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Office of Juvenile Justice and Delinquency Prevention
Guidance for Juvenile Justice Facilities During COVID-19 Pandemic

Office of Juvenile Justice and Delinquency Prevention (OJJDP) recognizes that SARS-CoV-2 (the virus that causes COVID-19) continues to devastate communities across the nation. This devastation includes the depletion of financial and staff resources necessary to support implementation of routinely updated COVID-19 guidance from the Centers for Disease Control and Prevention (CDC) and provision of critical services to youth involved with the juvenile justice system.¹

To protect the mental and physical health of young people in their custody while continuing to develop and enact effective responses to COVID-19 in juvenile detention and correctional facilities, states must continue to balance the health risks within facilities with any risks associated with accelerated release schedules. In order for states and territories to better understand the impact, presence, and prevalence of the virus in facilities, as well as strategies that could be successful in reducing its spread, making data available is crucial. Many juvenile detention facilities have not made data concerning COVID-19 publicly available. As of late February 2021, there were 3,753 known cases of the virus affecting youth in juvenile facilities.²

While OJJDP cannot mandate that states follow guidance provided outside its statutory authority, such as under the Juvenile Justice and Delinquency Prevention Act, as amended, OJJDP understands that it has a leadership role in ensuring that the juvenile justice field has information to help guide it in the provision of safe and important services to youth in their care. The recommendations in this document were gathered from the CDC,³ the Department of Health and Human Services,⁴ the Department of Education, the National Institute of Corrections,⁵ the Council of Juvenile Justice Administrators,⁶ the National Partnership for Juvenile Services,⁷ the National Commission on Correctional Health Care,⁸ and Performance-based Standards.⁹

This guidance is not a standard or a regulation; it contains recommendations and is intended to assist designated state agencies (DSAs) responsible for managing their Title II Formula Grants Program awards, authorized under the Juvenile Justice and Delinquency Prevention Act.¹⁰ OJJDP offers these recommendations to DSAs to help ensure the mental and physical health of young people in custody

¹ <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

² [COVID-19 in Juvenile Facilities | The Sentencing Project](#)

³ <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

⁴ <https://asprtracie.hhs.gov/technical-resources/122/covid-19-at-risk-individuals-resources/99#congregate-settings-group-home-facilities-correctional-settings>

⁵ [Coronavirus Information | National Institute of Corrections \(nicic.gov\)](#)

⁶ <https://cjsa.net/covid-19-communication/>

⁷ <http://npjs.org/coronavirus-disease-2019-covid-19/>

⁸ <https://www.ncchc.org/COVID-Resources>

⁹ [COVID-19 | Performance-based Standards for Juvenile Programs \(pbstandards.org\)](#)

¹⁰ 34 U.S.C. 11131–11133

and provide a safe and healthy workplace for state Title II Formula Grants Program compliance-monitoring staff and other stakeholder groups responsible for state and local juvenile correctional and detention facilities, and adult jails and lockups, as applicable.

Title II Formula Grants Program Compliance Monitoring

- DSAs should designate their compliance monitors as essential workers and follow CDC guidance on testing, provision of personal protective equipment (PPE), and vaccine distribution.
- To comply with the Title II, Part B, Formula Grants Program, in-person compliance data verification and inspections are required. DSAs should encourage compliance monitors to collect and retain notices from facilities that do not allow entry. OJJDP recommends that DSAs have regular contact (e.g., virtual meetings and phone calls) with leadership for secure facilities in their monitoring universes, and maintain open lines of communication.

COVID-19 Health and Safety Risk Mitigation

- It is vitally important that facility leadership take all necessary measures to limit the spread of COVID-19 to keep juvenile facilities safe.¹¹
 - Science and data must guide all decisions about the pandemic and a facility's COVID-19 plans. OJJDP recommends that facility leadership—
 - Use CDC's "[Guidance for Cleaning and Disinfecting of Public Spaces, Workplaces, Schools, and Homes](#)"¹² to develop and implement an effective protocol for disinfecting spaces and commonly used materials.
 - Provide and use adequate and timely COVID-19 testing resources.¹³
 - Use CDC's "[Interim Guidance for SARS-CoV-2 Testing in Correctional and Detention Centers](#)"¹⁴ and "[COVID-19 Management Assessment and Response Tool \(CMAR\) for Correctional and Detention Facilities](#)"¹⁵ to implement effective testing practices.
 - Adult jails, adult lockups, secure detention facilities, and secure correctional facilities should continue to take a multipronged, layered approach to protect youth, staff, and visitors (e.g., through universal mask use, physical distancing, testing, cleaning, disinfecting, and ensuring adequate ventilation). These different approaches and layers of protection will help create safe environments for youth and staff and make onsite compliance monitoring safe and possible.¹⁶
 - State, county, city, and local facility policies should be informed by official [CDC guidance for correctional and detention facilities](#).¹⁷

¹¹ [Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities | CDC](#)

¹² [Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes \(cdc.gov\)](#)

¹³ [Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities | CDC](#)

¹⁴ [Interim Guidance for SARS-CoV-2 Testing in Correctional and Detention Facilities | CDC](#)

¹⁵ [COVID-19 Management Assessment and Response Tool \(CMAR\) for Correctional and Detention Facilities \(cdc.gov\)](#)

¹⁶ [Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities | CDC](#)

¹⁷ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

- It is critically important for facility leaders to develop specific strategies that can be revised and adapted depending on the level of viral transmission and test positivity rates throughout the community and in facilities, jails, and lockups. Facility leadership should refine approaches when specific policies are not working and consider that one set of precautions may not be suitable for all facilities and facility types.¹⁸
- Facility leadership should consider providing additional training and/or technical assistance to partners, including contractors and subgrantees, responsible for the care and custody of juveniles. OJJDP also recommends that facility leadership be in close communication and coordinate with state and/or local public health authorities to ensure COVID-19 risk mitigation measures are current. Leadership should also leverage resources to reduce the spread of COVID-19 in facilities.¹⁹
- COVID-19 policies and procedures within applicable facilities should be practical, feasible, and appropriate for high-risk juvenile populations and create safe working environments for staff.²⁰
 - Facility leadership should focus on the overall health and well-being of staff and address their behavioral and mental health needs. Special considerations and accommodations for staff should be made, especially for populations who are medically fragile, have disabilities, or because their unique medical needs would put them at increased risk for contracting COVID-19 during current conditions in their community or state.²¹

Reentry and Community-Based Services

- For a state to be in compliance with the “deinstitutionalization of status offenders” or “DSO” requirement youth must not be placed in a secure detention or correctional facility if they have committed a status offense.²² Only those youth accused of or adjudicated as having committed delinquent offenses, and who present a public safety risk, should be detained or confined in corrections or detention facilities. OJJDP encourages the field, as well as juvenile corrections and detention facilities, to ensure comprehensive community-based services are available to support youth’s successful reentry into their communities upon release. Monitoring devices and home confinement may help reduce the risk of infection, but they increase the risk for reoffending if used solely for that reason and without the proper reentry services in place.
- Facilities should actively assess the youth in their care and custody and work with courts, prosecutors, and defense counsel to identify young people who are no longer a risk to public safety and can be considered under applicable law for release and community-based alternatives.²³

¹⁸ <http://www.ctas.tennessee.edu/sites/default/files/COVID-19%20Back%20to%20Normal%20Jail%20Operations%20May%202020.pdf>

¹⁹ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#operational-preparedness>

²⁰ [Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities | CDC](#)

²¹ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

²² [See 34 U.S.C. § 11133\(a\)\(11\)\(A\)](#)

²³ [Youth Justice Under the Coronavirus: Linking Public Health Protections with the Movement for Youth Decarceration | The Sentencing Project.](#)

Punitive Isolation vs. Medical Isolation

- OJJDP discourages the use of punitive isolation to address challenges with youth in facilities. The American Academy of Child and Adolescent Psychiatry concluded that “[due] to their developmental vulnerability, juvenile offenders are at particular risk of... adverse reactions.”²⁴ A 2016 Department of Justice report states, “Juveniles should not be placed in restrictive housing;” that is, isolation or solitary confinement, although in “very rare situations” a juvenile may be separated from others briefly, to “cool down.”²⁵
- Medical quarantine should be distinct and operationally different from punitive isolation.²⁶ In 2020, Alaska announced COVID-19 guidelines for congregate care settings that mandated all new admissions be quarantined for 14 days. A blog post by the Performance-based Standards describes how the director of the Alaska Division of Juvenile Justice (DJJ), in an effort to limit isolation, convinced the state to revise the guidelines from requiring youth to be quarantined to requiring them to be kept “as separate as possible.” The DJJ’s separation protocol allows newly admitted youth to speak to others from their rooms while maintaining six feet of separation.²⁷
- OJJDP also recommends that facilities—
 - Reduce the movement of youth and staff between facilities unless absolutely necessary; this is an effective way to protect unvaccinated youth, personnel and staff, and visitors.²⁸
 - Review and implement relevant recommendations of the CDC’s “[COVID-19 Toolkit for Correctional Facilities](#).”²⁹

PPE, Vaccinations, and Testing

- To keep facilities safe, states and localities should encourage staff members to receive the vaccine once available.^{30, 31} Additionally, it is vitally important that youth in facilities are provided access to vaccines as supplies increase and more age groups become eligible.³²
 - Make use of available funding to increase COVID-19 testing for youth.³³
 - Publicly report the number of tests with positive and negative results among youth and staff to better understand how COVID-19 is impacting youth in facilities.³⁴

²⁴ [Solitary Confinement of Juvenile Offenders \(aacap.org\)](#).

²⁵ U.S. Department of Justice, “Report and Recommendations Concerning the Use of Restrictive Housing” at 101 (Jan. 2016), available at <https://www.justice.gov/archives/dag/file/815551/download>

²⁶ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Medicalisolation>; see also <https://amend.us/covid-19-in-correctional-facilities-medical-isolation/>

²⁷ [Quarantining Doesn’t Mean Isolation | Performance-based Standards for Juvenile Programs \(pbstandards.org\)](#)

²⁸ [Statement of Michael E. Horowitz, Inspector General, U.S. Department of Justice before the U.S. House of Representatives, Subcommittee on Commerce, Justice, Science and Related Agencies concerning the “Management, Performance Challenges, and COVID Response | U.S. Department of Justice Office of the Inspector General](#)

²⁹ [Toolkit for Correctional and Detention Facilities | CDC](#)

³⁰ [State Vaccination Plans – COVID-19 Resources for State Leaders \(csg.org\)](#)

³¹ [COVID-19 Vaccine FAQs in Correctional and Detention Centers | CDC](#)

³² [New York Must Offer Vaccine to All Prisoners Immediately, Judge Rules - The New York Times \(nytimes.com\)](#)

³³ [Fact Sheet: President Biden Announces New Actions to Expand and Improve COVID-19 Testing | The White House](#)

³⁴ [Youth-Justice-Under-the-Coronavirus.pdf \(sentencingproject.org\)](#)

- Provide PPE and PPE training for staff and youth.³⁵
- To enhance facility safety, states and localities should encourage facility leadership to educate youth about COVID-19 symptoms, transmission of the virus, and facility protocols necessary to keep youth and their families safe.³⁶
 - Per Section 504 in the Americans with Disabilities Act (ADA), leadership and staff should provide effective COVID-19 communication for youth and family members, ensuring there are resources for individuals with limited English proficiency.³⁷

Programming and Education

- Under the Formula Grants Program, programming is an important component of Title II state plans. Programming is important for youth’s emotional, developmental, and physical well-being. Many facilities have postponed in-person programming and educational services to decrease the spread of COVID-19 and keep youth and staff safe. It is widely recommended that, wherever possible, programming continue or resume. Programming and service providers should be deemed essential workers to reinstate effective onsite programming for youth in custody. This includes staff who are employed directly or contracted to provide services to youth in juvenile corrections and detention facilities.
 - Per the CDC guidelines, if onsite services are not feasible, OJJDP recommends virtual services, if resources permit, until safety protocols are in place to provide onsite program services. Use of technology continues to be a viable alternative, and juvenile corrections and detention facilities should be prioritized for access to technological resources.^{38, 39} OJJDP recommends that facilities review —
 - The Department of Education’s issue brief “[Enhancing Facility-Based Education Programs Through Digital Learning](#).”⁴⁰
 - The Department of Education’s “[Integrating Technology into Correctional Education Settings](#),”⁴¹ and Title I, Part D “[Implementing Distance Learning in Secure Correctional Facilities](#)”⁴² presentations.
 - OJJDP also recommends that:
 - Access to educational programming resume for youth.

³⁵ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#recommended-ppe>

³⁶ Information should be provided in a developmentally appropriate fashion. For example: <https://vimeo.com/423711168>

³⁷ [Statement by the Principal Deputy Assistant Attorney General for Civil Rights Leading a Coordinated Civil Rights Response to Coronavirus \(COVID-19\) | OPA | Department of Justice](#)

³⁸ [COVID-19 Communication | CJA The Council of Juvenile Justice Administrators](#)

³⁹ [Supporting-Education-in-Secure-Settings-During-COVID.pdf \(nps.org\)](#)

⁴⁰ [Issue Brief: Enhancing Facility-Based Education Programs Through Digital Learning](#)

⁴¹ [PowerPoint Presentation \(ed.gov\)](#)

⁴² [NAESPA-2021-Feb-Conference-Distance-Learning-Session-TI-D-section_final.pdf](#)

- Facilities and stakeholders watch the Department of Education’s webinar titled “[Making Education Happen for Youth Confined in Secure Settings During COVID-19](#).”⁴³
- Facilities use the CDC’s “[Operational Strategy for K-12 Schools through Phased Prevention](#),”⁴⁴ to develop and implement a cleaning/disinfection plan for shared spaces to assist facilities in reopening educational spaces in ways that comply with the latest COVID-19 guidance.
- Facilities review the Department of Education’s “[Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak](#)” in order to provide informed educational services to youth with disabilities.^{45, 46}
- When providing educational programming, facility administrators must make every effort to provide special education and related services in accordance with each youth’s individualized education program.
 - Leadership should adhere to Title VI of the Civil Rights Act of 1964 and grant recipient ADA obligations with regard to youth and families with limited English proficiency.⁴⁷
- The field review and consider trauma-informed approaches to programming and education to support youth during the public health crisis.⁴⁸

Visitation and Access to Legal Counsel

- Detained youth have a constitutional right to counsel.⁴⁹ Facilities should prioritize youth’s access to counsel in person whenever possible, or virtually if meetings cannot be conducted safely and within CDC guidelines.
 - Facility leadership should provide access to interpreter services for youth with limited English proficiency.
- As vaccines become more widely available and staff, youth, and visitors (such as family members and legal counsel) become vaccinated, the risk associated with in-person visits will decrease. OJJDP recommends that facilities follow CDC and other official visitation guidance to which their localities and states are adhering (e.g., hand washing, physical distancing, proper use of PPE, and sanitizing).⁵⁰

⁴³ [Download file \(webex.com\)](#)

⁴⁴ [Operational Strategy for K-12 Schools through Phased Prevention | CDC](#)

⁴⁵ [Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak, March 2020 \(PDF\) \(npsj.org\)](#)

⁴⁶ [Implementing Trauma-Informed Principles and Practices: What Staff, Youth and Families Say | Performance-based Standards for Juvenile Programs \(pbstandards.org\)](#)

⁴⁷ [Statement by the Principal Deputy Assistant Attorney General for Civil Rights Leading a Coordinated Civil Rights Response to Coronavirus \(COVID-19\) | OPA | Department of Justice](#)

⁴⁸ [A Trauma-Informed Approach to Teaching Through Coronavirus | Learning for Justice](#)

⁴⁹ *In re Gault*, 387 U.S. 1 (1967)

⁵⁰ <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#prevention>

- Youth have a right to confidential communication with their legal counsel, whether communications are conducted in person or remotely.
- OJJDP recommends that facilities establish and enact a protocol to allow for safe, in-person meetings with legal counsel that provide for private communication and maintain confidentiality.
- If remote meetings with legal counsel are necessary, facilities should create or review, protocols to ensure that all communication is secure and confidential, as applicable.