OJJDP COVID–19 Guidance:  
State Juvenile Detention and Correctional Facilities

In determining strategies for managing juvenile detainees during the COVID-19 pandemic, states must strike a balance between the health risks within detention and correctional facilities and the potential dangers posed by accelerated release schedules. To develop a response to COVID-19 in juvenile detention and correctional facilities, it is important to understand the prevalence of the virus in these facilities, as well as strategies that may be successful in curtailing its spread. As of early May 2020, there were reportedly 229 youth and 352 staff in juvenile facilities who tested positive for COVID-19.¹ While not evenly distributed across the states, the average is roughly five juveniles and seven staff per state. Even in the presence of COVID-19, the juvenile justice system has an obligation to protect the public and the juveniles in its care. The relatively small number of coronavirus cases reported in juvenile facilities does not support the wholesale release of juvenile offenders into communities.

States are in the best position to determine what COVID-19 risk reduction strategies are appropriate for their court systems, and most states have begun to implement them. Federal CDC guidance, state and local regulations, and emergency orders have already transformed operations in juvenile facilities. From increased focus on hygiene to web-based modalities for family visits, mental and behavioral health services, and education services,² facilities across the country are responding to COVID-19 in practical ways that may explain the relatively low number of coronavirus cases among incarcerated youth and the staff who work with them.

As they continue to adapt their juvenile justice practices to the challenges presented by COVID-19, states are encouraged to consider the following:

1) Youth need care and supervision at all times. Youth in detention or corrections are typically high-risk and high-need, requiring intense supervision, as well as mental and behavioral health services. States that have reduced their probation and parole functions to no-contact, virtual supervision are not equipped to provide the level of monitoring necessary to protect the community or the juvenile. Establishing mental or behavioral health assistance outside of the corrections setting is likely to present


a lag in services that would be detrimental to the youth and potentially dangerous to the community.

2) Juvenile facilities typically provide readily accessible health services to youth in their care. Releasing youth into communities without connecting them to local health care providers, the means to make payment for services, or transportation to the provider’s location leaves youth without access to health services, thereby increasing the likelihood of illness. Facilities are well-equipped to help youth practice social distancing, good hygiene, and other positive health habits that can maintain their well-being and reduce the risk of contracting COVID-19.

3) Given current disruptions to school, work, and leisure that families may be experiencing during lockdown, states should anticipate increased levels of tension and frustration in homes. Releasing high-risk, high-need youth into stressful environments without proper services in place increases pressure on the family structure and raises the likelihood of reoffending. Youth require comprehensive reentry services and well-defined, structured schedules to successfully return to their families and communities. Each state should determine, in each case, whether the state is equipped to provide the level of supervision and support necessary for the youth they choose to release.

4) Pursuant to 34 USC §§ 11133(a)(11), (12), (13), and (15), compliance with the four core protections of Title II (deinstitutionalization of status offenders, adult jail removal, sight and sound separation, and racial and ethnic disparities) is still a requirement to receive Title II funding.

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