



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

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO San Antonio Field Office**

**Karnes County Residential Center
Karnes City, Texas**

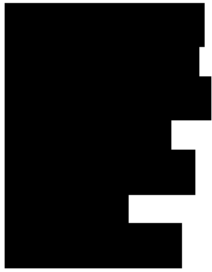
May 17-19, 2022

FOLLOW-UP COMPLIANCE INSPECTION
of the
KARNES COUNTY RESIDENTIAL CENTER
Karnes City, Texas

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Karnes County Residential Center (KCRC) in Karnes City, Texas, from May 17 to 19, 2022.¹ This inspection focused on the standards found deficient during ODO’s last inspection of KCRC from November 1 to 4, 2021. The facility opened in 2012 and is owned and operated by GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KCRC in 2014 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). The facility operates under the Family Residential Standards (FRS) 2020.

ERO has assigned deportation officers and a detention services manager to the facility. A facility administrator handles daily facility operations and supervises [REDACTED] support personnel. GEO provides food services, medical care, and commissary services at the facility. In February 2020, KCRC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

| Capacity and Population Statistics | Quantity |
|--|------------|
| ICE Resident Bed Capacity ² | [REDACTED] |
| Average ICE Resident Population ³ | [REDACTED] |
| Male Resident Population (as of May 9, 2022) | [REDACTED] |
| Female Resident Population (as of May 9, 2022) | [REDACTED] |

During its last inspection, in Fiscal Year (FY) 2022, ODO found zero deficiencies.

¹ This facility holds male and female residents with low and medium-low security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of May 9, 2022.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.⁴

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's UCAP, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY FAMILY RESIDENTIAL STANDARDS 2020 MAJOR CATEGORIES

| FRS Standards Inspected ^{5,6} | Deficiencies |
|---|--------------|
| Part 1 - Safety | |
| Emergency Plans | 0 |
| Environmental Health and Safety | 0 |
| Housekeeping Program | 0 |
| Sub-Total | 0 |
| Part 2 - Security | |
| Admission and Release | 3 |
| Funds and Personal Property | 2 |
| Resident Census | 0 |
| Staff-Resident Communications | 0 |
| Use of Physical Control Measures and Restraints | 0 |
| Sub-Total | 5 |
| Part 3 - Order | |
| Behavior Management | 0 |
| Sub-Total | 0 |
| Part 4 - Care | |
| Food Service | 0 |
| Hunger Strikes | 0 |
| Health Care | 0 |
| Health Care (Females) | 0 |
| Personal Hygiene | 0 |
| Significant Self-harm and Suicide Prevention and Intervention | 0 |
| Sub-Total | 0 |
| Part 5 - Activities | |
| Recreation | 0 |
| Telephone Access | 0 |
| Sub-Total | 0 |
| Part 6 - Justice | |
| Grievance System | 0 |
| Sub-Total | 0 |
| Total Deficiencies | 5 |

⁵ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

⁶ Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

DETAINEE RELATIONS

ODO interviewed 31 residents, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with the facility services except for the concerns listed below.

Admission and Release: Two residents stated they did not receive an ICE National Detainee Handbook nor a facility specific handbook in a language they could read or understand.

- Action Taken: ODO notified the facility administrator of the residents' concerns and reviewed their respective resident files. ODO found each of the residents signed for receipt of the ICE National Detainee Handbook and the facility specific handbook on their respective Acknowledgement of Receipt of Orientation forms in which the facility used the language line to translate to the resident in Romanian during intake. On May 18, 2022, the facility reissued handbooks in French to the resident who read and spoke the language. On May 18, 2022, ODO verified the facility reissued the resident an ICE National Detainee Handbook in Romanian and brought the resident to the intake area so that an interpreter via the language line could read the facility specific handbook to him in Romanian.

Medical Care: One resident stated he suffers from chronic back pain, and he would like to receive an injection for the pain. He also stated he has not submitted a medical request due to a language barrier with him speaking Romanian.

- Action Taken: ODO notified the facility administrator of the residents' concerns and reviewed his resident file and medical file. ODO found on April 26, 2022, during the resident's intake, facility staff used the language line to translate the procedures of the facility to the resident and to conduct the medical, dental, and mental health evaluations of the resident. ODO found no documentation that the resident submitted any medical requests via an interpreter. On May 18, 2022, medical staff evaluated the resident and prescribed the resident 2 Ibuprofen 200 milligram tablets for 3 days. Medical staff instructed the resident to avoid heavy lifting, strenuous work/sports activity until medical staff resolves his back pain and to return to the medical clinic if the problem persists or worsens.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the property bags and inventory sheets of ■ residents, interviewed the property officer and chief of intake, and found center staff did not take inventory in accordance with the ICE Family Residential Standard on *Funds and Personal Property*. Specifically, center staff did

not itemize residents' personal property inside of backpacks nor boxes (**Deficiency AR-24**⁷).

ODO reviewed the property bags and inventory sheets of ■ residents, interviewed the property officer and chief of intake, and found center staff did not prepare an itemized list of the residents' personal property. Specifically, center staff did not list the description nor quantity of items inside of the residents' backpacks nor on box inventory sheets (**Deficiency AR-47**⁸).

ODO reviewed the release files for ■ residents, reviewed the center's AR policy, interviewed the chief of intake and two release processing staff, and found center staff did not follow all required procedures before discharging any of the ■ residents. Specifically, Orders to Detain or Release (Form I-203) did not clearly indicate the release of residents from the center (**Deficiency AR-89**⁹).

FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the property bags and inventory sheets of ■ residents, interviewed the property officer and chief of intake, and found center staff did not itemize the inventory of the residents' personal property. Specifically, during admissions, center staff listed the residents' property as "various items in box," "black backpack," or "items," instead of listing each item inside of the box or backpack on the inventory sheets (**Deficiency FPP-58**¹⁰).

ODO reviewed the property bags and inventory sheets of ■ residents, interviewed the property officer and chief of intake, and found no proper inventory of the residents' personal property. Specifically, center staff did not inventory the residents' property by providing a description and the quantity of articles inside of the residents' backpacks nor boxes (**Deficiency FPP-65**¹¹).

⁷ "Admission processes for a newly admitted resident will include, but not be limited to the following items: ...

- Taking inventory and issuing receipts for resident funds, valuables, and personal property in accordance with the ICE Family Residential Standard on *Funds and Personal Property*." See ICE FRS 2020, Standard, Admission and Release, Section (D)(1).

⁸ "Center staff will prepare an itemized list of the resident's baggage and personal property using a Personal Property Inventory form or its equivalent." See ICE FRS 2020, Standard, Admission and Release, Section (D)(3).

⁹ "Necessary steps include but are not limited to: completing out-processing forms; closing files; returning personal property; reclaiming Center issued clothing, identification cards, handbooks, and bedding; and verification for resident identities through the use of photos, biometrics, or other systems designed to prevent the accidental discharge of residents." See ICE FRS 2020, Standard, Admission and Release, Section (I).

¹⁰ "Centers will complete an itemized inventory of all resident baggage and personal property (separate from funds and valuables) during admissions, processing, and for property received during visitation or through the mail, using a "Personal Property Inventory" form or its equivalent." See ICE FRS 2020, Standard, Funds and Personal Property, Section (L).

¹¹ "Personal property will be inventoried on a "Personal Property Inventory" form, or its equivalent, in the presence of the resident and must contain the following information at a minimum: ...

- Description and quantity of articles (e.g., three pairs of pants)." See ICE FRS 2020, Standard, Funds and Personal Property, Section (M).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under FRS 2020 and found the facility in compliance with 16 of those standards. ODO found five deficiencies in the two remaining standards. ODO recommends ERO San Antonio work the with center to resolve the deficiencies that remain outstanding in accordance with contractual obligations. KCRC did not require a uniform corrective action plan for ODO's last inspection of KCRC which occurred in November 2021.

| Compliance Inspection Results Compared | First FY 2021 (FRS 2020) | Second FY 2022 (FRS 2020) |
|---|-------------------------------------|--------------------------------------|
| Standards Reviewed | 24 | 18 |
| Deficient Standards | 0 | 2 |
| Overall Number of Deficiencies | 0 | 5 |
| Repeat Deficiencies | 0 | 0 |
| Areas Of Concern | 0 | 0 |
| Corrective Actions | 0 | 0 |
| Facility Rating | Superior | N/A |