



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

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**Office of Detention Oversight  
Compliance Inspection  
2023-001-089**

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

**Karnes County Immigration Processing Center  
Karnes City, Texas**

**March 14-16, 2023**

**COMPLIANCE INSPECTION**  
**of the**  
**KARNES COUNTY IMMIGRATION PROCESSING CENTER**  
Karnes City, Texas

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
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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 compliance inspection of the Karnes County Immigration Processing Center (KCIPC), formerly the Karnes County Residential Center in Karnes City, Texas, from March 14 to 16, 2023.<sup>1</sup> The facility opened in 2012 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KCIPC in 2014 under the oversight of ERO’s Field Office Director in San Antonio (ERO San Antonio). In October 2022, KCIPC transitioned from the Family Residential Standards (FRS) 2020 to the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016), changed their name to KCIPC, and this was their first inspection under the PBNDS 2011 (Revised 2016).

ERO has assigned deportation officers and a detention services manager full-time to the facility and they are on-site daily, Monday through Friday, from 8 a.m. to 4 p.m. A facility administrator handles daily operations and manages █████ support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. In February 2020, KCIPC 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 Bed Capacity <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of March 14, 2023)	█████
Adult Female Population (as of March 14, 2023)	█████

During its last full inspection, in Fiscal Year (FY) 2022, ODO had no findings against the FRS 2020 standards.

<sup>1</sup> This facility holds male and female detainees with security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of February 27, 2023.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, 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.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL  
DETENTION STANDARDS 2011 (REVISED 2016)  
MAJOR CATEGORIES**

<b>PBNDS 2011 (Revised 2016) Standards Inspected<sup>5,6</sup></b>	<b>Deficiencies</b>
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
Transportation (by Land)	1
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Key and Lock Control	0
Special Management Units	0
Tool Control	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	4
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	2
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	0

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

<sup>6</sup> 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.

<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Staff Training	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Reviewed</b>	
DHS PREA Certified Facilities <sup>7</sup>	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>7</b>

## DETAINEE RELATIONS

ODO interviewed 40 detainees, who each voluntarily agreed to participate. One detainee made allegations of mistreatment. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Funds and Personal Property:* A detainee stated that family members have been unable to deposit funds into his commissary account.

- **Action Taken:** ODO spoke with the classification manager (CM) on March 14, 2023, and confirmed the online deposit system would not complete the transaction due to an input error of the facility name by family members. The CM also provided the detainee a telephonic method of depositing funds into his commissary account.

*Grievance System:* A detainee stated other detainees continue to bully him with homophobic insults despite GEO staff moving one of the offending detainees away from him.

- **Action Taken:** ODO interviewed the CM and confirmed KCIPC received a complaint from this detainee on February 24, 2023, and after reviewing the complaint, moved the accused detainee to a different housing unit. The detainee included no reference to bullying nor homophobic comments in the request but admitted to a facility psychologist he masks his sexuality out of fear during an appointment on March 9, 2023. At the ODO interview on March 14, 2023, the detainee stated other detainees continue to speak homophobic comments at him, but he could not name any of the detainees. The detainee confirmed he felt safe at KCIPC and no longer feared the other detainees.

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<sup>7</sup> The deficiency cited under DHS PREA Certified Facilities standard was identified during the inspection, the DHS PREA Certified Facilities standard was not reviewed in its entirety.

*Telephone Access:* The detainee stated he lost the telephone connection twice during his calls to Colombia in Unit 215, and that this unit is known for its telephone issues.

- Action Taken: After speaking with ODO, facility staff immediately submitted a work order to Talton on March 14, 2023, to diagnose and resolve the telephone issue. Staff pointed out the availability of additional phones in the dayroom for detainee use.

## COMPLIANCE INSPECTION FINDINGS

### SAFETY

#### TRANSPORTATION (BY LAND) (TBL)

ODO reviewed the KCIPC transportation policy and procedure manual, transportation post requirements, and transport records, and found no posted written guidelines for tracing procedures to locate an overdue vehicle (**Deficiency TBL-122<sup>8</sup>**).

### CARE

#### MEDICAL CARE (MC)

ODO reviewed the detainee handbook and the detainee orientation slideshow, toured the facility, and found the facility did not identify the HSA to detainees. (**Deficiency MC-12<sup>9</sup>**).

ODO reviewed ■ staff credential files and found in ■ out of ■ files, no verifiable license, certification, credential, and/or registration of health care staff in compliance with applicable state and federal requirements. Specifically, ODO found no primary source license verification for the contract pharmacist, dentist, registered dental assistant, telehealth psychiatrist and telehealth psychologist (**Deficiency MC-101<sup>10</sup>**).

ODO reviewed ■ staff credential files and found in ■ out of ■ files, no copies of the documents readily available for review. Specifically, ODO found no updated licenses nor primary source verification for the contract pharmacist, telehealth psychologist and telehealth psychiatrist (**Deficiency MC-102<sup>11</sup>**).

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<sup>8</sup> “K. Responsibilities En Route:

1. Point of Contact. Each office shall develop and post written guidelines for tracing procedures to locate an overdue vehicle. If the vehicle does not arrive within range of the ETA, the contact point shall set the tracing procedures in motion.”

See ICE PBNDS 2011, Standard, Transportation (by Land), Section (V)(K)(1).

<sup>9</sup> “The HSA is a physician or health care professional and shall be identified to detainees.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(B).

<sup>10</sup> “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(I).

<sup>11</sup> “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available



ODO reviewed training files of █ detention staff and found in █ out of █ training files, the detention staff member's last documented cardiopulmonary resuscitation training was on March 9, 2022, more than a year ago (**Deficiency MC-193**<sup>12</sup>).

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed training files of █ detention staff responsible for detainees and found in █ out of █ files, the detention staff member's last documented suicide prevention training was on March 9, 2022, more than a year ago (**Deficiency SSHSPI-8**<sup>13</sup>). **This is a priority component.**

ODO reviewed medical records of 8 suicidal detainees placed in isolated confinement, and found in 8 out of 8 records, 23 instances where clinical staff documented welfare checks between 9 and 12 hours (**Deficiency SSHSPI-35**<sup>14</sup>).

### **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 22 of those standards. ODO found seven deficiencies in the remaining three standards. KCIPC's last full inspection in November 2021 was against the FRS 2020 and this was the facility's first inspection against the PBNDS 2011 (Revised 2016). ODO did not receive a completed uniform corrective action plan (UCAP from the facility's May 2022 follow-up inspection, and since the facility changed standards between their follow-up inspection and this inspection, ODO is unable to assess the effect, if any, the UCAP had with regard to the facility's performance during this inspection. ODO recommends ERO continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

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for review. A restricted license does not meet this requirement." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(I).

<sup>12</sup> "Each facility shall have a written emergency services plan for delivery of 24-hour emergency health care. This plan shall be prepared in consultation with the facility's CMA, or the HSA, and must include the following:

c. an automatic external defibrillator (AED) shall be maintained for use at each facility and accessible to staff;

d. all detention and medical staff shall receive cardiopulmonary resuscitation (CPR, AED), and emergency first aid training annually." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(T)(1)(c) and (d).

<sup>13</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(A).

<sup>14</sup> "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection (FRS 2020)</b>	<b>FY 2023 Full-Inspection (PBNS 2011) (Revised 2016)</b>
Standards Reviewed	24	25
Deficient Standards	0	3
Overall Number of Deficiencies	0	7
Priority Component Deficiencies	N/A	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	Superior