

Date: February 10, 2021

To: [REDACTED], Acting Chief, JFRMU

From: [REDACTED], Compliance Inspector
DLH Danya

Re: Compliance Inspection of the South Texas Family Residential Center

From January 25, 2021 to January 29, 2021, I conducted a remote monthly inspection at the South Texas Residential Center. The following activities were conducted and findings noted:

Standard	Type of Inspection	Finding
1.1 Emergency Plans	Monthly	Compliant
1.2 Environmental Health and Safety	Monthly	Compliant
1.3 Transportation (by Land)	Monthly	Compliant
1.4 Housekeeping Program	Monthly	Compliant
2.1 Admissions and Release	Monthly	Compliant
2.2 Contraband	Monthly	Compliant
2.3 Funds and Personal Property	Monthly	Compliant
2.4 Key and Lock Control	Monthly	Compliant
2.5 Resident Census	Monthly	Compliant
2.6 Searches and Inspections	Monthly	Compliant
2.7 Sexual Abuse and Assault Prevention and Intervention	Monthly	Compliant
2.8 Staff-Resident Communications	Monthly	Compliant
2.9 Tool Control	Monthly	Compliant
2.10 Use of Physical Control Measures and Restraints	Monthly	Compliant
3.1 Behavior Management	Monthly	Compliant
4.1 Food Services	Monthly	Compliant
4.2 Hunger Strikes	Monthly	Compliant
4.3 Health Care	Monthly	Compliant
4.4 Health Care (Females)	Monthly	Compliant
4.5 Personal Hygiene	Monthly	Compliant
4.6 Significant Self-Harm and Suicide Prevention and Intervention	Monthly	Noncompliant
4.7 Terminal Illness, Advance Directives, and Death	Monthly	Compliant
4.8 Disability Identification, Assessment and Accommodation	Monthly	Noncompliant
5.1 Correspondence and Other Mail	Monthly	Compliant
5.2 Educational Policy	Monthly	Compliant
5.3 Escorted Trips for Non-Medical Emergencies	Monthly	Compliant
5.4 Marriage Requests	Monthly	Compliant
5.5 Voluntary Work Program	Monthly	Compliant
5.6 Recreation	Monthly	Compliant
5.7 Religious Practices	Monthly	Compliant
5.8 Telephone Access	Monthly	Compliant
5.9 Visitation	Monthly	Compliant
6.1 Resident Handbook	Monthly	Compliant
6.2 Grievance System	Monthly	Compliant

6.3 Law Libraries and Legal Materials	Monthly	Compliant
6.4 Legal Rights Group Presentations	Monthly	Compliant
7.1 Residential Files	Monthly	Compliant
7.2 News Media, Interviews, and Tours	Monthly	Compliant
7.3 Staff Training	Monthly	Compliant
7.4 Resident Transfer	Monthly	Compliant
7.5 Post Orders	Monthly	Compliant

Overall Observations

- Total population – first day of inspection: 266
- Total number of adult females: 93
- Total number of adult males: 39
- Total number of juvenile males: 70
- Total number of juvenile females: 64
- Total number of adult female head of household: 49
- Total number of juvenile males with male head of household: 8
- Total number of school age children: 105
- Average length of stay: 29.24 days
- Longest stay: 518 days
- Total number of discharges from December 19, 2020 to December 31, 2020: 310
- Total number of intakes from December 19, 2020 to December 31, 2020: 206

Current Inspection

I. Areas of Noncompliance

The following areas of noncompliance were identified:

4.6 Significant Self-Harm and Suicide Prevention and Intervention

- **The multidisciplinary suicide prevention committee shall, at a minimum, comprise representatives from supervisory, mental health, and medical staff. The committee shall meet on at least a quarterly basis to provide input regarding all aspects of the Center’s suicide prevention and intervention program, including suicide prevention policies and staff training. The committee shall convene following any suicide attempt to review and, if necessary, assist in the implementation of corrective actions.**

Finding: The Center has not convened a multidisciplinary suicide prevention committee to conduct meetings as required.

Mitigation: Identify members of the multidisciplinary suicide prevention committee and convene meetings as required.

4.8 Disability Identification, Assessment and Accommodation

- **The Center will develop written policy and procedures, including reasonable timelines, for reviewing residents' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments. These policies and procedures will be consistent with the processes outlined in this standard.**

Finding: The Center has not developed written policy and procedures, including reasonable timelines, for reviewing residents' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessment.

Mitigation: Develop and implement the required policies and procedures.

- **The Center administrator will convene a multidisciplinary team to assess the cases of residents with communication and mobility impairments, residents whose initial requests for accommodations have been denied, and complex cases. The multidisciplinary team will determine whether the resident has a disability, whether the resident requires an accommodation to access the Center's programs and activities, and whether to grant or recommend denying the requested accommodation. Any denial by the multidisciplinary team of a request for accommodation related to a disability must be approved by the Center administrator and Juvenile and Family Residential Management Unit (JFRMU) Chief.**

Finding: The Center has not convened a multidisciplinary team that evaluates requests and referrals for residents with disabilities.

Mitigation: Identify members of the multidisciplinary team and convene as required.

- **The Center will designate a Disability Compliance Manager to assist Center personnel in ensuring compliance with this standard and all applicable federal, state, and local laws related to accommodation of residents with disabilities. The Disability Compliance Manager may be the Health Services Administrator, a member of the medical staff, or anyone with relevant knowledge, education, and/or experience.**

Finding: The Center has not designated a Disability Compliance Manager.

Mitigation: Designate the Disability Compliance Manager.

II. Areas of Compliance with Issues Identified

There were no areas of compliance with issues identified during this inspection.

Previous Inspections

I. Status of Previously Identified Noncompliance

There were no previously identified areas of noncompliance.

II. Status of Previously Identified Areas of Compliance with Issues

There were no previously identified areas of compliance with issues.