



# Monitoring Report

Settlement Agreement

April 2025

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# Monitoring Team



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## TABLE OF CONTENTS

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INTRODUCTION.....	1
COMPLIANCE RATINGS .....	2
COMPLIANCE RATING SUMMARY .....	3
PROTECTION FROM HARM.....	6
General Provisions.....	6
28. GENERAL PROVISIONS .....	6
Staffing.....	10
29. STAFFING STUDY CONSULTANT .....	10
30. STAFFING STUDY CONSULTANT SELECTION.....	11
31. STAFFING STUDY FACTORS .....	12
32. STAFFING CHANGES.....	13
Physical Plant.....	17
33. PHYSICAL PLANT .....	17
34. SURVEILLANCE TOOLS TIMELINE PROPOSAL.....	18
35. SURVEILLANCE TOOLS TIMELINE REVIEW.....	19
37. VIDEO RETENTION .....	21
Rehabilitative Programming.....	23
38. REHABILITATIVE PROGRAMMING.....	23
39. REHABILITATIVE PROGRAMMING MIX.....	29
Approach to Behavior Management .....	33
40. APPROACH TO BEHAVIOR MANAGEMENT.....	33
41. POSITIVE BEHAVIOR MANAGEMENT TOOLS.....	34
42. CONSISTENTLY IMPLEMENT BEHAVIOR MANAGEMENT TOOLS.....	35
43. DE-ESCALATION STRATEGIES AND GRADUATED RESPONSES.....	40
44. ON-SITE COACHES.....	43
Use of Force .....	46
45. REVISE USE OF FORCE POLICIES & PROCEDURES.....	46
46. IMPLEMENT REVISED USE OF FORCE POLICIES AND PROCEDURES.....	47
47. LIMIT USES OF FORCE .....	49
48. REASONABLE EFFORTS.....	52
49. USE FORCE FOR THE MINIMUM AMOUNT OF TIME.....	55
50. PROHIBITION ON USE OF FORCE .....	58
51. ONLY TRAINED STAFF MAY USE APPROVED TECHNIQUES.....	60
52. USE OF FORCE DOCUMENTATION .....	63
53. MEDICAL EVALUATION FOLLOWING USE OF FORCE .....	65
54. MEDICAL EVALUATION PROCEDURES.....	67
55. MEDICAL EVALUATION REFUSAL PROCEDURES.....	69
Investigations of Physical Harm to Youth from Other Youth, Excessive or Unnecessary Use of Physical Force, or Improper Use of Isolation .....	71



56. REVISE INVESTIGATION POLICIES & PROCEDURES.....	71
57. IMPLEMENT REVISED INVESTIGATION POLICIES AND PROCEDURES.....	72
58. INITIAL REVIEW OF INCIDENTS.....	73
59. INVESTIGATION PROCEDURES .....	75
60. STAFF REVIEW OF INCIDENTS .....	77
61. PERMISSIBLE CONTACT FOLLOWING AN ALLEGATION .....	79
62. VIDEO REQUEST FOLLOWING AN ALLEGATION .....	81
63. RETENTION SCHEDULE .....	83
64. INVESTIGATIONS WITHOUT VIDEO .....	85
65. ACTION FOLLOWING A FINDING OF STAFF MISCONDUCT .....	86
66. INVESTIGATIONS WHEN A YOUTH WITHDRAWS AN ALLEGATION .....	88
Isolation .....	90
67. REVISE USE OF ISOLATION POLICIES & PROCEDURES.....	90
68. IMPLEMENT REVISED ISOLATION POLICIES AND PROCEDURES.....	91
69. REASONS FOR ISOLATION.....	93
70. PROHIBITIONS ON ISOLATION.....	96
71. LESS RESTRICTIVE TECHNIQUES REQUIREMENT.....	98
72. NOTIFICATION OF ISOLATION .....	100
Documentation of Isolation .....	102
73. DOCUMENTATION REQUIREMENTS.....	102
Duration of Isolation.....	104
74. DURATION OF ISOLATION .....	104
75. INTERVENTION WHILE IN ISOLATION.....	108
76. ISOLATION TIME LIMIT.....	111
77. ROLE OF QUALIFIED MENTAL HEALTH PROFESSIONAL.....	113
78. EXTENSION REQUIREMENTS.....	116
79. REPORTING REQUIREMENTS.....	118
80. REMOVAL FROM ISOLATION.....	120
Multidisciplinary Team to Review Isolation Placement.....	122
81. MULTIDISCIPLINARY TEAM.....	122
82. MULTIDISCIPLINARY TEAM PROCEDURES.....	124
83. MULTIDISCIPLINARY TEAM REVIEWS.....	126
84. REVIEW OF YOUTH ISOLATED TWO OR MORE TIMES OR MORE THAN FOUR HOURS.....	128
Development Of Appropriate Space for Isolation.....	131
85. PLAN FOR USING ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH.....	131
86. ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH TIMELINE APPROVAL .....	132
Conditions And Services While in Isolation.....	133
87. ISOLATION CONDITIONS .....	133
88. EDUCATIONAL SERVICES WHILE IN ISOLATION.....	135
Housing Vulnerable Youth.....	138



89. REVISED HOUSING CLASSIFICATION POLICIES .....	138
90. ADMISSION SCREENING PROTOCOLS.....	139
91. SPECIALIZED HOUSING FOR VULNERABLE YOUTH.....	141
92. ACCESS TO SERVICES .....	144
Youth On Suicide Watch.....	146
93. PROHIBITION ON ISOLATION .....	146
94. DMH AMENDED AGREEMENT.....	148
TRAINING.....	149
General Provisions.....	149
95. TRAINING CURRICULUM REVIEW.....	149
Behavior Management.....	150
96. COMPETENCY-BASED STAFF TRAINING.....	150
97. STAFF RETRAINING PROCEDURES.....	152
Use Of Physical Force .....	154
98. STAFF TRAINING ON UPDATED USE OF PHYSICAL FORCE POLICY.....	154
99. RETRAINING WITHIN 90 DAYS.....	156
Investigation.....	158
100. INVESTIGATIONS STAFF TRAINING.....	158
QUALITY ASSURANCE.....	160
General Provisions.....	160
101. QUALITY ASSURANCE SYSTEM .....	160
102. MONTHLY DATA REVIEW .....	163
103. DATA ELEMENT REQUIREMENTS .....	165
104. SAMPLE DATA REVIEW .....	169
105. OTHER DATA REVIEW RECOMMENDATIONS.....	171
106. QUALITY IMPROVEMENT COMMITTEE.....	174



## 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<sup>1</sup> to resolve all issues associated with an investigation at Broad River Road Complex (BRRC or Facility)<sup>2</sup> 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)<sup>3</sup> to provide technical assistance to DJJ. Susan Burke,<sup>4</sup> the SME, was hired in July 2022. Joining Ms. Burke on the monitoring team are Valerie Boykin<sup>5</sup> and Mike Butkovich.<sup>6</sup> The SME must submit a biannual report assessing the department’s compliance with the agreement and offering 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 April 1, 2025. The previous monitoring report (October 2024) evaluated compliance as of September 6, 2024. As such, the monitoring period for this report is September 7, 2024, through April 1, 2025 (data reviewed through February 2025). The next report will detail any progress or activities following that date. For this report, the team analyzed monthly data submissions from DJJ, conducted two site visits, hosted a facility site visit in Utah in October 2024, and provided technical assistance. The team also held regular meetings with DJJ and BRRC leadership, reviewed and responded to emails, and offered feedback on policies and documents submitted by DJJ. Throughout the monitoring period, DJJ has been cooperative and has shown a willingness to work towards achieving compliance.

THIS MONITORING REPORT  
ASSESSES COMPLIANCE AS  
OF **APRIL 1, 2025**

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

<sup>2</sup> BRRC is a 136-bed youth correctional facility in Columbia, South Carolina. During this monitoring period, two pods (six units) (48 beds) were operational, two units were closed for renovations, and another two were closed and reserved for emergency use only.

<sup>3</sup> Defined in the agreement as “an individual with expertise in juvenile corrections.”

<sup>4</sup> 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 Asst. Juvenile Court Administrator and Juvenile Justice Specialist.

<sup>5</sup> 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.

<sup>6</sup> 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 that the department has achieved compliance with the material components of the provision. Substantial compliance also means that the department has met the goals of the provision. Substantial Compliance indicates that there are approved relevant policies and procedures which, when implemented, are sufficient to achieve compliance; trained staff responsible for implementation; staff and resources to implement the required reform; and consistent implementation during most of the monitoring period. Non-compliance with mere technicalities or temporary failure to comply during a period of otherwise sustained compliance will not constitute 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 the issues discussed in the provision and when solid implementation of the reforms has been consistently demonstrated through reliable data, observations, and reports from staff and youth for most of the monitoring period.

**Partial Compliance** indicates that compliance has been achieved on some of the components of a provision but not on all components. It indicates that there are approved relevant policies and procedures which, 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 by policy, performance has been inconsistent throughout the monitoring period and additional work is needed to ensure that procedures are sufficiently comprehensive to translate policy into practice and accomplish the outcome envisioned by the provision. Partial compliance is appropriate if policies may need minor revisions for compliance with the Settlement Agreement, provided 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 to be trained, procedures may not have been developed, documentation may not be in place or consistently provided, and there has been no determination that the procedures accomplish 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 to terminate a particular substantive section with the Court, 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. If any progress was made on a requirement, it is noted.

## COMPLIANCE RATING SUMMARY

Parag. No.	Compliance Provision	Compliance Status
<b>PROTECTION FROM HARM</b>		
<b>General Provisions</b>		
28	General Provisions	Partial Compliance
<b>Staffing</b>		
29	Staffing Study Consultant	Substantial Compliance
30	Staffing Study Consultant Selection	Substantial Compliance
31	Staffing Study Factors	Substantial Compliance
32	Staffing Changes	Substantial Compliance
<b>Physical Plant</b>		
33	Physical Plant	Substantial Compliance
34	Surveillance Tools Timeline	Substantial Compliance
35	Surveillance Tools Timeline Review	Substantial Compliance
36	Surveillance Installation	Substantial Compliance
37	Video Retention	Substantial Compliance
<b>Rehabilitative Programming</b>		
38	Rehabilitative Programming	Partial Compliance
39	Rehabilitative Programming Mix	Partial Compliance
<b>Approach to Behavior Management</b>		
40	Approach to Behavior Management	Substantial Compliance
41	Positive Behavior Management Tools	Substantial Compliance
42	Consistently Implement Behavior Management Tools	Partial Compliance
43	De-escalation Strategies and Graduated Responses	Substantial Compliance
44	On-Site Coaches	Partial Compliance
<b>Use of Force</b>		
45	Revise Use of Force Policies and Procedures	Substantial Compliance
46	Implement Revised Use of Force Policies and Procedures	Substantial Compliance
47	Limit Use of Force	Partial Compliance
48	Reasonable Efforts	Substantial Compliance
49	Use of Force for the Minimum Amount of Time	Partial Compliance
50	Prohibition on Use of Force	Substantial Compliance
51	Only Trained Staff May Use Approved Techniques	Partial Compliance
52	Use of Force Documentation	Partial Compliance
53	Medical Evaluation Following Use of Force	Partial Compliance
54	Medical Evaluation Procedures	Substantial Compliance
55	Medical Evaluation Refusal Procedures	Non-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	Substantial Compliance
57	Implement Revised Investigation Policies and Procedures	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	Non-Compliance
62	Video Request Following an Incident	Substantial Compliance
63	Retention Schedule	Substantial Compliance
64	Investigations Without Video	Substantial Compliance
65	Action Following a Finding of Staff Misconduct	Partial Compliance
66	Investigations When a Youth Withdraws an Allegation	Substantial Compliance
ISOLATION		
Use of Isolation		
67	Revise Use of Isolation Policies and Procedures	Substantial Compliance
68	Implement Revised Isolation Policies and Procedures	Substantial Compliance
69	Reasons for Isolation	Partial Compliance
70	Prohibitions on Isolation	Partial Compliance
71	Less Restrictive Techniques Requirement	Partial Compliance
72	Notification of Isolation	Substantial Compliance
Documentation of Isolation		
73	Documentation Requirements	Substantial Compliance
Duration of Isolation		
74	Duration of Isolation	Non-Compliance
75	Intervention While in Isolation	Partial Compliance
76	Isolation Time Limit	Non-Compliance
77	Role of Qualified Mental Health Professional	Partial Compliance
78	Extension Requirements	Non-Compliance
79	Reporting Requirements	Non-Compliance
80	Removal from Isolation	Substantial Compliance
Multidisciplinary Team to Review Isolation Placement		
81	Multidisciplinary Team	Substantial Compliance
82	Multidisciplinary Team Procedures	Non-Compliance
83	Multidisciplinary Team Reviews	Non-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	Substantial Compliance
86	Alternative Safe Spaces for Isolating Youth Timeline Approval	Substantial Compliance
Conditions and Services While in Isolation		
87	Isolation Conditions	Substantial Compliance

88	Educational Services While in Isolation	Partial Compliance
<b>Housing Vulnerable Youth</b>		
89	Revised Housing Classification Policies	Substantial Compliance
90	Admission Screening Protocols	Substantial Compliance
91	Specialized Housing for Vulnerable Youth	Substantial Compliance
92	Access to Services	Substantial Compliance
<b>Youth on Suicide Watch</b>		
93	Prohibition on Isolation	Partial Compliance
94	DMH Amended Agreement	Substantial Compliance
<b>TRAINING</b>		
<b>General Provisions</b>		
95	Training Curriculum Review	Substantial Compliance
<b>Behavior Management</b>		
96	Competency-Based Staff Training	Partial Compliance
97	Staff Retraining Procedures	Substantial Compliance
<b>Use of Physical Force</b>		
98	Staff Training on Updated Use of Physical Force Policy	Partial Compliance
99	Retraining Within 90 Days	Substantial Compliance
<b>Investigation</b>		
100	Investigations Staff Training	Substantial Compliance
<b>QUALITY ASSURANCE</b>		
<b>General Provisions</b>		
101	Quality Assurance System	Partial Compliance
102	Monthly Data Review	Partial Compliance
103	Data Element Requirements	Partial Compliance
104	Sample Data Review	Partial Compliance
105	Other Data Review Recommendations	Partial Compliance
106	Quality Improvement Committee	Partial 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.

## 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.

Compliance Rating    Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed department policies and procedures, completed two BRRC facility site visits, interviewed DJJ staff and BRRC youth, and reviewed emails, documents, and data provided to demonstrate compliance with the settlement agreement's provisions.</p>
<div>Findings and Analysis</div> <div></div>	<p>During this monitoring period, the South Carolina Department of Juvenile Justice (DJJ) made noticeable improvements in compliance ratings across all provisions. Of the 79 rated provisions, 33 (42%) moved to a better compliance rating than in the previous monitoring report. Overall, 71 of the 79 rated provisions (90%) are partially or substantially compliant in this report compared to 47 (59%) in the previous report.</p> <p>DJJ demonstrated consistent efforts to improve in areas where deficiencies were noted during the last monitoring period. An overdue implementation plan was drafted, which appeared to help bring staff together to work on improvements. While the plan is still pending approval, it demonstrates a strong commitment to ensuring that DJJ intends to achieve substantial compliance in all areas.</p> <p>There are 41 items where DJJ is in substantial compliance. There are an additional 30 items where DJJ is in partial compliance, and DJJ appears to be on track to achieve compliance in other areas if efforts are maintained and documented. For the items that remain non-</p>

compliant, DJJ must commit to correcting the identified issues and demonstrate consistency in doing so during the next monitoring period.

While progress has been significant, more needs to be done to ensure that youth are safe and receive the appropriate rehabilitative programming to reduce the likelihood of youth-on-youth violence and support a successful transition to the community or their next placement. Observations, interviews, and reviews of video footage indicate that excessive idle time and prolonged periods that youths spend locked in their rooms remain a concern. Some observed footage revealed that staff were not consistently checking on youth during sleeping hours, with checks performed at intervals of 23 to 38 minutes rather than the required 15-minute intervals.

As noted during the previous monitoring period and observed again, some youth misbehavior is linked to boredom and a lack of engaging activities. An isolation exit support form dated December 5, 2024, noted, “The youth stated that he hates isolation and feels he acts out because he is bored and unable to sleep.” The data found that most incidents of youth-on-youth harm, use of force, and isolation occur during the afternoon and evening hours. Specifically, 23% of isolation events occurred between 3 PM and 6 PM, while an additional 48% took place between 6 PM and midnight. Reducing idle time and improving youth engagement could help reduce incidents and decrease the use of isolation.

Plans to improve interventions, including program enhancements, have been discussed over several monitoring periods, but they have yet to be consistently implemented. As noted in item 42, BRRC is in the process of redefining its approach to behavior management, adopting a facility-wide approach rather than separate ones. While the strategies are being refined and have not yet been adopted, the proposed approach will build on the existing foundation.

During this monitoring period, there were reported problems with contraband, including drugs being brought into the facility. During the November site visit, some youths were observed to be under the influence of an intoxicating substance. In a separate incident, one youth was taken to the emergency room due to drug use. DJJ implemented new security measures to reduce the likelihood of contraband and terminated the staff involved.

During this monitoring period, there were also two serious incidents in which youths were hospitalized. Several incidents involved weapons that were created from items found on campus. DJJ needs to consider how to better secure construction materials so youths cannot access them and use them to destroy property or threaten or harm others.

While improvement is noted, DJJ must continue to work diligently to ensure that youth at BRRC are provided with safe living conditions to support their rehabilitation and position them for a greater likelihood of success in the future.

Recommendations to  
Achieve Compliance



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

- Once approved, follow the implementation plan to ensure compliance with the settlement agreement's provisions and hold staff accountable for implementation. Ensure that the plan includes consideration of the recommended steps to achieve substantial compliance, as outlined in the monitoring reports. As substantial compliance is achieved, update the plan to ensure it is maintained.
- Finalize the Quality Improvement Plan (QIP). The QIP should include a mechanism for how DJJ will collect, review, and analyze data and information monthly to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. The QIP should identify who is responsible for each task and include target deadlines for completing them.

DJJ should also consider these recommended steps that could assist with achieving substantial compliance.

- Complete the ERS Data Dashboard, which will document incident locations and map trends.
- Offer training to all campus staff, stakeholders, and family members on positive youth development and methods for reinforcing the Legacy BMS, even if they do not directly apply rewards and consequences. Changing the culture from a punitive system to one that invests in supporting youth in their social, emotional, physical, and intellectual development requires the involvement of everyone.
- Increase youth movement outdoors on campus, including walking to and from school and programming activities, weather permitting.
- Continue to be vigilant in maintaining the condition of living units.
- Continue to pay special attention to keeping units orderly and clean. A clean environment alerts youth to the expectation that property is to be respected and maintained. Litter and graffiti contribute to a sense of disorder. Sleeping rooms and living areas should be cleaned daily and deep cleaned at least weekly.
- Increase family engagement during a youth's entire stay at BRRC, including involving the family in the youth's treatment plans, participating in regular updates, and developing the youth's reentry plan.
- Explore software that can assist with collecting and analyzing data related to the provisions of the settlement agreement.

### *SOURCES*

- Refer to each provision for source information specific to that provision.
- Verbal reports from DJJ administration during monthly meetings on September 18, October 16, December 18, 2024, and January 15 and February 26, 2025
- Staff and youth interviews and onsite observations during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

# Staffing

## 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.

Compliance Rating    Substantial Compliance<sup>7</sup>

Description of the Monitoring Process




Substantial compliance was achieved during the April 2023 monitoring period, and nothing further is required.

<sup>7</sup> See the April 2023 Monitoring Report for information on how substantial compliance was achieved.

30. STAFFING STUDY CONSULTANT SELECTION

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

Compliance Rating    Substantial Compliance <sup>8</sup>	
Description of the Monitoring Process 	Substantial compliance was achieved during the April 2023 monitoring period, and nothing further is required.

<sup>8</sup> See the April 2023 Monitoring Report for information on how substantial compliance was achieved.



### 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.
- 

Compliance Rating    **Substantial Compliance<sup>9</sup>**

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Description of the  
Monitoring Process





Substantial compliance was achieved during the April 2023 monitoring period, and nothing further is required.

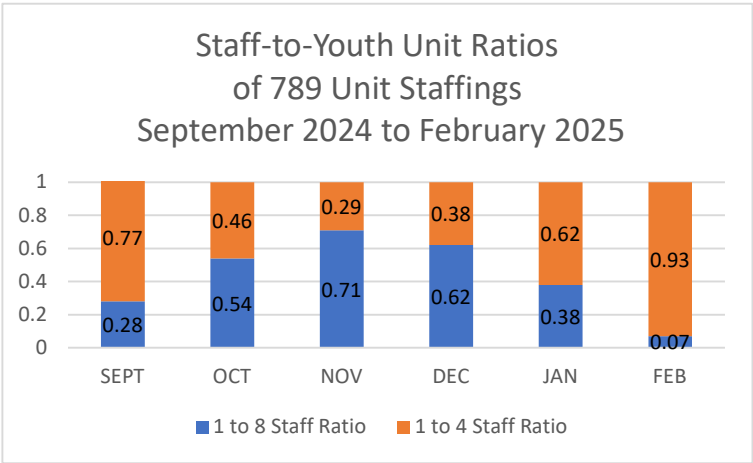
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<sup>9</sup> See the April 2023 Monitoring Report for information on how substantial compliance was achieved.

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.

Compliance Rating Substantial Compliance	
<div><div>Description of the Monitoring Process</div><div></div></div>	<p>The monitoring team reviewed records from the Office of Human Resources, covering vacancies, turnover, and retention, from September 2024 to February 2025. Duty rosters were also reviewed, detailing staffing assignments for various weeks during the monitoring period. These rosters were compared with youth unit assignments to assess staff-to-youth ratios. Additionally, interviews and meetings were held with DJJ and BRRC administration, during which the topic of staffing was discussed.</p>
<div><div>Findings and Analysis</div><div></div></div>	<p>The staffing study recommended maintaining a staff-to-youth ratio of 1:4, which could help reduce incidents. Additionally, the study proposed an "overlapping staffing deployment" strategy. This strategy would involve having one direct care staff member assigned to a living unit from 6 AM to 6 PM, while another staff member would work from 11 AM to 11 PM. This approach is designed to cover the most active hours for youths in the unit.</p> <p>During this monitoring period, BRRC did not implement an overlapping staffing deployment schedule. However, they made reasonable efforts to maintain a staff-to-youth ratio of 1:4 and achieved that ratio 54% of the time, an increase of over 10% over the previous period when it was 41% of the time. When the 1:4 ratio was reached, BRRC met the intent of the overlapping staffing deployment strategy. Additionally, BRRC scheduled a "floater" staff member 8% of the time to provide support or relief breaks across various units as needed.</p> <p>The staffing analysis involved reviewing 83 days, encompassing 789 unit staffings from September 2024 to February 2025. The staff included juvenile correctional officers (JCOs) and other security personnel assigned to a unit, such as sergeants, lieutenants, and captains. In February, programming staff were also included in the staffing ratio because they were assigned to a unit. Notably, these staff members are security-trained, meaning they are certified Juvenile Correctional Officers. The ratios did not account for security staff assigned as shift supervisors or floaters. The table below illustrates the variation in staffing levels from September 2024 to February 2025.</p>



During the monitoring period, the BRRC population averaged 25 youths, ranging from a high of 28 in November to a low of 19 in February. On January 29, 2025, all youths were moved to three living units in Maple. The move significantly increased staffing levels, with units having three or more security staff 44% of the time. DJJ also implemented unit-based staffing for most shifts.

Staff interviewed indicated that increased staff-to-youth ratios in February made a considerable difference in their perceptions of personal safety and ability to take personal breaks as needed. Youths interviewed also reported similar sentiments related to feeling safer.

Whether BRRC can maintain these high staffing ratios remains to be seen. As the youth population increases, additional living units will need to be staffed, requiring either the redeployment of existing staff or the hiring of new staff to maintain coverage. The current JCO vacancy rate averaged 11% this monitoring period, an improvement from the previous period when it was 21%. DJJ’s human resources staff reported they are continually refining their hiring practices. For example, they collaborated with BRRC leadership on developing candidate interview questions to ensure that questions relevant to the position requirements are asked.

Another recommendation from the staffing study is that each shift should be led by one Captain serving as the Shift Commander, accompanied by two Lieutenants acting as outside unit rovers and two Sergeants who will also take on roles as outside rovers and escorts. The data indicated that unit shift supervisors, primarily sergeants, were present for 83% of the shifts. Nearly all shifts also had a lieutenant or captain designated as the shift commander. On several occasions, more than one staff member was listed as the unit shift supervisor or commander. In February, when the number of living units was reduced to three, supervisory staff were frequently assigned to units, with each unit having one supervisor and sometimes two. Although this staffing level does not fully align with the recommendations of the staffing study, it still demonstrates a reasonable effort to maintain the presence of supervisory staff.


BRRC would need to enhance staff retention to boost supervisory staff presence. The average vacancy rates for these positions indicate a decline in staff retention at the sergeant and captain levels compared to previous monitoring periods.

Position	Nov 2023 to Mar 2024	Apr 2024 to Aug 2024	Sep 2024 to Feb 2025
Captain	16%	28%	57%
Lieutenant	39%	44%	27%
Sergeant	28%	32%	50%

To address retention, BRRC implemented a Staff Advisory Committee and a Staff Morale Committee. Both have met and have plans for support activities that will celebrate staff and engage them.

The monitoring team’s review of staffing documentation demonstrates that DJJ has made reasonable efforts to implement the recommendations of the staffing study. DJJ has also adopted several SME recommendations, including developing post orders for each post, scheduling two staff per living unit during waking hours, and implementing unit-based staffing. A leadership coach has also been hired to support and coach supervisory staff. All of these efforts contribute to the finding of substantial compliance.

Recommendations to Maintain Compliance



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

- Continue efforts to improve staffing levels, aiming for a 1:4 staff-to-youth ratio in the living units, with a rover and eventually an overlapping schedule, as recommended in the staffing study.
- Reevaluate the level of supervisory staff necessary to ensure adequate coverage, as per the staffing study, for the number of pods in operation, and strive to meet those requirements.
- Continue to maintain records to monitor staffing ratios and adjust as needed.

DJJ should also consider the following recommended steps to enhance workplace conditions, which could lead to improved retention rates.

- Schedule a minimum of two staff per living unit during waking hours.
- Develop post orders for each post.
- Ensure staff have regular breaks and opportunities for relief during their shifts.
- Identify opportunities for growth and a pathway for advancement in the department during annual staff performance reviews.
- Implement unit-based scheduling to allow staff to develop rapport with youth and maintain a consistent environment.



- Reevaluate the relevancy of the staffing study recommendations and consider what modifications may be appropriate given current operations.

### *SOURCES*

- *Staffing Study Findings and Recommendations Report* submitted to DJJ on December 30, 2022
- Vacancy, turnover, and retention data for September 2024 to February 2025
- Verbal reports from DJJ administration during monthly meetings on September 18, October 16, December 18, 2024, and January 15 and February 26, 2025
- Staff interviews and onsite observations during November 13-14, 2024, and March 13-14, 2025, site visits
- BRRRC Duty Rosters and population reports
  - 2024: September 9-13 and 16-20; October 8-21; November 10-16 and 20-27; December 6-13 and 20-27
  - 2025: January 5-11 and 24-30; February 3-9 and 19-26

# Physical Plant

## 33. PHYSICAL PLANT

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

Compliance Rating    Substantial Compliance<sup>10</sup>

Description of the Monitoring Process



Substantial compliance was achieved during the April 2023 monitoring period, and nothing further is required.

DJJ is encouraged to continually review physical plant needs and address any identified deficiencies.

<sup>10</sup> See the April 2023 Monitoring Report for information on how substantial compliance was achieved.

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.

Compliance Rating    Substantial Compliance<sup>11</sup>

Description of the Monitoring Process



Substantial compliance was achieved during the April 2023 monitoring period, and nothing further is required.

<sup>11</sup> See the April 2023 Monitoring Report for information on how substantial compliance was achieved.

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.

Compliance Rating    Substantial Compliance<sup>12</sup>

Description of the Monitoring Process



Substantial compliance was achieved during the April 2023 monitoring period, and nothing further is required.

<sup>12</sup> See the April 2023 Monitoring Report for information on how substantial compliance was achieved.



36. SURVEILLANCE INSTALLATION

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

Compliance Rating    Substantial Compliance<sup>13</sup>

Description of the Monitoring Process






Substantial compliance was achieved during the October 2023 monitoring period, and nothing further is required.

<sup>13</sup> See the October 2023 Monitoring Report for information on how substantial compliance was achieved.

### 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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team observed and tested the camera surveillance equipment on two occasions, with the assistance of staff, to ensure that access to video surveillance was available for a sufficient period as required.</p>
<div>Findings and Analysis</div> <div></div>	<p>DJJ remains in substantial compliance. During the November site visit, the monitoring team retested the surveillance system's ability to retrieve various incidents that occurred within the last 30 days or longer. Staff members could access videos from the previous 30 days and beyond, including those bookmarked for investigations. They could also retrieve video footage from various campus locations on random days that had not been previously bookmarked. The system was retested in March with the same result. Staff reported that they regularly test the system's capabilities to ensure it is functioning correctly.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Follow current practices to retain video for a minimum of 30 days, ensuring it remains available for investigations, regular oversight, and quality assurance reviews.</li><li>• Continue to ensure authorized staff bookmark the video upon request to ensure it is available.</li><li>• Continue to monitor retention practices to ensure compliance.</li><li>• Continue to regularly test and maintain equipment to ensure functionality.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Finalize, approve, and implement revised policy 314, Camera Surveillance.</li><li>• Require all staff to read and acknowledge Policies 328, Investigations, and 314, Camera Surveillance</li><li>• Train impacted staff on the above-referenced policies and their application. The training should include scenarios, a question-and-answer segment, and be competency-based,</li></ul>



with staff required to complete and pass a test or quiz about the policies.

- Monitor implementation to ensure the policies have the desired impact and adjust as needed in consultation with the monitoring team and the DOJ.

### *SOURCES*



- Staff interviews and observations during the November 13-14, 2024, site visit
- March 21, 2025, virtual videos review meeting

## Rehabilitative Programming

### 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

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed facility activity schedules and records documenting programming activities and attendance, observed video footage of randomly selected days, and interviewed staff and youth.</p>
<p>Findings and Analysis</p> 	<p>DJJ continues to offer multiple opportunities for BRRC youth to participate in rehabilitative programming. Activities include clinical and life skills groups, recreation, special events, leisure activities, and work. Progress continues with efforts to offer a diverse range of recreational and rehabilitative program activities. Challenges remain to a lesser degree than previously noted with scheduling, consistency, and staffing.</p> <p>Monthly Master Calendars and separate recreation and leisure calendars detail each day’s scheduled activities. As youth housing units changed, calendars were updated. On January 29, 2025, all youth were moved to the Maple pod. This move was described as necessary to “assist with the staffing structure and provide additional support to security staff.” The move was also intended “to assist BRRC with compliance, get behaviors under control, provide more structure and support, and concentrate on implementation efforts and fidelity by combining resources.” The calendar was updated multiple times during that transition week in January.</p> <p>The Master Calendar remained relatively consistent throughout this monitoring period. Wake-up times, school and work schedules, lunch, and bedtime remained consistent. However, variations in shower and bedtime routines were observed during this time, which shortened programming time. Scheduled times for various activities, such as clinical sessions (both individual and family engagements), group activities, leisure, and incentives, shifted a few times, usually by no more than an hour. For instance, the change in clinical time varied between 3:10 PM and 4:00 PM, while the sother group schedules varied between 4:20 PM and 5:30 PM in different months. Some of the changes were made when consolidating the living units in January. During the March site visit, the Master Calendar was posted in each living unit. However, a specific recreation and leisure calendar</p>

tailored to each unit was not consistently posted during the two site visits. It was reported that the youth continued to remove these calendars from behind the Plexiglas where they were displayed.

It was evident that a lot of work went into the development of the new calendars to ensure that activities did not overlap or conflict with one another. For the majority of the monitoring period, youths in each living unit recreated and participated in activities separately. In March, efforts were made to allow joint programming in the gym. According to the staff, youth and verification of video, all the units have participated in recreation activities together with positive results. One youth interviewed stated that being able to combine the units allows them to play five-on-five basketball, and it motivates all the youth to get along. During the March site visit, two of the three units were recreating together, and two youth from the third pod were with them for part of the session. The other youths arrived soon after the first two pods left because this group of youths did not get along with the other youths.

The weekend schedule has been reported as the most challenging to manage. The programming staff work different days throughout the week. Two staff members are scheduled to work on Saturdays and, it was reported by program staff that if a staff member is absent, there may not be enough coverage to support all the units with the planned activities. Shifts are staggered to ensure that someone is available by either 10:00 AM or 11:00 AM each day, working until 7:00 PM on Sundays and Mondays, and until 8:00 PM from Tuesdays to Saturdays. This coverage may change if someone is on leave. At the end of the monitoring period, two staff members were on leave, and two Youth Engagement Specialist (YES) positions remained unfilled.

Previously, when structured leisure activities could not be provided, staff would leave leisure boxes for the youth. However, this practice was discontinued because the youth reportedly damaged the items. As a result, staff can no longer place games and cards in the units. On weekends, incentive activities and recreation are often the only options available. Youth continue to report experiencing significant idle time, particularly on weekends. Multiple staff also noted that youths had little to do besides going to the gym on the weekends.

During the monitoring period, DJJ modified monthly data collection procedures. From September 2024 to January 2025, a total of 156 recreational activities were planned, with 113 of them completed. The report also included 91 planned structured leisure activities, with 68 of them completed between September and December. In January, DJJ's new reporting indicated 32 leisure activities for that month and just 3 in February. Additionally, a new category of 53 structured activities was introduced for February. It's worth noting that structured activities had previously been included within the leisure category of earlier reports. In February 2025, 74 activities were listed as completed.

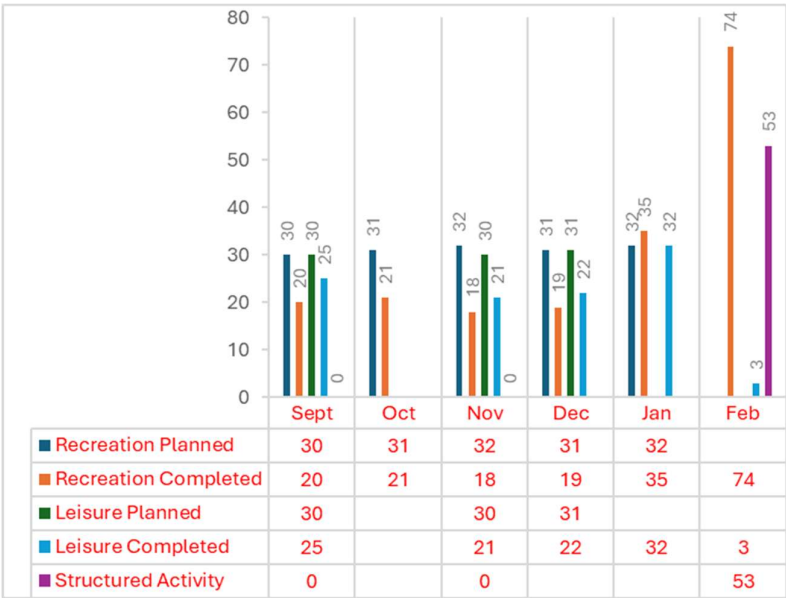
The reasons for the non-completion of planned activities during the initial months included 36 programming changes, four security-

related changes, two cancellations due to security concerns, and one instance of inclement weather. No substitute activities were documented. Despite modifications in the reporting process during the monitoring period, the level of documentation has significantly improved compared to previous periods.

Activities included basketball, freeze tag, the Push-Up Challenge, Pass Routes, 3-on-3 basketball, King of the Court, flag football, and Wiffle ball. Leisure activities included group conversations, silent headphone party, games/leisure box, card games, board games, crafts, and outdoor Jenga. DJJ also provided some special one-time activities, including a fall scavenger hunt, pumpkin painting, mini golf, and a mini fall festival. A petting zoo activity was canceled due to contract issues.

**BRRC Recreation and Leisure Chart**

The chart below shows the activities reported by DJJ in accordance with the calendar provided. It captures planned and completed activities.



BRRC programming continues to be supported by Chaplaincy staff, along with Credible Messengers (CMs), to ensure that youths have a variety of activities. No activities with outside volunteers were reported. During site visits, the Monitoring Team observed Program staff, YES staff, and Credible Messengers in the units and engaged with youths playing board games and basketball. The programming staff were excited to develop and provide creative, structured activities for the youth and were anxious about being on time to start the scheduled sessions.

The following data were reported regarding programming groups and special activities from September 2024 to February 2025. The special one-time activities included events coordinated by the YES staff, the Chaplains, and the CMs. Examples included a Labor Day Cookout, pumpkin painting, and a Friendsgiving dinner. These staff members

and providers also planned and delivered a variety of life skills groups, covering topics such as conflict resolution, forgiveness, victimization, and accountability.

Changes in program delivery occurred during the monitoring period. Previously, YES staff conducted groups. It was reported that in November 2024, BRRRC Leadership determined YES staff would no longer conduct groups, and instead, clinical staff would conduct all groups. An incident was reported involving a Credible Messenger and a youth in late March. The Credible Messenger program was suspended on March 20, 2025. It was also noted that one of the Chaplains who had provided group and individual counseling left the agency in January. The Director of Chaplain Services has assumed all treatment duties at this time.

#### **BRRRC Programming Groups and Activities**

Services	Sep	Oct	Nov	Dec	Jan	Feb
Clinical Groups	24	20	None	None	23	21
One-Time Special Activities	3	2	3	3	-	-
YES Groups	16	9	-	-	-	-
Chaplain Groups	-	-	2	2	4	8
Chaplain Counseling	-	-	63	11	23	49
Chaplain Consultations	-	-	55	172	45	164
CM Groups	120	9	10	18	14	12

BRRRC continues to offer multiple Psychiatry Clinic Days per month. Additionally, the clinical staff continues to provide the Phoenix New Freedom Curriculum as the primary rehabilitative program throughout the campus. The clinical team still plans to deliver DBT Skills for Adolescents to all youth on weekends; however, they indicated that more training is needed for the clinicians before this service can be implemented. During November and December, no clinical groups were delivered, as the team focused on individual counseling and family engagement. There is limited data available to assess these activities. DJJ provided a Treatment Goal Tracking document that shows four youths receiving clinical services in December, but no reported services in November.

Treatment groups resumed in January 2025 and are currently offered after school in the pods. Challenges persist in engaging youths, as staff have described distractions within the unit. The monitoring team observed a clinician delivering a group session in a pod under less-than-ideal circumstances, with the youth also eating dinner, moving about the unit at will, and being pulled in and out for other matters. The clinician brought a portable chart with the agenda and moved back and forth in front of the youth seated at the round unit tables. The Clinician did a commendable job of engaging some of the youth despite the challenges. Staff are actively searching for a better location to hold these groups and ideally would like to return to the school building. Now that all youths attend school at the same time,

they want to conduct the groups immediately after school ends in separate settings for each unit.

Despite some notable improvements, this item is still only partially compliant due to ongoing inconsistencies in programming delivery. This has led to excessive idle time being reported by both youths and staff, particularly on weekends. Furthermore, a review of data on youth-on-youth violence shows 40 incidents, which is 1.5 times higher than in the previous monitoring period when accounting for the youth population numbers. More efforts are needed to ensure that youth are actively engaged in programming and services designed to reduce the likelihood of youth-on-youth violence.

#### Recommendations to Achieve Compliance



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

- Routinely post and follow a facility schedule in all living units that account for all daily time blocks. The schedule can be daily, weekly, or monthly, and should list all activities by day and time block.
- Follow the schedule consistently with exceptions for exigent circumstances.
- Include all special events on the schedule, unless they are inappropriate for certain groups.
- Ensure that structured and rehabilitative activities are provided 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.
- 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.
- Offer rehabilitative programming in a setting that is appropriate for delivering the program and staffed by personnel trained in the program or activity.
- Incentivize youth to participate in groups and other activities, aligning this with the Behavioral Management Program.
- 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.
- 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.



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 for 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.



### *SOURCES*

- Data from September 2024 to February 2025
  - Master Schedules for Maple and Holly
  - 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
  - YES Group Summary Forms
  - Credible Messenger Records
  - BRRRC Closer Look Report
  - BRRRC Chaplaincy Summary Report
  - BRRRC Chaplaincy Clinical Therapeutic Sessions
  - BRRRC Chaplaincy Religious Services
  - Youth-on-youth violence data
- Verbal reports from DJJ administration during monthly meetings on September 18, October 16, December 18, 2024, and January 15 and February 26, 2025
- Staff and youth interviews and observations during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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.

Compliance Rating Partial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed facility activity schedules and records, which document programming activities and attendance, examined youth treatment plans, and conducted interviews with staff and youth.</p>
<p>Findings and Analysis</p> 	<p>This provision of the settlement agreement is closely aligned with the previous provision, but with a focus on the programming mix and its connection to the youth's individual behavior and treatment plans. As noted in provision 38, DJJ has enhanced its programming offerings; however, the documentation received does not support that services always align with the youth's individual behavior and treatment plans.</p> <p>There was evidence of increased communication and coordination across the disciplines. An example of this is the Clinical team sharing the Treatment Plan goals of the youth with the Programming Team to assist in identifying activities that support those treatment goals. This increased communication was late in the monitoring period (January) and, at this point, is only resulting in group-based activities tailored to support specific needs. DJJ is still working on how to individualize these efforts and/or record that a group activity supports an individual's treatment goal. They are using treatment tracking sheets and testing other forms to document how activities match a youth's treatment plan, but these forms have not been fully adopted.</p> <p>Clinical staff continue to deliver group sessions using the Phoenix New Freedom Curriculum. Those groups were suspended in November and December to allow staff to focus on individual and family counseling. It was previously reported that DBT Adolescent Skills would be offered on the weekends, but implementation has been delayed as training is explored.</p> <p>The range of planned recreational activities has remained consistent with the previous monitoring period, with one notable exception: there have been no reports of any special activities involving outside volunteers. The Programming staff has developed creative events, such as scavenger hunts, silent headphone parties, and holiday gatherings, to encourage prosocial opportunities for young people to</p>

engage in and help normalize their living situation. As noted in provision 38, DJJ ceased the groups led by the programming staff in October, and the clinical staff now conducts all groups.

A sampling of the clinical, chaplaincy, and Credible Messenger group topics that could contribute to meeting treatment goals is listed below:

- Clinical Phoenix New Freedom Topics
  - Functional Thinking
  - I Have My Reasons
  - Triggers and Stressors
  - Who Do You Think You Are
- Chaplain Services
  - Grief Counseling
  - Conflict Resolution (Multiple Parts)
  - Reflections
  - The Grinch Stole Christmas
- Credible Messenger
  - Recriminalization vs Decriminalization
  - Anger Management
  - Forgiveness
  - Accountability

DJJ is focused on improving treatment plans and expanding the programs offered to youth. They are encouraged to continue their efforts to keep youths engaged in pro-social activities and treatment that directly address their individual needs. Their draft Implementation Plan could support this effort, as it outlines activities aimed at ensuring compliance with these provisions. Greater attention is needed in this area. As a result, this provision remains in partial compliance.

#### Recommendations to Achieve Compliance



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

- 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.
- 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.
- 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, including weekends and holidays.

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

- 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.
- 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 for young people and encourage them to practice the newly acquired skills.
- Implement the Phoenix New Freedom curriculum with fidelity to achieve the desired impact.
- 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.
- 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.



- Ensure sufficient staffing levels consistent with the recommendations of the staffing study so youth may realize the full benefits of programming.

## *SOURCES*

- Data from September 2024 to February 2025
  - Master Schedules for Maple and Holly
  - 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
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- Staff and youth interviews and observations during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

# Approach to Behavior Management

## 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.

Compliance Rating    Substantial Compliance<sup>14</sup>

Description of the Monitoring Process



Substantial compliance was achieved during the April 2023 monitoring period, and nothing further is required.

<sup>14</sup> See the April 2023 Monitoring Report for information on how substantial compliance was achieved.

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.

Compliance Rating    Substantial Compliance<sup>15</sup>

Description of the Monitoring Process



Substantial compliance was achieved during the October 2024 monitoring period.

DJJ is encouraged to continually evaluate the established tools and adjust as necessary. Any modifications to tools must be reviewed and approved by the Subject Matter Expert to maintain substantial compliance.

<sup>15</sup> See the October 2024 Monitoring Report for information on how substantial compliance was achieved.

42. CONSISTENTLY IMPLEMENT BEHAVIOR MANAGEMENT TOOLS

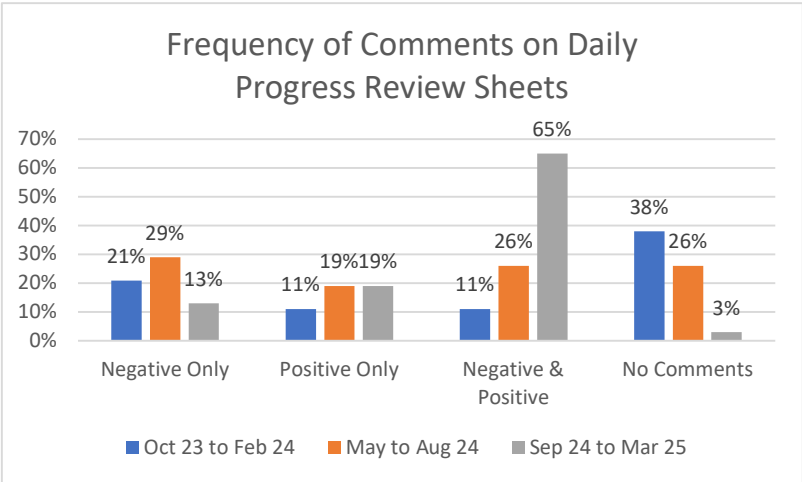
DJJ will consistently implement the established positive behavior management tools to reduce youth-on-youth violence.

Compliance Rating Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team interviewed BRRC staff, behavior management consultants, and youth. The team also reviewed documents and data related to behavior management, including motivation sheets, incentive implementation activities, group attendance records, and information on disciplinary hearings. Youth-on-youth violence data was then analyzed to determine whether these tools had any impact on reducing these types of incidents.</p>
<div>Findings and Analysis</div> <div></div>	<p>BRRC is redefining its approach to behavior management. Previously, staff viewed the Legacy behavior management system as a separate entity, and other strategies, such as behavior reviews—formerly known as disciplinary hearings—were considered independently. With this new perspective, BRRC is updating the Legacy manual, rewriting the disciplinary hearing policy, and developing new behavior response matrices. While these changes were actively being worked on during this monitoring period, they have not yet been implemented.</p> <p>In the meantime, staff continue to utilize the current behavior management strategies, which include completing daily youth progress reports and responding to behaviors. During this monitoring period, there has been a noticeable increase in staff consistency in following the Legacy system. Youth Daily Progress Review forms are being completed with greater detail, and there is an observed increase in staff members entering comments to support their ratings. During this monitoring period, 65% of the reports reviewed include comments in both the negative and positive sections, marking a significant improvement from previous monitoring periods. Only 3% of the sheets lacked comments.</p> <p>While there are improvements, staff could benefit from additional coaching on how to write comments that offer youth more specific feedback. Many positive comments are general, such as “The youth demonstrated excellent behavior throughout the day” and “The youth had a great day.” These remarks fail to highlight and reinforce specific behaviors. In contrast, comments like “The youth helped clean the pod even when he was upset” and “The youth stayed in the gym while his peers were acting out” recognize positive behaviors in a meaningful way. Even more effective are comments such as, “The youth exhibited good impulse control. He faced a setback that could have triggered an incident but instead used his coping skills and had a good night.” This</p>



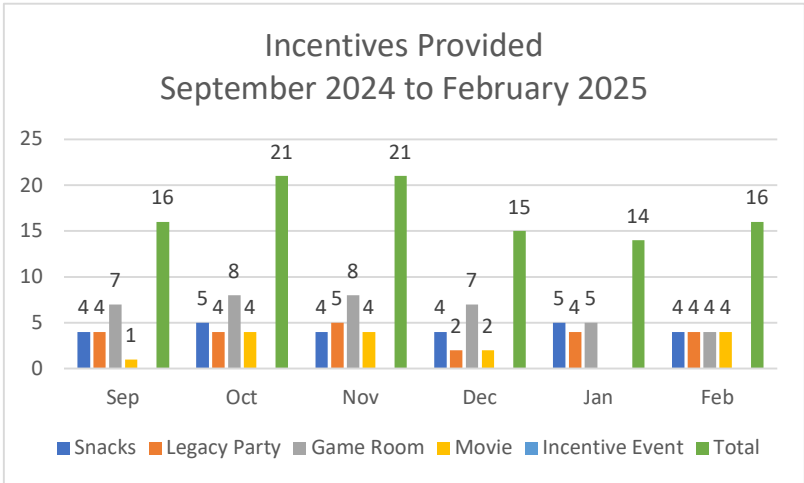
specificity reinforces the youth’s behavior by naming desired actions, like impulse control and utilizing coping skills. Another similar comment was, “Very good decision-making skills tonight, as he fell back without prompting rather than following along.”



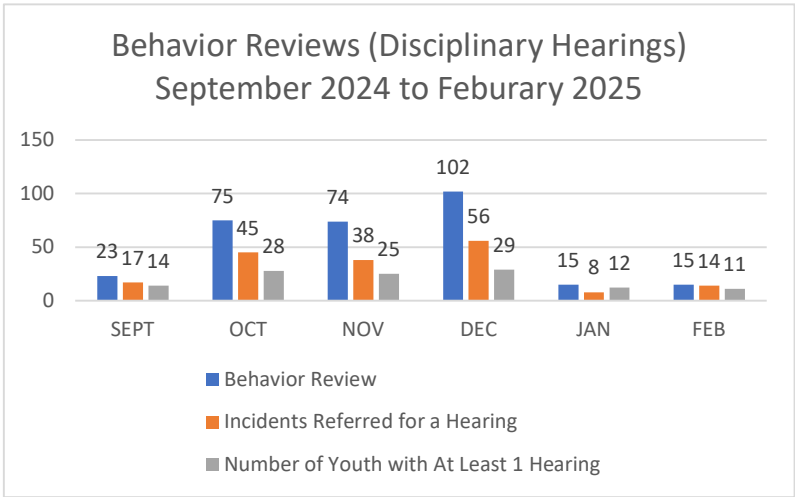
Staff appear to find it easier to write specific comments explaining why a youth received a lower rating. For instance, they may say, “The youth was prompted more than three times to remove himself from on top of the round table,” or “He did not attend afternoon classes and kicked a control room door. It's okay to feel angry; next time, use your words.” However, comments like “The youth should practice better boundaries” lack sufficient detail regarding the specific boundaries that need to be practiced.

DJJ’s incentives are divided into five categories: Canteen items (e.g. snacks, headphones, radio), Legacy Party, Game Room, Movie, and Event. During this monitoring period, an average of 17 incentives were offered per month, with a quarter of them being canteen items. The canteen items are earned each week based on a youth’s level, with youth requesting specific snacks or items from a pre-printed Motivational Store form. New items include headphones and a radio. Youth can earn up to six items per week.

A game room in the Willow Lane Chapel was available throughout the monitoring period. Youth can earn time in the room each week where they can play various games, including video games. It was reported that the game room recently closed due to some vandalism by youth. During the March site visit, staff reported they are reevaluating the location of the game room and hope to offer this incentive in the future. The frequency of incentives was similar to what was provided previously, except for the game room, which was utilized 39 times.



Another aspect of behavior management is behavior reviews (previously known as disciplinary hearings). A total of 304 reviews were conducted to address significant undesirable behaviors. The most common response to these behaviors was "Extra Details," which involved performing additional clean-up duties. The youth's participation in the reviews/hearings varied; while some chose to engage, others declined to take part. Youths interviewed expressed that the review/hearings had little impact on their behavior at the time, although several acknowledged that their actions deserved some form of consequence.



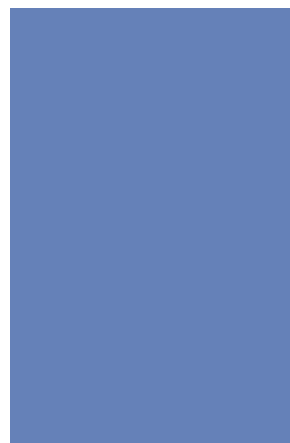
The outcomes of the hearings showed that, on average, 65% of cases were upheld based on the original charge, 11% were reduced, and 24% were unfounded or dismissed. Staff members interviewed about the process stated that improvements are being made to ensure that sanctions are graduated, applied consistently for similar behavior, and connect back to the youth's behavior. Another concern is that monitoring whether a youth completes their assigned sanctions is inconsistent. Draft plans indicate that DJJ plans to standardize

sanctions based on the type of offense while still allowing for individualized responses. One suggested change is to ensure that writing assignments are designed to encourage youth to reflect on their actions and consider what they could have done differently. This change can potentially enhance the process's overall effectiveness by helping youth consider how a different response might have yielded a more positive outcome for themselves.

This provision contemplates that consistently applying behavior management tools will reduce youth-on-youth violence. Unfortunately, during this monitoring period, incidents of youth-on-youth violence increased, with 40 incidents reported. When accounting for the youth population, the rate of violence is 1.5 times higher than in the previous monitoring period. BRRC leadership noted during this monitoring period that they housed numerous youths with a prior history of conflict, which contributed to increased challenges faced by the same group of youths. In November alone, there were 12 reported incidents, but the number of incidents declined after that month. Staff stated that the decline was due to some of the challenging youths being transferred to the adult system. As the population declined, DJJ consolidated youths into the Maple pod. The intent was to reduce incidents by increasing staffing levels and establishing new behavioral norms to follow. Six incidents occurred during the first month of this move as the youths adjusted. It is too soon to determine whether this strategy will have the desired outcome.



DJJ's approach to behavior management requires refinement, and they are actively working on improvements. On a positive note, the youths interviewed were able to identify their behavior level and Legacy membership type, such as Think, Learn, Contribute, or Contribute Honors. They were familiar with the rating process, could name the incentives offered, and understood how the behavior review process worked. However, many struggled to explain how these elements related to their behaviors and whether the incentives motivated them to maintain positive behavior. Additionally, some youths face adult



transfer requirements, which contribute to their lack of motivation to excel. Several staff members and youths provided examples of youths receiving incentives despite exhibiting problematic behaviors. There were also comments about youths being paroled by the Juvenile Parole Board, a separate entity from DJJ, even after being involved in such incidents.

While DJJ is recognized for making more consistent use of its behavior management tools, these tools have not effectively reduced youth-on-youth violence. The planned improvements have the potential to enhance the system, and DJJ is encouraged to expedite the testing of these tools and implement them if they prove to be more effective. Overall, this item remains in partial compliance.

#### 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 BRRC 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.
- Avoid adopting behavioral interventions that are disconnected from other aspects of behavior management. Each strategy should work in conjunction with the others as part of a comprehensive whole-system approach.
- Review the rate of youth-on-youth violence monthly and make adjustments to behavior management approaches, if needed, to reduce such incidents.

#### SOURCES

- September 2024 to February 2025
  - Youth-on-youth violence data
  - Positive Responses data
  - Behavior Reviews (Disciplinary Hearings) data
- Verbal reports from DJJ administration during monthly meetings on September 18, October 16, December 18, 2024, and January 15 and February 26, 2025
- Daily Progress Review Sheets for the weeks of September 26 to October 2, October 10 to 16, November 14 to 20, December 5 to 11 and 19 to 25, January 2 to 8, February 6 to 12, and February 27 to March 5
- Staff and youth interviews and onsite observations during November 13-14, 2024, and March 13-14, 2025, site visits

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.


Compliance Rating    Substantial Compliance

Description of the Monitoring Process

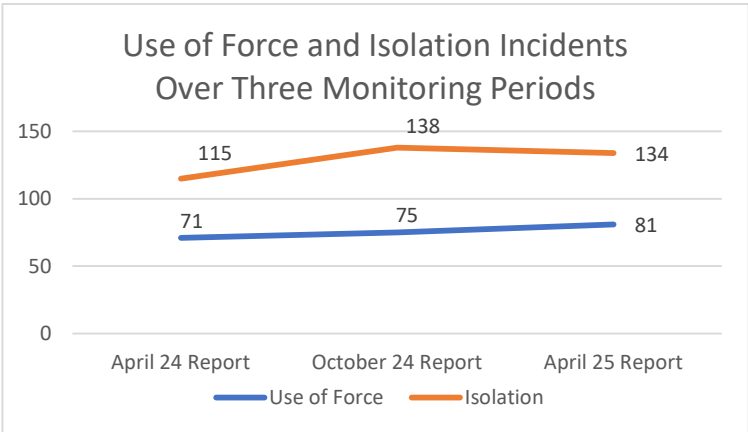


The monitoring team examined Safe Crisis Management training records, use of force and isolation data, and events reports to determine the extent to which staff used de-escalation strategies and other responses when responding to youth behaviors. Staff and youth were also interviewed.

Findings and Analysis



DJJ requires security and education staff to complete Safe Crisis Management (SCM) training. Only staff who directly supervise youths are required to complete the restraint portion of the training and must demonstrate competency in using the physical techniques. Training completion rates have been consistently high for security staff, with a 94% completion rate in February 2025. Untrained staff are new hires. The completion rate of education staff declined to 78%, up from 66% in August 2024, but lower than the rate of 91% in April 2024. Staff must also complete annual refresher training (see provision 96).



The number of use-of-force and isolation incidents over three different monitoring periods showed a slight increase from the previous year. These figures, however, do not account for factors such as the risk profile of youth, staffing patterns, rehabilitative programming offered, and other areas that could positively or negatively impact these figures.

A closer inspection of event reports and the circumstances that led to the use of force and/or isolation revealed that staff consistently attempted de-escalation strategies. What is not known is how many times staff use techniques successfully with youths, as incident reports would not be generated. Observations of staff interactions with youths in their unit and during recreation revealed that staff were generally engaged with the youths. In video footage of selected incidents, it appeared that staff were speaking with the youth and providing them with direction. These examples suggest that staff are applying the training they have received.

Investigation data indicates that the training is effective, as there were no substantiated cases of excessive use of force during this monitoring period. However, a few other cases are still under investigation. There were no substantiated incidents of improper use of isolation, although one is currently under investigation. Still, these numbers are low considering the number of overall incidents.

Staff are also consistently using the Legacy behavior management system by observing and rating youths on their behaviors each shift, as noted in item 42. Behavior reviews were also more consistently held during this period, with a total of 304 reviews held.

Unfortunately, many youths chose not to participate in the review, which suggests that a different approach may be needed to ensure these reviews are meaningful and can help address the root causes of a youth's behavior. Staff members interviewed indicated that the review process is being improved, and a standardized list of responses will be created that can be tailored to each youth.

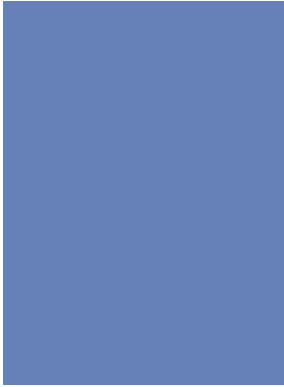
While DJJ is found to be in substantial compliance with this item, interviews with youths indicate that more can be done to prevent incidents from occurring in the first place. Robust programming, reducing idle time, and consistently practicing with youths to develop coping and problem-solving skills could improve their environment and enhance their ability to get along with one another and with staff.

#### 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.
  - Do not permit any staff who are not SCM-trained to work directly with youths. When untrained staff are scheduled to work, they should be paired with SCM-trained staff.
  - Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.



- Maintain training records to verify training completion and document actions taken with staff who fail to complete training requirements.
- Continue with BMS implementation to provide staff with an array of responses and sanctions they can employ other than physical force or isolation.

DJJ should also consider the following recommended steps.

- Monitor the BMS outcomes using incident, use of force, and isolation data to measure its effectiveness and continually improve it.

### *SOURCES*

- September 2024 to February 2025
  - Use of Force data and event reports
  - Use of Isolation data and events reports
  - Behavior Reviews (Disciplinary Hearings) data
  - BRRRC training records
- Verbal reports from DJJ administration during monthly meetings on September 18, October 16, December 18, 2024, and January 15 and February 26, 2025
- Daily Progress Review Sheets for the weeks of September 26 to October 2, October 10 to 16, November 14 to 20, December 5 to 11 and 19 to 25, January 2 to 8, February 6 to 12, and February 27 to March 5
- Staff and youth interviews and onsite observations during November 13-14, 2024, and March 13-14, 2025, site visits

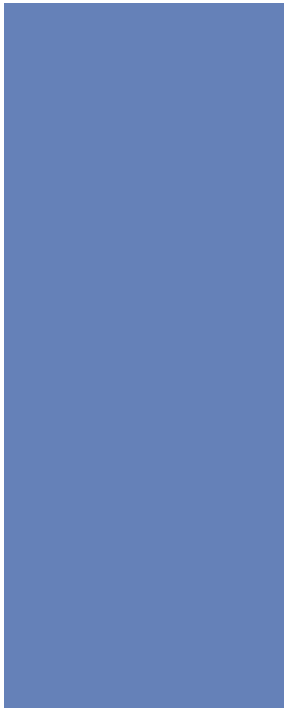
44. ON-SITE COACHES

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 Partial Compliance

<p>Description of the Monitoring Process</p> 	<p>Coaching lists and completed coaching forms were reviewed, along with meeting agendas that included coaching as a topic of discussion. Interviews were also conducted with staff and consultants.</p>
<p>Findings and Analysis</p> 	<p>BRRC’s onsite coaching program launched during this monitoring period. Previously, coaching was provided by behavior management consultants who modeled for staff how to conduct coaching sessions. Designated staff coaches were expected to begin coaching sessions, and staff estimated that 15 to 20 coaching sessions were held in September and October. Sessions, however, were not documented due to a misunderstanding about who was responsible for completing the paperwork during what was viewed as a pilot period.</p> <p>During this pilot period, a BRRC Leadership Coach was hired in October. The leadership coach worked with 14 identified coaches on how to coach. Coaches included security supervisory staff, youth engagement specialists (YES), youth support specialists (YSS), and administration staff. During November, 19 coaching sessions were documented. Of these, two sessions focused on staff issues with their supervisors, and three sessions involved discussions with potential coaches. The remainder focused on behavior management.</p> <p>By December, the list of coaches had been reduced to seven individuals, removing YES and YSS coaches and retaining security staff. No individual coaching sessions were documented; however, staff estimated that at least six supervisors conducted 10 or more coaching sessions in December. Coaching sessions with staff have taken place in both pod and office settings. Meeting agendas indicated that coaching was a topic at two shift briefings, a Captain's Lunch and Learn meeting, and a Lieutenant's meeting.</p> <p>In January, additional security supervisory staff were added, raising the total number of coaches to 11. The BRRC administration explained that this change was intended to emphasize that security supervisors are responsible for coaching and guiding their teams. During this month, three coaches provided a total of seven documented coaching sessions. The following month, in February,</p>





four of the listed coaches conducted 15 coaching sessions. Aside from the five sessions noted in November that did not address behavior management, the remaining sessions focused on this area, with specific feedback given to the staff. For instance, one coaching form stated, “I spoke with [officer] about being more vocal when youth are acting out. I advised her to utilize and leverage the rapport she has built to help keep youth calm and prevent incidents.” Another form noted, “Over time, [JCO] has shown great skill in her position. However, it was noted that she must ensure she is holding youth accountable for their actions. To support her professional development and interest in career advancement, [JCO] was given several policies related to her position.” These types of sessions can be beneficial for staff, helping them feel supported and guiding them in strengthening their skill set.

Based on this review, the coaching process did not become established until later in the monitoring period. Forms and a standard operations procedures manual have been drafted but not yet adopted. Consequently, this item is found to be in partial compliance, and it is anticipated that substantial compliance can be achieved if consistency is maintained.

#### Recommendations to Achieve Compliance



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

- Continue to document and report the number of coaching hours provided
- Finalize and adopt the draft Legacy Coaching Standard Operating Procedures (SOP) and Coaching form.
- Include in the SOP how coaches are identified, recruited, screened, and supported.
- Include in the SOP how coaches are deployed, how often they will engage in coaching staff, and how these coaching interactions will be documented.

DJJ should also consider the following recommended steps.

- Implement a process for coaching the coaches and conducting 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

- DJJ monthly data collection memo regarding coaching utilization, September 2024 to February 2025
- Staff and consultant interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- Draft Legacy Coaching Standard Operating Procedures
- Draft Coaching form

- March 25, 2025, memo to the SME and the DOJ from the SCDJJ Director of Settlement Compliance, subject: SCDJJ/USDOJ Settlement Agreement - Provision 44
- March 25, 2025, memo to the SCDJJ Settlement Coordinator from the Security-Operations Leadership Coach, subject: Coaching Sessions

## Use of Force

### 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.

Compliance Rating    Substantial Compliance<sup>16</sup>






Substantial compliance was achieved during the October 2023 monitoring period, and nothing further is required.

<sup>16</sup> See the October 2023 Monitoring Report for information on how substantial compliance was achieved.

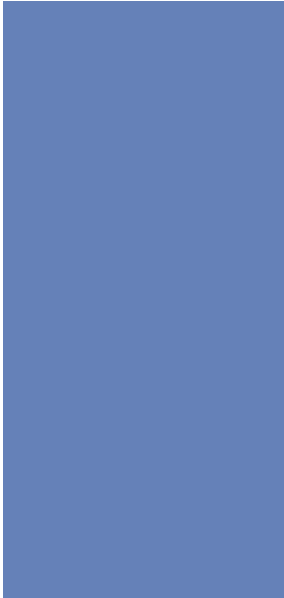
46. IMPLEMENT REVISED USE OF FORCE POLICIES AND PROCEDURES

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

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>Policies 310, Mechanical Restraints, and 315, Use of Physical Force, became effective October 15, 2023. The monitoring team evaluated the progress made in implementing the policy, including the number of staff who reviewed and acknowledged it, the number of staff trained on the policy, and the use of force incident data. The team also conducted interviews with staff and youths.</p>
<div>Findings and Analysis</div> <div></div>	<p>Upon issuing a new policy, DJJ staff are required to acknowledge receipt and review the policy through the department’s Power DMS System. During the previous monitoring period, 67% of staff across the department completed this requirement. During this period, 86% of employees completed this requirement, a substantial improvement.<sup>17</sup></p> <p>Staff also received training on the new policy, either by completing Safe Crisis Management (SCM) training or attending the policy training offered in August 2024. The data indicates that 94% of staff members completed the training. Staff who had not yet completed the training were new hires.</p> <p>DJJ also launched updates to its Event Reporting System during this monitoring period to align with the new policy. The updates include prompting staff to enter data and requiring data entry on specific elements, such as the reason force was used, efforts made to exhaust alternatives to force, and the duration force was applied. These changes are designed to reinforce policy requirements.</p> <p>These efforts, along with improving compliance ratings for use of force items 47-51, 53, and 54, demonstrate that DJJ is actively implementing the policy and is in substantial compliance.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Continue to ensure all staff read and acknowledge the policies.</li><li>• Continue to ensure all newly hired staff are trained in the policies and their application.</li></ul>

<sup>17</sup> Employees included all DJJ staff, regardless of position, and contractors.



- Continue to monitor implementation to ensure the policies have the desired impact.

DJJ should also consider the following recommended steps.

- Staff training on the new policies and procedures should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz.
- 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.
- Continue to conduct random reviews of incidents to determine whether physical force was accurately documented and, if used, whether it complied with policy or requires a referral to investigations.

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Use of Force summary report data, September 2024 to February 2025
- Agency-wide policy review and acknowledgment records from September 2024 and February 2025
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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 Partial Compliance

Description of the Monitoring Process

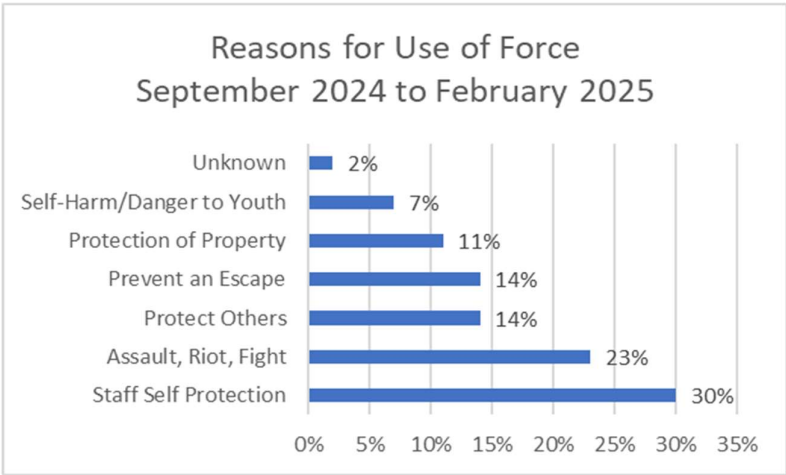


The monitoring team reviewed the use of force data, incident reports, youth grievances, and the number of investigations for excessive or unnecessary use of force. Staff and youths were also interviewed.

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, there were 81 incidents involving the use of force. Reasons given for using force ranged from protecting youth to preventing an escape, with staff self-protection the reason selected in 30% of the incidents.



Youths interviewed about their observations of use of force and any personal experience they may have had were able to articulate under what circumstances force may be used. These circumstances included when youth were engaged in assaultive behavior, actively destroying property<sup>18</sup>, having a weapon, or trying to escape. They were more circumspect about whether force should be used in cases of failing to comply with a staff directive. In some instances, youths stated that staff did not always give them enough time to comply with directives.

<sup>18</sup> Policy 315 states that force may be used to “prevent destruction of property that involves an immediate threat to the safety of youth, the employees, or others.” Youth did not discuss this exception.

Youths filed twelve grievances related to the excessive use of force, which were referred to Safety and Law Enforcement Services Branch.

It was observed that staff will demonstrate patience when attempting to get youths to comply with a directive. For example, the monitoring team observed instances where staff followed out-of-place youths while encouraging them to return to their designated place. In some cases, patience and encouragement were effective; in other instances, force was necessary.

There were also instances when staff appeared to respond quickly with force after issuing a verbal directive multiple times or attempting to redirect the youth without success. These statements were primarily made by Security Response Team (SRT) members and Public Safety Officers (PSOs), who are called in to assist with an incident when security staff's efforts to de-escalate the situation have failed. Youths interviewed indicated that force is more likely when SRT arrives and is expected with PSOs. Their presence may sometimes further agitate the youth or result in immediate compliance to avoid the use of force.

A review of all use-of-force event reports and nearly a dozen videos from selected incidents found that, in the majority of cases, the use of force appeared to be justified. However, there were also some instances in which the youth was not actively physically violent and did not seem to pose an immediate danger to themselves or others. Despite this, the event reports described why the use of force was justified, such as the youth was making threats and actively refusing to comply. In these situations, exploring strategies other than the use of force may have been more appropriate. With the advantage of hindsight, it is often easier to identify potential alternatives that may not be as obvious in the moment when staff must make quick decisions. The BRRC administration stated that it reviews all use-of-force incidents to determine whether staff acted in accordance with policy. Investigations also conduct an initial review of incidents.

During this monitoring period, there were 47 referrals<sup>19</sup> to investigations for alleged excessive use of force, with 25 closed and returned for management handling, 19 assigned for a criminal investigation, and one categorized as "open." There were no substantiated findings of excessive use of force, although some investigations are still open. DJJ reported that no disciplinary action was taken during this monitoring period, although action is pending in at least one case.

While administrative reviews and investigations are given the benefit of the doubt, it is questionable whether BRRC is giving enough attention to preventing the use of force. This could be done by employing de-escalation strategies earlier, proactively stepping in before youth behaviors can escalate, and keeping youth engaged in activities that keep boredom at bay. Overall, improvements have

<sup>19</sup>October 2024 investigation data was not reported due to staff turnover making the data inaccessible. Recreating the information was not feasible.

Recommendations to  
Achieve Compliance



been made to ensure that staff adhere to policy when using force. However, further efforts are needed to minimize the need for force in the first place, resulting in a finding of partial compliance.

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

- 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 due to the importance of these policies to the settlement agreement.

- 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 2024 to February 2025
  - Use of Force BRRRC Summary data
  - Youth Grievances related to use of force
  - Use of Force event reports
  - Videos of selected incidents
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits



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.


Compliance Rating    Substantial Compliance

Description of the Monitoring Process



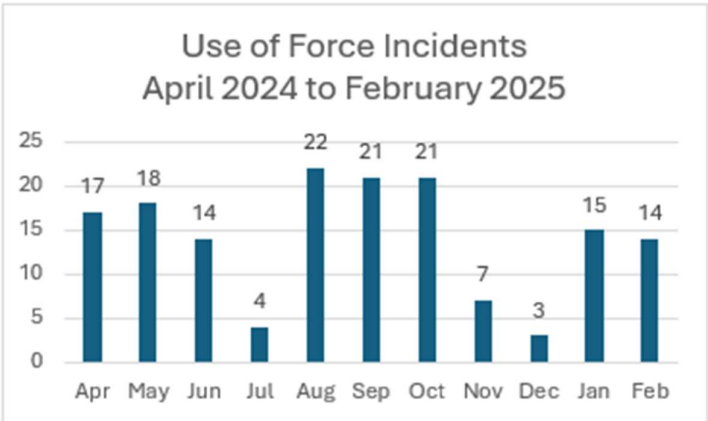
The monitoring team reviewed the use of force data, event reports, youth grievances, and the number of investigations for excessive or unnecessary use of force. Video footage from selected incidents was also reviewed and staff and youth were interviewed.

Findings and Analysis



Policy 315, Use of Physical Force, states that “Prior to using physical force, facility employees will make reasonable efforts to attempt and to exhaust a graduated set of intervention that avoid or minimize the use of force.” The list of intervention options includes talking to the youth, removing others from the room to discourage an “audience”, allowing them to cool off in another room, taking them for a walk, calling in an employee who is effective with the youth, giving the youth time and space to calm down, and giving the youth time to comply voluntarily. Staff can also withdraw incentives, assign a negative rating to the youth, or call additional staff for assistance, such as the Security Response Team.

During this monitoring period, there were 81 incidents involving 239 instances of use of force. An incident can involve more than one youth and staff member, and more than one type of force, including physical, mechanical, and chemical. The number of incidents per month ranged from a high of 22 in August to a low of three in December. There was a slight decline in the incident rate during this monitoring period, averaging 13.5 incidents per month, down from 15 incidents per month previously.



Event reports require staff to answer “yes” or “no” if a verbal directive was attempted, and then to describe the verbal directive and graduated interventions attempted to avoid or minimize the use of force or restraints. Staff are told to be specific about what was said or done. Event reports reviewed found that staff stated they gave the youth “several directives,” “numerous commands,” and “multiple verbal directives.” What was said was sometimes included, such as “Youth was given verbal directive to stop and return to his assigned room,” “Stop fighting,” and “Youth [name] was told to stop and breathe, to walk away from the situation to collect himself. He was reminded of his goal to go home. In the moment he was not receptive and continued to be aggressive.” When a verbal directive was not given, it was often because there was no time, such as when a youth was assaulting staff or another youth.

The narrative in most reports included details about what led to the incident requiring the use of force and what efforts, if any, the staff person attempted. A review of video footage of selected incidents revealed that staff appeared to be using verbal directives, hand gestures, or other strategies to calm the youth down. However, the footage does not contain audio. As noted in item 47, youths interviewed stated that in some instances, staff did not always give the youth enough time to comply with directives. There were also only a few instances in which staff described attempting other strategies listed in the policy, such as giving the youth time and space to comply or bringing in another staff member. Staff interviewed indicated that they do attempt these strategies and have had some success, meaning that an incident report was not filed since force was not used.

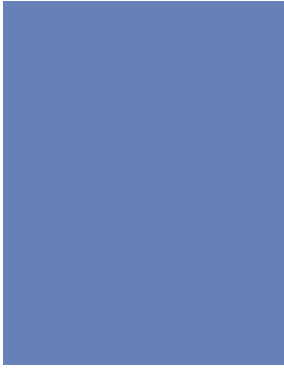
Based on the information reviewed, DJJ is in substantial compliance with this item; however, improvements could be made to provide youths with more time and space to calm down if the situation warrants it.

#### Recommendations to Sustain Compliance



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

- Continue to require staff to describe in incident reports the reasonable efforts taken to exhaust a graduated set of interventions, beyond simply issuing a verbal directive.
- Whenever physical force is used, continue to determine whether its use complies with policies and procedures and whether staff made reasonable efforts to attempt and exhaust a graduated set of interventions that avoid or minimize the 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.



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

- 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 2024 to February 2025
  - Use of Force BRRC Summary data
  - Youth Grievances related to use of force
  - Use of Force event reports
  - Videos of selected incidents
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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 Partial Compliance

Description of the Monitoring Process



The monitoring team reviewed the use of force data, event reports, youth grievances, and the number of investigations for excessive or unnecessary use of force. Staff and youth were also interviewed.

Findings and Analysis



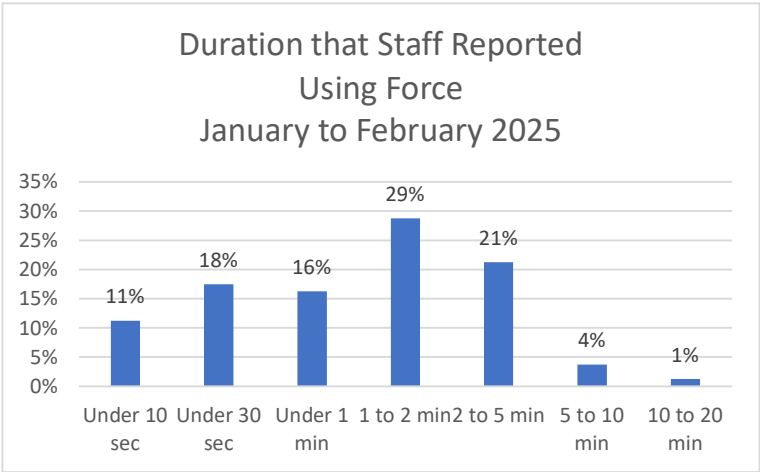
Policy 315, Use of Physical Force, states that staff should use physical force for the minimum amount of time necessary to stabilize the situation. DJJ updated the Event Report System (ERS) in January to require staff to enter how long force was applied by selecting from a drop-down menu of options.

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

Before this requirement, some reports included staff statements about applying force for the least amount of time necessary to control the situation, but a time frame was often missing. During the two months that this requirement was in effect, 45% of use-of-force incidents lasted less than one minute and primarily involved the use of physical force. When mechanical force was used in conjunction with physical force, the duration of the incident tended to be longer. This is expected since staff must wait until it is safe to remove mechanical restraints. Only one incident spanned 10 to 20 minutes, during which physical, chemical, and mechanical restraints were utilized. The incident narrative appeared to support the need to keep the youth in restraints.

Interviews with youths and a review of their grievances concerning the use of force did not reveal a pattern of force being applied for a period of time beyond what was necessary. Instead, youths complained about force being used in the first place or that the force

was excessive. A review of footage from selected incidents seemed to indicate that the duration of force applied was appropriate.



Positive progress was made in this area. However, this item is found to be in partial compliance due to only having duration data for a minor portion of the monitoring.

Recommendations to Achieve Compliance

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

- 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 2024 to February 2025
  - Use of Force BRRC Summary data
  - Youth Grievances related to use of force

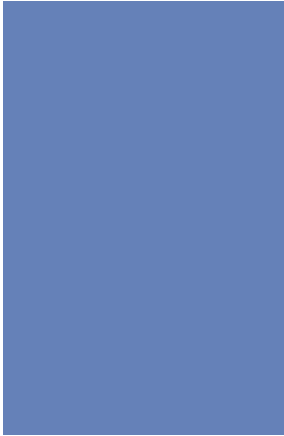
- Use of Force event reports
- Videos of selected incidents
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed the use of force data, incident reports, youth grievances, and the number of investigations for excessive or unnecessary use of force. Staff and youths were also interviewed.</p>
<div>Findings and Analysis</div> <div></div>	<p>There was a notable improvement in staff documenting the use of force and articulating a reason for its use that complies with the policy. The majority of use of force incidents (53%) involved staff self-protection or staff responding to fights, assaults, or riots. Investigations found two cases involving possible excessive use of force to be unsubstantiated. Other cases are still under investigation.</p> <p>A review of incident reports and staff interviews indicated that staff understood the approved reasons for when force could be used. They were able to articulate situations in which force is prohibited, such as using it for punishment or simply for failing to follow a verbal command. Additionally, staff recognized that any failure to comply with a staff directive must be linked to a valid reason for using force, such as the need to protect themselves or others.</p> <p>Youths interviewed indicated that sometimes the force used seemed to be excessive and they perceived it as punishment or retaliation because they failed to comply with the staff’s directives. There was no indication in the event reports reviewed that staff were purposefully using force as punishment or retaliation.</p> <p>This item is found to be in substantial compliance based on a review of reports, footage, and interviews.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Whenever physical force is used, continue to determine whether its use complies with policies and procedures and whether staff use of force or restraint was used as punishment or in retaliation for disobedience or the youth’s failure to follow a verbal command.</li><li>• Continue to affirm staff’s appropriate use of physical force.</li><li>• Continue to take the appropriate disciplinary action when staff’s use of physical force is not warranted or when staff’s</li></ul>



failure to act and use appropriate physical force results in youth or staff harm.

DJJ should also consider the following recommended steps.

- Regularly review with staff previous incidents for training purposes to identify any 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 2024 to February 2025
  - Use of Force BRRC Summary data
  - Youth Grievances related to use of force
  - Use of Force event reports
  - Videos of selected incidents
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

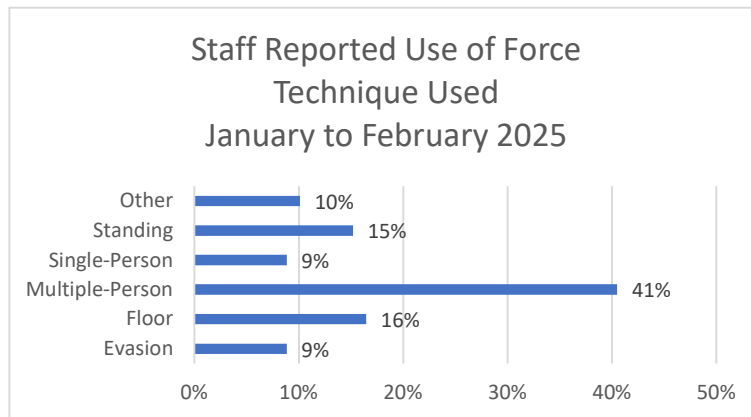


51. ONLY TRAINED STAFF MAY USE APPROVED TECHNIQUES

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 Partial Compliance

<p>Description of the Monitoring Process</p> 	<p>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.</p>
<p>Findings and Analysis</p> 	<p>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 of security staff involved in a use of force incident found that all staff had been trained in SCM. However, there were two staff whose annual training was overdue. One staff member last completed training on June 30, 2022, and the other staff member was trained last on November 8, 2023. This later staff member was involved in three use of force incidents in the same month.</p> <p>In January the Event Reporting System was updated to require staff to select from a drop-down list of options the type of physical force used. Staff must select all applicable techniques used.</p> <ul style="list-style-type: none"><li>● evasion/deflection techniques</li><li>● floor techniques</li><li>● multiple-person assist techniques</li><li>● single-person assist techniques</li><li>● standing technique</li><li>● other</li></ul> <p>If “Other” is selected, staff must describe the force used and name the technique. Data from January and February 2025 indicated that a multi-person technique was used in 41% of the incidents, followed by floor and standing techniques. Staff were less likely to use a single-person or evasion technique. In eight instances, staff selected “other,” but the details were not included. Seven of these reports were completed by Security Response Team members or public safety officers, and one by a juvenile correctional officer.</p>



While all staff involved in use of force incidents were trained, this item is found in partial compliance due to only having technique information data for a minor portion of the monitoring period.

#### Recommendations to Achieve Compliance



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

- 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.
  - Do not permit any staff who are not SCM-trained to work directly with youth. When untrained staff are scheduled to work, they should be paired with SCM-trained staff.
- Continue to allow only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
- Continue to prohibit untrained staff from using physical force or restraint.
- 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.
- Take appropriate disciplinary action when untrained staff use force or trained staff use unapproved techniques.

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

- In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff. Only SCM-trained staff should be allowed to use restraint and physical force on youth consistent with policies.
- 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 2024 to February 2025
  - Use of Force BRRC Summary data
  - Training records for staff involved in a use of force incident
  - Youth Grievances
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, 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

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed use of force data and event reports.</p>
<div>Findings and Analysis</div> <div></div>	<p>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:</p> <ul style="list-style-type: none"><li>a. A description of the youth action/violent behavior and immediate danger to self or others necessitating the use of force.</li><li>b. A description of verbal directives and graduated interventions that were attempted to avoid or minimize the use of force; and</li><li>c. The type of force used, including naming the specific techniques on which officers are trained, and for how long it was used.”</li></ul> <p>A review of random event reports from November 2024 to February 2025 found that 65% of reports were completed within 24 hours of the incident, 20% were completed within an additional day, and 15% were completed three or more days later. Most of the late reports were completed by non-security staff. These rates demonstrate high compliance with the policy.</p> <p>In January, DJJ released updates to the Event Reporting System (ERS), which required staff to enter details noted in items a-c. Staff also received training and practice on how to document incidents appropriately in the system using the new fields. Due to the ERS updates being required for only a minor portion of the monitoring period, this item is found to be in partial compliance. It is anticipated that substantial compliance can be achieved during the next</p>



monitoring period if staff consistently complete reports with the required level of detail.

Recommendations to Achieve Compliance

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

- Continue to ensure that staff complete the event reports promptly and with the required level of detail.
- Continue to require supervisors 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

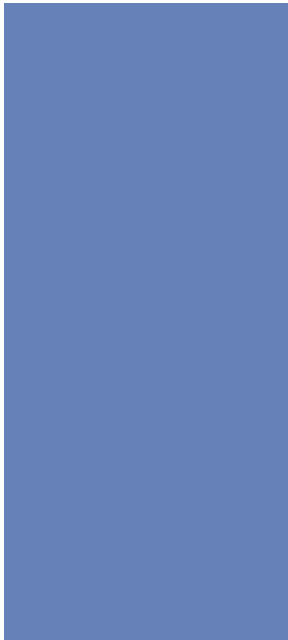
- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- September 2024 to February 2025 Use of Force BRRRC Summary data
- November 2024 to February 2025 selected event reports

53. MEDICAL EVALUATION FOLLOWING USE OF FORCE

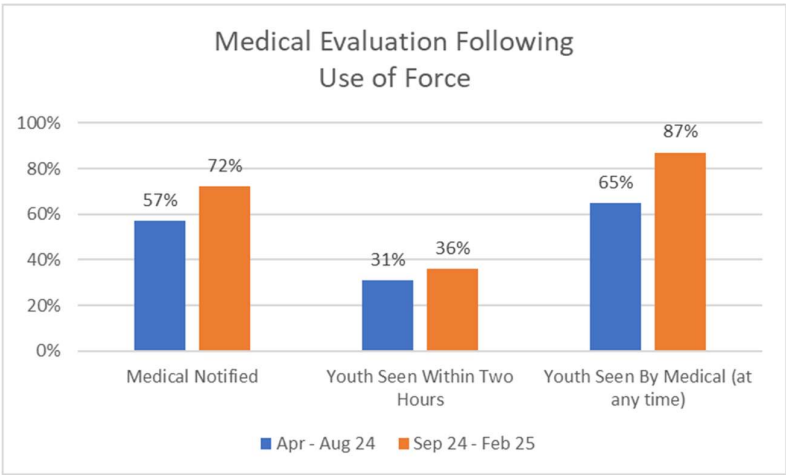
After an instance of use of force or restraint, DJJ will ensure that youth are evaluated promptly by a qualified medical professional or transported to a medical emergency facility promptly, unless the youth refuses a medical evaluation. Except in an exceptional circumstance, the youth should be transported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

Compliance Rating Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed use of force data, incident reports, and medical records, and interviewed staff, medical professionals, and youth.</p>
<div>Findings and Analysis</div> <div></div>	<p>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 2024 to February 2025 showed that 104 youths required an evaluation; however, only 36% were seen within the required timeframe.</p> <p>Medical staff reported that timely assessments were not completed due to delays in notifying them that a youth needed to be seen. Often, staff would realize that a youth required an assessment during a meeting or through a system audit. Although there were delays in notifications, the overall notification rate improved, rising to 72% in this monitoring period, up from 57% in the previous period. However, these improvements are overshadowed by the fact that notifications often took place one or more days after the incident. This delay is particularly concerning because 40% of the youths reported or had documented injuries.</p> <p>Although only 36% of youths were seen within the required time frame, 87% were eventually assessed, sometimes days after the use of force incident. Youths who were not evaluated had either already been transferred out of the facility by the time medical staff became aware that they needed to be seen, were no-shows, or refused transportation for an assessment. While assessments should occur for 100% of the youths, the 87% figure represents an improvement from the previous period's rate of 65%. Despite these advancements, it is troubling that many youths are not seen in a timely manner, particularly given that 40% had injuries reported or documented by medical staff when they were eventually assessed.</p> <p>Staff and youths interviewed indicated that transports were rarely done by the person involved in the use of force. Staff indicated that every effort is made to remove the staff person from the situation.</p>



Overall, these improvements indicate that DJJ is making progress in meeting this requirement. However, this provision is partially compliant due to the low percentage (36%) of youths being seen within the required timeframe.



Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward 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 per the policy.
- 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 2024 to February 2025
  - Use of Force BRRC Summary data
  - Medical Assessment spreadsheets
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed use of force data, incident reports, and medical records, and interviewed staff, medical professionals, and youths.</p>
<div>Findings and Analysis</div> <div></div>	<p>Medical staff confirmed that their evaluation protocols align with the requirements of this provision by reviewing the process for conducting medical evaluations with the monitoring team following instances of use of force. Staff and interviewed youths validated this process. Youths are interviewed and assessed privately, away from the hearing of other staff and youths, unless they are in isolation. In such cases, staff strive to maintain discretion while conversing with the youth during the evaluation.</p> <p>While improvements are needed to meet the assessment timeline requirements, the process for conducting these assessments is being followed, placing this item in substantial compliance.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Continue to monitor implementation to ensure staff adhere to the policy and the policy has the desired impact.</li><li>• Continue to take appropriate disciplinary action if staff did not follow policies and procedures.</li></ul> <p>DJJ is also encouraged to incorporate these required elements into its quality assurance system.</p>

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- September 2024 to February 2025
  - Use of Force BRRC Summary data



- Medical Assessment spreadsheets
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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    Non-Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed the use of force data, incident reports, and medical records and interviewed staff, medical professionals, and youth.</p>
<p>Findings and Analysis</p> 	<p>Following an instance of the use of force or restraint, DJJ staff must have the youth 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, requires 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, further requires that if a youth refuses an assessment, they “will be contacted by the nurse within twelve (12) hours to offer to conduct an evaluation and provide needed treatment either at the infirmary or on the youth’s unit.”</p> <p>Medical data was reviewed to determine the frequency with which youth refuse a medical evaluation immediately after the use of force or restraint. Between September 2024 and February 2025, only two refusals were reported to medical staff per the policy. Five youths refusals were reported to non-medical staff even though the policy requires the refusal to be in the presence of a medical provider. The non-medical staff refusals occurred in September and October 2024.</p> <p>An evaluation of the two medical refusals found that neither youth was seen within 12 hours of the use of force. In one instance, the medical staff made two requests to see the youth, and the youth was finally seen three days after the incident. In the other instance, the youth was a no-show following the first request and signed a refusal form after the second request, stating, “I do not need to be seen.”</p> <p>The data reviewed and interviews conducted indicate that challenges persist in adhering to the medical refusal requirements outlined in policies 315 and 604, placing this item in non-compliance.</p>

Recommendations to  
Achieve Compliance



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

- 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 2024 to February 2025
  - Use of Force BRRC Summary data
  - Medical Assessment spreadsheets
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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

## 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.

Compliance Rating    Substantial Compliance<sup>20</sup>

Description of the Monitoring Process






Substantial compliance was achieved during the April 2024 monitoring period, and nothing further is required.

<sup>20</sup> See the April 2024 Monitoring Report for information on how substantial compliance was achieved.

## 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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>Policy 328, Investigations, became effective on January 15, 2024. The monitoring team evaluated the implementation process, including reviewing staff training records and investigation protocols to determine whether staff followed the policy. The team also interviewed investigations staff.</p>
<div>Findings and Analysis</div> <div></div>	<p>A review of training records shows that all investigative staff have received training on the new policy, with two new staff trained in November. Interviews with staff, along with an inspection of case logs and a sample of closed case files, indicate that the team is adhering to the policy requirements and the investigation protocols outlined in the policy. Improvements were observed during this monitoring period, and DJJ is now in substantial compliance with this requirement.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Continue to ensure all newly hired investigations staff are trained in the policy and its application.</li><li>• Continue to monitor implementation to ensure the policy has the desired impact.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.</li><li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li></ul>



### SOURCES

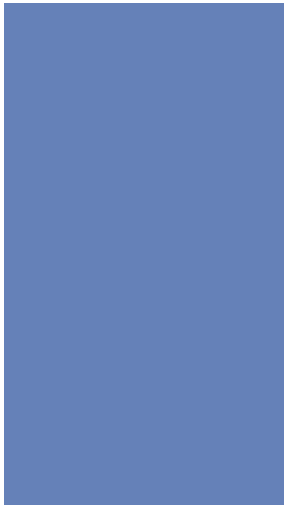
- Policy 328, Investigations
- Investigations training records, November 2024
- September 2024 to February 2025, investigations case logs and related documents
- Seven sample investigations case files, September 25, October 20, November 11, and December 16, 2024, and January 1, January 11, and February 5, 2025
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed initial event review documents for the incident types described in this provision and interviewed investigations staff.</p>
<p>Findings and Analysis</p> 	<p>The investigations team holds weekly meetings to review all event reports related to this provision. During these meetings, they conduct an initial assessment to determine whether a full investigation is necessary, whether the case can be closed with the available information, or whether it should be closed and forwarded to management for further action.</p> <p>If an incident meets one or more of the following criteria, it will not be assigned an investigator for a full investigation:</p> <ul style="list-style-type: none"><li>(1) the case does not exceed Assault and Battery 3rd Degree for youth-on-youth physical harm;</li><li>(2) there is no apparent evidence that use of force was inappropriate, unnecessary, or excessive;</li><li>(3) there is no apparent evidence that isolation was used improperly;</li><li>(4) a grievance or informal complaint has not been filed;</li><li>(5) the case is best served by internal sanctions to address youth behavior rather than criminal prosecution; or,</li><li>(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).</li></ul> <p>During this monitoring period, investigations reported conducting an initial review of 93 incidents related to this provision from September 2024 to February 2025. In September and October, 17 incidents were</p>



reviewed, but the outcome was not provided. The data for November and December included the outcomes but did not specify the basis for those decisions. In January, the reasons for decisions were provided for five out of 22 cases. In February, 20 out of 22 cases included a rationale for the determinations made. The investigations team noted that their decisions could change if new information becomes available.

The investigations team explained the protocol when conducting an initial review and shared seven case files to illustrate this process. A review of these files verified the process. Although the process meets the requirements outlined in this provision, the reporting data needs improvement to clarify the basis for making investigation decisions. This issue was noted in the previous monitoring report and must be addressed to achieve substantial 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.
- Continue to 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 2024 to February 2025, initial review of incidents log
- Seven sample investigations case files, September 25, October 20, November 11, and December 16, 2024, and January 1, January 11, and February 5, 2025
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits



59. INVESTIGATION PROCEDURES

All incidents where:

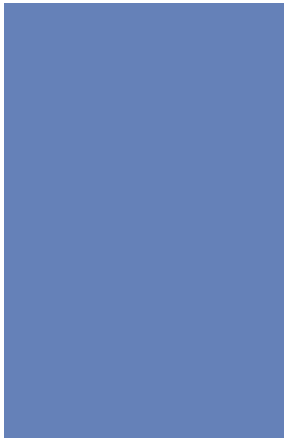
(1) a youth or someone on the youth’s behalf files a grievance or an informal complaint of youth-on-youth physical harm from fights or assaults, uses of force or restraint, or the improper use of isolation; or (2) where the initial review described above indicates conduct may be in violation of criminal 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

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed investigation data and tracking documents and interviewed staff and youths.</p>
<div>Findings and Analysis</div> <div></div>	<p>The investigations team continues to track investigations using various spreadsheets. Between September 2024 and February 2025, investigation case logs listed 20 investigations related to the use of force and 25 investigations related to youth-on-youth violence. In January and February, six incidents of alleged improper use of isolation were reviewed. Of these isolation incidents, five were closed, while one was assigned for a criminal investigation. Data regarding instances of possible improper use of isolation from the previous months was not reported.</p> <p>A review of the investigation case logs and on-site documents indicated that the investigations adhered to established procedures, which included attempts to interview the involved parties and review video. However , investigators reported that in some instances they were forced to rely solely on event reports and video footage to conduct their investigations because staff were not available for an interview or youths were unwilling to participate. This challenge affected the timeliness of completing investigations because</p>





investigators would make multiple attempts to obtain interviews and then do their best to investigate the case if unsuccessful.

A review of closed investigations during this monitoring period indicates that only 28% of youth-on-youth physical harm cases were completed within the ten-day deadline. No use of force incidents met the 10-day deadline or extension. One investigation into improper use of isolation was still active and had not yet exceeded the extended deadline. Given the complexity of these investigations, it may be unrealistic to expect investigations to be completed within 20 business days. However, DJJ needs to explore ways to improve timelines without compromising the integrity of the investigation to achieve substantial compliance.

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 investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.

*SOURCES*

- Policy 328, Investigations
- September 2024 to February 2025, administrative/investigative inquiry reports, case status and investigative reports, case management history documents, and events reports
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- March 21, 2025, video retention review

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

<div>Description of the Monitoring Process</div> <div></div>	<p>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.</p>
<div>Findings and Analysis</div> <div></div>	<p>According to Policy 328, Investigations, if the initial review of a 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 must then determine whether corrective action is necessary and provide feedback to the employee within seven business days.</p> <p>During the monitoring period from September 2024 to February 2025, administration conducted 74 staff reviews of incidents that did not require a full investigation. Data for October was unavailable. There has been a noticeable improvement in documenting the recommended actions related to these reviews, such as following up with staff about incidents and addressing any concerns that have been raised. Administration indicated that the employee’s senior manager is expected to provide staff with the recommended feedback; however, there is currently no verification that this feedback is being provided.</p> <p>Additionally, the logs would benefit from more detailed descriptions of the corrective actions needed from staff, as well as acknowledgment of what staff did correctly. Some incidents also suggest that staff may require additional coaching or training. Based on the provided documentation, this provision is partially compliant due to the lack of detailed information confirming that specific feedback was provided to staff.</p>

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 that staff responsible for each step is accountable for reporting when their required actions are completed.



### *SOURCES*

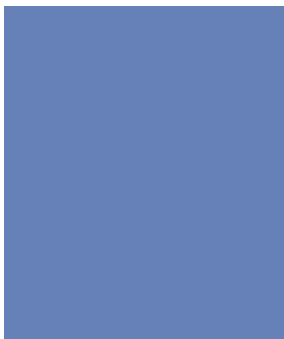
- Policy 328, Investigations
- September 2024 to February 2025, administrative review data
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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    Non-Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team interviewed staff and reviewed incident reports, youth grievances, and monthly permissible contact following an allegation documents provided by DJJ.</p>
<div>Findings and Analysis</div> <div></div>	<p>When an allegation of improper use of force or isolation is made against a staff member, or if an investigation identifies a potential issue, the administration collectively decides whether to move the staff member or place them on unpaid administrative leave during the investigation. In the 19 investigations into improper use of force, no documented action was taken regarding whether any limitations should be placed on contact between the youth and staff involved in the incident.</p> <p>Since 30% of use-of-force incidents involved staff self-protection, it seems it would be necessary to impose limits on contact in some cases, especially when staff indicate that they want to press charges against a youth for assault. BRRC administration stated that it is standard practice to assign staff whom a youth has assaulted to a different unit. A more formal review of these incidents should be conducted to ensure that appropriate boundaries are established, particularly when there are concerns about retaliation or if an active investigation is underway, in order to avoid compromising the investigation's outcome.</p> <p>A review of youth grievances revealed two additional instances in which youth reported a conflict or made an allegation against a staff member. The grievances were forwarded to the Office of the Inspector General for follow-up, but the documentation provided did not indicate whether a determination was made regarding the permissible level of contact between the youth and the staff member.</p> <p>BRRC administration agreed that improvements were needed to ensure that youths feel comfortable bringing forth issues without fear of reprisals from staff who are the subject of their complaint. The South Carolina Department of Juvenile Justice Agency Implementation Plan for BRRC Settlement Agreement proposes</p>



developing “a written formal process to document how the level of permissible contact between youth/youth and staff/youth is determined by management...” The plan also outlines the procedures for sending notifications and methods for monitoring compliance. The proposed start date is March 2025.

Due to the absence of a formal process and the lack of documentation during this monitoring period to document assessments of the allowable contact between the youth and the alleged perpetrator, this item is deemed non-compliant.

#### Recommendations to Achieve Compliance



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

- 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.
- Ensure that no-contact orders are communicated to relevant staff and followed.
- Maintain records of no-contact orders, including the effective date and the date, if applicable, when the order is lifted.
- 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 2024 to February 2025
  - BRRRC permissible contact documents
  - Youth grievances
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRRC Settlement Agreement

## 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.

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed the Investigations Case Log and interviewed investigations staff.</p>
<p>Findings and Analysis</p> 	<p>Policy 328, Investigations, states that the designated investigator must request video footage of the incident within three days of receiving the allegation. Investigators typically request video footage on the day they are assigned the case. The division camera surveillance officer then assigns the task to a staff member who pulls the video footage and sends it to the Internal Integrity Manager. This process is documented in a spreadsheet and is considered standard operating procedure.</p> <p>A review of the Investigations Case Logs from September 2024 to February 2025 found that with one exception, videos were requested within three days of receiving the allegation. The video for the remaining incident was eventually obtained; however, no date was listed. The documentation supports a continued finding of substantial compliance.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Continue to ensure that a video of the incident, if one exists, is requested within three days of receiving the allegation.</li><li>• Continue to maintain records to verify the process was followed.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Create an operations manual that outlines the process and roles for all investigations and identifies the process for requesting and obtaining video.</li><li>• Identify and implement an investigation data tracking system to improve efficiency and the ability to track and analyze investigation data.</li></ul>




### *SOURCES*

- Policy 328, Investigations
- September 2024 to February 2025, Investigations Case Log
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

### 63. RETENTION SCHEDULE

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

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed investigation procedures, documents, and videos, and interviewed staff.</p>
<div>Findings and Analysis</div> <div></div>	<p>DJJ remains in compliance with all requirements for retaining investigative materials. The procedures for retaining documents, including videos and interview notes, remain unchanged, with investigative documents being kept for a minimum of seven years. Staff members successfully produced for the monitoring team the investigation documents and videos that were randomly requested and dated back more than a year.</p> <p>The IT Department verified that they maintain a total of nine servers. All servers are backed up for 90 days, except for servers 3 and 8, which are backed up for only 75 days and are not located in the pod areas. These two servers are being updated to ensure 90 days of retention. The interviews and reviews of videos support a finding of substantial compliance.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, DJJ should retain all investigation documents, including video and interview notes, for a minimum of one year, and maintain records to verify retention practices.</p> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Create an operations manual that outlines the process and roles for all investigations and describes the process for retaining and storing investigation documents.</li><li>• Store all investigation documents in a central, secure location with access restricted to authorized staff.</li><li>• Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.</li></ul>

SOURCES




- Policy 328, Investigations



- Staff interviews and testing of video and document retention during November 13-14, 2024, monitoring site visit and during March 21, 2025, virtual meeting
- Virtual video retention verification on March 24, 2025

## 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.

Compliance Rating    Substantial Compliance	
<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed case logs and investigation documents and conducted interviews with staff.</p>
<div>Findings and Analysis</div> <div></div>	<p>The investigations team confirmed that investigations are carried out even if video footage of the incident is not available. This practice has not changed since the last monitoring period. The Investigations Case Log records the date on which video footage was requested, whether it was obtained, and if it was retained. A review of the case logs revealed that, out of the 45 investigations conducted, video footage was obtained in all cases except one. Despite having no video footage, the incident was still thoroughly investigated. Both the interviews and the case log verification indicate ongoing substantial compliance.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, DJJ should ensure that investigations are completed even when no video of the incident exists and maintain records to verify that investigations are conducted as required.</p> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Create an operations manual that outlines the process and roles for all investigations, as well as the procedure for retaining and storing investigation documents.</li><li>• Identify and implement an investigation data tracking system to enhance efficiency and facilitate the tracking and analysis of investigation data.</li><li>• Track the number of investigations in which video is unavailable to determine whether additional surveillance equipment may be necessary to assist with future investigations.</li></ul>

### SOURCES

- Policy 328, Investigations
- September 2024 to February 2025, Investigations Case Log and related investigations documents
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

## 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 **Partial Compliance**

### Description of the Monitoring Process



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

### Findings and Analysis



During the monitoring period, DJJ reported no findings of staff misconduct arising from the excessive use of force, inappropriate use of isolation, or failure to protect youth from physical harm from other youth.

DJJ conducted 74 administrative reviews of incidents related to this provision. In February, there was one notable case in which the administration determined that the staff had not used an approved physical technique, and the force applied was deemed excessive. As a result, DJJ noted that termination was recommended and was pending.

In other cases, the administrative reviews identified procedural issues. These included failing to ensure that youths received medical attention after an incident and not completing event reports accurately. In these instances, it was noted that the staff “would be addressed” regarding the issues to initiate corrective action. Although no information was provided about whether any action was taken, interviews with facility leadership indicated that they do follow up with staff on these matters. However, they do not maintain documentation of these follow-ups.

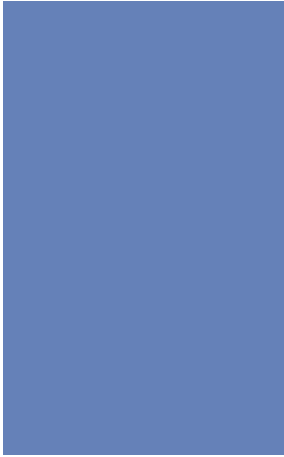
To move from partial to substantial compliance, DJJ needs to document more explicitly when staff corrective or disciplinary action is required, as well as the actual outcome resulting from that determination.

### Recommendations to Achieve Compliance



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

- 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.

- Properly document all staff corrective and disciplinary measures taken in response to a finding of misconduct.
- 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*

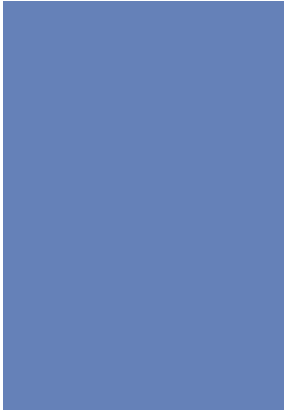
- Policy 328, Investigations
- September 2024 to February 2025
  - Administrative Review of Incident Logs
  - September 2024 to February 2025, Investigations Case Log and related investigations documents
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

## 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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed investigation data and reports and interviewed staff.</p>
<div>Findings and Analysis</div> <div></div>	<p>The investigations team confirmed that they continue to conduct investigations even if a youth withdraws their allegation, expresses a desire not to prosecute, declines to be interviewed, or refuses to provide a written statement. In such instances, investigators review incident reports, videos, and medical records and attempt to interview all parties involved. They also try to understand the youth's lack of involvement and explore whether there is anything that can be done to rectify the issue.</p> <p>Withdrawals by youth are tracked, and only one case was identified in which a youth refused to pursue the case. A review of the investigation documents showed that the investigator followed protocol and completed the investigation despite this refusal. DJJ is found to be in substantial compliance.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, DJJ should ensure that the following actions continue.</p> <ul style="list-style-type: none"><li>• Continue to ensure that investigations are not terminated solely based on a youth's withdrawal of an allegation, their stated desire not to prosecute a criminal matter, or their refusal to write a statement.</li><li>• Continue to make an effort to determine the reasons for the withdrawal or refusal. If the reason is coercion or threat, the matter should be referred for a separate investigation and documented.</li><li>• Maintain records to verify that efforts were made to determine the reasons for the withdrawal or refusal and the outcomes of those efforts.</li><li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li></ul>



DJJ should also consider the following recommended steps.

- Create an operations manual that outlines the process and roles for all investigations, including how to investigate incidents when a youth withdraws an allegation or refuses to cooperate.
- Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

### *SOURCES*



- Policy 328, Investigations
- September 2024 to February 2025, Investigations Case Log and related investigations documents
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

# Isolation

## 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.

Compliance Rating    Substantial Compliance<sup>21</sup>




<div>Description of the Monitoring Process</div> <div></div>	<div>Substantial compliance was achieved during the April 2024 monitoring period, and nothing further is required.</div>
<div>Recommendations to Sustain Compliance</div> <div></div>	<div>To maintain substantial compliance, DJJ must submit any proposed revisions to Policy 323, Isolation of Youth, for final approval before adoption.</div>

<sup>21</sup> See the April 2024 Monitoring Report for information on how substantial compliance was achieved.

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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team evaluated the implementation process, including reviewing isolation data to determine whether staff followed the policy. The team also interviewed administration, staff, and youths.</p>
<div>Findings and Analysis</div> <div></div>	<p>Policy 323, Isolation of Youth, took effect on November 15, 2023. That month, BRRC conducted six two-hour training sessions for its staff, training 183 employees. Additionally, employees are required to review and acknowledge receipt of the policy through the department’s Power DMS System. The records indicate that by February 2025, 86% of all staff across the department completed this requirement, an increase from 83% in September 2024.<sup>22</sup> The revised policy has also been integrated into the Basic Academy curriculum for all new Juvenile Correctional Officers.</p> <p>During earlier monitoring periods, BRRC staff faced challenges adhering to various components of the policy, as indicated in the April and October 2024 Monitoring Reports, which highlighted several areas of non-compliance. However, in the current monitoring period, DJJ staff demonstrated a greater understanding of how to apply the policy, with many isolation provisions improving this monitoring period. While documentation of some provisions remains a challenge, DJJ is actively working to correct these shortcomings. These efforts demonstrate substantial compliance with the implementation of the policy.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>Continue to ensure all newly hired staff are trained in the policy and its application.</li><li>Monitor implementation to ensure the policies have the desired impact.</li></ul> <p>DJJ should also consider the following recommended steps.</p>

<sup>22</sup> Employees included all DJJ staff regardless of position and contractors.





- 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
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- Agency-wide policy review and acknowledgment records from September 2024 and February 2025

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 Partial Compliance

Description of the Monitoring Process

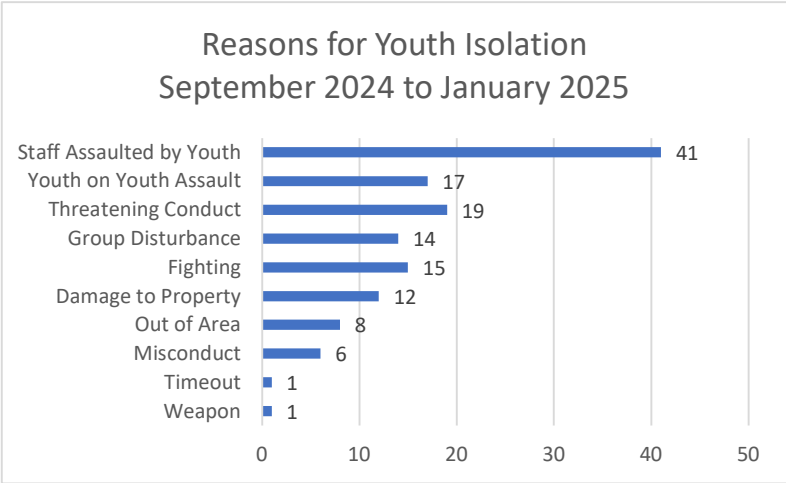


The monitoring team reviewed isolation data and forms, reasons given for isolation, incident event reports, and interviewed staff and youths. Video footage of nearly a dozen selected incidents that resulted in isolation was also reviewed. Additionally, footage from the living units was reviewed, covering several hours on random dates.

Findings and Analysis



Between September 2024 and February 2025, 134 instances of isolation were reported. Nine different incident types were associated with youth being placed in isolation, with 31% of isolation events stemming from a staff assault.



For most isolation events, the documentation included a description of how the youth posed a serious and immediate danger to themselves or others. Staff also described the efforts made to resolve the situation, including providing the youth with specific instructions, initially ignoring their behavior, reminding them of their goals, encouraging them to walk away or go to their room to calm down, and instructing them to utilize their coping skills.

A review of event reports found that staff provided detailed information about the youth’s behavior that led to their isolation. Staff also provided further justification for isolation when completing the Youth Isolation Commencement and Release Form, describing the strategies they attempted to de-escalate and calm the youth.

Although justification was provided for each instance of isolation, a review of event reports found that isolation could have been avoided in some instances had staff spent more time employing de-escalation techniques or if the youth had better coping skills. For example, there were six instances in which a youth became upset over a situation, such as being unable to participate in an event, not receiving juice with their meal, or having a request denied. In these moments, the youth reacted emotionally by throwing objects, yelling, and making aggressive gestures. During such emotional states, reasoning strategies may prove ineffective, and allowing the youth additional time to calm down could have led to a more positive resolution. In other situations, it seemed that staff had no choice but to isolate the youth due to their aggressive and assaultive behavior toward staff members or other youths. DJJ identified only one instance in which isolation may have been improper. That instance is being investigated.

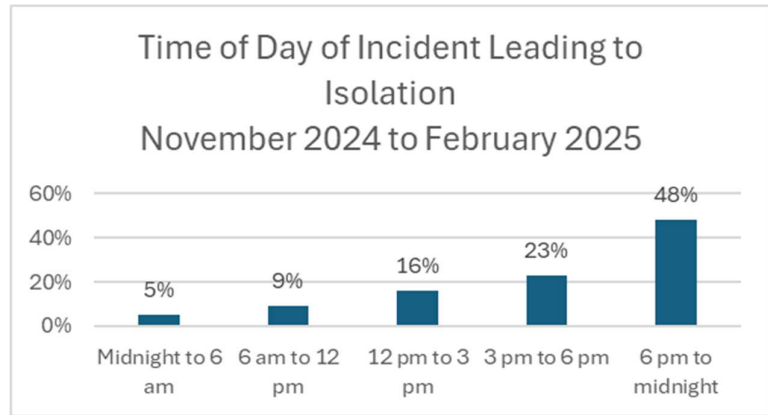
Another area of concern is BRRC's use of operational confinement to manage youth behaviors. The policy permits youth to be involuntarily confined to their room for 15 minutes or less "for reasons related to the facility's operations," such as shift change and youth counts. Facility administration can extend operational confinement for up to one hour if necessary, provided that all reasonable and less restrictive alternatives have been attempted. During the previous monitoring period, operational confinement was used routinely in the evenings, with youth being let out one at a time for a shower.

Earlier during this monitoring period, BRRC ceased using operational confinement, but resumed using it when youths were consolidated into the Maple pod on January 29. Youths and staff interviewed, and video footage reviewed, found that youths were confined to their rooms in the evening, sometimes as early as 6:30 PM, for "operational confinement." Youths were then let out of their rooms for a shower, one at a time. Youths complained about how this routine impacted their phone and leisure time. Staff members interviewed stated that confinement was necessary to ensure the safety of both youths and staff, and it typically lasted no more than an hour. However, the youths interviewed stated that there were many occasions when it lasted more than an hour because some youths were slow to follow the shower routine and return to their rooms. BRRC did not document any of these extended instances as isolation, which would have been required if operational confinement extended beyond one hour. Even if they had been reported as isolated, it would be difficult for BRRC to demonstrate that the youths were a serious and immediate danger to themselves or others.

In a February 2025 Administrative Review entry it was noted that two youths were placed in their assigned rooms at 1834 hours following a fight. Then, "All other youth were placed in their assigned room at 1930 to 2030 hours for operational confinement. There is no documented isolation from 1834 hours to 1930 hours." Executive Management deemed that isolation did not take place because the youths were "placed in their assigned rooms for 56 minutes for the

incident which ran into operational confinement (showers) which extended into bedtime.” These note entries demonstrate confusion about operational confinement and its appropriate use.

It is worth noting that 23% of isolation events took place between 3 PM and 6 PM between November 2024 and February 2025. Another 48% took place between 6 PM and midnight. While this data may be used to justify the need for operational confinement, it suggests that BRRC should instead examine what can be done to improve programming and prevent boredom and frustration.



The continued misuse of operational confinement and the missed opportunities to avoid isolation altogether result in a finding of 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
- 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 2024 to February 2025
  - Youth Isolation Details data and Youth Isolation Commencement and Release forms
  - Investigations data
  - Isolation event reports and video reviews of selected incidents
- November 2024 to February 2025 Administrative Review Logs
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- January and February 2025 Initial Review Logs

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 Partial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed isolation data and forms, reasons given for isolation, incident event reports, and interviewed staff and youths. 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.</p>
<p>Findings and Analysis</p> 	<p>As noted in Item 69, the reasons for placing a youth in isolation were justified by staff. None of the reports listed reasons not allowed under this provision. Administrative reviews of 29 isolation events found that no corrective action was deemed necessary, and each event reviewed was appropriate. Only one instance of improper use of isolation was identified for an investigation, which is currently underway. Youths interviewed indicated that staff will often threaten them with isolation or placement in a wet cell as a consequence for continued misbehavior. Staff acknowledged telling some youths that and explained that they would only be placed in isolation if their behavior warranted it.</p> <p>BRRC’s use of operational confinement during the month of February, as discussed in item 69, to manage youth showers violates this provision if it exceeds one hour. BRRC justified its use as a means to safely manage youth behavior during this time and stated that it typically lasted no more than an hour. Youths interviewed stated that there were many occasions when they were in their room for more than an hour because some youths were slow to follow the shower routine. Video reviews confirmed the youth's allegations.</p> <p>Isolation duration, discussed in more detail in item 74, suggests that while isolation may have been justified initially, youth often remained isolated longer than appeared to be necessary, making isolation a form of punishment. Additionally, there were 14 instances where multiple youths were placed in isolation at the same time and released together after being involved in the same incident. This further indicates that isolation was used as a disciplinary measure or punishment. These practices, along with the use of operational confinement, result in a finding of partial compliance.</p>

Recommendations to  
Achieve Compliance



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

- 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 reasons listed in this item

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 2024 to February
  - Youth Isolation Details data and Youth Isolation Commencement and Release forms
  - Investigations data
  - Isolation event reports and video reviews of selected incidents
- November 2024 to February 2025 Administrative Review Logs
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- January and February 2025 Initial Review Logs

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, and administrative reviews and investigation data. The team also interviewed staff and youths regarding isolation practices.

Findings and Analysis



A review of event reports and Youth Isolation Commencement and Release forms reveals that staff are documenting attempts to de-escalate situations, such as issuing directives, counseling the youth, reminding them of their goals, and explaining the consequences if their behavior persists. In a few reports, staff described bringing in another staff to talk to the youth, encouraging the youth to go to his room to cool off, and suggesting that the youth walk with them. Some staff described these efforts in detail. In one report, a staff member wrote they told the youth to use their coping skills, such as “breathing, walking around, and counting like we have done in the past.” Another staff described trying to reason with an upset youth and encouraged him to go to his room to calm down. More frequently, staff said they applied active listening, issued multiple directives, or attempted to redirect the youth. While these reports varied in the level of detail provided, they demonstrate that staff are attempting to help the youth find ways to better cope with or resolve the situation. A review of video footage from selected incidents confirmed that other, less restrictive techniques were attempted.

While staff documented attempts at using less restrictive techniques, there were instances in which isolation could have been avoided altogether had staff demonstrated greater patience or attempted different strategies that could have been more successful. This concern is discussed in more detail in item 69.

DJJ also needs to explore less restrictive options other than operational confinement to handle shower times. Staff and youths reported that youths are often confined in their rooms for more than an hour, which then makes it isolation. While operational confinement was limited to one month of the monitoring period, continued use would impact the current finding of 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.

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

### *SOURCES*




- Policy 323, Isolation of Youth
- September 2024 to February 2025
  - Youth Isolation Details data and Youth Isolation Commencement and Release forms
  - Investigations data
  - Isolation event reports and video reviews of selected incidents
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- November 2024 to February 2025 Administrative Review Logs
- January and February 2025 Initial Review Logs



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

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team interviewed the facility administrator, assistant facility administrators, and BRRC staff about isolation notification processes. Isolation data and notification documents were also reviewed.</p>
<div>Findings and Analysis</div> <div></div>	<p>Notification of isolation is communicated through a group email, by phone, and then documented via email or in person, with the details recorded on the Youth Isolation and Commencement form. Email notifications began in November 2024 and describe the youth’s behavior and the reasons for isolation. These email notifications are sent shortly after the youth is placed in isolation. Before November, notifications occurred via Teams chat and were not available for verification.</p> <p>Of the 134 instances of isolation from November 2024 to February 2025, there were only two instances in which notification was not documented. Improvements to notifications are noted; however, DJJ’s policy requires approval to be obtained from the Facility Administrator or Assistant Facility Administrator via phone and/or email. Less than 20 isolation events included documented approval; the rest were merely emailed notifications without a response to confirm that isolation was approved. In eight of the approved instances, facility administration was present during or immediately following the incident.</p> <p>While DJJ is not documenting adherence to its policy, it has substantially met the notification requirements of this provision.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• 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.</li><li>• Report, investigate, and address any violations of this requirement.</li></ul> <p>DJJ should also consider the following recommended steps.</p>



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

### *SOURCES*




- Policy 323, Isolation of Youth
- September 2024 to February
  - Youth Isolation Details data and Youth Isolation Commencement and Release forms
  - Isolation event reports
- November 2024 to February 2025, email records of isolation notifications
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, 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    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed isolation documentation, including forms and event reports associated with incidents that resulted in isolation. Staff and youth interviews were also conducted.</p>
<div>Findings and Analysis</div> <div></div>	<p>A review of event reports and Youth Isolation Commencement and Release forms found that staff documented the youth’s behaviors that led to isolation. They also describe the efforts to de-escalate the situation, as discussed in item 71. This occurred in nearly all reported isolation events, resulting in a finding of substantial compliance. To maintain this rating, BRRC must document all operational confinement instances exceeding one hour. This occurred multiple times in February, as reported by youth and staff, during shower times.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Monitor adherence to this requirement to ensure that youth are only isolated when they pose a serious and immediate danger to self and others.</li><li>• Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.</li><li>• Report, investigate, and address any violations of these requirements.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li></ul>

### SOURCES

- Policy 323, Isolation of Youth



- September 2024 to February
  - Youth Isolation Details data and Youth Isolation Commencement and Release forms
  - Isolation event reports
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

## Duration of Isolation

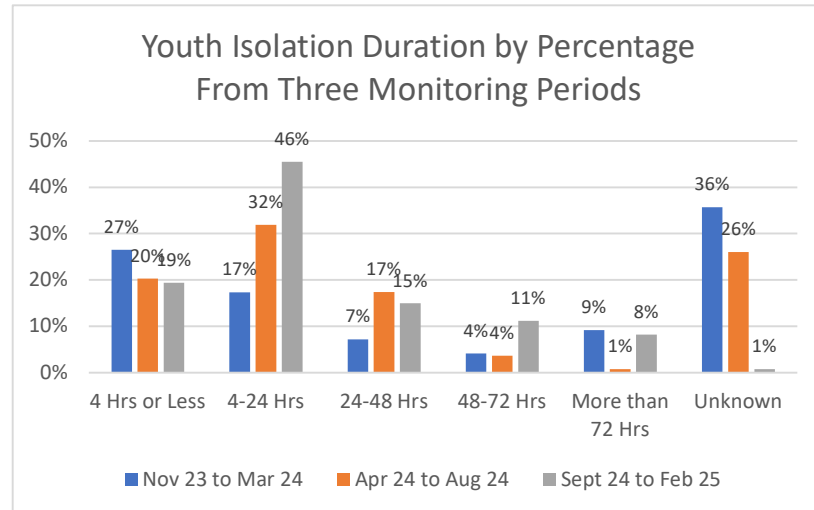
### 74. DURATION OF ISOLATION

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    Non-Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>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. Staff and youth interviews were also conducted.</p>
<div>Findings and Analysis</div> <div></div>	<p>There were 134 isolation events reported from September 2024 to February 2025. All but one episode included the duration of isolation for a youth. This rate of reporting is a tremendous improvement from the past two monitoring periods, when 26% and 36% lacked time frames in October 2024 and April 2024, respectively.</p> <p>During the last monitoring period, 20% (28) of isolations were less than four hours. This monitoring period, a similar proportion of isolations, 19% (26), were less than four hours. The largest percentage of isolations was once again 4-24 hours; however, this monitoring period the rate increased from 32% (44) to 46% (60)—this is likely attributed to “unknown” periods of time in prior reporting periods being documented/known. The remaining percentages were 15% (21), lasting 24-48 hours; 11% (15), lasting 48-72 hours; and 8% (11), lasting more than 72 hours.</p> <p>The longest isolations for each month in this monitoring period involved youth-on-staff assaults in three of the months, threatening conduct in one month, and damaging property in the remaining two months. The longest isolation covered 218 hours and involved a staff assault. It is noted that there were a few serious assaults during this time, with at least one involving a weapon and several with staff injuries. In addition to assaults on staff and threatening conduct, group disturbances contributed to longer periods of isolation.</p> <p>The two months with the longest average lengths of stay were September, with 58 hours, and January, with 45 hours. . The shortest isolation lasted only 37 minutes and involved a youth fight. In this</p>

situation, staff were able to assess and release the youth once they had calmed down.



During interviews, managers clearly described the processes that should occur before isolating a youth and during isolation. For example, staff explained the required notification process, what reviews were needed, and the steps for releasing a youth. These steps, however, are not always followed. For example, in two Exit Support summaries, staff described providing de-escalation at the point of release; however, it did not appear that those youths continued to exhibit behaviors warranting de-escalation.

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.”

A review of the 134 isolation events revealed that some youths remained in isolation even after staff had noted in the log that they were calm. There were also instances where the youth continued to be isolated despite being assessed by a clinician and documented as calm. There were also cases of youth speaking with administrators in a calm manner, yet remaining in isolation because they refused to acknowledge their involvement in the incident. If there are ongoing security concerns related to these situations, they are not clearly documented, which suggests that the youth may have been kept in isolation in violation of the policy.

During the initial months of the monitoring period, there were several instances where groups of youths were isolated together and released at the same time after being involved in the same incident. A review of 22 incidents between September 2024 and February 2025 showed that in 14 out of the 22 cases, multiple youths were isolated at the same time and released around the same time. Additionally, in three other incidents involving more than two youths, at least two individuals were

released at or about the same time. This raises concerns about whether the periods of isolation were predetermined or if similar punishments were applied for similar offenses. There was only one incident in January and one in February where youths isolated were released together. This change indicates more variation in the release patterns and suggests some improvement in staff adherence to the release procedures established by policy.

DJJ utilized operational confinement for extended periods, lasting at least one month during the monitoring period. This practice was implemented from when the youth were consolidated in Maple on January 29, 2025, through the end of February. Youth interviews and a review of video footage demonstrated that youths were placed in their rooms for longer than an hour to conduct showers, sometimes beginning as early as 6:30 PM and extending into the evening. The policy defines operational confinement as 15 minutes or less, but it can be extended for up to an hour for security reasons. Beyond one hour, it is considered isolation.

DJJ completed an Implementation plan in February to support compliance with this provision. The action plan requires increased oversight of the processes outlined in Policy 323, Isolation of Youth. In addition to existing plans, such as monthly reviews of documentation and incident reports, a daily review of isolation logs will now be required, along with immediate follow-up with staff who need further understanding and coaching on the policy and procedures. DJJ's Quality Assurance Plan also includes elements of review regarding the use and duration of isolation. This level of oversight, with the proper guidance and coaching, should continue to show improvement with this provision.

DJJ has demonstrated improvements; however, it appears that some youths remain in isolation without clear justification, even after they have shown they are calm, not threatening, and no longer a danger to themselves or others. As a result, this item is found to be in non-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 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.
- Require staff to actively assess youth's readiness for release from isolation.
- Maintain records to verify staff are following policy.
- Report, investigate, and address any violations of these requirements.



DJJ should also consider the following recommended steps.

- Fully implement all activities in the DJJ Implementation Plan.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 323, Isolation of Youth
- September 2024 to February 2025
  - Youth Isolation Details and log
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Incident event reports
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRC Settlement Agreement
- Quality Management - DOJ Implementation Plan draft, revised on March 7, 2025

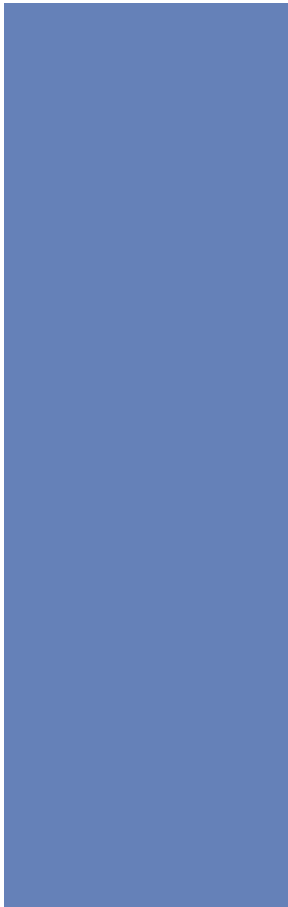


75. INTERVENTION WHILE IN ISOLATION

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 Partial Compliance

<p>Description of the Monitoring Process</p> 	<p>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. Staff and youth interviews were also conducted.</p>
<p>Findings and Analysis</p> 	<p>Isolation Check Logs and Clinical Engagement forms document observations of youth in isolation and interventions attempted. Per policy, security staff must check on youth at intervals of 15 minutes or less and document the youth’s behaviors. Notations are also entered by other staff members, including clinicians, programming staff, Credible Messengers, and facility administrators. The security staff typically record observations of the youth’s activities at the time of the notation and occasionally information about their conversations with the youth. Administrators will typically record information about conversations and the youth’s behavior and state of mind.</p> <p>Data is not yet wholly captured and reported, which hinders compliance in this area. DJJ drafted several revised forms that would more adequately capture data for this provision; however, their approval is pending the approval of revisions to Policy 323, Isolation of Youth.</p> <p>Clinical staff are required to visit with the youth within 24 hours and daily thereafter. Clinical staff are to assess the youth’s readiness for release from isolation and determine whether continued isolation is detrimental to the youth’s well-being. Staff often provide motivational interviewing and some counseling or guidance during these visits.</p> <p>DJJ’s clinical contact documentation regarding this provision has been inconsistent during the monitoring period. DJJ adopted a Clinical Engagement form to capture information from these contacts. From September 2024 to February 2025, 46 youths experienced isolation lasting 24 hours or longer. Little intervention data was provided for September and October; however, improvements were noted for November through February. Documentation could be found indicating clinical contact for youth isolated over 24 hours as follows:</p>



- September 0 of 7
- October 0 of 14
- November 7 of 10
- December 5 of 7
- January 7 of 8
- February 1 of 1

Of the 46 youths isolated for more than 24 hours, 11 were isolated for more than 72 hours and required at least one initial and two subsequent clinical engagement forms, when seen daily. Only about 50% of these isolation events included documentation of these visits, which are opportunities to provide intervention to the youths.

The Commencement and Release Forms sometimes included information regarding efforts to counsel the youth about their behavior. The Exit Support forms generally summarize conversations that occurred at the time of release, rather than interventions during the placement. Staff usually discuss with the youth whether they are ready to return to their living unit, and guidance is sometimes provided on how to stay out of trouble.

This item is found to be in partial compliance with improvements in reporting and documenting engagement with the youth. However, to achieve substantial compliance, additional and consistent documentation throughout the monitoring period is required to demonstrate the efforts made to de-escalate the youth’s behavior, allowing them to rejoin the general population.

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 staff provide intervention and observation to de-escalate the youth’s behavior so they can rejoin the general population as soon as possible.
- Maintain records to verify staff activities.
- 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 2024 to February 2025

- Youth Isolation Details and logs
- Youth Isolation Commencement and Release forms and Exit Support Forms
- Incident event reports
- Clinical Engagement forms
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, 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    Non-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 regarding email notifications and responses to demonstrate that appropriate authorization was given to allow a youth to remain in isolation for longer than four hours.

Findings and Analysis



From September 2024 to February 2024, there were 134 isolation events, with only one incident of unknown duration. Of the isolation events, 81% (108) exceeded four hours. DJJ documented that security provided documentation of email notifications sent to staff regarding youth placed in isolation in most situations between December and February for youth staying in isolation for more than four hours; however, verification of the approvals for those isolations was not well-documented. Limited data was available for September and October and, therefore, is not reported here. The following table shows documented isolation approvals beyond 4 hours for the last four months of the monitoring period, with only 37% meeting the requirement.

Month	Number of Notifications Approved
November	3 out of 15
December	8 out of 18
January	5 out of 19
February	6 out of 8

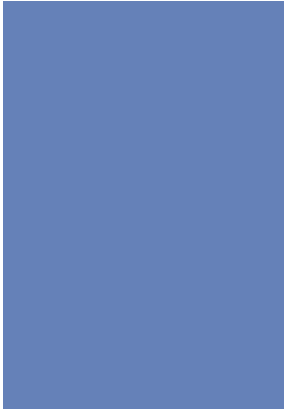
DJJ drafted revised forms that should more accurately capture this data, but their use is pending approval of the revised Policy 323, Isolation of Youth. Due to the lack of data and failure to document that approval was obtained for extending isolation in most cases, this item is deemed non-compliant.

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 2024 to February 2025
  - 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, November 2024 to February 2025
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, 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 Partial Compliance

Description of the Monitoring Process



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

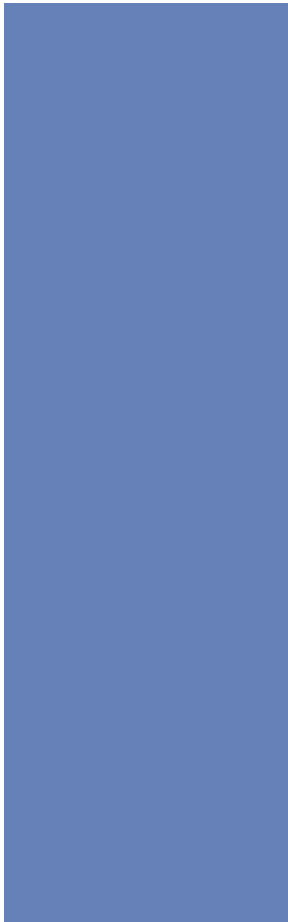
Findings and Analysis



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 if other less restrictive measures exist to manage their behavior. From September 2024 to February 2025, there were 134 isolation events. Nearly 64% of the youths (87) were released within the first 24 hours of placement. The remaining 46 youths were isolated for 24 hours or more and required an assessment. The duration of one isolation event was unknown.

DJJ provided documentation of Clinical Engagement and Activity Notes that record contact with youth in isolation for all months except October 2024. Several visits were listed on the same date, indicating that multiple check-ins occurred on those days. Each isolation period lasting at least 48 hours requires a minimum of two visits, as youths must be seen daily. The table below outlines the minimum number of required visits based on the length of time a youth is in isolation, including initial and follow-up visits, and the actual number of contacts completed.

Month	# 24 - 48 Hours	# 48 -72 Hours	# Over 72 Hours	Min # of Contacts Required	Actual Number of Contacts (Initial and Follow-Up)
Sept	1	0	6	19	9
Oct	12	2	0	14	no data
Nov	2	7	1	17	15
Dec	1	6	0	13	22
Jan	4	0	4	16	21
Feb	1	0	0	2	2



The table shows that in three of the six months of the monitoring period, DJJ met the minimum number of required clinical engagements, and fell short by only two assessments in one month. These figures are an improvement from the previous monitoring period when documentation was lacking.

A review of the engagement form's content shows that clinicians are evaluating youth based on items i to iii of this provision. However, there is concern that these assessments are brief, often lasting only five to ten minutes. Despite their short duration, most forms indicate that youth are assessed as no longer being a threat and are presenting as calm and willing to talk. Security leadership is expected to consider this information when deciding whether to release a youth, but it is unclear how much it influences their decision-making process since many youths remain in isolation following this review.

DJJ needs to explore how to better utilize the assessment recommendations to safely remove youth from isolation. Additionally, DJJ should ensure that clinical staff are informed about the factors that lead to a youth being deemed unsafe for removal. This information is essential for consideration during assessments. However, this communication occurred in only four instances, where clinical staff reported that security personnel indicated a youth continued to pose a threat, despite the clinician assessing them as calm.

The activities documented place this item in partial compliance, with further improvements needed to obtain substantial compliance.

Recommendations to Achieve Compliance



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

- 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 2024 to February 2025
  - Youth Isolation Details and logs

- Youth Isolation Commencement and Release forms and Exit Support Forms
- Incident event reports
- Clinical Engagement forms
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, 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    Non-Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>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, disciplinary hearing information, and negative behavior reports were reviewed, and staff interviews were conducted.</p>
<div>Findings and Analysis</div> <div></div>	<p>DJJ reported implementing a new email notification system during the monitoring period, which demonstrates efforts to address this provision. Documentation was not available for the period from September to October 2024, while there was limited documentation for November 2024 to February 2025.</p> <p>The Assistant Facility Administrator (AFA) and, occasionally, a Captain in their absence, consistently signed off on the Commencement and Release forms. These forms, alone, only meet the criteria for this provision when youths are released within 4 hours. The reported data indicated that only 26 youths were released within 4 hours. Longer stays were reported for 108 youths: 61 youths who remained in isolation between 4 and 24 hours, and 47 youths who remained in isolation for more than 24 hours.</p> <p>The documentation provided does not demonstrate compliance with this provision. The daily isolation check log did not adequately capture that the Facility Administrator or AFA always visited with youth within the first four hours. There was also little documentation to demonstrate approval for extensions or compliance with other requirements for this provision, such as a review of the QMHP report, an assessment of whether less restrictive measures were used, and whether the youth poses a serious and immediate danger to self or others. There was documentation of the Associate Deputy and/or Deputy Director assessing and determining extensions in six situations; however, it could not be verified whether they had reviewed the clinical assessments.</p>



DJJ has developed an implementation plan to assist with achieving compliance with this provision. The steps in this plan have either not been started or not completed. As part of the plan, DJJ drafted a revised Isolation Policy 323 and forms that would more adequately capture this data. That revised policy has not yet been approved and implemented. Lack of documentation results in a finding of non-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 2024 to February 2025
  - Youth Isolation Details data
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Youth Isolation logs
  - Isolation notification emails
  - Clinical Engagement forms
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRC Settlement Agreement

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	Non-Compliance
<div>Description of the Monitoring Process</div> <div></div>	The monitoring team requested documentation to demonstrate compliance with this provision. Staff were also interviewed.	
<div>Findings and Analysis</div> <div></div>	<p>DJJ continues to communicate isolation information through email and Teams. An Administrative Review Log captures some of this information. However, the currently provided forms, such as the Admission and Release Form, the Checklist, and the event report, do not adequately document what is required to achieve compliance with this provision.</p> <p>DJJ has developed an implementation plan to help meet compliance. However, the steps outlined in this plan have either not been started or not completed. As part of this plan, DJJ has drafted a revised Isolation Policy 323 along with new forms that could better capture this data. Unfortunately, the revised policy has not yet been approved or implemented. Consequently, this provision is found to be in non-compliance.</p>	
<div>Recommendations to Achieve Compliance</div> <div></div>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Continue to ensure notification of isolation of youth to all relevant parties.</li><li>• Ensure that proper forms or processes are in place to capture the necessary information needed by the Deputy Director or Assistant Deputy Director.</li><li>• Document the steps taken by security leadership when approving an extension of isolation beyond four hours.</li><li>• Require security leadership to repeat the steps and document the results when requesting approval to continue isolating a youth every day thereafter.</li><li>• Report, investigate, and address any violations to these requirements.</li></ul>	



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
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- September 2024 to February 2025
  - Youth Isolation Details data
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Youth Isolation logs
  - Isolation notification emails
  - Clinical Engagement forms
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRC Settlement Agreement

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

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed isolation data, unit logs, isolation commencement and release forms, and interviewed youth and staff.</p>
<div>Findings and Analysis</div> <div></div>	<p>Policy 323, Isolation of Youth, states that the youth will be immediately removed if the Facility Administrator (FA), Assistant Facility Administrator (AFA), Associate Deputy, or the Deputy Director determines the youth is no longer a serious and immediate danger to self or others. A review of Isolation and Commencement and Release forms indicated that the AFA and FA primarily authorized releases, with two documented releases by the Deputy Director.</p> <p>Upon authorization, documentation demonstrates that youth were removed immediately from isolation and returned to the general population or other appropriate living unit/placement.</p> <p>DJJ is found to be in substantial compliance with this provision's requirements. However, DJJ should consider making determinations more promptly, as some youths remain in isolation despite appearing to meet release requirements. See item 74 for further explanation.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul> <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p>

- 
- 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
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- September 2024 to February 2025
  - Youth Isolation Details data
  - Youth Isolation Commencement and Release forms and Exit Support Forms
  - Youth Isolation logs
  - Isolation notification emails
  - Clinical Engagement forms
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRC Settlement Agreement

# Multidisciplinary Team to Review Isolation Placement

## 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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed the composition of the multidisciplinary team, their meeting frequency, and whether their protocols comply with Policy 323, Isolation of Youth.</p>
<div>Findings and Analysis</div> <div></div>	<p>Policy 323, Youth Isolation, defines a multi-disciplinary team (MDT) as follows: “A group of representatives from the facility’s mental health, medical, and security departments who review the placement of youth in isolation, ensure that the placement complies with policy, that youth receive access to appropriate services, and the facility has a plan to return youth to the general population or to an appropriate placement.” The policy requires the MDT to meet for all youth “whose placement in isolation has or likely will exceed 24 hours.”</p> <p>DJJ established a multidisciplinary team (MDT) that includes representatives from all required disciplines. The team holds regular meetings every day of the week at 9:30 AM, including weekends, and convenes as needed for reviews. On-call clinical staff coordinate these meetings, and the time may be adjusted on Sundays to accommodate staff participation in worship services.</p> <p>During this monitoring period, there is evidence of meetings taking place in five out of the six months. No information was provided for September 2024 despite there being isolation events that lasted more than 24 hours. Due to the continued consistency in meetings during the majority of the monitoring period, this item is found to be in substantial compliance.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps:</p> <ul style="list-style-type: none"><li>Continue to ensure the established MDT meets to review placements of all youth in isolation within the required timeframe.</li></ul> <p>DJJ should also consider the following recommended steps.</p>



- Develop a procedures manual on the multidisciplinary team's role and function, how they will convene and conduct reviews, and how they will document their work.
- Report, investigate, and address any violations of these requirements. Monitor implementation to ensure the policies have the desired impact.

*SOURCES*

- Policy 323, Isolation of Youth
- September 2024 to February 2025 Youth Isolation Details data
- MDT membership list
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits






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    Non-Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team conducted interviews with staff, reviewed isolation data, and examined multidisciplinary reports.</p>
<div>Findings and Analysis</div> <div></div>	<p>According to Policy 323, Isolation of Youth, the Multidisciplinary Team (MDT) must meet within 48 hours of a youth being placed in isolation, if the isolation has lasted or is likely to last beyond 24 hours. DJJ began holding a daily meeting at 9:30 AM on weekdays starting in April 2024. Additionally, it was reported in early November that a weekend meeting schedule was implemented.</p> <p>Concerns about notification in prior periods have been resolved; however, not all youths in isolation for more than 24 hours were reviewed. The MDT conducted about 12 initial reviews, although 26 youths remained isolated for 48 hours or longer. This data suggests that not all youth received a timely Initial Isolation MDT meeting.</p> <p>DJJ’s “Initial Isolation Multidisciplinary Team” form has been modified to capture responses to the questions required in this provision. During the validation of the form’s use, it was noted that the clinicians addressed three components (i-iii) of the assessment questions. There was occasional reference to youth receiving</p>

	<p>treatment back on the unit, but there is no specific reference to a plan or any discussion with family members as required in requirement iv. There were also no notations regarding whether the youth could benefit from transfer to a mental health treatment facility.</p> <p>Meeting the timeline for this requirement has continued to be a challenge for the clinical staff. The September data file noted, “There were several meetings but only one was documented. This will be addressed with the QMHPs and MHPs. September 2024.” Information for the following months is limited. In their January isolation audit, DJJ acknowledged that MDTs were not being conducted on time. The new email alert system that was implemented may improve the timeliness of MDTs. Another challenge for the clinical staff is the four current vacancies at the end of this monitoring period. The team is actively recruiting to fill these positions. With missing requirements and less than half of the youths seen as required, this item is in non-compliance.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <p>Within 48 hours of a youth’s placement in isolation, the MTD should meet to discuss and document items i through iv. DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• 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.</li><li>• Report, investigate, and address any violations of these requirements.</li></ul>




### SOURCES

- Policy 323, Isolation of Youth
- September 2024 to February 2025 Youth Isolation Details data and MDT reviews
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, 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	Non-Compliance
<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team interviewed staff, reviewed Policy 323 Isolation of Youth, and analyzed youth isolation data in conjunction with multidisciplinary team reports.</p>	
<div>Findings and Analysis</div> <div></div>	<p>DJJ clinical staff have established a standing MDT meeting at 9:30 AM every morning, and since early November, they have also been meeting on the weekends. These meetings are to review any youth placed in isolation who meets the criteria for an initial or three-day review.</p> <p>A review of DJJ youth isolation data shows that nine youths were required to have a three-day Multidisciplinary Team review; however, only two had one completed. With only 22% of youth receiving a subsequent review, this item is deemed non-compliant.</p>	
<div>Recommendations to Achieve Compliance</div> <div></div>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• If a youth remains in isolation after the initial (48-hour) MDT meeting about that youth, the multidisciplinary team should meet about that youth every three days to discuss items i-iii. Their discussion and conclusions regarding these items should be clearly documented.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• 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.</li><li>• Report, investigate, and address any violations of these requirements.</li></ul>	

### *SOURCES*

- Policy 323, Isolation of Youth
- September 2024 to February 2025 Youth Isolation Details data and MDT reviews
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, 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



The DJJ provided a list of youths who received unit meetings after being isolated two or more times in the past month. In some cases, they also held unit meetings for youths who were isolated for more than 4 hours. These lists were compared to the data from the Isolation Detail Report. The tables below display the number of unit meetings related to each component of this provision, the number of meetings held, and the compliance percentage.

Month	Youth Isolated Two or More Times in the Past Month	Number of Unit Meetings Held	Compliance Percentage
September	10	10	100%
October	6	4	67%
November	9	7	78%
December	4	4	100%
January	14	10	71%
February	6	5	83%

Month	Youth Isolated for One Stay More than 4 Hours	Number of Unit Meetings Held	Compliance Percentage
September	6	0	0%
October	5	0	0%
November	8	0	0%
December	7	2	29%
January	5	2	40%
February	5	3	60%

In the early months of this monitoring period, there were no reviews for youths who had been isolated for four hours or more. There seemed to be some confusion about reviewing these youths. Performance improved in the later months, likely due to staff gaining a better understanding of the provision.

DJJ's method of recording the discussion and outcomes of the MDT's has improved since the last monitoring period. The forms have been updated to capture responses to the questions required in the provision. It addresses the interventions and whether the youth's needs can be met at BRRC or if a transfer to a mental health facility should be considered. The reported information on the form does vary across the reviews. Some are detailed, while others leave blank spaces. The current meetings are well attended with representation from security and mental health as required. Programming and classification staff also join them.

Progress is noted with this provision; however, further work is needed to ensure that all youths who require it receive a review to address behavioral issues and that proper interventions are being delivered. As a result, this item is found to be 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 all youths for whom such a review is required by this provision.
- Each month, the youth's unit team should meet 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 should discuss and document items i and ii.
- Maintain records to verify monthly reviews are occurring for all youth who meet the criteria for a review. Develop a format that is inclusive of all requirements and determine where the records will be maintained.
- Report, investigate, and address any violations to 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 2024 to February 2025
  - Youth Isolation Details
  - Youth Isolation Commencement and Release forms, and isolation logs
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

## Development Of Appropriate Space for Isolation

### 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.

Compliance Rating    **Substantial Compliance<sup>23</sup>**



Substantial compliance was achieved during the April 2023 monitoring period, and nothing further is required.

<sup>23</sup> See the April 2023 Monitoring Report for information on how substantial compliance was achieved.



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.

Compliance Rating    Substantial Compliance<sup>24</sup>

Description of the Monitoring Process



Substantial compliance was achieved during the April 2023 monitoring period, and nothing further is required.



<sup>24</sup> See the April 2023 Monitoring Report for information on how substantial compliance was achieved.

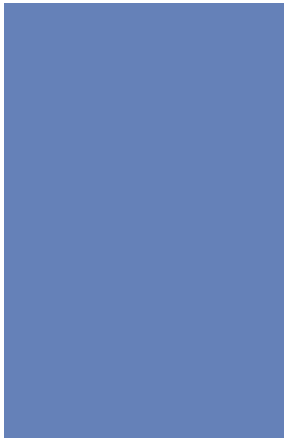
# Conditions And Services While in Isolation

## 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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team conducted two site visits, interviewed staff, interviewed youth who had been in isolation, and reviewed isolation records.</p>
<div>Findings and Analysis</div> <div></div>	<p>DJJ’s housing of youth in isolation has improved throughout the monitoring process. Youths are now isolated in their sleeping room or an isolation cell (referred to as a "wet cell" because it includes a sink and a toilet) within their living unit, or in another living unit if staying in their unit poses a problem. Each unit has two wet cells except for Holly A, which has all wet cells and can be used as an alternative isolation space. During this monitoring period, youths were housed in various living units and, most recently, consolidated in Maple at the end of January 2025.</p> <p>When a youth is placed in isolation, staff are required to document regular checks and other activities, including showers, recreation, visits, and meals. Records show that the youths received showers and meals as required. Staff members confirmed that the only time a youth would not receive a shower is if they refused or were uncooperative, making it unsafe to do so at that time. There were no reports of youths in isolation receiving food different from that of the general population, unless they had a specific dietary need. Youths confirmed that the meals were the same.</p> <p>There were only a few grievances filed by youths regarding their isolation status, and only one specifically addressed the conditions of isolation. In that case, a youth complained that he had been without a mattress for two nights, but later withdrew his grievance, and the issue was resolved. Another youth interviewed expressed that a mattress was not always provided. Staff clarified that although a youth may not have an initial sleeping pad when placed in isolation, a mattress is delivered during sleeping hours. They also noted that a mattress may be removed if the youth uses it to prevent staff from viewing into the window during checks or if they attempt to destroy it.</p>



DJJ monitors for functional rooms, and it was observed during site visits that some of the wet cells had signage indicating they were inoperable and should not be used. The rooms that were used were found to be functional, with running water. There were recorded instances that indicated water had been shut off due to the youth attempting to flood their room. In those cases, staff informed the youth that they could request water or provided it to them.

During this monitoring period, DJJ demonstrated consistency in how isolated youths are housed and their access to sunlight, working showers and bathrooms, mattresses, and food that is the same quality and quantity as offered to the general population. 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 maintain records to verify that youth have access to sunlight, daily showers, working bathrooms, clean mattresses, and food that is the same quality and quantity as offered to the general population.
- Continue to routinely record and document when youth refuse showers, meals, and mattresses, or when these are withheld, along with the justification.
- 

#### SOURCES

- DJJ Policy 323, Isolation of Youth
- September 2024 to February 2025
  - Youth Isolation Details
  - Youth Isolation Commencement and Release forms
  - Isolation logs
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRC Settlement Agreement

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 attempt to provide services to youths in isolation. Cells in Holly and Maple were used for isolation early in this monitoring period, with Holly A established as an isolation unit. All youths were moved into Maple at the end of January, and isolation is now limited to the Maple wet cells.

The department routinely records contact with youths in isolation and the services provided for those youths who meet the criteria for educational services while in isolation. Youths released before school begins the next day after placement and those isolated during weekends or holidays are not required to receive educational services during their placement. Various certified teachers, associate teacher assistants, guidance counselors, and even the principal were recorded as visiting with youths in isolation. Certified teachers deliver direct instruction when they visit the youth. Associate teachers deliver assignments prepared by certified teachers. The unit location, time of the visit, and the lesson delivered or attempted are recorded and reported. Most sessions still occur behind the locked cell door.

The following number of youths received educational services while in isolation.

Month	Number of Youth in Isolation Receiving Educational Services
September	1
October	14
November	5
December	2
January	8
February	4

The amount of time spent providing educational services varied during the monitoring period. There were only a few brief check-ins

or drop-offs of assignments, lasting approximately 15 minutes. The most common recorded time for an education visit was 30 minutes. The longest reported educational period lasted 2.5 hours for one youth. Sessions include direct instruction, assignment drop-offs or collection and guidance conversations. It was reported that the youth's assignments are picked up from their teachers, and that teachers rotate through the pods to provide targeted mini-lessons. They believe that youth learn better in small settings. The DJJ Education Department indicates that 15 or 30 minutes is a long period of time for students to be provided individualized one-on-one guidance, compared to classroom instruction. Youth refusal and episodes of youth sleeping during the visits are documented.

There were no reported meetings of the Multi-disciplinary Team to discuss an alternative educational plan for a youth in isolation. However, it is noted that of the 134 youth who were placed in isolation, only 26 remained there more than 48 hours. The longest placement was 218 hours.

Educators tend to build relationships with youth and use those to engage them while in isolation. Progress in providing meaningful instruction that is based on the students' assigned work continues. Concern remains regarding the amount of instruction provided in the short sessions and the fact that the sessions are delivered behind a locked door. Previously, BRRC demonstrated the ability to remove isolated youth temporarily to a nearby room for educational instruction. This option is no longer in use, and DJJ is encouraged to explore whether it would be feasible and safe to reconsider it. 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 youth 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.

### *SOURCES*

- Policy 323, Isolation of Youth
- September 2024 to February 2025
  - Youth Isolation Details
  - Youth Isolation Commencement and Release forms
  - Isolation logs
  - Education Isolation Spreadsheet
- Staff, youth, and teacher interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRC Settlement Agreement

# Housing Vulnerable Youth

## 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.

Compliance Rating    Substantial Compliance<sup>25</sup>

Description of the Monitoring Process



Substantial compliance was achieved during the October 2023 monitoring period, and nothing further is required.

<sup>25</sup> See the October 2023 Monitoring Report for information on how substantial compliance was achieved.

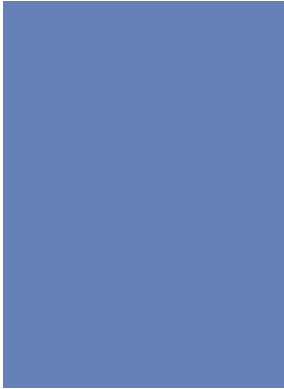
90. ADMISSION SCREENING PROTOCOLS

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

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed Policy 503, Admission and Orientation of Youth at BRRC, youth intake screening tools, sample intake packets, and interviewed staff.</p>
<div>Findings and Analysis</div> <div></div>	<p>New admission screening protocols were implemented on November 1, 2023, with the adoption of Policy 505, Classification Housing of Youth at BRRC. The policy includes a new set of screening tools to ensure the youth's safety in housing and help them transition to a new facility. It outlines specific admission and screening protocols, some of which begin prior to the youth's arrival at BRRC if the youth is at an evaluation center. The tools used include a PREA risk screener, a SAFE-T suicide screening, a housing classification scorecard, an admission checklist, a drug screen/test report, and physical and mental health assessments.</p> <p>Vulnerability to victimization is assessed by compiling and reviewing all information from the screening and classification tools mentioned above. These tools enable staff to evaluate various factors, such as the youth's age, prior experience in institutions, social skills, perception of risk, history of victimization, sexual experience, intellectual impairment, and their compatibility with the juvenile justice system. The staff strive to ensure that every youth is assessed in a safe environment. Substantial compliance was confirmed through interviews with classification staff, examination of classification tools and sample intake packets, as well as interviews with youths in the units.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, DJJ should continue to adhere to the established admission screening protocols.</p> <p>DJJ should consider the following steps to identify vulnerable youths appropriately.</p> <ul style="list-style-type: none"><li>• Continue to consistently use appropriate screening instruments and protocols to identify youth who are vulnerable to victimization by other youth in the facility.</li><li>• Continue to take appropriate measures once a youth is identified as vulnerable to reduce the youth's risk of victimization, including, but not limited to, housing</li></ul>





classification, staff notification, supervision, and support services.

- Continue to maintain records to verify that every youth was appropriately screened for vulnerability.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

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

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

### *SOURCES*

- Policy 503, Admission and Orientation of Youth at BRRC
- September 2024 to February 2025, sample youth intake packets
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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.


Compliance Rating    Substantial Compliance

Description of the Monitoring Process



The monitoring team reviewed Policy 503, Admission and Orientation of Youth at BRRC, youth intake screening tools, sample intake packets, and vulnerable youth data, and conducted interviews with staff and youths.

Findings and Analysis



Classification staff confirmed that they continue to follow established procedures to identify youth as vulnerable upon admission and to recognize when vulnerabilities may emerge later. All staff members are responsible for reporting if they suspect a youth has become vulnerable or is at risk of being victimized. Depending on the youth’s situation, facility administration, clinicians, security staff, or the multidisciplinary team established by policy 505 will review the situation to determine the extent of the youth’s vulnerability and develop a safety plan if necessary. The plan could involve more active supervision of the youth or relocating the youth to a different housing unit.

When a youth’s vulnerability status changes, staff are supposed to be notified. Staff also indicated that they have an app on Power Apps that allows all staff to see if a youth is vulnerable and the type of vulnerability. For example, a screenshot of the app displayed a youth's information and highlighted in red “PC V” which means “protective custody, risk of vulnerability.” This app is helpful for staff who have access to it. Staff indicated that they are exploring the possibility of placing a type of identifier on the daily roster.

Staff interviewed indicated that they regularly review housing for vulnerable youths and youths whose vulnerability status changes. There were several examples of housing reassignment review forms that either moved youth to the vulnerable unit or moved youth off the vulnerable unit because they are no longer classified as vulnerable.

For part of the monitoring period, BRRC designated a specific housing unit in Poplar for vulnerable youths. On January 29, 2025, vulnerable youths were moved to Maple A. The youths interviewed in this unit stated that they feel very safe and can approach any staff member if they feel unsafe or if they are aware of another youth feeling unsafe.

When asked to rate how safe he felt on a scale of 1 to 10, with 10 being the safest, one youth stated that he would say an 8 to 9 because, no matter how safe one feels, they are still in a lock-up facility and always have the potential for a problem.

A review of incidents, youth grievances, and youth interviews revealed one youth who reported not feeling safe in his living unit and expressed a desire to be relocated. Staff, however, refused. The youth ended up acting out to get placed in isolation, where he again expressed his concerns. Staff eventually moved him. When asked about this incident, staff stated that he was not classified as vulnerable but wanted to be transferred to another unit where his friend was located. The youth, however, said he felt unsafe and that other youths were out to get him.

During this monitoring period, the following data showed there were ten instances in which vulnerable youth were victimized and nine when they were the perpetrators.

Month	Vulnerable Youths	Vulnerable youth victimization	Vulnerable youth perpetrator	Vulnerable youth injury
Oct	7	5	4	2
Nov	3	0	0	0
Dec	7	2	3	0
Jan	8	1	0	1
Feb	7	2	2	0

DJJ has demonstrated significant improvement in this area, resulting in a finding of substantial compliance. DJJ is encouraged to evaluate incidents involving vulnerable youth to ensure that sufficient measures are taken to ensure their safety and to prevent them from harming others.

#### Recommendations to Sustain Compliance



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

- Continue to train staff to identify youth who are becoming vulnerable to victimization, such as those being teased or bullied by other youth, so that appropriate measures can be taken to provide for their safety. Responses could include specialized housing, staff notification, supervision, and support services.
- Continue to maintain records to document when a youth is classified as vulnerable to victimization and the circumstances and ensure the information is communicated to appropriate staff.

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

- Take appropriate disciplinary action if staff did not follow policies and procedures.
- Monitor implementation to ensure the policies have the desired impact and adjust as needed in consultation with the



monitoring team and the DOJ. This process should include tracking the number of youth later identified as vulnerable to victimization to determine if admission screening instruments or protocols need to be adjusted to more accurately identify these youth.

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




### *SOURCES*

- Policy 503, Admission and Orientation of Youth at BRRC
- September 2024 to February 2025, monthly vulnerable youth data
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team interviewed youths and staff, observed the youth’s ability to access services to the same extent as the general population, and viewed videos of randomly selected days and times.</p>
<div>Findings and Analysis</div> <div></div>	<p>A specific housing unit is designated for youth classified as vulnerable; however, DJJ does not consider this housing arrangement as specialized housing, but rather as part of their housing classification process applied to all youth at BRRC.</p> <p>During both site visits, staff and youths interviewed indicated that the vulnerable youths participate in school and vocational classes with other youths on campus and have access to the same services. A review of video covering multiple days and times verified that all youths had access to the same programming and services. Youth from the vulnerable unit were seen participating in gym activities with other youth, engaging in programming services in their unit similar to other youths, and attending school, resulting in a finding of substantial compliance.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>To maintain substantial compliance, if DJJ houses youths in specialized housing it is recommended that they ensure the following:</p> <ul style="list-style-type: none"><li>• Implement a process to notify all service providers when a youth is placed in specialized housing to ensure that their current services are not disrupted, and they continue to have access to all services to the same extent as youth in the general population.</li><li>• Document the services provided to youth in specialized housing to verify adherence to this requirement.</li><li>• Monitor implementation to ensure the policies have the desired impact and adjust as needed in consultation with the monitoring team and the DOJ. This process should include reviewing service documents to ensure youth receive the required services.</li></ul>



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

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

### *SOURCES*

- Review of video footage from selected days, September 20224 to March 2025
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits

# Youth On Suicide Watch

## 93. PROHIBITION ON ISOLATION

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

Compliance Rating    Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed youth isolation and suicidal assessment data to determine if BRRC is ensuring that youth who are suicidal are not placed in isolation. Staff and youth interviews were also conducted.</p>
<div>Findings and Analysis</div> <div></div>	<p>Revised Policy 323, Isolation of Youth, clearly 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 2024 to February 2025, a total of 11 youths were assessed as suicidal and placed on suicide precautions. Among these, two youths were assessed as suicidal around the same time they were in isolation. The data did not clarify whether they were assessed as suicidal before or shortly after their placement in isolation.</p> <p>A third youth was isolated from November 2 to 6 due to threatening behavior. He was assessed as suicidal on November 1 and remained classified as such until his release from isolation on November 6. His placement in isolation is a clear violation of this provision. A review of the circumstances surrounding the isolation of all three youths indicated that they posed a serious and immediate danger to themselves or others, which staff justified as a reason for isolation.</p> <p>While two of the three youths in isolation may not have violated the isolation policy, the fact that one youth was placed in isolation after being assessed as suicidal constitutes a violation of this provision, resulting in partial compliance.</p> <p>It is noted that during the monitoring period, DJJ implemented Policy 912, Prevention and Response to Suicide and Other Mental Health Crises, on November 18, 2025. It was developed with input from a national expert on suicide prevention in juvenile correctional facilities and specifies that "youth on suicide precautions will not be placed in isolation, either in a designated isolation area or in their assigned room, unless they pose a serious and immediate danger to themselves or others." This clause has the potential to violate the terms of the settlement agreement. DJJ and the DOJ need to determine how best to address this conflict, considering that Policy 912 was developed with guidance from a national expert.</p>

Recommendations to  
Achieve Compliance



To achieve substantial compliance, it is recommended that DJJ ensure the following:

- Ensure full implementation of policy 323, Isolation of Youth.
- Train all new staff in the policy and its application and provide booster training for previously trained staff during shift briefings and in other settings to ensure that staff understand the policy and its requirements.
- 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.
- Report, investigate, and address violations of these requirements.

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

- Update staff training to include more role plays and scenarios and ensure that it is competency-based, with staff required to complete and pass a test or quiz.
- Implement a mechanism for clearly identifying youth who are suicidal and a formal process for removing youth from full suicide watch or mental health observation. The process should require that a clinician assesses a youth to determine if the youth can be removed from FSW.
- 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 2024 to February 2025
  - Youth suicide assessment and logs
  - Youth Isolation Details data,
  - Youth Isolation Commencement and Release forms
  - Youth Isolation logs
- Staff and youth interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits



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.

Compliance Rating    Substantial Compliance<sup>26</sup>

Description of the Monitoring Process



Substantial compliance was achieved during the October 2023 monitoring period, and nothing further is required.

When the agreement is up for renewal, it is recommended that DJJ renew it.




<sup>26</sup> See the October 2023 Monitoring Report for information on how substantial compliance was achieved..

# TRAINING

## General Provisions

### 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.

Compliance Rating    Substantial Compliance	
<div><div>Description of the Monitoring Process</div><div></div></div>	<p>Substantial compliance was achieved during the October 2023 monitoring period. As new curricula are developed, they are submitted for review. During this monitoring period, two new curricula were submitted.</p>
<div><div>Findings and Analysis</div><div></div></div>	<p>The two new curricula reviewed focus on documentation, logbooks, and the Event Reporting System (ERS). The first training, "Documentation Review and ERS," is a one-hour refresher and should serve as a good reminder for staff. The second training, "Documentation: Logbooks and ERS," is six hours and includes role-playing exercises as well as a testing component. This comprehensive training underscores the importance of accurate documentation. Both curricula comply with the requirements of paragraphs 96-100. This provision is found to be in substantial compliance.</p>
<div><div>Recommendations to Sustain Compliance</div><div></div></div>	<p>It is recommended that DJJ take the following steps to maintain substantial compliance.</p> <ul style="list-style-type: none"><li>DJJ will provide the monitoring team with updated curricula as they become available so that the team can review the curricula to ensure that they address the requirements of the settlement agreement.</li></ul>

#### SOURCES



- November 2024, Documentation Review and ERS lesson plan and PowerPoint
- January 2025, Documentation: Logbooks and ERS Entry lesson plan and PowerPoint

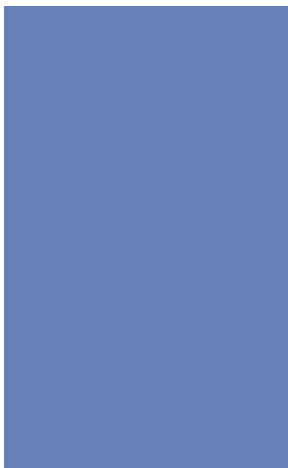
# Behavior Management

## 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 Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed DJJ’s training records to determine the number of staff who completed Safe Crisis Management (SCM), the department’s competency-based de-escalation training. Staff interviews were also conducted.</p>
<div>Findings and Analysis</div> <div></div>	<p>DJJ requires all security staff and teachers to complete Safe Crisis Management (SCM) de-escalation training. Security staff are required to complete both the de-escalation and restraint portions of the training, which is conducted over three days. For all new hires, the training is part of the Basic Academy. To successfully complete the course, staff must demonstrate competency in the skills taught by passing an exam and demonstrating proper use of force techniques.</p> <p>In September 2024, DJJ reported that of the 117 staff required to complete the training, 111 (95%) completed the course. Of the six who did not complete the course, one was on military leave, three were scheduled to attend, one did not attend, and one was being terminated. In February 2025, the training completion rate was 94%. Of the five who did not complete the course, three were new hires and the other two were hired within the last two months. The high rate of completion is consistent with what was observed during the previous monitoring period.</p> <p>Education staff completion rates were 78%, up from 66% in August 2024 but lower than the April 2024 rate of 91%. Six staff members did not complete the training; five were hired last year, and one was hired in 2014.</p> <p>Staff are required to complete a refresher course each calendar year after their initial hire year. A review of training records found that of the 55 staff who were required to complete annual training, 32 (58%) completed the refresher training as required. Staff on military leave and workers compensation status were excluded from this analysis. These figures indicate that corrective action is necessary to ensure</p>



that staff complete the annual training as required. As a result, this provision moves from substantial compliance to partial compliance.

**Annual Training Rates**

Staff	# of Staff Requiring Annual Training	# of Staff Who Completed the Training on Time	Compliance
Juvenile Correctional Officers	24	10	42%
Security Response Team	8	8	100%
Programming	7	6	86%
Youth Support Specialists	2	1	50%
Education	14	7	50%

Recommendations to Achieve Compliance

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

- Ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.
  - Do not permit any staff who are not SCM-trained to work directly with youth. In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.




*SOURCES*

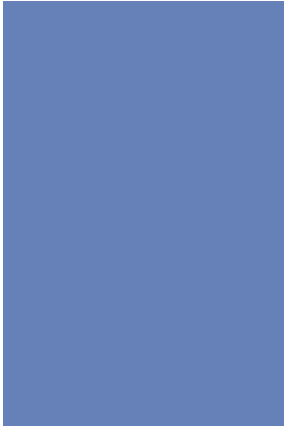
- Monthly training records, September 2024 to February 2025
- SCM Recent and Previous Training Completion Records, September 2024 to March 2025
- Staff interviews during the November 13-14, 2024 site visit
- March 19, 2025, virtual meeting with DJJ training staff
- March 21, 2025, email, subject: Follow Up Items, with an attachment responding to SME training questions

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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>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 the required time frame. Training staff were also interviewed.</p>
<div>Findings and Analysis</div> <div></div>	<p>During this monitoring period, the DJJ training staff reported that there were no requests for retraining. A review of BRRC's corrective and disciplinary actions log, as well as reports of excessive force and staff reviews of incidents, confirmed that no staff retraining was required.</p> <p>This provision is in substantial compliance.</p>
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>It is recommended that DJJ take the following steps to maintain substantial compliance.</p> <ul style="list-style-type: none"><li>• Continue to document incidents in which staff did not use appropriate de-escalation and where management has determined that retraining is needed.</li><li>• Once a staff member is identified as needing to be retrained, DJJ should schedule the staff member for training as soon as possible, but within the 90-day timeframe.</li><li>• Maintain records to verify that staff complete retraining within 90 days as required.</li><li>• If the staff member continues to fail to use appropriate de-escalation techniques, DJJ should address the staff member’s failure through discipline.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Implement a method for tracking staff who require retraining within 90 days to ensure they complete the training within the required timeframe.</li><li>• Staff who require retraining should not work directly with youths until they are retrained.</li></ul>



- 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*




- September 2024 to February 2025
  - Monthly training records
  - Investigations data
  - Management reviews of incidents
  - Monthly memos from DJJ training staff indicating retraining was not requested
- SCM Recent and Previous Training Completion Records, September 2024 to March 2025
- Staff interviews during the November 13-14, 2024 site visit

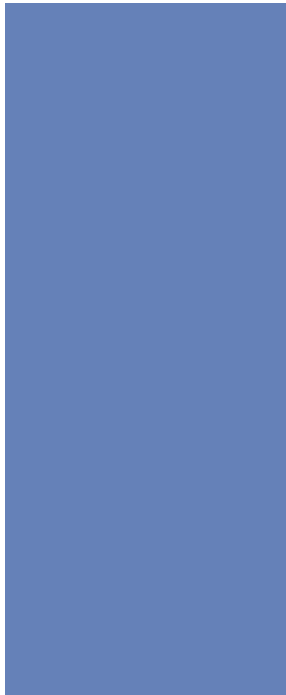
## Use Of Physical Force

### 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    Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed DJJ's staff training records. Staff interviews were also conducted.</p>
<div>Findings and Analysis</div> <div></div>	<p>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. As mentioned in the previous monitoring report, DJJ conducted additional training sessions for all staff on the revised policy on August 21 and August 28, 2024.</p> <p>As discussed in item 96, 94% of the staff at the BRRC completed their SCM training. The staff members who have not yet completed the training are new hires. The annual refresher training for SCM also incorporates the updated policy. However, only 58% of the staff completed their annual training as required, as noted in item 96.</p> <p>DJJ has met the requirement for all staff to receive initial training on the new policy. However, further efforts are necessary to ensure that staff complete annual training in a more timely manner. Consequently, this item is found to be in partial compliance.</p>
<div>Recommendations to Achieve Compliance</div> <div></div>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Ensure all staff are scheduled for and complete Safe Crisis Management (SCM) training before working directly with youths.<ul style="list-style-type: none"><li>• Do not permit any staff who are not SCM-trained to work directly with youth. In instances where</li></ul></li></ul>



untrained staff are scheduled to work, they should be paired with SCM-trained staff.

- Maintain records to verify that staff completed the required training.
- Ensure that all staff previously trained in SCM are trained in the updated Use of Physical Force policy.
- 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 2024 to February 2025
- SCM Recent and Previous Training Completion Records, September 2024 to March 2025
- Staff interviews during November 13-14, 2024, site visit
- March 19, 2025, virtual meeting with DJJ training staff
- March 21, 2025, email, subject: Follow Up Items, with an attachment responding to SME training questions

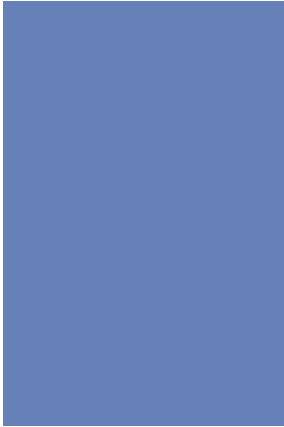


## 99. RETRAINING WITHIN 90 DAYS

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    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>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 the required time frame. Training staff were also interviewed.</p>
<p>Findings and Analysis</p> 	<p>The DJJ training staff reported that there were no requests for retraining during this monitoring period. There was no substantiated cases of inappropriate or excessive force, so no retraining was required. This item is considered to be in substantial compliance.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>It is recommended that DJJ take the following steps to maintain substantial compliance.</p> <ul style="list-style-type: none"><li>• Continue to document incidents in which staff did not use appropriate force and where management has determined that retraining is needed.</li><li>• Once a staff member is identified as needing to be retrained, DJJ should schedule the staff member for training as soon as possible, but within the 90-day timeframe.</li><li>• Maintain records to verify that staff complete retraining within 90 days as required.</li><li>• If the staff member continues to fail to use appropriate de-escalation techniques, DJJ should address the staff member's failure through discipline.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Implement a method for tracking staff who require training within 90 days to ensure they complete the training within the required timeframe.</li><li>• Staff who require retraining should not work directly with youths until they are retrained.</li></ul>



- 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
- Monthly training records, September 2024 to February 2025
- SCM Recent and Previous Training Completion Records, September 2024 to March 2025
- Staff interviews during November 13-14, 2024, site visit
- March 19, 2025, virtual meeting with DJJ training staff
- March 21, 2025, email, subject: Follow Up Items, with an attachment responding to SME training questions

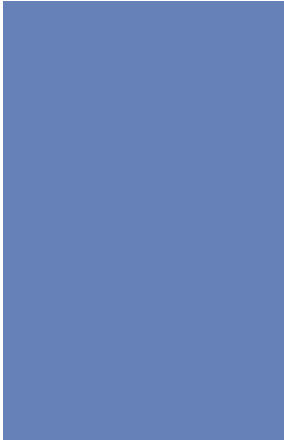
# Investigation

## 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.

Compliance Rating    Substantial Compliance

<div>Description of the Monitoring Process</div> <div></div>	Training records were reviewed and staff interviewed.
<div>Findings and Analysis</div> <div></div>	During the last monitoring period, all required training sessions were successfully conducted. In November 2024, two new staff members from the investigations team received training. The annual staff training has not yet been scheduled. The initial training for investigations staff took place on January 29, 2024, while training for facility administration and supervisory staff was held on April 24 and 25, 2024. This item remains in substantial compliance.
<div>Recommendations to Sustain Compliance</div> <div></div>	<p>It is recommended that DJJ take the following steps to maintain substantial compliance.</p> <ul style="list-style-type: none"><li>• Continue to ensure that all investigations staff, including supervisory investigative staff, are trained in the policy and the prompt, thorough, and independent investigation of allegations of youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. Training should be provided annually.</li><li>• Continue to ensure that the BRRC facility administrator and other facility security supervisory staff are trained in the investigation process, the importance of thorough incident documentation, and video retention. Training should be provided annually.</li><li>• Maintain records to verify that staff completed the required training.</li><li>• Monitor implementation to ensure the policies have the desired impact.</li></ul>



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.
- Use quality assurance outcomes to determine if there is a need to provide more clarity around the policy or investigation protocols, whether investigations or facility staff would benefit from booster training, and whether other strategies may be needed to ensure staff have the knowledge, skills, and abilities to conduct proper investigations.

### *SOURCES*

- September 2024 to February 2025, Training records
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, site visits

# 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    Partial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed the latest draft of the Quality Management Implementation Plan that included responses to a series of questions and recommendations from the DOJ and the monitoring team. Additionally, the team met with Quality Management staff during site visits and received updates regarding the quality assurance system during monthly monitoring calls.</p>
<p>Findings and Analysis</p> 	<p>The revised draft of the Quality Management Implementation Plan, dated March 7, 2025, replaces a draft plan that was provided a year earlier. This comprehensive plan is designed to address provisions 101 to 106 of the settlement agreement. It establishes a systematic process for monitoring facility and agency operations, identifying trends, and implementing corrective actions to ensure the safety of both youth and staff. The plan focuses on three key areas that align with the objectives of the settlement agreement:</p> <ul style="list-style-type: none"><li>• Youth-on-Youth Physical Harm</li><li>• Use of Force Incidents</li><li>• Use of Isolation</li></ul> <p>DJJ reported that they have been following, for the most part, the draft plan developed a year ago while continuing to refine their latest draft. This updated plan now includes a Facility Quality Improvement Team (FQIT) in addition to the agency's Continuous Quality Improvement Committee (CQIC).</p> <p>The FQIT consists of representatives from facility administration, investigations, continuous quality improvement, youth services and accountability, strategic planning, and agency support. The team holds monthly meetings to review data and specific incidents, discuss current challenges and the progress made, identify strategies for improvement, and outline action steps. Additionally, the team monitors the implementation of recommendations and corrective actions and develops a system to alert leadership to patterns of</p>

behavior or allegations that indicate safety concerns, deficiencies in staff training, and ongoing policy violations.

The plan further delineates the functions of FQIT and CQIC. CQIC, in large part, mirrors FQIT at the agency level and provides oversight over the processes. It meets quarterly and reviews data over a three-month period, sometimes conducting a full-year comparison.

During this monitoring period, the QA Unit worked closely with the IT Department on the rollout of the new live Data Dashboard. Alongside their development activities, they were also responsible for reviewing the data and addressing any irregularities in the reporting.

The QA unit reported several additional tasks. They have been conducting random audits of the Master Schedule on a weekly basis since January 2025. Additionally, QA is now responsible for overseeing policy management. They are currently updating the youth orientation booklet and aim to incorporate best practices when developing new policies. As new policies are implemented, assessments will be conducted to evaluate their effectiveness. The first policy to undergo this assessment will be Isolation 323. Furthermore, QA is collaborating closely with the training department on both the development and delivery of these initiatives.

While DJJ is actively working to refine its quality assurance system, the current draft status of the implementation plan indicates that this provision is in partial compliance.

#### Recommendations to Achieve Compliance



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

- Finalize and implement fully the Quality Management Implementation Plan.

DJJ should also consider the following recommended steps when developing the quality assurance system.

- Continue to empower and utilize the quality assurance committees to continually review and update processes, as needed. The group should:
  - Conduct a review of how data are collected to determine whether collection can be centralized and to identify and correct potentially conflicting processes.
  - Identify required data elements and source data, including data that identifies trends related to safety and security and the use of isolation at BRRC.
  - Establish definitions for each data element.
  - Identify a method for maintaining data quality.
  - Recommend how the department should use data to trigger responses or inform decision making, including a monthly review of data.

### *SOURCES*

- *Quality Management - DOJ Implementation Plan draft*, revised on March 7, 2025
- September, November, and December 2024, along with January and February 2025, BRRC Monthly Data Review Meeting Minutes
- Verbal reports from DJJ administration during monthly meetings on September 18, October 16, December 18, 2024, and January 15 and February 26, 2025
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRC Settlement Agreement
- Memorandum from SCDJJ Director of Settlement Compliance, SCDJJ QA Implementation Plan, March 7, 2025

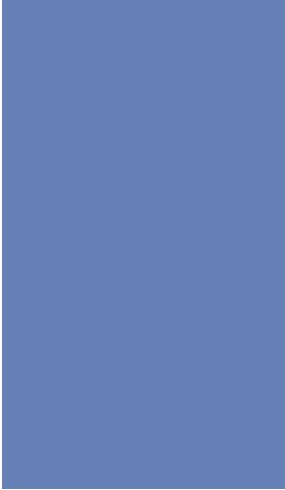
102. MONTHLY DATA REVIEW

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 Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>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 2024 to February 2025, and staff interviews were conducted.</p>
<div>Findings and Analysis</div> <div></div>	<p>DJJ conducted Monthly Data Review Meetings throughout the monitoring period. The agendas for these meetings included a review of monthly data, discussions on current setbacks and challenges, updates on progress, strategies for improvement, and action steps.</p> <p>The data reviewed during the meetings provided insights into the types of injuries sustained by youth, the average length of time spent in isolation, the types of grievances filed, the programs offered, and the sanctions imposed on the youth. While the data format varied from month to month, the content has become more consistent, with new elements being added. For example, DJJ plans to begin pulling sample grievance data starting in April. Additionally, the Quality Assurance (QA) team is collaborating with Investigations to automate and digitize their data. Unfortunately, investigation data was not always available. The summary from February included a 10% sample of investigations and listed some recommendations.</p> <p>The discussions during the Facility Quality Improvement Team (FQIT) and Continuous Quality Improvement Committee (CQIC) meetings can significantly benefit the agency in addressing negative trends, building on positive trends, and enhancing the agency’s capacity to deliver high-quality services that meet the needs of youths.</p> <p>The monthly review process significantly improved during this monitoring period; however, gaps in data must be addressed. Consistency in meeting schedules, the items reviewed, and the discussions held showed partial compliance with this provision.</p>
<div>Recommendations to Achieve Compliance</div> <div></div>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>Continue to formally document monthly data review meetings to demonstrate that data was reviewed and</li></ul>



- 
- analyzed so as 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
- September, October, November, and December 2024, along with January and February 2025, BRRC Monthly Data Review Meeting Minutes
- Verbal reports from DJJ administration during monthly meetings on September 18, October 16, December 18, 2024, and January 15 and February 26, 2025
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRC Settlement Agreement
- Memorandum from SCDJJ Director of Settlement Compliance, SCDJJ QA Implementation Plan, March 7, 2025

103. DATA ELEMENT REQUIREMENTS

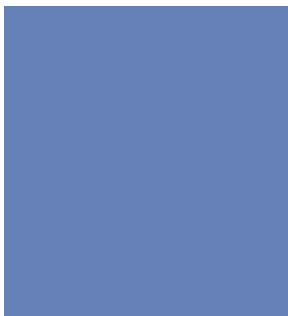
At a minimum, the data and information collected and analyzed will include:

- 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 Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed the September to February BRRC Monthly Data Review Agenda and notes, including the monthly data collection report, when present, to determine whether the data elements collected included items i. through xvii. of this provision. Staff interviews were also conducted.</p>
<div>Findings and Analysis</div> <div></div>	<p>The monitoring team reviewed the Quality Assurance monthly meeting agenda and notes from September to February 2025. The chart below shows the months in which data was collected, reviewed, and analyzed on the required elements.</p>

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
The number of incidents involving youth injuries related to assaults/fights or use of force or restraints				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
The positive behavior incentives used at BRRC during the preceding month			x	x		x
The consequences imposed on youth for negative behaviors in the preceding month			x	x	x	x
The consequences imposed on staff for improper uses of force or restraints						
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
The number of full investigations as outlined above completed in more than ten business days	x					
The number of open investigations					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
The number of youth who remained in isolation over three days		x		x	x	x
The individual lengths of stay for youth placed in isolation						x



The overall average length of stay of all youth placed in isolation	x	x	x	x	x	x
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Data collection was inconsistent during the monitoring period, although it demonstrates that DJJ is attempting to review these items at least once during the monitoring period for some items and more frequently for others. As a result, this item is found to be in partial compliance.

Recommendations to Achieve Compliance

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

- DJJ must 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
- Verbal reports from DJJ administration during monthly meetings on September 18, October 16, December 18, 2024, and January 15 and February 26, 2025

- September, November, and December 2024, along with January and February 2025, BRRC Monthly Data Review Meeting Minutes
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- Memorandum from SCDJJ Director of Settlement Compliance, SCDJJ QA Implementation Plan, March 7, 2025

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 Partial Compliance

Description of the Monitoring Process



The monitoring team reviewed the September to February BRRC Monthly Data Review Agenda and notes, including the monthly data collection report, when present, to determine which samples were reviewed and the subsequent documented recommendations.

Findings and Analysis

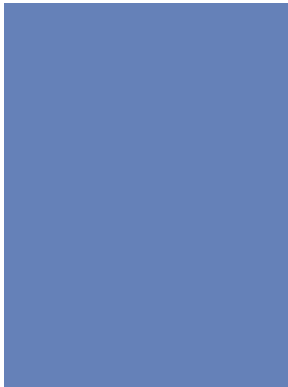


During the monitoring period, sample data reviews were not conducted consistently. Only three monthly reviews were completed, and no reviews took place in September or October. These reviews were based on elements outlined in a revised Quality Management Implementation Plan, which included the sample size of data, specific components to review, and trend analysis. The reviews identified several issues, such as missed incident reports, delays or omissions in conducting isolation checks, and incomplete administration incident reviews. Needed improvements were identified.

In addition to three reviews, DJJ conducted two audits in January 2025 regarding the use of force and isolation events that occurred during December 2024. This review included three use of force incidents and nine isolation incidents. The tables below summarize the audit's outcome, with 100% representing a perfect score.

Use of Force		Scores
Training		85%
Prevention Measures		100%
Force Application		100%
Prohibited Action		100%
Medical Compliance		56%
Documentation Compliance		56%
OVERALL		83% - Satisfactory

Isolation		Scores
Pre-Isolation Intervention		78%
Usage and Compliance		56%
Youth Rights		78%
Exit Protocols		100%
Documentation/Oversight		56%
Training		67%
OVERALL		72% - Needs Improvement



Consistent reviews and audits of sample data can help DJJ achieve substantial compliance in the areas being evaluated. The steps for conducting these reviews are detailed in the latest draft of the revised Quality Management (QM) Implementation Plan.

Additionally, a new data dashboard, scheduled for launch soon, will support this initiative by providing real-time access to information. While the potential for future efforts looks promising, the limited number of reviews conducted and lack of documented recommendations during this monitoring period place this item in partial compliance.

Recommendations to Achieve Compliance

A white icon on a blue background depicting a checklist with three items, each preceded by a checkmark.

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

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



*SOURCES*

- *Quality Management - DOJ Implementation Plan draft*, revised on March 7, 2025
- September, November, and December 2024, along with January and February 2025, BRRC Monthly Data Review Meeting Minutes
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- Memorandum from SCDJJ Director of Settlement Compliance, SCDJJ QA Implementation Plan, March 7, 2025

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 Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>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.</p>	
	<p>In the October 2023 Monitoring Report, it was recommended that DJJ consider collecting the following additional information. DJJ has considered the SME’s recommendations and provided the updates below as of March 3, 2025.</p>	
<div>Findings and Analysis</div> <div></div>	Recommended Data Element	DJJ Response
	Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.	In Process
	Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.	In Process - data can be pulled and analyzed to determine baseline data to establish benchmarks. Monthly meetings are being held, with changes to the meeting agendas made to ensure that data trends are discussed and the Facility Improvement Plan details adjustments made based on referenced data. Started 1/2025
	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.	In progress. These elements are being included in the updates to the ERS System and will be a part of the real-time data dashboard started on 2/24/2025.
	For data elements i-xvii, include location and time stamps to evaluate whether certain locations or time of day is related to incident rates.	In progress. These elements are being included in the updates to the ERS System.
	For data elements i-v, include whether camera footage was available, and whether the footage was retained for investigative purposes.	This information is reported to the DOJ/SME on a monthly basis.



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.	In progress. Data elements vi and vii are included in documentation submitted to the DOJ/SME on a monthly basis.
For data elements ix-xi, track the outcome of grievances and investigations.	In progress. The ERS Committee is determining how this element is feasible through the ERS data reporting processes. Grievances are not currently in the ERS, so DJJ must create a process flow to place the analog process into the digital system.
For data elements xiii-xviii, include why youth were isolated.	In progress. Information on why youth were isolated are uploaded and reported to the DOJ/SME on a monthly basis.
For data elements xiii-xvii, add the frequency at which the same youth is isolated.	In progress. Information on the frequency at which the same youth is isolated is provided to the DOJ/SME on a monthly basis.

These responses attempt to address how DJJ has adopted or proposes to adopt the SME's recommendations. However, some responses require additional information, such as how DJJ intends to determine whether incentives provided are having the desired impact of reducing negative behaviors. In DJJ's Implementation Plan for BRRC, steps for addressing Provision 105 are listed and should support their success in this area. Data system refinements are still underway and have the potential to enhance the efficiency and accuracy of data collection and analysis.

DJJ is commended for its efforts to consider adding the elements recommended by the SME. While some progress has been made, the actions taken occurred later in the monitoring period. Refinement may also be necessary to address the SME's recommendations, given the available resources, to ensure that the appropriate data is consistently collected, reviewed, and analyzed. As a result, this item is deemed to be in partial compliance.

#### Recommendations to Achieve Compliance



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

- Review and consider whether the recommended additional data elements are feasible based on available resources and staff.
- If a recommended data element is not adopted, provide rationale for why it is not feasible or useful. If it is not feasible, identify what steps, if any, are planned to address the issue.

### *SOURCES*



- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRRC Settlement Agreement
- Memorandum from SCDJJ Director of Settlement Compliance, SCDJJ/USDOJ Settlement Agreement – Provision 105, March 3, 2025
- *Quality Management – DOJ Implementation Plan*, revised on March 7, 2025
- Staff interviews during March 13-14, 2025, monitoring site visit

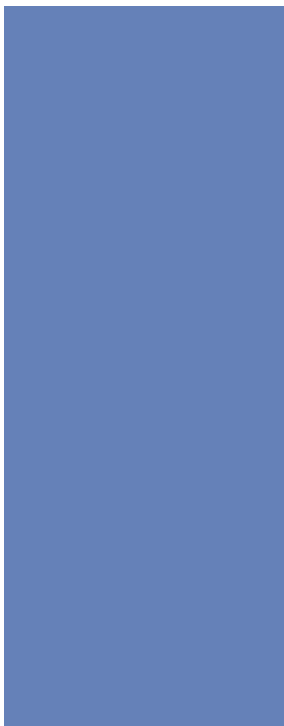
106. QUALITY IMPROVEMENT COMMITTEE

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 Partial Compliance

<div>Description of the Monitoring Process</div> <div></div>	<p>The monitoring team reviewed the Quality Improvement Committee membership list, meeting documentation, and documentation of recommendations, monitoring, and action taken.</p>
<div>Findings and Analysis</div> <div></div>	<p>DJJ established a Continuous Quality Improvement Committee (CQIC) in 2024 that meets quarterly to review the monthly data collected. During this monitoring period, DJJ also established a Facility Quality Improvement Team (FQIT), which began meeting monthly in November 2024.</p> <p>Agendas for FQIT meetings were provided for December 5 (rescheduled from November 21), December 19, and January 23. A BRRC Monthly Data Review agenda was provided for September and October. The CQIC met on December 3, 2024, and March 4, 2025. Their agendas are standardized and include examining data trends, conducting random video reviews, and hearing reports from the Director of Settlement Compliance, Security Operations, Behavioral Health, and other divisions.</p> <p>During the monitoring period, improvement was observed over time in the level of data collected and reviewed. FQIT February data and CQIC March data were the most comprehensive. However, the investigation data was missing for most months. Quality Assurance is aware of this issue and is working with Investigations to streamline and digitize some of their data. In earlier months, the data was limited in some areas. Data presentation has also improved, with data now being presented in table form or graphs, rather than in narrative form, as observed earlier.</p>



DJJ's data reports include trends and comparisons to the FQIT data from the previous month. The CQIC reports provide data for an entire quarter. The meeting minutes contained recommendations for improvement based on this trend data. These recommendations varied from identifying omissions or errors made by staff to suggesting additional training or coaching, as well as revising processes. However, it was not always clear whether these recommendations were monitored for implementation and whether any corrective actions were taken.

DJJ's draft Implementation Plan includes developing systems to alert leadership to patterns of behavior or allegations indicating safety concerns, staff training deficiencies, and persistent policy violations. This activity was assigned to the FQIT. The target date for implementation was February 2025. The draft plan had not been approved by the end of the monitoring period, and it is unclear if DJJ had begun an alert system.

Regular meetings have begun, but more effort is needed to ensure data is accessible to support quality improvement. Additionally, systems must be in place to monitor progress and follow up on recommendations to achieve substantial compliance.

#### Recommendations to Achieve Compliance



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

- Continue to hold regular meetings of the FQIT and CQIC and ensure that agenda items address provisions i. to v.
- Ensure that data is captured, presented, and documented on all elements during the reviews.
- 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
- September, October, November, and December 2024, along with January and February 2025, BRRC Monthly Data Review Meeting Minutes
- Staff interviews during November 13-14, 2024, and March 13-14, 2025, monitoring site visits
- Memorandum from SCDJJ Director of Settlement Compliance, SCDJJ QA Implementation Plan, March 7, 2025