality Management - DOJ Implementation Plan draft,* revised on March 7, 2025
- Email correspondence between the SCDJJ Director of Settlement Compliance and the DOJ regarding the SCDJJ QA Implementation Plan, April 30, 2025
- September 2025 to February 2026 Monthly Data Review Meeting Minutes
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

103. DATA ELEMENT REQUIREMENTS

At a minimum, the data and information collected and analyzed will include:

i. The number of incidents involving youth-on-youth physical violence;
ii. The number of incidents involving youth injuries related to assaults/fights or use of force or restraints;
iii. The number of incidents involving use of force;
iv. The number of incidents involving restraints;
v. Injuries to youth related to assaults/fights or use of force or restraints, including the type of injury, the source of the injury, and the severity;
vi. The positive behavior incentives used at BRRC during the preceding month;
vii. The consequences imposed on youth for negative behaviors in the preceding month;
viii. The consequences imposed on staff for improper uses of force or restraints;
ix. The number of grievances filed alleging harm to youth from youth-on-youth physical altercations, inappropriate use of force, or inappropriate use of isolation;
x. The number of full investigations as outlined above completed within ten business days;
xi. The number of full investigations as outlined above completed in more than ten business days;
xii. The number of open investigations;
xiii. The number of youth placed in isolation;
xiv. The number of youth who remained in isolation over four hours;
xv. The number of youth who remained in isolation over three days;
xvi. The individual lengths of stay for youth placed in isolation; and
xvii. The overall average length of stay of all youth placed in isolation.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed the September to February Monthly Data Review Agenda and notes, the incident report data, and the programming/behavior management reports to determine whether the collected data elements included items i. through xvii. of this provision. Staff interviews were also conducted.

Findings and Analysis

The monitoring team reviewed the Facility Quality Improvement Team (FQIT) monthly meeting agenda and notes from September 2025 to February 2026. The chart below shows the months in which data was collected, reviewed, and analyzed on the required elements.

Data Required	Months of Data Review Provided					
	S	O	N	D	J	F
The number of incidents involving youth-on-youth physical violence	X	X	X	X	X	X
The number of incidents involving youth injuries related to assaults/fights or use of force or restraints	X	X	X	X	X	X
The number of incidents involving use of force	X	X	X	X	X	X
The number of incidents involving restraints	X	X	X	X	X	X
Injuries to youth related to assaults/fights or use of force or restraints, including the type of injury, the source of the injury, and the severity	X	X	X	X	X	X
The positive behavior incentives used at BRRC during the preceding month	X	X	X	X	X	X
The consequences imposed on youth for negative behaviors in the preceding month	X	X	X	X	X	X
The consequences imposed on staff for improper uses of force or restraints	X	X	X	X	X	
The number of grievances filed alleging harm to youth from youth-on-youth physical altercations, inappropriate use of force, or inappropriate use of isolation	X	X	X	X	X	
The number of full investigations as outlined above completed in more than ten business days	X	X	X	X	X	X
The number of open investigations	X	X	X	X	X	X
The number of youth placed in isolation	X	X	X	X	X	X

The number of youth who remained in isolation over four hours	X	X	X	X	X	X
The number of youth who remained in isolation over three days	X	X	X	X	X	X
The individual lengths of stay for youth placed in isolation	X	X	X	X	X	X
The overall average length of stay of all youth placed in isolation	X	X	X	X	X	X

DJJ collects and analyzes incident data related to Youth-on-Youth Harm, Use of Force, and Isolation. This includes capturing key information such as the incident number, date, facility, whether it occurred on a weekday or weekend, time of day, and the location. All incident details are documented through the event reporting system. DJJ reports on the collected and analyzed data to assess the frequency, type, and location of incidents, as well as the youth and staff involved. Staff members identify and discuss trends to find opportunities to prevent or interrupt incident cycles. For example, DJJ analyzes trend data to report on where and when most incidents occur, providing staff with concrete information to plan actions or interventions to disrupt negative trends.

In addition, DJJ collects and analyzes data on isolation, detailing the youth involved, the start and end times, incident type, and the number of hours a youth is held in isolation. The results are categorized for reporting purposes as follows: less than 4 hours, 4 or more hours, greater than 24 hours, and greater than 72 hours. DJJ also examines behavior management by tracking the number and types of responses. Leisure and recreation activities for each youth are analyzed by day, hour, and activity. A formula determines the required number of hours for each youth, and the results are analyzed to calculate the percentage of completed activities per youth.

The DJJ Quality Assurance Unit reviews a 10% sample of isolation and use-of-force cases, along with a smaller number of investigations. The methodology is outlined and grounded in sound principles for reviewing each area and demonstrating what will be examined. Findings are reported for each sub-category identified in the methodology, along with conclusions and recommendations for improvement in the analyzed areas.

DJJ provides comprehensive and detailed information in its reports, which are well-written, clear, and easy to understand. The information is presented using spreadsheets, tables, graphs, and narrative summaries to effectively describe various elements. Additionally, they include verification checks regarding incident data to ensure that all required elements are accurately captured.

During this rating period, the facility has made significant improvements in data collection. The following observations highlight these advancements compared to the last rating period:

- Injuries reported now include the type of injury and severity; however, the source of the injury is still not included.
- Positive Behavior Incentives are low in numbers but are reported for each month compared to only one month during the last rating period.
- Data now includes permissible contact for staff involved in incidents with youth. Those numbers only include two staff in two months during the monitoring period.
- Data specific to the number of required grievance reports is included, with only five relevant grievances reported during the rating period.
- Investigations data was submitted for this rating period to include totals completed in 10 days, the number of extensions, and the number of open cases.

Data collection has improved significantly. As a result, this item is found to be in substantial compliance.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to ensure that the monthly analyses required by provision 102 include, at a minimum, data elements i-xvii.

DJJ should also consider the following recommended steps.

- Develop a written process for the monthly data review, including a description of how the department will respond to trends.
- Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.
- Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.
- For data elements i-xvii, include youth and staff demographic data to evaluate whether certain youth or staff are more prone to being involved in incidents or certain behaviors.
- For data elements i-xvii, include location and time stamps to evaluate whether certain locations or time of day is related to incident rates.
- For data elements i-v, include whether camera footage was available, and whether the footage was retained for investigative purposes.
- For data elements vi and vii, include details about incentives and responses used to determine whether they conform to the behavior management system tiered structure and

whether they have the desired impact on improving positive and decreasing negative behaviors.
- For data element ix-xi, track the outcome of grievances and investigations.
- For data elements xiii-xviii, include why youth were isolated.
- For data elements xiii-xvii, add the frequency at which the same youth is isolated.

SOURCES

- *Quality Management - DOJ Implementation Plan draft,* revised on March 7, 2025
- Email correspondence between the SCDJJ Director of Settlement Compliance and the DOJ regarding the SCDJJ QA Implementation Plan, April 30, 2025
- September 2025 to February 2026 Monthly Data Review Meeting Minutes
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

104. SAMPLE DATA REVIEW

On a monthly basis, DJJ will review a sample of incident reports, isolation justification and continuation documents, and investigations. The review and subsequent recommendations will be documented.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed the Facility Quality Improvement Reports from March to August, the monthly Sample Review Reports, and the Monthly Target Review Reports to determine which samples were reviewed and the documented recommendations that followed.

Findings and Analysis

DJJ consistently performed monthly reviews of sample data related to Use of Force and Isolation. In October 2025, DJJ also resumed its sample data reviews of Investigations after having missed them the previous month. These reviews are based on the elements outlined in the Quality Management Implementation Plan, which the Department of Justice approved during the last monitoring period. The reviews utilize a monitoring tool developed by DJJ. Each review involves a sample size, specific components to evaluate, and a limited trend analysis of the three required areas. The typical sample size consists of three incidents, although the Investigations reports are only conducted on closed cases, which may include just one case. The reviews identify areas of compliance, highlight areas needing improvement, and often provide suggestions for enhancement.

The Use of Force Monthly Reports continued to identify findings in the following areas:

- Prevention of Use of Force
- Application of Force Used
- Follow-Up After Use of Force
- Use of Force Documentation, Reporting, and Review

The Use of Isolation Reports continued to identify findings in the following areas:

- Placement of Youth in Isolation
- Notification and Documentation
- Authorization and Oversight
- Exit Supports and Release

The Investigations reports identified findings in the following areas:

- Initial Reviews
- Investigation Process
- Documentation and Reports
- Communication and Notification

The monthly reports contained a detailed summary of findings, including the frequency of procedure adherence and identifying gaps in procedures and protocols. DJJ has discontinued the internal compliance score, which was mentioned in part in the last monitoring report. Conclusions are provided along with specific recommendations for improvement in each area. Additionally, a trend report was included in the January Investigations report, comparing a single reviewed case to earlier cases and identifying areas needing attention. Most reported trend data covers the previous 1 to 3 months, but DJJ also collects trend data over longer periods. This information helps establish baseline data, and target goals are discussed each month based on identified trends.

DJJ has made significant progress in this area, with only one report missing in the Investigations domain. The reports are well written, and the information they contain can be quite beneficial to the respective disciplines as they work to improve their practices. This item is now in substantial compliance.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following.

- Continue to follow the outlined process in the Quality Management Implementation Plan to conduct a monthly sample data review of incident reports, isolation justification, continuation documentation, and investigations.
- Continue to document the subsequent recommendations following each review.

SOURCES

- *Quality Management - DOJ Implementation Plan draft,* revised on March 7, 2025
- Email correspondence between the SCDJJ Director of Settlement Compliance and the DOJ regarding the SCDJJ QA Implementation Plan, April 30, 2025
- September 2025 – February 2026, BRRC / MEDC Monthly Data Review Meeting Agenda and Minutes
- CQIC Quarterly meeting agenda, meeting minutes, and Data Analysis (September 2025 to February 2026)
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits

105. OTHER DATA REVIEW RECOMMENDATIONS

The Subject Matter Expert may recommend to DJJ additional information related to youth-on-youth physical altercations, use of force, or isolation that DJJ will consider for collection, review, and analysis on a regular basis.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed a DJJ memo in response to a request for a status update on DJJ's efforts to collect, review, and analyze, on a regular basis, SME recommendations for additional information related to youth-on-youth physical altercations, use of force, and isolation.

Findings and Analysis

In the October 2023 Monitoring Report, it was recommended that DJJ consider collecting additional data to improve the analysis of trends related to youth-on-youth physical altercations, use of force, and isolation. The aim of this effort is to support data-driven decision-making to reduce the occurrence of these incidents. DJJ adopted these recommendations and has even made changes to its Event Reporting System (ERS) to capture some of the required data.

Further updates to the ERS were evaluated in April 2026, allowing DJJ to track many data elements with greater accuracy and ease, with plans for additional elements in the future. DJJ continues to demonstrate a commitment to using data to inform decision-making, and the monthly data review remains meaningful and in-depth. This item remains in substantial compliance.

Recommendations to Sustain Compliance

Nothing future is required.

SOURCES

- *Quality Management – DOJ Implementation Plan,* revised on March 7, 2025
- Staff interviews during December 9-10, 2025, and March 24-26, 2026, monitoring site visits
- Event Reporting System updates virtual meeting, April 9, 2026.

106. QUALITY IMPROVEMENT COMMITTEE

DJJ will develop and implement within 24 months [April 2024] of the effective date a Quality Improvement Committee that will:

i. Review and analyze the data collected pursuant to paragraphs 103–105;

ii. Identify trends and interventions,

iii. Make recommendations for further investigation of identified trends and for corrective action, including system changes;

iv. Monitor implementation of recommendations and corrective actions; and

v. Develop systems to alert administrators to patterns of behavior or allegations that may indicate safety concerns, staff training deficiencies, or persistent policy violations.

Compliance Rating Substantial Compliance

Description of the Monitoring Process

The monitoring team reviewed the Quality Improvement Committee membership list, meeting documentation, and documentation of recommendations, monitoring, and action taken.

Findings and Analysis

DJJ continues to utilize a quarterly Continuous Quality Improvement Committee (CQIC) and a monthly Facility Quality Improvement Team (FQIT) to address the items in this provision.

The CQIC held meetings on September 2, 2025, and December 2, 2025. The agendas for these meetings are standardized and include reviewing data trends, conducting random video assessments, and receiving reports from the Director of Settlement Compliance, Security Operations, Behavioral Health, and other divisions.

Agendas for FQIT meetings were distributed for each month from September 2025 to February 2026. Additionally, a BRRC Monthly Data Review report was provided for each month, along with sample reports concerning the Use of Force and Isolation. Sample investigation reports were submitted from October 2025 to February 2026. Furthermore, a statement in the September data indicated that the August Investigation report, which was to be provided upon completion, could not be located.

The Quality Assurance Team has provided comprehensive and fairly consistent internal audit reports throughout the monitoring period. The December report included updated data from August 2025 to October 2025. It also provided the total number of youth, along with trend and/or comparison data from November 2024 for the following data points:

- Trend of MEDC (Group 1)

- # of incidents related to isolation use
- # of incidents related to Use of Force (Physical/Mechanical)
- # of incidents related to physical aggression
- Total # of DOJ-related incidents

- Trend of MEDC (Group 2)
  - # of incidents resulting in an injury
  - # of grievances related to DOJ incidents
  - # of incidents referred to investigations
  - Total # of DOJ-related incidents
- Trend and Comparison of Behavior Management
  - # of DOJ-related incidents
  - # of incentives implemented
  - # of sanctions/ consequences issued
  - # of sanctions/ consequences completed
- MEDC Programming Services Comparison
  - Average Youth Count
  - Required Baseline Hours of Programming Services
  - Programming Services Provided (Hrs)
- Comparison of Reasons for Use of Force
  - Staff Self-Protection/Danger to Staff or Others
  - Self-Harm by Youth/Danger to Youth
  - Property Destruction/Danger to Youth, Staff, or Others
  - Prevent Escape/Danger to Youth or Others
  - Assault, Riot, or Fight/Danger to Youth, Staff, or Others
- Trend # of incidents involving Isolation Use
- Comparison of Isolation use
  - # of incidents involving Isolation Use
  - # of Isolation Placements
  - # of youth remaining over 4 hours
  - # of youth remaining over 3 days average length of stay
- Comparison of MEDC Investigations
  - # of DOJ-related incidents referred for investigations
  - # of full investigations completed within 10 business days
  - # of full investigations completed in more than 10 business days
  - # of open investigations
- Referred for Investigations Vs Open Investigations
  - # of DOJ-related incidents referred for investigations
  - # of open investigations
- Youth Injuries Comparison
  - # of incidents that resulted in an injury
  - # of incidents that required medical response

- # of youth involved in the incidents that required medical response Youth Refusal
- Unable to Validate IMRF

- Comparison of Severity
  - # of youth involved in incidents that required medical response
  - Severity 1- (NO injuries)
  - Severity 2- (RN Assessment)
  - Severity 3- (MD/NP Assessment)
  - Severity 4-ER/Off Campus Assessment)
  - Refusals
  - Unable to Validate IMRF

- Trend of MEDC Grievances
  - # of grievances related to DOJ incidents
  - Alleged Inappropriate Use of Force
  - Alleged YOY Aggression
  - Alleged Inappropriate Use of Isolation

- Comparison of MEDC Grievances
  - # of grievances related to DOJ incidents
  - Alleged YOY Aggression
  - Alleged Inappropriate Use of Force
  - Alleged Inappropriate Use of Isolation

FQIT meeting notes include issues that need to be addressed. Recommendations for improvement are also noted in the reports based on trend data. Some reports noted that issues would be discussed in an upcoming Leadership Meeting. During quarterly meetings where leadership is present, identified patterns are discussed, and strategies to address the concerns are identified.

DJJ's continuous quality improvement efforts are progressing well, resulting in substantial compliance for this item.

Recommendations to Sustain Compliance

To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to hold regular meetings of the FQIT and CQIC and ensure that agenda items address provisions i. to v.
- Continue to ensure that data is captured, presented, and documented on all elements during the reviews.
- Continue to document meeting attendance, monitoring activities undertaken, and recommendations/actions made and whether they have been completed. If they have not been completed, document steps taken to address the issue.

SOURCES

- *Quality Management - DOJ Implementation Plan draft,* revised on March 7, 2025
- Meeting agendas for the CQIC and FQIT
- Staff interviews during December 9-10, 2025, and March 25-26, 2026, monitoring site visits