

The health, safety, well-being of children and young people should be considered in the context of their developmental capacity and public child serving systems should apply a developmentally-informed approach to their efforts in responding to the COVID-19 pandemic. **Child and adolescent experts note that children are “more vulnerable to the emotional impact of traumatic events that disrupt their daily lives”** and the critical importance of protecting children’s social and emotional well-being.

Children and young people are housed in institutions throughout the state of Ohio either as a disposition for delinquency, abuse/neglect/dependency petition, or in order to access behavioral health treatment. This includes children confined in three state correctional facilities operated by the Ohio Department of Youth Services (DYS), the four contract facilities for DHS alternative placements, twelve (12) community correctional facilities, and 36 juvenile detention centers. In addition, there are numerous shelters and residential facilities holding children across the state for child protective purposes, behavioral health services and/or other services.

**The COVID-19 pandemic poses an urgent threat to the safety and well-being of all Ohioans**, as indicated by Governor DeWine’s declaration of a state of emergency on March 9, 2020 and subsequent stay at home order issued on March 22, 2020 and revised on April 2, 2020 to extend through May 1, 2020. **Prevention** through social distancing is currently the recommended course of action given that there is no known treatment or vaccine. Institutional settings, including youth prisons, detention centers, shelter care and residential facilities, where children and youth live in close quarters are particularly difficult spaces to ensure effective distancing, hygiene and sanitation.

**There is limited national child-specific guidance for addressing the needs of children housed in institutional facilities**; however, there is some effort to apply existing guidance to this population. The Ohio DJFS has posted a [memorandum](http://jfs.ohio.gov/ocomm/pdf/Childrens-Bureau-COVID-19.pdf) from the U.S. Children’s Bureau (<http://jfs.ohio.gov/ocomm/pdf/Childrens-Bureau-COVID-19.pdf>) which notes:

“While the CDC does not provide guidance specifically targeted to the types of child care institutions in which some children in foster care reside, it does provide (CDC) guidance for long-term care facilities that is of relevance to such placement types: <https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>”

The U.S. Children’s Bureau released additional guidance in a [3-27-20 letter](#) to child welfare legal and judicial leaders, noting the particular vulnerabilities of children and youth in urging for special protections in the context of this crisis.

The CDC also provides “Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities” which may be considered when looking at the needs of confined children and young people (<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>). The following action items included in this CDC guidance which are especially relevant to children:

- Note that incarcerated/detained populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages.

- Explore strategies to prevent over-crowding of correctional and detention facilities during a community outbreak.
- When possible, arrange lawful alternatives to in-person court appearances.
- Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out.
- Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.
- Consider having healthcare staff perform rounds on a regular basis to answer questions about COVID-19.

**Physicians have expressed concern about the unique risks and vulnerabilities of incarcerated children during this pandemic;** on March 22, 2020, a community of doctors issued a [letter](#) calling for the release of youth from juvenile court facilities. In their letter, the Physicians for Criminal Justice Reform note:

*“Because detained and incarcerated populations are at high risk to contract a virus like COVID-19, which spreads through respiratory droplets, we strongly urge governors, juvenile court systems, and state and local juvenile detention and correctional departments to address the ongoing global health pandemic by swiftly implementing the following recommendations:*

- 1) Immediately release youth in detention and correctional facilities who can safely return to the home of their families and/or caretakers, with community-based supports and supervision, in order to alleviate potential exposure to COVID-19;**
- 2) Halt new admissions to detention and incarceration facilities to mitigate the harm from the COVID-19 pandemic; and**
- 3) Establish and share publicly a COVID-19 safety plan for all youth who remain in facilities to ensure they have proper access to cleaning and sanitation supplies, as well as resources, support, and contact with loved ones.”**

Advocacy [organizations in Ohio](#) and [nationwide](#) have called for specific protections, with a primary focus on releasing young people who can safely be under community supervision rather than incarcerated. These groups include national child welfare organizations focusing on [children in protective custody](#), noting the critical role of family courts and trained counsel to ensuring child safety and well-being. Their recommendations note specifically: **“Placements in congregate care and detention facilities should be avoided whenever possible given the heightened risk of exposure in these settings. Administrative obstacles to kinship placement should be eased.”**

In addition to reaching out to state and local partners in the child welfare agencies, our Center has been in contact with the Cuyahoga County juvenile detention center and the Ohio Department of Youth Services since the week of the Governor’s emergency declaration and has consistently called for the following, in addition to the general protective measures and planning they had announced:

1. All staff in contact with children detained be regularly screened prior to youth contact to avoid potential transmission (as part of a comprehensive management plan that includes adequate personal protective equipment). A comprehensive emergency COVID-19 response plan for children and youth housed in institutional care should be publicly available and include a contingency plan for inadequate staffing due to COVID-19 related issues.
2. Ensure children detained have a free call to their parent/guardian (within the next 24-48 hours of the decision to discontinue visits), to help assuage their concerns and regularly thereafter. Additional free calls to loved ones should be permitted throughout the week, not contingent upon behavior, to help address anxiety the youth may be experiencing. Regular communication by facility leadership and staff with families and community partners is also essential.

3. Ensure children have educational and enrichment programming throughout their day, and especially social and emotional support, to address what may be heightened anxieties during this time. We also caution against overreliance on room seclusion, especially without some kind of access to reading materials etc., as isolation can exacerbate potential trauma and mental health issues. To combat potential isolation and social disconnection, if there are community partners exploring and/or offering remote programming (video conferencing, podcasts, etc.), we urge that this be considered by local detention centers and other institutions where children are placed. Regular, daily visits by social workers and/or other qualified staff to support youth experiencing heightened emotional and mental distress is critical.

Moreover, given that prevention is the best course of action, **safely reducing institutional population is paramount**. Supporting [efforts](#) to halt all unnecessary admissions to local detention centers where reasonable alternatives exist and to release youth (particularly those with special health conditions and those who can be safely returned home on community supervision) will reduce the likelihood of increased risk of exposure to the COVID-19 due to the nature of institutional confinement. The need to reduce reliance on congregate care is also achieved where children removed from home for safety reasons may be safely returned to shelter-in-place at home or with resource families with appropriate in-home supports. We note that the U.S. DHHS Children’s Bureau [letter](#) explicitly states: “**Consider whether children may be reunified with their parents in an expedited manner if the child’s safety would not be jeopardized.**” Additional resources will likely be needed to ensure alternatives to institutional care exist, including kinship supports, therapeutic foster care, in-home based treatment, high-fidelity wrap-around services, telehealth services and other remote programming, monitoring and supervision.