

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF
WISCONSIN

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.

TWENTY-FOURTH REPORT OF THE MONITOR

Teresa Abreu, Monitor, hereby submits this status report.

INTRODUCTION

The twenty-third report of the Monitor was filed with the Court on October 2, 2025. The Monitor's twenty-fourth 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-third site visit which took place on July 24 and 25, 2025.

This marks the second consecutive reporting period in which the Defendants have achieved substantial compliance with all provisions of the Agreement. Accordingly, the Monitor certifies that LHS/CLS is operating in full compliance with every section of the Agreement. Over the years, the Defendants have faced significant challenges; nevertheless, they have overcome these obstacles and implemented meaningful, systemic reforms. These reforms include, but are not limited to: the complete elimination of OC spray; a substantial reduction in overall confinement, strip searches, and mechanical restraints; the use of MANDT; the establishment of a robust Behavioral Motivation System (BMS); a heightened focus on staff wellness; the development and deployment of a comprehensive data management system to enable proactive decision-making; revision of the Administrative Code to align with best practices and the requirements of the Consent Decree; and notable progress toward planning and constructing new facilities. These achievements reflect not only compliance but a sustained commitment to creating a safe, rehabilitative, and structured environment that prioritizes the well-being of youth and staff alike.

Certifying compliance with the Consent Decree does not mean that Defendants' work is done. It is critical that the Defendants remain vigilant and committed to sustaining these reforms and driving continuous improvement for the benefit of youth and staff and to maintain compliance with Wisconsin Administrative Code, which now codifies the provisions of the Consent Decree.

Key areas requiring ongoing focus include the assessment of youth in administrative confinement, the monitoring of mechanical restraint practices, ensuring consistent and equitable application of the Behavioral Motivation System (BMS), expanding robust programming and educational opportunities for all youth, and prioritizing staff wellness. Additionally, developing a comprehensive strategic plan is essential to guide the opening of new facilities, ensuring they uphold the same high standards currently maintained at LHS/CLS. This should include a focus on new staff training, mentoring, coaching, and development of a culture within the new facilities that is aligned to these reforms for long-term sustainability.

SITE VISIT

The Monitor conducted the twenty-fourth site visit on November 21, 2025. In preparation for and during the visit, the Monitor and Plaintiffs' counsel completed interviews and gathered information through meetings held before, during, and after the site visit. The Monitor reviewed materials submitted by the Parties for the reporting period ending October 31, 2025 (covering July through October). These materials included, but were not limited to: use-of-force videos; unit and administrative confinement footage; body camera recordings; safety and security check videos; programming materials; investigative reports; data sets; daily shift reports; monthly data required under the Court Order; meeting notes; employee leave records; behavior and treatment plans; mechanical restraint documentation; incident reports; and housing records. Plaintiffs' counsel conducted approximately thirty-five (35) youth interviews, both remotely and in person. The Monitoring team toured LHS/CLS and interviewed youth and staff, engaging with many individuals present and available during the visit. In total, the team interviewed approximately twenty-eight (28) youth and twenty-one (21) staff members (excluding leadership).

OVERALL QUALITY OF LIFE, CONDITIONS, AND ATMOSPHERE

Physical Plant Observations

The facility was exceptionally well-maintained, reflecting a strong commitment to providing a safe and hygienic environment—an essential foundation for fostering a positive culture and atmosphere. All units and youth rooms were clean, organized, and orderly. Overall, the facility and its units conveyed a sense of calm and quiet.

Defendants continue with the following physical plant improvements:

- New water wells project complete;
- Horseshoe deck replacement complete;
- New overhead door added to the welding shop for safer material handling;
- New call system from youth rooms to the staff booth and room lock controls bid awarded;
- Main kitchen dishwasher replacement bid awarded with construction beginning in the winter 2026; and
- Roosevelt recreation yard bid awarded with construction beginning in the Spring 2026.

The Defendants remain steadfast in their commitment to enhancing the physical plant, recognizing that these improvements enrich the daily lives of staff and youth. Continued investment in infrastructure is essential to sustaining compliance, supporting program delivery, and ensuring that future operations meet the highest standards of care and constitutional requirements.

Education

Overall, youth appeared actively engaged in classroom activities. During the site visit, no youth were observed in STAR rooms. Some were working on holiday wreaths, while others were leaving woodshop class, where they had created cutting boards, clocks, and jewelry boxes to send home to their families. The school environment was notably clean, calm, and well-organized. There are no new updates regarding educational services; however, the school continues to provide youth in confinement with both a Special Education (SPED) teacher and a general education teacher. Units housing the Skills Development Programs feature an upper-day classroom dedicated to academic instruction, staffed by licensed SPED teachers who deliver targeted social/emotional learning (SEL) support. These teachers also participate in youth growth team meetings alongside unit staff and collaborate closely with PSU, as discussed in greater detail below.

A welding instructor has been hired. Youth really enjoyed the welding program. Youth in welding class made metal holiday signs and basketball hoops. However, some youth reported to Plaintiffs' counsel that they had signed up for woodshop and welding but were unable to attend and were not informed of the reason. Youth also expressed concerns that in-person learning was not sufficiently challenging and requested age-appropriate materials and more rigorous academic work. Youth with IEPs wanted more help from the teachers. Youth also reported to Plaintiffs' counsel that sometimes when they go to school, they don't have a teacher, so they are instructed by staff to work on Chromebooks or packets and lack the ability to ask a teacher any questions. The Monitor confirmed various teacher vacancies through watching various videos and reviewing documentation. Formal credit-eligible education should be the cornerstone of programming at the facility and continuous care must be taken to ensure adequate staffing and improve quality.

Living Unit Observations

The total LHS/CLS population during this reporting period was lower than at the previous site visit in March 2025 (72 youth compared to 87). The Monitoring team visited all cottages where youth were housed during the site visit, including Roosevelt, Hughes, Dubois, Miller, Curtis, Black Elk, Addams, and Wells. Overall, the units including youth rooms, halls, living areas, closets, and bathrooms were clean. Youth were respectful in their interactions with the Monitoring team, facility leadership, and counsel.

All living units were calm, and youth were appropriately engaged with one another. During the tour, the Monitoring team did not observe any youth confined to their rooms involuntarily; in fact, no youth were on Administrative Confinement at the time of the visit.

Unit populations ranged from two (2) to twelve (12) youth, with LHS units averaging ten (10)

youth. Staff were consistently engaged with youth. Observations during the visit included youth using the telephone, cleaning, attending class, completing medication pass, playing video games, playing cards, and socializing with peers and staff. Both youth and staff appeared calm and relaxed, and the overall facility atmosphere was positive.

Because onsite time during Monitoring visits is limited, the Monitor routinely reviews video footage from random days and times to gain a broader understanding of youth and staff interactions and staff positioning. During this reporting period, the Monitor reviewed videos of living units, school activities, outdoor recreation, and other programming. 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 in game rooms on units;
- Playing basketball with youth outside;
- Eating with youth at the tables;
- Watching television with youth;
- Playing cards with youth;
- Youth outside;
- Youth in classrooms and teachers on the unit conducting education;
- Youth interacting with social workers, mental health, and medical staff;
- Youth playing video games on the units;
- Youth braiding hair;
- Youth and staff were in the music lab;
- Youth were observed on telephones;
- Youth cleaning the units;
- Nurses completed medicine pass.

During this site visit, the CLS youth were housed on the Wells unit. There were only six (6) youth in CLS at the time of the site visit. CLS units and youth rooms were exceptionally clean. Youth were out of their rooms and in class. 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. During this reporting period, Defendants transitioned SDP into the Skills Development Unit (“SDU”).

Some staff and youth had difficulty understanding the SDP. Defendants implemented the Skills Development Unit (“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, and behavioral goals. 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 and clinicians determined the unit is the best option. SDU is described further in the compliance section of this report.

During the site visit, all the CLS youth were housed on Wells. LHS’s SDU/ACPT unit, Krueger, was closed during the site visit because there were no LHS youth on SDU/ACPT.

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. Video review showed: one youth was eating in his room at his request, PSU was processing with a youth while in his room, one youth outside doing recreation, youth cleaning and mopping, several youth out in the day room without restraints, treatment specialist working with youth, teacher on the unit providing special education instruction, and HSU (medical) staff on the unit. Defendants have not faced difficulties transferring youth out of LHS and CLS during this reporting period. 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, transparency and unfair application of behavioral violations. Defendants must effectively communicate the expectations and individualized plan set out to each youth. Defendants must ensure youth understand how to file a grievance if they disagree with a BMS violation, and Defendants must ensure a timely and meaningful process for reviewing those complaints and making youth aware of the rationale for their decisions. The BMS will not be effective if youth believe it is unpredictable and biased.

Youth Interviews

Approximately twenty-eight (28) youth were interviewed during the site visit (formally and informally) by the Monitor and approximately thirty-five (35) 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 calm and respectful. Some LHS youth were talkative with the Monitoring team, and some were quiet. Youth were eating lunch, on telephones, watching television, playing cards, playing basketball, and doing each other's hair. Some LHS youth stated that they wanted different canteen items and wanted special visits/calls. Youth also wanted more Zoom calls. One youth was excited that he was graduating the day of the site visit. Youth did not love the meal that was served on the day of the site visit, but they did express that they liked the new food items.

CLS youth were generally quiet and did not engage with the Monitoring team in any meaningful way, as they were occupied with educational activities during the visit. CLS youth were happy they won the cleanest unit award.

Youth were very vocal with Plaintiffs' counsel prior to and during the site visit. Youth complained that they were frustrated by staff's negative attitudes and unfair violations of the BMS. Youth also wanted more programming and adult commits wanted more support in preparing for transitioning to an adult facility. The Monitor has made recommendations about preparing youth for the adult system which should be explored. Youth also complained about wanting more mental health support on the units and wanting to go to chapel or religious services. Youth complained that they have not been permitted to visit the chapel since the chaplain left LHS/CLS. Defendants should permit youth to visit the chapel. Youth also noted that during the months when it's getting darker outside, they do not always get a chance to go outside every day. The Monitor recommends reviewing the current rotation plan to allow for more outdoor time during daylight hours.

Youth are also frustrated with the process of setting up telephone calls with their families and the number of calls dropped. 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 for 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 continue to complain about the grievance process and responses. They reported to Plaintiffs' counsel that they do not always hear the outcome of their grievances and that even when they do, they rarely see meaningful change. It is important for the youth to have a viable path for addressing their concerns. The Monitor recommends that Defendants ensure that grievance reviews are rigorous, unbiased, and prompt, that results are communicated to youth, and that an appeal process exists at least for serious grievances, including for example allegations of abuses, racist or sexist incidents, and excessive disciplinary actions. It should also be noted that youth have continued to complain to Plaintiffs' counsel about receiving insensitive comments from staff. The Monitor recommends that Defendants continue to emphasize cultural sensitivity training.

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 32 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 1% and under 3%, 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 19%-46% (which is reflective of daily unanticipated leave) is slightly higher 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 equal to the last reporting period (8 vacancies) with 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. To address the challenges posed by unscheduled absences the DOC implemented a revised attendance policy effective July 11, 2025. The policy is designed to ensure consistency, fairness, and operational stability across critical DOC settings.

Below are the staff wellness activities during this reporting period:

- Quarterly Employee Assistance Program (EAP) resources included: webinar on Estate Planning, quarterly newsletter to employees and their families for maintaining a healthy work-life balance and navigating Social Media for Mental Wellness; quarterly newsletter specific to managers, supervisors, and human resources staff featuring management resources available via the EAP; and Benefits and Wellness Resource Fair.
- July 2, 2025- Drawing Patriotic Welcome Sign Raffle – Winner Announced in the LHS Café.
- July 31, 2025- Approval for all staff to wear jeans and/or their favorite team’s football apparel all season long for free. Staff were very excited about this!
- August 4, 2025- Celebrating 2025 National Root Beer Float Day; Root Beer Floats at the top of the Admin Stairs for all staff.

- August 7, 2025- New vendor brought in better vending machines to limit issues with machines not taking cash and/or card, keeping items fresh and up to date. Also committed to a better system for refunds that will allow for faster refund times.
- September 8, 2025, and Suicide Prevention and Awareness Month. The second annual “988 Day” on September 8 share and promote awareness around suicide prevention. Promotional tools for this observance as well as other resources to promote the 988-line; Suicide Prevention Tip Sheet & Poster.
- September 15 & 16, 2025 National Dog Week Hotdogs, Caramel Apples and Therapy Dogs.
- September 28-30, 2025- Wisconsin Correctional Association (“WCA”) 43rd Annual Conference.
- September 29, 2025- Boyd Spikerman Memorial Correctional Officer Award. The Lincoln Hills/Copper Lake Schools Corey Proulx First Responder Team, as a whole, awarded the Wisconsin Correctional Association’s Boyd Spikerman Award recognizing a county, state or federal correctional officer (in this case a team) for their dedication to the mission of corrections and performing at a high level of professionalism while bringing credit and honor to the profession.
- October 1, 2025-Brewers Apparel Days. In addition to football apparel days, staff are permitted to wear Milwaukee Brewers apparel on game days.
- October 13 & 15, 2025- All staff encouraged to wear PINK in support of breast cancer awareness month.
- October 30, 2025, Treats for Teammates Halloween style & Costume Contest-Bakers, crafters, treat makers, etc. Staff are welcome to be festive October 30 & 31. Winner was announced on Halloween.
- October 31, 2025, Thanksgiving Basket Drawings- 5 baskets donated by CASH Team members. Tickets will go on sale for a drawing to be held November 20 in the Café.

The Monitoring team spoke to approximately twenty-one (21) staff. The climate in general was positive. The overall climate was positive. Every staff member the Monitoring team spoke with appeared relaxed, in good spirits, and demonstrated a positive attitude.

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 07.01.25 and 10.31.25

100.01.04 – Youth Social Media

300.05.12 – Youth Counts

300.07.03 – Pregnant Youth – Escort, Transport, and Restraints

500.50.02 – Health Care Record Format, Content, and Documentation

Procedures approved between 07.01.25 and 10.31.25

100.04.09 – Americans with Disabilities Act

100.10.02 – Donations

300.01.04 – Administrative Duty Officer

300.01.06 – Visits - Visit Guidelines

300.04.06 – Mail

300.05.02 – Use of Physical Interaction

900.01.03 – Facility Parking

900.03.03 – Reporting Unscheduled Absences

900.05.09 – Entrance Procedures

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) or three (3) days for any reason. Defendants have continued to examine their use of all forms of confinement including 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. Between July 1, 2025, and October 31, 2025, three (3) youth were placed on ACPT. All three (3) were transferred to MJTC.

During the last reporting period Defendants implemented and began 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 allow for continual review and reassessment of the youth’s individualized plan. Additionally, on-site PSU clinicians engage youth in daily (weekdays) individual therapy,

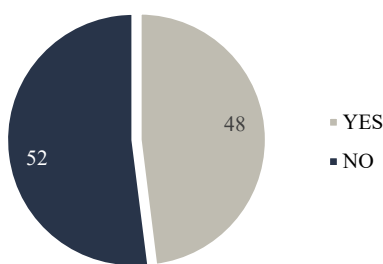
which occurs one-on-one outside of the youth’s room. However, if the youth demonstrates aggressive or threatening behavior, therapeutic interventions may necessarily be conducted at the youth’s door.

Twice daily PSU comprehensive risk assessments and evaluations allow for routinely reviewing and reassessing the youth 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 as soon as they no longer pose a serious risk of *imminent* physical harm to others.

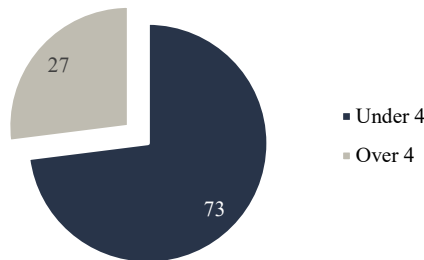
The individualized Youth Plan is designed to help youth build self-awareness, self-control, and self-efficacy by providing a tailored treatment approach informed by consideration of the youth’s history, individual capacity and thresholds, interpersonal effectiveness, emotion regulation, distress tolerance,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

The following charts represent data collected from this reporting period.

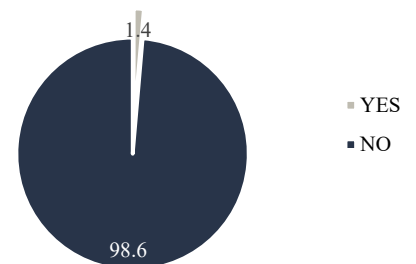
% Unique Youth Serving AC Placements



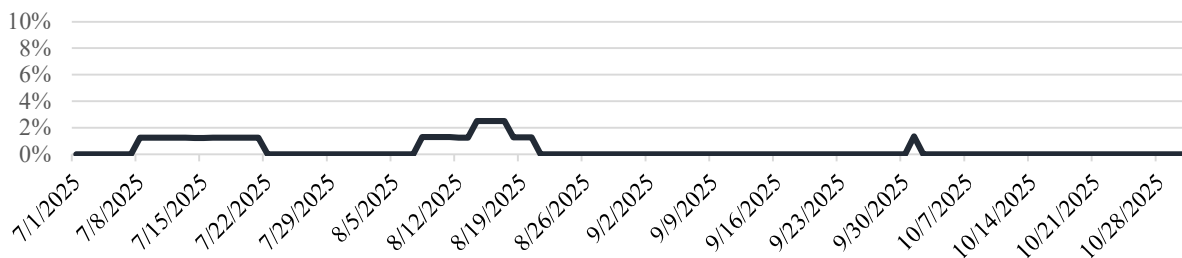
% AC Placements Over 4 Hours



% AC Placements Resulting in ACPT



Percentage 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	7/7/2025	7/22/2025	15
LHS	8/8/2025	8/21/2025	13
LHS	8/14/2025 10/1/2025	8/18/2025 10/2/2025	5 *excludes days off grounds

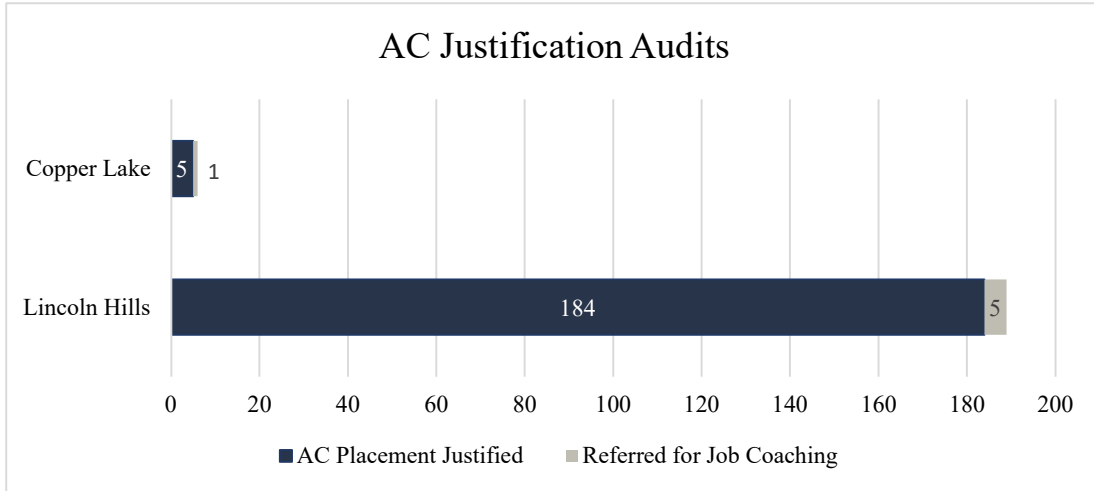
- c. Subject to the terms and provisions of Section V(C) (3) (g), effective ten months after entry of the Court's order incorporating this Agreement, punitive room confinement shall be prohibited.

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. This will be critical for ensuring continued compliance with the administrative code. 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, as determined on an individualized basis by PSU. 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 that is instrumental to youth and staff safety.

- 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.



While there was a slight uptick in the use of AC compared to the last reporting period, the data demonstrates confinement use remains low, consistent with policy and the provisions of 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 214 total AC placements during the reporting period. Staff involved in six (6) incidents were referred for job coaching because the AC Confinement Justification contained in the Incident Debrief Form lacked detail in articulation and reasoning for placement on Administrative Confinement. Proper documentation is essential to ensure that youth are only placed on Administrative Confinement when they pose an *imminent* risk of *serious* physical harm to others.

The use of traditional AC saw an uptick at both schools during this reporting period. Defendants have continued to examine their use of all forms of confinement and should continue these efforts. All confinement is thoroughly documented and reviewed for quality assurance.

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.

July 2025

CLS: 7 uses of A.C. Average 399 minutes. Five (5) youths over 4 hours.

LHS: 73 uses of A.C. Average 238 minutes. Eighteen (18) youths over 4 hours.

August 2025

CLS: 7 uses of A.C. Average 287 minutes. Four (4) youth over 4 hours.

LHS: 37 uses of A.C. Average 323 minutes. Seventeen (17) youths over 4 hours.

September 2025

CLS: 5 uses of A.C. Average 182 minutes. One (1) youth over 4 hours.

LHS: 41 uses of A.C. Average 220 minutes. Seven (7) youths over 4 hours.

October 2025

CLS: 6 uses of A.C. Average 151 minutes. Zero (0) youth over 4 hours.

LHS: 38 uses of A.C. Average 223 minutes. Seven (7) youths over 4 hours.

The Monitor was able to assess compliance with 30-minute checks as data was readily available during this site visit. 99.19%- 99.72% of checks were completed within 30 minutes during this reporting period. The Monitor reviewed video footage for random days and times and Defendants were 98% 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 fifty-eight (58) 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. Thirty-nine (39) youth were released before eight (8) hours, sixteen (16) were released before twelve (12) hours, and three (3) were placed on AC pending transfer based on the recommendation of PSU and the Superintendent. Those youth were then recommended for transfer and all three (3) were transferred to MJTC.

- 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. Three (3) youth were placed on extended placement in administrative confinement pending transfer out of the facility during the reporting period. All three youth were transferred to MJTC. The average duration for an ACPT placement during the reporting period was 11 days.

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.

- 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. Three (3) youth were placed on extended placement in administrative confinement pending transfer out of the facility during the reporting period. All three youth were transferred to MJTC. The average duration for an ACPT placement during the reporting period was 11 days. Of note, thirteen (13) youth were transferred to MJTC, 23% of those youth (3 youth total) were transferred

from the status of “AC pending transfer”, while 77% (10 youth) 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 total population on ACPT by month and over the reporting period is shown here:

Facility Wide	Avg Percent Population on ACPT
March	0.0056%
April	0.0069%
May	0.0000%
June	0.0004%
Reporting Period	0.0032%

- 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 18 (12 LHS and 6 CLS) youth in observation status this period. Youth were regularly seen by mental health per documentation.

- 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 the rooms.

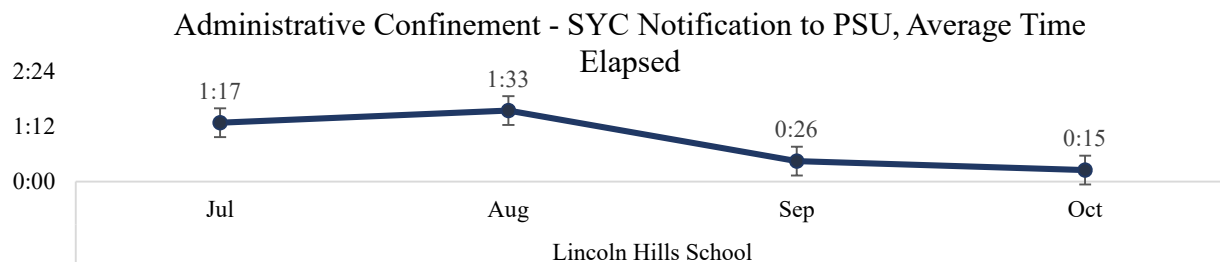
As stated in every report, while not required by the Court Order, the Monitor, the JDAI standards, PREA standards, NCCHC, ACA standards, and the Best Practice Model recommends increasing the frequency of safety/welfare checks to a minimum of every 15 minutes when youth are confined to their rooms, and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

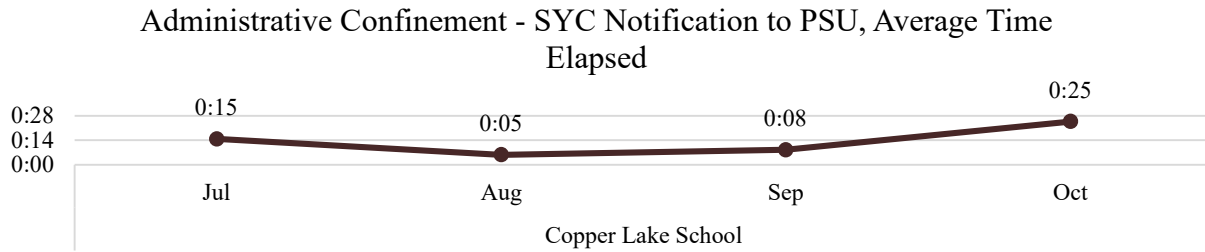
- b. Youth in room confinement shall have prompt access to water, toilet facilities, and hygiene supplies, either in their rooms or upon request to a staff member via intercom or some other accessible and constantly monitored form of communication within approximately 15 minutes of such request.

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 during the 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.

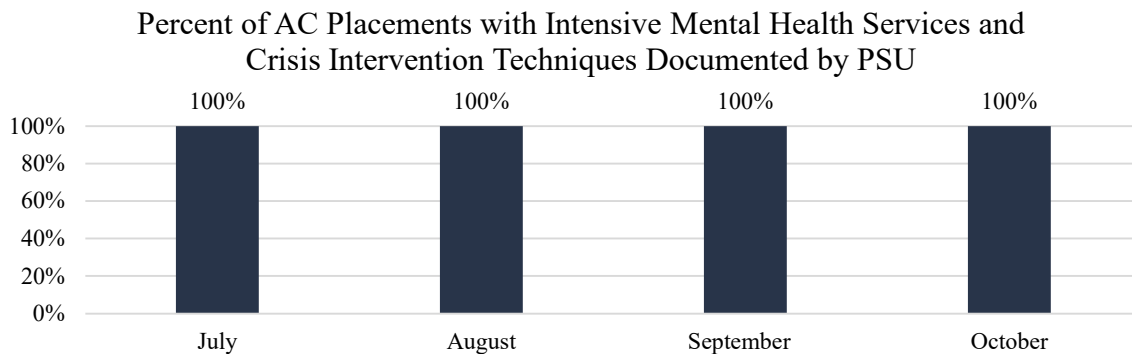




Examples of the crisis intervention techniques used with youth when confined can include, but are not limited to: processing of the incident, coping ahead/safety plans, in the moment skills coaching/practice of DBT skills including mindfulness, recommitment to goals, validation, time away from stressors 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.



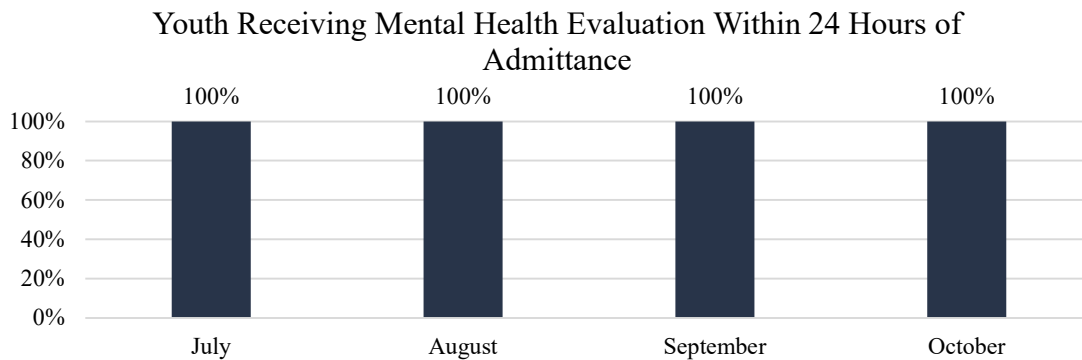
Clinicians are on-site for 6 hours each Saturday and Sunday. There is PSU coverage from 0730-2000 Monday-Friday; weekends at least 6 hours per day. All youth are seen by PSU staff, at minimum, on a weekly basis. Many youth are met daily by PSU staff. Youth in SDP receive face-to-face clinical risk assessments 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.

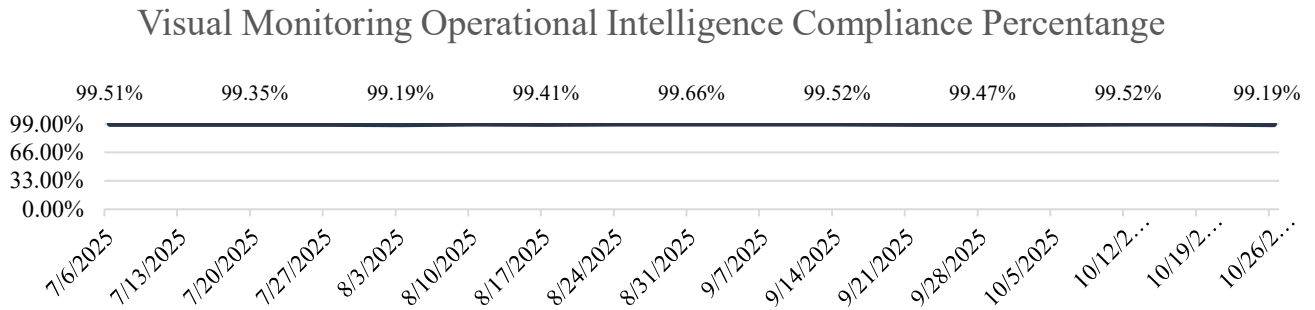
- d. Any youth placed in room confinement for whom there is not already a mental health evaluation must have such an evaluation as soon as possible, and in any event no later than 24 hours after being placed in room confinement. If a youth is identified with a mental health need (a mental health code 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.



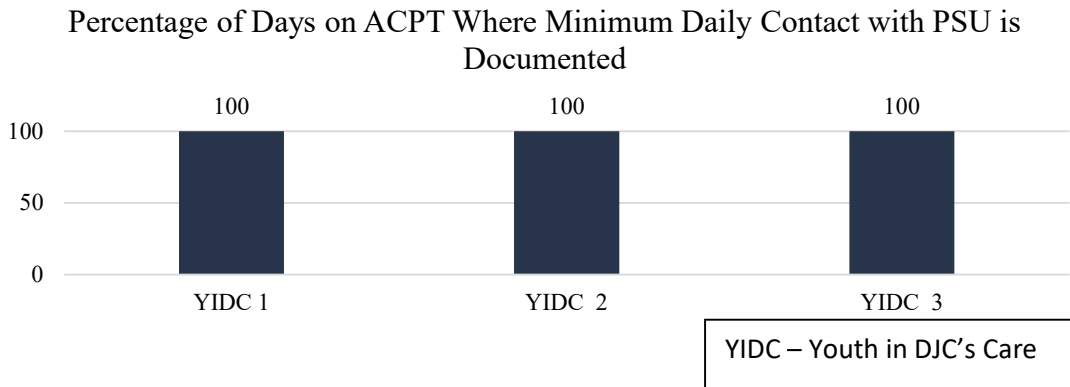
- e. Staff must visually and in person check safety of youth pursuant to current policy at least every 30 minutes in all cases and contemporaneously record the actual time of such checks in a log kept for that purpose. Staff who fail to make such checks or who falsify such records may be subject to discipline. 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 99.19%- 99.72% compliant with meeting the thirty (30) minute safety and security check timeframe. 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.



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

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 below.

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 and mental stimulation in rooms, such as 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

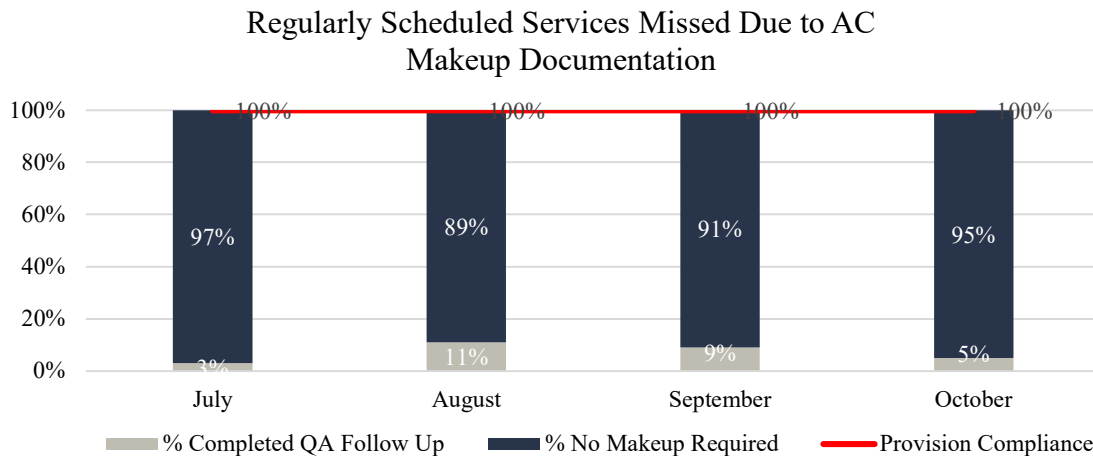
access to the outside recreation area and if weather does not permit, unrestrained access to an elliptical/exercise room housed on the unit.

- 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.

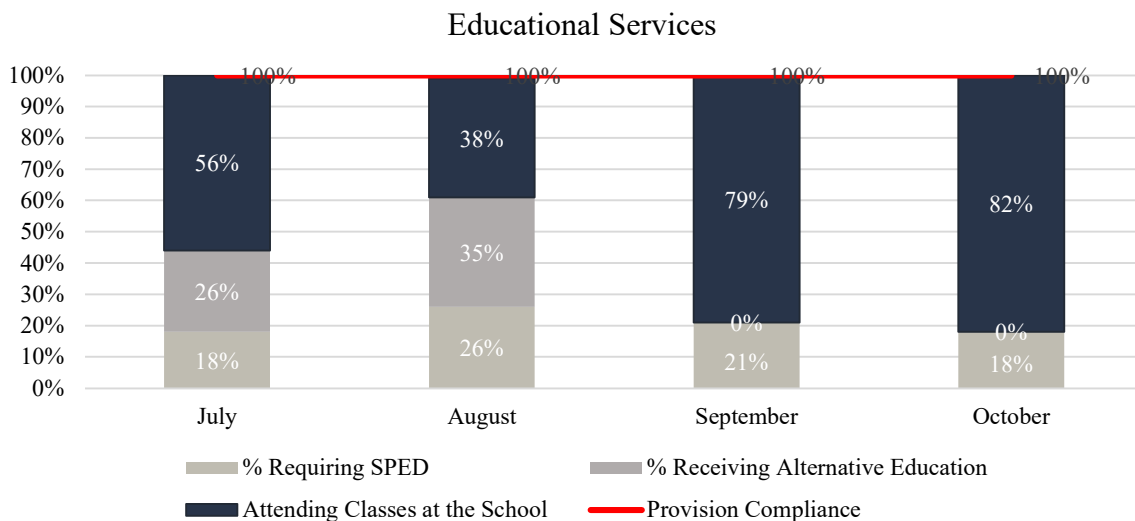


- iii. Educational services with the general population to the extent practicable. If attending educational services with the general population proves unworkable due to an immediate and substantial threat of physical harm or an unreasonable risk of significant disruption to classroom instruction, youth 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 appear to be observed and met for youth on AC or ACPT. However, filling teacher vacancies is critical.

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:

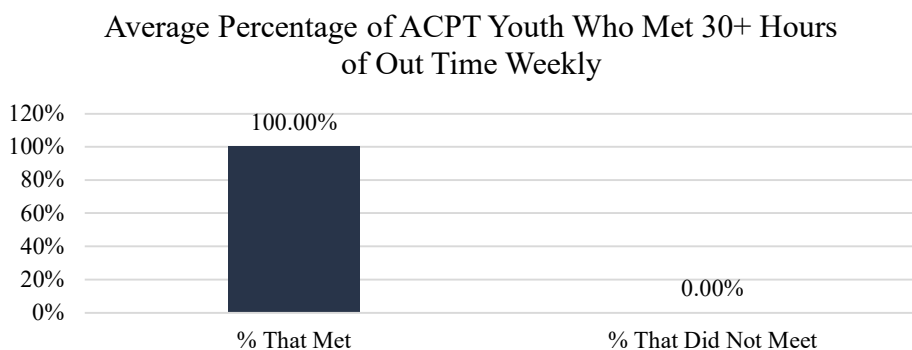
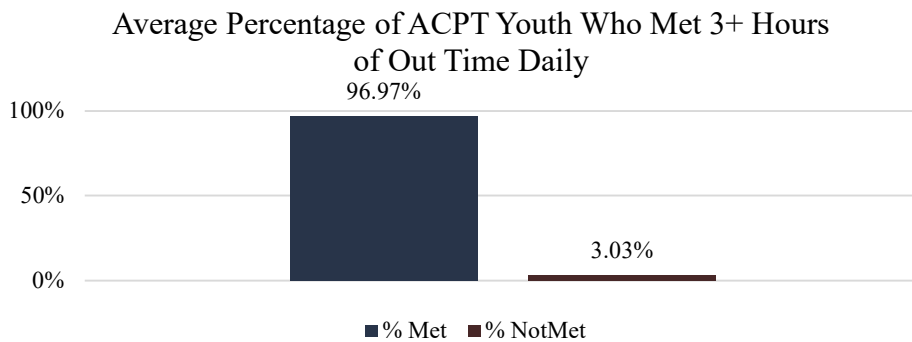
Average out time per week by Facility	LHS	CLS
July	81 hours 33 minutes	76 hours 08 minutes
August	81 hours 11 minutes	71 hours 00 minutes
September	82 hours 26minutes	75 hours 41 minutes
October	82 hours 53 minutes	75 hours 44 minutes
Total	82 hours 00 minutes	74 hours 4 minutes

- 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 on SDU 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. The percentage achieving daily out time requirements for the overall population is shown here:

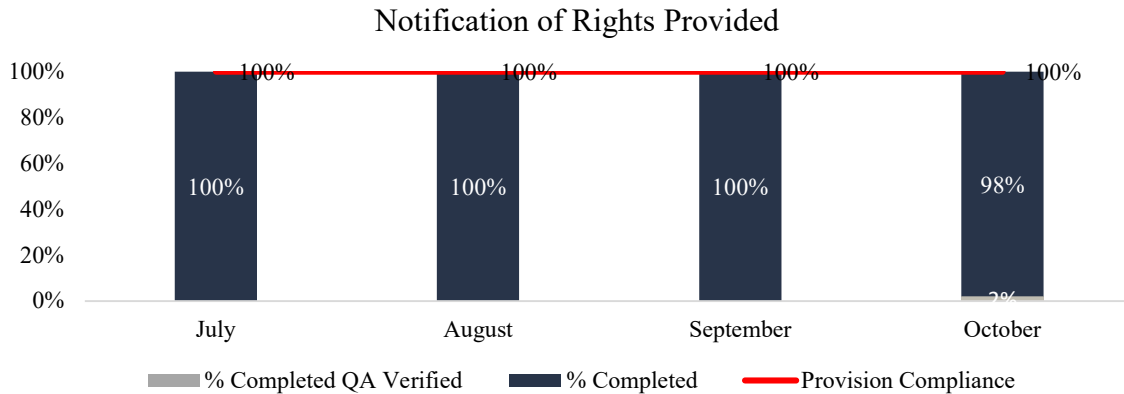
LHS	Daily Percentage Achieving 3 Hours	Weekly Percentage Achieving 30 hours
July	99.95%	100%
August	99.82%	100%
September	100%	100%
October	99.95%	100%
Total	99.93%	100%

CLS	Daily Percentage Achieving 3 Hours	Weekly Percentage Achieving 30 hours
March	99.19%	100%
April	99.35%	100%
May	100%	100%
June	100%	100%
Total	99.63%	100%

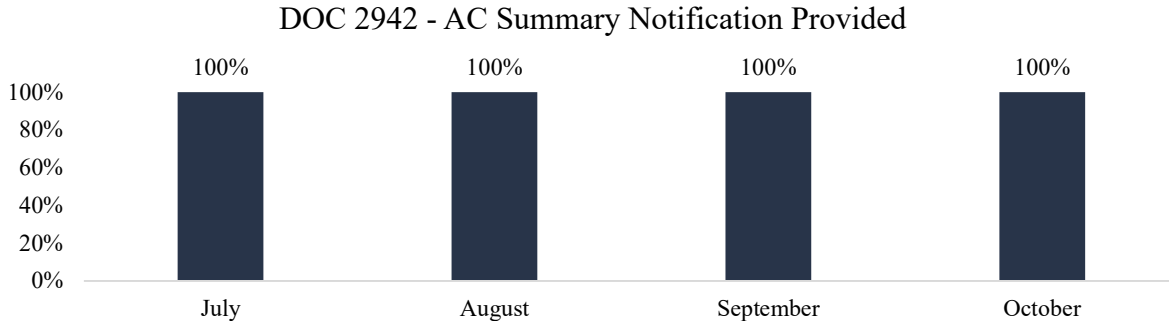
- Notification of Rights. Within 15 minutes of a youth's placement in room confinement, facility staff shall orally inform the youth of his or her rights

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 2% of October cases where documentation on the DOC-1844 was missing or incomplete, the QA team reviewed video footage to ensure this provision was 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.



6. 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.

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 for LHS youth other than ACPT/SDU:

February 2025:	5 uses
March 2025:	4 uses
April 2025:	5 uses
May 2025:	4 uses
June 2025:	7 uses
July 2025:	9 uses
August 2025:	10 uses
September 2025:	13 uses
October 2025:	2 uses

Uses of mechanical restraints CLS

February 2025:	2 uses
March 2025:	0 use
April 2025:	0 use
May 2025:	2 uses
June 2025:	3 uses
July 2025:	0 uses
August 2025:	1 use
September 2025:	1 use
October 2025:	4 uses

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 mechanical 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. This is true for all youth in the facility including those on ACPT/SDU.

- 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-

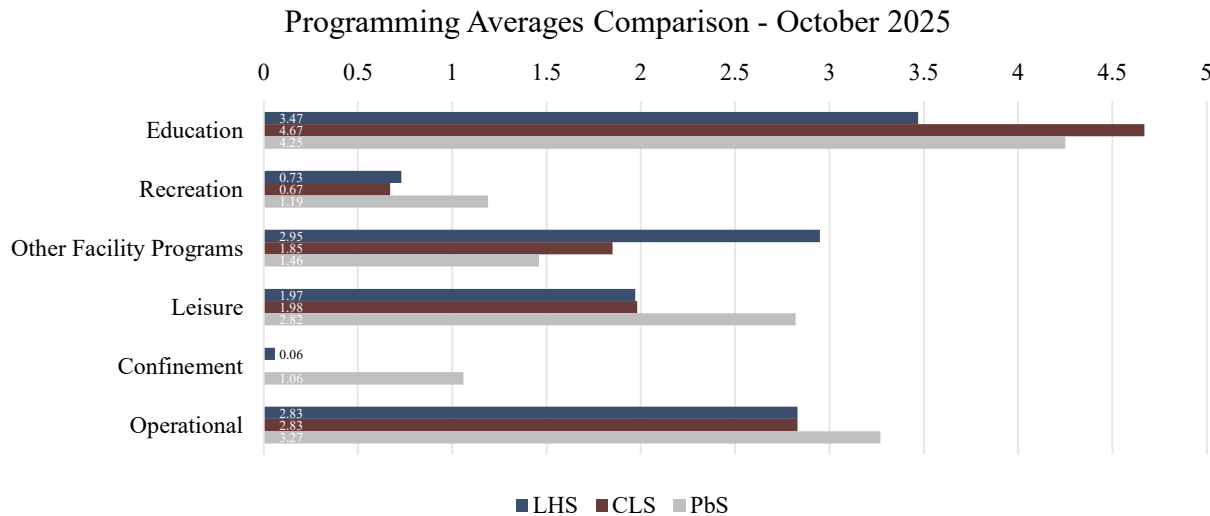
escalation training by a nationally recognized provider. De-escalation training shall be provided at least annually thereafter.

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.

Unit Log tracking compares favorably against the PbS national averages again during this reporting period 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 October 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 second time since the entry of the Consent Decree, the Defendants have achieved substantial compliance with all provisions. This accomplishment reflects years of deliberate and meaningful reform, including the elimination of OC spray, the removal of punitive room confinement, the reduction of restraint usage and confinement in general, the use of MANDT, the implementation of a robust behavior management system and programming, efforts to reduce idleness, and a strong emphasis on staff wellness. These measures have produced a demonstrable improvement in the safety, climate, and culture of the facilities. Sustaining these reforms and maintaining a commitment to continuous improvement must remain a top priority, not just to protect youth and staff but also to ensure continued compliance with the Consent Decree, which has now been codified in the Wisconsin Administrative Code. These code provisions govern not only LHS/CLS but also any future Type I facilities.

Despite this progress, critical work remains. The Defendants must establish a comprehensive, long-term strategy for youth who are not suited for a juvenile correctional setting. As the Monitor has consistently advised, greater emphasis must be placed on transferring youth from LHS/CLS to more appropriate placements or diverting them from confinement altogether. The opening of new facilities should not result in increased incarceration; rather, it should advance the vision of placing youth closer to home and ultimately closing LHS/CLS.

The Monitor has previously recommended a stronger presence of PSU and CARE teams on units to reduce violence, minimize use of force, and enhance safety for youth and staff. Defendants have acted on these recommendations, and it is essential that these strategies continue, particularly for youth with disabilities entrusted to their care. Current practices for youth in administrative confinement while awaiting transfer require vigilant oversight. These youth must be released from mechanical restraints and room confinement immediately upon ceasing to pose a serious risk of imminent harm.

Defendants should also strive to continuously improve the culture at LHS/CLS through limiting uses of AC, ACPT, and mechanical restraints, and consistently applying the BMS, mandating cultural sensitivity trainings, and hiring teachers.

It will be important to inform youth about the likely closure of the Consent Decree and their ongoing rights. The Monitor recommends that Plaintiffs and Defendants discuss the appropriate method of communication.

Finally, the Defendants must develop a comprehensive strategic plan for transitioning youth from LHS/CLS to the two new facilities as they become operational. Transitions can be challenging and disruptive both for staff and for youth transported into a new setting. This plan should address leadership, staff training, and operational readiness to ensure that reforms are successfully implemented and sustained. LHS/CLS leadership and staff must provide support to the new facilities, and staffing levels at LHS/CLS must remain adequate, even as population declines, to prevent regression and to ensure that remaining youth are not negatively impacted. The Monitor remains available to provide technical assistance throughout this transition, including guidance on youth transfers, staffing, leadership recruitment, and programming development.

The progress achieved to date is significant, but its sustainability depends on unwavering leadership, accountability, and a clear commitment to ensuring that these reforms are not only maintained but strengthened for the benefit of every youth in care.

Respectfully Submitted,

/S/ Teresa Abreu
Teresa Abreu
Monitor