



U.S. Immigration
and Customs
Enforcement

April 18, 2007

MEMORANDUM FOR: John P. Torres
Director
Office of Detention and Removal

FROM: [REDACTED] [REDACTED] [REDACTED]
Deportation Officer
Reviewer in Charge

SUBJECT: GEO Karnes County Correctional Center Annual Detention Review

The San Antonio Field Office, Office of Detention and Removal conducted a detention review of the GEO Karnes County Correctional Center on April 16, 2007 - April 17, 2007. This review was conducted by [REDACTED] DO, Reviewer-in-Charge (RIC), [REDACTED] DO, Team Member, and [REDACTED] IEA, Team Member. This facility is used for detainees requiring housing over 72 hours.

Type of Review:

This review is a scheduled Operational Review to determine general compliance with established Immigration and Customs Enforcement (ICE) National Detention Standards. This facility has been in use by ICE since March 04, 1998.

Review Summary:

Overall the review of the GEO Karnes County Detention Center was very pleasant. Warden [REDACTED] was open for suggestions and recommendations for improving daily operations and the compliance of ICE Detention Standards

Review Findings:

The following information summarizes those standards not in compliance. Each standard is identified and a short summary provided regarding standards or procedures not currently in compliance.

Compliant	-	35
Deficient	-	1

At-Risk - 0
Non-Applicable - 2

Standards Summary Findings:

Classification System:

- *There is no classification system in place only that all the detainees are classified as a Level 2 (Medium) detainee.*
- *ICE does not classify prior to delivery or provide the needed documentation for classification during the Intake process.*
- *Classification is a very sensitive area in regards to liability of a detainee while in the custody of ICE, therefore it is rated as a deficiency that will be addressed immediately for correction.*

RIC Observations:

- Facility Staff: The Staff was extremely familiar with the policies and procedures in regards to each and every post. The Staff acted in a very polite and professional manner during the inspection.
- During the inspection of the living quarters, detainees reported that there were no complaints in regards to the facility and the staff.

RIC Issues and Concerns

Upon inspection of the classification system, it was determined that ICE was not classifying prior to delivery or providing sufficient documentation. As a precaution all detainees are classified as Medium Security (Level 2) detainee. This discrepancy is noted with the fault relying on ICE for not providing the needed documentation to perform the task. Both ICE and the IGSA-GEO Karnes were notified the Classification Systems issue for review and an immediate fix.

Recommended Rating and Justification:

It is the Reviewer-In-Charge recommendation that the facility receive a rating of "GOOD". The facility continues to make progress for full implementation of the ICE Detention Standards. The facility now fully complies with 35 of 36 standards with 2 that were Not Applicable. The RIC recommends that the RIC review standards for to be deficient in 90 day after receipt and concurrence of the Facilities plans of action.

RIC Assurance Statement:

All findings of this review have been documented on Form G-324A and are supported by the written documentation contained in the review file.

A. Type of Facility Reviewed

ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection
 Date[s] of Facility Review
 04/16/07-04/17/07

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
 April 18-19, 2006
 Previous Rating Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
GEO Karnes County Correctional Center
 Address (Street and Name)
810 Commerce Street
 City, State and Zip Code
Karnes City, Texas
 County
Karnes County
 Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
 b6,b7c
 Telephone # (Include Area Code)
 (830) b6,b7c
 Field Office / Sub-Office (List Office with oversight responsibilities)
SNA Field Office
 Distance from Field Office
 Approximately 60 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
 b6,b7c **Deportation Officer / SNA-Pearsall**
 Name of Team Member / Title / Duty Location
 b6,b7c **/ IEA / SNA/Willacy**
 Name of Team Member / Title / Duty Location
 b6,b7c **DO / SNA-Pearsall**
 Name of Team Member / Title / Duty Location
 / /

F. CDF/IGSA Information Only

Contract Number
 ICS-USM-80-98-0024
 Date of Contract or IGSA
 05/29/2002
 Basic Rates per Man-Day
 \$45.00
 Other Charges: (If None, Indicate N/A)
 ; ; ;
 Estimated Man-days Per Year

G. Accreditation Certificates

List all State or National Accreditation[s] received:
 Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
 Court Order Class Action Order
 The Facility has Significant Litigation Pending
 Major Litigation Life/Safety Issues
 Check if None.

I. Facility History

Date Built
 1995
 Date Last Remodeled or Upgraded
 1998
 Date New Construction / Bedspace Added
 0
 Future Construction Planned
 Yes No Date:
 Current Bedspace
 679
 Future Bedspace (# New Beds only)
 Number: Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
 6538
 Total ICE Mandays for Previous 12 months
 29,117

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	n/a	n/a	n/a
Adult Female	0	0	0

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	679	679	679
Adult Female	0	0	0
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	80	572	0
Adult Female	0	0	0

N. Facility Staffing Level

Security: **b2High** Support:

Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	2	3	1	1
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	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	1	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	5	17	0	6
	# Resolved in favor of Offender/Detainee	2	6	0	3
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	1	1	5	2
	# Psychiatric Cases referred for Outside Care	0	0	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders

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

³ Routine transportation of detainees/offenders is not considered "forced"

⁴ 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. Acceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable						
Legal Access Standards		1.	2.	3.	4.	5.
1.	Access to Legal Materials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Group Presentations on Legal Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Services						
5.	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Classification System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Non-Medical Emergency Escorted Trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15.	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Services						
18.	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Terminal Illness, Advanced Directives and Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Security and Control						
22.	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

E

N/A

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

RIC Review Assurance Statement

By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Reviewer-In-Charge: (Print Name)	Sr [Redacted] b6,b7c
[Redacted] b6,b7c	
Title & Duty Location	D [Redacted]
SNA-Pearsall	04/18/2007

Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
[Redacted] b6,b7c IEA, SNA-Willacy [Redacted] b6,b7c	[Redacted] b6,b7c DO, SNA-Pearsall [Redacted] b6,b7c
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location

- Recommended Rating:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk

Comments: I [Redacted] b6,b7c, Reviewer in Charge of GEO Karnes County Correctional Center summarize the inspection with the following information:

The GEO-Karnes appears to be a very well maintained and equipped facility. Most areas of day to day operations and contingency plans were in a written format for review. A licensed nurse is on staff at all times along with a physician visiting once a week. A Dentist visits the jail once a week based upon request made by the Detainees.

The only discrepancy noted was that the standards under Classification System are not being met. All detainees are being classified as a Level 2, unless the detainee reveals his criminal history during the intake interview. At that time, they are placed in a single man dorm. The facility has sufficient amount of dorms to segregate the different classifications. Both ICE and GEO-Karnes were notified of the issue for an immediate fix.

Overall the jail is good. Warden [Redacted] b6,b7c and Asst. Warden [Redacted] b6,b7c are proactive on ensuring the rights and needs of every inmate within their care are being met.

MANAGEMENT REVIEW

Review Authority

The signature below constitutes review of this report and acceptance by the Office of Detention and Removal. **The Facility has 30 days from receipt of this report to respond to all findings and recommendations.**

HQDRO MANAGEMENT REVIEW: (Print Name)	Signature
John P. Torres	
Title	Date
Director (Acting)	

- Final Rating:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk

Comments: A finding of At-Risk is supported by the findings of the review team and are documented within the Form G-324A and accompanying worksheets.