

Date: September 3, 2021

To: [REDACTED] Chief, JFRMU

From: [REDACTED] Compliance Inspector
DLH Danya

Re: Compliance Inspection of the South Texas Family Staging Center

From August 17, 2021 to August 19, 2021, I conducted a 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	Compliant
5.1 Correspondence and Other Mail	Monthly	Compliant
5.2 Educational Policy	Monthly	Not applicable
5.3 Escorted Trips for Non-Medical Emergencies	Monthly	Not applicable
5.4 Marriage Requests	Monthly	Not applicable
5.5 Voluntary Work Program	Monthly	Not applicable
5.6 Recreation	Monthly	Compliant
5.7 Religious Practices	Monthly	Compliant
5.8 Telephone Access	Monthly	Compliant
5.9 Visitation	Monthly	Not applicable
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	Not applicable
7.3 Staff Training	Monthly	Compliant
7.4 Resident Transfer	Monthly	Not applicable
7.5 Post Orders	Monthly	Compliant

Overall Observations

- Total population – first day of inspection: 637
- Total number of adult females: 241
- Total number of adult males: 106
- Total number of juvenile males: 148
- Total number of juvenile females: 142
- Total number of school age children: 229
- Average length of stay: 6.04 days
- Longest stay: 27 days
- Total number of discharges from July 3, 2021 to August 16, 2021: 3,287
- Total number of intakes from July 3, 2021 to August 16, 2021: 3,405

Current Inspection

I. Areas of Noncompliance

There were no areas of noncompliance identified during 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

1.2 Environmental Health & Safety

- Centers will perform preventive maintenance and regular inspections to ensure timely

emergency repairs or replacement and to prevent dangerous and life-threatening situations.

Finding: On 6/25/2021, a staff member's foot went through the floor in one of the court rooms. The building was subsequently closed. An incident report was completed regarding this issue and hearings have been moved to another location until repair of the floor can be completed. *(Observed 6/28/2021)*

On 6/29/21, a soft spot on the floor in the Visitation area was found. The Compliance Manager stated that the floor had been repaired, and the Acting AFOD indicated that the floor should be inspected by a professional to check the integrity of the repair. *(Observed 6/28/2021)*

Mitigation: The Center must ensure that regular maintenance checks are performed to identify issues before they become a safety hazard. Necessary repairs must be made in a timely manner to prevent injuries.

Follow-up: 08/17/2021 – Unresolved: The Compliance Officer at STFSC provided the following timeline for repairs of the areas noted in the previous inspection:

- Courtroom BLDG Phase 1 and BLDG 100: Complete and cleared by Structural Engineer
- Final courtroom: Completed 8/19/2021
- Library start date: 8/19/2021

Staff have been conducting regular maintenance checks throughout the Center and will address any issue before it becomes a safety hazard.

Per the Compliance Officer, ICE requested that a Structural Engineer review all the buildings at the Center and that a Civil Engineer review water drainage throughout the Center.

DLH was provided with the Structural Engineers' report on 8/24/2021. As our onsite inspection was completed on 8/19/2021, we were not able to observe all of the areas identified in the report. As a follow up, on 9/1/2021 we reached out to the STFSC Compliance Officer to confirm that staff and residents do not have access to any areas that would present a safety hazard. He responded on 9/3/2021, confirming that staff and residents are restricted from access to all areas under or needing repair. He further reported that repairs for all but one of the areas listed in the report as needing immediate attention had either been completed or were in progress.

II. Status of Previously Identified Areas of Compliance with Issues

There were no previously identified areas of compliance with issues.