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Office of Professional Responsibility

Inspections and Detention Oversight Division

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**Office of Detention Oversight
Compliance Inspection**

Enforcement and Removal Operations

ERO New York Field Office

Orange County Jail

Goshen, New York

March 21-23, 2017

**COMPLIANCE INSPECTION
for the
ORANGE COUNTY JAIL
GOSHEN, NEW YORK**

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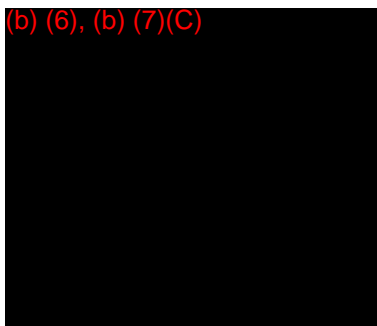
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COMPLIANCE INSPECTION TEAM MEMBERS

(b) (6), (b) (7)(C)



Lead Management and Program Analyst	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Orange County Jail (OCJ) in Goshen, New York, from March 21-23, 2017.¹ OCJ opened in 2001 and is owned by Orange County and operated by the Orange County Sheriff's Department. The Office of Enforcement and Removal Operations (ERO) began housing detainees at OCJ in August 2007 pursuant to an inter-governmental service agreement, under the oversight of ERO's Field Office Director (FOD) in New York.

ERO staff members are assigned to the facility; however, there is no assigned ERO Detention Services Manager. An Orange County Sheriff's Office jail administrator is responsible for oversight of daily operations and is supported by (b) (7) personnel. Aramark Correctional Food Services provides food service, and Correct Care Solutions provides detainee medical care. The facility is accredited by the American Correctional Association, the National Commission on Correctional Health Care, and the New York Sheriff's Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	152
Average Daily ICE Detainee Population ³	167
Male Detainee Population (as of 3/21/2017)	131
Female Detainee Population (as of 3/21/2017)	24

In August 2013, ODO conducted an inspection of the OCJ under the National Detention Standards (NDS) 2000 and the contractually-obligated Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard under the Performance-Based National Detention Standard (PBNDS) 2011. ODO reviewed the facility's compliance with 20 standards in all and found the facility compliant with 11 standards. ODO found 14 deficiencies in the remaining nine standards.

¹ This facility holds male and female detainees with low, medium low, medium high, and high security classifications levels for periods greater than 72 hours.

² Data Source: ERO Facility List Report as of March 6, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	0
Admission and Release	1
Detainee Classification System	0
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	2
Funds and Personal Property	0
Staff-Detainee Communication	2
Telephone Access	0
Sub-Total	5
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	0
Sub-Total	2
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	1
Sub-Total	2
PBNDS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	9

⁴ For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten and where detainees are housed for over 72-hours to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to 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; these corrective actions are annotated with “C” under the Inspection Findings section of this report.

At the conclusion of each inspection, ODO holds a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also 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. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 30 randomly-selected male and female detainees to assess the conditions of confinement at OCJ. Interview participation was voluntary and none of the detainees made allegations of abuse, discrimination or mistreatment. The detainees reported being satisfied with facility services, with the exception of the complaints below:

Disciplinary Policy: During this inspection, ODO did not review the Disciplinary Policy Standard. However, during detainee interviews, one detainee complained he was found guilty of breaking facility rules and regulations and fined \$25.00. In addition, he was confined to the Disciplinary Segregation Unit for seven days. He said he should not have been charged \$25.00 and would like the money returned to his account.

- Action Taken: ODO discussed the detainee's complaint with facility and ERO staff. ODO reviewed the detainee's detention file and determined that on February 1, 2017, the detainee was charged with the following: A2-10 Disobeying Correction Officer; A3-01 Excessive noise/disorderly conduct; A3-02 Disrespect toward officer/staff; and A3-08 Violation of General rules. On February 6, 2017, a hearing was conducted and the detainee pleaded not guilty to all charges. The hearing officer found him guilty of all of the charges. As a result, the detainee's account was surcharged \$25.00, and he was confined to the Disciplinary Segregation Unit for seven days. Facility staff informed ODO, per NY State Law, *NY Minimum Standards and Regulations, 7006.9 (c): If an inmate is found guilty of a charge of misbehavior, a disciplinary surcharge not to exceed twenty-five (\$25.00) dollars may be imposed upon the inmate in addition to the sanctions authorized pursuant to subdivision (a) of this section.* Facility staff stated the detainee could have appealed the sanction; however, the detainee did not do so. Following ODO's inquiry, an ERO Assistant Field Office Director stated he would look into the matter of monetary surcharges for guilty infractions, and further, inform the detainee of his right to appeal the sanctions.

Environmental Health and Safety: One detainee complained of mice in housing unit E1.

- Action Taken: ODO reviewed facility pest control requests and interviewed facility staff. ODO was informed the local area recently had severe cold weather and mice were observed in the housing unit. The facility contracts with a pest control service (Pestech) that made four service calls to the facility since January 25, 2017. Also, prior to ODO's inspection, facility maintenance found and sealed two possible entry points near the gas and vent lines for the laundry machines in housing unit E1.

Medical Care: Two detainees had medical complaints. The first detainee complained she submitted a medical request for a new mattress for her back and received no response.

- Action Taken: ODO reviewed the detainee's detention and medical record and interviewed medical staff. ODO found a medical request received on September 8, 2016 seeking a new mattress due to pain. She was triaged on September 9, 2016 and seen by the medical practitioner on September 21, 2016. The practitioner did not prescribe a new mattress for the detainee but did prescribe the detainee two forms of pain medication. ODO advised the detainee to submit a new medical request should she continue experiencing difficulty.

Medical Care: The second detainee complained facility medical staff removed a cyst from his left leg on March 15, 2017; he was given a basin with salt soaks to wash the incision. However, the detainee claimed the basin was taken from him by facility staff, and he was not given follow-up care.

- Action Taken: ODO reviewed the detainee's medical record and determined that on March 15, 2017 an order was written for Epsom salt soaks twice daily for three days. Per ODO's request, the detainee was seen by medical staff for follow-up care on March 21, 2017.

Personal Property: One detainee claimed she was not able to get her personal property. The detainee was arrested at her place of work and claimed to have left her wallet, credit cards, money, and birth certificate at work. She stated she was being deported in two days and wanted to get these items prior to her removal.

- Action Taken: ODO spoke with the ERO supervisory detention and deportation officer (SDDO), who then contacted the arresting entity to determine the status of the personal property. The SDDO informed ODO a family member of the detainee has the property. ERO arranged for the family member to bring the property to the facility on Wednesday March 22, 2017 at 1300.

Telephone Access: Six detainees complained that telephone calls at OCJ are too expensive.

- Action Taken: ODO reviewed the facility telephone contract and facility calling rates and determined the facility telephone rates for interstate and international calls were within the federal rate cap of 21 cents a minute for debit/prepaid calls, and 25 cents a minute for collect calls, as identified in the Federal Communications Commission Telephone Rate Cap (FCC 15-136), dated November 5, 2015. However, local, local extended and intrastate calls were found to be relatively high. ODO found that facility staff were aware that the FCC's new rate caps for local and long-distance calls were scheduled to take place in March 2017 but were stayed by a court order and are pending judicial review.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ADMISSION AND RELEASE (AR)

ODO observed that the OCJ intake process includes metal detection, pat search, completion of questionnaires, inventory of property and funds, classification, and medical and mental health screening. In addition, the process includes issuance of facility clothing, bedding, hygiene items, and detainee handbooks, which are available in English and Spanish. Booking staff conduct verbal orientation; however, there is no orientation video (**Deficiency AR-1**⁶).

FOOD SERVICE (FS)

ODO verified the facility maintains an inventory of kosher/halal entrees. These meals are precooked and heated in their containers, then placed on insulated trays for delivery to the housing units. The meals are supplemented with garden salad, fresh fruit, and other food items to meet nutritional requirements. ODO observed the common fare/kosher meals are served on the same trays used for other meals; also, the trays are not cleaned and stored separately (**Deficiency FS--2**⁷).

- *Corrective Action:* The facility initiated corrective action during the inspection by using new, gray-colored trays for the common fare/kosher meals, which they stated will be cleaned and stored separately (**C-1**).

No sack meals were available for inspection; however, through interviews with food service staff, ODO found sack meals lack several items required by the standard. Instead, these meals only consist of two sandwiches, condiments, and a carton of milk (**Deficiency FS-3**⁸).

⁶ “The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable and the associated sanctions.” See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

⁷ “Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only. Separate cutting boards, knives, food scoops, food inserts, and other such tools, appliances, and utensils shall be used to prepare common-fare foods, and shall be identified accordingly. Meat and dairy food items and the service utensils used with each group shall be stored in areas separate from each other. A separate dishpan shall be provided for cleaning of these items, if a separate or three-compartment sink is not available.” See ICE NDS 2000, Standard, Food Service, Section (III)(E)(8).

⁸ “Each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork). In addition, each sack shall include: 1. One piece of fresh fruit, or properly packaged canned fruit (paper cup with lid), complete with a plastic spoon; and 2. One ration of a dessert item, e.g., cookies, doughnuts, fruit bars. Extremely perishable items, e.g., fruit pie, cream pie, other items made with milk, cream, or other dairy ingredients shall be excluded; and 3. Such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged “snack foods,” e.g., peanut butter crackers, cheese crackers, individual potato chips. These items enhance the overall acceptance of the lunches.” See ICE NDS 2000, Standard, Food Service, Section (III)(G)(6)(c)(1-3).

STAFF DETAINEE COMMUNICATION (SDC)

ODO's review of the Detainee Request Logbook found that the logbook contained all information within the standard with the exception of the date ERO responds to the request (**Deficiency SDC-4⁹**).

- *Corrective Action:* The facility initiated corrective action during the inspection by adding an additional column to the logbook that shows when ERO responds to detainee requests (**C-2**).

ERO stated that copies of all detainee requests are retained in detention files. However, the facility and ERO have separate detainee files, and copies are consistently placed in ERO detention files at the Varick Street sub-office and not in the detention files held at OCJ (**Deficiency SDC-5¹⁰**).

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

Fire prevention, control, and evacuation plans were complete. Exit diagrams in English and Spanish have required information and were conspicuously located throughout the facility. ODO's review of documentation confirmed monthly fire drills were conducted; however, emergency key drills are not documented for every housing unit as required. Specifically, the fire drill reports do not document timing of emergency key drills in units E-1 and E-3 (**Deficiency EH&S-6¹¹**).

- *Corrective Action:* The facility initiated corrective action during the inspection by modification of the fire drill report form to include a section for recording timing of emergency key drills. (**C-3**).

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION (SMU))

ODO verified segregation orders were issued by the Disciplinary Hearing Panel and status reviews were completed; however, detainees were not provided with copies of the reviewing officer's decision and the basis for the finding (**Deficiency SMU-7¹²**).

⁹ "All requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain: ... f. The date that the request, with staff response and action, is returned to the detainee." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(2).

¹⁰ "All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

¹¹ "Monthly fire drills will be conducted and documented separately in each department... (c) Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

¹² "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases, consistent with the procedures specified below...6. *Provided institutional security is not compromised, the detainee shall receive at each formal review, a written copy of the reviewing officer's decision and the basis for this finding.*" See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(C)(6).

HEALTH SERVICES

MEDICAL CARE (MC)

The initial health assessment was conducted by a health care provider in 23 of the 25 cases reviewed by ODO; a registered nurse (RN) conducted the remaining two. A review of training logs confirmed RNs are trained to perform health assessments. ODO found three initial assessments were not conducted within 14 days of detainee arrival as required by the standard (**Deficiency MC-8¹³**).

SUICIDE PREVENTION AND INTERVENTION (SP&I)

OCJ has twelve (12) cells used for suicide watch, including five (5) in the medical unit which are compliant with the requirements of the Americans with Disabilities (ADA) Act. ODO found the ADA cells have grab bars secured to the wall and cross bars on the beds that could be used as tie off points to facilitate a suicide attempt (**Deficiency SP&I-9¹⁴**).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with 15 standards under the NDS and one standard under the 2011 PBNDS, and found the facility compliant with nine (9) standards. ODO found nine (9) deficiencies in the remaining seven (7) standards. Finally, ODO identified three instances where the facility initiated corrective action during the course of the inspection. ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results	FY 2013 (NDS 2000)	FY 2017 (NDS 2000)
Standards Reviewed	19	16
Deficient Standards	9	7
Overall Number of Deficiencies	14	9
Corrective Action	0	3

¹³ "The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

¹⁴ "If danger to life or property appears imminent, the medical staff has the authority, with written documentation, to segregate the detainee from the general population. A detainee segregated for this reason requires close supervision in a setting that minimizes opportunities for self-harm. The detainee may be placed in a special isolation room designed for evaluation and treatment. The isolation room will be free of objects or structural elements that could facilitate a suicide attempt. If necessary, the detainee may be placed in the Special Management Unit, provided space has been approved for this purpose by the medical staff." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).