



**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  
Unannounced Follow-Up  
Compliance Inspection  
2023-005-197**

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

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

**September 12-14, 2023**

**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**KARNES COUNTY IMMIGRATION PROCESSING CENTER**  
Karnes City, Texas

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**UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION  
TEAM MEMBERS**



Team Lead	ODO
Senior 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 an unannounced follow-up compliance inspection of the Karnes County Immigration Processing Center (KCIPC), formerly the Karnes County Residential Center, in Karnes City, Texas, from September 12 to 14, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO's last inspection of KCIPC from March 14 to 16, 2023. 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 2012 under the oversight of ERO's Field Office Director in San Antonio (ERO San Antonio). In October 2022, KCIPC transitioned from the Family Residential Standard (FRS) 2020 to the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016) and formally changed its name to KCIPC.

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. In February 2023, 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>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of September 12, 2023)	[REDACTED]
Adult Female Population (as of September 12, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found seven deficiencies in the following areas: Medical Care (4); Significant Self-harm and Suicide Prevention and Intervention (2); and Transportation (by Land) (1).

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

<sup>2</sup> Data Source: ERO Facility List as of September 11, 2023.

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

## **UNANNOUNCED 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 longer than 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.<sup>4</sup>

While unannounced follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, 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 Uniform Corrective Action Plan (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.

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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>PBND Standards 2011 (Revised 2016) Standards Inspected<sup>5,6</sup></b>	<b>Deficiencies</b>
<b>Part 1 - Safety</b>	
Emergency Plans	1
Environmental Health and Safety	0
Transportation (by Land)	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	2
Funds and Personal Property	0
Post Orders <sup>7</sup>	1
Staff-Detainee Communication	2
Use of Force and Restraints	4
<b>Sub-Total</b>	<b>9</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>10</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Unannounced Follow-Up 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.

<sup>7</sup> The deficiency cited under the Post Orders standard was observed during the inspection. The Post Orders standard was not initially part of the scope of this inspection and this standard was not reviewed in its entirety.

## DETAINEE RELATIONS

ODO interviewed 29 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Food Service:* Four detainees stated the food portion size was too small.

- Action Taken: ODO interviewed the food service manager, reviewed the facility food service policies, and observed the food service program on September 12 to 14, 2023. ODO found a registered dietitian completed a nutritional analysis of the meals served at the facility, documented the analysis in a nutritional adequacy statement, dated April 22, 2023, and certified the meals met the U.S. recommended daily allowances. Additionally, ODO observed meal services during the inspection and found the facility served meal portions as indicated on the approved food service menu.

*Medical Care:* One detainee stated he did not submit a medical request but wanted to speak with medical because he had been coughing up blood since September 8, 2023.

- Action Taken: ODO interviewed the assistant health service administrator, reviewed the detainee's medical record, and found the detainee arrived at the facility on September 7, 2023. On the same day, facility medical staff completed and noted no symptoms reported by the detainee during intake screening. On September 12, 2023, ODO requested facility medical staff evaluate the detainee. On the same day, a registered nurse (RN) examined the detainee's upper respiratory system and found redness in the throat and nose, but no blood in the mouth and the detainee reported a pain level of 2 out of 10. Medical staff prescribed the detainee ibuprofen and cough drops twice daily for 5 days, as needed, and instructed him to return to the medical department if his symptoms worsened. On September 15, 2023, an RN completed a medical history and physical exam of the detainee and found no abnormalities. On the same day, the detainee voiced no complaints.

*Medical Care:* One detainee stated he had a dislocated disc in his lower back and the facility provided pain medication and a lower bunk; however, the pain medication was ineffective.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee arrived at the facility on July 24, 2023. On the same day, medical staff noted the detainee's report of lower back pain history during intake screening. Medical staff prescribed the detainee Tylenol (325 mg), twice daily, for 5 days and ordered a lower bunk. From July 30 to September 1, 2023, the detainee met with medical staff for continued back pain. Medical staff prescribed ibuprofen (200 mg), twice daily, for 5 days and a topical muscle rub and advised the detainee to increase physical activity slowly, apply ice and heat packs, and seek further medical attention if symptoms persisted.

# UNANNOUNCED FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

## SAFETY

### EMERGENCY PLANS (EP)

ODO reviewed facility policy, inventoried the emergency equipment room, and found the inventory list for cabinet #1 listed 10 tactical gloves and 16 riot batons; however, ODO found no tactical gloves nor riot batons stored the in the cabinet (**Deficiency EP-10<sup>8</sup>**).

## SECURITY

### STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's detainee handbook, dated November 2022, and found the handbook did not include ERO San Antonio's hours and days for scheduled visits (**Deficiency SDC-3<sup>9</sup>**).

ODO reviewed facility policy and [REDACTED] detention files and found in [REDACTED] out of [REDACTED] files, the facility did not place a copy of the completed paper written requests that the detainees submitted in the detainees' detention files (**Deficiency SDC-21<sup>10</sup>**).

### USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed facility policy, a calculated-use-of-force (CUOF) file, dated July 9, 2023, an after-action report, and an audio-video recording, and found:

- Facility staff members did not use gloves when they forcibly moved a detainee from the medical observation area (**Deficiency UOFR-44<sup>11</sup>**);
- Staff did not record a close-up of the detainee's body during the medical exam, staff injuries, nor a debrief of the incident with a full discussion, analysis, and assessment of the incident on audiovisual media (**Deficiency UOFR-73<sup>12</sup>**);

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<sup>8</sup> "Each facility shall maintain an accurate inventory of identified equipment and shall review that inventory every six months, at a minimum, to ensure its accuracy." See ICE PBNDS 2011 (Revised 2016), Standard, Emergency Plans, Section (V)(C)(1)(a)(3).

<sup>9</sup> "The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(A).

<sup>10</sup> "A copy of each completed detainee request shall be filed in the detainee's detention file and be retained there for three years at minimum." See ICE PBNDS 2011 (Revised 2016), Standard, Staff-Detainee Communication, Section (V)(B)(2).

<sup>11</sup> "Staff shall wear protective gear when restraining aggressive detainees with open cuts or wounds." See ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(F)(2).

<sup>12</sup> "Calculated use-of-force incidents shall be audio visually recorded in the following order: ...

- e. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.



- Staff did not use gloves and a use-of-force team technique, when staff forcibly moved a detainee from the medical observation area (**Deficiency UOFR-74<sup>13</sup>**); and
- The facility did not require staff to wear gloves when entering a cell area where blood or other body fluids could have been present (**Deficiency UOFR-79<sup>14</sup>**).

## **FACILITY SECURITY AND CONTROL (FSC)**

ODO reviewed facility post orders and found no post orders for the administrative lieutenant, assistant intake supervisor, assistant shift supervisor, chief of intake, chief of security, courtroom supervisor, shift supervisor, and transportation supervisor (**Deficiency FSC-71<sup>5</sup>**).

ODO reviewed the facility’s policy and the housing unit logbooks and found the shift supervisor on the second shift did not initial the logbook on June 27, 2023, and September 13, 2023 (**Deficiency FSC-75<sup>16</sup>**).

## **POST ORDERS (PO)**

ODO reviewed facility POs, interviewed facility staff, and found the facility did not have a written PO for each security post (**Deficiency PO-1<sup>17</sup>**).

## **CONCLUSION**

During this unannounced follow-up inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 13 of those standards. ODO found 10 deficiencies in the remaining 5 standards. Since KCIPC’s last full inspection in March 2023, the facility has shown a slight decline. KCIPC went from 3 deficient standards and 7 deficiencies in March 2023 to 5 deficient standards and 10 deficiencies during this most recent inspection. However, ODO found deficiencies in three out of five standards for facility security and control, post orders, and staff-detainee communication, using PBNDS 2011 (Revised 2016) for the first time since its transition from FRS 2020. During the review period, KCIPC experienced its first use-of-force incident, which resulted in four deficiencies. ODO anticipates the facility will incorporate lessons-learned from the incident, implement corrective action, and prevent future recurrence of these findings. ODO has not received a UCAP for ODO’s last

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f. Debrief the incident with a full discussion/analysis/assessment of the incident.”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(2)(e-f).

<sup>13</sup> “When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force team technique to prevent or diminish injury to staff and detainees and exposure to communicable disease.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3).

<sup>14</sup> “Use-of-force team members and others participating in a calculated use of force shall wear protective gear.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Use of Force and Restraints, Section (V)(I)(3)(c)(1).

<sup>15</sup> “All security posts shall be guided by standard “2.9 Post Orders.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(A).

<sup>16</sup> “The shift supervisor shall visit each housing area and initial the log on each shift at least once per tour.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Facility Security and Control, Section (V)(D)(1).

<sup>17</sup> “The facility administrator shall ensure that:

1. there are written post orders for each security post;”

*See* ICE PBNDS 2011 (Revised 2016), Standard, Post Orders, Section (V)(A)(1).

inspection of KCIPC in March 2023; therefore, ODO cannot assess its impact on resolving the previous cited deficiencies. However, ODO notes there were no repeat deficiencies cited during this follow-up inspection. ODO recommends ERO San Antonio continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNS 2011) (Revised 2016)</b>	<b>FY 2023 Follow-Up Inspection (PBNS 2011) (Revised 2016)</b>
Standards Reviewed	25	18
Deficient Standards	3	5
Overall Number of Deficiencies	7	10
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Superior	N/A