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Author(s): Lily Hanrath and Katrina Cole

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COVID-19 Policies in US Juvenile Facilities: A Lessons Learned Report

By Lily Hanrath and Katrina Cole

Introduction

The COVID-19 pandemic, an unprecedented event in modern history, has had both immediate and lasting impacts on incarceration and incarcerated individuals. Prison, jail, and detention facilities across America were forced to make sudden decisions to address COVID-19 concerns in March 2020, generally with no formal preparation and little initial guidance from the government authorities, medical experts, or criminal justice professionals. As a result, COVID-19 protocols and procedures varied substantially across states and facilities. Five years later, researchers are still in the process of assessing what policies were enacted and their immediate and long-term impacts on incarcerated individuals. The outcomes for juveniles who were incarcerated during the pandemic are of particular importance, due to the potential long-term implications for rehabilitation, mental health, and future opportunities. However, incarcerated youth and their outcomes are understudied compared to outcomes of incarcerated adults despite unique challenges and consequences of the juvenile system.

The United States has the highest juvenile incarceration rate in the world (McCarthy et al., 2016) with an estimated 36,479 juveniles incarcerated in the year before the pandemic (2019) (Hockenberry, 2022). Juveniles in the justice system face unique challenges compared to adults. As juveniles are still developing physically, emotionally, and socially, detention may have a pronounced impact on their educational, occupational, and social development as well as their physical and psychological well-being. Prior research indicates that juveniles who are incarcerated experience worse physical and mental health outcomes, lower educational and employment attainment, and higher rates of future criminal activity compared to youth who are not incarcerated (Lambie & Randell, 2013; Barnert et al., 2017; Ackerman, Magram, &

Kennedy, 2024). These negative impacts may have been compounded by the additional challenges brought on by the COVID-19 pandemic.

Despite the size and unique vulnerabilities of the incarcerated juvenile population, there is comparatively less research on the impact of COVID-19 in juvenile facilities than in adult facilities. Much of what has been published focuses on policies that were created but provides limited insight into how those policies were enacted and experienced by practitioners and youths within facilities (e.g., CJA, 2020; Rovner, 2020, OJJDP, 2021).

The National Institute of Justice (NIJ) funded the current project to shed light on COVID-19 policies that were written for one state's juvenile facilities and explore how these policies were enacted and experienced by practitioners and youth. Assessing youth justice policies and outcomes is difficult as it requires access to a protected population and a strong partnership between researchers and justice agencies. Unfortunately, complications with access to facilities and data, as well as delays in contracts, prevented the project from being completed as planned within the study period.

This report begins with a review of the project's initial goals, objectives, and research questions, followed by a brief literature review discussing COVID-19 policies implemented in juvenile facilities. We will then discuss the challenges and obstacles that prevented the study team from completing the project, along with lessons learned and recommendations for future research that may face similar difficulties.

Project Summary

The overarching goal of this project was to advance knowledge on juvenile justice responses to the COVID-19 pandemic and understand the impact of those responses on juvenile and public safety outcomes. Uniquely, due to the sudden unexpected onset of COVID-19, policy

decisions were made in real time with little time to forecast the costs and benefits of different solutions. As such, the proposed research was to employ a post-policy implementation review (PPIR) methodology (Institute of Health Economics, 2012). A PPIR design allows for a post-hoc evaluation of policy decisions to evaluate the strengths and weaknesses of the policies applied, understand the consequences of the policies, and reach conclusions on how future policies may be adjusted to better improve outcomes. The research design created was a multimethod review that included a policy document analysis, an outcome analysis using administrative data, and interviews with juvenile residential facility leadership, practitioners, and youth who were incarcerated during the pandemic. This design allows for a deep understanding of how policies were created and changed over time, how those policies were implemented, how the policies impacted outcomes in the justice system, and, lastly, how both justice workers and youth experienced those policies directly.

The study was originally scheduled to run from January 2022 to December 2024, though its initial start date was delayed until May 2022. In order to obtain a detailed understanding of policy creation, application, and experienced impacts, the project was designed as a case study of a single state, with a sample of four juvenile detention and three juvenile correctional facilities. Initially, this project partnered with a Midwestern state site (hereafter “site one”) to evaluate the policies of a sample of four juvenile detention and three juvenile correctional facilities. After difficulties obtaining data necessary for the study, the project team transitioned to working with a state site in the Rocky Mountain region (“site two”). (Reasons for the transition will be discussed in the “Barriers and Challenges” section.).

The research study was designed as a collaboration with state agencies involved with juvenile secure facilities in their state. The agency employees would provide detailed data on

policies, including draft documents and information on meetings and correspondence related to the policies. Employees would also facilitate contact with relevant management at sampled juvenile facilities who, in turn, would assist in connecting the research team with practitioners and youth who were housed in juvenile facilities during the COVID-19. Participating facilities would be financially compensated through a subaward to offset the costs of time, materials supplies, space, and the efforts to organize interviews.

Objectives

There were four research objectives for this study. First, to collect and analyze qualitative information from juvenile justice policy documents and key staff interviews on what, how, and why different COVID-19 responses were deployed in juvenile correctional facilities and how they may vary by local context. Second, to collect data on youth; including quantitative data (such as records on recidivism, COVID-19 outbreaks, and demographics) as well as qualitative data through juvenile interviews on juvenile outcomes during the same period. Third, the research team planned to compare pre- and post-pandemic juvenile justice policies and practices with juvenile and public safety outcomes within and across jurisdictions. Finally, the project aimed to conclude with proposing recommendations for future emergency management policies and broader juvenile justice reform.

Research Questions

The research design was built around three main research questions, which include:

1. a. What juvenile justice policies, procedures, protocols, and practices have been deployed in response to the COVID-19 pandemic in secure juvenile detention and residential facilities?
- b. How have these changes specifically impacted admissions, transfers, and releases of

youth to/from these facilities?

2. What impact has the COVID-19 pandemic had on juvenile justice practitioners' organization and delivery of services in secure juvenile confinement facilities?
3. a. How have changes in juvenile justice policies, procedures, protocols, and practices in response to COVID-19 impacted juvenile and public safety outcomes?

b. What specific impact have these changes had on racial equity among incarcerated youth?

Research Design and Methods

The initial research design was a mixed method study that included policy document review, analysis of administrative data, and interview data.

Literature Review

Prior to data collection and analysis, the research team conducted a literature review in order to understand what information had already been gathered and analyzed related to the COVID-19 pandemic and incarceration, particularly youth incarceration. The researchers used Google scholar to search key words related to Covid-19, juveniles, and incarceration and read and documented all articles on both the adult and juvenile incarceration systems that mentioned Covid-19. We then narrowed these articles down to ones focused on U.S. juveniles in the justice system. Further details on methods and the results of this literature review are discussed in the *Outcomes* section of this paper.

Policy Document Review

The research team planned on collating and analyzing information from site one and site two on guidelines, policies, procedures, and practices pre- and post-pandemic to better understand policy creation and development in the juvenile justice context. While there have

been other reports on policies (see OJJDP 2021, Rovner, 2020), these reports focus either on individuals' actions or on the finalized policies that were published. We aimed to examine policy drafts, correspondence, and meeting notes and minutes along with finalized documents. By reviewing the full process of policy creation, this study would uniquely be able to discern the thought processes and justifications behind the policy decisions made during the height of the pandemic. This includes analyzing differences in recommendations from various experts and tracking how policies changed over time as more information became available and the impact of the current policies on safety and well-being.

Administrative Data

In order to understand the population of youth in the facilities during the COVID-19 pandemic and the outcomes for those facilities, the research team planned on collaborating with administrators at the study sites to pull, code, and analyze quantitative data. Initially, data requested by the research team included:

1. Demographics including sex, race, ethnicity, and age
2. Stay information such as admission date, release data, and facility name
3. Admitting information including the county of admission and the highest admission charge
4. Information on recidivism including new arrests, convictions, and returns to secure care
5. Prior offenses
6. Pre-Screen Risk Assessment (PSRA) and Protective and Risk Assessment (PRA) scores
7. Services received in the facility

8. Education received in the facility-especially any disruptions during covid
9. Visitations received-especially during covid
10. Misbehavior or violations occurred in the facility
11. Incentives
12. COVID-19 cases of staff and individuals
13. Treatment provided for COVID-19
14. Personal Protective Equipment (PPE) provided for COVID-19

The data provided were to be used to understand the context of the COVID-19 pandemic as well as the potential impact. Some questions intended to be answered with these data included whether the race, age, or sex was correlated with the likelihood of contracting COVID-19 while incarcerated, whether individuals who were incarcerated for longer or shorter periods were more likely to contract COVID-19, whether increases in staff contraction of COVID-19 predicted juvenile contraction, and whether there was a higher return rate of juveniles to the facilities post-pandemic compared to pre-pandemic.

Interview Data

Interviews were proposed to understand the actual impact of COVID-19 policies with practitioner subject matter experts (SMEs), including district administrators and facility directors; practitioners, such as correctional officers and programming staff; and youth who were incarcerated during the COVID-19 pandemic. The initial proposal was to conduct interviews in seven facilities. These included four detention centers and all three DOC facilities located in site one. Interviews were expected to be conducted with 14 SMEs (including all wardens and managers at the targeted facilities) and up to 42 other staff members (6 per facility). Youth interviews were planned to be conducted in person at five of the seven facilities, with 125 total

youth (25 per facility) each being interviewed twice as part of the project. Interview questions focused on what COVID-19 policies were implemented and how those policies impacted the day-to-day lives of participants as well as how they might have impacted other outcomes from their personal viewpoint.

Barriers and Challenges to Project Completion

Due to unanticipated challenges securing a study site, we were unable to answer the research questions proposed or meet the project objectives. These challenges highlight the complexity of conducting research, particularly involving data collection with vulnerable populations, during times of crisis.

The First Site Collaboration

The project was proposed by JIRN in collaboration with a state criminal justice planning agency of a Midwestern State. The planning agency is involved with administering state criminal and juvenile funds and conducting research and analysis. The agency helped secure cooperation from the Department of Corrections (DOC), who indicated they would share administrative data, and allow the project team to conduct facility visits and interviews with administrators, staff, and youth.

The project faced setbacks in receiving budget and human subjects approval so it was delayed in starting by 5 months. Once the project was able to start, the DOC informed the project team that facility visits were no longer feasible under their current guidelines and suggested that the research project narrow its focus to an interview with the Chief Medical Officer (CMO) and a review of policy documents.

The research team decided that an interview with the CMO and review of existing policy documents in the absence of administrative and interview data would be insufficient to meet the proposed research objectives.

The Second Site Collaboration

After determining the first site would not meet the needs of the project, JIRN conducted outreach with a second site in a Rocky Mountain State (“site two”) and met with relevant staff to secure the site’s participation and allowance of the requisite data collection. JIRN secured a letter of intent from site two at this point but a data use agreement was not signed pending IRB approval.

JIRN received approval from the site two’s IRB in November of 2023, nearly a year after they signed the letter of support. In the intervening year, the site had undergone changes in leadership. The new leadership expressed concerns that COVID-19 was no longer relevant and that the analysis would not provide results or recommendations that would be useful to their system.

Both site two and NIJ expressed concern about whether it would be possible to access individuals currently at the facilities who were there at the peak of the COVID-19 pandemic due to staff turnover and the typical length of stay of youth in secure facilities. In further discussions, JIRN and the site agreed to slightly alter the scope of the project to understand how lessons from the COVID-19 response could inform emergency planning and organizational communication more broadly, and JIRN agreed to rewrite the interview guides to better align with these goals, ensuring questions spoke to the broader themes of emergency planning and organizational communication beyond the context of the COVID-19 pandemic.

Despite agreement on the scope of the project, JIRN and the site were unable to come to a timely agreement on the terms of the data use agreement, in part due to the low prioritization of the project by the site. By August 2024, over two and a half years after the intended project start, no agreement had been reached and there was not sufficient time in the project period to secure another site and complete the scope of work.

Outcomes

During the project period, JIRN completed a literature review, developed interview protocols and consent forms, and reviewed the Site 1 policy documents.

Literature Review

Literature Search Criteria and Organization

To understand the existing literature prior to conducting interviews at the project sites, the team conducted an extensive literature review focused on COVID-19 policies and juvenile corrections. The project team conducted multiple literature searches on Google Scholar for articles published between 2020 and 2024 using the search terms “covid”, “corrections,” and “juvenile justice”. Our search ultimately yielded 54 relevant articles: including research articles, policy reviews, fact sheets, essays, law articles, and official statements.

Articles were initially screened for reference to juvenile justice and COVID-19. Articles that pertained solely to the adult criminal justice system were excluded. However, articles addressing both adult and juvenile populations were included if they provided relevant insights into policies, practices, or experiences within the juvenile justice system. Included articles had examine youth and/or staff experiences, facility operations, or policies and practice changes in the juvenile justice system. For instance, Galbraith (2023) examined the role of COVID-19 on *public attitudes* toward justice-involved youth rather than *actual* policies, and thus this study did not meet inclusion criteria.

Medical-focused articles were excluded as they focused on biological and physical outcomes of COVID-19 rather than the social, operational, or policy-related aspects of juvenile justice responses. Additionally, studies from other countries were removed, as their legal and correctional systems differ significantly from the U.S. juvenile justice framework, limiting the applicability of their findings to the American context.

Of the 54 articles identified, 22 were specifically related to juvenile justice and COVID-19, excluding medically focused articles and those from countries outside the US. These articles can be categorized into two groups: 1. Research articles that were published in peer-reviewed journals and 2. Non-peer-reviewed research including; research articles published by criminal justice organizations, articles that review or recommend policy related to COVID-19, and government reports that evaluate protocols or make policy recommendations.

Literature Summary

Scholarship and media have documented the immediate changes in juvenile facilities following the onset of COVID-19. The most common of these changes included restricting visitation, screening all persons prior to entry, and increasing phone/video communication with family or legal counsel (Hockenberry & Puzzanchera, 2023). Many states implemented policies to reduce facility populations, such as limiting new admissions, increasing early releases, and suspending technical violations for community-supervised youth (Buchanan et al., 2020; CJJA, 2020; Rovner, 2020). Empirical research on the impact of COVID-19 policies in juvenile facilities has primarily examined changes in population levels, youth experiences, facility operations, and racial disparities.

Several studies documented how the pandemic led to significant reductions in juvenile detention populations. Buchanan et al. (2020) found that many states reduced their detained

youth populations by 24% in a single month, with greater declines in jurisdictions that allowed detention agencies to make release decisions without court approval. Similarly, the Council of Juvenile Justice Administrators (CCJA; 2022) reported that more than half of surveyed jurisdictions reduced their secure populations by at least 20%, with some reporting reductions exceeding 40%. Additionally, Hockenberry and Puzzanchera (2024) reported that juvenile court caseloads decreased by 29% between 2019 and 2020—far greater than typical annual declines. The number of cases handled informally (without a petition to formally request an adjudicatory or judicial waiver hearing) in April 2020 was 17% greater than the average number of cases handled informally across the prior three years. Though the number of cases declined, the proportion of cases involving detention remained similar to prior years. Declines in juvenile justice populations also varied between urban and rural contexts, as Terry et al. (2021) showed sharper declines in intake in urban contexts.

Another key area of research has been the relationship between COVID-19 policies and racial disparities in juvenile justice, which suggests these reductions were not uniformly distributed across juvenile justice populations. Terry and Steele (2023) found that intake assessments declined more for youth of color than for white youth, raising concerns about pre-existing disparities in detention decision-making. The authors suggest that previous intake practices may have contributed to unnecessary assessments for minority youth. Similarly, the CCJA observed that the majority of states that reported demographic data had a larger reduction in population for Black youth than White youth.

Beyond population changes, research has explored how COVID-19 policies affected youth experiences. Cavanagh et al. (2021) found that youth were primarily concerned with employment opportunities, food security, and family relationships, rather than the risk of

contracting COVID-19. However, not all of these youth were in juvenile justice custody at the time they were surveyed. Reid et al. (2022) examined the behavioral consequences of pandemic-related disruptions and found increases in aggression, substance use, and school conduct problems among justice-involved youth. Leon et al. (2022) reported youth in the Arts for Incarcerated Youth Network (AIYN) in Low Angeles described increased isolation, disruptions in communication with family, and reduced access to structured programming. Restrictions on visitation and program participation disrupted social connections and access to structured activities, contributing to feelings of disconnection. While intended to prevent the spread of the virus, restrictions on visitation, educational programming, and recreational activities negatively affected incarcerated youth. These findings suggest that pandemic-related restrictions had significant social and developmental consequences for youth in custody.

The pandemic also presented operational challenges for juvenile justice staff and facilities. Lockwood et al. (2023) surveyed probation directors and found that reduced face-to-face contact with youth limited accountability and disrupted service delivery, particularly in rural communities where virtual alternatives were less accessible. Probation officers in California similarly reported negative impacts on mental health and reduced access to services, although staff at custodial juvenile facilities were more likely to report working in-person than those in the probation division (Debus-Sherrill et al., 2022). The challenges reported by staff also varied by their role, with juvenile probation officers reporting difficulty connecting with clients, while juvenile custodial staff reported challenges communicating with other service providers (Debus-Sherrill et al., 2022).

Through surveys and interviews of 35 state and local juvenile justice agencies, the CCJA (2022) reported on the many challenges faced by these agencies, including inadequate IT

infrastructure; providing information and support to families, stakeholders, and the public; and managing staff stress and resistance. However, they also highlighted policies that agencies planned to continue post-pandemic, such as the use of virtual platforms for meetings with treatment providers, aftercare planning, detention hearings, family visits, remote learning, and staff meetings. Additional changes that were anticipated to persist after the pandemic involve smaller treatment group sizes and regularly evaluating youth for release readiness.

Overall, research findings indicate that COVID-19 policies significantly altered juvenile detention populations, youth experiences, facility operations, and intake procedures. However, the effects of these changes were not uniform, with disparities emerging in how policies were applied across different demographic groups and agency types. While some jurisdictions implemented measures to mitigate harm, such as increasing virtual visitation and reentry support, agencies also struggled with facility operations due to staff shortages, service disruptions, and timely communication of information and protocols. These findings, also described in Appendix A, Table 1, highlight both the challenges and opportunities presented by the pandemic, providing a foundation for future policy discussions on crisis response and juvenile justice reform.

From policy reports, essays, and briefs that discuss COVID-19 policies in juvenile justice facilities (Appendix A, Table 2), general recommendations often advocated for reducing youth incarceration by diverting low-risk youth from detention, limiting new admissions, and expediting early releases (Burrell & Wilber, 2021; CJJA, 2020; Rovner, 2020). Many reports criticized the slow adoption of protective measures in some facilities, recommending comprehensive pandemic preparedness plans for the future and better access to personal protective equipment (Barnert, 2020; Washburn & Menart, 2020). Experts warned against punitive isolation, arguing that youth quarantined for medical reasons should not be housed

under punitive conditions (US DOJ, 2021; Wasilczuk, 2020), and that “quarantine should not resemble solitary confinement” (Barnert, 2020, p. 3). Given the reduction in family visits and program activities, reports highlighted the need to expand virtual visitation options and ensure youth have meaningful contact with their families (Leon et al., 2021; CJJA, 2020).

Some reports noted disparities in how COVID-19 policies were applied, particularly in release decisions and access to services, and recommended tracking differential impacts in future policy decisions (Terry & Steele, 2023; Rovner, 2020). The pandemic exposed gaps in juvenile justice crisis management. Reports recommended creating clear emergency protocols, improving interagency communication, and ensuring timely policy adjustments in response to emerging crises (Tunstall et al., 2024; US DOJ, 2021). In sum, these sources emphasized reducing incarceration, improving health and safety measures, ensuring continued education and social/family connections, and strengthening crisis response frameworks for future emergencies.

Gaps in the Literature

The COVID-19 pandemic prompted rapid and varied policy responses in juvenile justice facilities across the United States. The literature review highlighted the COVID-19 policies that were recommended, and enacted, over time in different states and facilities. Most articles reviewing facilities or interviewing directors indicated that COVID-19 was taken seriously, and policies were put into place to ensure regular testing, the provision of PPE, limited contact between youth in custody and outside individuals, and delays or reductions in facility admissions. While much of the existing literature documents the policies implemented during the pandemic, fewer studies have examined how these policies were enacted and experienced by youth and facility staff.

Research indicated there may have been unintended consequences as a result of certain COVID-19 policies. For instance, Reid et al. (2022) found that there was an increase in aggression, poor school conduct, and drug use following COVID-19 conditions. Some research also suggested that COVID-19 may have shed light on previous poor practices. For example, Terry and Steele (2023) noted a greater decrease in assessments at juvenile intake centers for youth-of-color and Hispanic individuals compared to white individuals during COVID-19, indicating that minority populations may have previously been unnecessarily assessed. However, there remains a gap regarding transfers and releases, and what impact, if any, changes to these procedures have had on incarcerated youth in various demographic groups.

Only two studies from our review included interviews with youth in secure custody (i.e., incarcerated) about their experiences with COVID-19 and the policies enacted. Leon and colleagues (2022) focused on leisure and recreational activities and found that youth reported being unhappy with the decline in programming and decrease in communication with friends and family. Cavanagh et al. (2021) found that both non-justice involved youth and justice-involved youth, expressed concerns about employment, food, and relationships with families, but they were not necessarily concerned with the potential for illness. These two papers indicate that COVID-19 policies had negative consequences on youth experiences and development. The lack of concern shown toward the virus itself also suggests that youth may not have been informed in detail about the risks of COVID-19. However, these studies still leave notable gaps in our knowledge of the impact of COVID-19 on incarcerated youth.

For instance, the majority (62.7%) of the Cavanagh et al. (2021) sample had never been arrested and only 22.4% were incarcerated at the time of the interview. Thus, the results do not fully reflect the concerns of those in secure juvenile facilities specifically. Additionally, data

were collected early in the pandemic (May 2020) which may explain lack of concern for the illness itself. The work by Leon et al. (2022) provided insight into the impact of reduced leisure activities but lacked specificity on the types of activities under study aside from time outside. This leaves a gap in our understanding of the impact of COVID-19 policies on other types of services, such as educational programming and access to mental health services.

Further, both studies occurred amid the COVID-19 pandemic and could not speak to the long-term effects of COVID-19 policies or how youth were impacted post-pandemic. Further, no studies included interviews with other impacted groups, such as facility workers or parents. Indeed, Leon et al. (2022) suggest “teams of youth, staff, and scholars are needed in order to provide relevant and accurate critiques of the justice system” (p. 223). Information from facility workers and practitioners would offer useful insight into how facility policy decisions were made and implemented, improving our understanding of how such policies affected service delivery to incarcerated youth. Existing work that has examined the impact of COVID-19 system changes on worker operations and staff and youth experiences has focused on probation populations (Debus-Sherill et al., 2022; Reid et al., 2022).

Interview Protocols and Consents Forms

When the project transitioned to site two, changes were made to the anticipated number of interviews. The revised plan was to interview five juvenile justice leaders and five Assistant Program Directors (APDs) from the five juvenile facilities in the state, then up to six staff members (30 interviews total) from each facility based on recommendations from the APDs.

The research team prepared consent forms and interview protocols for each of the three participant groups we planned to interview. Separate consent forms were created for leaders and facility directors, practitioners, youth, and the guardians of youth. Youth consent forms were

written with simple language that could be understood at a 5th grade reading level. All consent forms can be viewed in Appendix B. We also wrote invitation letters explaining the project to youth and to their guardians that would be provided ahead of the consent forms along with recruitment emails/phone scripts for staff (see Appendix C). Finally, interview protocols were created for each of the three participant groups (see Appendix D for the full interview protocols). These interview guides underwent multiple rewrites to account for site differences and changes suggested by the administration of the second site who were interested in more focus on communication within their system and future policy development. The final question categories for the two adult groups included role information, background on COVID-19 policies, time and resources given for the implementation of policies, and difficulties and long-term effects they experienced related to the policies. For the youth group, question categories covered demographics, their facility stay, their experiences during COVID-19, perceptions of what protocols or policies were implemented, and both positive and negative experiences with the facility.

Analysis of Site 1 Policy Documents

JIRN conducted an initial evaluation of the policy documents provided. That analysis and corresponding documents are not included in this report to keep the state anonymous.

Initial document analysis was conducted on policy documents provided by site one. This document review coded for all word and section changes made over the seven versions of the COVID-19 plan. The analysis indicated that drastic changes were made throughout 2020, both in terms of what policies were implemented as well as the language used to describe individuals and actions. For example, the length of time practitioners were expected to stay home during COVID-19 increased and decreased multiple times. Additionally, over time, the policy

documents changed in their focus and terminology regarding youth in facilities, indicating increased caution and care in both language and recommendations—possibly due to more time to consult experts on the subject. For example, the initial documents used the term “offenders” while later versions used the term “incarcerated individuals”.

Public documents were available for site two. These documents indicated an early focus on reinstituting programs, such as educational programs and ensuring some form of visitation was available for juveniles. We were not able to obtain any non-public policy documents that were provided to practitioners, youth, and families directly.

Lessons Learned

Despite the inability to meet the research objectives, the project offers lessons for other researchers seeking to engage in research during a time of crisis with a vulnerable population.

The first lesson learned was to ensure all partners are fully aware of and in agreement on the project’s goals and requirements, including data access to the appropriate data or the targeted populations. For site one, we received verbal assurances from both our research partner and the DOC that access into the facilities would be available. However, formal data agreements were not in place. To prevent similar issues, we recommend that researchers who are planning collaborative projects secure explicit letters of support and formal agreements are the outset to confirm that all partners understand the research goals and have the ability, and willingness, to provide the necessary support throughout the project.

A second lesson learned is the importance of ensuring that data use agreements are created and approved in a timely manner. While delays are inevitable in most research projects, researchers can mitigate potential disruptions by ensuring that data agreements are established and approved as early as possible. Providing detailed and explicit project descriptions can help

reduce misunderstandings, and documenting meeting agendas and project decisions can facilitate handoffs and maintain institutional knowledge, preventing unnecessary delays.

The third lesson was to ensure that the initial project goals clearly align with both the needs of the researcher and the long-term priorities of the project site. A challenge encountered was that sites deprioritized the project over time as the urgency of the pandemic diminished. Early conversations should explicitly address the site's priorities, capacity, and level of commitment to avoid later disengagement. Researchers should be aware of the needs and interests of practitioners and frame their work in ways that demonstrate the long-term value beyond the immediate circumstances. Researchers can build in flexibility for additional reporting on information that may be more relevant to practitioners such as how the research might inform future planning, organizational decision-making, and communication. Partnerships between researchers and practitioners run more smoothly and are more fruitful for both sides when there is clear understanding of the benefits for both parties, both in terms of research and local application. It is also beneficial to ensure that there are ongoing check-ins with key stakeholders throughout the project to reassess alignment, reinforce the study's relevance as conditions change, and address any changes in priorities or personnel that could affect engagement.

Fourth, staff turnover, both within research teams and at participating sites, posed another major challenge. Changes in leadership at both sites delayed decision-making, while staff transitions within the research team contributed to additional delays. To mitigate the impact of staffing changes, we recommend maintaining detailed documentation of all key project decisions, agreements, and discussions. Maintaining clear records helps prevent disruptions if new team members need to take over by increasing transparency, reducing misunderstandings, and enabling smoother staff transitions. It is important to document meeting agendas and minutes

to ensure smooth handoffs to new individuals who may join the project by providing a clear timeline of decisions. Additionally, it is beneficial to establish multiple points of contact within an organization so that research engagement is not dependent on a single individual's continued involvement.

Finally, the research project illuminated the importance of considering timing when researching time-specific events such as COVID-19. As research often takes more time than expected, research teams should anticipate the impacts delays may have and build in how they may respond to a delay. This is particularly important when focusing on rapidly evolving events, such as the COVID-19 pandemic, as delays could impact access to the intended population. It is valuable to build in flexibility to the project design to mitigate unforeseen challenges. For example, alternative research designs that incorporate multiple waves of data collection or flexible sampling methods may mitigate the risk of staff and youth turnover that may have occur before interviews begin.

Conclusions and Future Directions

This project was initially designed to fill a gap in the literature on COVID-19 policies and juvenile justice. Much of the existing research thus far had focused primarily on state-reported policies and quantitative outcomes, with limited attention to the perspectives of those directly impacted, such as facility staff, youth, and their families. Understanding how policies were enacted in practice and experienced by those within the system would provide a more complete picture of the pandemic's impact on juvenile facilities and inform future emergency responses.

However, several key challenges prevented the study from proceeding as planned, perhaps shedding light on some reasons why there is a dearth of interview studies on COVID-19

and juvenile justice. Securing access to facilities and data proved difficult, as site partners deprioritized the project over time when the urgency of the pandemic diminished. Administrative delays, particularly in finalizing data use agreements, further prolonged the research timeline. Additionally, staff turnover—both within the research team and at participating sites—disrupted continuity and contributed to further delays. More broadly, research in this area is inherently complex due to the importance placed both by researchers and criminal justice collaborators on the safety, privacy, and confidentiality of youth in custody. This population is especially vulnerable, and it is important to be sensitive and cautious when planning a research study to ensure that the needs of the youth are considered and to make sure they feel heard rather than simply considered as data. Research in this area is difficult as it requires strong and consistent relationships with correctional agencies during a time of upheaval and administrative changes, the ability to navigate shifting institutional priorities, and careful attention to the ethical and legal considerations involved in studying incarcerated youth.

These challenges highlight important lessons for future research. First, securing formal agreements and letters of support early on can help prevent access issues later. Second, finalizing data use agreements as soon as possible can mitigate administrative delays. Third, ensuring alignment between research goals and site priorities—and demonstrating the study’s long-term value beyond the immediate crisis—can help maintain site engagement. Fourth, documenting project decisions and establishing multiple points of contact within organizations can reduce the impact of staff turnover. Finally, for time-sensitive research, building flexibility into study design and data collection methods can help researchers adapt to shifting conditions.

While there are steps that could help mitigate the obstacles we encountered, similar challenges would likely have affected any research team conducting this type of study. Indeed,

other researchers studying juvenile justice during the pandemic likely faced comparable difficulties. We hope that our experience can serve to inform future research designs and help create a smoother process for collaboration between researchers and criminal justice practitioners.

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Appendices

Appendix A. Literature Review Tables

Table 1. Original Research Articles on COVID-19 and Juvenile Justice

| Date | Author | Sample | Methods | Key Findings |
|------|--|--|--|---|
| 2020 | Buchanan, Castro, Kushner, & Krohn | NA | Literature review | Percentage of youth released ranged from 25-40% by state (30 reporting states). Reduction in 24% of detained population overall in one month. Reductions happened quicker in states that allowed detainment agencies decision-making without court approval. Populations "shifted" to probation community groups. Understaffing is an issue. Most states suspended visitation and volunteers in facilities. |
| 2021 | Cavanagh, Clough & Thomas | 67 Youth from El Paso from the community, on probation, or in custody and their parents | Sampled randomly from an existing longitudinal study | Incarcerated youth had three distinct covid concerns (compared to community): 1. Ability to secure employment, 2. Access to food, and 3. Relationship quality with families. Incarcerated youth did not have greater concerns about contracting or dying from covid. |
| 2022 | Council of Juvenile Justice Administrators | 31 state juvenile justice agencies and four county jurisdictions. Interviews with 8 jurisdictions. | Survey, administrative data, and structured interviews | Primary challenges identified by the agencies included: 1. Navigating the unknown, 2. Providing information and meaningful support to families, 3. Providing timely information to stakeholders and the public, 4. Managing staff stress, 5. Managing staff resistance, 6. Attempting to continue essential facility programming and services, and 7. Inadequate IT infrastructure. Many agencies changed practices regarding youth management and interactions with families, while fewer agencies changed standards for admissions, releases, or revocations of community supervision. Jurisdictions plan to retain some practices post-pandemic, such as: using virtual platforms to supplement in-person contacts including with treatment providers, to support reentry planning, aftercare planning, detention hearings, family visits, remote learning, and staff meetings; smaller treatment group sizes; regularly evaluate youth for release readiness. 59% of jurisdictions reported at least a 20% reduction in secure population, and 1 in 5 reported at least a 40% reduction. Of those reporting demographic data, more than half indicated the reduction in population for Black youth was larger than for White youth. |
| 2023 | Davidson et al. | 530 Youth from two Juvenile Justice Centers in TX and CA | Review of youth charts | TX had more infections than CA coinciding with reopening measures such as a later mask mandate. No youth tested positive due to peer or staff exposure during the study period at either institution, suggesting internal infection control and screening measures were effective. |

| | | | | |
|------|----------------------------|--|---|---|
| 2022 | Debus-Sherrill et al. | 298 adult probation officers, juvenile probation officers, and juvenile facility staff | Administrative population data and survey | Switching to virtual work in response to COVID-19 varied by staff position, with those working at juvenile secure custody facilities reporting more in-person work. There were mixed views about the change to virtual work, with some reporting concerns about isolation and ability to provide services, and others reporting reduced stress and increased productivity. Juvenile probation staff reported more difficulties connecting with clients, while juvenile facilities staff reported more challenges to communication with other service providers. |
| 2021 | Gagnon & Alpern | Two Judges in NY and GA | Case study with interviews | Recommends: 1. Define and promote procedural justice, 2. Make the most of pandemic opportunities for improvement (judicial discretion, push for long term policy change), and 3. Advocate for reform beyond the courtroom (collaboration and education) |
| 2022 | Leon, Rodas & Greer | Not listed | Reviewed data and publications in popular press articles, interviewed youth in the Arts for Incarcerated Youth Network (AIYN) | Youth report limited ability to communicate with friends and family. Youths who were released are concerned about the health and safety of those inside. Staff changes occur more often resulting in less quality program facilitation. Youth are concerned about isolation due to a decrease in programming and leisure activities. |
| 2023 | Lockwood, Viglione, & Peck | 29 Youth probation directors across 13 states | Survey | Top challenges reported: 1. Limited face-to-face contact decreased accountability. 2. Closing agencies decreased risk, but disrupted services provided. 3. Rural communities reported a lack of computers needed for virtual meetings. 3. Less meetings potentially led to more drug use and antisocial behavior. |
| 2022 | Reid et al. | 557 youth on probation in Florida | Four assessments done every 90 days. Two pre and two post covid | There were increases in aggressive behavior, poor frustration tolerance, school conduct problems, and drug use during post COVID-19 conditions. There was a slight increase in suicidal ideation. |
| 2023 | Terry et al. | 30 Juvenile Intake and Assessment Centers (JIAC)-All admissions | Quantitative analysis of number of admissions | Significant variation in intake by rural/urban. Covid resulted in a 35% decrease. There was more of a decline for males than females and in urban areas than in rural ones. Interviews intake declines are due to changes in Law enforcement behavior (arrests) rather than changes in intake policy. |
| 2023 | Terry & Steele | 30 JIACs-All admissions | Quantitative analysis of number of admissions | COVID decreased the number of assessments dramatically. This decrease was more prevalent for youth of color and Hispanic individuals in urban areas than for white and non-Hispanic individuals. |
| 2024 | Hockenberry & Puzzanchera | Archival U.S. juvenile court data | Descriptive quantitative analysis | Caseloads decreased by 29% between 2019 and 2020 (compare to an average of 1-10% decrease previously). Delinquency cases involving detention did not decrease; indicating cases were handled informally or were waived from court. |

| | | | | |
|------|-----------------|-------------------------------|------------|---|
| 2024 | Tunstall et al. | Colorado youth justice system | Case study | Multidisciplinary approach led to a wholistic response. CO had adequate staff and resources which mitigated risk. Timely communication resulted in faster response. |
|------|-----------------|-------------------------------|------------|---|

Table 2. Policy Related Articles on COVID-19 and Juvenile Justice

| Date | Author/Publisher | Type | Recommendations/Conclusions |
|------|--|--|--|
| 2020 | Barnert | Brief | Recommends a series of "advocacy priorities" and "clinical priorities". Examples of advocacy priorities include decarceration, robust telehealth and remote learning opportunities, and access to supportive medical care. Clinically, the authors suggest incarcerated adolescents may require hospital-level care for COVID-19 and that there should be a lower threshold for initiating a diagnostic evaluation and admission and a higher threshold for discharge. |
| 2021 | Burrell, & Wilber | Policy Review | Recommends: 1. Reduce admissions through diversions and by not admitting low-risk youth. 2. Early release for low-risk and those with medical conditions 3. Provide data 4. Follow medical guidelines |
| 2020 | Council of Juvenile Justice Administrators | Issue Brief | 1. Most facilities did not have pandemic protocols prior to the pandemic. 2. Agencies emphasized effective communication as a priority. 3. Most facilities restricted or halted admissions by March 2020. 4. Courts discontinued incarceration for technical violations. 5. There was an increase in collaboration between state and local youth officials regarding admissions. 6. State agencies with release authority released low risk youth. 7. States without release authority had to work with the courts. 8. Multiple states set up new reviews/assessments to expedite early release. 9. Reentry support includes care packages and increase in supervision visits. 10. Visitations in custody were suspended in all 50 states. Virtual visits and phone calls were increased in some states for no cost. 11. Education was moved online or to work packets. 12. Facilities implemented "group living" strategies to allow units of youth to stay together. |
| 2020 | Evans | Newsletter | The HEROES Act provides \$75 million in funds used to provide protective equipment and community-based services. Grant funding priority was given to states that halted use of fines and fees and limited detention for youth. |
| 2020 | Mooney & Bala | Policy Review of youth probation systems in US | Recommends: 1. Focus on diversion, decarceration, and early termination 2. Permanently suspend fines and fees for youth 3. Balance virtual and in person resources 4. Better navigate family needs and dynamics 5. Build capacity for collaboration with community groups |
| 2020 | Rovner | Policy Report | Recommends: 1. Limit incarceration 2. Ensure frequent communication between youth and families, isolation overseen by medical personnel not security 3. More testing and reporting |

| | | | |
|------|-------------------|---|--|
| | | | Notes that racial disparities of early release are still unknown, limited staff could increase the potential of abuse, and that guidelines have been inconsistently followed. |
| 2020 | Washburn & Menart | Report on CA Division of Juvenile Justice | Criticized CA for: 1. Being slow to adopt health measures, 2. Having harmful quarantine conditions, 3. Restricting visitation and cutting off support networks, 4. <u>Disrupting services and education</u> |
| 2020 | Wasilczuk | Essay (non-peer reviewed) | Youth policy should differ from adults as youth face different risks. Reduction in programming because of COVID-19 was argued to harm youth more than adults who are detained. Youth were not given as much information as adults and isolation was more harmful. Releases were 17% higher for white children vs black children. Minorities accounted for 78% of deaths under 21. |
| 2021 | US DOJ | Guidelines | 1. Compliance monitors should be designated as essential workers 2. in person compliance data, verification, and inspections are required. 3. CDC guidelines should be used to ensure youth facilities are safe. 4. Facilities should enact adaptable strategies depending on transmission/test rates. 5. Addition training should be available to partners/contractors etc. 6. Policies should be feasible, practical, and appropriate. Staff should be accommodated when possible 7. Youth should not be detained if they commit a status offense. Only youth with delinquent offenses who are a safety risk should be detained. 8. Comprehensive community services should be available to help with reentry 9. facilities should work with courts/counsel to identify youth that can be released. 10. punitive isolation should not be used. Medical quarantine should be distanced from punitive isolation. 11. facilities should reduce the movement of youth and staff 12. vaccines, PPE, and PPE training should be provided 13. programming has largely been reduced or postponed. Where possible it should be continued/resumed. Program providers should be deemed essential workers. 14. Youth have the right to confidential communication with counsel. 15. CDC guidance for visitation should be used for vaccinated youth. |

Appendix B. Consent Forms

Informed Consent Form for Interviews with Juvenile Justice Leaders and Facility Directors

Why am I invited to participate in this research?

This research project is funded by the National Institute of Justice to learn more about juvenile justice responses to the COVID-19 pandemic. You are being invited to participate in this interview because of your role as a juvenile justice leader OR facility director.

Is my participation in this study mandatory?

No. Your participation is completely voluntary, and you can refuse to answer any question or end the interview at any time.

What will my participation involve if I agree to participate?

This interview should take approximately 60 minutes to complete. We will ask you about juvenile justice protocols and policies that have been deployed in response to the COVID-19 pandemic in secure juvenile correctional facilities, and how these changes may have specifically impacted admissions, transfers, and releases of youth to/from these facilities.

Are there any risks associated with my participation in this study?

There are no anticipated risks to you for participating in this interview. We will not ask you to divulge any personal or sensitive information about yourself. You will only be asked about your impressions of and experiences working in the juvenile justice system.

Will information about me be kept confidential/private?

Your responses will be held in strict privacy by the research team. All resulting information will be reported in aggregate; we will not mention your name or any identifying information about you in reports. After the project is complete, de-identified data (with your name or any other possible identifiers removed) will be archived with the National Archive of Criminal Justice Data. We understand that your answers reflect your opinions and/or experiences only.

I understand the information provided herein: ☐ Yes ☐

No I voluntarily consent to participate in this interview: ☐

Yes ☐ No

I consent to have my interview recorded (*not required for participation*): ☐

Yes ☐ No Participant Name (Please Print) _____

Participant Signature _____ Date _____

What should I do if I have any questions?

Please contact the Principal Investigator, Lily Hanrath, by email at lhanrath@jirn.org or call [phone number] with any questions. If you have questions about your rights as a research participant, you can email [site two representative].

I have discussed the research with the participant, and in my opinion, the participant understands the benefits, risks, and alternatives (including non-participation) and is capable of freely consenting to participate in the research. Interviewer initials: ____

Informed Consent Form for Interviews with Juvenile Justice Practitioners

Why am I invited to participate in this research?

This research project is funded by the National Institute of Justice to learn more about juvenile justice responses to the COVID-19 pandemic. You are being invited to participate in this interview because of your role as a juvenile justice practitioner in a secure juvenile correctional facility.

Is my participation in this study mandatory?

No. Your participation is completely voluntary, and you can refuse to answer any question or end the interview at any time.

What will my participation involve if I agree to participate?

This interview should take approximately 60 minutes to complete. We would like to ask you about the impact that the COVID-19 pandemic has had on your delivery of services in secure juvenile confinement facilities.

Are there any risks associated with my participation?

There are no anticipated risks to you for participating in this interview. We will not ask you to divulge any personal or sensitive information about yourself. You will only be asked about your impressions of and experiences working in the juvenile justice system.

Will information about me be kept confidential/private?

Your responses will be held in strict privacy by the research team. All resulting information will be reported in aggregate; we will not mention your name or any identifying information about you in reports. After the project is complete, de-identified data (with your name or any other possible identifiers removed) will be archived with the

National Archive of Criminal Justice Data. We understand that your answers reflect your opinions and/or experiences only.

I understand the information provided herein: ☐ Yes

☐ No I voluntarily consent to participate in this

interview: ☐ Yes ☐ No

I consent to have my interview recorded (*not required for participation*): ☐

Yes ☐ No Participant Name (Please Print) _____

Participant Signature _____ Date _____

What should I do if I have any questions?

Please contact the Principal Investigator, Lily Hanrath, by email at lhanrath@jirn.org or call [phone number] with any questions. If you have questions about your rights as a research participant, you can email [site two representative].

I have discussed the research with the participant, and in my opinion, the participant understands the benefits, risks, and alternatives (including non-participation) and is capable of freely consenting to participate in the research. Interviewer initials: _____

Informed Assent/Consent Form for Interviews with Youth

What is a research study?

Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer.

This paper talks about our research and the choice you have to take part in it. We want you to ask us any questions that you have. You can ask questions at any time.

Important things to know:

- You get to decide if you want to participate.
- You can say “No” or you can say “Yes.”
- No one will be upset if you say “No.”
- If you say “Yes” now, you can always change your mind and say “No” later.
- You can say “No” at any time.
- Nothing bad will happen to you no matter what you decide.

Why are we doing this research?

The National Institute of Justice is funding this research. We want to learn more about how juvenile justice facilities have responded to the COVID-19 pandemic. We also want to know how these responses may impact youth like yourself. You are being asked to participate in this interview because you currently stay in a juvenile corrections facility.

Do I have to participate in this research?

No. Your participation is completely voluntary. Nothing bad will happen to you if you choose not to participate. You can say no to answering any question. You can also stop the interview at any time.

What would happen if I join this research?

Talking: A person on the research team would ask you questions. You would then say your answers out loud. The interview may take about 30 minutes to complete. We would like to ask you about your experiences in juvenile corrections during the COVID-19 pandemic.

This research will not help you directly. We do hope to learn something from this research. Someday we hope it will help other kids who are in juvenile corrections facilities.

Could bad things happen if I join this research?

There are no anticipated risks to you if you participate. We will not ask you to tell us any identifying information. You can say “no” to what we ask you at any time. You can also stop the interview at any time.

Will information about me be kept private?

Your responses will be kept private. Only the research team will handle your responses. We will not mention your name or identifying information about you in any reports or to other people.

However, we must report any new information regarding actual or suspected abuse, neglect, or exploitation of children, disabled persons, or elderly adults to law enforcement, Child Protective Services, or Adult Protective Services.

Legal stuff: After the project is complete, de-identified data will be stored with the National Archive of Criminal Justice Data. De-identification means the research team will remove any identifying information about you from your responses, so no one will know they are from you. We know that your answers reflect your opinions and experiences only.

Is there anything else?

Do you understand the information that I have provided? ☐ Yes ☐ No

Do you voluntarily agree to be contacted by a member of the research team? We may

do this to get more information on whether you qualify for the project and to set up the interview with you.

☐ Yes ☐ No

Do you voluntarily agree to participate in this interview? Remember, you can change your mind again later. ☐ Yes ☐ No

If you want to be in the research, please sign your name below. We will sign our name too. This shows we talked about the research and that you want to take part.

Participant Name (Please Print) _____

Participant Signature _____

Date _____

If under 18, signature of parent, legal guardian, or case worker.

I consent to have my child/ward participate in this interview: ☐ Yes ☐ No

I consent to be contacted by a member of the research team for clarifying purposes, to ensure consent, or to provide information on the interview scheduling. ☐ Yes ☐ No

Name (Printed) _____ Job Title _____

Signature _____ Date _____

What should I do if I have any questions?

You can ask questions at any time. You can talk to Lily Hanrath, the Principal Investigator, by phone at [phone number]. You can also email Lily with your questions at lhanrath@jirn.org. If you have questions about your rights as a research participant, you can call [site two representative].

For the Researcher: I have discussed the research with the participant. The participant seems to understand the benefits, risks, and alternatives. The participant is capable of freely consenting to participate in the research. Interviewer initials: _____

**Invitation Letter for Interviews with
Youth**

Hello [NAME],

This research project seeks to understand how policies related to COVID-19 have impacted youth in juvenile corrections facilities. The National Institute of Justice is funding this research. You are getting this letter because you are the parent or guardian of a youth currently staying in a juvenile corrections facility. Your child has given consent to participate in an interview about their experiences at their facility and we are writing to ask for your consent as well.

The interview should only take around 30 minutes. The interview will be scheduled during visitation hours. Refreshments, if allowed by the facility, will be provided during the interview solely courtesy of JRSA. If an interview in person is not possible, the interview can be done virtually, or by phone if your child does not have access to a computer.

There are no known risks to your child participating in this project. They can choose not to participate if you wish and nothing bad will happen to them for refusing. If they decide to participate, they can skip any question or end the interview at any time without any consequences to them. Their answers will be kept private. Their responses will not be shared with facility staff or anyone else outside the research team. Any information that your child provides will not identify them in any way. Deidentified data will be archived with the National Archive of Criminal Justice Data.

If you consent to your child taking part in this research study, please sign the included consent form already signed by your child and return it in the included stamped self-address envelope or return it to facility staff at your child's facility. If you have further questions or concerns you can contact the principal investigator, Lily Hanrath by email at lhannath@jirn.org or phone [number].

Thank you!

[NAME]

Invitation Letter for Interviews with Youth

Hello [NAME],

This research project seeks to understand how policies related to COVID-19 have impacted youth in juvenile corrections facilities. The National Institute of Justice is funding this research. You are getting this letter because you are currently staying in a juvenile corrections facility. We would like to invite you for an interview about your experiences there. The interview should only take around 30 minutes. The interview will be scheduled during visitation hours. Refreshments, if allowed by the facility, will be provided during the interview solely courtesy of Justice Information Resource Network. If an interview in person is not possible, the interview can be done virtually, or by phone if you do not have access to a computer.

There are no known risks to you in participating. You can choose not to participate if you wish and nothing bad will happen to you for refusing. If you decide to participate, you can skip any question or end the interview at any time without any consequences to you. Your answers will be kept private.

Your responses will not be shared with facility staff or anyone else outside the research team. Any information that you provide will not identify you in any way. Deidentified data will be archived with the National Archive of Criminal Justice Data.

If you are interested in being interviewed, please provide your name on the sign-up sheet and return it to facility staff or contact Lily Hanrath by email at lhannrath@jirn.org or phone [number].

Thank you!

[NAME]

Email Recruitment Script for Interviews with Juvenile Justice Leaders and Facility Directors

Dear [NAME]

My name is [NAME]. I am a [JOB TITLE] for the Justice Information Resource Network (JIRN). JIRN has partnered with [site two] to examine 'Juvenile Justice Responses to the COVID-19 Pandemic Crisis'. The National Institute of Justice is funding this research. I am writing to provide you with information about the research in hopes that you might be willing to participate.

As you know, over the past two years, the COVID-19 pandemic has brought about unprecedented challenges in juvenile justice and changed 'business as usual'. The goal of this research is to advance knowledge about juvenile justice responses to the pandemic and the impact of these responses on juvenile and public safety outcomes. As a [leader in juvenile justice OR facility director], we would like to interview you to

better understand the responses that were deployed in your **[jurisdiction OR facility]**. The benefits to you are that it can inform local crisis-response management, recovery, and future planning.

We would like to interview you about your experiences as a **[juvenile justice leader OR facility director]** during the COVID-19 pandemic. The interview will take approximately 60 minutes. It will be conducted either in person, virtually or by phone, whichever is more convenient for you.

There are no known risks in your participation. Your responses will be kept confidential and will not be shared with anyone outside the research team. Information will only be reported in aggregate and will not identify you individually. However, it is possible that someone may guess that it is your commentary depending on the content of your responses. Deidentified data will be archived with the National Archive of Criminal Justice Data.

Due to your official position, we are unable to compensate you for your participation. However, we will deliver a presentation of the findings which may be of value to you to enhance workforce safety, development and training, resource planning, and post-pandemic recovery.

If you are interested in participating, please contact the Principal Investigator, Lily Hanrath ,by email or telephone at lhanrath@jirn.org or [phone number]

Thank you and I look forward to hearing from you!

[BELOW FOR FACILITY WARDENS ONLY, AFTER INITIAL INVITATION ACCEPTED]

We are also hoping you could assist us with identifying up to six facility staff (e.g., officers, health providers, programming staff) who might be willing to participate in a separate interview about their experiences throughout the pandemic. This insight can inform training and provision of additional supports to optimize staffs' ability to carry out their roles and responsibilities effectively and efficiently during crises.

Lastly, we are also hoping you could assist us with sharing a brief video and/or flyers in the facility to inform juveniles under your supervision of the project.

Telephone Recruitment Script for Interviews with Juvenile Justice Leaders and Facility Directors

Step 1: Introduction

Hello. My name is **[NAME]**. I am a **[JOB TITLE]** for the Justice Information Resource Network (JIRN). JIRN has partnered with [site two] on an NIJ-sponsored project, examining 'Juvenile Justice Responses to the COVID-19 Pandemic Crisis'. I am calling to provide you with information about the research in hopes that you might be willing to

participate.

Step 2: Background

As you know, over the past two years, the COVID-19 pandemic has brought about unprecedented challenges in juvenile justice and changed ‘business as usual’. The goal of this research is to advance knowledge about juvenile justice responses to the pandemic and the impact of these responses on juvenile and public safety outcomes. As a **[leader in juvenile justice OR facility director]**, we would like to interview you to better understand the responses that were deployed in your **[jurisdiction OR facility]**. The benefits to you are that it can inform local crisis-response management, recovery, and future planning. Are you interested in participating in the research?

Step 3: Participant Expectations

We would like to interview you about your experiences as a **[juvenile justice leader OR facility director]** during the COVID-19 pandemic. The interview will take approximately 60 minutes and be conducted either in person, virtually or by phone, whichever is more convenient for you.

There are no known risks in your participation. Your responses will be kept confidential and will not be shared with anyone outside the research team. Information will only be reported in aggregate and will not identify you individually. However, it is possible that someone may guess that it is your commentary depending on the content of your responses.

Due to your official position, we are unable to compensate you for your participation. However, we will deliver a presentation of the findings which may be of value to you to enhance workforce safety, development and training, resource planning, and post-pandemic recovery.

[BELOW FOR FACILITY DIRECTORS ONLY, AFTER INITIAL INVITATION ACCEPTED]

We are also hoping you could assist us with identifying up to six facility staff (e.g., officers, health providers, programming staff) who might be willing to participate in a separate interview about their experiences throughout the pandemic. This insight can inform training and provision of additional supports to optimize staffs’ ability to carry out their roles and responsibilities effectively and efficiently during crises.

Lastly, we are also hoping you could assist us with sharing a brief video and/or flyers in the facility to inform juveniles under your supervision of the project.

Appendix D. Interview Protocols

Interview Questions for Juvenile Justice Leaders and Facility Directors

We will first ask you some questions about your role in the agency. Then, we would like to ask about your experiences as a **[juvenile justice leader OR facility director]** during the COVID-19 pandemic.

Role Information

1. What is your official job title?
2.
 - a. How long have you been employed with this agency?
 - b. Have you had the same role the entire time you've been employed? (*if not*: How long have you been in this current role?)
3. How long have you worked in this facility?

Policy Background

1. Were there any policies for emergency responses prior to the Covid-19 pandemic? Please describe.
2. What policies/procedures/practices related to COVID-19 have been introduced since March 2020? Why were they introduced? In which contexts/settings were they applied?
3. Are/were these policies formal or informal?
 - a. How were policies communicated? (email blasts, in meetings, etc.)
4. What is/was the source of the policies (e.g., who identified the problem)?
 - a. Who were the primary decision makers?
 - b. Were external experts/agencies consulted?
5. What were the requirements if a staff member tested positive for COVID-19? (*probes*: how long were they to quarantine? Were there additional tests if one member contracted COVID-19?)

Probe (ask about the following list if items are not brought up): Did your facility...

- Require masks for employees?
- Require masks for juveniles in the facility?
- Require covid testing of employees (How often?)?
- Require covid testing of juveniles (How often?)?
- Require vaccines for employees?
- Provide vaccines for juveniles? (When/how soon?)?
- Encourage increased hygienic activity such as hand washing/hand sanitizer for employees?

- Encourage increased hygienic activity such as hand washing/hand sanitizer for juveniles
- Provide education on covid to employees (what did that look like?)?
- Provide education on covid to juveniles (what did that look like?)?
- Implement a distancing protocol of some sort (what did that look like?)
- Use isolation? (If so: when someone had covid or beforehand? What did isolation look like?)
- End or decrease in-person visitation?
- End or decrease in-person programming and education?
- Have alternatives to in-person visitation such as more phone calls or video calls?
- Have alternatives to in-person programming and education such as online schooling?
- Decrease intake (how? Changes to risk assessments, changes to technical violations, changes to warrants etc.)?
- Decrease transfers between facilities?
- Quarantine new intake/transfer juveniles? How long?
- Increase releases (if so, what mechanisms? Was it for those in treatment/at risk or all youth? Were the changes to risk assessments?)
- Provide medical treatment for juveniles if they contracted covid? (what did that look like, where they taken somewhere else?)
- Have any changes to staffing?

Policy Goals/Objectives

1. What are/were the intended goals of the policies/procedures implemented?
2. What are/were the values and principles that inform/ed the policies?
3. What metrics are/were used to determine whether the agency's goal is/was achieved? Has the evidence identified any opportunities for policy change?
4. Were there any unanticipated impacts?
5. Is there anything that wasn't implemented that you think should have occurred?
 - a. Is there any policy or procedure that you think should have been done differently?
6. What was your impression on how staff viewed COVID-19 and the policies? (*probe: Was there staff pushback on policy? Was COVID taken seriously? Was there pushback on vaccines?*)

Time and Resources

1. What is/was the timeframe for implementation?
2. Are/were financial resources for implementing the policies addressed?

3. How is/was organizational capacity addressed?
4. What is/was the effect of policy changes on correctional staff? On youth? (*probe: Ask about both practical effects and possible effects on mental health*)

Outcomes and Long-Term Effects

1. **FACILITY DIRECTORS]** How many juveniles are currently in this facility? Has this increased/decreased from before/during/after the pandemic?
2. How has admissions/transfers/early release (if applicable) changed the detention/residential population?
3. What changes (if any) have you noticed in the juveniles being sent to your facility in terms of demographic characteristics, offense types, health and behavioral issues?
4. What changes (if any) have you noticed in recidivism (youth who were previously in your facility returning)?

Interview Questions for Juvenile Justice Practitioners

Introduction: We will first ask you some questions about your role in the agency. Then, we would like to ask about your experiences in that role during the COVID-19 pandemic.

Role Information

4. What is your official job title?
5.
 - a. How long have you been employed with this agency?
 - b. Have you had the same role the entire time you've been employed? (*if not: How long have you been in this current role?*)
6. How long have you worked in this facility?

Policy Background

1. Were you aware of any policies for emergency responses prior to the COVID-19 pandemic? Please describe.
2. Did you receive any training on emergency management prior to the COVID-19 pandemic? And after? Please describe.
3. What policies/procedures/practices related to COVID-19 have been introduced since March 2020? Why were they introduced? In which contexts/settings were they applied?
4. Are/were these policies formal or informal?
5. What is/was the source of the policies (e.g., who identified the problem)?
6. Were you included in the decision making for any changes to policies/procedures related to the COVID-19 pandemic? Please describe.
7. What were the requirements if a staff member tested positive for COVID-19? (*probes: how long were they to quarantine? Were there additional tests if one member contracted COVID-19?*)

Probe (ask about the following list if items are not brought up): Did your facility...

- Require masks for employees?
- Require masks for juveniles in the facility?
- Require covid testing of employees (How often?)?

- Require covid testing of juveniles (How often?)?
- Require vaccines for employees?
- Provide vaccines for juveniles? (When/how soon?)
- Encourage increased hygienic activity such as hand washing/hand sanitizer for employees?
- Encourage increased hygienic activity such as hand washing/hand sanitizer for juveniles?
- Provide education on covid to employees (what did that look like?)?
- Provide education on covid to juveniles (what did that look like?)?
- Implement a distancing protocol of some sort (what did that look like?)
- Use isolation? (If so: when someone had covid or beforehand? What did isolation look like?)
- End or decrease in-person visitation?
- End or decrease in-person programming and education?
- Have alternatives to in-person visitation such as more phone calls or video calls?
- Have alternatives to in-person programming and education such as online schooling?
- Decrease intake (how? Changes to risk assessments, changes to technical violations, changes to warrants etc.)?
- Decrease transfers between facilities?
- Quarantine new intake/transfer juveniles? How long?
- Increase releases (if so, what mechanisms? Was it for those in treatment/at risk or all youth? Were the changes to risk assessments?)
- Provide medical treatment for juveniles if they contracted covid? (what did that look like, where they taken somewhere else?)
- Have any changes to staffing?

Time and Resources

1. What is/was the timeframe for implementation?
2. Are/were financial resources provided for the implementation?
3. How did your workload change from before the COVID-19 pandemic to when these policies/procedures were changed?
4. What is your workload like now? (*probe: Are any of the changes post COVID-19 still in place? What has gone back to what it was?*)

Reactions, Difficulties, and Long-Term Effects

1. What difficulties (if any) did you run into with rolling out the policy during/after the pandemic?
2. Is there anything that wasn't done that you think should have occurred or any policy or procedure you think should have been done differently?
3. How do you think the juveniles in the facility adapt to any changes in policy/practice? (*probe: Do you think certain groups of juveniles were impacted differently?*)
4. What was your impression on how juveniles in the facility viewed COVID-19 and the policies?
5. What was your impression on how staff/your coworkers viewed COVID-19 and the policies? (*probe: Was there staff pushback on policy? Was COVID taken seriously? Was there pushback on vaccines?*)

6. What has been your experience interacting with juveniles in this facility since changes to policies/procedures related to the COVID-19 pandemic? (*probe: Both during the height of COVID-19 and now*)
7. Are there any positive changes in policy or practice that have occurred during the COVID-19 pandemic? Are there any changes you would like to see continue after the pandemic?
8. How has the ability to do your job (or say whatever it is their role entails) changed since the pandemic?

Interview Questions for Youth

Demographic Information

1. What is your sex?
2. How old are you? (years)
3. How would you describe your race/ethnicity?

Stay Information

[READ TO INTERVIEWEE: “You will not be personally identified in your responses to the next questions. We are simply interested in youths’ experiences generally.”]

4. How long have you been in this facility? (days/months/years)
 - a. When did you arrive here? (mm/dd/yyyy)
5. Have you been in this facility, or another in Utah, before?
 - a. If so, how many times? When was the last time?
6. Are you scheduled to be transferred or released? If so, when? (mm/dd/yyyy)
 - a. Were you transferred/released at any point during the COVID-19 pandemic? (*if so: Do you think it had to do with COVID-19 that you were transferred/released*)
 - b. Do you have an aftercare plan in place? **[INTERVIEWER: define what an aftercare plan is and who is responsible for it if they do not know what this means.]**

Stay Experiences

7. When did you first hear about the COVID-19 pandemic? What do you know about the COVID-19 pandemic now?
 - a. Did anyone talk to you about how you would be affected while in this facility?
 - b. If so, who did you speak to and what information were you given?
 - c. Do you feel you were given all the information you wanted and needed on COVID-19?
 - d. Have you been concerned at all about COVID-19?
8. Since you arrived in this facility, what has been your experience with the following (include number of hours of participation/visits/times services accessed; both currently and during the peak of the pandemic):
 - a. Participation in leisure activities?
 - b. Participation in education?

- c. Participation in programs (e.g., vocational, AA)?
- d. Visitation from family/others?
- e. Other forms of contact with family such as phone or video calls?
- f. Access to physical healthcare?
- g. Access to mental healthcare?

9. What COVID-19 related procedures did you see your facility do?

Probes. Did you see:

- Required masks for employees?
- Required masks for you/other youth?
- Covid testing (how often?)?
- Vaccines made available?
- Increase in hygienic activities like hand washing/hand sanitizer?
- Social distancing?
- Quarantining of juveniles at risk/with covid?

10. What has been your experience with staff in this facility? (pre-/during/post-pandemic)

11. Have you experienced any difficulties (e.g., mental, emotional) during the COVID-19 pandemic?

- a. Were you experiencing these difficulties before COVID-19?
- b. Are you receiving any help for these difficulties? If so, what kind of help and from whom?

12. Are there any positive things that the facility or facility staff did during the COVID-19 pandemic?

13. Do you think this facility (*or the one they were at during the pandemic*) handled the COVID-19 pandemic well? Are there things you wish they did differently?

14. Is there anything else you would like to share with me that you think might be helpful to the research?

15. What was your impression of how staff (and other youth) viewed COVID-19 and the policies? (probe: Was there staff pushback on policy? Was COVID taken seriously? Was there pushback on vaccines?)

How do you think other youth in the facility adapt to any changes in policy/practice? (probe: Do you think certain groups of juveniles were impacted differently?)

“How has the quality of your relationships with friends and family changed since the COVID-19 pandemic?”

Appendix E. Archiving Receipts

From: deposit@icpsr.umich.edu <deposit@icpsr.umich.edu>

Sent: Thursday, April 3, 2025 1:13 PM

To: Jeffrey L. Sedgwick, Ph.D. <jsedgwick@jirn.org>

Cc: Jeffrey L. Sedgwick, Ph.D. <jsedgwick@jirn.org>; nacjd-deposits@icpsr.umich.edu; ICPSR-Acq@umich.edu

Subject: ICPSR Acknowledgement and Inventory of Files Submitted (NACJD_NIJ-225361)



Dear Jeffrey Sedgwick,

Thank you for submitting this project to ICPSR! For your reference, here are the details of the project:

- Project Title: Juvenile Justice Responses to the COVID-19 Pandemic Crisis: Responses, and Opportunities for Reform
- Project ID: NACJD_NIJ-225361
- Signed: 2025-04-03 by Jeffrey Sedgwick
- Funding Sources: United States Department of Justice. Office of Justice Programs. National Institute of Justice (15PNIJ-21-GG-03266-RESS)

Please review the file manifest carefully. Does it correspond to what you intended to submit to ICPSR? If you need to make any changes, you will need to recall the project in its workspace and resubmit it.

[DOWNLOAD MANIFEST](#) [GO TO WORKSPACE](#)

ICPSR staff will review your submission and contact you should any adjustments be necessary. If you have any questions or would like to discuss the status of this project, please email icpsr-help@umich.edu.

Thank you again for taking the time to share your data with us!

Sincerely,

ICPSR Acquisitions
icpsr-help@umich.edu

From: Becky Chu <beckychu@umich.edu>

Sent: Friday, April 4, 2025 11:40 AM

To: Jeffrey L. Sedgwick, Ph.D. <jsedgwick@jirn.org>

Cc: Privette, Scott (OJP) <scott.privette@usdoj.gov>

Subject: Confirmation of submission for NIJ award 15PNIJ-21-GG-03266-RESS

Hi Jeffrey,

Thank you for your deposit for NIJ award 15PNIJ-21-GG-03266-RESS. This is to confirm that NACJD has received all of the deposit materials required by NIJ.

Your deposited data and documentation files will now undergo a more in-depth review. Based on the current deposit review queue, your review will be completed in about 30 business days. I will be back in touch if we have any questions about your materials.

Let me know if you have any questions in the meantime.

Thanks,
Becky

--

Rebekah Chu, PhD
Senior Data Project Manager

National Archive of Criminal Justice Data ([NACJD](#))

Inter-university Consortium for Political and Social Research ([ICPSR](#))

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