

Date: April 12, 2021

To: , Chief, JFRMU

From: , Compliance Inspector

DLH Danya

Re: Compliance Inspection of the South Texas Family Staging Center

From March 22, 2021 to March 26, 2021, I conducted a remote monthly inspection at the South Texas Family Staging 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	Compliant
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: 815

• Total number of adult females: 352

• Total number of adult males: 26

• Total number of juvenile males: 224

• Total number of juvenile females: 213

• Total number of school age children: 253

• Average length of stay: 6.65

• Longest stay: 16 days

• Total number of discharges from February 15, 2021 to March 12, 2021: 1463

• Total number of intakes from February 15, 2021 to March 12, 2021: 1883

Current Inspection

I. Areas of Noncompliance

There were no areas of noncompliance identified in this inspection.

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

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 failed to comprise a Multidisciplinary Suicide Prevention Committee and conduct meetings as required. (*Observed 01/25/2021*)

Mitigation: The Center needs to comprise a Multidisciplinary Suicide Prevention Committee and conduct meetings as required.

Follow-up:

03/22/2021 – Resolved: The Center has designated a Multidisciplinary Suicide Prevention	
Committee and has conducted a meeting as required. The committee includes	
, HSA; Licensed Clinical Psychologist; and	
Assistant Center Administrator. A meeting was held on 2/5/2021.	

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. (*Observed 01/25/2021*)

Mitigation: Develop and implement the required policies and procedures.

Follow-up:

03/22/2021 – Unresolved: The Center has not provided policies that include all of the required elements of the Standard.

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 failed to comprise a Multidisciplinary Team that evaluates requests and

Finding: The Center has failed to comprise a Multidisciplinary Team that evaluates requests and referrals for residents with disabilities. (*Observed 01/25/2021*)

Mitigation: The Center needs to comprise a Multidisciplinary Team that evaluates requests and referrals for residents with disabilities.

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Follow-up	:
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03/22/2021 – **Resolved:** The Center has formed a Multidisciplinary Team that evaluates requests and referrals for residents with disabilities. The team includes Commander HSA; Center Administrator; and Administrator. A meeting was held on 3/19/2021.

• 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 failed to designate a Disability Compliance Manager (DCM). (*Observed* 01/25/2021)

Mitigation: The Center needs to designate a Disability Compliance Manager (DCM).

Follow-up:

03/22/2021 – Resolved: The Center designated Commander Disability Compliance Manager.

II. Status of Previously Identified Areas of Compliance with Issues

There were no previously identified areas of compliance with issues.