



U.S. Department of Homeland Security
Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO San Antonio Field Office
Karnes County Correctional Center
Karnes City, TX

January 10 -12, 2017

**COMPLIANCE INSPECTION
for the
KARNES COUNTY CORRECTIONAL CENTER
Karnes City, Texas**

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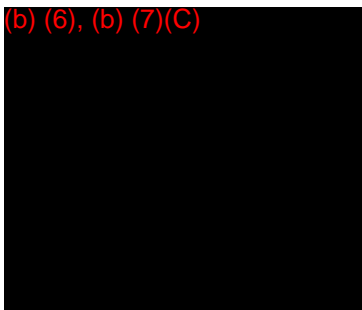
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INSPECTION TEAM MEMBERS



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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Karnes County Correctional Center (KCCC) in Karnes City, Texas, from January 10-12, 2017.¹ The KCCC opened in 1995 and has been owned and operated by the Geo Group Inc. since January 1998. The Office of Enforcement and Removal Operations (ERO) started housing ICE detainees in January 1998 pursuant to a United States Marshals Intergovernmental Agreement (IGA) under the oversight of ERO's Field Office Director (FOD) in San Antonio.

ERO staff members are not assigned to the facility. A Detention Services Manager is not assigned to the facility. A Warden is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. GEO Care provides detainee medical services, and Keefe Commissary Services provides food services. In 2016, the National Commission on Correctional Health Care accredited the KCCC. The KCCC is also accredited by the American Correctional Association. The KCCC is not contractually obligated to comply with the Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard; however, it has made efforts to comply.²

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	60
Average ICE Detainee Population ⁴	11
Male Detainee Population (as of 01/10/2017)	9
Female Detainee Population (as of 01/10/2016)	0

¹ Male and female detainees of security classification levels low and medium low classification levels are detained at the facility for longer than 72 hours.

² KCCC has a zero tolerance policy regarding sexually abusive behavior and informs detainees, contractors, employees and volunteers of the policy.

³ Data Source: ERO Facility List Report as of November 21, 2016.

⁴ *Ibid.*

OVERALL FINDINGS

In FY2012, ODO conducted a compliance inspection of the KCCC under the National Detention Standards (NDS) 2000. ODO reviewed the facility's compliance with 17 standards and found the facility compliant with 14 standards. ODO found three deficiencies, in the remaining three standards.

In FY2017, ODO conducted a compliance inspection of the KCCC under the NDS 2000. ODO reviewed the facility's compliance with 15 standards and found the facility compliant with 11 standards. ODO found eight deficiencies in the remaining four standards. Finally, ODO identified two opportunities where the facility initiated corrective action during the course of the inspection.⁵

Inspection Results Compared	FY 2012 (NDS 2000)	FY 2017 (NDS 2000)
Standards Reviewed	17	15
Deficient Standards	3	4
Overall Number of Deficiencies	3	8
Corrective Action	0	2

⁵ Corrective actions, where immediately implemented, best practices, and recommendations, as applicable, have been identified in the *Inspection Findings* section and annotated with a "C," "BP," or "R," respectively.

FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁶	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	1
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	0
Funds and Personal Property	0
Staff-Detainee Communication	2
Telephone Access	4
Sub-Total	7
Part 2 – Security and Control	
Environmental Health and Safety	0
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	0
Sub-Total	0
Part 3 – Health Services	
Medical Care	0
Suicide Prevention and Intervention	1
Sub-Total	1
Total Deficiencies	8

⁶ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

Every fiscal year, ODO, a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁷ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."⁸ Priority components have been selected from across a range of detention standards based on their critical importance to facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss ODO's preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁷ ODO reviews the facility's compliance with selected standards in their entirety.

⁸ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed all ICE detainees (nine detainees were present at the time of inspection), each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination.

Overall, the detainees expressed satisfaction with the treatment and services provided at KCCC. No detainee expressed a complaint or concern when questioned about issuance and replenishment of hygiene supplies, sending and receiving mail, visitation, religious services, food service, or the grievance process. All detainees stated health care staff members are attentive and responsive. No detainee indicated a medical concern.

INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

The detainee handbook provides detainees with the rules and procedures governing access to legal materials, including the following information: that the law library is available for detainee use; the scheduled hours of access to the law library; the procedure for requesting access to the law library; the procedure for requesting additional time in the law library (beyond the five hours per week minimum); the procedure for requesting legal reference materials not maintained in the law library; and the procedure for notifying a designated employee that the library material is missing or damaged.

However, ODO inspected the law library and found the above policies and procedures were not posted in the law library along with a list of the law library's holdings (**Deficiency ALM-1⁹**).

Corrective Action: The facility initiated corrective action during the inspection by posting the policies and procedures in the law library along with a list of the law library's holdings (**C-1**).

STAFF-DETAINEE COMMUNICATION (SDC)

During ODO's compliance inspection of the KCCC, ODO observed ICE staff checking on the overall condition of the facility and responding to detainee requests. During these contact visits, ICE staff interviewed detainees, monitored housing conditions, reviewed grievance logs, recorded the visit in the log, and visited every housing unit including Special Management Units. However, ODO could not locate posted schedules for ICE staff visits in the detainee living areas or other common areas with detainee access (**Deficiency SDC-1¹⁰**).

⁹ "These policies and procedures shall also be posted in the law library along with a list of the law library's holdings." See ICE NDS 2000, Standard, Access to Legal Materials, Section (III)(Q).

¹⁰ "The ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(A)(2)(b).

Corrective Action: The facility initiated corrective action during the inspection by posting written schedules for ICE staff visits in the detainee living areas and other areas with detainee access (C-2).

ODO reviewed the detainee request logbook and confirmed it included all the information required by the NDS 2000. The detainee request log of the past six months also showed that requests are responded to within 72 hours and are placed in the detention folder.

ODO requested to examine the Facility Liaison Visit Checklists required by the Staff/Detainee Communications Model Protocol. ODO interviewed ICE staff and learned the Facility Visit Checklists are not completed (**Deficiency SDC-2¹¹**).

TELEPHONE ACCESS (TA)

During detainee and ICE staff interviews, ODO observed detainees have reasonable and equitable access to telephones during established facility waking hours. The facility provides telephone access rules in writing via the facility handbook to each detainee upon admittance, as well as pro bono legal assistance and official consulate contact information. Telephone rules are also posted where detainees may easily see them and every telephone indicates that calls are subject to monitoring. The facility maintains telephones in proper working order. However, ODO interviewed ICE staff and found the following:

ICE staff does not verify the serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list (**Deficiency TA-1¹²**).

ICE staff does not interview a sampling of detainees and review written detainee complaints regarding telephone access (**Deficiency TA-2¹³**).

ICE staff does not document each serviceability test using the Telephone Serviceability Worksheets attached to the Memorandum for Field Office Directors, dated April 4, 2007 (**Deficiency TA-3¹⁴**).

The field office does not maintain Telephone Serviceability Worksheets in a retrievable format, organized by month, for a three-year period as required by the Memorandum for Field Office Directors, dated April 4, 2007 (**Deficiency TA-4¹⁵**).

¹¹ “For Inter-Governmental Service Agreement facilities housing ICE detainees the model protocol should be completed weekly....” See Change Notice, NDS Staff/Detainee Communication Model Protocol, dated June 15, 2007.

¹² “Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list.” See Memorandum for Field Office Directors, “Detainee Telephone Services,” dated April 4, 2007.

¹³ “ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access.” See Memorandum for Field Office Directors, “Detainee Telephone Services,” dated April 4, 2007.

¹⁴ “Each serviceability test shall be documented using the attached form.” See Memorandum for Field Office Directors, “Detainee Telephone Services,” dated April 4, 2007.

¹⁵ “The field office shall maintain forms in a retrievable format, organized by month, for a three-year period.” See Memorandum for Field Office Directors, “Detainee Telephone Services,” dated April 4, 2007.

HEALTH SERVICES

SUICIDE PREVENTION AND INTERVENTION (SP&I)

ODO interviewed medical staff and reviewed the SAAPI log. From these data sources, ODO determined there were no detainee suicide attempts in the year preceding the inspection and just one suicide watch during this timeframe. Monitoring checks are logged every five minutes, and both medical and mental health staff performs daily rounds.

Review of the medical record of the detainee placed on suicide watch found he had self-inflicted superficial scratches to his left wrist, made with a broken identification band. Medical staff evaluated and cleansed the wounds and initiated suicide watch precautions. A licensed professional counselor evaluated the detainee daily and discontinued the suicide watch on the fifth day by authority of the Clinical Director.

ODO observed the intake process at KCCC. Medical staff screened detainees for suicide risk. Detainees found at risk by medical staff are immediately referred for further evaluation to both medical and mental health staff. There is one designated cell in the health services unit for suicide observation. ODO inspected the suicide observation cell and found it contains structures such as: metal frame bed, shower head, and safety grab bars that could be used to facilitate a suicide attempt (**Deficiency SP&I-1**¹⁶).

¹⁶“The isolation room will be free of objects or structural elements that could facilitate a suicide attempt.” See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).