

Declaration of Timene Farlow

I, Timene Farlow, declare as follows:

Background and Expertise:

1. I am the former Deputy Commissioner for the Philadelphia Department of Human Services' Division of Juvenile Justice Services, having served in that capacity for 10 years – from 2009 until my retirement in June 2019.
2. As part of my portfolio, I was directly responsible for oversight of Philadelphia County's only secure juvenile detention facility, namely the Philadelphia Juvenile Justice Services Center (PJJSC), where young people ranging in age from 10 – 20 are held while awaiting court decisions. During my tenure, the PJJSC was responsible for approximately 4,000 admissions annually.
3. I was the First Deputy Commissioner to have received the "DHS Honors Award" for exemplary leadership in January 2011, and I was recognized as "Social Worker of the Year" by the Philadelphia/Southeastern Division of the National Association of Social Workers (NASW) in May 2015. I received my Master of Social Work Degree from Temple University in 1996, and my Bachelor of Arts from LaSalle College (now LaSalle University) in 1982.

Potential Impact of COVID-19 Pandemic at Philadelphia Juvenile Justice Services Center (PJJSC):

4. Given my direct experience and firsthand knowledge of the workings of the PJJSC I am extremely concerned about the complexity and/or inability of the facility to properly care for, supervise, and protect its young residents from contagion.
5. The configuration of the living units does not allow for the kind of social distancing recommended by the CDC. On the contrary, young people are housed in very close quarters with one another on their respective living units and generally participate in all activities as a group – that is, they eat together, play board games together, watch television together, etc. – and thus are seated in close proximity to one another to accomplish this.
6. The furnishings in the cafeteria are such that students sit well within a couple of feet of each other at tables which are bolted to the floor and have fixed seats, preventing them from moving apart from one another at the recommended 6-foot distance.
7. Even the Admissions area of the facility has its own set of distancing challenges. The general practice is to co-house newly arrested youth together in a single cell while they await health assessments by nursing staff. There has never been the capacity nor practice to quarantine new admissions. For example, although each child is typically administered a purified protein derivative (PPD) skin test to determine their tuberculosis status, they

are sent immediately to their assigned living units when the test is complete. Even in cases where the test results (which are best read the third day after the PPD is planted) are positive, the youth has already by then been introduced into the population.

8. Staff are not outfitted with proper N-95 masks and likely feel vulnerable to contagion by the youth and one another should they be located within 6 feet of them.

Lack of Necessary Medical Expertise at PJJSC to Appropriately Respond to COVID-19:

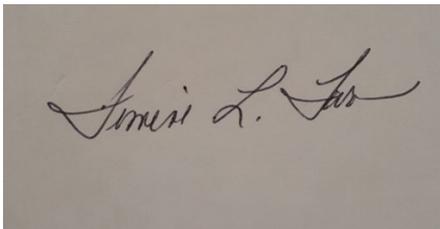
9. As described throughout this declaration, there are a number of reasons why the PJJSC is ill-suited to meet the needs of the more than 100 youth currently detained there, not the least of which is that it lacks the medical expertise to efficiently address an instance of a potential positive COVID-19 test result.
10. In the event that a youth were to present with symptoms suggesting they might be positive for the virus, in the absence of any diagnostic testing on site, the youth would need to be sent out to one of the local hospital emergency rooms. In Philadelphia, hospitals have fewer beds than the pandemic now calls for. In many cases, the hospitals are recommending that individuals suspected of being positive “self-quarantine in place.” That is not possible for a youth who tests positive at the PJJSC. At best, the youth could be housed in the admissions area of the Center in a cell designed not for sleeping, but for holding – outfitted with a concrete slab upon which the youth could sit or lie down.
11. Though there are nursing staff located at the PJJSC, they are obligated to meet the demands of all of the PJJSC residents – distributing medications, conducting health assessments, and responding to an array of sick calls. They are neither capable of nor dedicated to meeting the unique needs of a child who tests positive for the virus.
12. Finally, any child who must be transported outside of the complex to an external medical appointment or for an emergency room visit is both handcuffed and shackled. This is an experience that only further exacerbates the trauma of being potentially positive for the virus.

Potential Impact of COVID-19 on the Emotional and Behavioral Health of Residents at the PJJSC:

13. To create the recommended social distancing, there is a strong likelihood that youth are being held within the confines of their individual rooms – a form of solitary confinement, even if that is not the staff’s intention. For youth with mental health disorders, particularly those with suicidal thoughts, such isolation serves only to exacerbate the symptoms of depression and creates dangerous opportunities for carrying out such ideations.
14. Inasmuch as the youth at the PJJSC are currently prevented from having physical visits from their families during this pandemic, the absence of this essential demonstration of love and support is likely creating and/or exacerbating the complex mental health

disorders with which so many of these youth present. While there is mention in the media of “virtual visits” being made available for these youth, the technology and equipment to facilitate such visits did not exist throughout my tenure at the PJJSC and likely does not exist now. Even if the equipment and technology did exist, facilitating such visits would hinge also on the youth’s parent or caregiver having access to compatible equipment and technology. While some staff may use their discretion to afford some limited number of youth opportunities to place phone calls to their families, in the absence of facial masks and other protective equipment, this practice stands to further promote the spread of the virus as there is just a single phone on each living unit.

I understand that the statements herein are subject to the penalties of 18 Pa.C.S.A. § 4904 (relating to unsworn falsification to authorities).

A rectangular area containing a handwritten signature in cursive script, which appears to read "Timene L. Farlow".

Timene Farlow

Dated: March 31, 2020