ICE Detention Standards Compliance Review

GEO Karnes County Correctional Center

April 8-10 2008

REPORT DATE – April 15, 2008



Contract Number: ODT-6-D-0001 Order Number: HSCEOP-07-F-01016

Executive Vice President
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April 15, 2008

MEMORANDUM FOR:

Gary E. Mead, Acting Director

Office of Detention and Removal Operations

FROM:

Reviewer-In-Charge

Creative Corrections

SUBJECT:

GEO Karnes County Correctional Center

Annual Detention Review

Type of Review:

This review is a scheduled Detention Standard Review to determine general compliance with established, ICE National Detention Standards for facilities used for over 72 hours.

Review Summary:

The facility is not currently accredited by any correctional or health organizations.

Standards Compliance:

The following statistical information provides a direct comparison of the 2007 ADR and this ADR conducted for 2008.

April 16-17, 2007 R	<u>leview</u>	April 08-10, 2008 Review			
Compliant	35	\sim	Compliant	36	
Deficient	1		Deficient	. 0	
At-Risk	0		At-Risk	. 0	
Not-Applicable	2		Not-Applicable	2	

RIC Issues and Concerns

There were no RIC Concerns

Special Recognition

The review team was particularly impressed with the Key Watcher automated system and it's maintenance by the locksmith. This system virtually eliminates the need for supervisory intervention when restricted keys must be drawn. Further, it provides an excellent security mechanism should a hostage or escape situation ever arise and an unauthorized key draw is attempted.

The facility's tool control policy was considered a most effective and efficient program. This three-tiered system was inspiring because tools are almost constantly accounted for with a daily, monthly, and quarterly inventory or audit. The numerical identification of each tool provides indisputable evidence for accountability. Finally, the tool log is yet another precise method by which staff may locate tools at any time.

The energy invested in training staff relative to detainee confinement nuances was noteworthy. The administering of an annual test to refresh staff knowledge of the National Detention Standards is unique and 'cutting edge'. This measure should serve the facility administrators well as they carry out their mission in compliance with ICE expectations.

Recommended Rating and Justification

It is the Reviewer-in-Charge (RIC) recommendation that the facility receive a rating of "Good."

RIC Assurance Statement

All findings of this review have been documented on the Detention Review Worksheet and are supported by the written documentation contained in the review file.



DETENTION FACILITY INSPECTION FORM

FACILITIES USED LONGER THAN 72 HOURS							
A. Type of Facility Revii	CANADA .	Other Charges:	(If None Inc	licate N/A)			
A. TYPE OF FACILITY REVII		Other Charges.	(11 Notic, III)				
ICE Service Process ICE Contract Deten		Estimated Man-days Per Year					
	ital Service Agreement	45,000	adys i ci i ca				
Z ICE Intergovernmen	ital Scrivce Agreement						
B. CURRENT INSPECTION				FICATES N/A			
Type of Inspection		List all State or I	National Acc	reditation[s] rece	ived:		
Field Office HQ Inspe	ection						
Date[s] of Facility Review		II Door ere	/COMPLAN	re (Contre Muse	DE ATTACHED)		
April 08-10, 2008	-			TS (COPIES MUST			
G	T	The Facility is under Court Order or Class Action Finding Court Order Class Action Finding					
C. PREVIOUS/MOST RECENT							
Date[s] of Last Facility Review	V	Mojor Litigat	The Facility has Significant Litigation Pending Major Litigation Life/Safety Issues				
April 2007		None None	.1011	Life/Safety Issu	<u> </u>		
Previous Rating	A 11 D D. C. L. A Dist.	None					
Superior Good Acc	eptable Deficient At-Risk	IFACILITY H	ISTORY				
D. NAME AND LOCATION OF	FACILITY	Date Built	III III III III III III III III III II				
Name	PACIEITI	1995					
GEO Karnes County Correction	nal Center	Date Last Remo	deled or Ung	raded			
Address		1998		,			
810 Commerce St.			Date New Construction / Bed Space Added				
City, State and Zip Code		N/A					
Karnes City, Texas 78118		Future Construct	tion Planned				
County		Yes No Date:					
Karnes		Current Bed space Future Bed Space (# New Beds only)					
Name and Title of Chief Executive Officer		679		er: N/A Date: N			
(Warden/OIC/Superintendent)					-14-1/42		
b6,b7c		J. TOTAL FAC	ILITY POPUI	ATION			
Telephone Number (Include Area Code)		Total Facility Int	ake for Previ	ious 12 months			
830 b6,b7c		9,024					
Field Office / Sub-Office (List Office with Oversight)		Total ICE Man Days for Previous 12 months					
SNA Field Office		45,337					
Distance from Field Office		** ** .		gan ana	CD == 0 -=		
60 miles		K. CLASSIFICA					
		417,361	L L		L-3		
E. CREATIVE CORRECTIONS		Adult Male	32		159		
Name of Inspector (Last Name		Adult Female	0	0	0		
b6,b7c / RIC / Beaumont, Te		L. FACILITY C	ADACITY				
Name of Team Member / Title	/ Duty Location	E. FACILITY C	Rated	Operational	Emergency		
b6,b7c SME Security /		Adult Male	679	679	679		
Name of Team Member / Title / Duty Location		Adult Water Adult Female	0/9	0/3	0/2		
b6 SME Medical /			•	fenders 16 and Ol			
Name of Team Member / Title	/ Duty Location	Lacinty Holus	ouveniles Of	ICHUCIS IU AHU OI	uvi as rivuits		
b6,b7c / SME Safety /		M. AVERAGE D	AILY POPUL	ATION			
Name of Team Member / Title / Duty Location			IC		Other		
SME Food Service /		Adult Male	10		34		
Name of Team Member / Title / Duty Location		Adult Female	0		0		
/ /	<u></u>		<u> </u>				
E CDE/ICCA INCODALECO	NI ONI V	N. FACILITY ST	TAFFING LEV				
F. CDF/IGSA INFORMATION Contract Number	Date of Contract or IGSA	Security:		Support:			
Commact Prumoci	Paic of Confident of 100M		A Park				

ICS-USM-80-98-0024

45.00

Basic Rates per Man-Day

05-29-02

SIGNIFICANT INCIDENT SUMMARY WORKSHEET

In order for Creative Corrections to complete its review of your facility, you <u>must</u> complete the following worksheet prior to your scheduled review dates. This worksheet must contain data for the past twelve months. We will use this worksheet in conjunction with the ICE Detention Standards to assess your detention operations with regard to the needs of ICE and its detainee population. Failure to complete this worksheet will result in a delay in processing this report, and may result in a reduction or removal of ICE detainees from your facility.

Incidents	DESCRIPTION	Jan – Mar	Apr – Jun	Jul – Sep	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	11	12	9	19
Assault:	Types (Sexual Physical, etc.)	0	Physical	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	. 0	1	0	0
Number of Forced Moves, incl. Forced Cell Moves ³		1	0	1	2
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	2	4	3
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints Applied/Used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a Result of Injuries Sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	5	6	5	0
	# Resolved in Favor of Offender/Detainee	Ī	0	3	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases Referred for Outside Care	0	4	5	7
	# Psychiatric Cases Referred for Outside Care	0	0	0	0

Any attempted physical contact or physical contact that involves two or more offenders

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

Routine transportation of detainees/offenders is not considered "forced"

Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

1. A	CCEPTABLE	2. DEFICIENT	3. AT-RISK	4. REPEAT FINDING	5. NOT APPLICABLE				
LEGAL ACCESS STANDARDS						1.	2. 3	3. 4.	5.
1.	Access to I	Legal Materials				\boxtimes			
2.	Group Pres	sentations on Legal Ri	ghts			\boxtimes			Lorent hill
3.	Visitation					\boxtimes			
4.	Telephone	Access							
DET.	AINEE SERV	ICES							
5.	Admission	and Release				\boxtimes			
6.	Classificati	on System				\square			
7.		lence and Other Mail							
8.	Detainee H					\boxtimes			
9.	Food Servi	ce				\boxtimes			
10 .		Personal Property			-				
11.		rievance Procedures							
12.	Issuance ar	nd Exchange of Clothi	ng, Bedding, and Tov	wels		\boxtimes			
13.	Marriage R								
14.	Non-Medic	al Emergency Escorte	ed Trip						
15.	Recreation								
16.	Religious F								
17.		Work Program							
HEA	LTH SERVIC	EES							
1 8 .	Hunger Str					\boxtimes			No.
19.	Medical Ca					\boxtimes			
20.	Suicide Pre	vention and Intervent	ion			\boxtimes			
21.	Terminal II	lness, Advanced Dire	ctives and Death						
SECU	JRITY AND	CONTROL						<u> </u>	
22.	Contraband								
23.	Detention Files				\boxtimes				
24.	Disciplinar	y Policy				\square			
25.	Emergency Plans								
26.	Environmental Health and Safety					\boxtimes			
27.	Hold Rooms in Detention Facilities								
28.	Key and Lock Control								
29.	Population Counts					<u> </u>			
30.	Post Orders				X				
31.	Security Ins					<u>N</u>	<u> </u>	<u> </u>	
32.	Special Management Units (Administrative Detention)						<u> </u>		
33.								<u> </u>	
34.							<u> </u>		
35.	Transportation (Land management)							<u> </u>	
36.	Use of Force							<u> </u>	
37.	Staff / Detainee Communication (Added August 2003)								
38.	Detainee Transfer (Added September 2004)								

ALL FINDINGS OF DEFICIENT AND AT-RISK REQUIRE WRITTEN COMMENT DESCRIBING THE FINDING AND WHAT IS NECESSARY TO REACH COMPLIANCE.

RIC REVIEW ASSURANCE STATEMENT

By signing below, the Reviewer-In-Charge (RIC) certifies that:

All findings of non-compliance with policy or inadequate controls, and findings of noteworthy accomplishments, contained in this Inspection Report, are supported by evidence that is sufficient and reliable; and

Within the scope of this review, the facility is operating in accordance with applicable law and policy, and property and resources are being efficiently utilized and adequately safeguarded, except for any deficiencies noted in the report.

an transfer and construction of the contract o	Charles Charles in North Charles Charl
	Reviewer-In-Charge
Reviewer-In-Charge: (Print Name)	Signature b6,b7c
b6,b7c	₩ b6,b7c
Title & Duty Location	Date
RIC Beaumont, Texas	April 15, 2008
	TEAM MEMBERS
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
SME Security	b6,b7c , SME Safety
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6 SME Food Services	b6 SME Medical
RECOMMENDED RATING: Superior	OR CONTRACTOR OF THE CONTRACTO
∑ Good	
ACCEPT	ARLE
DEFICI	
AT-RIS	K.

COMMENTS: The facility has a K-9 Program; however, the K-9 is only used to search vehicles entering the facility grounds. At no time are detainees involved. No chemical agents have been used on any detainee.

GEO Karnes County Correctional Center has an impressive key watcher system in place at the facility, and it is maintained very well. Tool Control was noted as an area of strength during the review.

All staff is trained regarding detainee confinement nuances and administered an annual test to refresh their knowledge of National Detention Standards.