

**COVID-19 IN THE DISTRICT OF COLUMBIA’S SECURE JUVENILE FACILITIES:
THE IMPACT OF AND THE DEPARTMENT OF YOUTH REHABILITATION SERVICES’
RESPONSE TO COVID-19 AT THE YOUTH SERVICES CENTER AND
NEW BEGINNINGS YOUTH DEVELOPMENT CENTER**

Report 2021 – 1

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OFFICE OF INDEPENDENT JUVENILE JUSTICE FACILITIES OVERSIGHT

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TABLE OF CONTENTS

I.	INTRODUCTION	1
II.	BACKGROUND	3
III.	METHODOLOGY	4
IV.	POPULATION	5
	A. Youth Service Center	6
	B. New Beginnings.....	9
V.	INITIAL RESPONSE TO COVID-19.....	11
	A. Youth Services Center	11
	B. New Beginnings.....	13
VI.	COVID-19 AMONG YOUTH AT THE YOUTH SERVICES CENTER AND NEW BEGINNINGS	14
	A. Chronology of COVID-19 Cases at the Youth Services Center.....	14
	B. Chronology of COVID-19 Cases at New Beginnings	16
VII.	COVID-19 TESTING PRACTICES FOR YOUTH.....	17
	A. Intake Testing.....	17
	1. Youth Services Center	17
	2. New Beginnings.....	19
	B. Testing Symptomatic Youth	21
	C. Aggregate COVID-19 Testing and Results	23
VIII.	CHANGES IN OPERATIONS OVER TIME.....	24
	A. Medical and Behavioral Health Practices on All Housing Units.....	27
	B. General Conditions on All Housing Units	29
	C. Isolation Housing Units	29
	D. Full Quarantine Housing Units	31
	E. Soft Quarantine Housing Units.....	33
	1. Youth Services Center	33
	2. New Beginnings.....	34
IX.	EDUCATION	37
	A. Youth Services Center	37
	B. New Beginnings.....	43
X.	NON-EDUCATION PROGRAMMING.....	47
	A. Youth Services Center	47
	B. New Beginnings.....	49

XI.	RECREATION	51
	A. Youth Services Center	51
	B. New Beginnings.....	52
XII.	TELEPHONE CALLS AND VISITATION	53
XIII.	STAFF SCREENING AND TESTING.....	55
XIV.	RECOMMENDATIONS	61
	A. Infection Control Recommendations	61
	B. Education and Programming Recommendations.....	68
	C. Administrative Recommendations.....	72
XV.	CONCLUSION.....	73

ATTACHMENT 1

ATTACHMENT 2

I. INTRODUCTION

This is the first report of the Office of Independent Juvenile Justice Facilities Oversight (OIJJFO), which was established pursuant to Mayor’s Order 2020-115, November 13, 2020, and created upon a January 6, 2021 court order vacating the Jerry M. litigation.¹ The office was established to “regularly monitor and publicly report on ...[t]he durability of the reforms the Department of Youth Rehabilitation Services (“DYRS”) previously achieved under the Jerry M. Work Plan and Consent Decree; and DYRS’s progress in achieving Jerry M. Work Plan Goals, including critical Work Plan indicators, that DYRS did not achieve prior to the Superior Court’s termination of the Jerry M. lawsuit.”²

Since March 2020, virtually every aspect of facility operations at both the Youth Services Center (YSC) and the New Beginnings Youth Development Center (New Beginnings) has been significantly altered to address the COVID-19 pandemic, which was caused by the highly contagious virus SARS-COV-2. For example, new intake screening and quarantining processes were developed; youth were released from their cells in small groups to promote social distancing; in-person visitation was suspended; programming was suspended for some youth and modified for others; and youth access to service providers from the community was greatly curtailed and, at times, stopped entirely.

The measures that the Department of Youth Rehabilitation Service (DYRS) put in place have almost certainly reduced the introduction and transmission of COVID-19 among youth and staff within the facilities; however, they also significantly isolated youth, restricting their ability

¹ A draft version of this report was provided to DYRS on June 25, 2021 and comments were requested by July 9, 2021. A new acting director of DYRS started on July 12, 2021 and the agency requested until July 22, 2021 to submit comments on the draft report. The comments submitted by DYRS are attached to this report as Attachment 1. Those comments have been considered and responded to, as indicated, in this final report.

² Mayor’s Order 2020-115, November 13, 2020, §§I.A.1.-2.

to socialize with other youth and staff. Furthermore, the measures adversely impacted the amount and quality of the educational services they receive, their opportunities to see family members in person, and limited participation in therapeutic activities as specified in youths' treatment plans. In short, the public health measures implemented to protect youth from COVID-19 over the past 16 months have come with significant costs to the well-being of the youth housed in the facilities.

In their response to the draft version of this report, DYRS stated that the agency's "practices constantly evolved in line with updated guidance from ... [public health] officials, including DC Health and the Federal Center for Disease Control (CDC), as well as the Office of Juvenile Justice Delinquency and Prevention (OJJDP) and the Bureau of Prisons (BOP)."³ The OIJFO does not dispute this assertion. In fact, this report documents the many operational modifications DYRS implemented to protect the health and safety of youth and staff at both facilities from COVID-19; however, as the CDC Guidelines make clear, "[t]he guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions."⁴

The OIJFO's review suggests that there were – and are – ongoing opportunities to implement practices consistent with public health guidelines adapted to the particular circumstances of DYRS's secure facilities that would be less restrictive for youth and provide more opportunities for youth to participate in treatment, school and/or recreation.⁵ As the report

³ See Attachment 1 at 1.

⁴ See CDC Interim Guidance on Management of Coronavirus Disease 2019 (Covid-19) in Correctional and Detention Facilities, Intended Audience, ¶2.

⁵ For example, promoting social distancing consistent with public health guidelines could be achieved in multiple ways. Generally, DYRS's strategy has been to allow a single youth or small groups of youth out of their cells at one time. An alternative strategy that would provide for more out-of-cell time might involve dividing housing units into two smaller cohorts, with one recreating in dayrooms while the other recreated in an alternate location, such as outdoors or the gym. The OIJFO recognizes that there may be operational costs associated with such strategies, most notably additional staffing costs necessary to supervise youth in more areas of the facility.

notes, both facilities are small, contain housing units of 11 or fewer youth, and have operated below capacity throughout the duration of the pandemic.

This report examines the steps DYRS staff implemented to respond to the pandemic and the impact of those efforts on youth and staff at the YSC and New Beginnings.⁶ While DYRS continues to take steps to return to normal operations, including encouraging staff to get vaccinated and importantly, as of July 15, 2021 at the YSC and July 23, 2021 at New Beginnings, starting to make vaccines available to eligible youth, DYRS must ensure that, prospectively, the impact of protective measures is minimized to the greatest extent possible. This is particularly true since COVID-19 is likely to remain a public health risk for the foreseeable future.

II. BACKGROUND

DYRS operates two secure facilities, the YSC and New Beginnings. The two facilities serve different functions in the juvenile justice system, house different cohorts of youth, and operate different programs. Whereas the YSC houses principally detained youth with pending charges, New Beginnings houses committed youth whose charges have been adjudicated. The rates of admissions and the locations from which youth are admitted to the two facilities (*i.e.*, directly from the community vs. transferred from another facility) are significantly different, as are the average lengths of stay among youth housed at the two facilities. Because of their significantly different missions and operations, programming goals and options at the two facilities are also very different.

⁶ DYRS began implementing measures in response to the surge of COVID-19 in the United States in March 2020, and these measures have, as expected, evolved over time as knowledge about COVID-19 expanded. Many of these measures remain in place, and where measures are different between facilities they will be discussed separately.

Notwithstanding their differences, both the YSC and New Beginnings are secure, densely populated settings in which communicable diseases can spread rapidly among residents and staff. Furthermore, because of the daily flow of youth and staff into and out of the two facilities, there is a substantial opportunity to introduce highly contagious viruses like SARS-COV-2 into the facility.

The first case of a positive COVID-19 test for a youth in DYRS custody occurred in March 2020. The youth was housed at New Beginnings.⁷ Additional youth at the facility tested positive shortly thereafter. Subsequently, in April 2020, a youth at the YSC tested positive for COVID-19 and, like at New Beginnings, additional youth were diagnosed soon after.

III. METHODOLOGY

This report is based on multiple sources of information. Staff from the OIJFO conducted site visits on all three shifts and at both facilities between March and June 2021.⁸ Every housing unit was observed on multiple occasions, including housing units on isolation status,⁹ full quarantine status,¹⁰ and soft quarantine status.¹¹

⁷ While it was never definitively established how the youth contracted COVID-19, he had visited a hospital emergency department two weeks earlier for reasons unrelated to COVID-19.

⁸ Janet Maher assisted in the production of this report. Ms. Maher is an attorney with extensive experience in institutional and health-care settings. She led the Office of Corporation Counsel's Mental Health Division from 1992 to 2000, operated as Deputy General Counsel and Chief of Staff for the District's Child and Family Services Agency from 2000 to 2007, served as a DOJ Compliance Officer at Saint Elizabeths Hospital from 2007 to 2014, as well as overseeing the Hospital's Performance Improvement Department from 2013 to 2016. The OIJFO's medical expert, Michael D. Cohen, M.D., also reviewed and provided comments on the draft version of this report. Dr. Cohen served as the Medical Director for 20 years at the New York State Office of Children and Family Services, which operates the state's juvenile justice system. He is a national expert on provision of medical care in the juvenile justice context and he is extremely familiar with DYRS's medical services program, having served as an expert to the Office of the Special Arbiter from 2005 to 2020.

⁹ These units house youth diagnosed with COVID-19.

¹⁰ These units house youth who may have been exposed to an individual known to have tested positive for COVID-19.

¹¹ All units that are not on isolation or full quarantine status are designated "soft quarantine."

Additionally, interviews were conducted with the following categories of individuals at both facilities: youth housed on every housing unit; Superintendents; Deputy Superintendents; Youth Development Representatives (YDRs); Supervisory Youth Development Representatives (SYDRs); medical staff; behavioral health staff; Maya Angelou Academy staff; YSC school staff; administrative and program staff at both facilities; risk management staff; and human resources staff. Interviews were also conducted with the following agency executives and central office staff: the Medical Director; the Deputy Director of Youth Programs; the Deputy Director of Health Services; the Chief of Secure Programs; the principal of Maya Angelou Academy; and the interim principal of the YSC school.

OIJFO staff also collected and reviewed data from multiple sources, including the following: Data extracted from DYRS's management information system FAMCare as well as individual youth data stored in that system; youth health records; COVID-19 test results from the District of Columbia's Public Health Lab; COVID-19 test results from the YSC's rapid testing machine; DYRS's Schedule A;¹² management reports regarding housing unit populations on various statuses; school schedules; data regarding staff self-administered COVID-19 tests; data regarding facility staff availability since March 2020; and, youth programming schedules for both facilities.

IV. POPULATION

Population levels, and more particularly population densities, are of particular concern during an outbreak of communicable disease at a secure facility like a detention center. During an outbreak of an infectious disease, having the flexibility to reduce population density, separate

¹² The Schedule A is the agency's official personnel record that includes every position in the agency.

individuals from one another, and isolate sick or at-risk individuals from healthy individuals is critical. Low population levels facilitate these sorts of public health responses.

A. Youth Services Center

The YSC is an 88-bed facility that includes eight, 11-bed housing units (four on each of two floors), and an intake area with five holding cells.¹³ As of January 2020, two months prior to the Mayor's declaration of the public health emergency related to COVID-19 in the District of Columbia,¹⁴ the population of the YSC was already at historically low levels. From January 2020 through mid-March 2020, population levels fluctuated between 40 and 60 youth, a total comprised principally of detained youth and a smaller number of committed youth who were awaiting placement at a different facility.¹⁵ The YSC population also included a small number of youth who were charged as adults with criminal offenses (Title 16 youth)¹⁶ and youth who were detained pending presentation at court (overnighters). Over that same period, admissions levels also were low, with 14-day average daily admissions fluctuating between approximately 1.5 to 2.5 youth admission per day.¹⁷

At the start of March 2020, DYRS and its partner juvenile justice agencies took steps to reduce the population of incarcerated youth.¹⁸ In the middle of March 2020, admissions to the YSC began to drop precipitously and the facility population correspondingly fell rapidly. On

¹³ Unlike the cells on housing units, the cells in the intake area do not have beds, sinks, or toilets.

¹⁴ Mayor's Order 2020-045, March 11, 2020.

¹⁵ Some detained youth were also committed to DYRS custody on prior charges.

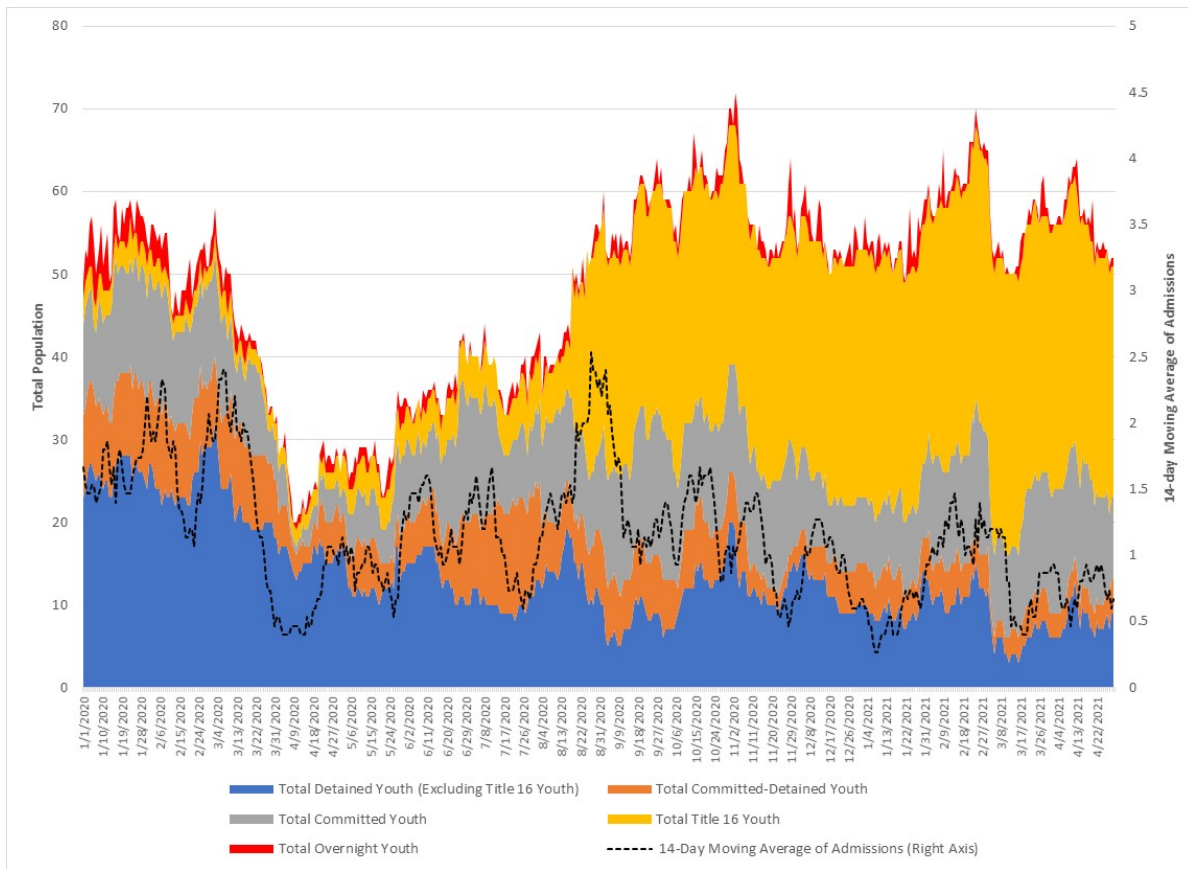
¹⁶ Title 16 youth are individuals between 16 and 18 who are charged pursuant to D.C. Code § 16-2301(3)(A). Custody of Title 16 youth was transferred from the District of Columbia Department of Corrections to DYRS in September 2018. Until August 2020, with few exceptions, Title 16 youth were admitted to the YSC and several days later transferred to New Beginnings for long-term housing. As described below, in August 2020 that housing practice changed. See pages 7-8.

¹⁷ Overnighters are excluded from these reported admission levels. Because overnighters length of stay is typically one night, the impact of overnighiter admissions on population levels is highly attenuated.

¹⁸ The Special Arbitrator's Report to the Court Regarding Defendants' Response to COVID-19 at the Youth Services Center and the New Beginnings Youth Development Center, filed May 6, 2020, at 3-4.

April 19, 2020, the population fell to an all-time historic low of 20 youth. Over the ensuing three months, the number of admissions gradually trended upward and the population of the YSC slowly grew, driven in large measure by an increase in the number of committed youth awaiting placement in other settings.

Chart 1: Youth Services Center Daily Population and 14-Day Admissions Averages, by Status and Day January 1, 2020 - April 30, 2021



In August 2020, DYRS adopted a new housing practice that substantially altered both the size and composition of the YSC population. Prior to August 2020, with few exceptions, Title 16 youth were housed at New Beginnings. In August 2020, DYRS transferred all Title 16 youth out of New Beginnings to the YSC.¹⁹ Consequently, with the addition of Title 16 youth to the

¹⁹ Initially, nine Title 16 youth were transferred on August 18, 2020 and the final eight youth housed at New Beginnings were transferred to the YSC on August 25, 2020.

YSC, the population of the facility quickly rose by approximately 30 percent over two weeks, from the low forties to mid-fifties. More significant to population levels over the medium and long-term than the number of admissions, however, was the fact that Title 16 youth tend to have much longer lengths of stay in detention than other youth housed at the YSC. Whereas prior to the transfer of Title 16 youth to the YSC, the facility population was highly correlated with the average number of admissions, after the August 2020 transfer, aggregate population levels were much less responsive in the short term to changes in admission rates.²⁰ More specifically, because of their longer lengths of stay, once transferred to the YSC, the size of the Title 16 population remained relatively stable over time, which drove (and maintained) the baseline population of the facility higher.

The net effect of DYRS's transfer of Title 16 youth to the YSC was ultimately to change the YSC from a facility housing predominantly detained youth into a facility housing a majority Title 16 youth with longer lengths of stay. Title 16 youth are housed separately from other youth at the facility; since their transfer to the YSC, this cohort has generally occupied three of the YSC's eight, 11-cell housing units. Fortunately, the cohorts of non-Title 16 youth have remained at historically low levels since the Title 16 youth were transferred, generally below 30 youth.

Despite the lower numbers of non-Title 16 youth housed at the YSC, there are still numerous cohorts of youth housed at the YSC that must be housed separately, including girls,²¹

²⁰ This is evident in Chart 1 at the end of August 2020. Prior to that point, the peaks and valleys of the 14-day admission trend line generally corresponded with increases and decreases in the YSC population. However, the precipitous decline in the admissions after the late-August peak did not result in a corresponding decrease in the YSC population. The reason is because the newly introduced Title 16 youth had substantially longer lengths of stay than the other cohorts of youth housed at the facility.

²¹ Presently, there are few girls at the YSC and they occupy a single housing unit, irrespective of legal and intake status.

newly admitted boys,²² detained boys, and committed boys,²³ which can make assigning youth to housing units challenging. Additionally, since April 2020, there has also been a periodic need to designate a single housing unit as an “isolation unit” for youth who have contracted COVID-19. This has been possible due to the relatively low number of youth housed at the YSC; however, if the sizes of the cohorts of non-Title 16 youth were to revert to historical averages,²⁴ the presence of Title 16 youth occupying multiple housing units at the facility could present severe operational pressures.

B. New Beginnings

New Beginnings has a housing capacity of 60 youth. The facility’s six, 10-bed housing units are organized in three separate buildings, each of which contains two housing units. In January 2020, before the start of the COVID-19 pandemic, New Beginnings was operating with a total population of just under 40 youth, approximately half of whom were Title 16 youth. Shortly after the first case of COVID-19 at the facility on March 27, 2020, DYRS took steps to depopulate the facility. Committed youth were released to alternative settings.²⁵ Additionally, unlike the YSC, which houses youth who are ordered to be securely detained by the court, DYRS has complete control over admissions at New Beginnings and therefore the agency elected not to transfer any youth to the facility between February 28 and May 20, 2020. Chart 2, below, illustrates population levels and admissions at New Beginnings between January 1, 2020 and April 30, 2021.

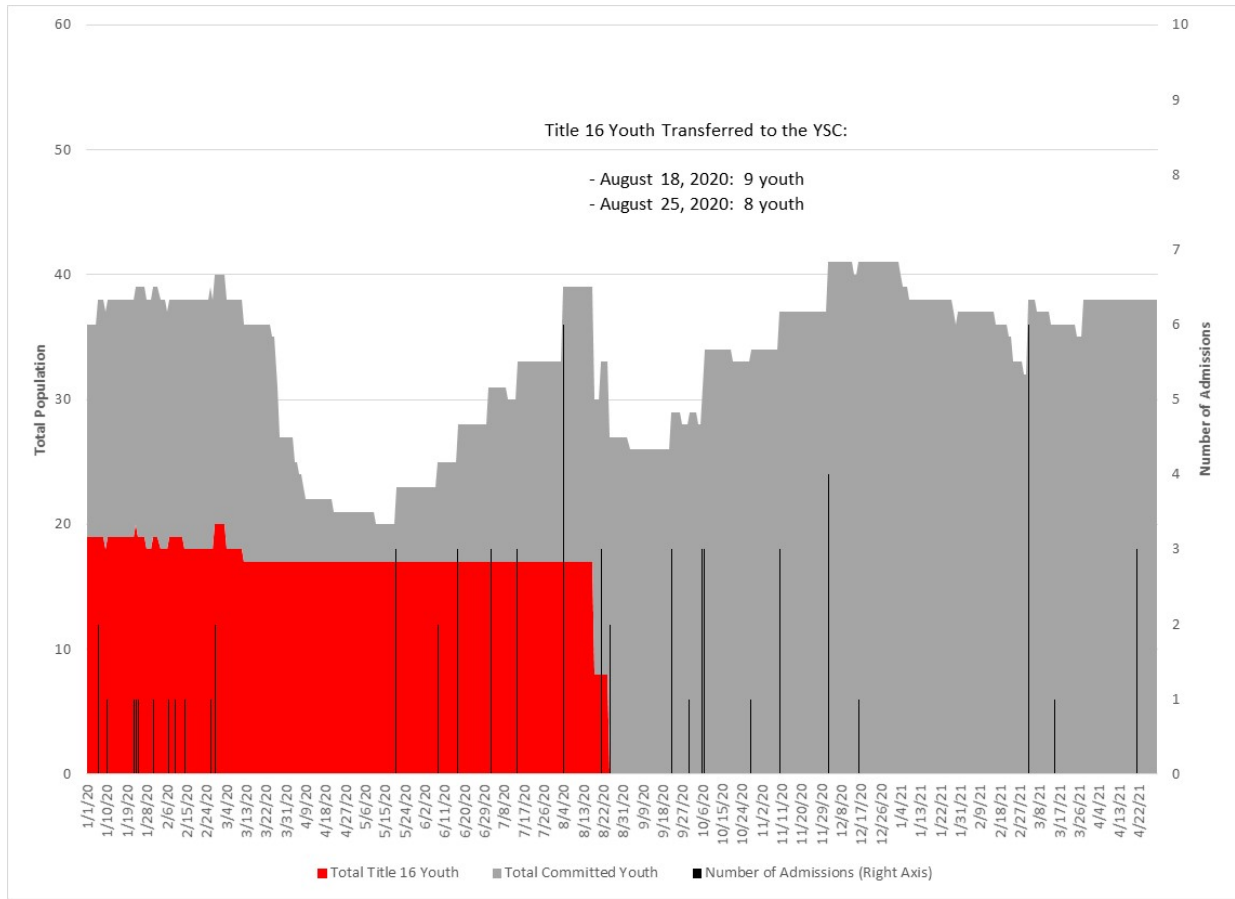
²² Newly admitted boys of all legal statuses are housed together in an intake housing unit.

²³ At times, due to space constraints, committed and detained youth are mixed on the same housing units.

²⁴ For the five years prior to the pandemic (*i.e.*, prior to the transfer of Title 16 youth to the facility), the average daily population of the YSC was, respectively: 42 youth in 2019; 41 youth in 2018; 73 youth in 2017; 85 youth in 2016; and, 74 youth in 2015. Furthermore, those five years represent lower average daily population levels than in prior years, which at times exceeded 100 youth daily, higher than the facility’s 88-single cell capacity.

²⁵ Whereas DYRS has the authority to release committed youth to alternate placements, it does not have the authority to release Title 16 youth without approval of the court.

**Chart 2: New Beginnings Population and Admissions, by Day and Status
January 1, 2020 – April 30, 2021**



As the chart reflects, between the middle of March 2020 and the beginning of April 2020, the population at New Beginnings dropped by nearly half and population levels settled in the low twenties, until they began to increase in late-May 2020. Before the late-May increase, approximately 80 percent of the facility’s population was Title 16 youth.

Throughout the summer months, DYRS gradually admitted committed youth to the facility. Then, as noted in the discussion of the YSC population, in August 2020 DYRS transferred all Title 16 youth from New Beginnings to the YSC, substantially changing the composition of the facility. According to DYRS executives, the change was made so that New

Beginnings staff could operate a single, unified program for committed youth rather than two different programs, one for committed youth and another for Title 16 youth.²⁶

By the end of 2020, the New Beginnings population grew again to pre-pandemic levels of approximately 40 youth. While the population was higher than levels experienced over much of 2020, the facility still operated with approximately one third of its bed capacity available. Consequently, DYRS was able to maintain at least one vacant housing unit available to use in case the agency needed to create an isolation housing unit for youth diagnosed with COVID-19.

V. INITIAL RESPONSE TO COVID-19

A. Youth Services Center

As noted above, at the onset of the pandemic in early-March 2020, DYRS initially began to reduce the population at the YSC. With lower population levels, the agency had greater flexibility to separate youth into cohorts and contain outbreaks of COVID-19. In mid-March 2020, DYRS established its first quarantine housing unit after a number of youth were potentially exposed to an individual who was COVID-19 positive at D.C. Superior Court.²⁷ Because of social distancing measures that were enacted, youth on all units were only allowed out of their rooms one at a time or in small groups, and only for limited periods of time. Around the same time, contact between youth at the facility and individuals in the community was significantly curtailed: All programming requiring vendors to enter the facility was suspended; in-person school, which is operated at the YSC by the District of Columbia Public Schools

²⁶ Title 16 youth are detained youth, albeit on adult charges. The YSC, unlike New Beginnings, operates as a facility for detained youth; however, detained youth generally have much shorter lengths of stay in detention status than Title 16 youth, and in that respect, Title 16 youth are more like committed youth.

²⁷ Special Arbitrator's May 6, 2020 Report at 5. Quarantine housing units were established at both facilities beginning on March 18, 2020 as a precautionary measure after DYRS management was notified that a U.S. Marshal who worked in the juvenile cellblock at the D.C. Superior Court had tested positive for COVID-19. Special Arbitrator's May 6, 2020 Report at 13. The youth who were in the cellblock with the U.S. Marshal were initially quarantined, but later tested negative for COVID-19 and were moved back to general population housing units.

(DCPS), was suspended;²⁸ in-person visitation was cancelled; court hearings were conducted by video conference; and legal visits were conducted by telephone or, at times, video conference.

In addition to those measures described above, DYRS implemented new practices designed to reduce the possibility of newly admitted youth introducing the virus into the YSC.²⁹ Upon arrival at the YSC, all youth were required to don a mask and gloves, undergo a medical screening process that assessed for risk of COVID-19, and have their temperature taken by a medical staff member. After their initial screening, all newly admitted youth were placed on a designated housing unit for a 14-day quarantine period, where they were monitored twice daily by medical staff for symptoms of COVID-19, including temperature checks. Youth who remained at the facility for at least one week were tested for COVID-19. Subsequently, according to the DYRS Medical Director, in approximately May 2020, DYRS implemented a practice of testing all newly admitted youth upon admission.³⁰ Only after testing negative for COVID-19 and completing the initial 14-day quarantine were youth allowed into the general population housing units. Furthermore, youth and staff on all housing units were required to wear varying levels of personal protective equipment (PPE).³¹

Unfortunately, also during the early months of the pandemic, substantial numbers of YSC staff, including direct care staff responsible for supervising youth and providing services, were

²⁸ In-person school also was suspended in schools DCPS operated in the community.

²⁹ At New Beginnings, as noted above, DYRS was able to stop admitting youth for a period of time. However, unlike at New Beginnings, DYRS must accept certain new admissions to the YSC, including youth who are ordered to be securely detained by the court and youth who are arrested and are pending presentation at court.

³⁰ This began when DYRS acquired the capacity to conduct on-site, rapid COVID-19 tests. Additionally, they simultaneously tested youth using the more sensitive, but also slower, polymerase chain reaction (PCR) test. See page 18. DYRS does not consider overnighters to be “admissions” because they have not been ordered by the court to be securely detained. Asymptomatic overnighters are not tested; however, if they are subsequently ordered to be detained at the YSC, they are subject to the complete intake screening and assessment process and receive COVID-19 tests consistent with DYRS practices.

³¹ PPE requirements varied by housing unit depending on whether the unit housed newly admitted youth.

quarantined and unavailable for duty.³² This greatly curtailed DYRS's ability to provide services to youth or to fill in gaps created by the reduction in programming.

B. New Beginnings

Because youth are not admitted to New Beginnings directly from the community, there were fewer opportunities for youth to introduce the novel coronavirus into that facility compared with the YSC. In fact, no youth was admitted to New Beginnings after February 28, 2020, nearly a month prior to when the first youth tested positive in late-March 2020.

The identification of the first COVID-19 positive youth had an immediate, cascading effect. An isolation unit was established and soon additional youth were diagnosed with COVID-19 and moved to that unit. Every occupied non-isolation housing unit was operated as a quarantine unit, which meant that youth did not leave their housing units and were allowed out of their cells one at a time for short periods on the AM and PM shifts. Scores of staff were required to quarantine, including the entire medical staff, making them unavailable for duty.³³ As at the YSC, the in-person education program stopped and service providers were not allowed in the facility, thus ending programming for youth. Staff and youth were required to wear PPE.

Collectively, the measures DYRS adopted reduced the risk of introduction and spread of the novel coronavirus within the YSC and New Beginnings over time. As noted above, quarantine housing units were established at both facilities beginning in mid-March 2020.³⁴ Over time, new policies and procedures were implemented, informed by CDC Guidelines,³⁵ to

³² See Chart 8, page 56. In their comments on the draft version of this report, DYRS explained that during the early months of the pandemic, the mechanisms by which COVID-19 spread were relatively unknown and the large number of staff placed on quarantine status was consistent with the public health guidance at the time.

³³ Medical staff from the YSC provided medical services at New Beginnings while the latter staff were quarantined.

³⁴ See footnote 27, above.

³⁵ The Center for Disease Control issued Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities in March 2020 and has updated that guidance over time.

try and prevent the spread of the disease within the agency as well as to treat the youth who were diagnosed with the disease. Nevertheless, at various times since March 2020 youth at both facilities tested positive for COVID-19. The next sections include a description of the steps DYRS took, and continues to take, to respond to the ongoing coronavirus pandemic.

VI. COVID-19 AMONG YOUTH AT THE YOUTH SERVICES CENTER AND NEW BEGINNINGS

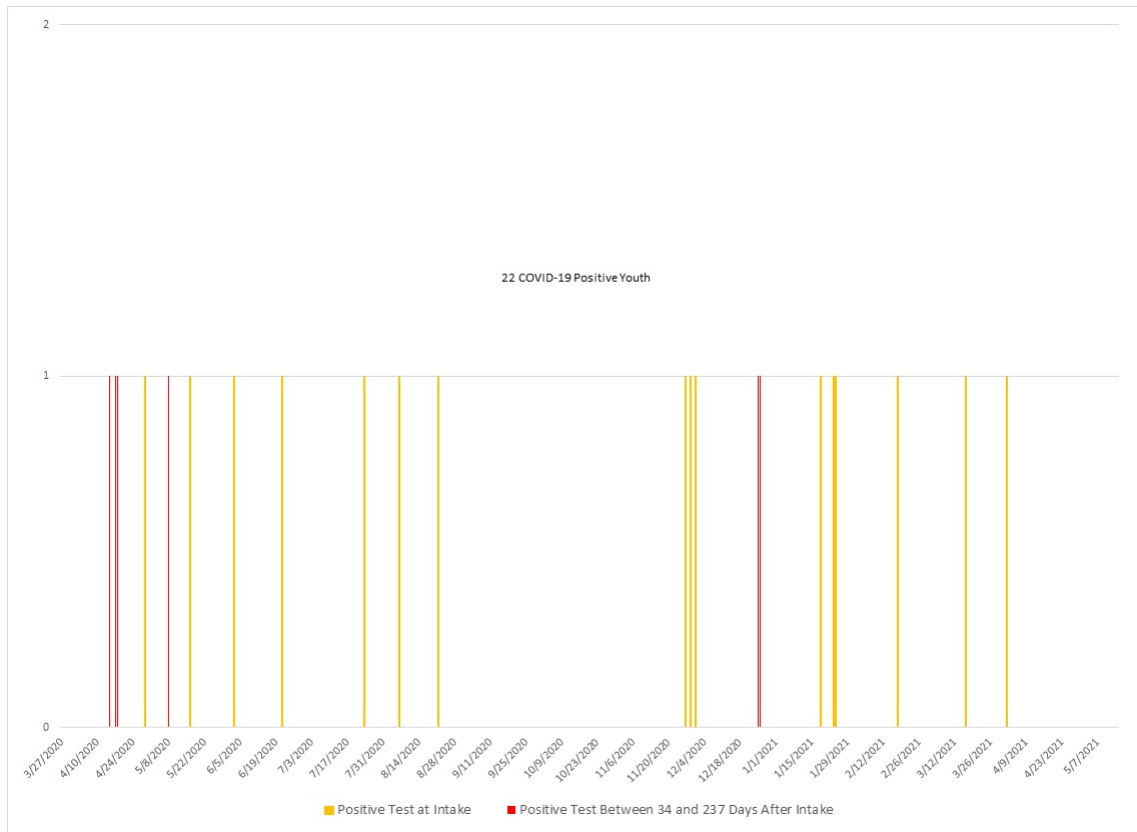
On March 27, 2020 the first youth in DYRS's custody was diagnosed with COVID-19. The youth was housed at New Beginnings. Over two weeks later, on April 15, 2020, the first COVID-19 positive youth was identified at the YSC.³⁶

A. Chronology of COVID-19 Cases at the Youth Services Center

Between the first diagnosed case of COVID-19 at the YSC on April 15, 2020 and May 15, 2021, a total of 22 youth at the YSC tested positive for COVID-19. Chart 3, below, illustrates the positive COVID-19 cases detected at the YSC over time:

³⁶ The youth, a Title 16 youth, had been housed at the YSC since December 12, 2019. In comments on the draft version of this report, DYRS stated that the first positive COVID-19 test at the YSC was on April 7, 2020. Based on OIJFO's review of the relevant health records of youth who tested positive in early April 2020, it appears that for the first youth who tested positive, the test was administered on April 13, 2020 and the positive test result was received on April 15, 2020.

**Chart 3: Positive COVID-19 Tests Among Youth at the YSC
March 27, 2020 - May 15, 2021**



The positive cases were diagnosed through DYRS’s testing practices, which include intake testing, as well as ongoing testing of both symptomatic and certain asymptomatic youth housed at the YSC. Of the 22 positives cases, 16 were identified through testing conducted at intake. Five of those 16 positive cases were among overnights, who, according to medical staff, are not tested routinely, but rather only if they show symptoms consistent with COVID-19 or have recently been in close contact with an individual known to have COVID-19.

Six positive cases were diagnosed among youth who were not newly admitted to the facility, all of whom had been housed at the facility for at least four weeks. Of these six youth, three youth had been at the YSC for over seven months. It was not possible to determine how these youth contracted the virus (*i.e.*, either from youth or staff). DYRS’s management

information system, FAMCare, does not retain historical records of youth housing assignments, making analysis of historical housing unit populations challenging.

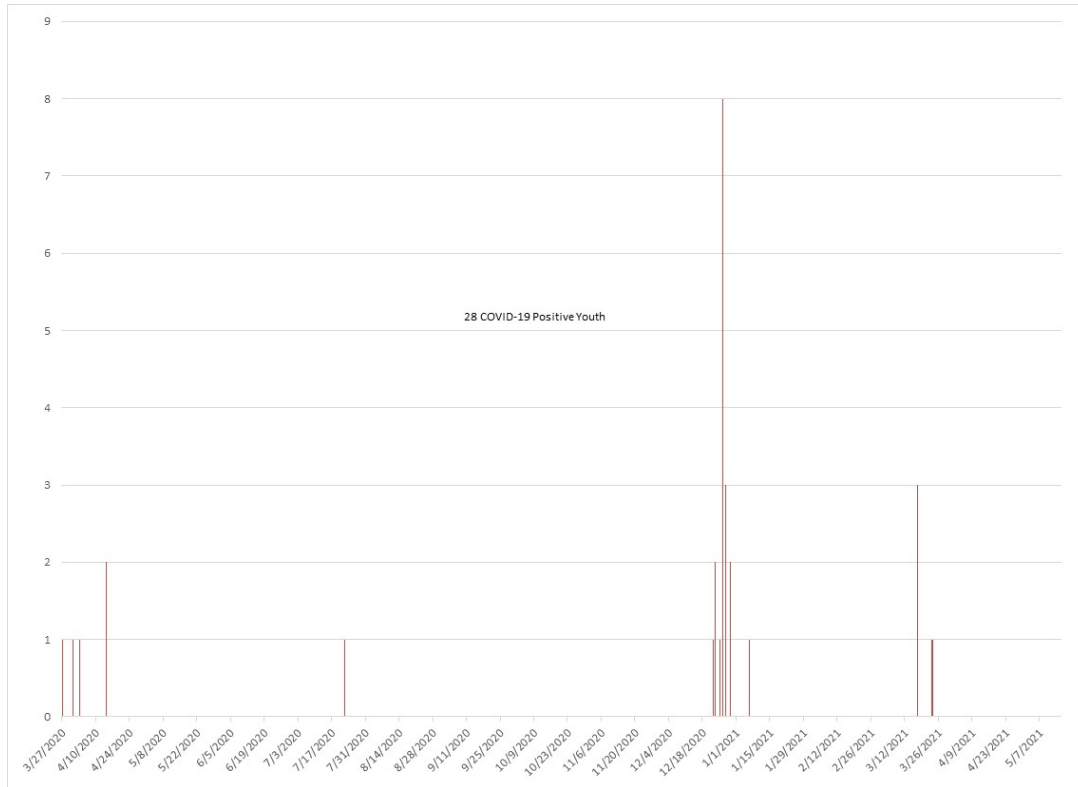
Chart 3, above, illustrates that there were five COVID-19 infections identified between April 15 and May 8, 2020, four of which were among youth who had been housed at the facility for at least four weeks. Between May 8 and late-December 2020, however, all nine positive COVID-19 cases identified at the facility were detected through intake testing. For a three-month period between late-August and late-November 2020, there were no COVID-19 cases detected at the YSC.

In late-December 2020, two youth at the YSC, both who had been housed at the facility for over seven months, tested positive for COVID-19, suggesting that the youth were infected by contact with someone who had been in the community, such as a staff member. Between January 19 and the date of this report, six additional cases were detected among youth, all of which were identified through intake testing, the last of which was identified in early April 2021.

B. Chronology of COVID-19 Cases at New Beginnings

After the first positive COVID-19 case was identified at New Beginnings on March 27, 2020, an additional four cases were identified over approximately the next two weeks. After that initial outbreak was contained, there was only one identified positive case between mid-April and mid-December 2020 (in July 2020). Over a one-week period in late December, there was a subsequent outbreak of COVID-19 at New Beginnings and 17 of the 41 youth at the facility, 41 percent, tested positive for COVID-19. An additional youth tested positive eight days later, in January 2021. Since the outbreak that ended in January 2021, there have been four additional cases at New Beginnings, all of which were in mid-March. Chart 4, below, illustrates the positive COVID-19 cases over time.

**Chart 4: Positive COVID-19 Tests Among Youth at New Beginnings
March 27, 2020 – May 15, 2021**



VII. COVID-19 TESTING PRACTICES FOR YOUTH

DYRS has implemented and refined a strategy intended to identify positive cases as youth are admitted to the facilities through a combination of testing and quarantining. The agency also tests symptomatic youth, as well as some asymptomatic youth at both of their facilities.

A. Intake Testing

1. Youth Services Center

Youth who are processed through the intake unit at the YSC typically arrive directly from the community. At the time of arrival, little is known about their health, including whether they have, or have been exposed to, COVID-19.

DYRS modified the intake process for newly admitted youth at the YSC in response to the pandemic in March 2020. Upon arrival, youth are met by staff in the vehicle sallyport adjacent to the intake unit.³⁷ Staff report that most youth arrive with a mask already on, but if the youth does not have a mask or is in need of a new one, YDR staff provide them with one. While in the sallyport, youth are asked a series of COVID-19-related screening questions. The youth is then escorted into the intake unit by DYRS staff, where medical staff meet them to take their temperature and ask additional screening questions.³⁸

If the youth does not have a fever and is cleared by medical, the youth is moved to an intake cell and thereafter brought to medical for a medical screening and assessment,³⁹ which, as of June 2020,⁴⁰ includes COVID-19 testing.⁴¹ According to YSC medical staff, youth who are overnights receive a COVID-19 test only if they are symptomatic or have been exposed recently to an individual known to have COVID-19. Overnights are typically housed alone in the five holding cells in the intake unit until they are presented at court. As noted above,⁴² of the 16 youth who tested positive for COVID-19 at intake between March 27, 2020 and May 15,

³⁷ Staff in the intake unit wear, at a minimum, a mask, a face shield or other eye coverings, and gloves.

³⁸ Any youth with a temperature is not admitted into the facility by YSC staff; rather, the youth is transported directly to the hospital by whichever entity transported the youth to the YSC. If the youth is subsequently cleared of COVID-19 (and/or any other emergent medical issues) by the hospital, s/he is transported back to the YSC.

³⁹ Overnights receive only a medical screening whereas non-overnights receive a medical screening and a medical assessment.

⁴⁰ In May 2020 the YSC obtained a rapid COVID-19 testing machine that, according to YSC medical staff, can produce test results in 13 minutes (although the test is not as accurate as the PCR test and is more likely to result in a false negative). According to the medical staff at the YSC, when the machine first arrived, DC Health staff trained a number of YSC medical staff to use the machine and those staff trained the remaining YSC medical staff. The first record of a rapid test administered at the YSC was on June 11, 2020. In addition to the rapid COVID-19 test, a PCR nose swab test is administered to each youth upon intake and sent to a laboratory for analysis. The PCR test is more sensitive than the rapid test, but results take longer to receive and may result in more false positives. During the initial months of the pandemic, some COVID-19 tests were sent to private laboratories, but according to the Medical Director, since late-spring 2020 all PCR tests have been sent to the District of Columbia Public Health Lab (DCPHL) for analysis. DYRS medical staff reported that they generally receive the results of the lab tests within one to two days of test administration.

⁴¹ See page 12 for a discussion of the intake testing protocol.

⁴² See page 15.

2021, five, or 31 percent, were overnights and all five were released back to the community the day of their positive test.

Following the initial intake screening, assessment, and testing, all youth newly admitted to the YSC are placed on a 14-day quarantine in a designated intake housing unit.⁴³ While on the intake unit, you are not allowed to attend school or go to the gym for recreation. YDRs report that school staff provide paper packets for youth to complete on their own. Additionally, youth are seen twice a day by medical staff, once on the AM shift and once on the PM shift, who monitor them for any symptoms consistent with COVID-19 and take their temperature. If a youth submits a request to be seen by medical, medical staff assess the youth on the unit. While on the intake quarantine unit, youth are allowed out of their cells one at a time, for one hour during the AM shift and one hour during the PM shift. While out of their cells, youth have the option to shower, use the telephone, watch television, or use a small outdoor recreation area connected to the housing unit. After the 14-day quarantine period elapses, youth are released from intake quarantine.

2. New Beginnings

Almost all new admissions to New Beginnings are youth who are transferred from the YSC.⁴⁴ According to medical staff, youth who are scheduled to be transferred are administered a PCR test for COVID-19 while they are still at the YSC, generally within the week before they are transported to New Beginnings. If a youth were to test positive they would be placed on isolation at the YSC and not transferred to New Beginnings.

⁴³ There are separate intake housing units for boys and girls.

⁴⁴ While youth may be admitted to New Beginnings from settings other than the YSC, such as a group home, all youth admitted to New Beginnings since January 2020 were transferred from the YSC.

Once the youth arrive at New Beginnings, their temperature is taken and they are asked a series of COVID-19 screening questions. If a youth has a temperature or answers yes to any of the screening questions, another PCR test is administered.⁴⁵ Medical staff then review the youth's medical charts and conduct an intake exam, after which the youth is placed on a designated intake housing unit for a 14-day quarantine period.

Like at the YSC, during the initial 14-day quarantine, each youth is allowed out of his cell one at a time. However, unlike the YSC, the amount of time youth are allowed to spend out of their cell depends on the number of youth who are on the unit, but youth and staff reported that it is around one to one and a half hours on each of the AM and PM shifts. During this initial 14-day quarantine, the youth are not allowed to attend school in the school building or to go the gym for recreation. YDRs and youth report that during this initial quarantine period, school staff provide hard copy educational packets to the youth, which they complete in their cells and return to education staff.

Youth reported, and OIJFO staff observed, that while they are in their cells, youth spend their time reading, exercising (*e.g.*, by doing pushups), or watching television, if they can see it from the window in their cell door. During out-of-cell time, youth are allowed to make phone calls, shower, watch television, play games, and can access the outdoor patio adjacent to the housing unit. While on quarantine, youth are seen by medical staff twice each day for a temperature and COVID-19 symptoms check, once on each of the AM and PM shifts. If a youth submits a form requesting medical care, medical staff report to the unit to see the youth. After the 14-day quarantine is complete, youth spend an additional two weeks on the same unit for orientation before they are transferred to a non-intake, "program unit."

⁴⁵ Medical staff stated that if a youth were to arrive at New Beginnings from somewhere other than the YSC (*e.g.*, a group home or court), they are also tested if they were at the prior placement for more than 14 days.

The Medical Director indicated that DYRS is currently revising the intake process at New Beginnings to decrease the amount of time youth remain in the intake unit after transfer from the YSC, since the youth would have been tested for and closely monitored for COVID-19 symptoms prior to release from the YSC. Instead of a 14-day quarantine, a PCR test will be administered on or around day five after admission to New Beginnings and, assuming a negative result, the quarantine would end after seven days. By limiting the quarantine period, youth would be able to begin orientation and participate in school and other program activities sooner, as well as have more out-of-cell time.

B. Testing Symptomatic Youth

According to DYRS medical staff, any youth displaying symptoms consistent with COVID-19 is tested using both a rapid test and PCR test at the YSC and a PCR test at New Beginnings. According to the Medical Director there are no written clinical guidelines for staff regarding when to test symptomatic youth. The Medical Director indicated that she instructed nursing staff to use their individual, clinical judgment to decide when to test youth, and that they operate, in general, with “a very high index of suspicion and low threshold to test.” DYRS medical staff reported that they are “cautious,” and thus frequently test youth with symptoms that are consistent with COVID-19.

If a youth tests positive for COVID-19, he is transferred to an isolation housing unit.⁴⁶ According to the Medical Director, since the first diagnosed case of COVID-19 until some point in the spring of 2021, DYRS adopted a test-result based criteria to determine when youth could be released from isolation. She indicated that it had been their practice that a youth placed on isolation would be retested for COVID-19 ten days after either the onset of symptoms or the

⁴⁶ For more information on isolation units, see pages 29-30.

positive test that resulted in their placement on isolation (*i.e.*, for youth who tested positive, but were asymptomatic).⁴⁷ Under DYRS' practice, if the test results were negative, a second PCR test would be conducted a minimum of 24 hours after the prior test and if the second test were also negative, the youth would be released from the isolation unit and returned to a soft quarantine unit. If, however, either of the two tests were positive, the PCR test would be repeated seven days later and the youth would remain in the isolation unit until he tested negative twice on consecutive tests at least 24 hours apart. Some youth spent significant amounts of time in isolation while waiting for consecutive negative test results, even though they were asymptomatic or had no known exposure to COVID-19 for over 14 days.⁴⁸

Starting in approximately April 2021, consistent with CDC Guidelines, DYRS changed its policy regarding releasing youth from isolation to a time and symptoms-based strategy.⁴⁹ The policy recognizes that “[i]ndividuals with COVID-19 may continue to test positive for weeks after they are no longer infectious.”⁵⁰ This policy change prospectively could greatly reduce the amount of time youth who test positive for COVID-19 spend on an isolation housing unit and allow the youth to return to school and other programs.

⁴⁷ A PCR test is administered in these cases. This process evolved over time. Early in the pandemic, youth on isolation were quarantined for 14 days.

⁴⁸ For example, youth MI was first placed in isolation at the YSC on April 13, 2020 because he showed symptoms consistent with COVID-19. He was tested that day and the positive results were received by YSC medical staff on April 15, 2020. Consistent with the policy at that time, the youth was first retested 14 days following the onset of symptoms. While the first results came back negative, the second test two days later came back positive and so he had to wait an additional 14 days for a follow-up retest. The second test of that round of testing also returned a positive result, thus an additional 14 days later he had to restart a third round of retesting. Finally, during this third round of retesting he produced two negatives tests. After 52 days, youth MI was released from the isolation housing unit. Similarly, youth JW was on a full quarantine unit because a youth on his unit tested positive for COVID-19. While he did not show symptoms, he was tested based on his exposure and was confirmed positive for COVID-19 on December 26, 2020. He was moved to an isolation unit at the YSC. His first retest came back positive, as did the second retest. Finally, during the third round of retesting which began 25 days after his diagnosis, he received two negative tests. Youth JW was moved off of the isolation housing unit after 28 days.

⁴⁹ Updated Guidance on Discontinuing Isolation of Youth with Confirmed COVID-19 (Updated Guidance), undated. This policy is not included as an attachment to this report, but it will be made available upon request.

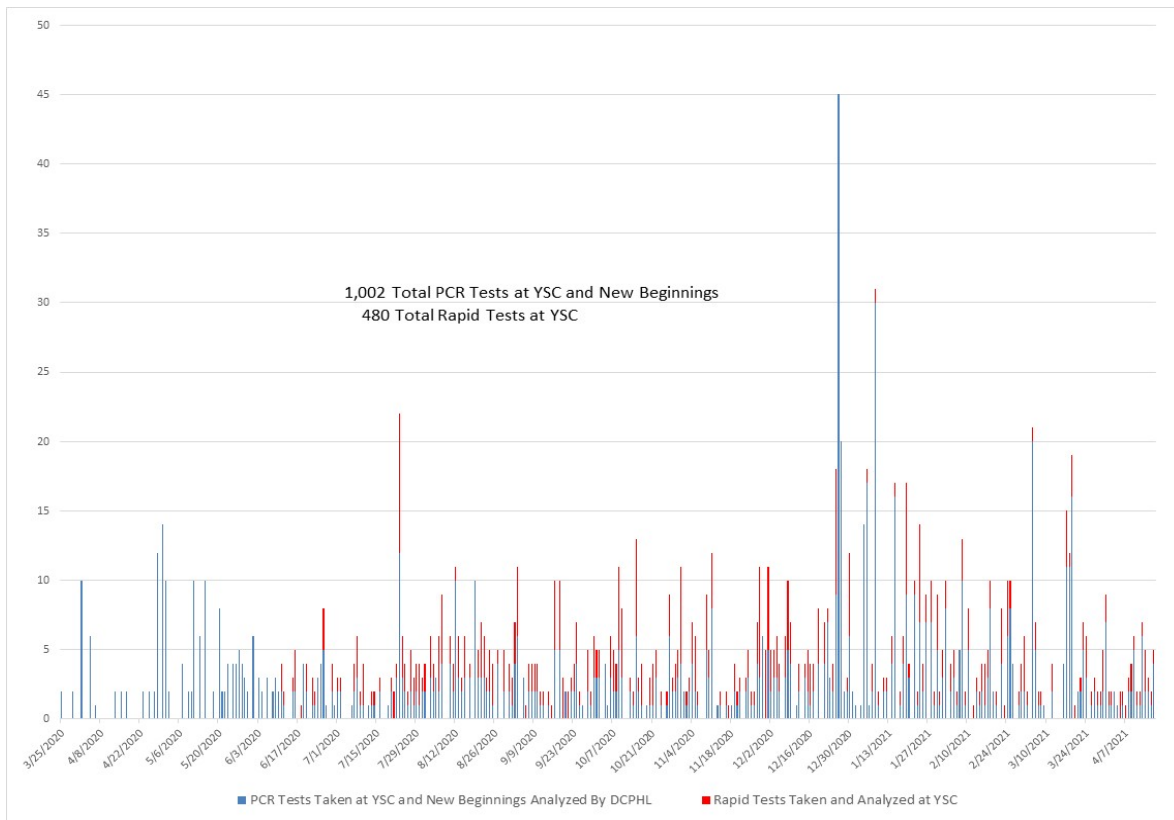
⁵⁰ Updated Guidance at page 1.

C. Aggregate COVID-19 Testing and Results

Between June 11, 2020 and April 17, 2021, 480 rapid tests were administered to youth at the YSC. Additionally, the DCPHL analyzed 1,002 COVID-19 tests administered to youth at both the YSC and New Beginnings between March 25, 2020 and April 17, 2021.⁵¹

Chart 5, below, illustrates the volume of COVID-19 tests administered to youth housed in DYRS’s secure facilities over time.

**Chart 5: Number of PCR Tests Performed at the YSC and New Beginnings and Rapid Tests Performed at the YSC, by Day
March 25, 2020 – April 17, 2021**



⁵¹ The DCPHL data do not distinguish between tests that were performed on youth housed at the YSC and New Beginnings and thus this number is presented in aggregate. Early in the pandemic, a number of COVID-19 tests were administered to youth and sent by DYRS to private laboratories for analysis. Data regarding those tests were not available and are not included in this analysis. The test results are included in the electronic health records of youth who were tested; however, there was not practical way identify and extract those data comprehensively from the electronic health records. According to the Medical Director, beginning in approximately late-spring 2020, COVID-19 PCR test results have only been analyzed by the DCPHL.

As of May 15, 2021, 50 youth housed at the YSC and New Beginnings had tested positive for COVID-19, 22 at the YSC and 28 at New Beginnings. This represents three percent of the 702 youth housed at the YSC between March 25, 2020 and May 15, 2021⁵² and 33 percent of 84 youth housed at New Beginnings over the same period.

VIII. CHANGES IN OPERATIONS OVER TIME

Through the course of the pandemic, DYRS implemented new practices to identify and prevent the introduction and spread of COVID-19 and to protect the health and safety of the youth and staff within its facilities: Nearly every aspect of facility operations was modified to mitigate the risk of youth and/or staff contracting and/or spreading COVID-19.⁵³ While vital to protecting the health and well-being of youth and staff, the social, emotional, and developmental costs of the restrictions put in place have been high for youth confined at the YSC and New Beginnings. For example, in-person visitation, in-person education, and in-person programming ceased for prolonged periods of time, and some of these operations have not resumed nearly a year and a half after the restrictions were effected.

Since the beginning of the pandemic, daily life for every youth undeniably has become much more restrictive and isolating. Even in the least restrictive housing units,⁵⁴ in order to promote social distancing, youth are released from their cells in small groups. As a result, every youth receives significantly less out-of-cell time relative to pre-pandemic operations. For certain cohorts of youth, including newly admitted youth, youth who tested positive for COVID-19, and

⁵² Many of the 702 youth detained at the YSC were detained more than once. In total, there were 1,482 detention episodes among the 702 youth.

⁵³ According to facility managers and agency executives, all housing unit operations were approved by the Medical Director in order to ensure they were consistent with appropriate CDC guidelines.

⁵⁴ Soft quarantine housing units have been the least restrictive housing units during the pandemic.

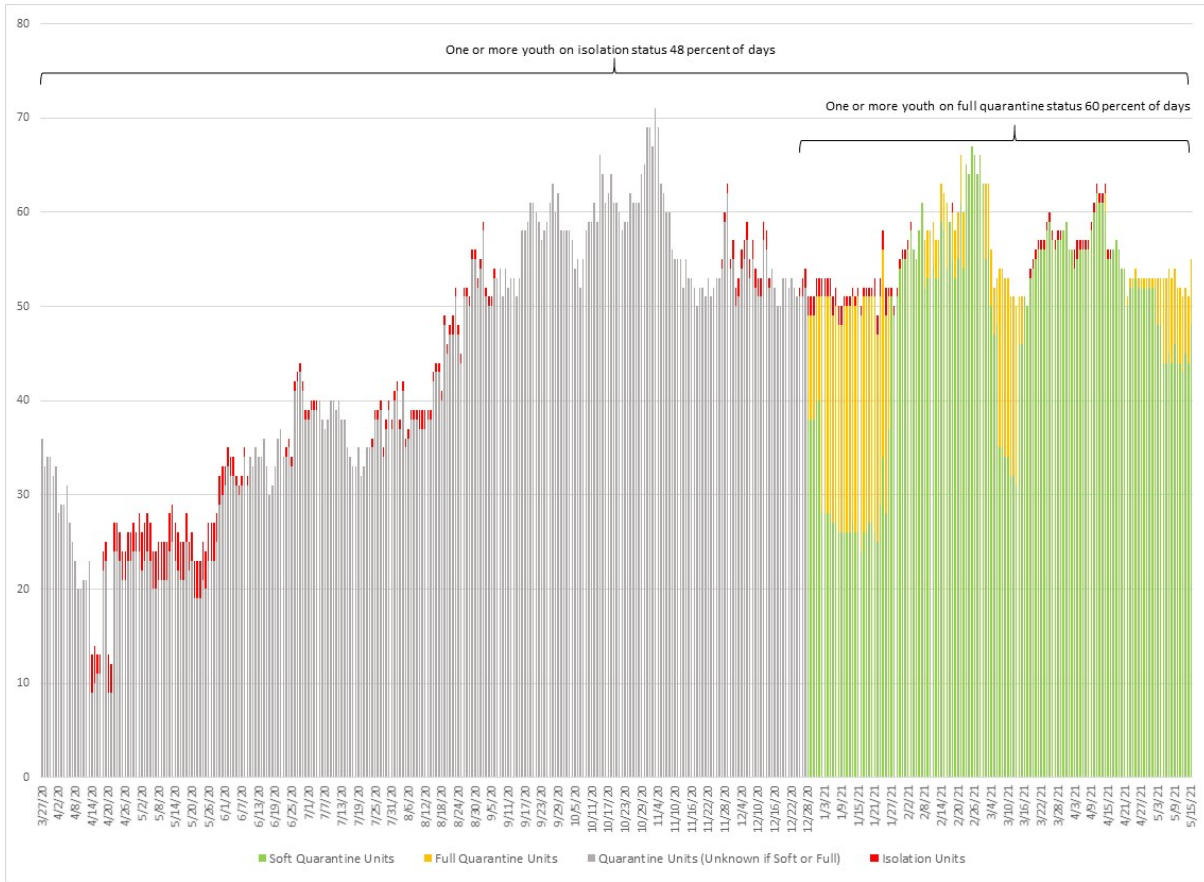
youth exposed to the coronavirus by either youth and/or staff, restrictions are much more significant, resulting in youth spending as many as 22 hours per day in their cells.⁵⁵

Housing units at both facilities now operate in one of three statuses: (1) isolation; (2) full quarantine; or (3) soft quarantine. The three operating statuses are intended to reflect the level of risk of introduction and/or spread of COVID-19 and have different restrictions and/or PPE requirements for youth and staff. Over time, the number of housing units operating on each status and the number of youth in those housing units has varied based on, among other variables, whether there are COVID-19 positive youth at the facility and/or whether youth at the facility have been exposed to an individual with COVID-19 (*e.g.*, another youth or a staff member).

Chart 6, below, illustrates the fluctuation in the number of youth in isolation and the two quarantine statuses over time at the YSC. For the period March 27 through December 27, 2020, DYRS did not maintain historical data regarding which housing units operated on full quarantine versus soft quarantine status. Data beginning on December 28, 2020, however, illustrate more clearly how often the number of youth housed on the three operating statuses changed.

⁵⁵ In their comments on the draft version of this report, DYRS noted that these protocols were implemented based on public health guidance. The OIJFO acknowledges the importance of implementing measures to mitigate the risk of spread of COVID-19 consistent with public health guidelines. As noted above, however, there were and continue to be opportunities to implement strategies that would take advantage of the flexibility noted in the CDC guidelines, would allow youth more time out of cells and reduce the impact on youth.

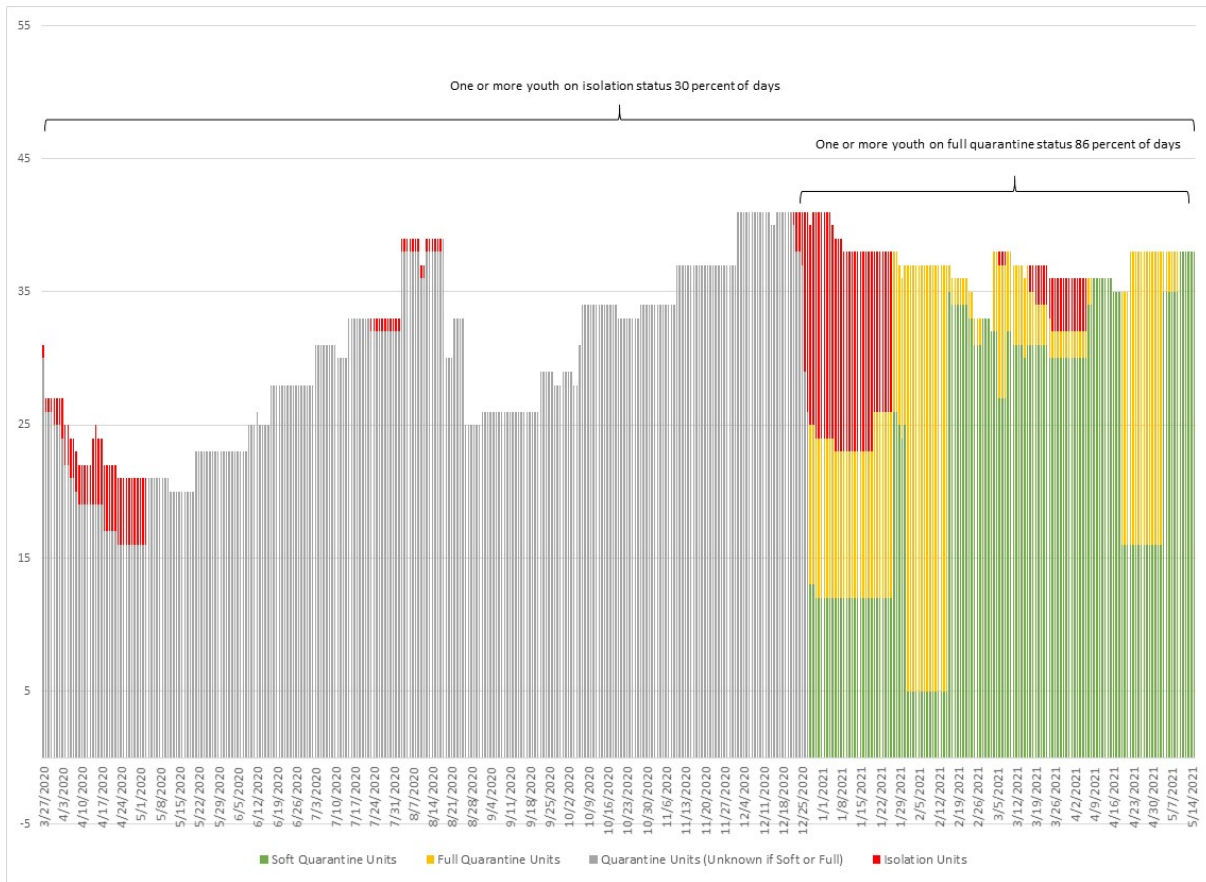
**Chart 6: YSC Population by Housing Unit Operating Status
March 27, 2020 – May 15, 2021**



At the YSC, for the period March 27, 2020 to May 15, 2021, there was one or more youth on isolation status on 200 of 415 of days, or 48 percent. For the period December 28, 2020 through May 15, 2021, the period for which data were available to distinguish between full quarantine and soft quarantine status, there were one or more youth on full quarantine status on 83 of 139 days, or 60 percent of days, and an average of seven youth per day.

Chart 7, below, illustrates the comparable data for New Beginnings.

**Chart 7: New Beginnings Population by Housing Unit Operating Status
March 27, 2020 – May 15, 2021**



At New Beginnings for the period March 27, 2020 to May 15, 2021, there was one or more youth on isolation status on 124 of 415 of days, or 30 percent. For the period December 28, 2020 through May 15, 2021, there were one or more youth on full quarantine status on 119 of 139 days, or 86 percent of days, and an average of 10 youth per day.

A. Medical and Behavioral Health Practices on All Housing Units

Medical staff monitor every youth in all housing units at both the YSC and New Beginnings twice per day by taking their temperatures and checking for symptoms that may indicate COVID-19. Youth on the isolation units also have their oxygen saturation levels measured twice daily. Sick call continues to be available to all youth, and YDR staff, medical

staff, and youth consistently reported that access to medical care has not been affected by the pandemic. If a sick call request for care is submitted by a youth on an isolation or full quarantine unit, the youth remain on their housing unit and medical staff assess the youth on the unit.

DYRS reported that in April 2020, at the beginning of the pandemic, behavioral health staff at the YSC transitioned to providing individual services by telephone. In August 2020, behavioral health staff at the YSC began to deliver some services in-person at the facility until October 2020, at which point all individual behavioral health services were conducted in-person. In March 2021, behavioral health staff resumed providing in-person group sessions with youth on soft quarantine housing units.⁵⁶

Behavioral health staff reported that at New Beginnings, beginning in April 2020, behavioral health groups were suspended, but individual sessions and IEPs were provided at least once a week via telephone and crisis intervention was provided in-person as needed.⁵⁷ In May 2020, behavioral health staff began returning to the facility in-person, providing weekly individual therapy, holding IEP meetings, and conducting rounds and crisis intervention services.

Beginning in June 2020, in-person groups on the housing units for full and soft quarantine units began with one group session per housing unit each week. Between June and December 2020, the number of weekly group sessions increased, but were discontinued in December 2020 because of the COVID-19 outbreak at the facility. In January 2021, behavioral health staff resumed group sessions and activities with youth through the doors to their cells. In March 2021, youth on soft quarantine housing units began participating in behavioral health groups in the gym and school building.⁵⁸

⁵⁶ See page 48.

⁵⁷ One behavioral health staff member, a manager, continued to work in-person at the facility and was available to provide in-person services, including emergency behavioral health services.

⁵⁸ See page 50.

B. General Conditions on All Housing Units

The operating status of a housing unit is extremely consequential to the lives of the youth housed on the unit. It can mean the difference between being able to interact with other youth and participate in programming, spending 75 percent of hours versus 92 percent of hours (18 versus 22 hours) in one's cell each day, and being able to attend in-person school versus having educational packets to complete without teacher assistance.

In general, since the COVID-19 outbreak, youth on all housing units, regardless of the unit's operating status, spend a significant portion of their days in their cells with little to occupy them. Entertainment or learning devices, such as tablets, are not available for the youth in their cells.⁵⁹ Some youth have a vantage point with a view of the television mounted in their housing unit dayroom that they can see through the window panel in their doors, whereas others do not. Generally, youth reported that there is little for them to do when they are locked in their cells. Conditions on each type of housing unit are described in greater detail, below.

C. Isolation Housing Units

Isolation housing units were established to separate youth diagnosed with COVID-19. Any individual who enters an isolation unit is required to don full PPE, including a face mask (DYRS recommends, but does not require an N95 mask), face shield, a gown or coveralls, and

⁵⁹ In comments on the draft version of this report, DYRS stated that "DYRS's decision to limit access to tablets or comparable electronic devices is driven by legitimate public safety concerns. Initially, DYRS provided all residents with access to tablets for educational and visitation purposes. These tablets are fitted with software limiting access to only pre-approved websites. Unfortunately, youth were able to circumvent these security measures to access unapproved websites. Combining this with the social distancing guidelines in place, staff could not safely monitor the internet activity of each youth." See Attachment 1 at 1-2. The OIJFO recognizes that there are legitimate security concerns associated with allowing individuals in secure facilities to use technology that could enable, among other capacities, unmonitored communications with individuals in the community. Nevertheless, DYRS could have responded in a different manner, including exploring alternative technology with enhanced security. The District of Columbia Department of Corrections, for example, secured tablets with educational and entertainment content that inmates were able to use unsupervised in their cells.

gloves. Youth are required to wear a surgical face mask when they are out of their cells.⁶⁰

Youth are provided new masks on each shift.

At both facilities, youth on isolation housing units are allowed out of their cells individually and do not interact with other youth on the unit. They are locked down for 22 hours a day, only allowed out of their cells one at a time for one hour on the AM shift and one hour on the PM shift. There is no programming or recreation available for the youth. They are not able to attend school either in-person or virtually, and thus they have no access to school staff, so school staff provide educational packets for the youth to complete independently.

Youth on isolation housing units at the YSC and New Beginnings reported that while in their cells they do not have resources available to keep them occupied or engaged. They reported spending hours each day sleeping, listening to music,⁶¹ reading, exercising, writing in journals, working on school packets if they have them, and if they have a cell with a view of the mounted television, watch television or movies through their door window. Youth do not have access to alternative programming, such as tablets programmed with educational and entertainment materials or individual DVD players to watch movies. Youth and staff reported that during the two hours of out-of-cell time that the youth on isolation receive each day, they are permitted to shower, watch television, make telephone calls, and use the small outdoor recreation area off of the units.⁶²

⁶⁰ PPE requirements for youth have changed over time. For at least some period in March and April 2021 youth were required to wear face shields when out of their cells; however, during site visits in June 2021 youth were not required to wear face shields.

⁶¹ At New Beginnings, youth can earn the use of a digital music player for part of each day as part of the behavioral modification program. At the YSC, facility executive staff reported that the music devices that they had were all damaged and had not been used in quite some time, but additional players were recently ordered.

⁶² In their comments on the draft report, DYRS reported that “[y]outh staying on... [isolation] units now have the same access to the common areas as all other units. These youth must wear the appropriate Personal Protective Equipment (PPE) and maintain applicable social distancing guidelines.” See Attachment 1 at 4. Subsequently, in clarifying comments, DYRS stated that youth on isolation housing units are retested and if they receive a negative

D. Full Quarantine Housing Units

Full quarantine housing units function essentially the same as isolation units; however, youth on full quarantine units have not been diagnosed with COVID-19. These units are reserved for youth who have had direct contact with youth or staff known to have tested positive for COVID-19.⁶³ The intake units also operate under full quarantine to reduce the possibility of a youth introducing COVID-19 from the community. PPE requirements for staff and youth are the same for full quarantine and isolation units.

Full quarantine units are established for a minimum of 14 days.⁶⁴ Like on isolation units, youth remain in their cells at all times except for one hour on the AM shift and one hour on the PM shift and are only allowed to come out of their cells one at a time. Also, like isolation units, there is no programming or recreation available for the youth and they do not attend school either in-person or virtually; instead, school staff deliver educational packets weekly for youth.

Youth on full quarantine units at the YSC and New Beginnings reported not having enough to do while in their cells. They stated that they spend their time reading, writing, exercising, or watching television from their rooms if their vantage point permits. Creative programming alternatives have not been provided for these youth. When the youth have out-of-cell time for the two hours each day, staff and youth report that they are able to shower, make telephone calls, watch television, or use the small outdoor area off of their housing units.

Although isolation units and full quarantine units are, from a youth's perspective, equally restrictive, full quarantine units affect many more youth than isolation units. Whereas isolation

test, they are "reassigned to their initial housing units and programmed according to facility guidelines." This is consistent with the descriptions of practices documented in this report.

⁶³ Individual youth may temporarily be placed on full quarantine status if they develop symptoms consistent with COVID-19 and are awaiting test results.

⁶⁴ If a youth on a quarantine housing unit tests positive during the quarantine period, the 14-day quarantine period starts over again.

units are reserved for individual youth who test positive for COVID-19, entire housing units of youth who previously tested negative for COVID-19 may be placed on full quarantine due to exposure to an individual who tested positive for COVID-19, such as another youth, or, more likely, a staff member. The threshold for being on a quarantine housing unit is much lower than the threshold for being placed on an isolation housing unit (*i.e.*, the latter requires a positive COVID-19 test whereas the former does not). Once a housing unit is placed on quarantine, the youth on the unit no longer have access to educational, recreation, and programming offerings that are available to youth on soft quarantine housing units.

If a housing unit is operating on full quarantine status (*e.g.*, because everyone on the unit was exposed to an individual with COVID-19), PCR tests are administered to all youth on the housing unit. Any youth who test positive are moved to an isolation housing unit and the 14-day clock starts over for the youth who must still remain on the full quarantine unit. For the unit to return to soft quarantine, 14 days must elapse since the last exposure to an individual who tested positive for COVID-19 with no new cases of COVID-19 on the unit.

There are instances in which individual youth may temporarily be placed on full quarantine while housed on a soft quarantine housing unit. If a youth exhibits symptoms consistent with COVID-19, the youth is quarantined in place and a PCR test is administered. If the youth tests positive, s/he is moved to an isolation housing unit and the unit s/he was housed on at the time s/he became symptomatic becomes a full quarantine housing unit. If the test results are negative (*i.e.*, the youth's symptoms are attributable to a cause other than COVID-19), the youth is released from full quarantine and remains on the soft quarantine housing unit.

E. Soft Quarantine Housing Units

Youth who have completed the intake COVID-19 testing and quarantine process with no diagnosis of COVID-19 are housed on soft quarantine housing units. If they are subsequently exposed to or contract COVID-19, they are moved to full quarantine or isolation housing unit, as indicated. Both staff and youth on soft quarantine units are required to wear surgical masks and face shields or other eye coverings.⁶⁵

At the start of the pandemic, when less was known about COVID-19 transmission, youth on soft quarantine units were only let out of their cells individually to prevent youth from having direct contact with each other.⁶⁶ As the pandemic wore on and outbreaks within the facility decreased, these requirements were relaxed, while still promoting social distancing, also allowing more (but not all of the) youth to be out of their rooms at the same time.

1. Youth Services Center

According to YDRs and SYDRs, the number of youth allowed out at one time varies by housing unit and depends on multiple factors including the number of staff available and public health factors as determined by medical staff. Based on observations made during multiple site visits in March and April 2021, between three and five youth have been allowed out of their cells at one time on soft quarantine units at the YSC.

The amount of time that youth are allowed out of their cells depends on the number of youth who are on the unit and, at times, the number of staff working during the shift.⁶⁷ YDRs reported that they provide youth with as much out-of-cell time as they are able and youth receive

⁶⁵ PPE requirements have changed over time and at times youth and staff on soft quarantine units were not required to wear a face shield or other eye covering.

⁶⁶ Special Arbitrator's May 6, 2020 Report at 12.

⁶⁷ The number of staff available is particularly relevant during certain school days when teachers are available to conduct in-person learning. This issue is discussed in greater detail below. See pages 39-40.

a minimum of two and a half hours each shift, but, if the housing unit population is low, may receive more. As discussed below, in addition to several discrete periods during which small-scale programs were provided to a limited number of youth, since April 2021, youth on soft quarantine housing units have participated in programming, first virtually and more recently in-person, and this has allowed them more out-of-cell time on the PM shift. Additionally, behavioral health staff have begun to conduct small group sessions on the PM shift in the classrooms adjacent to the units.

Youth reported that when they are in their cells they generally work on educational packets, exercise, sleep, or read. As with the isolation and full quarantine units, additional educational or entertainment devices or materials are not provided. When youth are out of their rooms, in addition to school and programs that are described below, staff and youth indicated that they are able to shower, use the telephone, watch the television, or use the small outdoor area off of their unit.

Prior to the pandemic, school typically played a significant role in the daily schedules of youth at the YSC. In-person school was suspended in spring 2020 and began again, virtually, albeit sporadically, in August 2020; however, due to the pandemic, youth have less access to teacher-facilitated instruction and school plays a greatly diminished role in youth's daily lives. This is discussed in greater detail in Section IX, below.⁶⁸

2. New Beginnings

As at the YSC, because of social distancing requirements, youth on soft quarantine housing units at New Beginnings are released from their cells in small groups. The amount of time that youth are out of their cells varies by day, driven to a large extent by the school

⁶⁸ See pages 37-47.

schedule.⁶⁹ To promote social distancing and have no more than four youth in a classroom at a time, housing units are scheduled for in-person school in one of two blocks: either Monday, Wednesday, and half of a day on Friday, or Tuesday and Thursday.⁷⁰ This translates into a maximum of two housing units being scheduled for in-person school each day, and youth leave their housing units to attend classes in the school building.⁷¹

For youth in soft quarantine housing units not attending in-person school on a given day, the amount of time that they are out of their cells is extremely limited and varies by unit and over time. For example, during site visits in March 2021, SYDRs reported that, in general, only two youth were allowed out of their rooms at one time; however, by mid-April 2021 three to five youth were allowed out at one time. In fact, the amount of time youth can spend out of their cells depends significantly on the current number of youth housed on the unit.

If a housing unit has a population of nine or ten, and if five youth are allowed out at one time, each youth can have up to two hours of out-of-cell time on the AM and PM shifts, as OIJFO staff observed during site visits at the end of April 2021. In contrast, at times when only two youth are allowed out at one time, each youth is allowed out for 45 minutes to one hour on the AM and PM shifts.

During a site visit in June 2021, staff on all four soft quarantine units reported that while up to four youth were allowed out at one time, the units had populations of eight to ten youth, and some units had youth with conflicts who were not allowed to interact. Because of these

⁶⁹ For more information regarding school at New Beginnings, see pages 43-47.

⁷⁰ Units assigned to attend in person on Monday, Wednesday and half a day Friday one week are assigned to attend on Tuesday and Thursday the next week. In this manner, youth on every housing unit receive the same amount of in-person school over each two-week period (*i.e.*, four and a half days).

⁷¹ Gym class, which is conducted during school hours, takes place in the gymnasium, a separate building.

constraints, YDRs reported that they stagger the out-of-cell time schedules, ultimately allowing each youth one hour of out-of-cell time on the AM and PM shifts.

During out-of-cell time, YDRs and youth reported that youth shower, make telephone calls, watch television, play board and card games, and use the outside patio. As described below, since March 2021, youth on soft quarantine housing units at New Beginnings have participated in programming, first virtually and more recently in-person, and this has allowed them more out-of-cell time on the PM shift. Additionally, beginning in March 2021, behavioral health staff began to conduct small group sessions on the PM shift in the gym and in the school building.

Ultimately, even youth on soft quarantine housing units at New Beginnings spend a significant amount of time in their cells. Because they are only at school in-person either two or two-and-a-half days each week, youth spend most of their time locked in their cells, which on some days can be up to 20 to 22 hours. While a small number of youth reported that they receive educational packets on days that they do not have in-person school, by and large youth stated that they do not have school work to complete on the days that they are not in-person. During site visits, YDRs also reported that schoolwork was not provided to youth on those days.

For the hours that youth are locked in their cells, they report the same limited activities as youth on other types of units: They can read, play cards under the door with other youth or YDRs, watch television through their cell door if their room has a vantage that permits, or exercise. Some youth who have earned privileges through New Beginning's level system are provided with a digital music player for an amount of time corresponding to their level. One youth expressed that it was very hard being locked up in his room so much and stated that it

“messes with me mentally.” While he felt that the behavioral health staff was very supportive and very accessible, he was frustrated by the limitations.

IX. EDUCATION

Under normal circumstances, the education programs at the YSC and New Beginnings play a central role in youths’ lives. The schools at the two facilities serve very different populations and are operated by different organizations. As described below, changes to the educational program at both facilities due to the COVID-19 pandemic negatively impacted youth at both facilities.

A. Youth Services Center

The school at the YSC is operated by DCPS and uses the same school calendar as in the community. Even prior to the pandemic, the YSC presents challenges in delivering educational services because of the distinct populations housed there, the range of educational proficiency levels among youth in a single class, and the frequently changing composition of non-Title 16 classrooms as youth cycle in and out of the facility.⁷²

On regular school days, classes at the YSC begin at 8:45 AM and end at 2:25 PM. Prior to the pandemic, youth would attend school with other youth from their unit, principally in dedicated classrooms located near their housing units.⁷³ The approximately five and a half hours of in-school time accounted for a significant portion of youth’s daily programming and out-of-cell time and typically involved interacting with teachers and peers.

According to YSC school executives, in-person learning stopped at the YSC in March 2020 and school staff no longer reported to the YSC. Between that time and August 31, 2020,

⁷² Detained youth and committed youth awaiting placement in other settings tend to have shorter lengths of stay. Title 16 youth, on the other hand, tend to have substantially longer lengths of stay.

⁷³ There is an education suite at the YSC that includes rooms for assessments, delivery of related-services for youth with individual education plans (IEPs), and other small group activities.

there was no direct interaction (either in person or virtual) between youth at the YSC and education staff. Because education staff could not teach in-person, DCPS provided educational packets that were distributed to the youth, which they were to complete independently.⁷⁴

According to the interim principal of the YSC,⁷⁵ when the new school year started in August 2020, DCPS provided virtual instruction to youth on soft quarantine housing units using tablets. While this was an innovative and promising initiative, the interim principal as well as DYRS line staff and managers reported that delivering the education program virtually was, and continues to be, a challenge because youth have been able to breach the firewall that is intended to prevent unauthorized, unmonitored communications with individuals outside of the facility. Because of the periodic firewall breaches, virtual learning was sporadic through the fall, and when it was paused to address technology concerns, DCPS reinstated the provision of educational packets to all youth.

Youth on isolation, full quarantine, and intake housing units continued to receive only educational packets and no virtual instruction. According to the interim principal, in late-October 2020 four DCPS teachers volunteered to return to the YSC in-person to provide support to youth on an individual basis (*i.e.*, not conducting classes to groups of youth);⁷⁶ however, at the end of December 2020 there were additional positive COVID-19 cases at the YSC and the DCPS teachers were no longer allowed to enter the facility. The Deputy Director of Youth Programs reported that during the period that DCPS was not conducting classes onsite, DYRS offered supplemental educational support by providing five or six DYRS staff to assist youth.⁷⁷

⁷⁴ Special Arbitrator's May 6, 2020 Report at 6-7.

⁷⁵ The YSC principal departed in early April 2021, and the vice principal, who had been at the school for three years, was appointed interim.

⁷⁶ One English language arts teacher, two special education teachers, and the physical education teacher volunteered to return.

⁷⁷ DYRS also attempted to obtain fellows, tutors, or teaching students from Trinity College to assist, but was not successful.

Subsequently, in late-January 2021, 11 of the 16 DCPS teaching staff assigned to the YSC returned in person on a hybrid, in-person/virtual learning schedule designed to accommodate in-person instruction consistent with required social distancing measures in classrooms. Only youth on soft quarantine housing units received in-person instruction. According to the interim principal, teaching staff were divided into two groups, each of which taught in person on alternating days.⁷⁸ On days they were at the YSC, teachers would conduct two of the four daily class periods in person and two virtually.⁷⁹ This schedule provides for between four and six soft quarantine housing units daily to receive up to half a day of in-person instruction.⁸⁰

Notwithstanding the efforts to provide in-person instruction at the YSC, depending on both housing unit population levels and YDR staffing levels, some youth on units with teachers present do not receive in-person instruction. For in-person classes such as English language arts or math, a teacher and an aide are assigned to co-teach on one unit. In order to meet DCPS social distancing requirements, students are divided into two smaller cohorts and one staff member (*i.e.*, the teacher) teaches a group of youth in the unit's dayroom and the second staff member (*i.e.*, the aide) teaches youth in the classroom that is proximate to the housing unit.

Two major variables outside of DCPS control impacted teachers' ability to teach all students on a unit in person. First, SYDR and YDR staff reported that between three and five youth are allowed at one time to be in the dayroom and three or four additional youth are allowed

⁷⁸ On one day English language arts, reading and math teachers were on site and on the next career and technical education, music, and physical education teachers were on site.

⁷⁹ This limited the number of cohorts of students they interacted with each day to two, reducing opportunities to transmit COVID-19 within the facility.

⁸⁰ While the number of soft quarantine housing units varied day to day, since December 28, 2020 they ranged from four to six. At times the number of soft quarantine units exceeds the number of units that can be taught by in-person staff on a given day.

to be in a classroom.⁸¹ If there are more than nine youth on a unit, staff rotate the youth in and out of their cells during class times to allow every youth to receive some out-of-cell, in-person education time. When youth are in their cells during an in-person learning period, they work on educational packets and do not benefit from in-person interaction with teachers or peers. The interim principal stated that YDR staff create the schedule for youth to rotate their out-of-cell time and that DCPS staff are not aware of the schedule. Thus, teachers cannot plan for in-person interactions with specific youth.

The second variable impacting DCPS's ability to provide in-person learning is YDR staffing levels. To conduct simultaneous classes in a housing unit dayroom and classroom, a minimum of two YDRs must be assigned to the unit (*i.e.*, so that one YDR can supervise each location). DCPS staff reported that a frequent barrier to in-person learning is that on "multiple units each day" there is only one YDR assigned to a housing unit. In these instances, the teacher and the aide both remain in the dayroom with youth; however, because of social distancing requirements, only small groups of youth are allowed out of their cells at one time. Consequently, if only one YDR is assigned to a housing unit, there are fewer in-person instructional hours available for youth.

During site visits in spring 2021, youth reports regarding in-person teaching on the soft quarantine units varied. Some youth stated that they see teachers multiple times per week on the units, while others indicated that they had never had in-person instruction. During site visits, OIJFO staff observed youth most frequently working individually on educational packets, and

⁸¹ Staff on different housing units reported different numbers of youth who were allowed out of their units at any given time, but the reported numbers were between three and five. Housing units are all the same size, so it was not clear why on some units staff reported more youth were allowed out of their cells at one time.

less frequently engaging in virtual learning on tablets, either in the dayroom or classroom. OIJFO staff rarely observed teachers teaching on a unit in person.

Not surprisingly, youth stated that schoolwork was more difficult without being able to interact with the teacher virtually or in person, because they could not ask questions or receive help from the teacher and many youth expressed frustration about losing use of the tablets.

The greatest ongoing challenge reported by DYRS and DCPS staff is youth breaching the firewall and accessing restricted websites and content. The Deputy Director of Youth Programs reported that DYRS has been working with the Office of the Chief Technology Officer (OCTO) since March 2021 to improve network security and restrictions, but youth have continued to find ways to adapt and breach the firewall. When there is a breach, all students, not just the youth who committed the breach, lose access to the tablets until the issue is resolved and must work from paper packets during that time.

For some youth at the YSC, the loss of tablets has greater consequences. At the YSC, during spring 2021 there were five Title 16 youth who were enrolled in virtual GED classes, which were not provided by DCPS. Additionally, there were four Title 16 youth who graduated from high school that participated daily in online classes with the University of the District of Columbia (UDC).⁸² When tablets are not made available, these youth could not participate in their daily education.⁸³

Perhaps more concerning is that while youth on soft quarantine housing units have access to some in-person and/or virtual learning, youth on intake, full quarantine, and isolation units do not. Youth on these housing units only receive educational packets and do not interact directly

⁸² The four youth participate in virtual learning in a single classroom each day.

⁸³ One Title 16 youth who attended virtual classes at UDC stated that he missed a midterm exam because his housing unit was on full quarantine for two weeks and he could not use a tablet during that period.

with teachers. YDRs report that school packets are delivered to each unit each week by either a DYRS supervisor or a school staff member and are handed out to youth every day by YDRs assigned to the unit. Youth reported receiving their educational packets and working on them when they are in their cells. Consequently, being placed on quarantine or isolation status has significant implications for the receipt of educational services to youth at the YSC. This is a frequent occurrence at the YSC and DYRS must consider interventions that will limit the amount of time youth spend particularly on full quarantine status or provide an alternative method of delivering educational services.⁸⁴

Finally, school operations during the pandemic have significantly limited school staff's ability to provide other required services for youth with Individual Education Plans (IEPs). The interim principal estimated that historically 45 to 55 percent of youth at the facility have IEPs and that for those youth an average of four hours of services were required per week. Prior to the pandemic, there were already significant hurdles to providing required services, including a reliance on DYRS to provide staff to escort youth to services and having access to private space to provide services. With school staff spending fewer hours at the YSC and, at times, youth not having access to tablets that could be used to deliver certain services virtually (*e.g.*, counselling or speech pathology), school staff have not been able to provide all services required by youth's IEPs. The interim principal estimated that staff were able to provide an average of two to three hours per student per week.⁸⁵

DCPS has operated the school at the YSC since the facility opened in December 2004. The current Memorandum of Understanding between DYRS and DCPS ends on September 30,

⁸⁴ See Chart 6, page 26.

⁸⁵ OIJFO staff did not have an opportunity to conduct an assessment of delivery of services required by IEPs during the pandemic.

2021. In April 2021, a Request for Proposal (RFP) was released soliciting bids for a vendor to provide educational services at the YSC; however, the solicitation was subsequently cancelled in June 2021. Summer school began on July 6, 2021 with DCPS continuing to provide instruction using the same schedule that they maintained during the school year. District representatives have indicated that they intend to ensure continuity of the education program at the YSC in the fall under an emergency contract until a revised RFP is released and a permanent contract is in place. In their comments on the draft version of this report, DYRS stated that “[b]eginning August 30, 2021, YSC’s schooling will resume a pre-pandemic posture for the upcoming school year. Additionally, GED services will also resume with in-person instructions.”⁸⁶

B. New Beginnings

The school at New Beginnings, the Maya Angelou Academy, is operated under a contract with the See Forever Foundation. The school day runs from 7:55 AM to 2:45 PM four days a week and a half a day on Friday, from 8 to 11:30 AM.⁸⁷ During the school day, youth also attend gym as part of their schedule. As at the YSC, before the pandemic school accounted for the majority of a youth’s out-of-cell time on school days and this, too, was greatly altered because of COVID-19.

Beginning in mid-March 2020, school staff were no longer allowed into New Beginnings. According to the principal, in mid-April 2020 school staff began providing educational packets to youth. Around the same time, school staff implemented a virtual learning program through which youth were taught over video conference in the school classrooms; however, shortly after

⁸⁶ See Attachment 1 at 4. No further information about the status of the solicitation for educational services was provided.

⁸⁷ Prior to the pandemic, youth at New Beginnings attended Saturday school. During school year 2020-2021, due to COVID-19 restrictions, Saturday school was offered only from April 24 through May 29, 2021, from 8:00 AM to 11:00 AM.

it started, more restrictive social distancing guidelines were mandated, and the virtual school model ended.⁸⁸ School staff reported that the Maya Angelou Academy purchased sufficient tablets for all youth at New Beginnings and tried to pursue a virtual delivery model to youth on housing units, but that DYRS indicated that it was not possible because of concerns regarding the security of the network and the need to have YDRs constantly monitoring the youth's use.⁸⁹

In early June 2020, summer school started and school staff returned to New Beginnings in-person with youth on soft quarantine housing units attending school on a modified schedule, with each unit attending two days each week and every other Friday. The new school year began at the end of August 2020 with this same modified in-person school schedule.

In December 2020, when the school was on winter break, there was a significant outbreak of COVID-19 among youth⁹⁰ and staff,⁹¹ and DYRS again restricted in-person school until early February 2021. During this period with no in-person learning at New Beginnings, youth were provided educational packets to work on independently. The principal stated that in order to support youth, teachers' telephone numbers were posted on the housing units and youth were allowed to call them at any point between 8AM and 3PM for assistance, five days per week.⁹² School staff also consulted with DYRS social workers to inquire whether they knew of specific youth that needed to be supported.

When in-person school resumed in early-February 2021, the alternating schedule remained for the youth on soft quarantine units for the remainder of the school year. According

⁸⁸ Special Arbitrator's May 6, 2020 Report at 7.

⁸⁹ Beginning in March 2020, DYRS started several virtual vocational programs for youth on the PM shift. Youth attend the programs via computer in the school building. These programs are smaller than a comprehensive virtual school would be (*i.e.*, because few youth participate at any one time). Nevertheless, it demonstrates that DYRS does have some capacity to facilitate virtual learning for youth.

⁹⁰ See Chart 7, page 27.

⁹¹ See Chart 9, page 57.

⁹² At that time, youth were only out of their cells for an hour on the AM and PM shifts. Youth had to use the same out-of-cell time for activities including calling family, showering, and/or watching television.

to the principal, the school's operations are conducted according to the guidelines established by DYRS (e.g., the permissible number of youth per classroom). Classrooms were modified to create greater distance between youth and plexiglass barriers were installed at desks.

Throughout the school year, classrooms were permitted to have four youth in a classroom, one YDR, and one aide. Before the pandemic, classes were organized by grade level, not by housing unit assignment; however, in order to limit mixing of youth from different housing units, during the pandemic housing units attended school together, which resulted in classrooms having larger ranges of academic levels in a single classroom (e.g., a single classroom could have a mix of youth between 9th and 12th grades).

The new restrictions created new challenges school staff had to address. For example, in spring 2021 there were two middle school youth at New Beginnings. The principal reported that she worked with DYRS staff to coordinate where the youth were housed to take their educational needs into consideration: The two middle school youth were on the same unit and able to be in their own classroom. There were also some youth working to achieve their GED, and these youth were also placed on the same housing unit to enable them to be in the same classroom together. A New Beginnings facility executive confirmed that because youth are no longer able to attend classes based strictly on their grade level, DYRS staff attempt to the extent possible to house youth on units with other youth who are as close to their grade level as possible. These cooperative placement considerations were responsive to some of the new educational challenges that arose during the pandemic and improved the delivery of educational services to youth at the facility.

The current modified school schedule results in youth on soft quarantine housing units receiving in-person instruction for either two or two-and-a-half days every week. On the days

that youth are not receiving in-person education, they remain on their housing units during school hours, and for most of this time they are locked in their cells.⁹³ The principal reports that the youth “struggle” on days they are not in school because there is no instruction from teachers. While educational packets are provided to the youth on the unit, school staff reported that “sometimes they get [the packets] back and sometimes they do not.” One school staff member stated that “generally” youth are not doing the work on the days when they are not at school in-person. A DYRS executive also added that “packets don’t work for [the youth].” While some YDRs on the soft quarantine units stated in spring 2021 that the youth received educational packets to complete, by and large they reported that they did not and that youth had no school work to complete on the days that they were not in school. During interviews, nearly universally, youth reported the same: On days that they are not in school, they do not have schoolwork to complete.

Like youth at the YSC, youth on intake, full quarantine, or isolation housing units do not receive any in-person, or virtual, instruction. They receive educational packets that the youth have to work on independently without instruction or assistance from teachers. On these units, YDRs confirm that school staff deliver packets for the youth to complete, generally a week’s worth of work at one time. The principal reported that the school staff work to differentiate the paper packets for grade level as much as possible.

As discussed above, youth struggle with completing the paper packets and often are left with idle time during the long stretches that they are locked in their cells. Given that at least half of all housing units are not in school daily (*i.e.*, because of the alternating schedule), and at times

⁹³ See pages 34-37 for more information regarding soft quarantine housing units at New Beginnings.

additional housing units have been on either full quarantine or isolation status, this practice significantly negatively impacted youth education at New Beginnings over the past 16 months.

As indicated by the school principal and DYRS staff, all youth on soft quarantine units returned to in-person school five days per week beginning June 28, 2021, the start of summer school.

X. NON-EDUCATION PROGRAMMING

As with school, in-person programming from both contractors and volunteers was suspended at the onset of the COVID-19 pandemic in mid-March 2020⁹⁴ and did not resume with regularity at either the YSC or New Beginnings until March 2021. DYRS staff reported that virtual programming began in March 2021 and in April in-person programming restarted for youth on soft quarantine housing units at both the YSC and New Beginnings.⁹⁵

A. Youth Services Center

At the onset of the pandemic in mid-March 2020, in-person programming ended at the YSC. Virtual programming was not widely available to youth until almost a year later, in March 2021.⁹⁶ Until April 2021, outside program vendors and volunteers were not allowed in the facility except for a limited number of periods during which programs were provided to a small number of youth on soft quarantine housing units.⁹⁷

⁹⁴ Special Arbiters' May 6, 2020 Report at 6-7.

⁹⁵ During Spring Break, youth at both facilities participated in a podcast-making program, an entrepreneur cooking class, a restorative justice sip and paint, as well as yoga, and health/wellness programming.

⁹⁶ Facility executive staff reported that between February 2021 through April 2021, a small number of youth participated virtually in a Howard University volunteer-based college preparation class.

⁹⁷ For example, YSC staff reported that a creative writing group met with six youth twice per week in-person between July through September 2020. The Credible Messengers provided a life skills group for approximately nine youth from mid-September through October 2020. They remained in-person at the YSC by providing mentoring to youth on every soft quarantine housing unit, until the end of December 2020, at which point they were restricted from entering the facility because of a COVID-19 outbreak, and resumed again in early-March 2021. Additionally, between September and December 2020 a vendor met weekly in-person with four youth for a book club. In late January through mid-March 2021, a group providing life skills met in-person with five youth weekly.

In mid-March 2021, one vendor began virtual programming⁹⁸ and two additional vendors began providing in-person programs in April and May 2021.⁹⁹ The virtual program is conducted via laptops¹⁰⁰ from a multipurpose room in the facility twice per week between 6:00 and 8:00 PM and approximately 10 to 12 youth are enrolled at one time.

Behavioral health staff resumed conducting two, weekly in-person group sessions with youth on every soft quarantine housing unit, co-facilitated by Credible Messengers.¹⁰¹ Behavioral health groups are conducted in-person by DYRS staff from 4:00 to 5:00 PM, Monday through Thursday, in the classrooms, and include up to five youth at a time.

According to one facility executive, the amount of programming that a youth receives is dependent on the soft quarantine housing unit that s/he resides on. Every Title 16 youth at the YSC has the opportunity to participate in at least one in-person or virtual program or group session either four or five days per week on the PM shift. One housing unit of detained boys on soft quarantine and girls who are not on two-week intake quarantine have the opportunity to participate in behavioral health group sessions each week, as well as the virtual programming, but not other in-person programming. Lastly, the remaining detained boys, who are housed on a soft quarantine on the first floor unit reserved for boys released from intake quarantine, are able to participate in the behavioral health groups each week but do not have access to other in-person or virtual programming.

⁹⁸ The virtual program is digital arts, a 16-week program with five or six youth enrolled at a time from a given unit. Once the 16-week program is completed, a different unit cohort of youth are enrolled.

⁹⁹ The in-person programs include dramatic arts, which rotates through the soft quarantine housing units once each week, and “Dr. Muhammad’s College 101,” in which a select number of Title 16 youth are enrolled.

¹⁰⁰ The laptops are provided by the program vendors.

¹⁰¹ The behavioral health groups are reportedly focused on trauma, victim impact, and restorative justice.

In early-June 2021, three additional in-person vocational programs began at the YSC.¹⁰² Two additional one-day program opportunities have been scheduled for the end of June 2021, a basketball clinic for boys at the facility and a dance clinic for girls at the facility.

Youth who reside on intake, full quarantine, or isolation units are not able to participate in either in-person or virtual programming opportunities or behavioral health groups.¹⁰³

B. New Beginnings

As at the YSC, in-person programming stopped at New Beginnings in mid-March 2020. For one year there were few programming opportunities for youth at New Beginnings, limited to DYRS behavioral health group sessions led by behavioral health staff beginning in June 2020.¹⁰⁴ In March 2021, programming resumed for youth on soft quarantine housing units in the form of several virtual vocational programs and increased in-person behavioral health group sessions.

Three vendors began providing virtual programs for youth on soft quarantine housing units¹⁰⁵ and behavioral health staff were able to resume conducting two, weekly in-person groups with youth on every soft quarantine housing unit.¹⁰⁶ Additionally, representatives of the Credible Messengers program co-facilitate the two behavioral health groups each day.¹⁰⁷

¹⁰² These programs include animal-assisted therapy, horticulture, and Free Minds book club. Animal assisted therapy is available to selected youth, while horticulture is available to Title 16 youth housed on one unit. Free Minds book club rotates throughout the soft quarantine housing units and meets with youth for a half hour each week and provides them with books and related packets.

¹⁰³ See Chart 6, page 26.

¹⁰⁴ According to a behavioral health manager at New Beginnings, weekly in-person groups led by DYRS behavioral health staff began in June 2020 and were limited initially to one group session per week on each housing unit. The number of weekly groups increased gradually until December 2020, when groups began being held in the gym and school building, but those groups were suspended because of a COVID-19 outbreak within the facility. In January 2021, groups resumed but were held on the housing units through closed cell doors.

¹⁰⁵ The programs include graphic arts, customer services, and animation. Youth are enrolled by housing unit cohorts, four or five youth per cohort, for a 16-week program. Once the 16-week program is completed, the units are rotated so that a different unit cohort of youth can participate. At any given time, youth are enrolled in one or two of the programs.

¹⁰⁶ The behavioral health groups are focused on trauma and social/emotional therapies and restorative justice. They also consist of four or five youth from one unit-cohort.

¹⁰⁷ Credible Messengers provide mentoring and support services to youth by checking in with the youth routinely. One Credible Messenger is assigned to each housing unit, including isolation and full quarantine housing units. On

Virtual vocational programs are conducted via laptops¹⁰⁸ from classrooms in the school building between 4:30 and 6:30 PM Monday through Friday. Behavioral health groups are conducted in-person by DYRS staff from 4:00 to 5:00 PM on Monday through Friday in the gym and school.

A New Beginnings facility executive indicated that every youth on a soft quarantine unit at New Beginnings had the opportunity to participate in at least one of these programs and groups, four or five days per week for one or two hours on the PM shift.¹⁰⁹ The first 16-week unit of virtual programs ended in early-June 2021 and a second unit is currently underway. The behavioral health group sessions are ongoing.

In early-June 2021, new in-person program offerings began at New Beginnings in addition to the virtual programs.¹¹⁰ These have expanded the opportunities available to youth, and the New Beginnings executive indicates that now every youth on soft quarantine has the opportunity to participate in at least one program or group, and many youth participate in more than one.

Although New Beginning staff worked with vendors to pivot their programming options to meet the limitation of programming that was allowed during the pandemic, these opportunities are only available to youth on soft quarantine units. Youth who reside on intake, full quarantine, or isolation units continue without in-person and virtual programming opportunities.¹¹¹

March 1, 2021, Credible Messengers returned in-person at New Beginnings for the first time since March 2020. Two weeks after they started, an outbreak of COVID-19 forced them to stop again in mid-March 2021. They were able to return in-person once more in mid-April 2021.

¹⁰⁸ The laptops are provided by the program vendors.

¹⁰⁹ The individual stated that occasionally specific youth might not have the opportunity to participate if there were security concerns that needed to be resolved.

¹¹⁰ These programs include animal-assisted therapy; horticulture; Dr. Muhammad's College 101; and dramatic arts. Dr. Muhammad's College 101, a preparation class for youth in 11th and 12th grades, is part in-person and part virtual. Horticulture and dramatic arts is available to all youth who are able to participate, while Dr. Muhammad's College 101 and animal assisted therapy are selected groups of youth.

¹¹¹ See Chart 7, page 27.

XI. RECREATION

For youth at the YSC and New Beginnings, large muscle recreation is vital to keeping them physically and mentally healthy. Youth access to large muscle recreation has been significantly reduced during the pandemic. To promote social distancing, at both facilities youth are allowed in the gym only in small groups at a time. Furthermore, only youth from a single unit are allowed in the gym at a given time. These constraints limit the amount of time that youth can access the gym.

In comments on the draft version of this report, DYRS stated that “[t]he agency did not reduce access to large muscle recreation. In line with the appropriate COVID-19 guidance, the agency modified how many youths can participate at a given time, but overall time in recreation remained unchanged.”¹¹² As detailed in this report, for various reasons, youth access to large muscle recreation was, in fact, reduced during the pandemic. Most notably, youth on isolation and full quarantine units are not permitted to participate in large muscle activity. Additionally, historically, youth received large muscle recreation during school hours, in addition to periodic large muscle provided by DYRS staff on the PM shift. Due to modifications to the school schedule at both facilities since the start of the pandemic, youth did not receive the same amount of large muscle recreation during school hours.

A. Youth Services Center

Youth who are on soft quarantine housing units at the YSC receive recreation once per week for one hour on the PM shift in the gym. Each unit is scheduled one day and according to the recreation specialist, the youth attend in groups of up to four.¹¹³ While in the gym, youth are

¹¹² See Attachment 1 at 3.

¹¹³ At different times during the pandemic, depending on the number of active COVID-19 cases within the facility, up to six youth have been allowed at the gym at one time.

allowed to use the weight room, as well as the large court to play games such as basketball. The recreation specialist reported that he wipes down all gym equipment using disinfectant wipes after each group leaves the gym. Youth on soft quarantine units report that while they are able to go to the gym once a week, they want more gym time. Youth on the intake unit, full quarantine, and isolation units are not allowed to go to the gym for recreation.

Each housing unit at the YSC has a small outdoor area adjoining the unit. YDRs and youth report that youth are allowed in the outside area, weather permitting, during their out-of-cell time. The YSC also has an enclosed outdoor courtyard on the first floor of the facility (referred to as “the maze”).¹¹⁴ According to YSC staff, youth on soft quarantine housing units have had the opportunity to use the maze since mid-April 2021, and each unit is scheduled to utilize the space up to two times per week.

B. New Beginnings

Youth on soft quarantine housing units at New Beginnings receive recreation during school on days that they attend in-person school,¹¹⁵ as well as once per week with other youth from their unit, outside of school hours. SYDRs state that for social distancing purposes, housing units are divided into smaller groups of four or five and rotated through the gym. According to one New Beginnings facility executive, starting in early April 2021, youth on soft quarantine housing units are permitted to use the large outdoor spaces within the secure perimeter at the facility for recreation, which consists primarily of using the central outdoor basketball court. Youth report that during recreation they play basketball and even ride bikes outside, but within the facility perimeter.

¹¹⁴ The maze is an outdoor, enclosed interior courtyard that includes tables, a basketball hoop, and a ping pong table.

¹¹⁵ As explained above, most recently school was on an A/B schedule, where youth had in-person school either two or two-and-a-half days each week.

Youth in the intake unit, full quarantine, or isolation housing units do not receive recreation off of the unit. Youth on those units report that during their out-of-cell-time they are permitted to go on the outdoor patio area off of the housing unit.

XII. TELEPHONE CALLS AND VISITATION

No in-person family visits have been allowed since the COVID-19 pandemic began. As a result, some youth with longer lengths of stay have not seen their families in person for at least 16 months.

Youth at the YSC are allowed to make telephone calls seven days a week for up to 25 minutes and youth can also earn extra minutes on the weekends based on their behavior. These time allocations represent an increase relative to pre-pandemic time allotments in response to the lack of in-person visitation. Between calls, YDRs sanitize the telephones. If the phone system in a housing unit is down, youth are provided telephone calls in the managers' offices. Youth report that they have access to telephone calls without issue. The JJICs schedule and provide legal calls for youth upon request and before court. Youth report that they have access to call their attorneys as needed without issue.

At New Beginnings, youth on all housing units are provided with telephone calls at frequencies that depend on behavior-based levels that the youth earn each week on the unit. Youth on the lowest level ("Think") receive two, 15-minute telephone calls per week, on the intermediate level ("Learn") receive three, 15-minute calls per week, and the highest level ("Contribute") have four, 15-minute calls per week. Youth who are on Contribute may also earn one additional 15-minute call on Sundays. The youth are able to conduct their calls during their

out-of-cell time.¹¹⁶ For legal calls, a youth's JJIC or treatment manager will schedule the call with their attorney. YDRs reported that after calls they YDRs sanitize the telephone. Youth report they are provided telephone calls as required without issue.

On March 31, 2021, approximately a year after in-person visitation was suspended, DYRS began a virtual visitation pilot program once per week, on Wednesdays. To participate, authorized visitors of youth incarcerated at the YSC and New Beginnings must report to the YSC to use one of several designated computers on the non-secure side of the facility. DYRS staff reported that for security reasons, a YDR must be present during the video visitation, which is why visitors are not able to conduct video visitation from other locations (*e.g.*, their homes). One youth at the YSC noted that his mother lived in a state that was not near the District of Columbia and was not able to travel to the YSC to participate in virtual visitation. The youth wished his mother could participate without having to travel to the District.

Visitors are escorted to a designated area where laptops are set up in the community room. Youth are provided with a laptop in a classroom at the YSC and in the school building at New Beginnings. Each visit lasts roughly 30 minutes. As of June 21, 2021, four laptops were available, two of which were for use at one time for parents and two for youth. Thus, a total of up to eight youth per week – four from each facility – are able to virtually visit with their families (*i.e.*, two youth at a time, each 30 minutes, for four hours). DYRS expects to expand the virtual visitation program and anticipates maintaining virtual visitation for the remainder of the fiscal year, with the hope that in-person visitation can return in the fall.

¹¹⁶ A New Beginnings facility executive reported that early in the pandemic, when housing unit populations were low, youth were allowed up to 90 minutes of calls per day, but this amount of time decreased once the education and programming time increased.

Virtual visits for YSC families are scheduled between 4:30 and 6:30 PM and the New Beginnings visits are scheduled between 6:30 and 8:30 PM. Visitation is organized by housing unit, and each week a different unit has the opportunity to participate. Youth on housing units on full quarantine or isolation status are not allowed to participate.

XIII. STAFF SCREENING AND TESTING

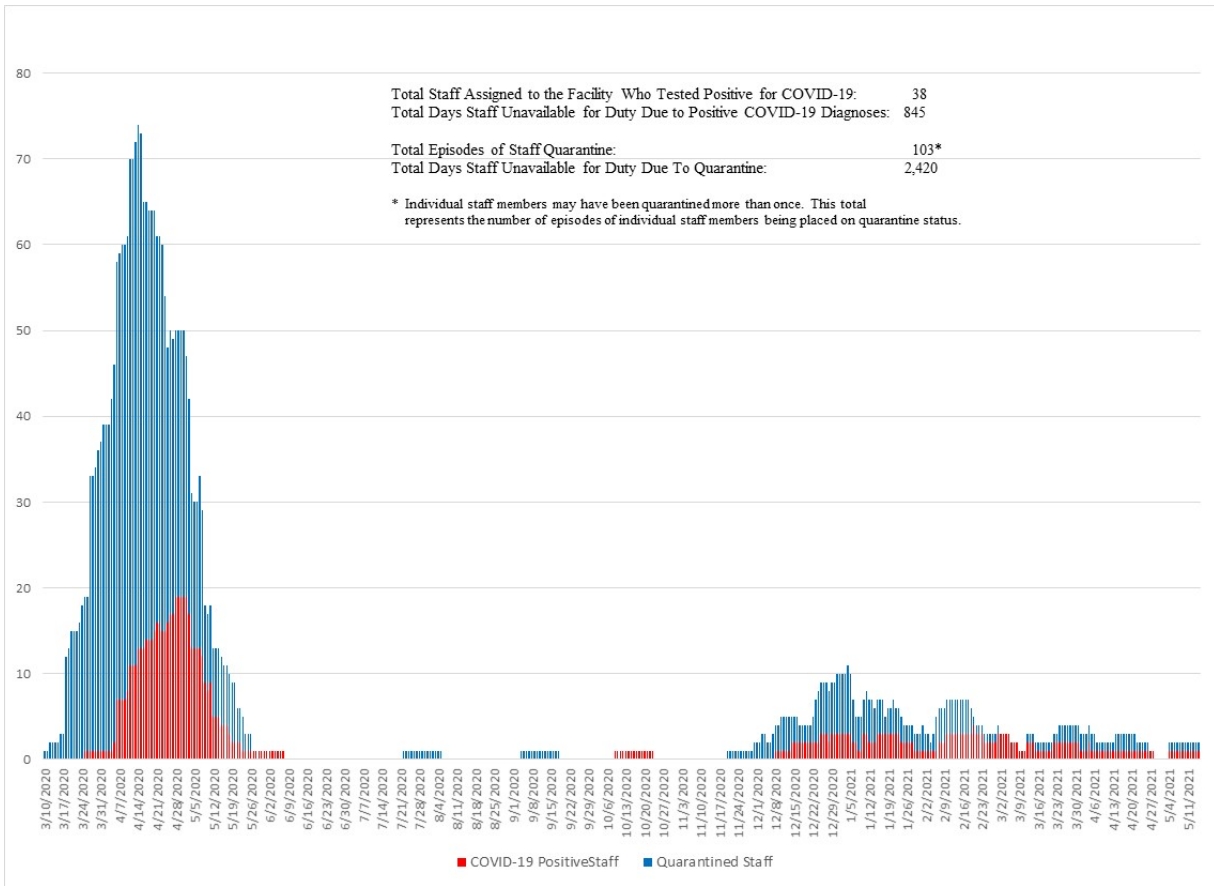
As noted in the prior section, due to the preventive measures DYRS implemented to identify COVID-19 among newly admitted youth through testing, quarantine, and isolation practices, it is likely that the greatest risk of introduction of the novel coronavirus into the populations of youth housed at the YSC and New Beginnings is via staff who contracted the virus in the community. Indeed, since March 2020 COVID-19 has had devastating impacts on the DYRS employees assigned to the two secure facilities. One DYRS staff member, a YDR, died as a result of the disease.

The two charts below reflect, by day, the number of DYRS staff assigned to work in the YSC and New Beginnings, respectively, who were unavailable to work either because they tested positive for COVID-19 or because they were placed on quarantine due to exposure or other reasons¹¹⁷ between March 10, 2020 and May 15, 2021.¹¹⁸

¹¹⁷ The DYRS data upon which the analysis is based reflect the following categories of quarantine: “travel,” “exposure,” “DC Health quarantine,” “facility quarantine,” “administrative quarantine,” and “symptoms.”

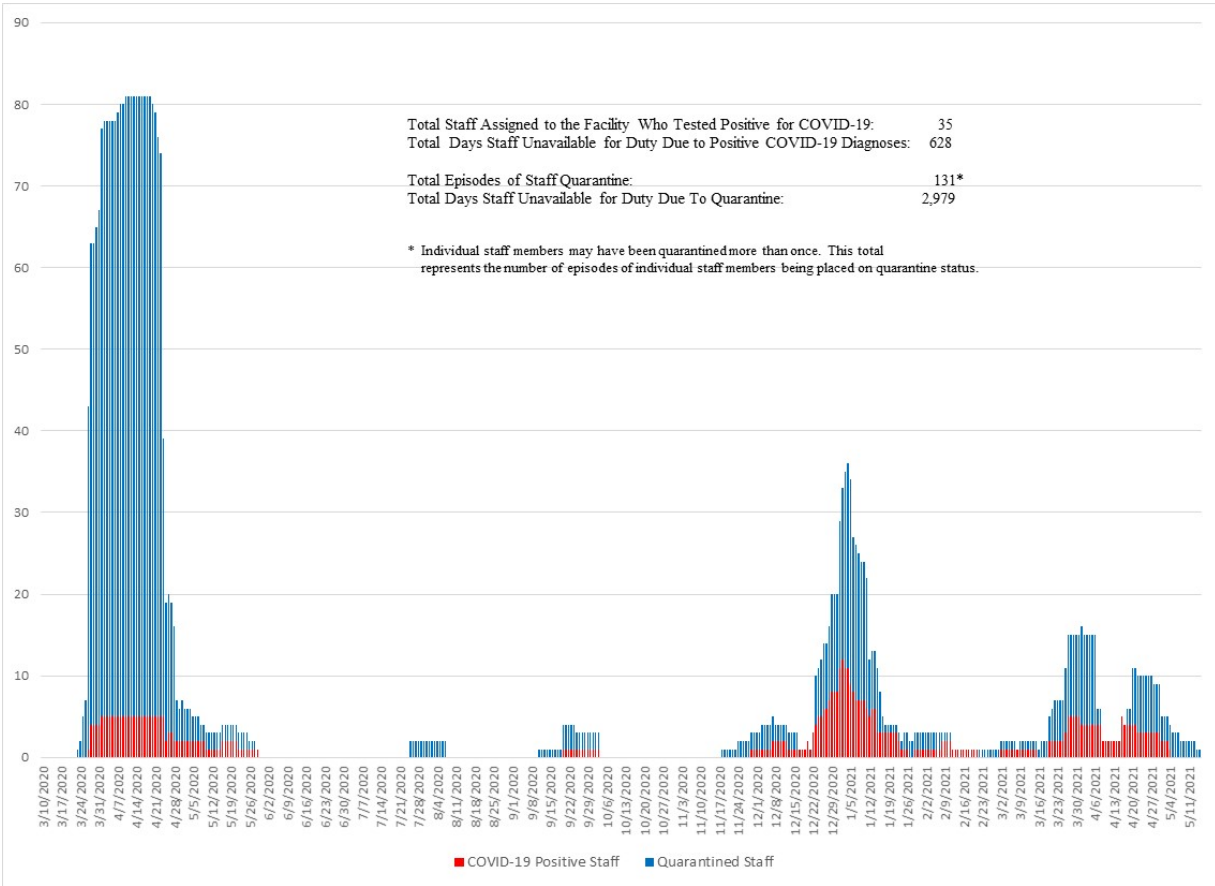
¹¹⁸ Staff positions included in the analysis include: clinical nurse II and III; cook; cook leader; food preparation and service supervisor; JJIC; maintenance worker; mental health specialist; NP; health services program manager; LPN; medical records technician; nurse practitioner; YDR; SYDR; youth treatment manager; recreation specialist; recreation therapist; supervisory dietitian; and supervisory behavioral health program manager.

**Chart 8: YSC Staff Who Were Unavailable for Duty Because They Tested Positive for COVID-19 or Were Quarantined, by Day
March 10, 2020 – May 15, 2021**



As Chart 8 illustrates, a total of 38 staff assigned to work at the YSC tested positive for COVID-19 over the 14 months between March 10, 2020 and May 15, 2021, resulting in 845 days of lost work. Additionally, there were 103 episodes of staff quarantine over the same time period, resulting in 2,420 days of lost employee work.

**Chart 9: New Beginnings Staff Who Were Unavailable for Duty Because They Tested Positive for COVID-19 or Were Quarantined, by Day
March 10, 2020 – May 15, 2021**



Like at the YSC, COVID-19 infections and quarantines had a serious impact on New Beginnings staff over time. A total of 35 staff assigned to the facility tested positive for COVID-19, resulting in 628 days of lost work. There were an additional 131 episodes of staff quarantine, resulting in nearly 3,000 days of lost employee work.

It is a testament to both the dedication of the staff and management of the YSC and New Beginnings that they were able to continue to operate both facilities over this period, particularly during the early months of the pandemic (*i.e.*, March and April 2020), when huge percentages of the workforce at both facilities were unavailable to work because they had tested positive for COVID-19 or were required to quarantine.

The most direct impact of COVID-19 on the workforce is to the health and well-being of those individuals who become infected. However, there are also additional and significant negative external consequences from staff infections and exposures that impact the lives of youth at the YSC and New Beginnings. First, there is significant evidence of instances in which youth housed at a DYRS facility known to be COVID-19 negative contracted COVID-19 from a staff member.¹¹⁹ Second, youth exposed to staff members who test positive for COVID-19 are placed on full quarantine status, which significantly limits their out-of-cell time and access to services and programs. Third, even for youth who are not exposed to COVID-19, a diminished workforce size *per se* has at times resulted in reductions in access to services for youth in the facility. For example, an SYDR at the YSC noted that in order to allow five Title 16 youth out on a housing unit, a minimum of two YDRs must be present on a housing unit. Thus, if only one YDR is available to staff a housing unit, fewer youth are allowed out-of-cell time at one time, resulting in less overall out-of-cell time for youth.¹²⁰

In order to reduce the risk of staff introducing the coronavirus into the facility, DYRS implemented a number of preventive measures for staff. First, soon after the start of the pandemic, every person entering the YSC and New Beginnings was screened with a short questionnaire and had their temperature taken. In mid-February 2021, the screening and

¹¹⁹ Between December 22 and 29, 2020, 17 youth at New Beginnings tested positive for COVID-19. These 17 youth had been at the facility for between 46 and 303 days. The most recent transfer to the New Beginnings prior to the outbreak was a youth, SP, from the YSC on December 16, 2020 (six days prior to the outbreak). Before his transfer from the YSC to New Beginnings, SP tested negative for COVID-19 on December 9, 2020 via rapid test, and the result was confirmed on December 11, 2020 by PCR test. Six days after his arrival at New Beginnings, the first positive case at New Beginnings was detected and SP was subsequently tested via PCR test for COVID-19 by New Beginnings medical staff. Those results were received on December 28, 2020 and were negative. The multiple negative COVID-19 tests that SP received both before and after his transfer to the New Beginnings confirms that he was not the source of the facility-wide outbreak with staff and youth at New Beginnings. It is virtually certain that the 17 youth at the facility must have contracted COVID-19 from a staff member or other member of the community (*e.g.*, a vendor) who entered the facility.

¹²⁰ See also pages 37-43 for additional impacts related to the educational program at the YSC.

temperature-taking process was digitized at both the YSC and New Beginnings when DYRS procured digital kiosks that ask a series of COVID-19-related questions and takes the screened individual's temperature using a contactless thermometer before being cleared for entry into the facility.

Beginning on January 12, 2021, DYRS partnered with the District of Columbia Department of Health (DC Health) to offer free, voluntary COVID-19 testing on-site for staff as well as any service providers working in the facility.¹²¹ Initially, DC Health provided nursing staff to conduct the testing, but later trained DYRS staff members to oversee the self-administered testing process. DC Health provides testing supplies each week to DYRS and DYRS continues to offer the testing twice per week on two all staff days at times that enable staff from all three shifts to access the testing.¹²²

DYRS managers who oversee the testing program noted that the on-site testing for staff has identified individuals who had COVID-19 but were asymptomatic. Overall, however, their impression was that there are low numbers of staff taking advantage of the voluntary testing. At the YSC, a total of 267 COVID-19 tests were administered to 101 individuals between January 12 and March 31, 2021. Of these 101 individuals, 57 were YDRs and nine were SYDRs.¹²³ As context, as of mid-March 2021 there were 130 filled YDR positions and 15 filled SYDR positions at the YSC. At New Beginnings, a total of 104 tests were administered to 53 individuals between January 12 and March 31, 2021. Of the 53 individuals, 24 of were YDRs

¹²¹ DYRS staff report that the testing has been available every week at both facilities except the week of January 17, 2021, when it was canceled because of the presidential inauguration, and the week of February 1, 2021, when it was canceled because of inclement weather. Testing sites are set up in a conference room at New Beginnings and in the community room on the non-secure side at the YSC.

¹²² At New Beginnings, Maya Angelou Academy requires school staff to be tested for COVID-19 monthly and that the results be sent to See Forever human resources staff.

¹²³ The remaining staff include medical, dental, and behavioral health staff, compliance specialist, contract staff, JJICs, program support staff and managers, recreation staff, social workers, staff assistants, and youth treatment managers.

and four were SYDRs.¹²⁴ As context, as of mid-March 2021 there were 91 filled YDR positions and 11 filled SYDR positions at New Beginnings.

In January 2021, DYRS employees were included in the second cohort of individuals to be eligible for the COVID-19 vaccine.¹²⁵ The protections offered by the COVID-19 vaccine represent the single most significant risk mitigation measure that DYRS can take to prevent the introduction and transmission of COVID-19 into the YSC and New Beginnings. Until youth themselves are vaccinated, they must rely to a large extent on the efforts of DYRS to protect them from the virus.¹²⁶ As larger portions of the workforce assigned to the YSC and New Beginnings are vaccinated, youth will be at lower risk of infection.

Although the vaccine was made available to DYRS staff in January 2021, staff who work in DYRS's two secure facilities are not required to be vaccinated. Furthermore, as of June 2021, facility managers do not have access to data regarding which staff members have been vaccinated and therefore are not able to consider staff vaccination status when making staff deployment decisions. DYRS human resources staff indicated that they do not have access to individual staff members vaccination status. They did, however, attempt to ascertain what percentage of their workforce had been vaccinated by asking staff to complete a voluntary, anonymous survey. As of June 14, 2021, based on survey responses, at least 48 percent of the agency workforce (*i.e.*, not specifically staff assigned to the secure facilities) had been vaccinated.¹²⁷ While informative,

¹²⁴ The additional staff include medical and behavioral health staff, case managers, youth treatment managers, culinary staff, Deputy Directors, program support staff, analysts, and managers, recreation staff, and JJICs.

¹²⁵ DYRS employees were included in Phase 1B, Tier 1, the second cohort of individuals to have access to the vaccine after Phase 1A, a group that included healthcare personnel, Fire and Emergency Medical Services personnel, frontline public health workers, and long term care residents.

¹²⁶ There are measures youth can take to limit their risk of infection, including maintaining social distance, wearing PPE consistently and appropriately, and washing their hands routinely; however, the most significant measure would be to reduce their exposure to the virus in the first instance.

¹²⁷ Forty eight percent represents the number of affirmative responses divided by the total size of the workforce (*i.e.*, not the portion of affirmative responses divided by the number of survey responses). Some portion of the

data at that level is not usable by managers attempting to mitigate the risk of transmitting COVID-19 to youth at the YSC and New Beginnings.

The DYRS Medical Director reported that as of mid-June 2021, DYRS was in the final stages of signing a Memorandum of Understanding with Children’s National Medical Center that would enable DYRS staff to administer vaccines to eligible youth at New Beginnings and the YSC.

XIV. RECOMMENDATIONS

The recommendations presented below are organized thematically, by topic.

A. Infection Control Recommendations

Recommendation 1: Make the COVID-19 vaccine available to all eligible youth at both the YSC and New Beginnings with urgency.

The United States Food and Drug Administration (FDA) approved the use of the Pfizer-BioNTech COVID-19 vaccine for individuals age 16 and older on December 11, 2020.

Subsequently, the Moderna vaccine was approved for individuals 18 and older on December 18, 2020, and Johnson and Johnson’s single-dose vaccine was approved for individuals 18 and older on February 27, 2021. On May 10, 2021, the FDA authorized use of the Pfizer vaccine on individuals age 12 and older.

In January 2021, correctional officers in the District of Columbia, which included staff working at the YSC and New Beginnings, were eligible to receive vaccines.¹²⁸ Later the same month, individuals 18 years and older in correctional facilities and detention centers became

workforce did not respond to the survey, so it is not possible to determine if a higher percentage of the workforce is vaccinated.

¹²⁸ The correctional officers were eligible in Phase 1B, Tier 1 of the District of Columbia’s vaccination plan (the second cohort of individuals).

eligible for the available vaccines.¹²⁹ Subsequently, the District of Columbia's vaccination plan opened to individuals 16 and older on April 12, 2021 and on May 13, 2021, residents 12 and older became eligible to receive an approved COVID-19 vaccine.¹³⁰

Until July 2021, DYRS was negotiating an agreement with Children's National Medical Center to enable DYRS medical staff to administer vaccines to eligible, consenting youth (or, for youth under 18, whose parents or legal guardians have provided consent).¹³¹ In their comments on the draft version of this report, DYRS reported that "[b]eginning July 15, 2021, DYRS began offering all eligible youth in our secure facilities Pfizer's COVID-19 vaccination" and that the vaccines were provided by the Vaccine for Children Program and not Children's National Medical Center.¹³² In fact, the vaccine was first offered to youth at the YSC on July 15, 2021 and on July 23, 2021 at New Beginnings. As of the date of this report, the vaccine has been administered to 10 youth at the YSC and five youth at New Beginnings. The OIJFO has not yet obtained data regarding the total number of youth at each to whom the vaccine was offered, but will do so.

The agency must act with urgency to continue offering vaccines to youth at both the YSC and New Beginnings and educating youth and their parents about the importance of vaccination. Not only will the vaccine protect the physical health of youth who receive the vaccine, it will also provide additional protections to other youth and staff at the facility. Perhaps as importantly, a vaccinated population would allow facility operations to begin to normalize,

¹²⁹ These individuals were included in Phase 1B, Tier 2, the phase after staff working correctional facilities were eligible.

¹³⁰ For now, only the Pfizer vaccine is approved for individuals of these ages.

¹³¹ The DYRS Medical Director reported that as of mid-June 2021, DYRS was in the final stages of signing a Memorandum of Understanding with Children's National Medical Center that would enable DYRS staff to administer vaccines to eligible youth at New Beginnings and the YSC.

¹³² See Attachment 1 at 3.

expanding out-of-cell time, including educational, programming, and recreational opportunities for youth.

Non-Title 16 youth housed at the YSC present a different challenge with respect to vaccines that require multiple doses over several weeks. Many youth at the YSC have short lengths of stay and would not remain at the facility long enough to receive both doses. For individuals younger than 18, DYRS will need to decide whether to administer the first dose of the currently approved vaccine, knowing that, if released, the youth would be responsible for getting the second dose in the community, or whether to wait for a single-dose vaccine to be approved by the FDA. In making this decision, DYRS should consider that first doses of vaccines provide an increased level of protection compared with non-vaccinated individuals.

Recommendation 2: Until youth at the YSC and New Beginnings are vaccinated, DYRS should know and consider staff (both YDR and program staff) vaccination status in making post assignment decisions in order to minimize the risk of infecting youth with COVID-19. This should allow opportunities to increase out-of-cell, education, and programming time even before youth are vaccinated.

As noted in this report, youth at the YSC are tested and/or quarantined before they are released from intake housing units to ensure they are not bringing COVID-19 into the facility. Once cleared, the risk to youth of infection is from staff; however, because not all staff are vaccinated, significant modifications have been made to facility operations, the cost of which youth bear in the form of more in-cell time, less education and programming, and less socializing.

Until youth at the YSC and New Beginnings are vaccinated, DYRS should, at a minimum, consider staff vaccination status when assigning staff to posts within the facilities. Assigning staff known to be vaccinated greatly reduces the risk of transmission of COVID-19 to youth. At the same time, assignment of vaccinated staff to housing units with youth who have

tested negative for COVID-19 and who have cleared the quarantine process should enable DYRS to allow youth out in larger groups, to spend more time out of their cells, and return to education and programming to pre-pandemic routines.

Currently, DYRS facility managers do not have access to data that would enable them to make deployment decisions that consider staff vaccination status. In the interest of protecting the health and well-being of youth confined at the YSC and New Beginnings, designated facility managers should be allowed access to vaccination status of staff in positions that require interactions with youth.

In comments on the draft of this report, DYRS requested that this recommendation be excluded, stating the following:

This recommendation is not feasible. Current personnel guidance does not allow for the agency to ask an individual about their vaccination status. Additionally, the public health guidance currently requires all staff in a congregate care setting, regardless of their vaccination status, to always be in the appropriate PPE and maintain social distancing measures.¹³³

As this report documents, while the requirement that staff wear PPE likely greatly limits the spread of COVID-19 within the YSC and New Beginnings, it has not eliminated the introduction and spread of COVID-19 in the facilities. For example, over a one-week period in December 2020, 41 percent of the youth at New Beginnings were infected. This outbreak occurred at a time when staff were required to wear PPE. Ensuring that staff who come into contact with youth are vaccinated would provide a much higher level of protection to youth.

The District of Columbia Department of Human Resources (DCHR) issued “COVID HR Guidance (Face Covering and Telework Update),” effective July 8, 2021. The guidance provides for a limited set of circumstances in which District government managers may inquire about staff

¹³³ See Attachment 1 at 3.

members' vaccination status.¹³⁴ Specifically, the guidance states the following: "For the sole purpose of enforcing the face covering policy in the section above and verifying an employee's need to quarantine due to potential COVID-19 exposure in the workplace, managers may request employee vaccine data solely for their direct reports."¹³⁵

In order to protect the health youth housed at the YSC and New Beginnings, DCHR should authorize designated managers at both facilities to obtain data regarding staff vaccination status for the purposes of making staffing assignments at least until such time as youth at facilities are offered a vaccine or fully vaccinated.

Recommendation 3: Particularly for youth at New Beginnings, find ways to use the extensive outdoor space within the secure perimeter to allow youth on soft quarantine out of their cells for longer periods during the day.

New Beginnings includes a substantial amount of outdoor space in the interior courtyard. This includes an outdoor basketball court, as well as a large, enclosed athletic field, which is seldom used for recreation or other programming. The CDC has found that the risk of transmission of COVID-19 outdoors in low density populations is low. At DYRS facilities, youth should benefit from the measures the agency has put in place to ensure that youth housed in soft quarantine housing units are not infected with COVID-19.

DYRS should consider allowing larger groups of youth from soft quarantine housing units outdoors when they would otherwise be locked in their cells. Existing programs that take place indoors could be modified to take place outside, including behavioral health group sessions, and/or in-person vocational programs. DYRS might have to implement measures to effect these modifications (*e.g.*, setting up large tent coverings to provide shade during the

¹³⁴ The guidance may be found at the following address: <https://edpm.dc.gov/issuances/human-resources-guidance-covid-19-emergency/#header6>.

¹³⁵ See COVID HR Guidance (Face Coverings and Telework Update), Vaccination Reporting and Incentives, ¶5.

summer), but the benefit to youth to having more out-of-cell time and more interactions with each other could be substantial.

In their comments on the draft of this report, DYRS stated that “[t]he current practice reflects the recommendation to better utilize the outdoor space for youth programming.”¹³⁶ The OIJFO has not had an opportunity to confirm the manner in which operations have changed to incorporate the use of outdoor space at the YSC and New Beginnings since early July 2021, but will do so.

Recommendation 4: Consider administering a rapid COVID-19 test to all overnighters at the YSC (i.e., and not only to those youth exhibiting symptoms consistent with COVID-19 and those exposed to an individual known to have COVID-19).

As documented in this report, 16 of the 22 positive COVID-19 test results at the YSC were detected based on intake testing, and five of those 16 (31 percent) were overnighters who were released to the community the day of their positive test result. While testing all overnighters may not significantly reduce exposure to COVID-19 at the YSC, it could be valuable as a public health measure to identify asymptomatic youth who might not otherwise know they had COVID-19. Informing youth who are released to the community that they may have COVID-19 could potentially reduce additional spread of COVID-19 in the community, or, if they isolate at home after release as recommended, assist in public health efforts to reduce community contacts and inform contact tracing in the community.

The DYRS Medical Director noted that the rapid COVID-19 test has a higher false positive rate than the PCR test and there is a risk that youth with false negative rapid test results could be released believing they did not have COVID-19. That is a possibility and a risk that the Medical Director and other public health officials should weigh against the benefit of identifying

¹³⁶ See Attachment 1 at 4.

asymptomatic youth with a positive rapid COVID-19 test who otherwise would not know they may be infected. Additionally, if DYRS determines to undertake testing of this population, it should ensure youth are educated about the meaning of the test results and risks of false positive and false negative test results.¹³⁷

In comments on the draft version of this report, DYRS requests that this recommendation be removed noting that, “[t]he agency’s practice reflects the current public health guidance, stating that administering a rapid test to an asymptomatic individual is not recommended due to the positive predictive value being low.”¹³⁸

The OIJFO’s medical expert, Michael D. Cohen, M.D., reviewed current public health guidance regarding rapid testing of asymptomatic individuals in the context of a detention or correctional setting and also considered currently available data regarding the positive predictive value of the specific rapid COVID-19 testing device in use at the YSC.¹³⁹ Dr. Cohen found that DYRS’s assertion that rapid testing of asymptomatic individuals is not recommended by public health is not correct and that “CDC guidance states that correction and detention facilities ‘should consider’ implementing such screening to achieve early case identification to prevent widespread transmission. This is more important now when infection with the highly transmissible delta variant is widespread and increasing in US communities.”¹⁴⁰

Nevertheless, Dr. Cohen acknowledges the difficulty of the public policy question. As Dr. Cohen notes, “[t]he goal of screening is to identify and isolate the true positives to reduce transmission to youth and staff.”¹⁴¹ At the same time, the goal should be to minimize the impact

¹³⁷ According to the OIJFO’s medical expert, the risk of false negative test results using the diagnostic testing device at the YSC is very low.

¹³⁸ See Attachment 1 at 3.

¹³⁹ Dr. Cohen’s assessment is included as Attachment 2, Memorandum from Michael D. Cohen to Mark Jordan.

¹⁴⁰ See Attachment 2 at 2.

¹⁴¹ See Attachment 2 at 4. In the case of overnights, the goal would also include reducing transmission to members of the community after the youth was released.

of false positive test results (*i.e.*, positive results among individuals who do not, in fact, have COVID-19), which can cause anxiety among the tested individual and close contacts of that individual, and create substantial disruption to people’s lives pending results of a laboratory-based confirmatory test.

Dr. Cohen notes that the predictive value of a diagnostic test depends on a) the test sensitivity; b) the test specificity; and, c) the prevalence of the target infection (*i.e.*, the novel coronavirus) among the local community. Using publicly available data, Dr. Cohen modeled the *current* predictive value (*i.e.*, using the COVID-19 prevalence rate in the District of Columbia on July 25, 2021) of positive diagnostic tests, and the reported sensitivity and specificity of the Abbot ID Now device in use at the YSC. He noted that the positive predictive value of the test – the probability that positive test result reflects a true positive – was 67 percent.¹⁴² In other words, one third of all positive test results would be “false alarms.” Importantly, however, the test would appear to accurately identify all of the true positive COVID-19 cases. Dr. Cohen also observes that the predictive value of the diagnostic test at the YSC will improve if the prevalence of COVID-19 increases within the community.¹⁴³ Particularly in light of the increasing prevalence of COVID-19 attributable to the highly contagious delta variant, DYRS should continue to assess the value of administering a rapid COVID-19 test to overnighters over time.

B. Education and Programming Recommendations

Recommendation 5: Even as school operations normalize, school operators should improve the capacity to deliver consistent, virtual instruction to youth at both the YSC and New Beginnings.

Over the 16-month period reviewed in this report, youth received greatly diminished educational services. There were extended periods at both facilities during which students were

¹⁴² See Attachment 2 at 3.

¹⁴³ See Attachment 2 at 4.

not able to interact with teachers and instead were provided with educational packets. Even when virtual instruction and, later, in-person instruction began, youth at both facilities benefitted only intermittently. Ultimately, youth received much less instructional time over the past year and a half than during a normal school year.

There were numerous and substantial obstacles to delivering educational services, particularly at the start of the pandemic when less was known about transmission of the virus, facilities were not allowing staff to enter, and most schools did not offer virtual learning as a core component of their educational delivery model. A year and a half later, however, the educational model must adapt to serve DYRS' students again.

At New Beginnings, school returned to pre-pandemic operations (*i.e.*, with all youth attending school each day) beginning with summer classes in late June 2021. At the YSC, summer school began on July 6, 2021 with DCPS continuing to provide instruction using the same schedule that they maintained during the school year. Much less is certain regarding the future educational program for the new school year, as DYRS transitions from DCPS to a new education provider.

Both schools should work with DYRS to enhance their ability to provide virtual instruction so that they are prepared to provide continuity of educational services in the future during inevitable, unforeseen interruptions, whether caused by COVID-19 or something else. In addition to the added continuity virtual learning can provide, in environments such as the YSC and New Beginnings, which include youth with broad ranges of educational attainment levels, the use of technology to supplement (and not replace) in-person teacher-led instruction can enable differentiated instruction that could benefit students greatly. This was evident for Title 16 youth at the YSC, who variously attended DCPS high school classes, on-line GED classes, and

UDC college level courses. But for virtual learning platforms, these students would not have been able to learn at their own levels.

While there are legitimate security concerns associated with allowing confined youth access to networked computers for educational purposes, at the YSC school staff demonstrated that it is possible, but requires ongoing staff vigilance.

Recommendation 6: Provide adequate educational services to youth in isolation and full quarantine units.

For the foreseeable future, DYRS will continue to operate full quarantine units (*e.g.*, the intake units), and possibly isolation units if youth test positive for COVID-19. DYRS must ensure that youth on any full quarantine or isolation unit receive appropriate educational services on a consistent basis. Provision of educational packets to youth for multiple weeks is not a substitute for teacher-led instruction. Whether education is provided virtually or in-person by fully vaccinated staff, DYRS must ensure that youth housed on full quarantine and isolation units receive access to in-person instruction from qualified teachers. In comments on the draft of this report, DYRS indicated that “[b]eginning August 30, 2021, the educational providers are contractually obligated to provide youth on the quarantine units with direct instruction from a teacher.”¹⁴⁴

Recommendation 7: For youth on isolation, full quarantine, and soft quarantine, provide more options for in-cell activities.

At both the YSC and New Beginnings, youth reported, and OIJFO staff observed, that there were not many options for youth to pass the time while they were in their cells. For as long as pandemic restrictions are in place and youth are required to spend more time in their cells for public health or social distancing reasons, DYRS should provide youth with more stimulation.

¹⁴⁴ See Attachment 1 at 4.

This could include access to individual devices that contain educational or entertainment content such as movies, music, games, and podcasts.

Recommendation 8: Consider technology options that would allow greater access to supervised video visitation that would not require families to go to the YSC.

In-person visitation has been suspended at both facilities since March 2020, and thus youth housed at the YSC and New Beginnings during that period did not see their families while at the facilities. Some youth with long lengths of stay have not seen family in person for the entire 16-month period.

In comments on the draft of this report, DYRS reported that in-person visitation will resume in August 2021.¹⁴⁵ This will surely benefit youth at both facilities. Notwithstanding the resumption of in-person visitation, DYRS should consider continuing to supplement in-person visitation with an enhanced form of video visitation. DYRS recently implemented a video-visitation pilot program that allows youth to see and communicate with family members by videoconference. Currently, the program is conducted one day per week and requires participating families of youth (from both the YSC and New Beginnings) to go to the YSC to participate in the program. Only four youth from each facility can participate each week.

DYRS understandably wants to ensure that they monitor all video visitation and conducting the program at the YSC allows them to supervise appropriately. The agency should explore whether there are sufficiently secure video conferencing platforms that would enable DYRS staff to monitor and control video visitation and not require families to be physically present at the YSC.

Even if implemented on a limited basis, this would provide greater opportunities to families who do not live in or near the District of Columbia or whose schedule conflicts with

¹⁴⁵ See Attachment 1 at 4.

video visitation times to see their family members. It could also provide DYRS greater flexibility regarding hours to schedule video visitation. Finally, if staff monitoring each video visit did not need to be present at the YSC, it would also eliminate one (or more) posts during virtual visitation, which would make a staff member available for deployment elsewhere in the facility.

C. Administrative Recommendations

Recommendation 9: DYRS should work with its juvenile justice partners to monitor YSC population trends closely now that Title 16 youth are housed at the facility and intervene early to avoid future overcrowding of the facility.

The YSC has a long history of overcrowding. Over the past year and a half, DYRS has benefitted from the operational flexibility afforded by extremely low population levels. However, with Title 16 youth now housed at the YSC since August 2020, DYRS must anticipate and plan for housing contingencies if populations of non-Title 16 cohorts revert to historic means.

Overcrowding in secure facilities frequently has detrimental impacts on virtually every aspect of facility operations, including increases in incident rates, hurdles in the provision of appropriate medical and mental health services, deterioration in the quality of educational services and, of course, would also have a negative impact on containing any future COVID-19 outbreak. While DYRS can influence the size of the facility population, it is to a large extent outside of the agency's control. Thus, DYRS should focus now on monitoring for signs of population level increases and establishing contingency plans in advance of the facility exceeding its capacity.

Recommendation 10: Program the management information system, FAMCare, to retain historical records of youth housing assignments.

DYRS's management information system, FAMCare, records youth's current housing assignments (*i.e.*, facility, unit, and cell), but it does not maintain a historical record of all housing unit assignments over time. The ability to reconstruct historical housing unit populations using the agency's information system is an important capacity, which can facilitate investigations as well as conduct contact tracing.

While other data sources exist that capture individual youth housing assignments, including hard copy housing unit logbooks, those records are not necessarily consistent, not always legible, and perhaps most importantly, do not serve as an accessible data source for management analysis. Currently, it is not possible to use FAMCare to determine, for example, how long a specific youth spent housed on an isolation housing unit or, looking from a geographic perspective, how many days during the year a designated isolation unit was occupied by youth.

XV. CONCLUSION

The past 16 months have presented unprecedented challenges for DYRS managers, staff, and youth at the YSC and New Beginnings. Agency staff at every level developed and implemented safeguards to protect youth and staff alike from contracting and spreading COVID-19. Some of the measures implemented to protect youth, however, simultaneously and substantially increased the amount of time youth spent in their cells, reduced youth access to education and other programming, and ultimately isolated youth.

As knowledge about COVID-19 has grown, vaccines have become readily available to staff, and the prevalence of COVID-19 in the general population has decreased, DYRS has begun to loosen operational restrictions at the YSC and New Beginnings. Nevertheless, after 16 months of significant and at times extraordinary restrictions on the daily lives of youth, DYRS

must now act urgently to ensure that any restrictions that are continued are no more than necessary and that despite any remaining restrictions, youth are provided the services needed to meet the goal of rehabilitation.

Most, if not every youth in DYRS custody is now eligible to receive a COVID-19 vaccine. Staff have been eligible for vaccines since January 2021. Vaccinating as many youth as possible as soon as possible represents the most potent measure DYRS can take to protect the youth from the risk of COVID-19 infection and transmission and will enable the facilities to operate with many fewer restrictions than they did during the pandemic.

The YSC will present more challenges than New Beginnings, as it routinely admits youth from the community, some of whom will not have been vaccinated at the point of admission and may not remain at the facility long enough to receive a two-dose vaccine. Thus, there will likely be an ongoing need to quarantine youth at that facility for the foreseeable future. Nevertheless, there are large cohorts of youth at the facility with long lengths of stay who should have access to the vaccine. And prospectively, irrespective of their vaccination and/or quarantine status while at the facility, DYRS must find a way to provide appropriate educational services for all youth at the YSC and provide more activities for those youth who are quarantined.

Attachment 1



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF YOUTH REHABILITATION SERVICES

450 H Street NW, Washington, DC 20001

MEMORANDUM

TO: Mark Jordan
Executive Director, Office of Independent Juvenile Justice Facilities Oversight (OIJJFO)

FROM: Hilary Cairns
DYRS Director

DATE: July 22, 2021

RE: Response to the OIJJFO's Report Regarding COVID-19 in the District of Columbia's Secure Juvenile Facilities

Background

In response to the vacature of the Jerry M. litigation, the Office of Independent Juvenile Justice Facilities Oversight (OIJJFO) was established in 2021 to regularly monitor and publicly report on DYRS's management of the District of Columbia's two secure juvenile facilities – New Beginnings Youth Development Center (NBYDC) and the Youth Services Center (YSC).

This memorandum details DYRS's response to the OIJJFO's report, "COVID-19 in the District of Columbia's Secure Juvenile Facilities: The Impact of and the Department of Youth Rehabilitation Services' Response to COVID-19 at the Youth Services Center and New Beginnings Youth Development Center" (Report).

In addition to outlining the feedback below, DYRS also included specific recommendations in the redlined version accompanying this memo. We appreciate your taking DYRS's feedback into consideration as OIJJFO finalizes the report.

Accuracy Modifications

To ensure accuracy, DYRS requests that the OIJJFO makes the following modifications to the Report:

- **Reliance on Public Health Guidance:** The Report should explicitly state that the operational decisions made throughout the pandemic have been driven entirely by the guidance received provided by public health experts. The Report should reflect that DYRS's practices constantly evolved in line with updated guidance from these officials, including DC Health and the Federal Center for Disease Control (CDC), as well as the Office of Juvenile Justice Delinquency and Prevention (OJJDP) and the Bureau of Prisons (BOP).
- **Security Concerns:** The Report should reflect that DYRS's decision to limit access to tablets or comparable electronic devices is driven by legitimate public safety concerns. Initially, DYRS provided all residents with access to tablets for educational and visitation

purposes. These tablets are fitted with software limiting access to only pre-approved websites. Unfortunately, youth were able to circumvent these security measures to access unapproved websites. Combining this with the social distancing guidelines in place, staff could not safely monitor the internet activity of each youth.

- **Non-Education Programming:** The Report states that virtual programming only began in April 2021. This is inaccurate. Virtual and in-person programming started in April 2020. Here is an overview of the services provided during the pandemic:

New Beginnings

Beginning April 2020, the mental health staff transitioned their weekly individual therapy and IEP behavioral support sessions to telephonic format. The team conducted in-person unit rounds at least once a week and provide in-person crisis intervention as needed. As of May 2020, while contracted therapy services remained remote (they switched from telephone to videoconference format), individual therapy and Individualized Education Planning sessions returned to in-person following physical distancing guidelines on soft quarantine units.

In June 2020, small, socially distanced groups resumed, and the team maintained this service provision posture until the end of December 2020, when in-person groups were suspended due to an outbreak.

In January 2021, the Behavioral Health team engaged youth in group sessions and activities with youth safely in front of their doors while staff facilitated from an approved distance standing in the middle of the common area. Additionally, the team created a schedule for daily virtual calls on each unit so that all youth had daily opportunities to meet with their Credible Messenger, Care Coordinator, and/or educational staff.

YSC

Beginning April 2020, the mental health staff transitioned their routine in-person services (intakes, sick calls, discharges, referral responses, etc.) and weekly individual therapy sessions to telephonic format.

In August 2020, the Behavioral Health team began transitioning routine services from telephonic format to in-person.

By October 2020, all telework schedules were discontinued, and staff returned to providing all routine individual services in person.

- **Testing Symptomatic Youth:** With a test-based strategy, if a youth had a negative test, the agency will repeat the test a minimum of 24 hours after the initial negative test. The

former requirement to discontinue isolation based on a test-based strategy required two negative test results collected at least 24 hours apart. In short, all references to a 72-hour timeframe should be 24 hours.

- **Recreation:** The agency did not reduce access to large muscle recreation. In line with the appropriate COVID-19 guidance, the agency modified how many youths can participate at a given time, but overall time in recreation remained unchanged.
- **Recommendation 2:** The agency requests the removal of this recommendation, which currently states:

“Until youth at the YSC and New Beginnings are vaccinated, DYRS should know and consider staff (both YDR and program staff) vaccination status in making post assignment decisions in order to minimize the risk of infecting youth with COVID-19. This should allow opportunities to increase out-of-cell, education, and programming time even before youth are vaccinated.”

This recommendation is not feasible. Current personnel guidance does not allow for the agency to ask an individual about their vaccination status. Additionally, the public health guidance currently requires all staff in a congregate care setting, regardless of their vaccination status, to always be in the appropriate PPE and maintain social distancing measures.

- **Recommendation 4:** The agency requests the removal of this recommendation, which currently states:

“Consider administering a rapid COVID-19 test to all overnighters at the YSC (i.e., and not only to those youth exhibiting symptoms consistent with COVID-19 and those exposed to an individual known to have COVID-19).”

The agency’s practice reflects the current public health guidance, stating that administering a rapid test to an asymptomatic individual is not recommended due to the positive predictive value being low.

Updates

The following commentary highlights updates that are now standard practice since the OIJFO began drafting the Report:

- **Youth Vaccinations:** Beginning July 15, 2021, DYRS began offering all eligible youth in our secure facilities Pfizer’s COVID-19 vaccination. The Pfizer vaccine is approved for youth ages 12 and over, which is why DYRS selected this vaccination.
- **Youth Vaccinations:** DYRS is now receiving the vaccine from the Vaccine for Children (VFC) program, not Children’s National Medical Center.

- **Isolation Housing Units:** Youth staying on these units now have the same access to the common areas as all other units. These youth must wear the appropriate Personal Protective Equipment (PPE) and maintain applicable social distancing guidelines.
- **Recommendation 3:** The current practice reflects the recommendation to better utilize the outdoor space for youth programming.
- **Recommendation 5:** Beginning August 30, 2021, YSC's schooling will resume a pre-pandemic posture for the upcoming school year. Additionally, GED services will also resume with in-person instructions.
- **Recommendation 6:** Beginning August 30, 2021, the educational providers are contractually obligated to provide youth on the quarantine units with direct instruction from a teacher.
- **Recommendation 8:** In-person visitation will resume in August 2021.

Attachment 2

MEMORANDUM

To: Mark Jordan, Executive Director, Office of Independent Juvenile Justice Facilities Oversight

From: Michael D. Cohen, M.D.

Re: DYRS comments on screening asymptomatic overnighters with the Abbot ID Now antigen test device

Date: July 29, 2021

Introduction

You requested an assessment of the DYRS response to your recommendation that the agency administer rapid COVID antigen tests to all overnighters. In their response, DYRS stated, "The agency's practice reflects the current public health guidance, stating that administering a rapid test to an asymptomatic individual is not recommended due to the positive predictive value being low."

I assessed both aspects of DYRS's statement. Specifically, I assessed the following:

1. What are the public health recommendations for using a rapid COVID test to screen asymptomatic youth in a correctional or detention facility?
2. What is the positive predictive value of a rapid COVID test? Is it always low?

I also comment on the purpose of asymptomatic screening.

1. CDC guidance on rapid antigen screening of asymptomatic residents in correction and detention facilities

CDC published Interim Guidance for SARS-CoV-2 Testing in Correctional and Detention Facilities, updated as of 6/7/2, which can be found at the following Website:

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

In their guidance, the CDC states:

Screening testing allows early identification and isolation of persons who are asymptomatic or pre-symptomatic, or have only mild symptoms and who may be unknowingly transmitting the virus. Screening testing, in conjunction with symptom screening, can be valuable in correctional and detention facilities because it can detect COVID-19 early and help stop transmission quickly, particularly in areas with moderate to high community transmission of COVID-19.

....

Routine screening testing can increase the likelihood of early case identification to prevent widespread transmission. Facilities should consider implementing routine screening testing among all incarcerated/detained persons and staff who are not fully vaccinated...

The CDC has also provided a flow chart to assist in interpretation and follow-up of positive rapid tests. This is available at:

https://www.cdc.gov/coronavirus/2019ncov/lab/resources/Antigen_Testing_Algorithm_2020-12-14_v03_NO_DRAFT_SPW_508.pdf

The section of the flow chart for people without symptoms or known exposure to COVID gives the following advice:

rapid test (-) = negative

rapid test (+) = confirm with nucleic acid amplification test (NAAT);

NAAT (+) = infected;

NAAT (-) = not infected

Clearly, those with a positive antigen test should be isolated while a confirmatory test is pending.

Conclusion:

The DYRS statement that rapid testing of asymptomatic individuals is not recommended by public health is not correct. The guidance states that correction and detention facilities "should consider" implementing such screening to achieve early case identification to prevent widespread transmission. This is more important now when infection with the highly transmissible delta variant is widespread and increasing in US communities.

2. Determining the positive predictive value of a rapid COVID test

The "predictive value" is the likelihood that a positive or negative test is actually true. It depends on the **sensitivity** and **specificity** of the particular test, AND the **prevalence** of infection in the local community from which the screened population is being drawn.

sensitivity = correctly identify true positives; i.e. true positive rate (%)

specificity = correctly identify true negatives; i.e. true negative rate (%)

prevalence = % of tests that are currently positive in the local community

a. Sensitivity and specificity of the Abbott ID Now device

Sensitivity and specificity are characteristics of the particular diagnostic test that is being used. The device in use at DYRS is the Abbott ID Now system.

Performance characteristics of this device were provided by Abbott based on several post-approval studies in clinical settings with actual patients at:

<https://abbott.mediaroom.com/2020-10-07-Abbott-Releases-ID-NOW-TM-COVID-19-Interim-Clinical-Study-Results-from-1-003-People-to-Provide-the-Facts-on-Clinical-Performance-and-to-Support-Public-Health>

Sensitivity: Abbott's post-approval study of 1003 clinical patients showed 93.3% sensitivity.

Specificity: Abbott's post-approval study of 1003 clinical patients showed 98.4% specificity

b. Prevalence of COVID infection in the District of Columbia

The District of Columbia publishes prevalence data on its website at:

<https://coronavirus.dc.gov/page/reopening-metrics>

Prevalence: According to this website, prevalence in the District on 7/25/21 was: **3.9%**. Obviously, this number is time sensitive and is changing daily. At present prevalence is increasing all over the United States due to the delta variant.

c. Calculating the positive and negative predictive value

The calculations are complex, but fortunately there is a website where you can enter the sensitivity, specificity and prevalence to obtain the predictive values. This website is at:

<https://kennis-research.shinyapps.io/Bayes-App/>

Given the prevalence, sensitivity and specificity, the web site calculates the expected true positives, true negatives, false positive and false negatives when 100 tests are administered. I entered the data and got the following results:

Prevalence	0.039
Sensitivity	0.933
Specificity	0.984
Number of Observations	100
True Positives	4
True Negatives	94
False Negatives	0
False Positives	2
Positive Predictive Value	0.6667
Negative Predictive Value	1.0000

d. What do these numbers mean?

Screening asymptomatic overnighters in the District of Columbia last week, a negative antigen test with the Abbott ID Now device was 100% likely to be a true negative. Of 100 tests, there would have been 94 true negatives and 0 false negative.

Screening asymptomatic overnighters in in the District of Columbia last week, a positive antigen test with the Abbott ID Now device was 67% likely to be a true positive. Of 100 tests, there would be 4 true positives, but 2 false positives.

Conclusion:

The DYRS comment that the positive predictive value of the antigen test is low is only correct if you consider a positive predictive value of 67% to be low. If the prevalence of COVID in the District increased to 10%, for example, the positive predictive value of the Abbott ID Now device would increase to 82%. In that case, of 100 tests there would be 9 true positive and still only 2 false positives.

If the goal of screening is to identify and isolate the true positives to prevent transmission in the facility, the test does pretty well in both situations. The downside is the (temporary) isolation of the few false positives while the confirmatory test is pending.

3. Discussion

The goal of screening is to identify and isolate the true positives to reduce transmission to youth and staff. Screening overnighters with the Abbott ID Now device accomplishes this well, even at the current DC COVID prevalence of 3.9%. If the overnight youth stays in the facility, the asymptomatic positives would be isolated on site until the confirmatory test result came back.

If the antigen positive overnight youth leaves the next morning, the confirmatory test result would not be available yet. Managing the asymptomatic antigen positive youth in that setting could be problematic: with the current disease prevalence of 3.9%, only 4 out of 6 would be true positives.

What advice do you give those youth and their families?

- Isolate at home until the confirmatory test comes back would be most prudent with the current highly infectious delta variant.
- However, for 2 of 6 it would turn out to be unnecessary.
- What about the anxiety caused to the youth and family?
- What is the effect of such "false alarms" on their trust in the agency health services?
- What other unanticipated consequences of isolation at home might there be?

These are not easy decisions to make. As the prevalence in the community increases in the coming months, there will be fewer false positives and I believe home isolation for all antigen positive overnight youth who are released the next day will be the correct approach.