

Date: December 29, 2020

To: [REDACTED], Acting Chief, JFRMU

From: [REDACTED], Compliance Inspector

DLH Danya

Re: Compliance Inspection of the South Texas Family Residential Center.

From December 14, 2020 to December 18, 2020, I conducted a remote monthly inspection at the South Texas Family 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 and Voluntary Work 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 of Residents	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 Discipline and Behavior Management	Monthly	Compliant
4.1 Food Services	Monthly	Compliant
4.2 Hunger Strikes	Monthly	Compliant
4.3 Medical Care	Monthly	Compliant
4.4 Personal Hygiene	Monthly	Compliant
4.5 Suicide Prevention and Intervention	Monthly	Compliant
4.6 Terminal Illness, Advance Directives and Death	Monthly	Compliant
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 Recreation	Monthly	Compliant
5.6 Religious Practices	Monthly	Compliant
5.7 Telephone Access	Monthly	Compliant
5.8 Visitation	Monthly	Recommendation(s)
6.1 Grievance System	Monthly	Compliant
6.2 Law Libraries and Legal Materials	Monthly	Compliant
6.3 Legal Rights Group Presentations	Monthly	Compliant
7.1 Residential Files	Monthly	Compliant
7.2 News Media Interviews and Tours	Monthly	Compliant
7.3 Staff Hiring and Training	Monthly	Compliant
7.4 Transfer of Residents	Monthly	Compliant
7.5 Post Orders	Monthly	Compliant

Overall Observations

- Total population on the first day of inspection: 149
- Total number of adult females: 53
- Total number of adult males: 21
- Total number of juvenile males: 35
- Total number of juvenile females: 40
- Total number of school age children: 56
- Average length of stay: 145.05 days
- Longest stay: 475 days
- Total number of discharges from November 1, 2020 – November 30, 2020: 151
- Total number of intakes from November 1, 2020 – November 30, 2020: 184

Current Inspection Findings

I. Areas of Noncompliance

There were no areas of noncompliance.

Previous Inspection Findings

I. Areas of Noncompliance

1.2 Environmental Health and Safety

- **High facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment are employed at the facility, thereby protecting residents, staff, volunteers, and contractors from injury and illness.**
- **Issue:** The bathrooms in Red Parrot #1 and #3 female bathrooms were dirty. [REDACTED] ICE/JFRMU, reported that the female bathroom in Red Parrot #3 smelled of mildew. (*Observed 10/2020 inspection*)
Mitigation: Staff should increase the frequency and detail of bathroom checks to ensure issues of cleanliness are addressed quickly and necessary corrective actions are taken.

Follow up – Partly Resolved: UCAP was provided on November 3, 2020 which stated the Chief of Unit Management developed a process that would, along with forms and monitoring documentation, ensure that staff would inspect bathrooms every two hours during the daytime shifts to identify, report, and address sanitation issues. A copy of the monitoring and cleaning log form was received, which documented that staff are performing these checks of the bathrooms.

Resident supervisors/unit team members were trained on the new requirements and expectations. Unit Managers are responsible for monitoring the process and reviewing the inspection forms daily to ensure the inspections are conducted properly and in a timely manner. The Safety Manager created and placed flyers in the residents' restrooms and shower areas, which state "Please notify staff if these areas need attention." The Safety Manager ordered the recommended chemical RJ8 which helps to safely clean mold and mildew. The Safety Manager provided the chemical to Jan-Pro staff.

The Center installed dehumidifiers in the several of the housing units to reduce the mold growth in the all residents' bathrooms and showers to include in the intake and medical isolation areas, and will continue to add dehumidifiers to additional areas as needed.

The Center was observed to be clean and well maintained overall, however there were a few areas that needed attention:

- Dirty floors mats in the bathroom in Green Turtle (4)
- There were dust balls in the female bathroom in Yellow (3)
- There was hair seen on top of the drain in the female bathroom in Green Turtle (4)

7.5 Post Orders

- **Post Orders and logbooks are confidential and must be kept secure (under lock and key) at all times and will never be left in an area accessible to residents.**

Issue: The Post Order for the Cert/Escort/Utility post was found unsecured in the Intake area. *(Observed 10/2020 inspection)*

Mitigation: Remind staff that post orders must be secured at all times.

Follow up -- Resolved: On October 28, 2020, the Chief of Security issued an email to all STFRC staff regarding properly securing post orders. It was noted in the UCAP, dated November 3, 2020, that reminder emails will be sent out monthly through the end of the year.

All staff assigned to each post were required to review FRS 7.5, Post Orders and CoreCivic Policy 9/10, Post Order Management by November 30, 2020. Their review was documented and submitted to the Quality Assurance Officer.

Captains will update the shift briefing to include the requirement to secure post orders. Starting November 30, 2020, the Chief of Security began monitoring compliance with securing of post orders and verified staff are aware of this expectation.

Post orders were observed secured during this inspection. In addition, each staff member reviewed and signed their post order as required. Supervisors signed that they were checking post orders on each shift.

COVID-19 Pandemic

- **As required in Memorandum on Novel Coronavirus (COVID-19) Action Plan from Office of U.S. Immigration and Customs Enforcement dated March 2020** Facilities should have updated pandemic plans and policies and have established quarantine and/or isolation areas within their facilities in case they are needed.

Issue: The Center has procedures in place to address the pandemic, but not all procedures are documented in writing. (*Observed 10/2020 inspection*)

Mitigation: Document all changes to operations during the pandemic in writing, to include the use of masks and personal protective equipment by staff.

Follow up – Withdrawn: After the October inspection, the Center provided the required documentation (dated August 14, 2020) that demonstrated they were in compliance with the requirement for written documentation of procedures for using PPE in accordance with CDC guidelines. On August 17, 2020, the CoreCivic Mandatory Mask Plan was updated to reflect updated CDC guidelines.

- **As required by CDC’s *Interim Guidance on Management of Coronavirus Disease 2019 in Correctional and Detention Facilities* (as cited in *ICE ERO COVID-19 Pandemic Response Requirements*), as soon as an individual develops symptoms or COVID-19 or tests positive, the individual should be isolated from other individuals and medically evaluated.**

Issue: On December 2, 2020, [REDACTED], ICE/JFRMU identified an issue regarding compliance with COVID procedures at STFRC where residents were returned to the general population after presenting with symptoms of COVID but while their test results were pending.

Resolved: During the telephone interview with IHSC staff on December 17, 2020, they indicated that there was a breakdown in the process resulting in the four residents being returned to the general population. IHSC confirmed that staff understand the process and that residents who are awaiting test results will be isolated as required.

II. Areas of Compliance with Issues Identified

1.3 Environmental Health and Safety

- **Issue(s):** I observed tattered and worn artificial grass/turf. The artificial grass/turf was coming up from the surface in several areas around the Yellow Frog 1 housing unit and the recreation area near the Yellow Frog and Red Parrot housing units. This poses a tripping risk for residents and staff. There were work orders in place to fix these areas. There was a missing window screen in Yellow Frog 2 and a hole in the ground by the gym near the Green Turtle 1 housing unit. I showed pictures of the areas listed to [REDACTED], Compliance Manager. (*Observed 8/2019 inspection*)

Mitigation(s): The aforementioned artificial grass/turf issues must be resolved by either securing the turf or replacing it. CoreCivic’s administration and ICE are discussing a more permanent solution to address the artificial grass/turf issues. The screen in the Yellow Frog 2 needs to be

replaced. The hole in the ground near the gym near Green Turtle 1 housing needs to be filled in with dirt. We will continue to monitor these issues.

Follow up:

11/12/2019 – Unresolved: I observed the artificial grass/turf issues noted in the previous inspection. I noted a window screen from one of the living units on the ground near the yellow housing unit. There was also trash on the ground that appeared to have blown from a nearby trash receptacle near the education trailers. There had been a significant amount of wind the previous day which may have been a contributing factor. CoreCivic and ICE must determine a solution to address the artificial grass/turf issues. There appear to be issues with either the product or the installation which do not permit proper drainage. Inspection of the turf in the course of the regular safety inspections should be a priority, with identified problems being addressed through the regular work order process. The window screen discovered on the ground needs to be installed. Trash on the grounds needs to be picked up and properly disposed.

01/07/2020 – Partially resolved: I found the Center to be clean and well maintained. There was no trash/debris found on the grounds anywhere throughout the Center. Center staff confirmed that there is a plan in place to repair and replace the artificial grass/turf and will continue to address immediate concerns. We will continue to monitor this issue.

02/12/2020 – Partially resolved: I found the Center to be clean and well maintained. Center staff confirmed that the grass/turf repair project started during this inspection. I observed workers removing the artificial turf around the Yellow Frog housing unit. We will continue to monitor this issue.

10/26/20 – Partially Resolved: On 10/14/19, CoreCivic entered into a contract with [REDACTED] to replace all substandard grass/carpet/turf to include re-leveling the surface for drainage and upgrading the synthetic turf. On 10/27/20, the project to repair and replace the artificial turf began in the Yellow Frog housing unit and was completed in April 2020. During this inspection, I observed water pooling outside the Yellow Frog and Green Turtle housing units. We will continue to monitor this issue.

12/14/20 – Resolved: This project was completed on 12/14/2020, including repairs to the sprinkler system.

There was no pooling water observed during this inspection. The artificial turf was observed to be repaired in the area around the Yellow Frog housing unit, and there were no problems to report. The recreation supervisor conducted training with recreation staff on identifying and addressing safety hazards, and recreation staff are monitoring recreation areas for safety hazards and documenting their monitoring in the logbooks. Staff will generate a work order for all safety hazards that require maintenance repairs.