



Monitoring Report

Settlement Agreement

October 2025



Monitoring Team



Susan
Burke

Valerie
Boykin



Mike
Butkovich





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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 agreement¹ to resolve all issues associated with an investigation at Broad River Road Complex (BRRC or Facility)² to assess whether DJJ failed to protect youth from physical abuse by other youth and by staff and whether DJJ subjected youth to prolonged solitary confinement. The agreement aims to “remedy the alleged constitutional violations identified by DOJ” and to ensure that “the conditions in the Facility support the rights of youth confined there, encourage rehabilitation, and improve the likelihood that youth will succeed upon release.”

As part of the settlement agreement, DJJ agreed to hire a subject matter expert (SME)³ to provide technical assistance to DJJ. Susan Burke,⁴ the SME, was hired in July 2022. Joining Ms. Burke on the monitoring team are Valerie Boykin⁵ and Mike Butkovich.⁶ 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 September 1, 2025, based on data collected from March 1 to August 31, 2025. The next report will detail any progress or activities that have occurred since that date. For this report, the team analyzed monthly data submissions from DJJ, conducted two in-person site visits, and hosted multiple virtual meetings to evaluate compliance. The team also held regular meetings with DJJ and facility 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 continues to work towards achieving compliance.

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

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

² BRRC is a 136-bed youth correctional facility in Columbia, South Carolina. During this monitoring period, the facility was renamed the Midlands Evaluation and Development Center (MEDC), housing youths with both short-term and long-term commitments in two living units, each consisting of three pods. The facility also houses youths who are ordered to undergo a 45-day evaluation. These youths are housed separately from committed youths and are not the subject of this report.

³ Defined in the agreement as “an individual with expertise in juvenile corrections.”

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

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

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

COMPLIANCE RATINGS

Ratings

Substantial Compliance means 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
PROTECTION FROM HARM		
General Provisions		
28	General Provisions	Partial Compliance
Staffing		
29	Staffing Study Consultant	Substantial Compliance
30	Staffing Study Consultant Selection	Substantial Compliance
31	Staffing Study Factors	Substantial Compliance
32	Staffing Changes	Substantial Compliance
Physical Plant		
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
Rehabilitative Programming		
38	Rehabilitative Programming	Partial Compliance
39	Rehabilitative Programming Mix	Partial Compliance
Approach to Behavior Management		
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
Use of Force		
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	Substantial Compliance
48	Reasonable Efforts	Substantial Compliance
49	Use of Force for the Minimum Amount of Time	Substantial Compliance
50	Prohibition on Use of Force	Substantial Compliance
51	Only Trained Staff May Use Approved Techniques	Substantial Compliance
52	Use of Force Documentation	Substantial Compliance
53	Medical Evaluation Following Use of Force	Partial Compliance
54	Medical Evaluation Procedures	Substantial Compliance
55	Medical Evaluation Refusal Procedures	Substantial Compliance

Investigations of Physical Harm to Youth from Other Youth, Executive or Unnecessary Use of Physical Force, or Improper Use of Isolation		
56	Revise Investigation Policies and Procedures	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	Substantial 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	Partial Compliance
Documentation of Isolation		
73	Documentation Requirements	Partial Compliance
Duration of Isolation		
74	Duration of Isolation	Partial Compliance
75	Intervention While in Isolation	Partial Compliance
76	Isolation Time Limit	Partial Compliance
77	Role of Qualified Mental Health Professional	Substantial Compliance
78	Extension Requirements	Non-Compliance
79	Reporting Requirements	Non-Compliance
80	Removal from Isolation	Partial Compliance
Multidisciplinary Team to Review Isolation Placement		
81	Multidisciplinary Team	Substantial Compliance
82	Multidisciplinary Team Procedures	Substantial Compliance
83	Multidisciplinary Team Reviews	Substantial Compliance
84	Review of Youth Isolated Two or More Times or More Than Four Hours	Partial Compliance
Development of Appropriate Space for Isolation		
85	Plans for Using Alternative Safe Spaces for Isolating Youth	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
Housing Vulnerable Youth		
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
Youth on Suicide Watch		
93	Prohibition on Isolation	Substantial Compliance
94	DMH Amended Agreement	Substantial Compliance
TRAINING		
General Provisions		
95	Training Curriculum Review	Substantial Compliance
Behavior Management		
96	Competency-Based Staff Training	Substantial Compliance
97	Staff Retraining Procedures	Substantial Compliance
Use of Physical Force		
98	Staff Training on Updated Use of Physical Force Policy	Substantial Compliance
99	Retraining Within 90 Days	Partial Compliance
Investigation		
100	Investigations Staff Training	Substantial Compliance
QUALITY ASSURANCE		
General Provisions		
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	Substantial 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**

Description of the Monitoring Process



The monitoring team reviewed department policies and procedures, completed two facility site visits, interviewed DJJ staff and youth, and reviewed emails, documents, and data provided to demonstrate compliance with the settlement agreement's provisions.

Findings and Analysis



During this monitoring period, the South Carolina Department of Juvenile Justice (DJJ) renamed the Broad River Road Complex (BRRC) to the Midlands Evaluation and Development Center (MEDC), expanding the population to include evaluation youth from the Midlands Evaluation Center (MEC). With the consolidation of facilities, the satellite detention unit on campus was closed, and the detention youths were relocated.

MEC line staff members accompanied their youth to MEDC and integrated into the overall facility schedule, which means they also took on responsibilities for working with committed youth. Leadership staff were also transferred. MEDC now has two facility administrators: one oversees administrative functions, and the other focuses on security and operations. Additionally, the facility has three assistant facility administrators. This transition occurred on June 6. Only long-term committed youth are the subject of this monitoring report.

Understandably, this transition created challenges in documenting activities associated with the settlement agreement, as the former evaluation staff were unfamiliar with BRRC practices and paperwork requirements. Consequently, there were several areas during this monitoring period where DJJ showed minimal progress and even experienced declines. This observation is not unfamiliar to DJJ, which has implemented various quality assurance efforts and enhanced data collection processes. Any shortcomings are expected to be temporary, as DJJ has demonstrated ongoing efforts to improve and has made progress in several areas.

Of the 79 rated provisions, DJJ is found to be in substantial compliance with 50, in partial compliance with 25, and in non-compliance with 4. Overall, 75 of the 79 rated provisions (95%) are either substantially or partially compliant in this report, up from 71 (90%) in the previous report.

While progress is noted in some areas, rates of youth-on-youth harm, use of force, and isolation experienced some increases during this monitoring period. A growing youth population with conflicts, both old and new, along with new staff unfamiliar with the campus and operations, as well as staff turnover and vacancies in key positions, likely contributed to these increases. Ongoing shortcomings in programming and rehabilitative services, along with inconsistent use of behavior management tools, were also factors.

DJJ needs to reevaluate whether its current practices require further refinement to address areas of concern. Additionally, DJJ should maintain its efforts to improve workplace conditions and staffing patterns. Currently, having a single juvenile correctional officer oversee up to eight youth, along with inexperienced staff—many with a year or less of experience—complicates the ability to provide proper supervision. Staying alert and attentive can be challenging during a 12-hour shift or longer, especially when staff members are asked to stay over due to staffing shortages. Ongoing operations with exhausted and stressed staff and bored youth have already resulted in incidents where youth and staff have been assaulted.

DJJ submitted an implementation plan to the DOJ, with agreed-upon revisions finalized in July 2025. Although the DOJ has not formally approved the implementation plan, DJJ has been implementing the action steps to improve outcomes.

Recommendations to Achieve Compliance



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

- Once approved, continue to 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, 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 meetings on April 16 and July 16, 2025
- Virtual site visit, June 12-13, 2025
- Staff and youth interviews and onsite observations during July 28-29 and September 4-5, 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**⁷

Description of the
Monitoring Process



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

⁷ 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 Compliance⁸



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

⁸ 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**⁹

Description of the
Monitoring Process



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

⁹ 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**

Description of the Monitoring Process



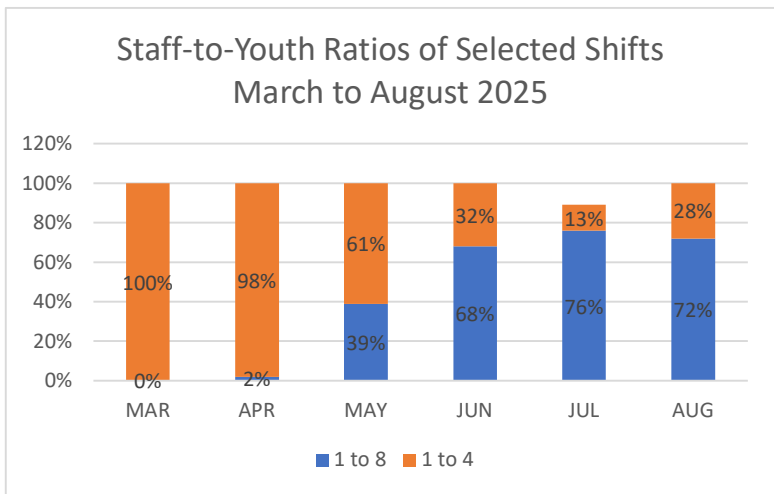
The monitoring team reviewed records from the Office of Human Resources, covering vacancies, turnover, and retention, from March to September 2025. Duty rosters were also reviewed, detailing staffing assignments for various weeks during the monitoring period. These rosters were compared with youth unit assignments to assess staff-to-youth ratios. Additionally, interviews and meetings were held with DJJ and facility administration, during which the topic of staffing was discussed.

Findings and Analysis



DJJ has continued to make reasonable efforts to meet the recommendations from the staffing study, including active recruiting, committees focused on workplace conditions and staff morale, and attempts to shift to unit-based staffing. The ability to maintain a 1:4 staff-to-youth ratios, however, declined during this monitoring period, primarily due to the facility consolidation in June.

Prior to the consolidation, DJJ was achieving the 1:4 recommended ratio nearly 100% of the time. After the consolidation in June, the 1:4 ratio was maintained only 32% of the time across the 78 shifts reviewed. In July, the ratio fell further, being maintained only 13% of the time. Additionally, there were 20 shifts in which the ratio reached 1:9, exceeding DJJ’s policy requirement of 1:8.

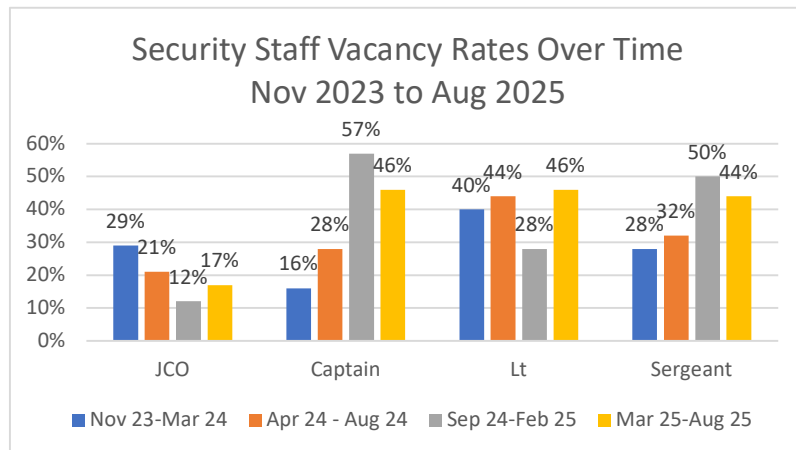


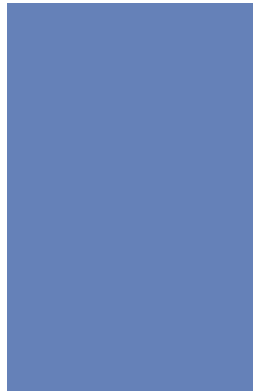
DJJ has reported increased staffing challenges, as more Juvenile Correctional Officers (JCOs) are calling out of work. This situation has forced the assigned JCOs to extend their shifts beyond the standard 12 hours until replacement staff can be found. Officers interviewed mentioned that these extended shifts have become increasingly common, lasting anywhere from half an hour to up to four hours. JCOs expressed stress, fatigue, and frustration due to these callouts, voicing concerns about job stability, poor working conditions, and unpredictable daily schedules.

With the majority of shifts now at 1:8 staffing ratios, staff are reporting feeling less safe and less supported. JCOs indicated that being the only staff member on duty made it difficult to effectively supervise eight youths, as one or two individuals could easily distract them from monitoring the others. Video footage from several incidents revealed that JCOs struggled to monitor all youths and identify potential issues early, which could have helped prevent incidents. Once an incident occurred, it was challenging for a single JCO to resolve the situation without assistance. In cases of youth-on-youth harm, having two staff members present could have mitigated further harm, as one JCO had difficulty protecting the youth being assaulted. Additionally, one JCO is more vulnerable to manipulation and demands from the youths. There were also two incidents of youth sexually harassing female staff members, with a youth grabbing the buttocks of one. These incidents might have been less likely to occur had another JCO been present.

An evaluation of staff vacancies indicates that previous efforts to fill JCO positions need to be revived, as vacancies have increased during this monitoring period. It was reported that, due to turnover, few JCOs have more than 1 year of experience. Interviews conducted during site visits confirmed this lack of experience, which can lead to unfamiliarity with policies and procedures.

Vacancy rates for supervisory roles—Captain, Lieutenant, and Sergeant—remain high across all categories. These positions are essential for overseeing staff and ensuring they understand their responsibilities. Supervisors have also reported feeling stressed and exhausted due to increasing demands, including the need to cover shifts, which takes away from their supervisory duties.





DJJ has been working towards a unit-based staffing model and assigning a supervisor to each pod. They were successful in maintaining this model during March, April, and part of May, but were unable to sustain it once the population increased in June. Due to staffing shortages, sergeants and even lieutenants have been scheduled to work unit shifts. In June, 19% of unit shifts were filled by supervisory staff members. In July, it was 13%; in August, 8%.

The staffing challenges outlined here are not unique to DJJ and are common across correctional agencies nationwide. While DJJ's efforts are deemed reasonable and meet substantial compliance, DJJ is encouraged to continue to strive to implement the recommendations more fully.

Recommendations
to Sustain
Compliance



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

- 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 improve 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 March to August 2025
- Verbal reports from DJJ administration during meetings on April 16 and July 16, 2025
- Virtual site visit and video reviews, June 12-13, 2025
- Staff and youth interviews, onsite observations, and video reviews during July 28-29 and September 4-5, 2025, monitoring site visits
- Duty Rosters and population reports
 - March 9-15 and 21-28; Apr 5-12 and 13-20; May 4-10 and 21-27; June 8-14 and 18-25; July 1-7 and 21-27; and August 6-12 and 22-28

Physical Plant

33. PHYSICAL PLANT

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

Compliance Rating **Substantial Compliance**¹⁰

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.

¹⁰ 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 Compliance¹¹**



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

¹¹ 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**¹²



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

¹² 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**¹³

Description of the
Monitoring Process



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

¹³ 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**

Description of the Monitoring Process




The monitoring team observed and tested the camera surveillance equipment on two occasions, with staff assistance, to ensure that video surveillance was available for the required period.

Findings and Analysis



DJJ remains in substantial compliance. On several occasions, both virtually and on-site, DJJ demonstrated the capability to retrieve video footage from the past 90 days. Staff were able to access bookmarked videos for investigations and conduct random reviews of footage from various dates and times across the campus.

Recommendations to Maintain Compliance



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

- Follow current practices to retain video for a minimum of 30 days, ensuring it remains available for investigations, regular oversight, and quality assurance reviews.
- Continue to ensure authorized staff bookmark the video upon request to ensure it is available.
- Continue to monitor retention practices to ensure compliance.
- Continue to regularly test and maintain equipment to ensure functionality.

DJJ should also consider the following recommended steps.

- Finalize, approve, and implement revised policy 314, Camera Surveillance.
- Require all staff to read and acknowledge Policies 328, Investigations, and 314, Camera Surveillance
- 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, 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

- Virtual site visit and video observations, June 12-13, 2025
- Staff interviews and video observations during July 28-29 and September 4-5, 2025, monitoring site visits

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**

Description of the Monitoring Process



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.

Findings and Analysis



DJJ continues efforts to provide multiple opportunities for youth to engage in rehabilitative programs. Activities include clinical and life skills groups, recreation, special events, leisure activities, and work. During this rating period, DJJ faced several challenges in delivering these programs. Issues that had lessened in the previous monitoring period, such as scheduling, consistency, and staffing, reemerged.

Monthly Master Calendars and separate recreation and leisure calendars are supposed to detail each day's scheduled activities. There was a single master calendar for the Maple Pod when all youth were housed there at the beginning of the monitoring period. DJJ was making progress with having youths participate in programming together, and staffing seemed to have improved during this time. New calendars were developed when the campus merged and became the Midlands Evaluation and Development Center in early June.

It was hoped that staffing would increase; however, within a very short period, significant issues arose. There was an increase in behavioral problems across the campus, which hampered programming. DJJ then began to experience an increase in staff vacancies in programming and security. DJJ programming positions dropped to only two Program Coordinators and one Youth Engagement Specialist. The Programming Supervisor, Director, and Associate Deputy scheduled themselves into the rotation to assist with delivering some programming to the increased population of over 40 youth.

Calendars were posted on the walls during the July site visit; however, upon speaking with the youth and staff, it did not appear that they were routinely followed. During the September site visit, either old calendars or no calendars were found in the units. It was

reported that a decision had to be made daily on what programming to offer, based on security issues and staffing constraints. DJJ provided self-guided activities; however, tracking youth participation proved challenging when no staff were available to encourage and document participation. Video observations indicated that the youth were generally more engaged when staff led the activities. Without staff guidance, participants seemed hesitant to try new games and often defaulted to playing basketball in the gym.

With multiple gyms closed and more youth on campus, the programming staff are trying to get more creative with spaces for activities. They have been using outdoor areas behind the units, the playfields outside the gym, and repurposed space in the old “Laurel” building, now called Cedar, which serves as a recreational area. Staff were excited about the development of new programming in Cedar. Youth are transported to this unit for various activities. The layout and opportunities at Cedar look promising. The youth described the experience positively, but many mentioned they have not had many opportunities to visit Cedar. It seems it has been used more often as an incentive.

Youth continue to report experiencing significant idle time, especially on weekends. On weekends, incentive activities and recreation are often the only options available. When not going to Cedar, the youth primarily play cards, watch TV, or hang out in the unit. There were also concerns noted about the lack of seating options on the unit, except for the round tables with fixed seats, and not being allowed to go into their rooms during the day to rest or read comfortably. Security staff consider chairs a safety risk; however, some units have more chairs than others. Staff acknowledge that there are not enough activities for youth other than going to the gym. Much of the idle time is attributed to staffing shortages.

DJJ has been using a new tracking mechanism to capture the amount of Leisure, Recreation, and Structured Recreation time and reporting on it since June. They measure the actual participation time and compare it to the amount of time a youth should receive based on their length of stay at the facility. Compliance rates in June ranged from 4% to 97%, with 24 of 44 youth receiving at least 50% of the programming. One youth completed 97% of the required activities. Very few youths declined to participate in activities; however, most had low compliance rates. By August, two youth were receiving more than the required activities with 108%. The lowest rate was 8% unlike several 0% compliance rates in June.

The activities provided were very similar to prior rating periods. Programming staff often drop off leisure boxes when staffing levels are low. There were very few special one-time activities during the monitoring period. There was a visit by 100 Black men, which was attended by only six youths. A scavenger hunt provided an opportunity for more youth participation.

Recreation and Leisure Chart

The chart below displays the number of activities reported by DJJ in accordance with the provided calendar.

Activity by Category	March	April	May	June	July	Aug
Leisure	1	4	24	16	16*	0
Recreation	67	60	114	94	94*	109
Structured	69	70	25	57	57*	85

*July data is identical to June and may be an error.

Programming continues to be supported by the Chaplaincy staff, who provide individual and group counseling, consultation, and religious services. One activity with outside volunteers was reported.

The following data were reported regarding programming groups and special activities.

Programming Groups and Activities Chart

Programming Groups	March	April	May	June	July	Aug
Clinical Groups	24	13	15	2	10	21
One-Time Special Activities	1*	3	0*	1	0	1
Chaplain Groups**	3	0	1	20	17	25
Chaplain Consultations**	15	46	41	476	445	203

*Additional activity postponed due to weather

**Data reported was for all youth on campus

The facility continues to offer multiple Psychiatry Clinic Days per month. The clinical staff were trained and certified during the summer to deliver Thinking For A Change (T4C). They began delivering these groups in the school as the new school year began. It is believed that this is a much more therapeutic environment than the pods. Monitors observed some group interactions during the September visit, and the youth remained engaged. Staff reported that they believe this curriculum is more relatable for the youth.

This item remains partially compliant. DJJ is commended for developing the new Cedar programming and introducing T4C group programming, which has been a long-term goal. The staffing instability, which has affected the delivery of consistent programming, continues to prevent substantial compliance.

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, whose schedules may need to be adjusted include social workers, psychologists, clinicians, qualified mental health professionals, and youth engagement specialists, whose schedules are tailored to support these roles.

SOURCES

- Data from March to August 2025
 - Master Schedules for all units with committed youth
 - Recreation/Leisure Schedules
 - Programming Events - Recreation Activities Summary Data
 - Programming Events – Recreation Attendance Records
 - Programming Events - Leisure Activities Summary Data
 - Programming Events - Leisure Attendance Records
 - One-Time Activity Event Schedule
 - BRRC Closer Look Report
 - BRRC Chaplaincy Summary Report
 - BRRC Chaplaincy Clinical Therapeutic Sessions
 - BRRC Chaplaincy Religious Services
- Verbal reports from DJJ administration during meetings on April 16 and July 16, 2025
- Virtual site visit and video observations, June 12-13, 2025
- Staff and youth interviews and onsite observations during July 28-29 and September 4-5, 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**

Description of the Monitoring Process



The monitoring team reviewed facility activity schedules and records, which document programming activities and attendance, examined youth treatment plans, observed groups, conducted video reviews, and interviewed staff and youth.

Findings and Analysis



This provision of the settlement agreement closely aligns with the previous one, but focuses on the programming mix and its connection to the youth’s individual behavior and treatment plans. As noted in provision 38, DJJ continues to add new program offerings and align services with youth’s individual behavior and treatment plans. Treatment and programming staff continue to attempt to increase communication; however, staffing challenges at various times during this monitoring period have hampered the ability to deliver a mix of programming.

The Clinical Unit experienced several vacancies, with only three staff members early in the monitoring period. The facility consolidation led to new positions and some staff reassignments. By September, staffing had improved with all positions filled. It was also reported that more clinical positions might be created.

Clinical staff continued to deliver group sessions using the Phoenix New Freedom Curriculum through July, when they were trained in the Thinking for a Change (T4C) curriculum. Monitors observed youth in the Phoenix New Freedom groups during the July site visit and through video footage. While some youth actively participated, others moved about the unit and into their rooms. Staff stated that group programming in the pod was not conducive to a good therapeutic process. Monitors also observed a chaplaincy group virtually during the July visit, which showed the youth engaged.

The T4C groups began in August. Two groups run simultaneously, one in the clinical conference room and one in the media center of the Birchwood School Academic Building. The groups are held on Mondays and Fridays, with eight groups per day (5-7 youth per group). A group was observed during the September monitoring visit,

and all the youth participated, with most very engaged, unlike the earlier group in the pods.

The range of planned recreational activities has stayed fairly consistent with earlier monitoring periods. Basketball remains the most popular activity, but efforts to introduce other sports have been met with mixed reactions from youth. Reported activities include badminton, King of the Court, and NFL drills; however, there appears to be insufficient guidance to encourage youth participation in these activities. Because youth lack the ability to organize themselves during self-guided recreation, activities mostly involve shooting baskets or short-term play. For instance, the youth were seen hitting a few birdies in badminton before switching back to basketball.

Programming in the Cedar building (formerly Laurel) launched during this period. Cedar offers a variety of activities, including art, soap making, and t-shirt design. Staff are excited about this new initiative, which holds great promise once staffing levels are improved to enable the full operation of all programming activities.

There were a few one-time activities, only one of which involved outside volunteers. A visit and mentoring session with 100 Black Men was attended by six youth. Other one-time activities included an Easter egg hunt, a spring festival, a summer bash (featuring outdoor field activities), and a cookout. The Chaplaincy report also listed an Easter Sunday Fish Fry.

DJJ frequently used self-guided leisure activities during this review cycle, with leisure box packets dropped off due to a lack of staff. It was reported that some youth completed the packet, and programming staff created an incentive by offering points for each completed worksheet submitted. The points can be turned in for snacks. Video observation showed varying degrees of activity.

A problem was noted with the programming sign-in sheets. For example, some sheets were pre-filled out with “attentive” being used for all youth in the unit, regardless of whether they were involved in an incident, off the unit, or in isolation. It was recommended that the form be modified to indicate that the packet was actually dropped off. Some sheets indicated this distinction, but others did not (when viewing video to verify).

This provision also requires that programming staff provide positive supports to youth and address needs aligned with the youth’s individual treatment plan. A review of 25 treatment plans for youth housed at the facility revealed a wide range of needs among the youth. Common areas of need include anger management, substance use, trauma, decision making, and conflict resolution. While the treatment plans identified these treatment-related issues, the most common response to address these issues was listed as individual and group counseling. There were no specific references to any program, treatment group, curriculum, sport, or recreational program that supported treatment for the identified issues. Staff may need more training in this area.



Recommendations to Achieve Compliance



This provision remains in partial compliance. DJJ is working on its offerings, and the new T4C curriculum should help address treatment goals for many of the youth. DJJ is encouraged to continue its 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.

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.

- Continue to 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.

- Continue full implementation of the Thinking For A Change (T4C) curriculum.
- 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 March to August 2025
 - Master Schedules for all units with committed youth
 - Recreation/Leisure Schedules
 - Programming Events - Recreation Activities Summary Data
 - Programming Events – Recreation Attendance Records
 - Programming Events - Leisure Activities Summary Data
 - Programming Events - Leisure Attendance Records
 - One-Time Activity Event Schedule
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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**¹⁴

Description of the
Monitoring Process



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

¹⁴ 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 Compliance¹⁵

Description of the
Monitoring Process



Substantial compliance was achieved during the October 2024 monitoring period. DJJ is in the process of modifying the established tools and has solicited feedback from the Subject Matter Expert. The proposed modifications involve refining the existing behavior management program, with updates to be implemented in phases. This type of evaluation and modification is a standard aspect of organizational development and does not impact DJJ’s compliance rating.

¹⁵ 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**

Description of the Monitoring Process

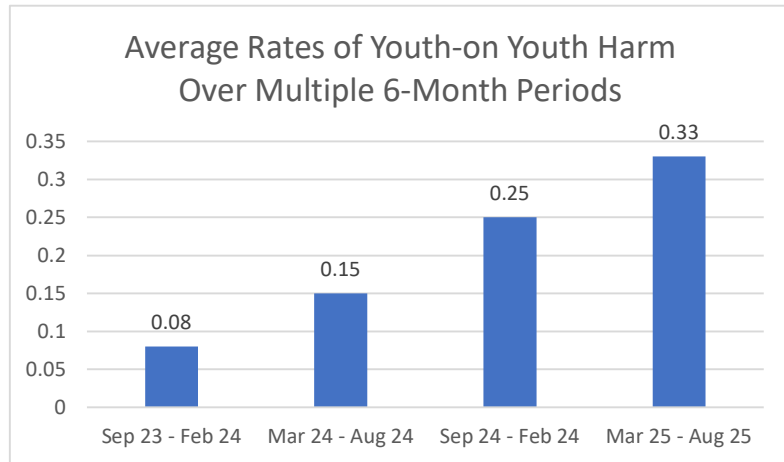


The monitoring team interviewed DJJ staff, behavior management consultants, and youths. The team also reviewed documents and data related to behavior management, including motivation sheets, incentive implementation activities, group attendance records, and information on behavior review hearings. Youth-on-youth harm data were then analyzed to determine whether these tools reduced these incidents.

Findings and Analysis



DJJ remains in partial compliance with this provision due to inconsistencies in the implementation of behavior management tools and a rise in incidents of youth-on-youth harm. Between March and August 2025, there were 59 such incidents. When considering the youth population, the average rate of violence was 0.33 incidents per youth, compared to 0.25 in the previous monitoring period and 0.15 in the period before that.



During the previous monitoring period, DJJ began refining and enhancing its behavior management tools and systems. The goal was to ensure that all components of behavior management functioned cohesively rather than separately. A comprehensive plan was developed, which was divided into three phases. Phase 1 focused on improving the behavior review process (previously known as

disciplinary hearings). A memo was distributed on July 7, 2025, to all facility team members, outlining the new process and providing a list of available sanctions and responses to specific behaviors. In Phase 2, additional responses will be introduced.

Between March and August 2025, 150 behavior reviews were conducted, involving 72 incidents. Beginning in June, DJJ began tracking responses and sanctions given to youth, which primarily involved a loss of privilege and/or a writing assignment. Completion rates in June were 63%, and DJJ was alerted to focus more attention on ensuring youth completion. In July, the completion rate rose to 91%, and in August it was 80%. Implementing steps to ensure completion ensures appropriate accountability, a hallmark of an effective behavior management system.

Another area in need of improvement is the consistency with which reviews are conducted, as well as the types of behaviors they address. There were multiple instances in which a behavior review was not held following a qualifying incident. In some cases, DJJ stated that the paperwork was delayed in being submitted. In other instances, it appeared there was no follow-through or oversight. Inconsistencies undermine the effectiveness of a behavior management system. It is anticipated that the implementation activities associated with Phase 1 will adequately address this problem.

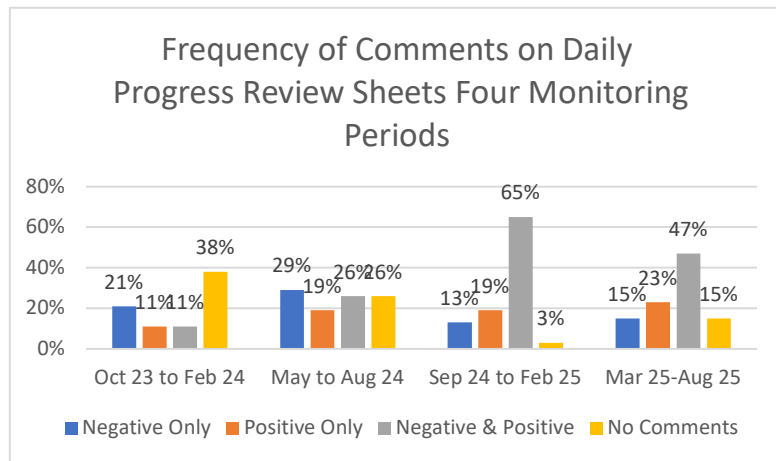
The Legacy program, a key behavior management tool, continues to operate, but implementation fidelity has declined. Youth behavior is assessed using a Daily Progress Review sheet that evaluates aspects such as personal hygiene, positive peer interactions, and respect for the program environment. Each rating is assigned a point value that determines the youth's privileges, such as a later bedtime, additional phone calls, or participation in incentive activities like game room time or movie parties.

Interviews with youth during site visits revealed that, while they could articulate their Legacy level, most primarily viewed the program as a way to access extra snacks rather than as a motivator to improve their behavior. In earlier monitoring periods, DJJ was advised that the faithful implementation of the Legacy program was necessary to reinforce its effectiveness. Additionally, the incentives provided need to be more appealing to the youth. Additional phone privileges, for example, were not meaningful for a youth who did not have anyone to call, as one youth shared. During this monitoring period, DJJ increased the variety of incentives offered. New items included silent headphones for a music listening event, a revived game room in the converted Laurel building (now called Cedar), and the Blazer leadership program.

Youths interviewed praised the Cedar programming building, stating they looked forward to participating in the activities offered there and requested more frequent visits. A review of incentives offered during this monitoring period revealed high participation among eligible youth, with attendance in activities ranging from 92% to 99%. These rates suggest that youth have some buy into the Legacy program.

However, there appears to be a disconnect with the youth’s perception of the behavior management program, behavior reviews, and activities being offered.

One reason this might occur is the declining accuracy in completing the Daily Progress Review sheets and maintaining consistency in tool usage. During this monitoring period, DJJ reported many missing rating sheets, and there was an increase in sheets without written feedback. In the week of June 19-25, 43% of the feedback sheets were blank. This decline is unfortunate, especially given the progress made during the previous monitoring period, when at least some feedback was provided on 97% of all Daily Progress Review sheets. Unfortunately, the feedback during this time was minimal, often consisting of just one or two comments, rather than the expected daily feedback. This decline occurred after the consolidation of facilities, with many staff and youth being new to the MEDC campus and MEDC protocols.



There were multiple instances in which staff wrote that the youth was having a “great day” or was “compliant” without providing any details about how the youth’s behavior contributed to that assessment. Failure to provide descriptive information renders the ratings and tools meaningless. DJJ needs to place renewed focus on ensuring that youth feedback is descriptive and points to the behavior being recognized so that it can be reinforced. Additional staff training and coaching could help improve this area.

The increased youth population and higher youth-to-staff ratios have likely contributed to the deterioration of the program. With staff-to-youth ratios of 1:8, it is likely challenging for a single staff member to complete the Legacy paperwork and provide meaningful feedback to all youth in their unit. However, if staff do not prioritize behavior management, then desired behavior will not be realized.

DJJ needs to make renewed efforts to ensure that behavior management tools are used appropriately and with fidelity. Planned program signage and a long-overdue list of facility rules may help reinforce the behavior management system. At a minimum, they will be visible reminders of behavioral expectations.

Recommendations to
Achieve Compliance



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

- Provide refresher training as needed and annually for MEDC administration and staff to ensure they understand the behavior management system, how to complete documentation properly, and how to respond to the youth's behaviors in a manner that reinforces positive behavior and extinguishes undesirable behavior. Training should also focus on proper documentation.
- Develop and implement quality assurance measures to ensure staff consistently rate youth behaviors similarly.
- Ensure supervisors are appropriately monitoring BMS implementation and staff documentation.
- 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

- March to August 2025
 - Youth-on-youth violence data
 - Positive Responses data
 - Behavior Reviews data
- Daily Progress Review Sheets for the weeks of February 27 to March 5; March 6 to 12; March 13 to 19; March 20 to 26; March 27 to April 4; April 3 to 9; April 10 to 16; Apr 24 to 30; May 1 to 7; May 8 to 14; May 15 to 21; May 22 to 28; May 29 to June 4; June 12 to 18; June 19 to 25; June 26 to July 2; July 7 to 16; August 7 to 13; August 14 to 20, 2025
- Verbal reports from DJJ administration during meetings on April 16 and July 16, 2025
- Virtual site visit, June 12-13, 2025
- Staff and youth interviews and onsite observations during July 28-29 and September 4-5, 2025, monitoring 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 (SCM) 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

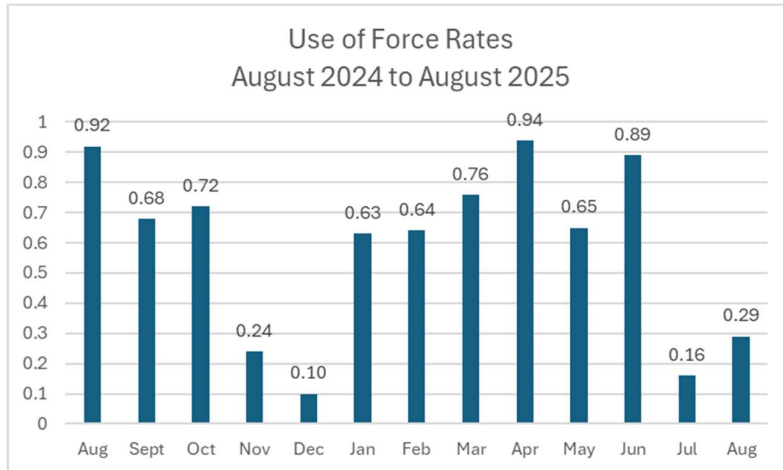


DJJ requires security and education staff to complete SCM training. Only staff who directly supervise youths are required to complete the restraint portion of the training and must demonstrate competency in using the physical techniques. SCM training is incorporated in the basic academy. Refresher training is also conducted annually, with compliance monitored as expected.

A review of the training records of staff involved in use-of-force incidents revealed that all staff members were up to date on their requirements, except for one staff member in administration, who was overdue. No criminal investigations found the use of force unreasonable. However, there was one internal integrity investigation in which a policy violation related to the use of force was substantiated.

A review of incident reports and video observations found that staff appeared to be actively attempting de-escalation techniques, relying primarily on issuing multiple verbal directives to the youth to stop their behavior. There were also documented instances in which staff members counseled the youth, reminded them of their goals, or suggested that they attempt a calming technique. It is unknown how many incidents staff successfully resolved using the techniques learned in training, since no reports are generated when there is no incident to report.

An evaluation of use-of-force rates revealed substantial variation during this monitoring period, ranging from 0.19 per youth in July to 0.94 in April. When examining rates over 12 months, the variation did not reveal a consistent pattern. DJJ should continue to examine rates to determine what factors contribute to rate increases and decreases.



More than a quarter (27%) of use-of-force incidents involved juvenile correctional officers (JCOs). It was noted that three JCOs were involved in five separate use-of-force incidents, and four were involved in four incidents during this monitoring period. One sergeant was involved in 15 use-of-force incidents, the most of any staff category. DJJ should consider evaluating the frequency with which specific staff members use force to determine whether they would benefit from any additional training.

As noted during the last monitoring period, staff have improved their descriptions of the efforts made to de-escalate the situation before resorting to force. DJJ is encouraged to continue to emphasize with staff the importance of providing sufficient details, including the actual phrases used, to attempt to resolve the situation. This level of detail helps determine whether staff could benefit from additional coaching or training in using de-escalation techniques.

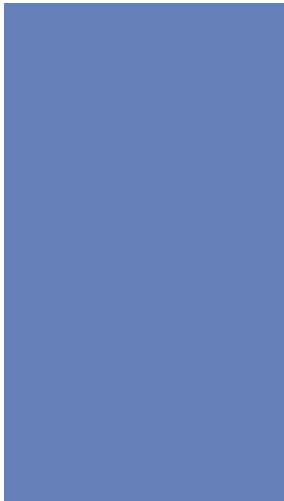
While DJJ is found to be in substantial compliance with this item, interviews with youths indicate that more can be done to prevent incidents from occurring in the first place. Robust programming, reducing idle time, and consistently practicing with youths to develop coping and problem-solving skills 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.
 - Continue to 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

- March to August 2025
 - Use of Force data and event reports
 - Use of Isolation data and events reports
 - Behavior Reviews (Disciplinary Hearings) data
 - Facility training records
- Verbal reports from DJJ administration during meetings on April 16 and July 16, 2025
- Virtual site visit and video observations, June 12-13, 2025
- Staff and youth interviews and video observations during July 28-29 and September 4-5, 2025, monitoring 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**

Description of the Monitoring Process



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.

Findings and Analysis



The on-site coaching program is currently operational, and DJJ reported 100 coaching sessions from March to August 2025; however, documentation is available for only 86 sessions. Only 62% of the documented sessions (53 out of 86) were relevant to this provision. The remaining 33 sessions focused on job performance issues, including time and attendance, adherence to the chain of command, communication with supervisors, and proper documentation. While these topics are appropriate for coaching and can be effectively addressed through this method, the documentation of these sessions was not considered when evaluating compliance with this provision.



DJJ reported that coaches are delivering more sessions than documented, and in August they intensified efforts to ensure coaches accurately document their sessions. As a result, the number of documented coaching sessions rose significantly, from four in July to 21 in August. A coaching training program has been developed, consisting of six modules that cover topics such as the role of a coach,

practicing coaching, and de-escalation strategies. However, this training was delayed due to the facility merger in June.

Each month, the number of coaches has fluctuated between 13 and 20, with all but one coach being a member of the supervisory staff (including sergeants, lieutenants, captains, or assistant facility administrators). The only non-supervisory coach, a Youth Support Specialist, did not conduct any documented coaching sessions and has since been removed from this role. DJJ has chosen to use supervisors as coaches, which establishes an expectation that these individuals actively seek opportunities to provide positive feedback to staff and engage in discussions that promote skill development. This responsibility is fitting for those in supervisory positions. However, it is crucial to ensure that these staff members possess the necessary skills to successfully de-escalate conflicts with youth and implement appropriate disciplinary measures before naming them as coaches.

Despite the appointment of multiple coaches, only a small number have consistently documented their coaching work. Notably, 41% (39) of all coaching sessions were conducted by the Operation Leadership Coach. In addition to coaching sessions, the Operation Leadership Coach works with new trainees and conducts a monthly De-escalation Strategies Review meeting for them. Most coaches documented either no sessions or fewer than 4.


Month	Identified Coaches	Coaches Providing Staff Coaching	% of Coaches Providing Staff Coaching
March	15	10	67%
April	16	7	44%
May	16	4	25%
June	13	3	23%
July	13	3	23%
August	20	6	30%

Positively, a review of the documented coaching sessions reveals that they focused on behavior management topics, including de-escalation techniques, communication, setting appropriate boundaries, and establishing clear expectations with youth. Some sessions involved debriefing incidents and discussing what went well and what could be improved. For example, one coach documented a discussion with a juvenile correctional officer following an incident: “We discussed de-escalation strategies for youth who are irate and aggressive. I explained that it is not always necessary to be physically hands-on; effective communication with a staff member who has a good rapport with the youth can help de-escalate the situation. Talking individually, away from crowds, can also be beneficial.” Other coaching sessions seemed spontaneous, based on what the coach observed the staff member doing. Both strategies are suitable for coaches and should be continued and further developed.

While coaching is now fully operational, DJJ requires further refinement to achieve substantial compliance, including ensuring that



Recommendations to Achieve Compliance



coaches have the appropriate skills as described in this provision and that they provide and document their coaching sessions.

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

- March to August 2025 DJJ monthly coaching data collection
- Staff interviews during July 28-29 and September 4-5, 2025, monitoring site visits

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**¹⁶

Description of the
Monitoring Process



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

¹⁶ 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 Compliance¹⁷**

Description of the
Monitoring Process



Substantial compliance was achieved during the April 2025 monitoring period.

¹⁷ See the April 2025 Monitoring Report for information on how substantial compliance was achieved.

47. LIMIT USES OF FORCE

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


Compliance Rating Substantial Compliance

Description of the Monitoring Process



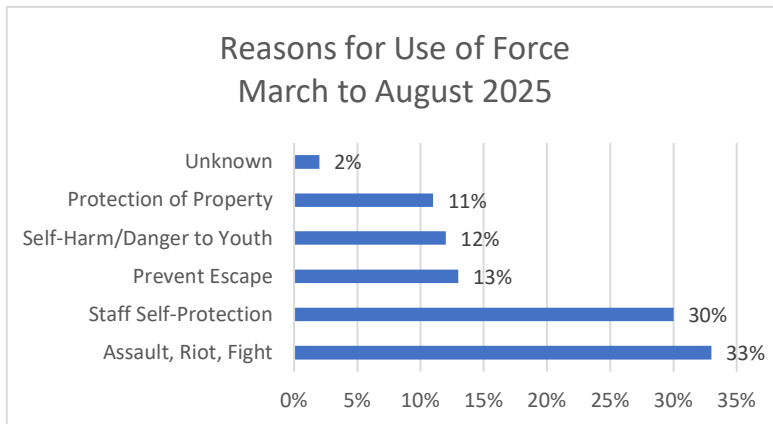
The monitoring team reviewed the use of force data, incident reports, youth grievances, and the number of investigations for excessive or unnecessary use of force. Staff and youths were also interviewed.

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, 81 incidents involving the use of force were reported, including 32 in June alone, following the consolidation of the facility and the resulting increase in the youth population. When accounting for the youth population, the overall rate of use of force during this monitoring period was 0.62 per youth, compared to 0.50 per youth in the previous monitoring period.

The reasons given for using force are presented in the chart below. The top two reasons were assault, riot, or fight (33%) and staff self-protection (30%).



Youths interviewed about their observations of the use of force and any personal experiences they may have had were able to explain the circumstances under which force can be used. Several youths stated that the youths they witnessed being restrained deserved it for their own safety or the safety of others. Many of these youths also indicated that they believe staff do not use force unless it is necessary, as mentioned above. Most of these situations involved youth engaging in assaultive behavior, destroying property,

possessing a weapon, trying to escape, or refusing to follow staff instructions.

The monitoring team reviewed use-of-force event reports and multiple random videos from selected incidents and found that, in most cases, the use of force seemed justified, despite the lack of audio. A review of event reports showed that staff routinely justified why force was necessary. It also appears staff are documenting and limiting the use of force to youth who are currently physically violent and pose an immediate danger to themselves or others. Additionally, there were no incidents in which investigations found improper or excessive use of force.

DJJ is found to be in substantial compliance with this provision; however, DJJ is encouraged to identify measures that would reduce the need for force, including enhancing programming and consistently implementing behavior management tools as described in other parts of this report.

Recommendations to Sustain Compliance



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

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

DJJ should also consider the following recommended steps 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 March to August 2025
 - Use of Force summary data
 - Youth Grievances related to use of force
 - Use of Force event reports
 - Videos of selected incidents
 - Investigations data
- Verbal reports from DJJ administration during meetings on April 16 and July 16, 2025
- Virtual site visit and video observations, June 12-13, 2025
- Staff and youth interviews during July 28-29 and September 4-5, 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



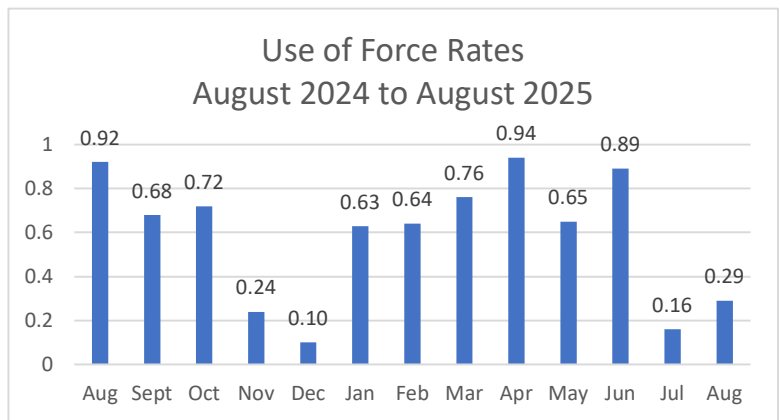
The monitoring team reviewed the use of force data, event reports, youth grievances, and the number of investigations for excessive or unnecessary use of force. Video footage from selected incidents was also reviewed, and staff and youth were interviewed.

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 interventions 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 124 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 32 in June to a low of seven in July.



The use-of-force rates for the last twelve months showed that the current monitoring period had some of the highest rates, but they

dropped dramatically in July and remained lower than in previous months. DJJ attributed the increase to facility consolidation and growth in the youth population.

Event reports require staff to answer “yes” or “no” to whether a verbal directive was attempted, and then to describe the verbal directive and the 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 in 70% of incidents, staff issued multiple verbal directives to the youth. In 15% of incidents, a single directive was issued. To a lesser degree, staff used de-escalation techniques (7%) and counseled the youth (3%). In 2% of incidents, staff had to intervene immediately. Data was missing from only five reports.

A review of video footage of selected incidents revealed that staff appeared to use verbal directives, hand gestures, or other strategies to calm the youth. For example, in one incident, staff attempted to distract or ignore a youth who began harassing them. Unfortunately, the harassment continued, and the staff requested assistance. The youth became aggressive upon their arrival, and force was necessary.

Based on the information evaluated, DJJ remains in substantial compliance with this item. However, as noted in item 47, DJJ is encouraged to evaluate the circumstances contributing to use of force incidents and identify measures that would reduce the need for force, including enhancing programming and consistently implementing behavior management tools as described in other parts of this report.

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 March to August 2025
 - Use of Force summary data
 - Youth Grievances related to use of force
 - Use of Force event reports
 - Videos of selected incidents
 - Investigations data
- Verbal reports from DJJ administration during meetings on April 16 and July 16, 2025
- Virtual site visit and video observations, June 12-13, 2025
- Staff and youth interviews during July 28-29 and September 4-5, 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 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. 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 2025 to require staff to enter the duration of force application 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

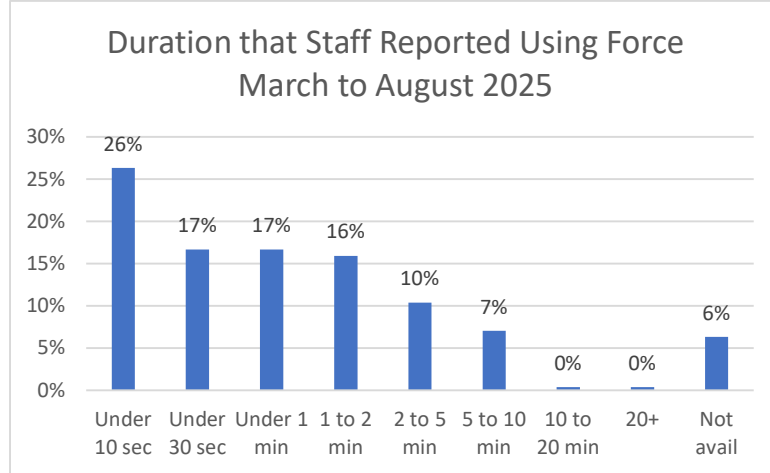
During this monitoring period, staff reported using force 270 times. Most, 161 (60%), involved applying force for one minute or less, with 71 (26%) lasting under 10 seconds. Only 17 instances (6%) were undocumented as to duration of force application.

DJJ continues to emphasize the importance of using de-escalation techniques and the least amount of force necessary to minimize injuries to both youth and staff. Discussions about de-escalation and the use of force continue to be listed as regular topics on shift briefings and supervisor meetings.

Facility administration also conducts regular reviews of use-of-force and other critical incidents, documents the reviews, and debriefs the staff involved within 72 hours. These administrative reviews appear to have helped reduce the duration of force. A review of incidents involving prolonged use of force revealed that the youth were often combative and unwilling to comply. The incidents in which force was used for more than 5 minutes (19 during this monitoring period) typically involved the use of mechanical restraints and frequently

were related to incidents that involved multiple youths fighting and the need to calm multiple youths following the incident.

Only one grievance was submitted by a youth related to excessive use of force, but it was unrelated to the use of physical force or restraints.



No criminal investigations found the use of force to be unreasonable or excessive, and video reviews of selected incidents did not indicate that staff used force longer than necessary to gain control of the situation. This information, combined with the data improvements, indicates that DJJ is actively meeting the requirements of this provision.

Recommendations to Sustain Compliance



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

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

DJJ should also consider the following recommended steps.

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




SOURCES

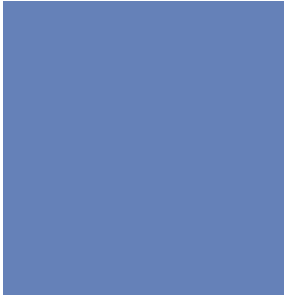
- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- March to August 2025
 - Use of Force Summary data
 - Youth Grievances related to use of force
 - Use of Force event reports
 - Videos of selected incidents
 - Investigations reports
- Verbal reports from DJJ administration during meetings on April 16 and July 16, 2025
- Virtual site visit and video observations, June 12-13, 2025
- Staff interviews and video observations during July 28-29 and September 4-5, 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

<p>Description of the Monitoring Process</p> 	<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>
<p>Findings and Analysis</p> 	<p>When completing an event report following the use of force, staff are required to include the reason why force or restraints were used. As described in item 47, 63% of use of force was related to staff responding to a fight, assault, or riot, or for staff self-protection.</p> <p>Youths interviewed were able to describe when and how force should be used, but none indicated that force was used retaliatorily or as punishment. Instead, youth reflected that by the time a Security Response Team member or public safety officer was called to assist, it was highly likely that force would be used because the situation had escalated. There were a few incidents observed and reports reviewed, in which these staff members did not use force because the incident had been resolved by the time they arrived. Instead, they supported staff or assisted with transferring a youth to the infirmary or to an isolation cell.</p> <p>No criminal investigations found the use of force to be unreasonable or excessive. This item is found to be in substantial compliance based on a review of reports, video footage, and interviews.</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">• 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.• 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 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 March to August 2025
 - Use of Force summary data
 - Youth Grievances related to use of force
 - Use of Force event reports
 - Videos of selected incidents
 - Investigations data
- Verbal reports from DJJ administration during meetings on April 16 and July 16, 2025
- Virtual site visit and video observations, June 12-13, 2025
- Staff and youth interviews during July 28-29 and September 4-5, 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 Substantial Compliance

Description of the Monitoring Process



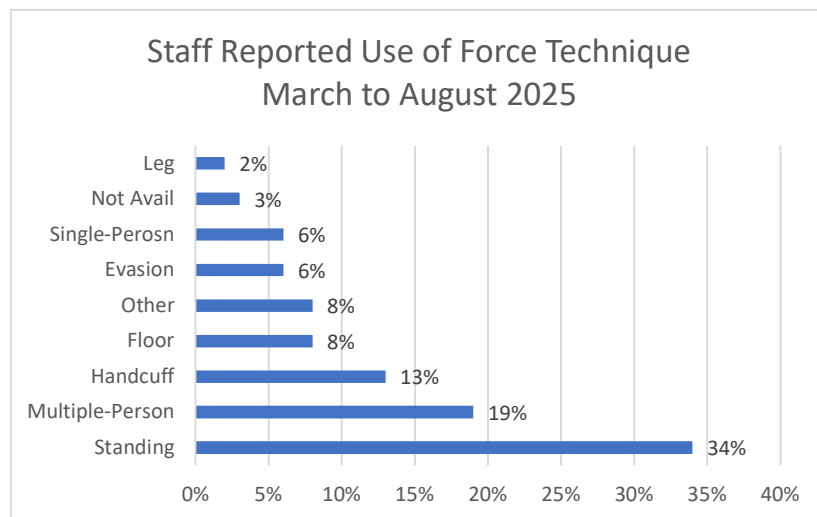
The monitoring team reviewed the use-of-force data, incident reports, the training records of staff involved in use-of-force incidents, and the number of investigations into excessive or unnecessary use of force.

Findings and Analysis



Policy 315, Use of Physical Force, states, “Only employees specifically trained in the application of physical force are permitted to use such techniques, and trained employees may only use techniques approved by policy and consistent with training.” These techniques are taught as part of the Safe Crisis Management (SCM) training. Training records of security staff involved in a use-of-force incident found that all staff were current with their SCM training.

Staff are required to document the technique used when completing an event report. The primary reported techniques were standing (34%), multiple-person (19%), and handcuffs (13%). These techniques, along with others listed in the chart below, are all approved techniques taught in SCM. There were no substantiated criminal investigations of inappropriate use of force. Only one internal integrity investigation substantiated a policy violation.



There was, however, one incident in March in which an administrative review found that the staff’s “use of physical force was inappropriate and is not SCM-approved.” That staff person received a Level II Reprimand. Administrative reviews also identified eight additional incidents in which staff employed techniques inconsistent with those taught in SCM. In each instance, however, the technique was found to be appropriate for the situation and not excessive, yet it still violated the policy. As discussed in provision 99, these staff were not required to be retrained.

Given that fewer than 10 of the 270 reported use-of-force instances during this monitoring period involved staff using an unapproved technique, this provision is in substantial compliance. However, DJJ is encouraged to ensure that staff members utilizing unapproved techniques receive retraining and other appropriate corrective action.

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 youth. When untrained staff are scheduled to work, they should be paired with SCM-trained staff.
- Continue to allow only SCM-trained staff to use restraint and physical force on youths consistent with policies.
- Whenever physical force is used, continue to determine whether it complies with policies and procedures and whether staff who used force were trained and used the approved techniques.
- 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

- March to August 2025
 - Use of Force summary data
 - Use of Force event reports
 - Training records for staff involved in a use-of-force incident
 - Administrative reviews of use-of-force incidents

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 Substantial Compliance

Description of the Monitoring Process



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

Findings and Analysis



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


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

Since DJJ updated the Event Reporting System in January 2025, staff are prompted to enter details related to items a-c. The new system is functioning as intended, resulting in staff providing more comprehensive details about their use of force. However, there are still areas where staff could benefit from additional coaching or training to improve the level of detail provided, particularly regarding verbal directives. Reports often indicate that multiple directives were used, but the specific content of what was said is not always included.

Additionally, DJJ is encouraged to ensure that all staff involved in an incident complete a report. There have been instances where a staff member mentioned in the incident failed to file a report. In some cases, this may be due to the staff no longer being with the agency. Supervisors must ensure that all reports are completed before the



Recommendations to Sustain Compliance



end of the shift. Despite this shortcoming, this item is found to be in substantial compliance.

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

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

DJJ should also consider the following recommended steps.

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




SOURCES

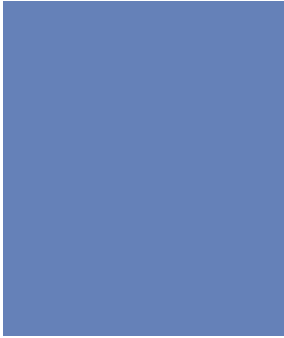
- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- March to August 2025
 - Use of Force summary data
 - Event reports

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**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed use of force data, incident reports, and medical records, and interviewed staff, medical professionals, and youth.</p>
<p>Findings and Analysis</p> 	<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 March 2025 to August 2025 showed that there were 141 instances in which youth required a medical evaluation, with 136 (96%) seen by medical. However, only 90 (64%) were seen within the required two-hour timeframe. The rate, however, is significantly higher than during the previous monitoring period, when only 36% of youth were seen within the two-hour timeframe.</p> <p>Measures put in place to enhance medical notification seem to be effective, with medical staff reporting they are informed about the need for a medical evaluation in nearly 97% of cases. Event reports indicate that staff routinely arrange transportation for youth who need assessments. Transports are rarely performed by staff involved in the incident. This fact was confirmed by staff and youth.</p> <p>When evaluations were delayed, it was because more than one incident was occurring simultaneously or the incident had taken place late in the evening. Even in these situations, evaluations were being completed most of the time as required.</p> <p>While evaluation rates are higher, they still do not meet the necessary threshold of substantial compliance, with most youth being seen within required time frames most of the time.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to achieve substantial compliance.</p> <ul style="list-style-type: none">• Whenever physical force or restraint is used, continue to determine whether staff followed the appropriate steps to ensure a medical evaluation was conducted.



- Continue to verify if the youth was transported by a staff member not involved in the use of force or restraint. If they were transported by a staff member involved, determine whether it was an exceptional circumstance.
- Continue to take appropriate disciplinary action if staff did not follow policies and procedures.

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




SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- March to August 2025
 - Use of Force Summary data
 - Medical Assessment spreadsheets
 - Incident Medical Response Form
- 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**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed use-of-force data, incident reports, and medical records, and conducted interviews with staff, medical professionals, and youths.</p>
<p>Findings and Analysis</p> 	<p>Medical staff reaffirmed that their evaluation protocols remain unchanged and align with the requirements of this provision by reviewing the process for conducting medical evaluations with the monitoring team. The measures implemented to improve notification have proven effective, with medical staff being notified nearly 97% of the time when a youth requires an evaluation.</p> <p>A new Incident Medical Response Form was introduced in March 2025. The form records the date and time of the incident, as well as the subsequent medical evaluation. It also indicates whether the youth sustained any injuries and the location of those injuries. Staff and youth once again confirmed that they are interviewed and assessed privately, away from the hearing of other staff and youths, unless they are in isolation. In such cases, staff attempt to maintain discretion while speaking with the youth during the evaluation.</p> <p>Although improvements are still needed to meet the assessment timeline requirements, proper protocols are being followed, and this item remains in 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">● Continue to monitor implementation to ensure staff adhere to the policy and the policy has the desired impact.● Continue to take appropriate disciplinary action if staff did not follow policies and procedures. <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
- March to August 2025
 - Use of Force Summary data
 - Medical Assessment spreadsheets
 - Incident Medical Response Form
- Staff and youth interviews during July 28-29 and September 4-5, 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 Substantial Compliance

Description of the Monitoring Process



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

Findings and Analysis



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

Medical staff reported that they implemented a quality assurance process to verify the proper completion of the medical refusal form and provided additional training in this area. When improper documentation is identified, they work with staff to correct the issue. During this monitoring period, there were 34 documented cases of youth refusing a medical evaluation in the presence of medical staff, in accordance with policy. Of these, only 19 refusals (50%) occurred within the required two-hour timeframe, while 15 refusals were submitted afterward. While timeframes need improvement, documentation for these 34 cases was appropriate.

There were four separate instances in which the youth refused to be transported by security staff for a medical evaluation so a refusal could be documented in the presence of medical personnel. The documentation shows that, in each case, the youth actively declined transportation. The decision not to transport the youth seems reasonable, given their active refusal and the lack of any apparent injury. However, DJJ must remain diligent in documenting these



decisions. This documentation should include details of efforts to encourage the youth to agree to transportation, ensuring that these situations remain exceptions and do not become routine.

Based on the documentation reviewed and interviews conducted, DJJ is now in substantial compliance with this provision.

Recommendations to Maintain Compliance

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

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

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

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Policy 604, Refusal of Medical Care
- March to August 2025
 - Use of Force summary data
 - Medical Assessment spreadsheets
 - Incident Medical Response Form
- Staff and youth interviews during July 28-29 and September 4-5, 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**¹⁸

Description of the Monitoring Process



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

¹⁸ 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**¹⁹

Description of the
Monitoring Process



Substantial compliance was achieved during the April 2025 monitoring period.

¹⁹ See the April 2025 Monitoring Report for information on how substantial compliance was achieved.

58. INITIAL REVIEW OF INCIDENTS

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

Compliance Rating **Partial Compliance**

Description of the Monitoring Process



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

Findings and Analysis



The investigations team continues to hold 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.

If an incident meets one or more of the following criteria, it will not be assigned an investigator for a full investigation:

- (1) the case does not exceed Assault and Battery 3rd Degree for youth-on-youth physical harm;
- (2) there is no apparent evidence that use of force was inappropriate, unnecessary, or excessive;
- (3) there is no apparent evidence that isolation was used improperly;
- (4) a grievance or informal complaint has not been filed;
- (5) the case is best served by internal sanctions to address youth behavior rather than criminal prosecution; or,
- (6) the case should otherwise be handled at the management level (minor policy violations with available, conclusive evidence to support the allegation; staff disputes; disciplinary issues, administrative PREA incidents with no criminal element, etc.) unless a significant controversy of fact is present (conflicting accounts without available, conclusive evidence to support a conclusion).

Investigations reported conducting an initial review of 137 incidents related to this provision from March to August 2025. Thirty-eight incidents (28%) were assigned to a criminal investigation, and six (4%)

were assigned to an internal integrity investigation. Another 55 (40%) were referred back to security and operations management for further review and handling. From March to June, investigations reported that 33 incidents were closed without indicating if they were referred back to management. The remaining five incidents were marked as “pending” or “not available” at the time the data was submitted.

Data reporting improved during this monitoring period, with initial review outcomes logged for each incident, compared to the previous monitoring period, when some incidents lacked outcome data. However, a problem persists in documenting the basis for making a decision. In 15 instances (12% of the cases), the six reasons identified above were listed as the basis, but there was no indication which was relevant to the specific incident reviewed. Similarly, other entries were primarily boilerplate: “Use of Force Review. This incident was reviewed. The force used by staff appears to be reasonable. This incident will be referred to S/O for management handling to address the youth(s) conduct.”

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

The following examples illustrate how the basis should be documented to achieve substantial compliance.

- “This incident was reviewed and the force used in this incident appears to be reasonable. Lt. [staff name] was also observed physically redirecting the youths to remain in the unit. Her force also appeared to be reasonable. This incident will be referred to Security and Operations for management handling.”
- “The following case was reviewed by SLES, Public Safety- Investigations and was not assigned to an investigator for full investigation. This case is best served by internal sanctions to address youth behavior rather than criminal prosecution. It was reported that the youth involved participated in mutual combat.”
- “This incident was reviewed and contains allegations that would constitute facility rule violations. This incident will be referred to Security and Operations to address the youth’s conduct internally.”

While improvements are noted, they fall short of achieving 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
- March to August 2025
 - Initial review of incident log
 - Monthly sample of investigation case files
- Staff interviews during July 28-29 and September 4-5, 2025, monitoring site visits



59. INVESTIGATION PROCEDURES

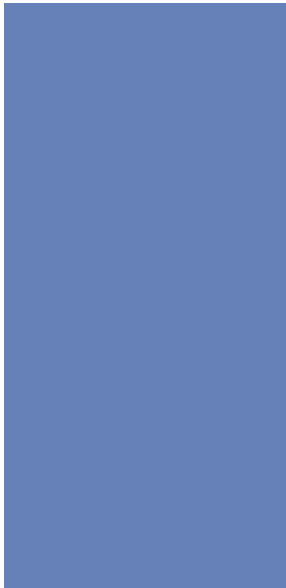
All incidents where:

(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**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed investigation data and tracking documents, and interviewed staff and youths.</p>
<p>Findings and Analysis</p> 	<p>Between March and August 2025, 30 investigations related to this provision were conducted, comprising 25 criminal and five internal integrity investigations. Of the criminal investigations, 24 involved youth-on-youth harm, with 14 of these involving the use of force. Only one internal integrity investigation involved youth-on-youth harm, but all involved the use of force.</p> <p>A review of sample investigations and the case log showed that investigators are actively following established procedures, which include attempting to interview involved parties and reviewing video footage. However, at times, investigators still have to rely solely on event reports and video footage because staff were unavailable for interviews or youths refused to participate. Investigators often made multiple attempts to secure interviews, with varying success. These efforts impacted the timeliness of completing investigations.</p> <p>A review of closed criminal investigations during this monitoring period shows that only 28% (5 out of 18) were completed within the 10-day deadline. However, an additional nine met the extension</p>




deadline, bringing the total to 13 (72%) investigations completed on time. This marks an improvement compared to the previous monitoring period.

The one internal integrity investigation that was closed failed to meet either deadline. It was assigned 4 weeks after the incident and completed 7 weeks later. This case highlights the challenges investigations staff face when managing an investigation, especially when a staff member is the subject of the investigation, as was the case here.

Investigation staff stated that following protocols and conducting a thorough investigation might mean they do not meet the imposed deadline required by this provision. Due to the complexity of these investigations, these deadlines may be unrealistic. However, DJJ is commended for adhering to investigation protocols and improving completion rates by the deadline, resulting 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 investigate all incidents meeting the above-listed criteria using a trained DJJ investigator. A full investigation should include, but not be limited to, items i-iv.

DJJ should also consider the following recommended steps.

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



SOURCES

- Policy 328, Investigations
- March to August 2025
 - Administrative/investigative inquiry reports
 - Case status and investigative reports
 - Case management history documents
 - Events reports
- Staff interviews during July 28-29 and September 4-5, 2025, monitoring site visits

60. STAFF REVIEW OF INCIDENTS

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

Compliance Rating **Partial Compliance**

<p>Description of the Monitoring Process</p> 	<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>
<p>Findings and Analysis</p> 	<p>According to Policy 328, Investigations, if the initial review of the use of force or restraint does not require a full investigation, the employee's supervisor must review the report within seven business days. The supervisor must then determine whether corrective action is necessary and provide feedback to the employee within seven business days. The Senior Manager will review proper techniques and de-escalation efforts. Upon this review, the Senior Manager will provide staff feedback as appropriate to reinforce or correct staff.</p> <p>During this monitoring period, 106 administrative reviews were conducted. The reviews summarize each incident and determine if any corrective actions are necessary. In many cases, the corrective actions involved whether the youth received a negative behavior review report and whether the use of force or isolation (if applicable) was appropriate.</p> <p>In March, three notable cases prompted a response from the administration. These incidents involved the improper use of force or staff employing techniques that did not align with their training. There was no record indicating whether staff received additional training or coaching concerning these incidents.</p> <p>In May, six notable cases occurred. The first involved a juvenile correctional officer having a heated exchange with a youth, which required other staff to intervene. No corrective action was taken, and this staff member eventually resigned. The other five cases involved misuse of isolation, with investigations pending, and a staff member was reassigned. Another staff member is no longer employed with DJJ.</p>

In August, a staff member employed an unauthorized technique during a use-of-force incident. The disciplinary action resulted in the staff member being scheduled to complete a Safe Crisis Management refresher course, which is pending. In other cases, administrative reviews identified procedural issues. These included failure to ensure that youths received medical attention after incidents and inaccuracy in completing event reports. It was noted that the staff “would be addressed” regarding these issues to initiate corrective measures. Although no details were provided about whether any action was taken, interviews with facility leadership indicated they follow up with staff on these matters. However, they do not keep records of these follow-ups.

More evidence is needed to demonstrate that, if applicable, follow-up with staff is occurring after these reviews. If follow-up is not necessary, it should be stated in the report. 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.

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

DJJ should also consider the following recommended steps.

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

SOURCES

- Policy 328, Investigations
- March to August 2025, administrative review data
- Staff interviews during July 28-29 and September 4-5, 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

Description of the Monitoring Process



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

Findings and Analysis



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.

Of 20 investigations into improper use of force, only one resulted in DJJ stating that the staff member—a public safety officer—was not permitted to interact with the youth. The case was investigated, the officer was cleared, and the case was closed. No other documented actions were taken regarding whether restrictions should be placed on contact between the youth and staff involved in the incident.

Since 30% of use-of-force incidents involved staff self-protection, it seems necessary to impose limits on contact in some instances, especially when staff indicate that they want to press charges against a youth for assault. Facility administration once again confirmed that it is standard practice to reassign staff who are assaulted by a youth to a different unit. Often, the reassignment happens shortly after the assault, with the staff member finishing their shift in another unit.

DJJ is again advised to conduct a more formal review of these incidents to ensure proper boundaries are established, especially if an active investigation is ongoing, to prevent jeopardizing the investigation's results. However, DJJ pointed out that staff members who are assaulted often leave their jobs, rendering this a non-issue.

The South Carolina Department of Juvenile Justice Agency Implementation Plan for BRR Settlement Agreement proposes 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 of March 2025 has passed, and the plan has not been adopted.

Due to the absence of a formal process to determine whether contact limits should be imposed between the youth and the alleged perpetrator, this item remains 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
- March to August 2025
 - MEDC permissible contact documents
 - Youth grievances
 - Event reports
 - Investigations case logs
- Staff interviews during July 28-29 and September 4-5, 2025, monitoring site visits

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 March to August 2025 found that investigations staff continue to request video footage within three days of receiving the allegation. They are also documenting whether the video was obtained and retained. A sample review of incidents confirmed that video was obtained. 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">• Continue to ensure that a video of the incident, if one exists, is requested within three days of receiving the allegation.• Continue to maintain records to verify that the process was followed. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none">• Create an operations manual that outlines the process and roles for all investigations and identifies the process for requesting and obtaining video.• Identify and implement an investigation data tracking system to improve efficiency and the ability to track and analyze investigation data.




SOURCES

- Policy 328, Investigations
- March to August 2025, Investigations Case Log
- Staff interviews and video observations during July 28-29 and September 4-5, 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

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed investigation procedures, documents, and videos, and interviewed staff.</p>
<p>Findings and Analysis</p> 	<p>During the July and September site visits, the monitoring team requested to review several random videos with different dates and times. Facility staff successfully retrieved all the videos, confirming that DJJ remains in substantial compliance with all requirements for retaining investigative materials. The procedures for retaining documents, including videos and interview notes, remain the same, with investigative documents retained for at least 7 years.</p> <p>The monitoring team also verified compliance by reviewing investigative documents and random videos dating back 1 year. The IT Department has confirmed multiple times that they maintain a total of nine servers. All servers are backed up for 90 days or longer, as they have not yet started deleting any video footage. The interviews and video reviews support the finding of substantial compliance.</p>
<p>Recommendations to Sustain Compliance</p> 	<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">• Create an operations manual that outlines the process and roles for all investigations and describes the process for retaining and storing investigation documents.• Store all investigation documents in a central, secure location with access restricted to authorized staff.• Identify and implement an investigation data tracking system to improve efficiency and the ability to track and analyze investigation data.

SOURCES


- Policy 328, Investigations

- Staff interviews and testing of video and document retention during the virtual June 12-13, 2025 site visit, and the July 28-29 and September 4-5, 2025, monitoring site visits

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**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed case logs and investigation documents and conducted interviews with staff.</p>
<p>Findings and Analysis</p> 	<p>The investigations team reaffirmed that investigations continue even if video footage of an incident is unavailable. This practice has remained unchanged since the last monitoring period. The Investigations Case Log documents the date when video footage was requested, whether it was obtained, and if it was retained. A review of the case logs showed that, out of 30 incidents referred for investigations, video footage was requested and retained in all 30 cases. Staff reported that, in situations where video footage was unavailable or footage was available but from an angle that was not helpful, investigations still proceeded. The process reflects ongoing substantial compliance.</p>
<p>Recommendations to Sustain Compliance</p> 	<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">• Create an operations manual that outlines the process and roles for all investigations, as well as the procedure for retaining and storing investigation documents.• Identify and implement an investigation data tracking system to enhance efficiency and facilitate the tracking and analysis of investigation data.• Track the number of investigations in which video is unavailable to determine whether additional surveillance equipment may be necessary to assist with future investigations.

SOURCES

- Policy 328, Investigations
- March to August 2025, Investigations Case Log and related investigations documents

- Staff interviews during July 28-29 and September 4-5, 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 Substantial 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



From March to August 2025, DJJ reported seven incidents of alleged staff misconduct: five related to the improper use of isolation and two involving the use of force. These incidents occurred in May and June. Of the five improper isolation cases, a policy violation was confirmed, and corrective actions, including counseling and training, were provided to staff the following day. The other four cases remain pending. One use-of-force incident in May involved a potential policy violation, which was substantiated in September; however, the staff member had already been terminated. The second use of force incident in June involved five staff members, with one being investigated for failure to protect the youth from physical harm by other youth. All involved staff were cleared of improper use of force in July. The staff member responsible for the failure to protect the youth has a termination pending following the substantiation of the allegation; this staff member was suspended in June.

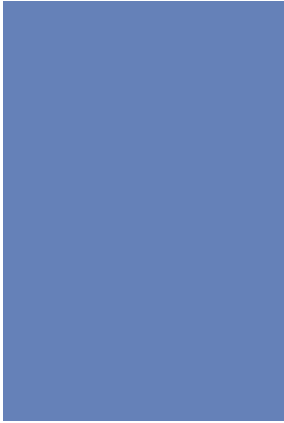
Although some of these investigations are lengthy, DJJ’s response when a finding is made is timely and appropriate, placing this item in substantial compliance. Still, DJJ should explore options to speed up the investigation process without compromising its integrity, to prevent delays in corrective action, should it be necessary.

Recommendations to Maintain Compliance



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

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



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

DJJ should also consider the following recommended steps.

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

SOURCES

- Policy 328, Investigations
- March to August 2025
 - Administrative Review of Incident Logs
 - Investigations Case Log and related investigations documents
- Staff interviews during July 28-29 and September 4-5, 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

Description of the Monitoring Process




The monitoring team reviewed investigation data and reports and interviewed staff.

Findings and Analysis



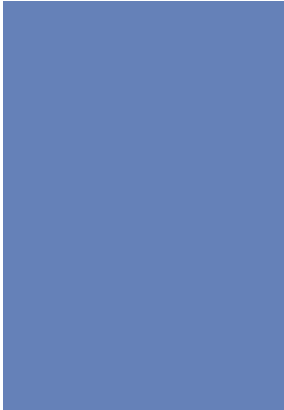
The investigations team reaffirmed that they continue to conduct investigations even if a youth withdraws their allegation, expresses a desire not to prosecute, declines to be interviewed, or refuses to provide a written statement. In such instances, investigators review incident reports, videos, and 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. Youth shared that one reason they might not participate is that the video is available and they do not want to be viewed by their peers as a “snitch.” DJJ remains in substantial compliance.

Recommendations to Sustain Compliance



To maintain substantial compliance, DJJ should ensure that the following actions continue.

- 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.
- 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.
- Maintain records to verify that efforts were made to determine the reasons for the withdrawal or refusal and the outcomes of those efforts.
- Take appropriate disciplinary action if staff did not follow policies and procedures.



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 investigation data tracking system to improve efficiency and the ability to track and analyze investigation data.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

SOURCES

- Policy 328, Investigations
- March to August 2025, Investigations Case Log and related investigations documents
- Staff and youth interviews during July 28-29 and September 4-5, 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**²⁰

Description of the Monitoring Process



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

Recommendations to Sustain Compliance



To maintain substantial compliance, DJJ must submit any proposed revisions to Policy 323, Isolation of Youth, for final approval before adoption.

²⁰ 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 Compliance²¹**

Description of the
Monitoring Process



Substantial compliance was achieved during the April 2025 monitoring period.

²¹ See the April 2025 Monitoring Report for information on how substantial compliance was achieved.

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



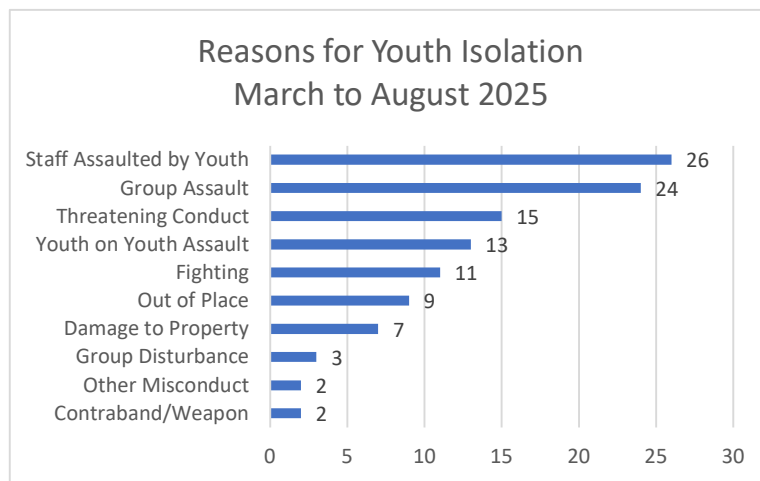
The monitoring team reviewed isolation data and forms, reasons given for isolation, incident event reports, and interviewed staff and youths. Video footage of nearly a dozen selected incidents that resulted in isolation was also reviewed. Additionally, footage from the living units was reviewed, covering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

Findings and Analysis



DJJ is in partial compliance with this provision due to multiple instances in which documentation lacked sufficient detail or was missing to demonstrate that a youth posed a serious and immediate danger to self or others, and staff have made reasonable efforts to exhaust de-escalation strategies.

Between March and August 2025, 112 isolation incidents were reported, with 10 reasons identified for these placements. Most of these cases (66%) involved some form of assault, including 26 instances of staff being assaulted by youth, 24 group assaults, 13 youth-on-youth assaults, and 11 fighting events. The remaining reasons for isolation included threatening conduct, being out of place (escape), damage to property, other misconduct, and possession of contraband or a weapon.



Although all instances of isolation had a reason attached, documentation was missing in 21 cases (19%). Of the undocumented cases, 15 lasted under an hour, four lasted around two hours, and

two did not include a specific time frame. In eight cases, staff placed youth in their rooms for a “reset” or “cooling off” period following an incident, but did not view this practice as isolation, which is why it was not documented. DJJ reported that this practice primarily involved staff who transferred from the Midlands Evaluation Center. When the problem was identified in May, DJJ took corrective action that improved documentation. However, two instances of failing to properly document these “reset” events occurred again in August.

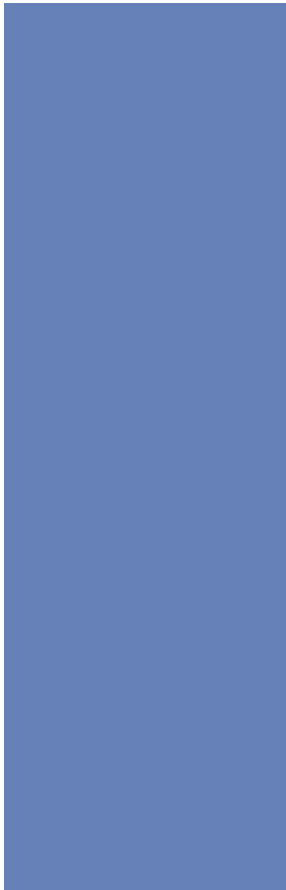
This provision requires DJJ to document how a youth meets the “serious and immediate danger” criteria. In the documentation reviewed, staff did not always adequately describe the youth’s behavior that met this threshold. For instance, after a serious group assault that occurred in the evening, staff were instructed to place the three youths involved in their rooms, with explicit instructions indicating that this was not isolation, but rather their “curfew” (i.e., bedtime). The following morning, facility administration officially declared that the youths were in isolation, where they remained for nearly 50 hours. The justification provided for their isolation was based on their involvement in the assault, stating: “Due to this youth’s involvement and complicit actions, this youth was placed in isolation status. This youth presents an imminent threat toward staff and others.” However, no evidence was provided indicating that staff had assessed the youths at the time isolation was declared to determine whether they actually posed a serious threat.

This approach seemed intended to avoid tracking isolation time during evening hours. Given the serious nature of the assault, which resulted in the victim being hospitalized, it was essential to take action to ensure the safety of the other youth. Nevertheless, staff failed to follow proper isolation procedures and did not document the process appropriately.

Additionally, there were multiple instances where staff justified isolating youth based on their prior behavior. While prior history can predict potential future behavior, the policy requires staff to assess whether the youth’s current behavior poses a serious and immediate danger. This assessment, along with the youth’s history, can then be used to determine whether the youth meets the criteria for isolation.

Providing additional staff training on how to effectively identify and describe situations that meet the “serious and immediate danger” criteria could improve their understanding of the policy and help ensure it is applied correctly. While there have been some improvements in this area, there are still cases where documentation is lacking, even when a review of the overall circumstances indicates that an isolation response may have been warranted.

This provision also requires staff to make reasonable efforts to exhaust de-escalation strategies, which could avoid the need for isolation. A review of event reports, isolation email notifications, and Youth Isolation and Commencement Forms showed that, in most cases, staff described attempts to de-escalate the situation. However, most descriptions of these efforts lacked detail, merely stating that




staff had given the youth “multiple verbal directives” or “counseled the youth” without describing what was said. Without additional details, it is difficult to determine whether these efforts met “reasonable efforts.”

Examples of comments that met these criteria include, “I attempted to de-escalate youth [name] by reminding him to breathe and calm down. I reminded him that the situation was over, however, his behavior escalated...” and “I attempted to counsel youth [name] to understand what triggered his behavior and find a possible solution. He refused and threatened to assault or stab me or any staff who approached him or talked to him.” These additional details helped justify isolation and demonstrated that, despite staff efforts, the youth continued to exhibit disruptive behavior or escalated it, posing a serious and immediate danger to themselves or others. Unfortunately, these descriptions were the exception and not the norm in written reports or emails.

In some cases, isolation might have been avoided if the youth had been temporarily moved to a different location. DJJ has successfully done so following some incidents and should continue to explore this alternative when feasible. DJJ is also encouraged to closely examine the factors contributing to high levels of youth aggression and to identify additional measures to ensure the safety of all youths. Furthermore, staff would benefit from additional training on the isolation policy to ensure they document in sufficient detail the reasons for isolating youth and the efforts made to avoid its use.

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
- March to August 2025
 - Youth Isolation Details data and Youth Isolation Commencement and Release forms
 - Investigations data
 - Isolation event reports and video reviews of selected incidents
 - Administrative Review Logs
- Staff and youth interviews during July 28-29 and September 4-5, 2025, monitoring site visits
- January to August 2025 Use of Isolation Monthly Target Review Reports

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**

Description of the Monitoring Process



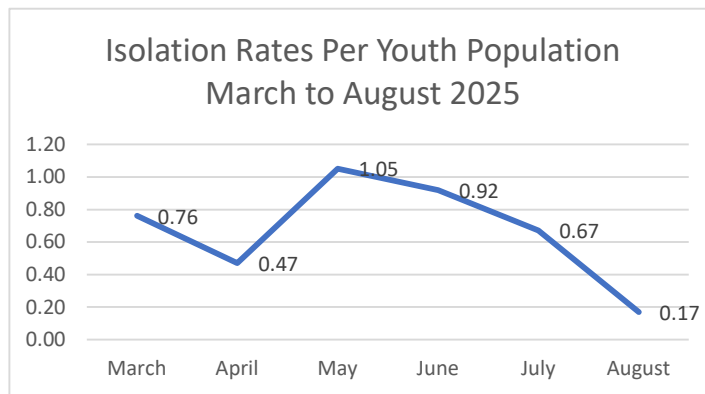
The monitoring team reviewed isolation data and forms, reasons given for isolation, incident event reports, and interviewed staff and youths. Video footage of nearly a dozen selected incidents that resulted in isolation was also reviewed. Additionally, footage from the living units was reviewed, covering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

Findings and Analysis



DJJ remains in partial compliance with this provision due to instances in which isolation was used in violation of policy. However, these violations do not account for the majority of isolation events, and DJJ is taking corrective action to improve documentation and address these violations.

During this monitoring period, isolation rates declined after a significant increase in May when the facility population began to increase.



Despite reductions in isolation, instances were identified in which isolation documentation indicated inappropriate use. For example, in April, a youth was “immediately placed in isolation to protect him from the youth [name of aggressor] and other individuals who were heard threatening him. During a brief operational confinement, he was safely released from isolation...” The confinement lasted 68 minutes. While the response may have been necessary at the time

given the risk to the youth being targeted, it nonetheless violated the policy.

In July, six youths were isolated for more than three days, ranging from 80 hours (3.3 days) to 270 hours (11.25 days). A review of clinician notes and emails following visits with the youth indicated that, in all six cases, the youths were described as calm and cooperative over multiple visits. One clinician reported that the youth assessed “does not appear to be an immediate threat towards himself or others.” On another youth, the clinician stated that “less restrictive measures may help eliminate any potential serious and immediate danger to the youth or others.”

Security staff, however, had a different assessment of the youths and considered issues beyond the youths’ current mental health status. One staff member reported that, “This youth’s recent assault on peers and staff and his unpredictability behavior shown that he is a still a threat towards others.” Another youth was described as aggressive, unable to resolve conflicts, and having “spontaneous bouts of noncompliance” which made him “an immediate threat to others (peer/staff).” A different youth was assessed as having “presented well during this assessment,” but the staff person had “severe concerns about this youth’s unpredictability and assaultive behavior toward staff and peers.” There were also documented instances in which the youth presented as angry and aggressive toward security staff but not toward clinical staff.

It has been observed that youth often display more combative or resistant behavior towards security staff compared to clinical staff. This difference can be attributed to the distinct roles each staff type plays: security staff are directly involved in the youth’s placement in isolation, while clinical staff focus more on the youth’s care. Due to significant variation in assessments by clinical and security staff, it is challenging to determine whether the youth’s ongoing isolation is warranted or has been applied as a disciplinary measure or punishment.

A more collaborative approach could lead to a better understanding of a youth’s readiness to safely reintegrate into the general population. This process may also help speed up their return. Improved communication was observed later in the monitoring period, and the DJJ is encouraged to maintain this practice.

Entry notes on these prolonged isolation stays found that the longer a youth remained in isolation, the more their behavior deteriorated, which, in turn, kept them in isolation longer. In one case, a youth indicated that he wanted to “kill himself” after spending eight days in isolation. This youth was placed on suicide precaution for two days before being assessed as not a suicide risk. The youth was released from isolation two days later.

In August, a youth spent 168 hours (7 days) in isolation following an incident where he sexually propositioned a correctional officer. When she rejected his advances and tried to redirect him, he threw milk at her. The youth stated that he didn't care about the consequences

because he was going to prison. Despite appearing calm to both security and clinical staff, he remained in isolation due to his history of threatening and physically aggressive behavior. After 7 days, he was released and transferred to prison. Documentation indicated that he was kept in isolation while awaiting transfer to another facility, which would constitute a policy violation. However, discussions with DJJ revealed that he continued to pose a serious threat to staff, a concern that was not clearly communicated in the reviewed documentation. Again, DJJ must ensure that continued isolation is documented sufficiently.

When youth present, such as the one described above, as aggressive and “nothing to lose,” DJJ has a difficult task of keeping other youth and staff safe from potential harm while also ensuring that the youth is not unnecessarily isolated if an alternative exists. Efforts to identify alternatives need to be expedited to reduce potential harm to youth from isolation. While DJJ convenes a multi-disciplinary team to discuss options when a youth’s stay in isolation exceeds 24 hours, there does not appear to be an urgency to develop alternative housing options. This may be because DJJ has limited options due to difficulties maintaining staff coverage for existing living units. DJJ is encouraged to consider how to develop alternatives for these situations despite this constraint.

DJJ also needs to ensure that youth understand that isolation is not punishment but a response to ensure their and others' safety until they can safely rejoin the general population. Youths interviewed about their experiences with isolation perceived isolation as a punishment in many cases, especially those who had experienced it multiple times. Some acknowledge that certain behavior created an unsafe situation and that isolation may be necessary to ensure safety. Still, many said staff often kept them in isolation longer than they believed necessary. While there were instances of prolonged stays in isolation, 45% of isolation events during this monitoring period were less than four hours (see item 74). Helping youth understand why they were placed in isolation and what is required to be released, and actively assisting them in meeting those requirements, may help address the concerns they identified. It would decrease the likelihood that isolation is used to discipline or punish youths, as it may seem to be without proper explanation or justification.

While DJJ has shown some improvement in this area, lapses in practice and insufficient documentation indicate that the previous gains made need to be reinforced.

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
- March to August 2025
 - Youth Isolation Details data and Youth Isolation Commencement and Release forms
 - Investigations data
 - Isolation event reports and video reviews of selected incidents
 - Administrative Review Logs
- Staff and youth interviews during July 28-29 and September 4-5, 2025, monitoring site visits
- January to August 2025 Use of Isolation Monthly Target Review Reports

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 investigation data. The team also interviewed staff and youths regarding isolation practices. Video footage of nearly a dozen selected incidents that resulted in isolation was also reviewed. Additionally, footage from the living units was reviewed, covering several hours on random dates.

Findings and Analysis



According to Policy 323, Isolation of Youth, employees are required to use less restrictive techniques before using isolation. These techniques include talking to the youth, verbal redirection, other de-escalation methods trained in staff training, removing the youth from conflict with other youth, involving other staff for assistance, relocating the youth to another housing unit, or allowing the youth supervised access to a different area.

A review of event reports, Youth Isolation Commencement and Release forms, and isolation notification emails found that DJJ staff were routinely describing attempts to resolve the incident, primarily by issuing multiple verbal directives to the youth. Some staff described efforts to counsel the youth or to advise them of the potential consequences of their actions. A review of video footage of incidents resulting in isolation corroborated these efforts. However, event reports and other documentation often lacked specificity about what was said to the youth or about the counseling that took place. The March, April, and May monthly quality assurance audits of isolation practices identified “inconsistent documentation of less restrictive techniques” as an area for improvement.

The lack of detailed descriptions of less restrictive techniques results in partial compliance for this item. To achieve full compliance, DJJ must document the alternatives explored and the rationale for their consideration. Although DJJ may face limitations in housing options or alternatives due to staffing challenges, they are still encouraged to evaluate available options. This includes documenting the alternatives that were considered and the reasons they were rejected. Additionally, DJJ should identify feasible options that can be quickly and safely implemented to meet the requirements of this provision.

Recommendations to
Achieve Compliance



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

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

DJJ should also consider the following recommended steps.

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

SOURCES

- Policy 323, Isolation of Youth
- March to August 2025
 - Youth Isolation Details data and Youth Isolation Commencement and Release forms
 - Investigations data
 - Isolation event reports and video reviews of selected incidents
 - Administrative Review Logs
- Staff and youth interviews during July 28-29 and September 4-5, 2025, monitoring site visits
- January to August 2025 Use of Isolation Monthly Target Review Reports

72. NOTIFICATION OF ISOLATION

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


Compliance Rating **Partial Compliance**

Description of the Monitoring Process

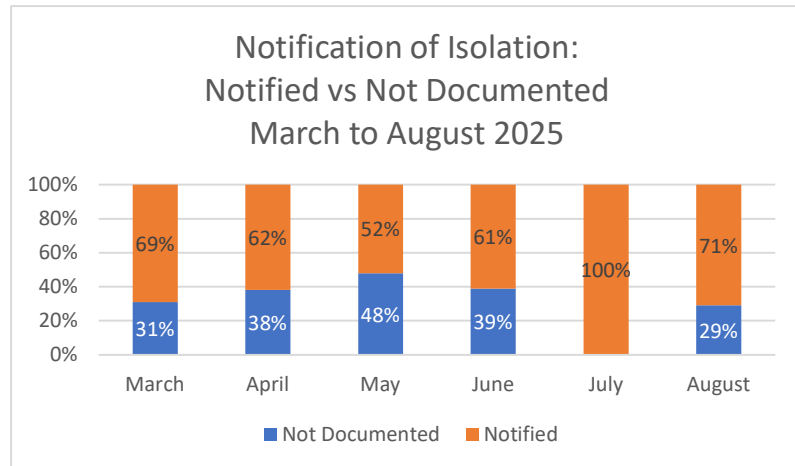


The monitoring team interviewed the facility administrator, assistant facility administrators, and staff about isolation notification processes. Isolation data and notification documents were also reviewed.

Findings and Analysis



DJJ moves to partial compliance with 32 (29%) of 112 isolation events missing documentation of the notification requirement of this provision. This failure to document is a stark contrast to the previous monitoring period, when only two notifications were undocumented. The chart below shows notification compliance percentage by month, with improved compliance in July and August.



Notification of isolation is documented via an email chain created for each isolation event. The sender may use the email as a notification and a request for approval, or to document that notification and approval were obtained via a phone call or in-person communication. The email routinely describes the behavior that led to isolation. There were several instances in which the Facility Administrator or Assistant Facility Administrator was present, and their on-site presence was documented in the email. In nearly all documented notification cases, the notification occurred shortly after the youth was isolated.

The email chain documentation and notification process is an improvement over previous documentation procedures. However, the



Recommendations to Achieve Compliance

fact that 29% of all isolation events lacked documentation of notification requires corrective action.

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

- 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.
- Report, investigate, and address any violations of this requirement.

DJJ should also consider the following recommended steps.

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

SOURCES

- Policy 323, Isolation of Youth
- March to August 2025
 - Youth Isolation Details data and Youth Isolation Commencement and Release forms
 - Isolation event reports
 - Administrative Review Logs
 - Email records of isolation notifications
- Staff interviews during July 28-29 and September 4-5, 2025, monitoring site visits
- January to August 2025 Use of Isolation Monthly Target Review Reports

Documentation of Isolation

73. DOCUMENTATION REQUIREMENTS

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

Compliance Rating **Partial Compliance**

Description of the Monitoring Process



The monitoring team reviewed isolation documentation, including forms and event reports associated with incidents that resulted in isolation. Staff and youth interviews were also conducted.

Findings and Analysis



DJJ moves to partial compliance with this provision due to missing isolation documentation in 21 (19%) of 112 isolation events. DJJ self-reported these missing instances, identifying them through the routine review of incidents or by the Office of Continuous Improvement. In eight of these cases, staff placed the youth in their room after an incident for a “reset” or “cooling down” period, but they did not recognize this practice as isolation that required documentation.

A review of event reports indicated that staff consistently documented the youth's behavior and their attempts to de-escalate situations when possible. However, they did not frequently detail the less restrictive techniques that were tried or considered before deciding that isolation was necessary, particularly in cases where the incident seemed resolved.

Additionally, a review of incident reports revealed several instances where staff described the youth as complying with orders to enter isolation after an incident. This often occurred in the presence of multiple staff members. In one case, a video review showed a youth who appeared calm and cooperative as he followed staff instructions to move his bedding into the isolation cell. He then entered the room voluntarily. At that moment, it was not clear that the youth posed an immediate danger to self or others, and the documentation did not indicate whether staff had considered other, less restrictive strategies that might have led to a different response.

The problem of inconsistent documentation of less restrictive techniques was identified in the March, April, and May monthly quality assurance audits. As noted in provision 71, Less Restrictive Techniques Requirements, DJJ staff have relied primarily on verbal directives and youth counseling to resolve incidents. Yet, isolation is



still used even when de-escalation strategies appear to be successful. DJJ needs to explore further the feasibility of employing other less restrictive techniques and better documenting those efforts.

Recommendations to Achieve Compliance



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

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

DJJ should also consider the following recommended steps.

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

SOURCES

- Policy 323, Isolation of Youth
- March to August 2025
 - Youth Isolation Details data and Youth Isolation Commencement and Release forms
 - Isolation event reports
 - Email records of isolation notifications
- Staff interviews during July 28-29 and September 4-5, 2025, monitoring site visits
- January to August 2025 Use of Isolation Monthly Target Review Reports

Duration of Isolation

74. DURATION OF ISOLATION

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


Compliance Rating **Partial Compliance**

Description of the Monitoring Process



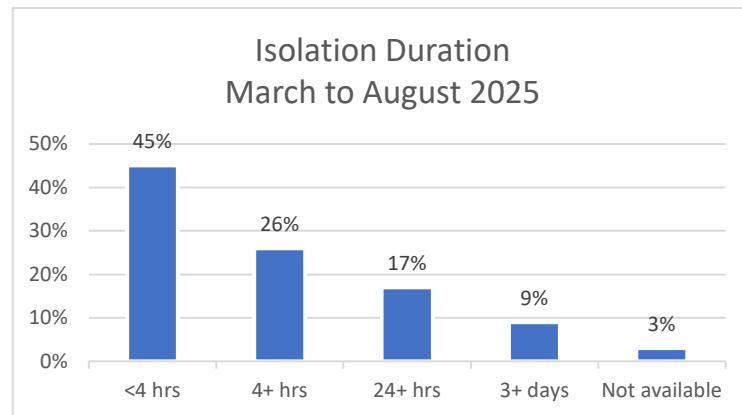
The monitoring team reviewed isolation documentation, which included Youth Isolation Details, Incident Summaries, Administrative Incident Reviews, Youth Isolation Commencement and Release forms, Youth Isolation Check logs, and Exit Support forms. Staff and youth interviews were also conducted.

Findings and Analysis



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

DJJ is recognized for reducing the time youth spend in isolation, with 45% (50 of 112) lasting less than 4 hours. This figure more than doubles past performance, with only 19% of isolation events lasting less than 4 hours during the last monitoring period. Another 26% (29) were between 4 and 24 hours, with 17% (19) over 24 hours, and 9% (10) over three days. Duration data was missing for 3% (4) of cases.



The shortest duration of isolation was 0.22 hours in May, following an incident of being out of place. The longest isolation was 323 hours (13.5 days) in June for a youth allegedly involved in a youth-on-youth assault and group disturbance. A review of isolation logs, emails, and related documentation found multiple instances in which youth remained in isolation even though staff had noted in the log that they were calm. When DJJ was asked by the SME why a youth would not be removed after presenting as calm or being assessed by clinical staff as no longer a threat, DJJ explained that a youth may present as calm with clinical staff but be assessed by security leadership as a continued security threat. DJJ was reminded of the necessity of documenting the justification for why a youth remained a threat, which was missing from many isolation events that exceeded 24 hours.

For example, in May, security leadership’s initial assessment of an isolated youth indicated he was a security concern due to his assaultive behavior and peers refusing to mediate. An assessment the following day again characterized the youth as an “imminent threat,” but details about how this was determined were not included in the documentation reviewed, and the isolation log entry noted the youth was “calm” following the assessment.

Documentation improved in July and August, with security and clinical staff providing more detailed information about the youth’s demeanor and why the youth remains a threat. The documentation also seemed to indicate enhanced communication between clinical and security staff about the youth. This level of detail is needed throughout the monitoring period to demonstrate substantial compliance with this provision, placing this item in partial compliance.

Recommendations to Achieve Compliance



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

- Monitor adherence to this requirement to ensure that youth 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
- March to August 2025
 - Youth Isolation Details and log
 - Youth Isolation Commencement and Release forms and Exit Support Forms
 - Incident event reports
- Staff and youth interviews during July 28-29 and September 4-5, 2025, monitoring site visits

75. INTERVENTION WHILE IN ISOLATION

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

Compliance Rating **Partial Compliance**

Description of the Monitoring Process



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

Findings and Analysis



Isolation Check Logs, group email chains, and Clinical Engagement forms document observations of youth in isolation and interventions attempted. A review of the 112 isolation events found that 21 (19%) were missing documentation of isolation. However, nearly all of these were four hours or less.

A review of documentation for the remaining 88 isolation events found increased intervention frequency, with many youths being seen by clinical staff shortly after isolation. Examples of their intervention activities included motivational interviewing to encourage behavior change, counseling on their placement, and discussing ways to help them manage their behavior more effectively. Isolation logs and group email chains demonstrated that security staff were making some efforts to counsel with the youth and assess their readiness to return to the general population, but details of those efforts were often missing.

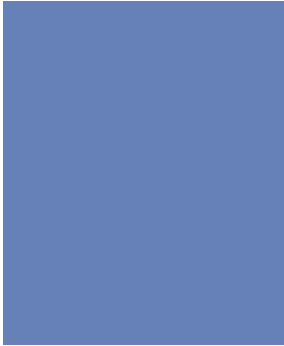
Despite improvements, this item remains in partial compliance due to issues with isolation documentation. To achieve substantial compliance, additional and consistent documentation throughout the monitoring period is required to demonstrate the efforts made to de-escalate the youth's behavior and allow 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
- March to August 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 July 28-29 and September 4-5, 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 **Partial Compliance**

Description of the Monitoring Process

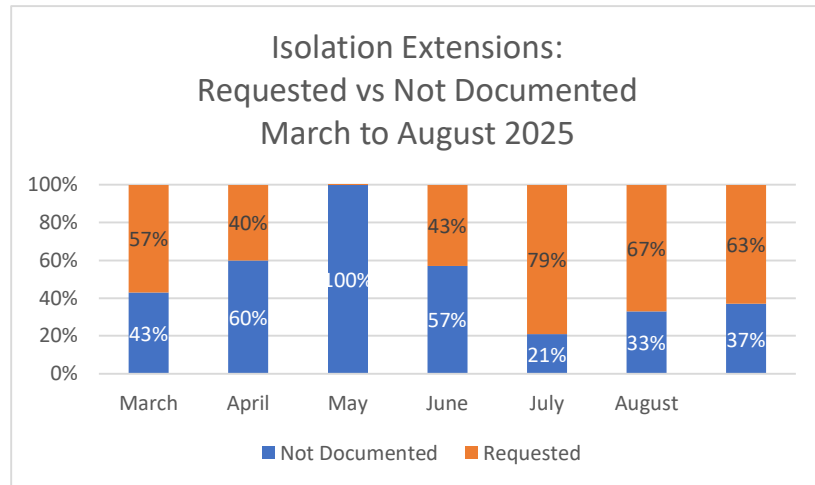


The monitoring team interviewed youths and staff and reviewed isolation data. Documentation included the Commencement and Release forms, Isolation Details, and DJJ Tracking data regarding email notifications and responses to demonstrate that appropriate authorization was given to allow a youth to remain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

Findings and Analysis



From March 2025 to August 2025, there were 112 isolation events, including four with unknown durations. Of the known time frames, 58 lasted longer than four hours, a significant decrease from the 108 incidents exceeding four hours during the previous monitoring period. Unfortunately, DJJ provided documentation of facility administration approval to extend isolation beyond 4 hours for only 36 (62%) of these cases. Documentation was not provided for 22 (38%) of the isolation events. Due to missing data and the failure to document approval for extending isolation in more than a third of cases, this item is in partial compliance.

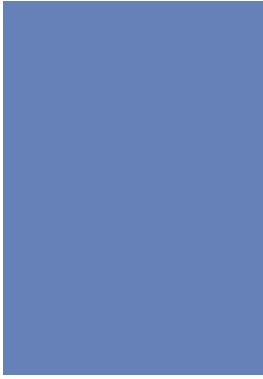


Recommendations to Achieve Compliance



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

- Monitor adherence to this requirement to ensure that youth will not remain in isolation for longer than four hours except



when approved by security leadership in the chain of command from Assistant Facility Administrator to Deputy Director.

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

DJJ should also consider the following recommended steps.

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

SOURCES

- Policy 323, Isolation of Youth
- Revised draft Policy 323, Isolation of Youth, March 7, 2025
- March to August 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
- Staff and youth interviews during July 28-29 and September 4-5, 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 Substantial Compliance

Description of the Monitoring Process



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

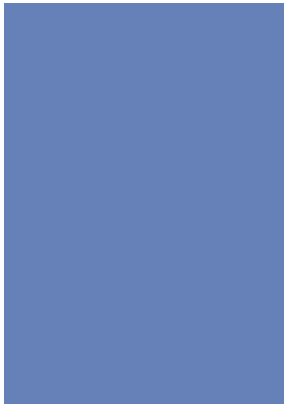
Findings and Analysis



Policy 323, Isolation of Youth, requires clinical staff to visit the youth within 24 hours of placement in isolation to assess their well-being and determine if other less restrictive measures exist to manage their behavior. From March 2025 to August 2025, there were 112 isolation events. Nearly 71% of the youths (79) were released within the first 24 hours of placement. Duration documentation was unavailable for only two isolation events. Based on the documentation provided, there were 28 incidents in which youth were isolated for 24 hours or more and required at least one assessment.

The table below lists the minimum required visits (57) based on a youth's duration of isolation. This includes both initial and follow-up visits. The last column shows the actual number of completed contacts, indicating that clinical engagement exceeded the minimum requirement, which is an improvement from the previous monitoring period.

Month	24 - 48 hrs 1 visit	48 -72 hrs 2 visits	Over 72 hrs 3 visits	Min # of Contacts Required	Actual Number of Contacts (Initial and Follow-Up)
Mar	2	1	0	4	9
Apr	1	0	0	1	4
May	0	0	1	4	9
Jun	1	0	2	7	15
Jul	6	7	6	38	48
Aug	0	0	1	3	8
			TOTALS	57	93



The table shows that clinical staff are fulfilling this requirement for documented isolation events. Additionally, a review of the clinical engagement form's content indicates that clinicians are assessing youth based on items i to iii of this provision. It was also noted that in many assessments, youth were described as no longer a threat and appeared calm. However, security staff reported that the youth still posed a threat. Following discussions during the monitoring period, clinicians began to incorporate additional information provided by security staff. The improved communication between these departments is noteworthy. The noted collaboration and improved documentation move this provision to substantial compliance.

Recommendations to Sustain Compliance



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

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

DJJ should also consider the following recommended steps.

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

SOURCES

- Policy 323, Isolation of Youth
- Revised draft Policy 323, Isolation of Youth, March 7, 2025
- March to August 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 July 28-29 and September 4-5, 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

Description of the Monitoring Process



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

Findings and Analysis



DJJ reported implementing a new email notification system during the last monitoring period, which shows efforts to address this requirement and ensure staff follow the proper process. However, a review of the documentation related to this requirement was found to be insufficient. Little information was provided about whether the facility administration or other security leaders in the chain of command, up to the Deputy Director, had reviewed the findings from the Qualified Mental Health Professional (QMHP), spoken with relevant staff, or documented items i and ii. In most cases, the response to an extension was “approved.” Only once was an extension request denied, and a request for additional information was made. The extension was eventually granted.

A review of isolation logs revealed that facility administration often conducted in-person visits, but these discussions were not documented, making it difficult to determine what information was used when approving extension requests. DJJ developed an implementation plan to ensure compliance with this requirement. As part of this plan, DJJ drafted a revised Isolation Policy 323 and new forms that better document extensions, findings, and justifications for approval by administration. The plan also stated that DJJ would create and implement a process for the QMHP to submit completed findings to facility administration. However, the steps in this plan have either not been initiated or not been completed. The absence of documentation for the required elements 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 and document that 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
- March to August 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 July 28-29 and September 4-5, 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

Description of the Monitoring Process




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

Findings and Analysis



DJJ remains non-compliant with this requirement. An Administrative Review Log records some of this information. However, the current forms, such as the Admission and Release Form, the Checklist, and the event report, do not adequately document what is required. DJJ has created an implementation plan to achieve compliance. However, the steps in this plan have either not been started or not been completed. As a result, this requirement is still unmet.

Recommendations to Achieve Compliance



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

- Continue to ensure notification of isolation of youth to all relevant parties.
- Ensure that proper forms or processes are in place to capture the necessary information needed by the Deputy Director or Assistant Deputy Director.
- Document the steps taken by security leadership when approving an extension of isolation beyond four hours.
- Require security leadership to repeat the steps and document the results when requesting approval to continue isolating a youth every day thereafter.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps.

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




SOURCES

- Policy 323, Isolation of Youth
- Revised draft Policy 323, Isolation of Youth, March 7, 2025
- March to August 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 July 28-29 and September 4-5, 2025, monitoring site visits
- 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 **Partial Compliance**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed isolation data, unit logs, isolation commencement and release forms, and interviewed youth and staff.</p>
<p>Findings and Analysis</p> 	<p>When approval is given to release a youth, isolation logs demonstrate that the youth is released shortly thereafter. However, information about release decisions was missing in 21 (19%) of the 112 isolation events, resulting in partial compliance. DJJ must improve documentation to achieve substantial compliance. DJJ is also encouraged to make release determinations more promptly, as some youths remain in isolation even though they appear to meet release requirements. See item 74 for further explanation.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none">• 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.• Document the date and time the youth is released from isolation and returns to the general population or other appropriate living unit/placement. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none">• 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
- March to August 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 July 28-29 and September 4-5, 2025, monitoring site visits
- February 2025 Draft South Carolina Department of Juvenile Justice Implementation Plan for BRR Settlement Agreement

Multidisciplinary Team to Review Isolation Placement

81. MULTIDISCIPLINARY TEAM

Within eighteen months [October 2023] of the effective date, BRRRC will develop a multidisciplinary team to review placements of youth in isolation.

Compliance Rating Substantial Compliance

Description of the
Monitoring Process



Substantial compliance was achieved during the April 2025 monitoring period, with the formation of the team and the scheduling of daily meetings for youth in isolation who meet the requirements for a meeting.

DJJ is encouraged to develop a procedures manual outlining the team's role and function, including how they will convene and conduct reviews, as well as how they will document their work.

82. MULTIDISCIPLINARY TEAM PROCEDURES

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

- i. Whether the youth remains a serious and immediate danger to self or others. If not, the youth will be immediately returned to the general population or other appropriate living unit/placement;
- ii. What services the youth received in the general population, including education and mental health treatment;
- iii. How the youth will continue to receive needed services while in isolation;
- iv. An individualized plan designed to facilitate the youth’s return to the general population or to an alternative location (such as alternative housing units or mental health treatment facilities);
 - a. The individualized plan will be created in consultation with the youth’s family members, when possible; and
 - b. The plan will include an anticipated timeline for implementation and the youth’s return to the general population.
- v. If the multidisciplinary team believes that a youth may be appropriate to be transferred to a mental health treatment facility, the team will immediately refer the youth to the SMI Special Needs Coordinator for further assessment.


Compliance Rating Substantial Compliance

Description of the Monitoring Process



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

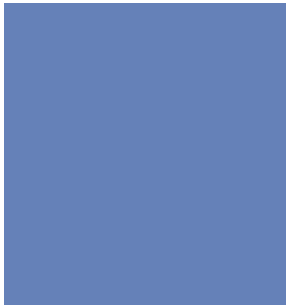
Findings and Analysis



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

During this monitoring period, an issue with missing time data was identified in only two isolation cases. For the remaining incidents, the data indicates that 18 incidents necessitated an initial MDT within 48 hours. Of these, all but one were conducted within the required timeframe.


This provision also requires that the MDT Team address five elements (items i. to v.) when convened. The documentation was found to include all elements, except for four reviews (22%) that did not address whether the youth was suitable for transfer to a mental health facility. The language in the provision states that “If the multidisciplinary team thinks it’s appropriate...” It is unclear if the clinical staff in those cases thought it was not appropriate or just



missed the question. This element is included in the draft DJJ form, pending approval of Policy 323, Isolation of Youth, and should be answered to avoid uncertainty about whether it was discussed.

Since the standard was met in the majority of reviews, this provision is rated in substantial compliance. DJJ is encouraged to finalize the modified procedure and forms that have been pending for some time to ensure the correct forms are used to capture the required information.

Recommendations to Sustain Compliance



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

- Within 48 hours of a youth’s placement in isolation, continue to have the MTD meet to discuss and document items i through iv.

DJJ should also consider the following recommended steps.

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

SOURCES

- Policy 323, Isolation of Youth
- March to August 2025 Youth Isolation Details data and MDT reviews
- Staff and youth interviews during July 28-29 and September 4-5, 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 Substantial Compliance

Description of the Monitoring Process



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

Findings and Analysis



DJJ clinical staff have established a standing Multidisciplinary Team (MDT) meeting at 2:00 PM every day to review youth placed in isolation who meet the criteria for an initial or three-day review. These meetings were previously held at 9:30 AM but were changed during this monitoring period.

A review of DJJ youth isolation data indicates that 12 three-day MDT meetings were conducted for five youth held in isolation. It appears that all youth requiring a review received one; however, in at least one case, DJJ conducted the MDT meetings on day four instead of day three. DJJ utilizes a draft form, created and included in the draft revised Policy 323, Isolation of Youth, to capture the required information for this process. However, the modified procedure has not yet been approved. The documentation was complete for all but one of the forms, which addressed only one item and did not include the name of the person who completed it.

DJJ has made progress in this area and while more attention is needed regarding the timeliness of meetings and the details of summary reports, the improvements are sufficient for a rating of substantial compliance. DJJ is encouraged to finalize the modified procedure and forms that have been pending for some time to ensure the correct forms are used to capture the required information.

Recommendations to Sustain Compliance



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

- If a youth remains in isolation after the initial (48-hour) MDT meeting about that youth, the multidisciplinary team should continue to meet about that youth every three days to discuss items i-iii. Their discussion and conclusions regarding these items should be clearly documented.

DJJ should also consider the following recommended steps.

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

SOURCES

- Policy 323, Isolation of Youth
- March to August 2025 Youth Isolation Details data and MDT reviews
- Staff and youth interviews during July 28-29 and September 4-5, 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 or for more than 4 hours in the past month. The lists were compared to the data from the Isolation Detail Report. The table below displays the number of unit meetings required per this provision, the number of meetings held, and the compliance percentage.

Month	Number of Youth Requiring a Review	Number of Unit Meetings Held	Compliance Percentage
March	7	6	86%
April	4	4	100%
May	5	3 ^a	60%
June	13	8 ^b	61%
July	20	9 ^c	45%
August	2	1 ^d	50%

^a One youth was unavailable, and one refused to participate
^b Five additional meetings were held the following month to capture missing reviews
^c Three records had no content; one had no interventions; 7 were not provided
^d One youth was not reviewed and was transferred to another facility

DJJ clinicians use a Monthly Isolation Review form to document the required elements of this provision. It was reported that the Clinical team had several vacancies earlier in the monitoring period. When new hires were brought on, there was some miscommunication with the new staff, leading to several meetings held in July with only one clinical and one security staff member, rather than the entire team. Additionally, several meetings were missed and subsequently

rescheduled for the following month, exceeding the required timeframe.

There is an additional concern that some meetings were missed because the youth refused to participate or were unavailable. While youth participation is not required, best practice would include the youth; however, when they are absent, the assigned staff can develop a plan to address the behavior and review it with the youth later.

It was noted that the Facility Quality Improvement Team appears to be addressing the same discussions as required by this provision.

Clinical and security staff began discussing ways to streamline these processes and documentation to avoid redundancy.

Fluctuations in compliance are noted for this rating period. 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 continues 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
- March to August 2025
 - Youth Isolation Details
 - Youth Isolation Commencement and Release forms, and isolation logs
- Staff and youth interviews during July 28-29 and September 4-5, 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**²²

Description of the
Monitoring Process



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

²² 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**²³

Description of the
Monitoring Process



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




²³ 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

<p>Description of the Monitoring Process</p> 	<p>The monitoring team conducted two site visits, interviewed staff, interviewed youth who had been in isolation, and reviewed isolation records.</p>
<p>Findings and Analysis</p> 	<p>DJJ continued to demonstrate consistency in how isolated youths are housed, including access to sunlight, working showers and bathrooms, mattresses, and food that matches the quality and quantity offered to the general population. Interviews with youth and staff revealed no major concerns in this area. Isolation logs reflected the interview responses. DJJ’s Quality Assurance reports noted an inconsistency in large muscle exercise allowed for at least one youth. However, no grievances were filed specifically related to the conditions of isolation. As a result, this item is found to be in 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">• 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
- March to August 2025
 - Youth Isolation Details
 - Youth Isolation Commencement and Release forms
 - Isolation logs
- Staff and youth interviews during July 28-29 and September 4-5, 2025, monitoring site

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 youth in isolation. During this monitoring period, the number of isolated youths decreased, except for June and July. Many of these youths were graduates and therefore did not require educational services. However, education staff noted that they had conversations with some of these youth anyway.

The department documents contact with youth in isolation and the services provided to those youths who meet the criteria for educational instruction while in isolation. Education is provided by various certified teachers, associate teacher assistants, and even the principal. Certified teachers deliver direct instruction when they visit the youth. Associate teachers deliver assignments prepared by certified teachers. Most sessions still take place through the locked isolation cell door, and the teachers noted how difficult it can be to engage the youth in the lesson. Additionally, it was reported that on several occasions, the youth were sleeping and would not get up or simply refused to participate. Some asked that their packets be left for them to complete later. Others were described as marginal participants.

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

Month	Number of Youth in Isolation Receiving Educational Services
March	2
April	1
May	1
June	1
July	6
August	1

The amount of time spent providing educational services varied during the monitoring period, ranging from brief check-ins or assignment drop-offs lasting approximately 10-15 minutes. The most frequently recorded time for an education visit was about 30 minutes. There were no reported meetings of the Multi-disciplinary Team to discuss an alternative educational plan for a youth in isolation. Quality Assurance documented at least one instance in which a youth required educational services but did not receive them while in isolation, pending transfer to another facility.

Concern remains about the amount of instruction provided, especially given youth refusals and many reports of youth being marginally engaged, which may be attributed to sessions being delivered behind a locked door. Due to the limited instruction provided, this item remains partially compliant.

Recommendations to Achieve Compliance



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

- Continue to ensure that education staff are notified when a youth is isolated so they can make plans to deliver meaningful educational services within the first school day after the youth is placed in isolation.
- Continue to routinely record and monitor youth participation in education by date and time, the type of services and instruction provided, whether the service was provided by a certified teacher or an associate teacher working under their supervision, and the duration of the service.
- Continue to document when a youth refuses services and reason(s).
- Convene the multidisciplinary team to discuss temporary alternatives to in-person education if a 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.
- Consider the criteria by which a youth may come from behind the door for the short period that instruction is being provided, as they are sometimes allowed to do for large muscle exercise, and were previously allowed to do for education.

SOURCES

- Policy 323, Isolation of Youth
- March to August 2025
 - Youth Isolation Details
 - Youth Isolation Commencement and Release forms
 - Isolation logs
 - Education Isolation Spreadsheet
- Staff and youth interviews during July 28-29 and September 4-5, 2025, monitoring site

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**²⁴

Description of the
Monitoring Process



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

²⁴ 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

Description of the
Monitoring Process



Substantial compliance was achieved during the October 2023 monitoring period. Subsequent monitoring periods have confirmed continued compliance, and no further action is required.

91. SPECIALIZED HOUSING FOR VULNERABLE YOUTH

Youth who are not screened as vulnerable to victimization upon admission to BRRRC, 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 BRRRC, youth intake screening tools, sample intake packets, vulnerable youth data, incident data, event reports, and conducted interviews with staff and youths.

Findings and Analysis



During the July 2025 and September 2025 site visits, the Classification staff and youth were interviewed, reaffirming that they continue to follow established procedures to identify youth as vulnerable upon admission and to recognize when vulnerabilities may emerge later through regular reviews.

DJJ continues to designate a specific housing unit for vulnerable youths. The population increases and decreases as youth are identified and determined no longer to be classified as vulnerable. Youth housed in the designated unit reported feeling safe there.

During this monitoring period, the following data showed there were 14 instances in which vulnerable youth were victimized and 8 when they were the perpetrators. More youths were designated as vulnerable, likely due to the increased population.

Month	Vulnerable Youths	Vulnerable youth victimization	Vulnerable youth perpetrator	Vulnerable youth injury
March	7	2	1	0
April	7	1	2	0
May	10	1	0	0
June	10	5	3	2
July	9	3	0	0
August	7	2	2	0

Although DJJ has established protocols, staff may struggle to implement them quickly enough to address emerging vulnerabilities. For instance, in August, a youth who was not classified as vulnerable became the victim of a group assault. After the incident, the youth informed staff that he was "tired of being bullied." Although he was initially escorted off the unit, he was later returned. The following

day, this same youth was allegedly sexually assaulted by one of the individuals involved in the previous day's assault. This incident is under investigation.

While DJJ has a process for reviewing a youth's housing situation after an incident, staff need to take more immediate action when a youth indicates a new vulnerability or is identified as vulnerable. At a minimum, a temporary safety plan should have been implemented until staff could convene to reassess the youth's classification. This situation underscores the difficulties of managing a correctional facility where youth may develop vulnerabilities that were not previously evident. Although the current processes demonstrate substantial compliance, DJJ should consider how to better address the immediate needs of youth who become vulnerable.

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 and immediate 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.

- Develop a process to address the immediate safety concerns of youth who become vulnerable and are waiting for a housing classification review.
- 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
- March to August 2025
 - Monthly vulnerable youth data
 - Incident event reports

- Youth Isolation Commencement and Release forms
- Youth Isolation logs
- Clinical assessments and logs
- Staff and youth interviews during July 28-29 and September 4-5, 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

Description of the Monitoring Process




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.

Findings and Analysis



Housing classification and security staff reaffirmed that, although the facility has a housing unit designated for youth classified as vulnerable, it is not considered specialized housing, but part of their general housing classification process applied to all youth. Interviews, video reviews, and programming activities confirmed that youth in the vulnerable unit participate in the same activities as others and have access to the same services. Several youths interviewed said they enjoy mixing with other youths during the day, but they prefer being back in their unit after school and during sleeping hours because they feel safer. They reported that if a youth from another pod threatened them, staff would keep them separated. Due to ongoing efforts, this item remains in substantial compliance.

Recommendations to Sustain Compliance



To maintain substantial compliance, if DJJ houses youths in specialized housing it is recommended that they ensure the following:

- 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.
- Document the services provided to youth in specialized housing to verify adherence to this requirement.
- 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.

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

- March to August 2025
 - Sample youth intake packets and vulnerable youth data.
 - Review of video footage from selected days
- Staff and youth interviews and onsite observations during July 28-29 and September 4-5, 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 Substantial Compliance

Description of the Monitoring Process




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

Findings and Analysis



Revised Policy 323, Isolation of Youth, 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 March to August 2025, a total of 14 youths were assessed as suicidal and placed on suicide precautions, either on close observation or close and constant observation. None of these youths were placed in isolation following the assessment, placing this item in substantial compliance.

Recommendations to Sustain Compliance

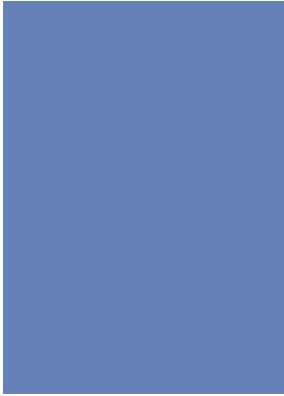


To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to ensure full implementation of policy 323, Isolation of Youth.
- Continue to 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.
- Continue to monitor each instance of isolation to verify that youth who are suicidal are not placed in isolation and youth in isolation who express suicidal ideation are promptly assessed and removed if determined to be suicidal.
- 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
- March to August 2025
 - Youth suicide assessment and logs
 - Youth Isolation Details data
 - Youth Isolation Commencement and Release forms
 - Youth Isolation logs
- Staff and youth interviews and onsite observations during July 28-29 and September 4-5, 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**²⁵

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.

²⁵ 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**

Description of the Monitoring Process



Substantial compliance was achieved during the October 2023 monitoring period. Given that all required policies related to the settlement agreement have now been updated, compliance has been fully achieved. DJJ is encouraged to continue updating and refining curricula as circumstances change and new information is learned. Review of these updates by the SME is not required.

Behavior Management

96. COMPETENCY-BASED STAFF TRAINING

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


Compliance Rating **Substantial Compliance**

Description of the Monitoring Process



The monitoring team reviewed DJJ’s training records to determine the number of staff who completed Safe Crisis Management (SCM), the department’s competency-based de-escalation training.

Findings and Analysis



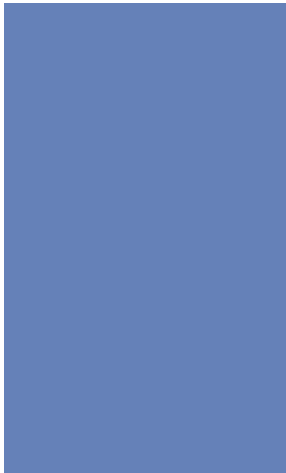
DJJ requires all security staff and teachers to complete Safe Crisis Management (SCM) de-escalation training. Security staff are required to complete both the de-escalation and restraint portions of the training, which is conducted over three days. For all new hires, the training is part of the Basic Academy. To complete the course, staff must demonstrate competency in the skills taught by passing an exam and demonstrating proper use of force techniques.

In April, two facility staff members were trained as SCM instructors to facilitate on-site staff training. During this monitoring period, all facility staff completed initial training except for 19 individuals who were either new hires (13), did not attend or pass the training (4), or were on military leave (1) or pending termination (1). It was noted that the new hires had training scheduled.

A review of annual training records revealed that only three staff members have yet to complete their annual training in 2025. However, they have until the end of the calendar year per DJJ policy. These figures represent a significant improvement over the last monitoring period when 23 staff members were overdue.

Completion rates among education staff are improving, with 90% (27 out of 30) completing the initial training. However, seven staff members require annual training, with two overdue as of 2023 and four overdue in 2024.

In August, the training department issued a list of mandatory recertification training for all staff. The list included the following topics, which are relevant to the work performed.



TRAINING NAME	HOURS
Legal Update	2.00
First Aid/CPR/AED Recertification	4.00
Understanding Youth Mental Health	1.50
Professional Boundaries: Real Talk About Setting Boundaries with Youth	1.00
Safe Crisis Management Refresher	14.00
Suicide Prevention and Intervention Refresher	2.00

With the improvements noted, DJJ is in substantial compliance.

Recommendations to Sustain Compliance



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

- Continue to ensure all staff are scheduled for and complete 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, March to August 2025
- SCM Recent and Previous Training Completion Records, March to August 2025
- August 15, 2025, email, subject: Fw: NOTICE: Security and Operations Recertification Training Curriculum approved by CJA

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

Description of the Monitoring Process




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

Findings and Analysis



During this monitoring period, the DJJ training staff reported no requests for retraining. A review of the corrective and disciplinary actions log, as well as reports of use of force and administrative reviews of incidents, confirmed that no staff retraining was requested. However, there was one incident in which a staff person escalated a situation with the youth rather than de-escalating it. The staff person was counseled about this behavior and later resigned. Had the staff stayed with the agency, retraining may have been appropriate. Since no staff members met the requirements of this provision, a training response was not necessary. This provision remains in substantial compliance.

Recommendations to Sustain Compliance

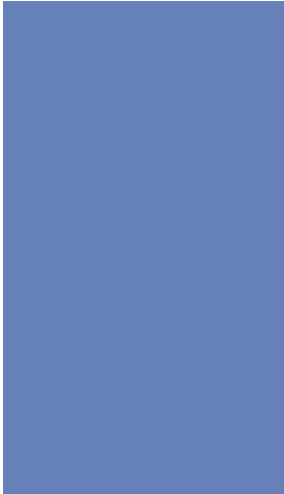


To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Continue to document incidents in which staff did not use appropriate de-escalation and where management has determined that retraining is needed.
- 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.
- Maintain records to verify that staff complete retraining within 90 days as required.
- If the staff member continues to fail to use appropriate de-escalation techniques, DJJ should address the staff member’s failure through discipline.

DJJ should also consider the following recommended steps.

- Implement a method for tracking staff who require retraining within 90 days to ensure they complete the training within the required timeframe.



- Staff who require retraining should not work directly with youths until they are retrained.
- 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




- March to August 2025
 - Monthly training records
 - Investigations data
 - Management reviews of incidents
 - Monthly memos from DJJ training staff indicating whether retraining was requested
- SCM Recent and Previous Training Completion Records, March to August 2025

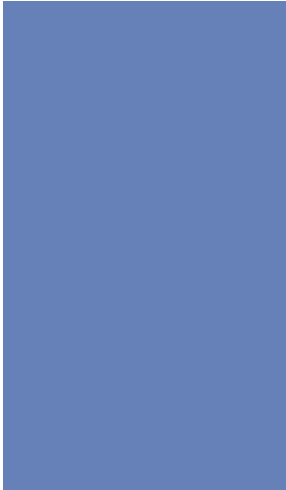
Use Of Physical Force

98. STAFF TRAINING ON UPDATED USE OF PHYSICAL FORCE POLICY

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

Compliance Rating Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed DJJ's staff training records. Staff interviews were also conducted.</p>
<p>Findings and Analysis</p> 	<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. Staff are also required to review the policy and acknowledge their review. Agency-wide, 87% of staff have acknowledged review.</p> <p>During this monitoring period, DJJ trained two facility staff as SCM instructors to facilitate initial and annual training. As discussed in item 96, all security staff, except for new hires or those with valid reasons, have completed their training in this area. The annual refresher training for SCM also incorporates the updated policy. No security staff are overdue on their annual training. As a result, this item is now in 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">• Continue to ensure all staff are scheduled for and complete Safe Crisis Management (SCM) training before working directly with youths.<ul style="list-style-type: none">• 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.• Continue to maintain records to verify that staff completed the required training.



- Continue to conduct annual staff training.

DJJ should also consider the following recommended steps.

- Conduct quarterly refresher training on concepts learned in Safe Crisis Management to ensure staff can recall and apply the de-escalation strategies learned and approved techniques for using force when force is necessary
- Use incident data to determine if there are staff behavioral patterns that indicate a need to clarify the policy or techniques used, whether all staff would benefit from booster training, and whether other strategies may be needed to ensure staff have the knowledge, skills, and abilities to use physical force appropriately.




SOURCES

- Policy 315, Use of Physical Force
- Monthly training records, March to August 2025
- SCM Recent and Previous Training Completion Records, March to August 2025
- Policy Review Summary, August 2025

99. RETRAINING WITHIN 90 DAYS

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

Compliance Rating **Partial Compliance**

<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>During this monitoring period, the DJJ training staff reported no requests for retraining. A review of corrective and disciplinary actions logs, as well as reports of use of force and administrative reviews of incidents, confirmed that no staff retraining was requested.</p> <p>However, as discussed under item 51, there was one incident in March in which an administrative review found that the staff's "use of physical force was inappropriate and is not SCM-approved." That staff person received a Level II Reprimand, but was not required to attend training as this provision dictates.</p> <p>Administrative reviews identified eight other incidents in which staff used techniques that did not align with those taught in SCM. However, each of these techniques was found to be appropriate for the circumstances and not excessive. As a result, no additional training was requested despite the techniques being unapproved. It is essential for DJJ to either update its SCM training to incorporate these additional techniques or document the reasons why staff who use unapproved techniques do not require further training. As a result, this provision is considered to be in partial compliance.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to achieve substantial compliance.</p> <ul style="list-style-type: none">• Continue to document incidents in which staff did not use appropriate force or did not use an approved technique and where management has determined that retraining is needed.• Once a staff member is identified as needing to be retrained, DJJ should schedule the staff member for training as soon as possible, but within the 90-day timeframe.

- Maintain records to verify that staff complete retraining within 90 days as required.
- If the staff member continues to fail to use appropriate de-escalation techniques, DJJ should address the staff member's failure through discipline.

DJJ should also consider the following recommended steps.

- Implement a method for tracking staff who require training within 90 days to ensure they complete the training within the required timeframe.
- Staff who require retraining should not work directly with youths until they are retrained.
- 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
- March to August 2025
 - Monthly training records
 - Investigations data
 - Management reviews of incidents
 - Monthly memos from DJJ training staff indicating whether retraining was requested
- SCM Recent and Previous Training Completion Records, March to August 2025

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

Description of the Monitoring Process




Training records were reviewed and staff interviewed.

Findings and Analysis



During this monitoring period, all investigators completed either their refresher training on April 14-15 or their initial training following their hire. One facility supervisor was trained in May. This item remains in substantial compliance.

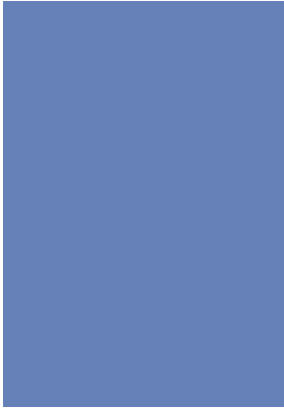
Recommendations to Sustain Compliance



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

- 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.
- Continue to ensure that the 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.
- Maintain records to verify that staff completed the required training.
- Monitor implementation to ensure the policies have the desired impact.

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

- March to August 2025, training records
- Staff interviews during July 28-29 and September 4-5, 2025, monitoring 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**

Description of the Monitoring Process



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

Findings and Analysis



DJJ achieves partial compliance in this area by demonstrating that it has a quality assurance system in place, but it does not have an approved Quality Management Implementation Plan to guide the system. The system includes a Facility Quality Improvement Team (FQIT) and a Continuous Quality Improvement Committee (CQIC), as described in more detail in Item 106, both of which are responsible for meeting the requirements of this provision.

The FQIT includes representatives from facility administration, investigations, continuous quality improvement, youth services and accountability, strategic planning, and agency support. The team held monthly meetings throughout the rating period. Attendance ranged from 11 to nearly 20 participants each month, with most disciplines represented by at least one attendee. Some disciplines, such as Education and Investigations, had more frequent absences. Based on the agenda and meeting minutes provided, the committee reviewed data and specific incidents, discussed current challenges and progress, identified strategies for improvement, and outlined action steps. The team tracked and reported on progress, recommendations, and corrective actions. Meeting notes documented patterns of behavior or allegations indicating safety concerns, staff training deficiencies, and ongoing policy violations, some of which were referred to management. Occasionally, notes included responses and directions from upper management regarding those issues.

During this monitoring period, the QA Unit has continued to work closely with the IT Department to add more data elements and has developed a Data Dashboard. The data can now be drilled down to provide more specific details, such as the time and place of incidents aggregated in different ways. Alongside their development activities, they were also responsible for reviewing the data and addressing any reporting irregularities.

Previously, the QA unit reported conducting random audits, such as the Master Schedule audit, on a weekly basis. QA staff were observed participating in scheduled recreational activities during the July site visit; however, no random audits were reported during this reporting period. Additionally, during the last monitoring period, it was reported that QA is now responsible for overseeing policy management. They are still updating the youth orientation booklet and aim to incorporate best practices when developing new policies. It was reported that as new policies are implemented, assessments will be conducted to evaluate their effectiveness. QA reportedly continues to collaborate closely with the training department on staff's policy-related training needs. Several policy updates are either pending or have been recommended in the QA reports, including updates to the isolation and investigation policies.

Despite the implementation plan not being finalized, the Quality Assurance Unit has been meeting monthly throughout the monitoring period. It has been conducting the activities required under this provision through the FQIT. These efforts reflect partial compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to achieve 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.
 - 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
- March 2025 to August 2025 Monthly Data Review Meeting Minutes
- Staff interviews during July 28-29 and September 4-5, 2025, monitoring site visits
- 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**

Description of the Monitoring Process



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

Findings and Analysis



DJJ conducted Facility Quality Improvement Team (FQIT) meetings monthly throughout the monitoring period. The agendas for these meetings included updates from the previous meeting, a review of monthly data, discussions on current setbacks and challenges, progress updates, strategies for improvement, and action steps.

Data collected and reviewed included information on youth-on-youth harm, inappropriate use of force, and inappropriate use of isolation. A sampling of the data reviewed provided insights into the types of injuries sustained by youth, the average length of time spent in isolation, the programs offered, and the sanctions imposed on youth. Data was unavailable for four of the six meetings on investigations, and the grievance data for a few months was not broken down to determine whether it addressed issues related to protection from harm. This missing data hampered the analysis.


Additional data points are added, as deemed necessary. The process also identified incomplete, missing, or poor-quality data and discussed mechanisms and plans for improvement during the meetings. Trends were identified and documented. New information is also now collected on the day of the week, time, and location of the incidents, thereby providing DJJ with the necessary information to address specific issues that may be impacting youth behavior during these times.

The data was collected and presented in a more standardized format during this rating period. The summary report for each month included a 10% sample of Use of Force incidents, a 50 % sample of Isolation incidents, and a 10% sample of investigation data for two months.

The monthly review process continued to improve during this monitoring period. The meetings were held consistently. The items reviewed, along with the discussions held, are moving this item



Recommendations to Achieve Compliance



toward compliance; however, the missing data elements prevent substantial compliance with this provision.

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

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

DJJ should also consider the following recommended steps.

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

SOURCES

- *Quality Management - DOJ Implementation Plan draft*, revised on March 7, 2025
- Memorandum from SCDJJ Director of Settlement Compliance, SCDJJ QA Implementation Plan, March 7, 2025
- Verbal reports from DJJ administration during the September 4-5 monitoring site visit
- March to August 2025, Monthly Data Review Meeting Minutes

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**

Description of the Monitoring Process



The monitoring team reviewed the March to August Monthly Data Review Agenda and notes, including the monthly data collection reports, to determine whether the data elements collected included items i through xvii, of this provision. Staff interviews were also conducted.

Findings and Analysis



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

Data Required	Months of Data Review Provided					
	M	A	M	J	J	A
The number of incidents involving youth-on-youth physical violence	X	X	X	X	X	X
The number of incidents involving youth injuries related to assaults/fights or use of force or restraints	X	X	X	X	X	X
The number of incidents involving use of force	X	X	X	X	X	X
The number of incidents involving restraints	X	X	X	X	X	X
Injuries to youth related to assaults/fights or use of force or restraints, including the type of injury, the source of the injury, and the severity	X	X	X	X	X	X
The positive behavior incentives used at BRRC during the preceding month	X					
The consequences imposed on youth for negative behaviors in the preceding month	X	X	X	X	X	X
The consequences imposed on staff for improper uses of force or restraints						
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
The number of full investigations as outlined above completed in more than ten business days	X	X	X	X		X
The number of open investigations	X	X	X	X		
The number of youth placed in isolation	X	X	X	X	X	X
The number of youth who remained in isolation over four hours	X	X	X	X	X	X
The number of youth who remained in isolation over three days	X	X	X	X	X	X

The individual lengths of stay for youth placed in isolation	X	X	X	X	X	X
The overall average length of stay of all youth placed in isolation	X	X	X	X	X	X

The facility has done a good job of collecting most data elements; however, some inconsistencies remain in certain areas. The following observations are noted:

- Injury reports include the type of injury and severity, but do not include the source of the injury
- Positive Behavior Incentives are only reported for March
- There are no staff consequences reported or discussed in the monthly meetings
- The number of grievances is only reported for June, July, and August. These reports fail to delineate whether the grievances are specific to youth-on-youth physical harm, inappropriate use of force, or inappropriate isolation. It is noted that a discussion was held in the July meeting regarding youth not receiving their negative behavior review write-ups.
- There was no investigation data submitted for the July and August reviews, and it is unclear if the completed cases that required more than 10 days were captured in the data that was reported for the March to June reviews.

Data collection, though improved, continues to demonstrate gaps. As a result, this item is found to be in partial compliance.

Recommendations to Achieve Compliance

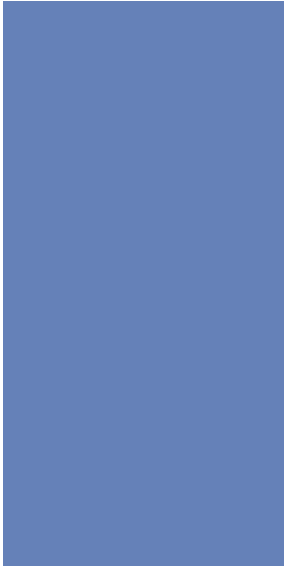


It is recommended that DJJ take the following steps to move toward substantial compliance.

- 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 the September 4-5, 2025, monitoring site visit
- March to August, 2025 Monthly Data Review Meeting Minutes
- 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 Facility Quality Improvement Reports from March to August, the monthly Sample Review Reports, and the Monthly Target Review Reports to determine which samples were reviewed and the documented recommendations that followed.

Findings and Analysis



During the monitoring period, DJJ consistently conducted monthly reviews of sample data for Use of Force and Isolation. DJJ, less consistently, provided sample reports regarding investigations. Reviews were based on elements outlined in a revised Quality Management Implementation Plan, including the sample size of the data, specific components to review, and trend analysis. DJJ utilizes a monitoring tool to evaluate the agency's performance in specific areas during monthly sample reviews. The reviews identified areas of compliance, areas needing improvement, and, often, suggestions for improvement. In addition to the sample reviews, a monthly target review report is prepared for the FQIT meeting.

The Use of Force Monthly Target Review Report identified findings in the following areas:

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

The Use of Isolation Reports identified findings in the following areas:

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

Each report included a detailed summary of the findings, including the number of times that procedure was followed and gaps in procedures and protocols. Conclusions are reported along with specific recommendations for improvement in each area.

The tables below summarize the audit's outcome, with 100% representing a perfect score.

Compliance Level Determinations

- 90-100%: Excellent
- 75-89%: Satisfactory
- 60-74%: Needs Improvement
- Below 60%: Significant Concerns

Use of Force / 10% of Incidents Reviewed	M	A	M	J	J**	A**
	3	3	3	9	3	7
Training	86*	84	88	100		
Prevention Measures	100	100	100	100		
Force Application	100	100	100	100		
Prohibited Action	100	100	100	100		
Medical Compliance	89	89	89	89		
Documentation Compliance	70	89	85	67		
OVERALL	91	94	94	93		

Isolation / 50 % of Isolation Incidents	M	A	M	J	J**	A**
	5	7	6	9	20	7
Pre-Isolation Intervention	100	71	100	78		
Usage and Compliance	80	79	79	67		
Youth Rights	90	79	100	89		
Exit Protocols	100	100	100	100		
Documentation / Oversight	88	69	67	54		
Training	89	89	88	94		
OVERALL	91	81	89	80		

*Numbers shown reflect the % complaint for the sample.
 **DJJ’s reporting format changed in July and August, with no compliance score provided and only the Targeted Monthly Report provided.

DJJ conducted sample reviews of investigations in March and April. Another closed investigation, provided in late July, was still being reviewed at the time of writing this report. It was reported that there was some miscommunication and mis-documentation of investigation data during the reporting period. The two reviews noted scores of 84% in March and 81% in April. Those scores were not broken down by category. Areas of concern included timely case assignment, notification of investigation results, and completion of investigations in the prescribed time frames. One investigation took seven months to conclude, and the QA report did not specify the cause of this significant delay.

DJJ has demonstrated significant improvement in the sample reporting. They are thorough and detailed. DJJ appears to have shifted away from the scoring system and will need to determine if that approach was beneficial. Consistent reviews and audits of sample data will help DJJ achieve substantial compliance in the areas being evaluated.

As stated, progress is noted. The continued lack of data from investigations during this monitoring period results in partial compliance.

Recommendations to
Achieve Compliance



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, continuation documentation, and investigations.
- Document the subsequent recommendations following each review.

SOURCES

- *Quality Management - DOJ Implementation Plan draft*, revised on March 7, 2025
- Memorandum from SCDJJ Director of Settlement Compliance, SCDJJ QA Implementation Plan, March 7, 2025
- March – August 2025, BRRC / MEDC Monthly Data Review Meeting Minutes
- Staff interviews during September 4-5, 2025, monitoring site visit
- CQIC Quarterly meeting agenda, meeting minutes, and Data Analysis (November – January) March 2025
- CQIC Meeting Minutes June 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 **Substantial Compliance**

Description of the Monitoring Process



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

Findings and Analysis



In the October 2023 Monitoring Report, it was recommended that DJJ consider collecting the following additional information. DJJ has considered the SME’s recommendations and provided the updates below as of October 1, 2025.

Recommended Data Element	DJJ Response
Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.	Baseline data was established starting in November 2024
Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.	Benchmarks were initiated to monitor program effectiveness. They are determined and reviewed by the FQIT. / 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 in January 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. Youth and staff demographics are in progress and will be included in the upcoming updates for ERS, as well as part of the real-time data dashboard, which began on February 24, 2025.

	<p>For data elements i-xvii, include location and time stamps to evaluate whether certain locations or time of day is related to incident rates.</p>	<p>Location and times have been implemented (included in the updates to the ERS System) and noted in the monthly FQIT data.</p>
	<p>For data elements i-v, include whether camera footage was available, and whether the footage was retained for investigative purposes.</p>	<p>This information is reported to the DOJ/SME on a monthly basis.</p>
	<p>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.</p>	<p>Data elements vi and vii are included in the documentation submitted to the DOJ/SME on a monthly basis.</p>
	<p>For data elements ix-xi, track the outcome of grievances and investigations.</p>	<p>In progress. The ERS Committee is determining the feasibility of this element 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.</p>
	<p>For data elements xiii-xviii, include why youth were isolated.</p>	<p>Information on why youth were isolated is uploaded and reported to the DOJ/SME on a monthly basis.</p>
	<p>For data elements xiii-xvii, add the frequency at which the same youth is isolated.</p>	<p>Information on the frequency at which the same youth is isolated is provided to the DOJ/SME on a monthly basis.</p>

These responses attempt to address how DJJ has adopted or proposes to adopt the SME’s recommendations. DJJ is encouraged to consider how they will evaluate the data and use it to inform practice, such as determining whether the provided incentives are having the desired impact of reducing negative behaviors. The work accomplished here moves this item into substantial compliance.

Recommendations to Sustain Compliance



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

- Continue to review and consider whether the recommended additional data elements are feasible based on available resources and staff. If not feasible, provide a rationale for why



it is not feasible and 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 September 4-5, 2025, monitoring site visit

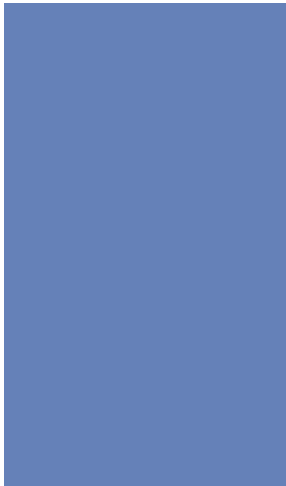
106. QUALITY IMPROVEMENT COMMITTEE

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**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed the Quality Improvement Committee membership list, meeting documentation, and documentation of recommendations, monitoring, and action taken.</p>
<p>Findings and Analysis</p> 	<p>DJJ has established a Continuous Quality Improvement Committee (CQIC) and a Facility Quality Improvement Team (FQIT), which began meeting monthly starting in November 2024.</p> <p>The CQIC met on March 4, 2025, and June 3, 2025. Their agendas are standardized and include examining data trends, conducting random video reviews, and obtaining reports from the Director of Settlement Compliance, Security Operations, Behavioral Health, and other divisions.</p> <p>Agendas for FQIT meetings were provided for March 27, April 24, May 29, June 30, July 30, and August 28, 2025. A BRRC Monthly Data Review report was provided for each month, along with sample reports regarding the Use of Force and Isolation. Sample reports of Investigations for March and April were provided.</p> <p>The Quality Assurance Team has expanded with the addition of new employees who bring backgrounds in related fields. The team has developed toolkits to assess the Use of Force and Isolation. During the monitoring period, improvements have continued in the level of data collected and reviewed. However, the investigation data were missing for most months. This was also a concern at the end of the last rating period.</p> <p>Trend data were presented and discussed at the March meeting, covering November 2024 through January 2025. The same data was provided for the June trend discussions. It is unclear whether this is</p>




an error or if there is a specific reason for reviewing the same data. The meeting minutes continue to include recommendations for improvement based on this trend data.

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 implementation date was February 2025. The draft plan had not been approved by the end of the monitoring period, and it remains unclear if DJJ had begun an alert system.

The Continuous Quality Improvement efforts are progressing well. Missing investigation reports and trend analysis need to be corrected 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
- Staff interviews during September 4-5 monitoring site visit
- Meeting agendas for the CQIC and FQIT
- Memorandum from SCDJJ Director of Settlement Compliance, SCDJJ QA Implementation Plan, March 7, 2025