

UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF  
WISCONSIN

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**J.J.**, by and through his next friend, Sakeena Jackson, for themselves and all others similarly situated,

Plaintiffs,

v.

Case No.: 17-CV-47

**JON E. LITSCHER**, in his official capacity as Secretary of the Wisconsin Department of Corrections, et al.,

Defendants.

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TWENTY-THIRD REPORT OF THE MONITOR

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Teresa Abreu, Monitor, hereby submits this status report.

**INTRODUCTION**

The twenty-second report of the Monitor was filed with the Court on April 18, 2025. The Monitor's twenty-third report will focus on assessing compliance with the Consent Decree, implementation of recommendations in the February 2018 technical assistance report, and will also comment on any observations and/or updates since the twenty-second site visit which took place on March 20, 2025.

**SITE VISIT**

The twenty-third site visit by the Monitor took place on July 24 and 25, 2025. The Monitor and Plaintiffs' counsel completed necessary interviews and information gathering via meetings prior to, during, and after the site visit. The Monitor reviewed materials provided by the Parties for the reporting period ending June 30, 2025 (March, April, May, and June 2025). Materials included but were not limited to use of force videos, video footage of units, video footage of administrative confinement, body camera footage, video of safety and security checks, programming materials, investigations, data, daily shift reports, all of the monthly data submitted to the Parties per this Court Order, meeting notes, employee leave data, behavior and treatment plans, mechanical restraint documentation, incident reports, and other housing documentation. Plaintiffs' counsel conducted approximately forty (40) youth interviews for the site visit both remotely and in-person. The Monitoring team toured LHS/CLS and interviewed youth and staff. The Monitoring team had the opportunity to talk to many of the youth and staff present and available during the site visit.

Approximately thirty-five (35) youth and thirty-one (31) staff were interviewed by the Monitoring team during this site visit.

## **OVERALL QUALITY OF LIFE, CONDITIONS, AND ATMOSPHERE**

### **Introduction**

The total LHS/CLS population was slightly higher during this reporting period compared to the last site visit in March 2025 (87 youth v 81). This marks the first time the Monitor finds the Defendants in substantial compliance with all provisions of the Consent Decree. Leadership and staff have demonstrated a sustained commitment to improving the conditions and daily experiences of youth and employees. Over the years, Defendants have faced significant challenges, yet they have successfully navigated them while achieving meaningful reforms. These include eliminating OC Spray, drastically reducing reliance on strip searches, overall confinement, and mechanical restraints, creating, and implementing, and implementing a robust data management system to support proactive decision making, revising Administrative Code to align with best practices and the Consent Decree, and making substantial progress toward the development of new facilities.

While the Defendants' progress is substantial, it is essential that they avoid complacency and remain committed to sustaining these reforms and pursuing ongoing improvement. Defendants need to continue to focus on assessing youth who are in administrative confinement, especially for youth pending transfer to another facility, mechanical restraint usage, ensuring that the behavioral motivation system ("BMS") is being applied consistently and fairly, continuous physical plant improvements, well-developed programming for all youth, and continue making staff wellness a priority to name a few.

### **Physical Plant Observations**

Every aspect of the facility was exceptionally clean. It is obvious that the facility continues to focus on providing a safe and clean environment, which is an integral part of creating a positive culture and atmosphere. All units and youth rooms were clean and organized. The youth were extremely excited to have the Monitor look at their unit and rooms. The youth took such pride in how hard they worked on cleaning their rooms and living unit. The facility in general and the units were quiet and calm.

Defendants continue with the following physical plant improvements:

- Constructed a memorial pergola to honor fallen officer Corey Proulx;
- Reverted the Douglass building back to a living unit due to population levels;
- Entry doors in all of Administrative Building replaced;
- Horseshoe deck replaced;
- School Air Conditioning project progressed to architectural/engineering phase of the process;
- Last five (5) living unit door and window replacement project progressed to architectural/engineering phase of the process;

- Administrative Building and School lighting upgrade is complete;
- Created a treatment room in the school for Groups;
- Extra Wi-Fi has been added to all units so the facility can move forward with new youth tablets;
- Rogers bathroom remodel in progress.

Defendants continue their commitment to improving the physical plant which improves the daily lives of staff and youth. The Monitor will continue to update the Court on physical plant improvements that increase the safety and quality of life for youth and staff.

### Education

There are no new updates with respect to educational services. The school provides youth in confinement with a Special Education (SPED) teacher in addition to a general education teacher. The units housing the Skills Development Programs have an upper day classroom dedicated to school classes where licensed SPED teachers are placed for specific social/emotional learning (SEL) support. These teachers also attend youth growth team meetings with other unit staff and work closely with PSU as discussed in more detail below.

The QA Team can assess compliance with the education provision, particularly as it pertains to special education. The Defendants are now in substantial compliance with the education provision (more detail in the compliance section of the report).

Youth complained to Plaintiffs' counsel that teacher vacancies were an issue specifically in science and health. During random video review, the Monitor observed teachers on units providing education. School was not in session on the first day of the site visit. The Monitor asked the youth if they wished they were in school and most said yes, because it keeps them engaged. During the video review of the school building, youth were engaged while in classrooms in the school. A welding instructor has been hired. Youth really enjoyed the welding program and regularly created phenomenal projects, so this is great news.

The education department has partnered with the QA Team to ensure alternative and special education services are being delivered as specified in the consent decree when a youth attending school with the general population is unworkable due to an immediate and substantial threat of physical harm or an unreasonable risk of significant disruption to classroom instruction.

Youth on "Administrative Confinement Pending Transfer" in Krueger who have education on the units (as opposed to in the school building) stated to Plaintiff's counsel that there were no general education teachers or computers on Krueger, making learning less engaging and more difficult.

### Living Unit Observations

The Monitoring team visited all of the cottages that youth were housed in during the site visit (Roosevelt, Hughes, Dubois, Miller, Curtis, Black Elk, Addams, and Wells). Overall, the units, youth rooms, halls, living area, closets, and bathrooms were clean.

Youth were respectful when interacting with the Monitor, facility leadership, and counsel. All the living units were calm. Youth were appropriately engaged with each other. During the tour, the Monitoring team did not observe any youth confined to their rooms involuntarily. In fact, there were no youth on Administrative Confinement at the time of the site visit.

The unit populations ranged from four (4) to twelve (12) youths. LHS units averaged twelve (12) youth. Staff were engaged with youth at all times. During the site visit, the Monitoring team observed youth on the telephone, cleaning, participating in a basketball tournament, completing med pass, doing art projects, playing video games, playing cards, and chatting with each other and staff. Youth and staff seemed calm and relaxed. The facility atmosphere was incredibly positive overall.

Since the time onsite for the Monitoring visit is limited, the Monitor always reviews videos of the living units on random days and times to get a better idea of what youth and staff do on the units and whether staff are positioned near youth and interacting with youth in a positive way. The Monitor reviewed videos during the reporting period to view living units, school, outdoor recreation, and other activities. In all instances staff were engaged with youth when they were out of their rooms doing a variety of activities such as:

- PSU staff doing DBT with youth;
- Youth playing dodgeball;
- Treatment Specialists meeting with youth after school;
- Playing basketball with youth;
- Eating with youth at the tables;
- Watching television with youth;
- Playing cards with youth;
- Youth outside;
- Youth outside drawing with chalk;
- Visitation;
- Youth in woodshop class (including CLS youth);
- Youth in classrooms and teachers on the unit conducting education;
- Youth interacting with social workers, mental health, and medical staff;
- Youth in the Douglass recreation center playing various games;
- Youth playing video games on the units;
- Youth doing arts and crafts;
- Growth team meetings;
- Youth braiding hair on Krueger;
- Youth and staff were in the music lab;
- Youth were observed on telephones;
- Youth cleaning the units;
- Nurses completed medicine pass.

The CLS youth were housed on the Wells unit which was operating as a general population unit at the time of the site visit. There were only four (4) youth in CLS at the time of the site visit. CLS units and youth rooms were exceptionally clean. All youth were out of their rooms. The youth were

sitting together talking and doing art. Youth were respectful. There were adequate staffing levels in CLS.

The LHS youth were housed in Roosevelt, Dubois, Black Elk, Curtis, Addams, Miller, and Hughes. There were no youths housed on Krueger. All units were clean and organized in general. Youth on all the units were calm and talkative with the monitoring team, each other, staff, and counsel.

The Krueger and Wells living units housed youth in the Skills Development Program (“SDP”) at LHS and CLS respectively during this reporting period. As a reminder, the SDP was modified programming for youth who have engaged in physically aggressive behavior, have presented a danger to others, and/or have exhibited behavior that caused a major disruption to the facility.

Some staff and youth had difficulty understanding the SDP. During this reporting period, Defendants transitioned SDP into the Skills Development Unit (“SDU”). Defendants implemented SDU, a restructured program with clearly defined entry criteria – specifically, that the youth has exceeded 12 hours in administrative confinement, behavioral expectations, and treatment goals. SDU guidelines are written in operational procedure, reviewed weekly by clinical and administrative leadership, and shared with each youth through a signed Youth Plan. These plans spell out safety needs, clinical supports, behavioral goals, and criteria to return to the general population. This newly restructured program should remove the subjectivity from decision-making.

SDU is now used (almost exclusively) for youth whose administrative confinement has been extended beyond 12 hours to facilitate a transfer to another facility (“Administrative Confinement Pending Transfer” or “ACPT”). There are occasions where youth remained in SDU (open day room and no mechanical restraints) who were on medical observation status when clinicians determined the unit was the best option. SDU is described further in the compliance section of this report.

LHS’s SDP/ACPT unit, Krueger, was closed during the site visit because there were no LHS youth on SDP/ACPT and there were no CLS youth in SDP/U.

Although there were no youth on the Krueger unit during the site visit, there were other times in this reporting period. The Monitor reviewed video of the unit on various days to get an idea of the atmosphere. There were some youth in restraints and some youth without restraints. In each instance, staff were positioned near/with the youth. During this reporting period Defendants have not faced difficulties transferring youth out of LHS and CLS. MJTC began accepting girls earlier this year, which has allowed the population in CLS to be quite low, and the boys have been able to transfer quicker than in previous months. The Monitor hopes this trend continues.

In addition, Defendants continue to use the Behavior Modification System (“BMS”) for all youth throughout the facilities. BMS is a system where all youth in the facility can receive “low,” “medium” or “high” “violations,” resulting in different grade levels that entitle the youth to different levels of privileges within the facility. Defendants need to make sure through a rigorous quality assurance process that the BMS is being implemented consistently and in accordance with training,

policy, and procedure, especially with the number of new staff onboarding and with the number of youth complaints of inconsistency and unfair application of behavioral violations. Defendants must effectively communicate the expectations and individualized plan set out to each youth. There continues to be numerous complaints from youth to Plaintiffs' counsel and the Monitor around the BMS.

### Youth Interviews

Approximately thirty-five (35) youth were interviewed during the site visit (formally and informally) by the Monitor and approximately forty (40) youth were interviewed extensively via telephone and in person prior to, during, and after the site visit by Plaintiffs' counsel.

In general, youth attitudes were positive in the Monitor's opinion. Youth were quite talkative to the Monitoring team, facility leadership, and counsel. Youth were excited about the basketball tournament that was taking place. The older boys laughed at themselves for losing in the first round as they assumed they would beat everyone. They did say they wished that they could have their peers who were not participating in the game to cheer them on.

The youth were also immensely proud of how clean their units, rooms, and bathroom were. The youth kept asking the Monitor which unit was the cleanest. The youth definitely wanted a unit declared the winner. However, several youth reported concerns to Plaintiffs' Counsel about the cleanliness of the facility before the visit. Youth also made some physical plant complaints to the Monitor. A couple of the youth complained about dead flies being in the light fixtures and tile in one of the bathrooms being cracked and dirty. A few youth complained about the units being hot. Some youth stated they would like ice and popsicles when the units are hot.

Most youth said they really like the new food items added to the rotation. Some youth want to be able to help serve the food on the units. Some youth also still want bigger portions of food.

A couple of the youth stated that staff do not tell them about the points they earn, they do not get grievance responses back and do not like certain staff. Several other youth said that they really like the staff.

The graduates mentioned wanting college courses, programs around how to build credit and interview for jobs, obtaining a driver's license, and preparing for adulthood. The Monitor thought these were great recommendations.

The CLS youth were pretty quiet and did not engage with the monitoring team in any significant way. Some of the girls stated that they liked the food. One youth said that her peer picked on her.

Youth were very vocal with Plaintiffs' Counsel prior to and during the site visit. Youth on Krueger (SDU/ACPT) complained that they do not like being in mechanical restraints, complained about not being able to leave the recreation yard connected to the unit, and that teachers did not come to the unit to provide instruction (and had no Chrome Books).

Several youth complained about the BMS program, specifically staff are inconsistent in how they

give out violations and positives, favoring certain youth, staff make up the rules so it is hard to them to know what they can and cannot do, and lack clear expectations. After discussions with the Monitor and Plaintiffs' Counsel, Defendants began providing point totals daily and youth continue to receive weekly reports. Staff will also discuss the BMS program and expectations with youth more often.

Youth also stated to Plaintiffs' Counsel that nothing happens with the grievances they put in the complaint box. Youth also complained about seeing mice. Youth continued to complain about portion of food. One youth stated that there was hair in food, but another youth said that hair in food was no longer an issue. The Monitor did provide the youth's feedback on hair being in the food with Defendants and they discussed with the food service staff.

### Update Type I Facility

Type 1 Facility in Milwaukee County: DOC received funding in 2022 to move forward with a new state-run juvenile correctional facility in Milwaukee. The thirty-two bed Milwaukee Type 1 facility for males being named the "Southeast Regional Care Center for Youth" is on time and is projected to open in late fall of 2026. In the last Wisconsin State Budget, DJC received full funding to begin hiring staff on July 1, 2026. DJC is planning to start moving youth into the new facility by the end of 2026.

Type 1 Facility in Dane County: Using DOC land near the Grow Academy, Oregon Correctional Center, and Bureau of Correctional Enterprises Farm Campus, the DOC is currently designing a second Type 1 facility that will serve 32 male youth and 8 female youth. DOC received full funding for this project in the last budget. DJC projects to break ground in July of 2026. Project completion projection is 2028.

### Staffing

The Youth Counselor and Youth Counsel Advanced vacancy percentages remain low at under 4% and under 8%, respectively. Employee leaves continue to be relatively high during this reporting period at LHS/CLS and across DOC. The average daily operational staff vacancy rate ranging from 12%-40% (which is reflective of daily unanticipated leave) is slightly lower during this reporting period.

There are 311 total positions ("FTEs") at LHS/CLS. Approximately 128 of these positions are "direct care" staff (Youth Counselor/Youth Counselor Advanced, collectively ("YC/YCA")). The vacancy rate for Treatment Specialists (1 out of 7) has decreased in this reporting period (zero Treatment Specialist 2 vacancies). Treatment Specialist 2's lead DBT groups and are responsible for program PAUSES, behavior chains, other treatment responses to behavior, and participate in Growth Team meetings. The teacher vacancy rate is lower than the last reporting period (8 versus 10 vacancies)- 36% of positions. Recruiting in general is still a challenge due to the location of LHS/CLS, uncertainty as to when/if LHS/CLS will close, and for educators, the year-round school calendar and thus, hiring needs to continue. On April 11, 2025, there was a job fair at University of Wisconsin Stevens Point School of Education. Hopefully, these fairs can bring in new candidates. The Volunteer Coordinator position was hired on July 27, 2025.

Below are the staff wellness activities during this reporting period:

**March** - Quarterly EAP resources, included:

- March EAP Webinar – Cultivating Compassion;
- Cultivating Compassion Worksheets;
- Body to Brain Worksheet & Activity: Box Breathing Poster;
- Well Wisconsin offered a series of biometric screening events in March and April. Employees, spouses, and retirees are eligible to attend.

**March 28, 2025**, first Casual Friday

Casual Fridays were a hit in 2024, starting in April the CASH Team will be doing a Casual Friday fundraiser.

**Friday April 4, 2025**

Wisconsin Correctional Association (“WCA”) Workshop Webinar Opportunity  
Mindfulness – Taking Care of You!

**April 9, 2025**, Crime Victims’ Rights Week

The Office of Victim Services and Programs hosted a victim speaker. The session was broadcast live via Teams and recorded so staff could view the presentation at a later date and were encouraged to engage in the discussion portion afterwards.

**April 24, 2025**, Drawing Easter Basket full of Scratchers Raffle

CASH Team Fundraiser in the LHS Café

**April 30, 2025**, Spring Cleaning Time!

Spring Cleaning Contest Winners Announced

**May 5-9, 2025**, Correctional Employee Appreciation Week

The first full week of May, the DOC celebrated the amazing contributions of staff members all week with different treats and special recognition events. Everything is free: donuts, coffee, ice cream sandwiches, root beer floats, cupcakes, burgers, brats, and ice cream sundaes.

**June 1, 2025**, CLS/LHS Greenhouse Sales

CLS/LHS greenhouse sale ran through June while supplies lasted.

**June 13, 2025**, WCA Annual Summer Golf Scramble at Two Oaks North Golf Course in Wautoma, WI.

- WCA holds different training opportunities throughout the year that are free for members;
- WCA holds an annual conference in the fall, focusing on staff wellness;
- WCA awards 4 different scholarships to its members, their spouses, or dependents;
- WCA also holds fundraising events benefiting various charitable organizations.

**June 27 & July 20, 2025** - LHS/CLS Night at the Woodchucks!

Special pricing for LHS/CLS staff and their families.

**June 30th, 2025**, Drawing Patriotic Welcome Sign Raffle  
CASH Team Fundraiser in the LHS Café.

The Monitoring team spoke to approximately thirty-one (31) staff. The climate in general was positive. Every staff member the monitoring team talked to was in good spirits, relaxed, and had positive attitudes. The staff in training (OJT) liked the job so far and working with the youth.

#### Quality Assurance (“QA”)

The Quality Assurance Program at LHS/CLS continues to be second to none. Critical information is readily available to the leadership, which allows them to make proactive, data driven decisions that increase the safety of youth and staff, as well as assess compliance with the Consent Decree.

#### Administrative Code Revisions Update

Clearinghouse Rule 24-003 related to Safety in Type 1 Secured Youth Correctional Facilities (DOC Chapter 376) was made effective by the legislature on March 1, 2025.

Clearinghouse Rule 24-040 related to Youth Conduct in Type 1 Secured Youth Correctional Facilities (DOC Chapter 373) was made effective by the legislature on July 1, 2025.

#### Policy Updates

The DJC Policy Committee continues to review and update policies of note to the facility.

#### **Policies approved between 03.01.25 and 06.30.25**

- 100.01.03 – Incident Reporting and Notification
- 300.01.04 – Administrative Duty Officer
- 300.07.08 – Heat and Cold Advisory
- 300.02.11 – Food Service Standards
- 300.05.08 – Staff Safety During Room Entry
- 300.04.01 – Assaults by Youth Protocol
- 300.05.19 – Protection, Gathering, and Preservation of Evidence
- 300.01.05 – Staff Personal Property in Secure DJC Facilities
- 500.10.32 – Staff Safety
- 500.50.02 – Health Care Record, Format, Content, and Documentation
- 500.00.04 – Reporting Health Concerns to the On-Call Nursing Staff
- 500.10.08 – Access to Care
- 500.10.33 – Youth Safety
- 500.10.35 – Access to Custody Information

#### **900 Procedures approved between 03.01.25 and 06.30.25**

- 900.05.01 – Visual Monitoring
- 900.10.01 – Behavior Motivation System
- 900.05.09 – Entrance Procedure

- 900.03.05 – Staff Exercise Room

## COMPLIANCE WITH THE CONSENT DECREE AND PERMANENT INJUNCTION

Below is the Monitor’s assessment of compliance with the consent decree.

### Room Confinement

1. Punitive Confinement.
  - a. Subject to the terms and provisions of Section V(C)(3)(g) effective immediately upon entry of the Court's order incorporating this Agreement, no punitive room confinement shall exceed seven days. Defendants shall calculate the seven-day period by including both pre-hearing and post-hearing room confinement.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** There were zero (0) youth confined continuously to their room for seven (7) days for any reason. Defendants have continued to examine their use of all forms of confinement and should continue to do so for the small number of youth facing increased confinement while “pending transfer” (ACPT) to ensure that youth are not being confined as punishment. All confinement is thoroughly documented and reviewed for quality assurance. DJC reviews placement justifications and incident reports to ensure that confinement is reserved solely for instances where a youth poses a serious risk of imminent physical harm. No youth, under any circumstances, remained in continuous confinement for a period longer than three (3) days. Between March 1, 2025, and June 30, 2025, seventeen (17) youth were placed on ACPT, and there were twenty (20) total youth on ACPT, as three (3) youth had been placed on ACPT prior to the reporting period. Eight (8) of these seventeen (17) youth returned to General Population.

During the previous reporting period, youth placed on ACPT by the superintendent based on the review of psychology staff’s recommendations, had resumed rotating in and out of their rooms – often with the youth wearing mechanical restraints including waist restraints during their out time – to encourage engagement in meaningful socialization and to receive daily basic programming like recreation, education, and treatment programming. Defendants also moved forward with allowing youth out-time in a minimum of pairs on this status. As of October 15, 2024, these same youth were offered once-daily showers and phone calls.

Defendants have implemented and been documenting the operational processes of the Skills Development Unit (SDU) based on a March 17, 2025, policy directive organizing the operational process and documentation expectations. The SDU operates for youth who have engaged in continuous dangerous behavior and are determined by the superintendent/designee, based on the review of recommendations by PSU (Psychological Services Unit), to pose a serious risk of imminent physical harm to others beyond two approved extensions and twelve (12) total hours of administrative confinement and require

specialized youth plans and behavioral management protocols to help ensure the safety of youth and staff to the furthest extent possible.

If PSU assesses a youth to be at a serious risk of imminent harm to others and is not released from AC status after two approved extensions and twelve (12) hours, the youth must transition to the Skills Development Unit. The SDU maintains two dedicated PSU staff providing therapeutic oversight and offering real-time feedback to direct care staff. On-site PSU clinicians ensure continuity of care and maintain the Youth Plan (DOC-2931). The Youth Plan contains goals focused on identifying safety concerns, skill deficits, strengths, and other treatment needs and outlines intensive mental health strategies to support least restrictive measures in managing the safety of youth and staff while the youth awaits transfer to another facility.

SDU is currently used only for youth whose administrative confinement has been extended to effectuate transfer (ACPT). Defendants must ensure there is an active, commenced plan to transfer the youth to another facility.

Except when youth present a serious risk of imminent harm, youth on SDU/ACPT are provided meals in the day room along with gross motor exercise opportunities (dedicated space with exercise equipment provided for youth with freedom of movement) on a daily basis. At a minimum, youth are provided out-time of (30) hours per week and (3) hours per day. The SDU schedule offers daily opportunities for each youth to engage in structured social interactions with their peers while out of their rooms. Safety staff support implementation and potential modification of Youth Plans in collaboration with PSU and the SDU Manager.

Youth who are pending transfer to another facility receive, at a minimum, twice-daily contact with PSU, during which the clinician documents a comprehensive face-to-face clinical risk assessment in consultation with safety staff (e.g., behavior modification demonstration, continued level of risk, and behavioral history). These assessments are intended to review the youth's potential for a return to General Population and to allow for reassessing the youth's individualized plan. Additionally, on-site PSU clinicians engage youth in daily (weekdays) individual therapy, which occurs one-on-one outside of the youth's room. However, if the youth demonstrates aggressive or threatening behavior, therapeutic interventions may necessarily be conducted at the youth's door.

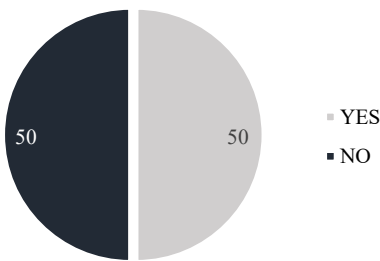
Twice daily PSU comprehensive risk assessments and evaluations allow for routinely reassessing the youth's individualized plan and reviewing the youth's potential for a return to General Population and informs adjustments to the Youth Plan. The risk assessments and the youth's engagement in intensive mental health services as outlined in the youth plan helps PSU determine whether the threat of harm to safety has abated sufficiently to modify the plan. All changes will be immediately communicated to the PSU Supervisor and the Superintendent/designee. Updates are communicated to the on-site Shift Commander for immediate implementation into the youth's programming. The PSU Supervisor, SD unit PSU staff, SD Unit Manager, and Superintendent/designee meet a minimum of once per week to discuss the progress of each youth on AC and pending transfer and review their Youth

**Plan. Defendants should be vigilant in ensuring youth on ACPT are immediately removed from confinement and mechanical restraints and returned to the general population as soon as they no longer pose a serious risk of *imminent* physical harm to others.**

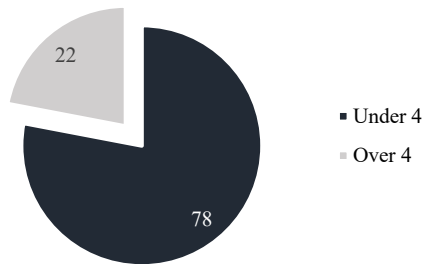
**The individualized Youth Plan is designed to help youth build self-awareness, self-control, and self-efficacy by providing a tailored treatment approach informed by consideration of the youth’s history, individual capacity and thresholds, interpersonal effectiveness, emotion regulation, distress tolerance, resilience, symptom reduction, crisis intervention strategies, and structured skill practice. The goals and expectations are created in cooperation with the prior to the youth being asked to sign and acknowledge their Youth Plan with each modification.**

**The following charts represent data collected from this reporting period.**

**% Unique Youth Serving AC Placements**



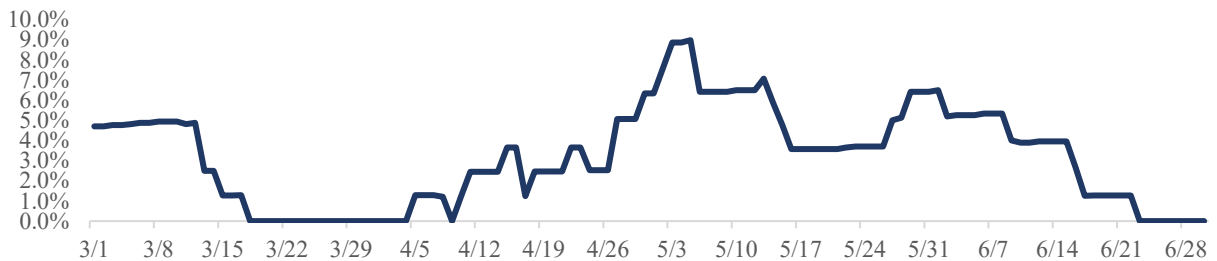
**% AC Placements Over 4 Hours**



**% AC Placements Resulting in ACPT**



**% Total Population on ACPT**



- b. subject to the terms and provisions of Section V(C)(3)(g), Effective seven months after entry of the Court’s order incorporating this Agreement, punitive room confinement shall be limited to three days, including both pre-hearing and post-hearing room confinement.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. There were zero youth confined to their rooms continuously for 3 days for any reason. Also, see previous response.**

**Time on ACPT:**

LHS	2/7/2025	3/3/2025	24
LHS	2/24/2025	3/4/2025	8
LHS	2/28/2024	3/18/2025	18
LHS	3/1/2025	3/13/2025	12
LHS	3/3/2025	3/15/2025	12
LHS	3/4/2025	3/13/2025	9
LHS	4/5/2025	4/9/2025	4
LHS	4/10/2025	4/17/2025	7
LHS	4/11/2025	5/16/2025	28 *excludes days OGC
LHS	4/15/2025	4/17/2025	2
LHS	4/18/2025	5/14/2025	26
LHS	4/22/2025	4/24/2025	2
LHS	4/28/2025	6/3/2025	36
LHS	4/28/2025	6/4/2025	37
LHS	4/30/2025	5/6/2025	6
LHS	5/2/2025	6/9/2025	38
LHS	5/3/2025	5/15/2025	12
CLS	5/27/2025	6/23/2025	27
LHS	5/29/2025	6/16/2025	18
LHS	6/3/2025	6/17/2025	14

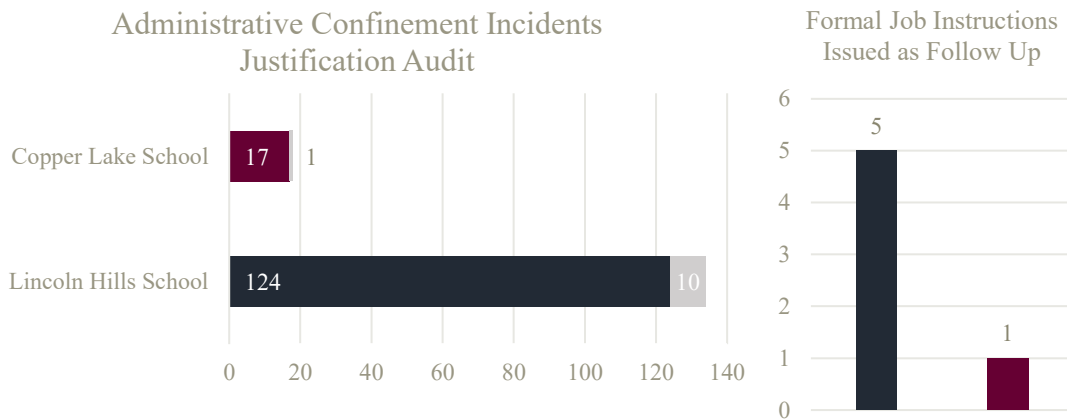
- c. Subject to the terms and provisions of Section V(C) (3) (g), effective ten months after entry of the Court's order incorporating this Agreement, punitive room confinement shall be prohibited.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Defendants have continued to focus on reducing AC and ACPT overall. Staff have fully transitioned to alternative methods of behavior management in line with trauma-informed care and de-escalation practices. Punitive confinement has been fully prohibited and is not a part of the facility's approach or culture, though as noted above Defendants must vigilantly review practice to ensure that youth facing any increased room confinement are doing so *ONLY* when they pose a *serious* risk of *imminent* physical harm AND a plan has been commenced to transfer them to another facility that can better meet their mental health needs. Staff interventions rely on DBT-based behavioral strategies, de-escalation, and structured programming as part of a system of care

**transformation, reflecting a culture shift away from punitive responses.**

2. **Administrative Confinement.** Administrative confinement may only be used for a youth who poses a serious risk of imminent physical harm to others. Subject to the terms and provisions of Section V(C)(3)(g), effective six months after entry of the Court's order incorporating this Agreement, an initial period of administrative confinement may not exceed four hours for a youth posing a risk of imminent physical harm to others. When the youth is in room confinement to prevent a risk of imminent physical harm to others, Defendants shall engage in visual checks at least every 30 minutes, as specified in current policy, and shall provide intensive mental health services designed to return the youth safely to the general population. If at any point the youth no longer pose a risk of imminent physical harm, he or she must be immediately returned to general population. Time in administrative confinement may exceed four hours only under the following circumstances:

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.**



**The data demonstrates confinement use remains low, consistent with policy and the provisions the consent decree. Incidents are rare and show responsiveness to acute safety risks. All documented uses are reviewed and analyzed to ensure they represent the least restrictive option available. There were 152 total AC placements during the reporting period. 11 confinement placements (6 incidents) were not determined to be punitive but lacked detail in the justification. Formal job instructions were issued to the SYC in each case because the AC Confinement Justification contained in the Incident Debrief Form lacked detail in articulation and reasoning for placement on Administrative Confinement.**

**The use of traditional AC was lower for CLS and higher for LHS during this reporting period. Defendants have continued to examine their use of all forms of confinement. All confinement is thoroughly documented and reviewed for quality assurance.**

**October 2024**

**CLS: 1 uses of A.C. Average 156 minutes. Three (0) youth over 4 hours.  
LHS: 2 uses of A.C. Average 198 minutes. Three (0) youths over 4 hours.**

**November 2024**

**CLS: 21 uses of A.C. Average 365 minutes. Seven (7) youth over 4 hours.  
LHS: 0 uses of A.C. Average 0 minutes. Three (0) youths over 4 hours.**

**December 2024**

**CLS: 8 uses of A.C. Average 170 minutes. Three (1) youth over 4 hours.  
LHS: 10 uses of A.C. Average 145 minutes. One (1) youths over 4 hours.**

**January 2025**

**CLS: 4 uses of A.C. Average 190 minutes. Zero (0) youth over 4 hours.  
LHS: 9 uses of A.C. Average 288 minutes. Three (3) youths over 4 hours.**

**February 2025**

**CLS: 2 uses of A.C. Average 145 minutes. Zero (0) youth over 4 hours.  
LHS: 48 uses of A.C. Average 198 minutes. Three (5) youths over 4 hours.**

**March 2025**

**CLS: 3 uses of A.C. Average 98 minutes. Zero (0) youth over 4 hours.  
LHS: 18 uses of A.C. Average 259 minutes. Five (5) youths over 4 hours.**

**April 2025**

**CLS: 3 uses of A.C. Average 160 minutes. Zero (0) youth over 4 hours.  
LHS: 48 uses of A.C. Average 273 minutes. Eleven (11) youths over 4 hours.**

**May 2025**

**CLS: 9 uses of A.C. Average 260 minutes. Two (2) youth over 4 hours.  
LHS: 36 uses of A.C. Average 276 minutes. Twelve (12) youths over 4 hours.**

**June 2025**

**CLS: 3 uses of A.C. Average 198 minutes. Zero (0) youth over 4 hours.  
LHS: 32 uses of A.C. Average 186 minutes. Three (3) youths over 4 hours.**

**The Monitor was able to assess compliance with 30-minute checks as data was readily available during this site visit. 98.5% - 99.8% of checks were completed within 30 minutes during this reporting period. The Monitor reviewed video footage for random days and times and Defendants were 96% compliant with completing the checks in accordance with policy.**

**Defendants must also take steps to ensure youth are released from confinement and immediately returned to the general population as soon as they no longer pose a serious risk of imminent physical harm.**

- a. Administrative confinement may be extended four hours with one

additional four-hour extension thereafter (for a total of up to 12 hours) when:

- i. A psychologist, psychology associate or psychiatrist recommends continued confinement because the youth pose a risk of imminent physical harm to others, and

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** There were thirty-three (33) youth confined for over four (4) hours during this reporting period (see response in previous question). All youth during the reporting period received the proper extension approvals, based on the recommendation of PSU. Twelve (12) youth were released before eight (8) hours, four (4) were released before twelve (12) hours, and seventeen (17) were placed on AC pending transfer based on the recommendation of PSU and the Superintendent. Those youth were then recommended for transfer, though in some cases, after several weeks the youth returned to the general population.

- ii. A plan is commenced to either promptly return the youth to general population or transfer the youth to another facility.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Seventeen (17) youth were placed on extended placement in administrative confinement pending transfer out of the facility during the reporting period, eight (8) no longer posed a threat so the plan to transfer was terminated and the youth returned to general population, six (6) transferred to MJTC, two (2) went to county jail, and one (1) transferred to DAI. The mean average for days spent in ACPT was 16 days, the median average was 12.

While in SDU, youth receive two comprehensive clinical evaluations daily, conducted face-to-face by Psychological Services staff. These assessments include ongoing behavioral feedback from direct care staff, functional behavior analysis, and a review of history, psychological needs, and treatment response. An individualized treatment plan is developed for each youth entering SDU which includes:

- Identification of triggers, maladaptive behaviors, and skill breakdowns
- Strategies to build rapport, adaptive skill acquisition, and emotional regulation
- Documentation of primary and secondary treatment targets
- Communication protocols for direct care staff and clinical team collaboration

There were plans commenced to return the youth to general population/transfer to another facility. PSU was involved in all decisions to place youth on ACPT, transfer youth out of CLS/LHS, and return youth to general population. Providing youth on ACPT with daily time out of their rooms for programs, education, recreation, showers, etc. is important for youth wellbeing. DJC has implemented a process that will provide additional opportunities for PSU to continuously reassess the ACPT status for potential return to general population.

- b. Administrative confinement time limits may be tolled from 8 pm to 8

am.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. Time is tolled from 8 P.M. to 8 A.M.**

- c. Administrative confinement may only be extended beyond 24 hours to effectuate transfer of the youth to another facility under a commenced plan.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. (17) youth were placed on ACPT, and there were twenty (20) total youth on ACPT, as three (3) youth had been placed on ACPT prior to the reporting period. Eight (8) of these seventeen (17) youth returned to General Population. Six (6) transferred to MJTC, two (2) went to county jail, and one (1) transferred to Division of Adult Institutes (“DAI”). The mean average for days spent in ACPT was 16 days, the median average was 12. Of note, (19) youth were transferred to MJTC, 37% (7) of those were transferred from the status of “AC pending transfer”, while 63% (12) were transferred from general population which is an open day room.**

**Defendants continue to focus on reducing AC and ACPT overall. Defendants created excellent quality assurance measures and data. The percentage of the population on ACPT by month and over the reporting period is shown here:**

<b>Facility Wide</b>	<b>Avg Percent Population on ACPT</b>
<b>March</b>	<b>2.16%</b>
<b>April</b>	<b>2.37%</b>
<b>May</b>	<b>5.58%</b>
<b>June</b>	<b>2.21%</b>
<b>Reporting Period</b>	<b>3.21%</b>

**Twice daily clinical evaluations assist clinical staff determine whether the youth is clinically appropriate to return to general population following meaningful treatment engagement. If it is determined that a return to general population is not clinically advisable due to sustained risk or unmet treatment needs, staff may initiate referral to MJTC or another appropriate facility.**

- d. The provisions of this section shall apply to all situations involving room confinement of any youth based on the risk of harming others and shall supersede any rule or policy to the contrary.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. See above.**

- 3. Youth at imminent risk of serious self-harm. Effective immediately Upon entry of the Court's order incorporating this Agreement, Defendants shall amend DJC Pol policy #500. 70.24 as set forth in Appendix A and shall treat youth at risk of self-harm in compliance with that amended policy.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** DJC Clinical Observation policy 500.70.24 is being utilized. The plans developed are detailed and comprehensive. Only youth who are at imminent risk of serious self-harm to themselves/risk of self-harm will be placed in observation status. There were 23 (8-LHS and 15 CLS) youth in observation status this period. Youth were regularly seen by mental health per documentation. The Monitor will continue to review and monitor the practice.

4. Conditions of Room Confinement. Effective immediately upon entry of the Court's order incorporating this Agreement, the following conditions shall apply to youth in any form of room confinement:
  - a. Any cell designated to house youth in room confinement must be suicide resistant and protrusion free.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** The Monitor would not deem any room in any facility as being "suicide proof," however there are safety and security measures that can be put into place to reduce the risk of suicides and to make the rooms more suicide resistant. All youth are housed in renovated units. Youth rooms were overall exceptionally clean. The rooms were highly organized allowing staff to clearly see into the room, perform room searches more effectively, and ensure to the extent possible that there are no dangerous items in room.

As stated in every report, while not required by the Court Order, the Monitor, the JDAI standards, PREA standards, NCHC, ACA standards, and the Best Practice Model recommends increasing the frequency of safety/welfare checks to a minimum of every 15 minutes when youth are confined to their rooms, and checks must be done properly. However, based on the language of this section, Defendants are in substantial compliance.

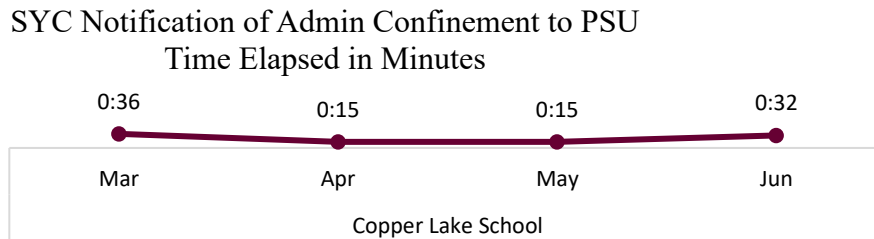
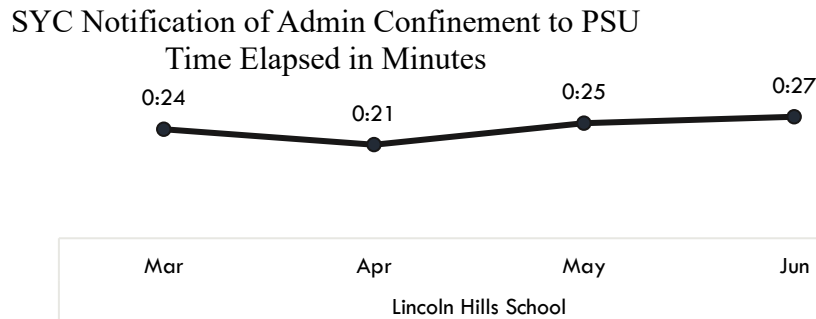
- b. Youth in room confinement shall have prompt access to water, toilet facilities, and hygiene supplies, either in their rooms or upon request to a staff member via intercom or some other accessible and constantly monitored form of communication within approximately 15 minutes of such request.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Youth did not complain to the Monitor about not having prompt access to water, toilet facilities, and hygiene supplies. Youth also did not utilize the youth complaint system to voice concern regarding responsiveness to bathroom calls in this reporting period.

- c. Staff must notify a PSU staff member as soon as possible, and no later than two hours after placement, when a youth is placed in room confinement. A youth must have access to any needed mental health treatment while in room confinement. During the time that a youth is

in room confinement, staff shall engage in challenges intervention techniques designed to return the youth to general population as soon as possible. PSU interventions during this time shall not consist only of conversations with youth through a locked door.

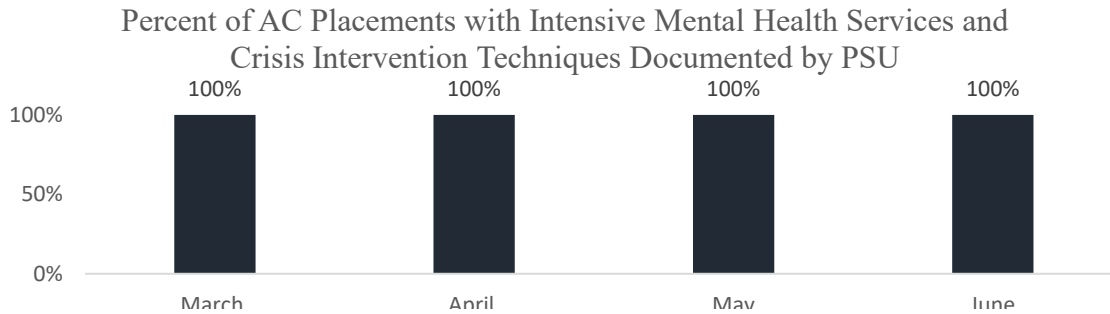
**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. Defendants continue to properly document who from PSU was notified, time of notification, and the intervention technique utilized with the youth.**



Examples of the crisis intervention techniques used with youth when confined can include, but are not limited to: processing of the incident, coping ahead/safety plans, in the moment skills coaching/practice of DBT skills including mindfulness, recommitment to goals, validation, time away from stressors or time for reflection/refusing, fostering insight, implementation of established Youth Plan, assistance problem-solving, increase self-awareness/awareness of body sensations as indicators, Behavior Chain Analysis (formal and informal) and Thinking Report, encourage self-reflection/identify vulnerabilities, consistent redirection/limits, Behavior Intervention Protocol fostering insight/skill identification/skill practice, and plans to address conflict/safety/skills practice.

The On-Call PSU staff or the Assessing Clinician responding to an AC placement, and in some cases both, document the utilization of intensive mental health services and crisis intervention techniques as part of the J-Tracker Incident Debrief Form completed any time an AC placement occurs.

The table below shows QA Staff verified intensive mental health services designed to return the youth to GP, crisis intervention techniques are documented by PSU staff on 100% of the AC Incident Debrief Forms during the reporting period.

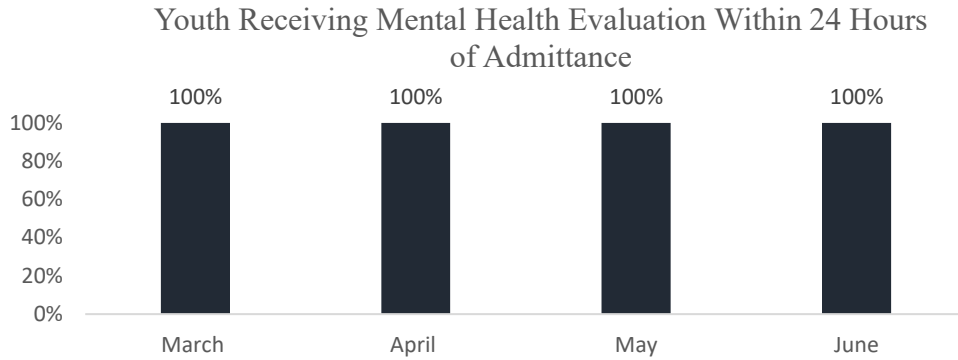


**Clinicians are on-site for 6 hours each Saturday and Sunday. There is PSU coverage from 0730-2000 Monday-Friday; weekends at least 6 hours per day. All youth are seen by PSU staff, at minimum, on a weekly basis. Many youth are met daily by PSU staff. Youth in SDP receive face-to-face clinical risk assessments twice daily in consultation with safety staff. Clinicians working on the weekend have a priority of service provision which includes assessing/meeting with youth on Administrative Confinement, meeting with youth on observation status, attending to any crises, and conducting rounds and check-ins with youth. There are typically quite a few staff referrals, and these youth are seen as well. The only time spent in non-direct contact with youth on the weekend is for documenting the AC and observation placements (other clinical documentation is completed on Monday).**

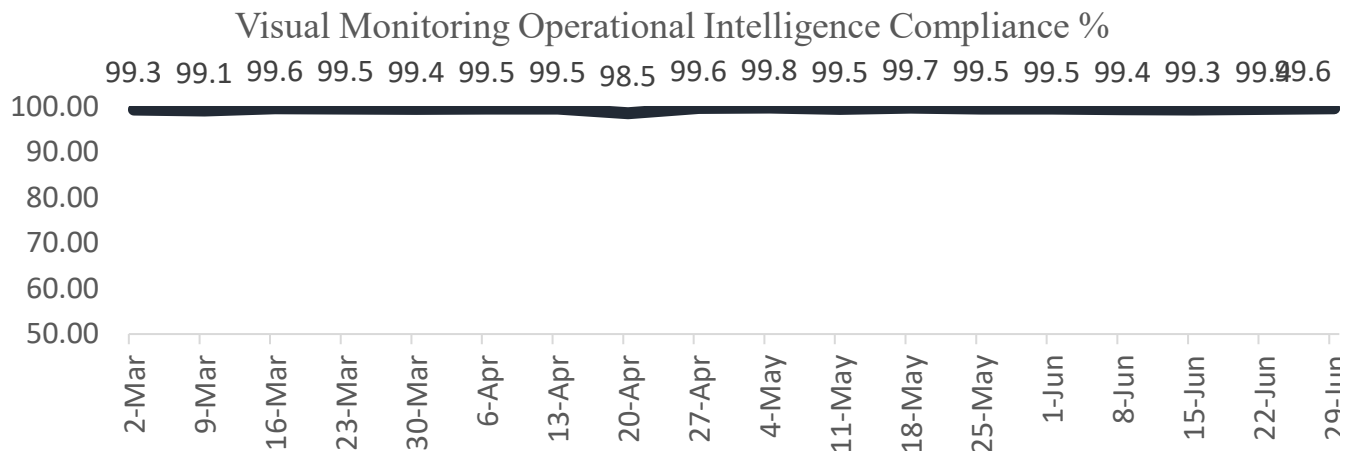
**Because confinement can create or exacerbate mental health problems, treatment is even more critical as the population continues to remain higher if the Defendants are confining youth to their rooms for any administrative confinement. Dedicated clinicians now work on the SDU unit, and PSU staff are assigned caseloads with consistent youth to establish continuity whenever possible. The Monitor saw many contacts with PSU during video review of random days (including weekends) of this reporting period.**

- d. Any youth placed in room confinement for whom there is not already a mental health evaluation must have such an evaluation as soon as possible, and in any event no later than 24 hours after being placed in room confinement. If a youth is identified with a mental health need (a mental health code designation of MH-1, MH-2a, MH-2b, or ID), placements in room confinement will be reviewed by a PSU staff member to determine whether that placement is a contraindication to the youth's mental health or if other options will adequately protect the youth or staff.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. Documentation/data shows that evaluations are completed (if there is not already a mental health evaluation) within 24 hours after being placed in the facility. Youth in any form of confinement are being seen by PSU and evaluated for contraindication. There were no instances of contraindication documented during this review period.**



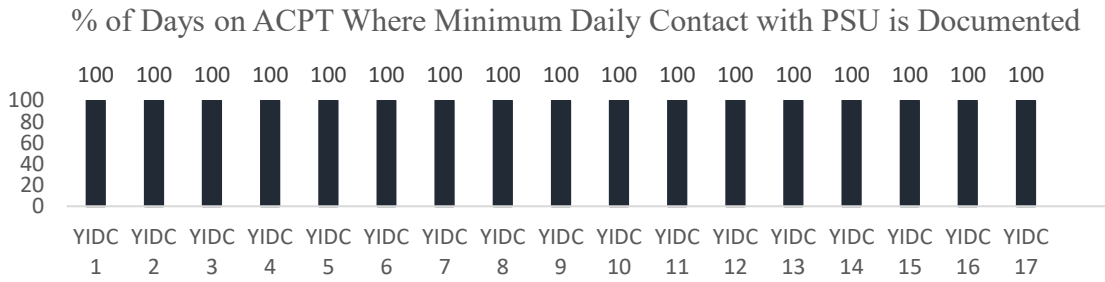
e. Staff must visually and in person check safety of youth pursuant to current policy at least every 30 minutes in all cases and contemporaneously record the actual time of such checks in a log kept for that purpose. Staff who fail to make such checks or who falsify such records may be subject to discipline. Any youth placed in room confinement for any period in excess of 24 hours shall receive daily contact with a mental health provider. This contact shall be face-to-face unless, due to staffing limitations, no PSU staff is personally available, in which case it may occur by phone or video conferencing.



**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE: Defendants were between 98.5%- 99.8% compliant with meeting the thirty (30) minute safety and security check timeframe (see above). Quality assurance measures are in place and when necessary, formal investigations occur. There were no formal job instructions for not completing safety and security checks.**

**PSU staff do visit youth daily when on site and are available 24/7 if needed by phone. Youth in ACPT are reviewed twice daily by clinicians dedicated to the SDU. The Monitor continues to encourage more on-site time in the evenings and weekends doing groups and having one-on-one sessions with youth. The Monitor also continues to recommend that PSU staff, like**

**Supervisors, have offices on the unit and work with the same youth when possible.**



YIDC – Youth in DJC’s Care

- f. Any youth in room confinement shall have property items similar to or the same as items allowed in general population. Specific items of property may be restricted as needed for safety of the youth and staff on a case-by-case basis. These restrictions will be temporary in nature until these items can be safely returned to the youth. A Supervising Youth Counselor or Unit Supervisor shall review any property restrictions on a daily basis and document the review.

### Behavior Grade Incentives

A+	A	B	C	D
<p>Everything in A-D grade, plus:</p> <ul style="list-style-type: none"> <li>• Access to Outside Visiting Area</li> <li>• Achievement Certificate</li> <li>• Permitted to have purchased/ homemade food during visit</li> </ul> <p>Access Specific to A+</p> <ul style="list-style-type: none"> <li>• Unlimited phone calls</li> <li>• 1 (20m) video visit / week</li> <li>• <u>Pick 4 items</u> from the categories below:                             <ul style="list-style-type: none"> <li>Toothpaste</li> <li>Deodorant</li> <li>Body wash</li> <li>Skin care</li> <li>Shampoo/conditioner</li> <li>Hair styling product</li> </ul> </li> </ul> <p>7 small consumables/week</p> <p>Electronics in A &amp; B, plus: Tablet Credit (\$10)</p>	<p>Everything in B-D grade, plus:</p> <ul style="list-style-type: none"> <li>• MPC Beat Box</li> <li>• Paid Unit Job</li> </ul> <p>Access Specific to A</p> <ul style="list-style-type: none"> <li>• 4 (15m) calls / day</li> <li>• 1 (20m) video visit / week</li> <li>• <u>Pick 3 items</u> from the categories below:                             <ul style="list-style-type: none"> <li>Toothpaste</li> <li>Deodorant</li> <li>Body wash</li> <li>Skin care</li> <li>Shampoo/conditioner</li> </ul> </li> </ul> <p>5 small consumables/week</p> <p>Electronic in B, plus: Personal TV Tablet (<i>order-up to 4 weeks</i>)</p>	<p>Everything in C-D grade, plus:</p> <ul style="list-style-type: none"> <li>• Grandparents, Music/ Art Room</li> <li>• Video Games</li> <li>• Eligible for Weekend Pizza</li> <li>• Light Cover/Sleep Mask</li> </ul> <p>Access Specific to B</p> <ul style="list-style-type: none"> <li>• 3 (15m) calls / day</li> <li>• 1 (20m) video visit / week</li> <li>• <u>Pick 2 items</u> from the categories below:                             <ul style="list-style-type: none"> <li>Toothpaste</li> <li>Deodorant</li> <li>Body wash</li> <li>Skin care</li> </ul> </li> </ul> <p>3 small consumables/week</p> <p>Electronic: Radio</p>	<p>Everything in D grade, plus:</p> <ul style="list-style-type: none"> <li>• Rec - Gym / Field</li> <li>• Douglas Recreation Unit</li> <li>• Selection of One- Activity Book or Greeting Card</li> </ul> <p>Access Specific to C</p> <ul style="list-style-type: none"> <li>• 2 (15m) calls / day</li> <li>• 1 (15m) video visit / week</li> <li>• <u>Pick 1 item</u> from the categories below:                             <ul style="list-style-type: none"> <li>Toothpaste</li> <li>Deodorant</li> </ul> </li> </ul> <p>1 small consumable/week</p>	<p>Basics are provided</p> <p>DOC issued hygiene products</p> <ul style="list-style-type: none"> <li>• 0 additional items</li> <li>• Rec - Behind Unit/On Unit</li> <li>• Playing Cards, Books, Arts/ Crafts</li> <li>• TV on Lower Day</li> <li>• Spiritual Services/ITW</li> <li>• Unit Chores</li> <li>• Menu/Snack Items</li> <li>• Fruit during out-time</li> <li>• 1 (15m) call / day</li> <li>• 1 (10m) video visit / week</li> <li>• In person visits (as approved)</li> <li>• 1 postage paid letter / day</li> <li>• Personal Fan</li> </ul>

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Regardless of level in the behavior motivation system or their status on SDU youth are provided property items based on the Behavior Motivation System Incentives seen above.

Any additional property restrictions are determined based on youth safety by the SYC, documented on the DOC- DOC-2322 Youth Restriction Precaution Notice and are temporary until the safety threat has abated.

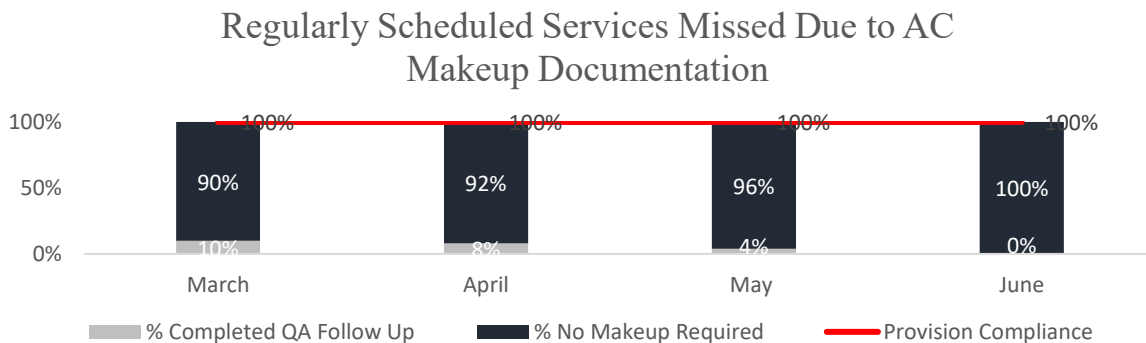
The Monitor recommended that youth in room confinement be provided with activities to encourage physical movement in rooms, arts, crafts, music *etc.* Defendants have allowed any PSU approved items such as sensory items, puzzles, and exercise equipment. During recreation or other appropriate times, youth have unrestrained access to the outside recreation area and if weather does not permit, unrestrained access to an elliptical/exercise room housed on the unit.

- g. Youth in room confinement shall receive:
  - 1. All regularly scheduled social worker visits, mental health services, and other health services.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Social worker visits, mental health services, and other health services are provided. The Defendants created a report with underlying documentation to assess compliance levels more efficiently. Defendants need to ensure there is accountability with respect to the services provided by the social workers, mental and healthcare workers.

- ii. Any rehabilitative programming (e.g., Aggression Replacement Training, Juvenile Cognitive Intervention Program, etc.) that was scheduled or in process before placement in room confinement.

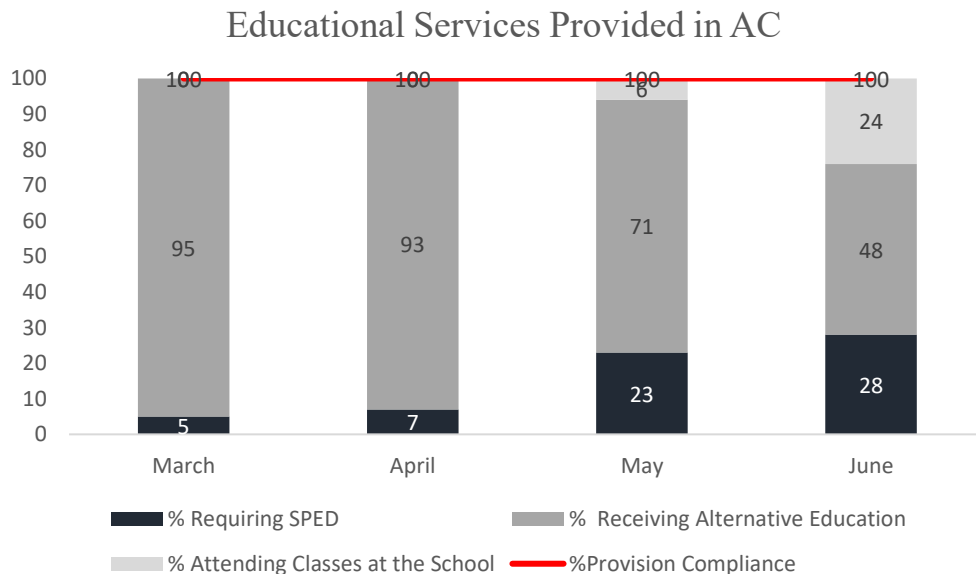
**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Defendants moved to smaller group-based treatment to youth where group participation was provided on the units. This continues. The Defendants created a report with underlying documentation to assess compliance levels more easily. Documentation showed that Defendants are in substantial compliance.



- iii. Educational services with the general population to the extent practicable. If attending educational services with the general population proves unworkable due to an immediate and substantial threat of physical harm or an unreasonable risk of significant disruption to classroom instruction, youth in room confinement shall receive alternative educational services on days that the general population receives such services. Defendants shall ensure special education services for all eligible youth.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** The education consultants completed their report which included recommendations several reporting periods ago. Youth who have education on the units have complained about the quality and quantity of education received, and defendants have continued to advance strategies to enhance the youth education experience through data collection and quality assurance processes. Particularly surrounding provision of alternative educational services to youth on confinement. SPED service requirements are observed and met for any youth on AC or ACPT.

The education department has partnered with the QA Team to ensure alternative and special education services are being delivered as specified in the consent decree when a youth attending school with the general population is unworkable due to an immediate and substantial threat of physical harm or an unreasonable risk of significant disruption to classroom instruction.



- iv. Additional "out time" for gross motor exercise and social interaction. Defendants shall permit youth to talk to peers

during such "out time" unless such conversations pose an immediate and substantial threat of physical harm to another person. Sensory stimulation shall also be available during "out time," unless such activities cause immediate and substantial disruption or risk of physical harm.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Staffing levels are appropriate for most of this period. In general, youth are regularly out of their rooms from 8 A.M. to 8 P.M. The Monitor regularly saw youth conversing with other youth during out time when the youth were on the units in the day room including on Krueger and Wells units.

Defendants track out time on an individual basis using RFID, so the Monitor can determine how many youths are not getting at least three (3) hours of out-time per day and thirty (30) hours per week independently. The facility wide average for weekly out times are shown here:

Average out time per week by Facility	LHS	CLS
March	80 hours 50 minutes	76 hours 15 minutes
April	80 hours 29 minutes	77 hours 03 minutes
May	79 hours 11 minutes	73 hours 51 minutes
June	81 hours 18 minutes	74 hours 10 minutes
Total	80 hours 23 minutes	75 hours 14 minutes

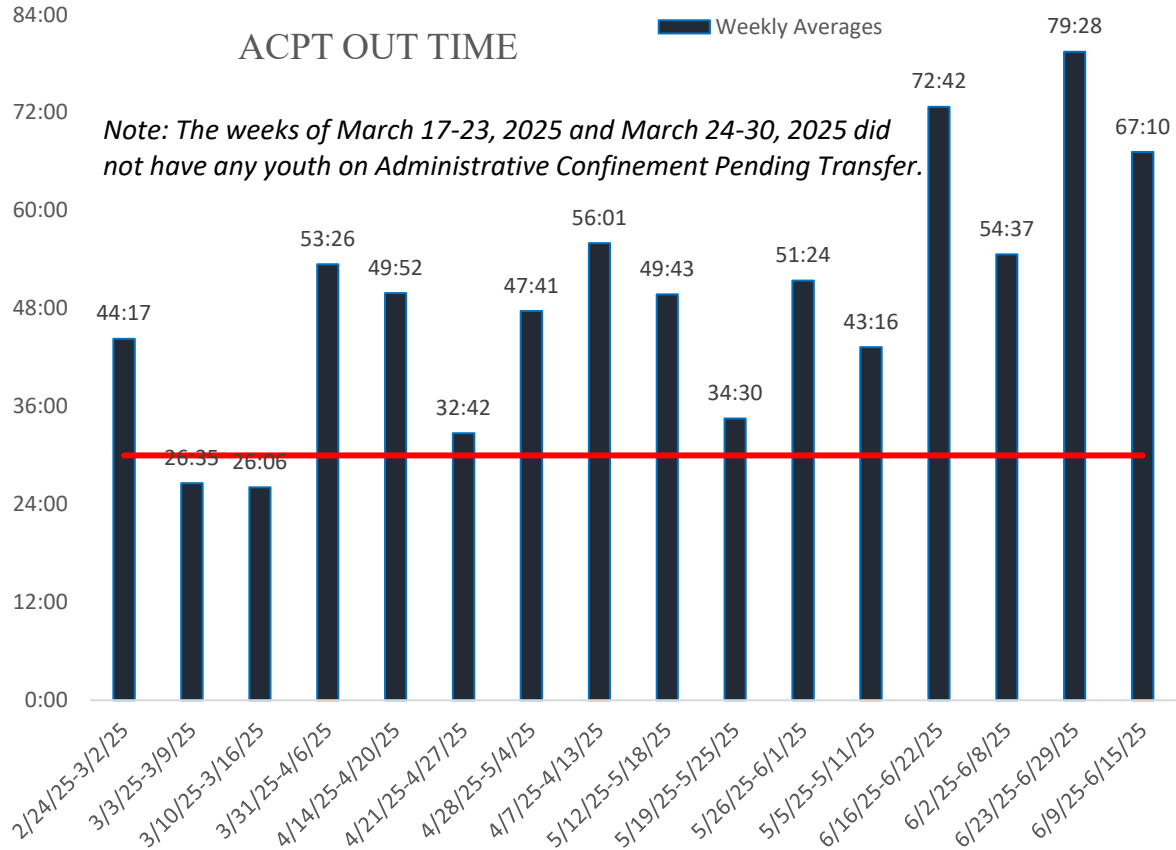
- v. Meals out of the cell, absent an immediate and substantial threat of physical harm to another person from the youth eating that meal out of the cell.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** There were twenty-eight (28) documented instances of youth eating in their rooms which were staff imposed based on substantial threat of physical harm during this reporting period. Defendants can track when youth eat meals in their rooms and based on reports that the Monitor reviewed, it appears these instances were justified. Use of mechanical restraints suggested by the Monitor (which provide more mobility) in SDU during the reporting period may have contributed to an overall reduction to meals served in room.

- vi. Minimum "out time" from the cell of at least 30 hours per week and at least 3 hours per day. Time in general population on a given day shall be credited to those hours.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** When there are extended periods of time for youth transferring to MJTC or other placements, Defendants rotated youth pending transfer in and out of their room, in mechanical restraints where imminent threat was determined, in order for them to receive their 30 hours per week and 3 hours of

out time. The following chart shows the percentage of youth on ACPT achieving their allotted-out time.



The data shows that all youth in ACPT were often offered their out-time. Some lack of out time can be attributed to youth who stated that they refused their out-time because they did not like being in mechanical restraints. The percentage achieving daily out time requirements for the overall population is shown here:

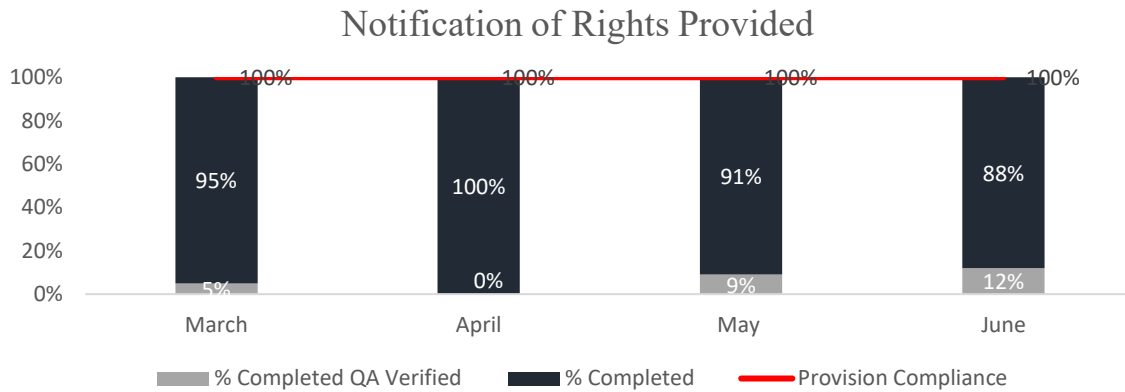
LHS	Daily Percentage Achieving 3 Hours	Weekly Percentage Achieving 30 hours
March	99.68%	99.46%
April	99.73%	100%
May	99.72%	100%
June	99.95%	100%
Total	99.77%	99.86%

CLS	Daily Percentage Achieving 3 Hours	Weekly Percentage Achieving 30 hours
March	99.29%	100%
April	100%	100%

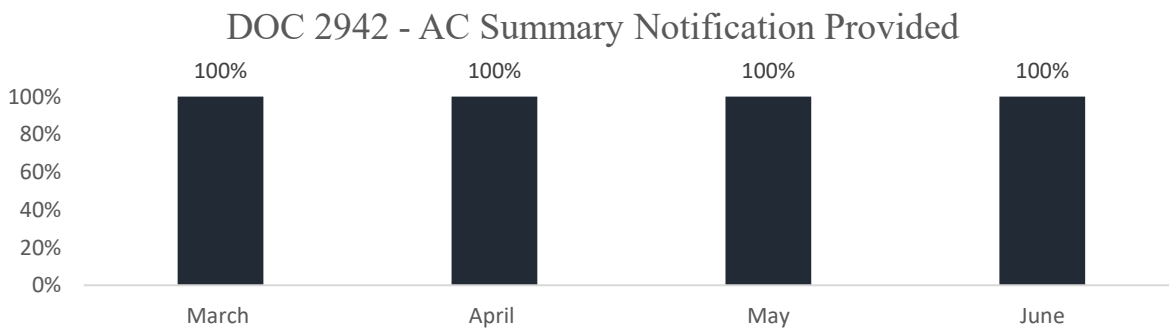
<b>May</b>	<b>100%</b>	<b>100%</b>
<b>June</b>	<b>100%</b>	<b>100%</b>
<b>Total</b>	<b>99.82%</b>	<b>100%</b>

- Notification of Rights. Within 15 minutes of a youth's placement in room confinement, facility staff shall orally inform the youth of his or her rights regarding grievances and appeals. Within one hour of a youth's placement in room confinement, facility staff shall provide the youth with written notice of his or her rights regarding grievances and appeals.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** The debrief form captures the notification of rights by having the youth acknowledge provision or having two staff note the youth's refusal to acknowledge provision on the DOC-1844. In 3.2% of all cases where documentation on the DOC-1844 was missing or incomplete, the QA team reviewed video footage to ensure this provision is met. See below:



**Unit staff are able to generate the DOC-2942A and deliver it to the youth QA process and follow up ensures delivery is completed.**



- Documentation. Whenever a youth is placed in room confinement, facility staff shall create a written report documenting the necessity of room confinement, the less restrictive measures attempted before placement in room confinement, and the length of time the youth spent in room confinement. The youth must be promptly provided with this report immediately upon its completion.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** The Court Order requires documentation of all forms of room confinement, and Defendants are documenting this consistently, including when less restrictive means were attempted.

B. OC-Spray and Other Chemical Agents

1. OC reduction plan. Effective immediately upon entry of the Court's order incorporating this Agreement, the Defendants shall continue to implement OC-Spray reduction plans, attached, and incorporated hereto as Appendix B, as outlined in the preliminary injunction.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** OC has been eliminated entirely from the facility, and its use has not been reintroduced. Staff have fully transitioned to alternative methods of behavior management in line with trauma-informed care and de-escalation practices. Staff interventions now rely on DBT-based behavioral strategies, de-escalation, and structured programming as part of a system of care transformation, reflecting a culture shift away from punitive responses. The Monitor has verified the elimination of chemical agents and continued oversight assured this remains in effect.

2. Prohibition on use of OC-Spray and other Chemical Agents. Subject to the terms and provisions of Section V(C) (3)(g), within twelve (12) months of entry of the Court 's order incorporating this Agreement, the use of OC spray and other chemical agents will be prohibited.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** OC has been eliminated. See above.

C. Mechanical Restraints. The following provision shall be effective immediately upon entry of the Court's order incorporating this Agreement:

1. Prohibition on types and uses of mechanical restraints.
  - a. Under all circumstances, there is a presumption that youth shall not be mechanically restrained.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** The Monitor did not observe any youth in mechanical restraints during the site visit and reviewed multiple use-of-force videos with no inappropriate uses. Any use of restraints is tracked and monitored. Mechanical restraints are used only when necessary, including with youth on Administrative Confinement Pending Transfer (ACPT) status, and then are re-evaluated continually. Defendants should expedite this process when appropriate. A less restrictive type of restraint as recommended by the Monitor has been in use since December 2024. The facility has developed and implemented a robust review and accountability structure to surrounding mechanical restraints. A digitized Use of Force review form, embedded in the J-Tracker system, enables supervisors and designated Use of Force Review Committee members to thoroughly assess each instance. These reviewers—who are certified trainers—evaluate

whether the mechanical restraints were the least restrictive means necessary, whether they were removed promptly once the youth no longer posed a threat. The review process also ensures compliance with key restrictions including all uses are free from punitive or disciplinary intent.

- b. Restraints may only be used if staff determine that they are the least restrictive means of addressing an imminent threat of physical harm to self or others and must be removed immediately when the youth regain control and when the threat of harm or the safety concern has abated.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Below is the number of mechanical restraint uses as a result of an incident for LHS and CLS in the prior and current reporting periods. The data demonstrates that restraint use remains low and consistent with policy. Incidents are rare and show responsiveness to acute safety risks. All documented uses are reviewed and analyzed to ensure they represent the least restrictive option available. Mechanical restraints are used only when necessary, including with youth on Administrative Confinement Pending Transfer (ACPT) status. While in SDU, PSU continually re-evaluates restraint use, providing a clinical justification for continued restraint use when necessary.

**Uses of mechanical restraints LHS other than uses on youth who are ACPT/SDU:**

<b>October 2024:</b>	<b>1 use</b>
<b>November 2024:</b>	<b>0 uses</b>
<b>December 2024:</b>	<b>1 use</b>
<b>January 2025:</b>	<b>1 use</b>
<b>February 2025:</b>	<b>5 uses</b>
<b>March 2025:</b>	<b>4 uses</b>
<b>April 2025:</b>	<b>5 uses</b>
<b>May 2025:</b>	<b>4 uses</b>
<b>June 2025:</b>	<b>7 uses</b>

**Uses of mechanical restraints CLS**

<b>October 2024:</b>	<b>1 use</b>
<b>November 2024:</b>	<b>1 use</b>
<b>December 2024:</b>	<b>0 use</b>
<b>January 2025:</b>	<b>1 use</b>
<b>February 2025:</b>	<b>2 uses</b>
<b>March 2025:</b>	<b>0 use</b>
<b>April 2025:</b>	<b>0 use</b>
<b>May 2025:</b>	<b>2 uses</b>
<b>June 2025:</b>	<b>3 uses</b>

Mechanical restraints, including waist and leg shackles, are used for youth who are determined to pose an imminent threat of serious physical harm on AC pending transfer status. Youth who remain in Administrative Confinement (AC) beyond 12 hours and are

pending transfer to another facility are placed into the Skills Development Unit (SDU). The presumption is that youth begin the program without mechanical restraints. Any use of restraints—such as waist and leg shackles—is not based on staff discretion alone, but the totality of circumstances including: the youth’s demonstrated commitment to safety; their current and recent behavioral history within the facility; and whether or not they are an imminent danger to others. Decisions are made through a youth-by-youth assessment process that is individually tailored and clinically informed. Psychological assessments are conducted twice daily in SDU—exceeding the standard once-daily protocol—to ensure that any restraint use remains the least restrictive means of maintaining safety for staff and youth. Additionally, when a youth is actively following a structured schedule, safety staff conduct further evaluations to determine whether continued restraint use is necessary. Restraints used in SDU are tracked separately from those applied in response to specific incidents. Defendants maintain detailed documentation reflecting ongoing assessments, including stated justifications for continued use and clear indicators of when the threat level has diminished enough to support a change in restraint use. Restraint usage is monitored by quality assurance. This includes comprehensive records tied to both individual incidents and youth in SDU.

- c. No mechanical restraint device other than handcuffs may be used on youth while they are in the facility, except:
  - i. Mechanical restraints may be used when ordered by PSU to attempt to prevent active self-harm.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Defendants have developed policy and procedure, training, and QA measures. PSU-directed use for self-harm prevention is well-documented and occurs under clinical oversight.

- ii. Mechanical restraints may be used if the youth poses an immediate and substantial threat of physical harm to others.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Defendants have developed policy and procedure, training, and QA measures. *See above.* Defendants must continue to reduce the frequency and severity of restraints used. The default must always be that a youth is not mechanically restrained, and use of mechanical restraints other than handcuffs must be a rare exception with documented necessity.

- iii. During transportation, the facility may use handcuffs and, in rare instances when necessary for articulated reasons necessary to prevent an imminent threat of harm to youth and/or staff, additional restraints such as waist chains or leg restraints. When youth are being transported for release to a non-locked environment, there shall be a presumption that restraints are not used. Restraints may be used during such transportation to prevent a threat of harm to youth and/or

staff.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. See above.**

- d. Mechanical restraints shall never be used for punishment or discipline.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. The Monitor has not observed mechanical restraints used for punishment/discipline on site visits, review of video, or documentation reviewed. Defendants must ensure standards for use of mechanical restraints are met before using them on any youth, including youth on ACPT and must continuously re-assess whether youth continue to pose a threat or not. Restraints are only used if staff determine that they are the least restrictive means of addressing an imminent threat of physical harm to self or others. Staff are trained to understand and avoid punitive applications. Policies are clear and training is reinforced regularly. Defendants continue to meet their burden of showing that when restraints are used, they are necessary, time-limited, and justified. Defendants should nevertheless continue to focus on reducing mechanical restraint usage further, especially for youth on ACPT. Use of mechanical restraints for youth who do not pose a documented serious risk of imminent harm is effectively an impermissible disciplinary restraint.**

- e. Youth may never be restrained to a fixed object, unless specifically ordered by PSU to attempt to prevent active self-harm

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. There is no evidence of youth being restrained to a fixed object. Policies have been finalized, and quality assurance measures have been created.**

- f. Only staff who have been specifically trained in the use of physical force and restraints and trained in proper de-escalation techniques may place a youth in mechanical restraints.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. All staff authorized to use mechanical restraints are trained in trauma-informed care, de-escalation, and MANDT. Training is ongoing and competency is assessed at regular intervals.**

- g. Any use of mechanical restraints, except during transportation or for mental health purposes, must be authorized by a Youth Counselor, Youth Counselor Advanced, or supervisor in a living unit. No youth shall be left alone in restraints. Any use of mechanical restraints in excess of 45 minutes must be approved by the superintendent, security director or designee and approved by PSU staff, and reviewed every 45 minutes thereafter. As soon as possible and no later than 2 hours following, PSU staff shall evaluate and provide therapeutic interventions to the youth.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** Any uses of mechanical restraints over 45 minutes were approved according to this section and documented. Approvals for extended use have consistently met requirements, including dual approval from both administrative and PSU staff. A structured review and therapeutic intervention process is followed. Quality assurance staff review extended restraints to ensure compliance.

2. Documentation. Facility staff must document all uses of restraints in the facility, including a description of the events leading up to the use of restraints, the less restrictive alternatives attempted, and the length of time the youth spent in restraints.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** All mechanical restraint usage is documented. Documentation consistently captures duration, rationale, and alternatives attempted; QA reviews confirm accurate and complete entries all of which supports the conclusion of sustained compliance in this section.

- D. Strip Searches. The following provisions are effective immediately upon entry of the Court's order incorporating this Agreement.

1. Prohibition on strip searches without probable cause. Facility staff may not conduct a strip search of any youth unless there is probable cause to believe that the individual youth possess drugs or weapons that could not be discovered through less intrusive means.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** There were zero (0) strip searches in this reporting period. The facility has implemented a restrictive and highly regulated approach to strip searches that reflects a strong alignment with trauma-informed care.

2. Strip searches with probable cause. Less intrusive searches, including using a metal detector, pat down, or allowing the youth to change into a tank top or other clothing, must be attempted before a strip search is conducted, unless it is determined by PSU in consultation with the youth that less intrusive searches, which may include physical contact, would cause greater trauma to the youth.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE.** There were zero (0) strip searches this reporting period. Staff are trained to attempt less intrusive searches before a strip search is considered, and PSU consultation protocols are in place. The searches policy has been finalized and QA.

3. Process for strip searches.

- a. When a strip search is conducted, staff must ensure that no unintended individuals are able to view the search, including by video or other recording device.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. There were (0) strip searches this reporting period. See below.**

- b. Under no circumstance may a youth be strip searched within view of another youth.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. There were zero (0) strip searches during this reporting period. See below.**

- c. Strip searches may only be conducted by individuals of the same gender identity as the youth being searched unless the search is conducted by a medical professional.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. There were (0) strip searches conducted during this reporting period. No strip searches were conducted within view of other youth or recorded in any form. Staff gender alignment with youth identity is documented and audited. QA has been developed. The policy for searches has been finalized.**

- d. Strip searches must be conducted by staff trained in trauma-informed practices.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. There were (0) strip searches this period. The facility's use of trauma-informed care and ongoing training ensures staff understand the high bar required.**

- e. If a youth with a known or suspected mental health diagnosis or history of sexual abuse objects to a strip search, staff must consult with mental health practitioners before conducting the search.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. There were zero (0) strip searches during this reporting period. For youth with known mental health concerns, PSU consultation is required before proceeding. While no strip searches occurred during this period, the framework is in place and enforced. QA has been developed. The policy for searches has been finalized.**

4. Documentation. Facility staff must document all uses of strip searches, including the reason for the search and any drugs, weapons, or other items discovered through the search.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. J-Tracker has been configured to record all relevant data, including probable cause and any contraband found. Continued policy adherence and multiple reporting periods where zero strip searches have**

occurred support the conclusion of sustained compliance in this section.

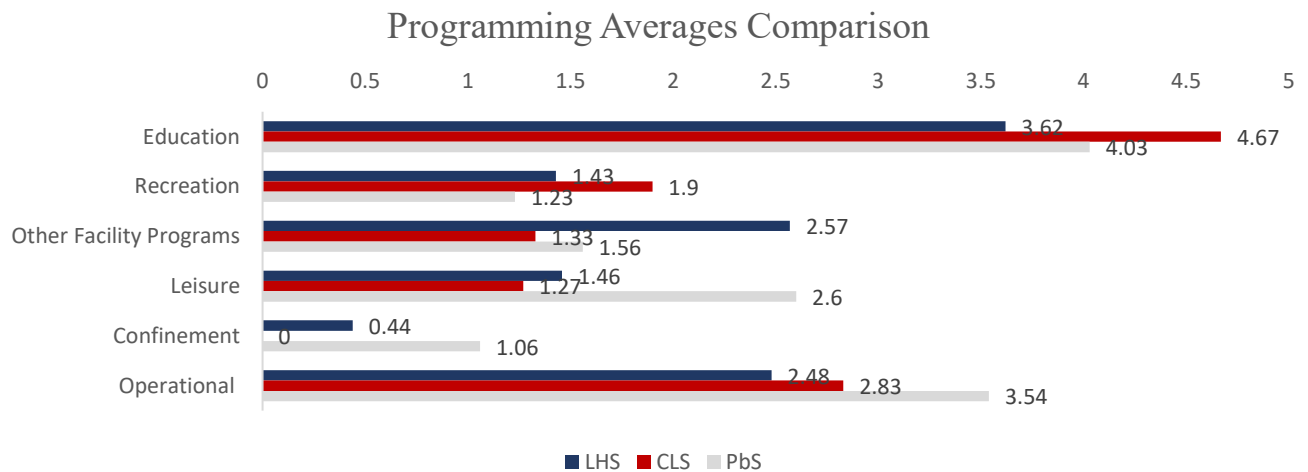
- E. De-escalation Training. Within three months following entry of the Court's order incorporating this agreement, all staff in the facility shall receive de-escalation training by a nationally recognized provider. De-escalation training shall be provided at least annually thereafter.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. Defendants provide ongoing and recurring de-escalation training to new and current staff.**

- F. Programming. Immediately upon entry of the Court's order incorporating this agreement, the Defendants shall request that the Monitor provide assistance and strategies to increase programming and reduce the hours of idle time in the facility to no more than the PbS field average. Defendants shall make reasonable efforts to implement the recommendations.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. The process for quality assurance around youth schedules is multifaceted and requires collaboration between education, recreation, vocational, and administrative staff. A review of the daily shift logs, along with each individual youth's school and group attendance, school absences, STAR room referrals, room confinement, observation placements, recreation schedules, and individual youth guardian data provides a comprehensive look at how youth are spending their time at the facility.**

**PbS national averages are available. LHS and CLS Unit Log tracking principally compare favorably against the PbS national averages in particular with respect to idle time. The following charts show a comparison between CLS/LHS data, and the national average figures provided by PbS for April 2025.**



- G. Staffing. Immediately upon entry of the Court's order incorporating this agreement, Defendants shall request that the Monitor provide assistance and strategies to

improve staffing ratios, and/or use strategies identified in the February 26, 2018, report and recommendations of Mark Soler, Michael Dempsey, Teresa Abreu, and Jennifer Lutz. Defendants shall make reasonable efforts to implement the recommendations.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. Defendants made significant effort in implementing the strategies suggested.**

- H. Amendments to administrative code. Defendants will make all reasonable efforts to amend the administrative code to impose restrictions on any juvenile correctional facilities operated by DOC that codify the material terms of this Agreement as they relate to: (1) Room Confinement, (2) OC-Spray and Other Chemical Agents, (3) Mechanical Restraints and (4) Strip Searches.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE: Clearinghouse Rule 24-003 related to Safety in Type 1 Secured Youth Correctional Facilities (DOC Chapter 376) was made effective by the legislature on March 1, 2025. Clearinghouse Rule 24-040 related to Youth Conduct in Type 1 Secured Youth Correctional Facilities was made effective by the legislature on July 1, 2025.**

**DOCUMENTATION, REVIEW, AND QUALITY ASSURANCE.**

- A. **Incident review process.** Defendants will establish a review process for any incident that involved the use of force; OC spray; room confinement; or mechanical restraints used for more than 45 minutes (excluding during transportation). The review committee will include all staff directly involved in the incident, their supervisors, the social worker assigned to the youth, PSU staff who are familiar with the youth, the facility director of security, the deputy superintendent, and the superintendent. Within 24 hours, all available members of the review committee shall meet to assess whether physical force, OC spray, room confinement, or mechanical restraints were used appropriately, to discuss less restrictive alternative strategies that staff could have used, and to provide an opportunity for staff training and/or redirection if needed. If not all members of the review committee are available for the meeting within 24 hours, the full review committee shall meet or confer as soon as possible and no later than one week after the event. The review committee shall also review all uses of strip searches weekly to ensure that all such searches were conducted only upon probable cause.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. The facilities have maintained substantial compliance with incident review requirements. The 24-hour review timeline is consistently met in nearly all cases, with exceptions primarily limited to weekends. Informal debriefings often occur immediately following an incident, promoting prompt reflection and real-time staff learning.**

**The review process has evolved to function so that incident trends can inform targeted staff development. Lessons learned from these reviews are applied to enhance de-escalation techniques, refine use-of-force protocols, and adapt supervision strategies. The feedback loop between incident review and staff performance elevates practice across the board. These regular reviews maintain transparency and guard against regressions in practice.**

- B. Quality assurance.** The superintendent shall establish performance goals, including compliance with the terms of this settlement; shall analyze data on whether those goals are met; and shall put in place immediate corrective action to address goals that are not being met.

**COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE. As discussed throughout previous reports, data driven decisions are critical to come into compliance with this Court Order and to improve the quality of life for youth and staff.**

**The QA team plays a leading role in this effort; analytical tools allow for the ongoing identification of patterns and training gaps easily monitored through automated data dashboards guaranteeing quality data can accompany operational decisions. The facility's QA program is more than just a compliance exercise; it has utilized end to end collaboration from an interdepartmental multidisciplinary team to continually produce dynamic and adaptive components of the facilities compliance infrastructure.**

#### CONCLUSION

For the first time since its entry, The Monitor finds Defendants in substantial compliance with every provision of the Consent Decree. Over the years, Defendants have implemented meaningful reforms. Sustained focus is necessary to ensure these reforms endure and that continuous improvement maintains a priority.

There is still work to be done. The Defendants must also establish a long-term strategy for youth in their care who are not suited for a juvenile correctional facility setting, particularly those with serious mental health needs or disabilities. As the Monitor consistently reported to the Court, greater emphasis must be placed on transferring youth from LHS/CLS to more appropriate placements or diverting them from confinement. This is especially urgent given the significant increase in population over the last year, including more adult commits housed at the facility.

At the same time, current practices concerning youth who are administratively confined while awaiting transfer require careful oversight to ensure that these individuals are properly placed in this program, and continue to receive out-time, programming, showers, mental health and educational services, and all other basic rights, and are released from mechanical restraints and room confinement and returned to general population immediately when they no longer pose a serious risk of imminent physical harm to others.

Prior recommendations from the Monitor called for a stronger presence of PSU and CARE team on units, a step that can reduce incidents of violence, minimize use of force, and improve the

overall sense of safety for both youth and staff. Encouragingly, Defendants have acted on these recommendations.

The Monitor is happy to answer any questions or address any concerns of the Court or the Parties.

Respectfully Submitted,

/S/ Teresa Abreu

Teresa Abreu

Monitor