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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

November 19-21, 2019

COMPLIANCE INSPECTION
of the
ORANGE COUNTY JAIL
Goshen, New York

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FACILITY OVERVIEW

The Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Orange County Jail (OCJ) in Goshen, New York, from November 19-21, 2019.¹ The facility opened in 2001 and is owned by Orange County and operated by the Orange County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at OCJ in 2007 under the oversight of ERO's Field Office Director (FOD) in New York (ERO New York). The facility operates under the National Detention Standards (NDS) 2000.

ERO has assigned Deportation Officers (DOs) to the facility; however, there is no assigned ERO Detention Services Manager. An Orange County Sheriff's Office jail administrator handles daily facility operations and is supported by [REDACTED] personnel. Trinity Services Group provides food services, Wellpath provides medical care, and Aramark Corporation provides commissary services at the facility. The facility was accredited by the American Correctional Association in November 2011 and the National Commission on Correctional Health Care in June 2013.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	121
Average ICE Detainee Population ³	112
Male Detainee Population (as of 11/19/2019)	104
Female Detainee Population (as of 11/19/2019)	3

During its last inspection, in FY 2017, ODO found nine deficiencies in the following areas: Admission and Release (1); Food Service (2); Staff-Detainee Communication (2); Environmental Health and Safety (1); Special Management Unit (Disciplinary Segregation) (1); Medical Care (1); and Suicide Prevention and Intervention (1).

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

² Data Source: ERO Facility List Report as of October 18, 2019.

³ *Ibid.*

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 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected ⁵	Deficiencies
Part 1 – Detainee Services	
Access to Legal Material	2
Admission and Release	1
Detainee Classification System	1
Detainee Grievance System	0
Food Service	3
Funds and Personal Property	0
Recreation	0
Religious Practices	0
Staff-Detainee Communication	1
Telephone Access	0
Visitation	0
Sub-Total	8
Part 2 – Security and Control	
Environmental Health and Safety	1
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Use of Force	1
Sub-Total	2
Part 3 – Health Services	
Medical Care	1
Suicide Prevention and Intervention	2
Sub-Total	3
PBNS 2011 Standard Inspected	
Sexual Abuse and Assault Prevention and Intervention	1
Sub-Total	1
Total Deficiencies	14

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

DETAINEE RELATIONS

ODO interviewed 17 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.

Medical Care: The following detainees expressed concerns about medical care:

One detainee stated he was informed he needed a physical examination during intake, but did not receive one.

- Action Taken: ODO reviewed the detainee's medical record with facility medical staff and determined the detainee arrived at OCJ on June 20, 2019, and underwent a physical examination on June 27, 2019, which was completed by the Medical Director. The Director determined the detainee had no health issues based on the physical examination, but apparently may not have updated the detainee of the results. On November 20, 2019, facility medical staff informed the detainee of his results, which the detainee was satisfied with the explanation.

One detainee stated he suffered an undisclosed toe injury, received x-rays, and believed he needed surgery to correct the injury.

- Action Taken: ODO reviewed the detainee's medical record with facility medical staff and determined on August 14, 2019, he requested a sick call for right foot pain. On August 16, 2019, he was evaluated and found to have a mild bunion; an x-ray was performed on September 13, 2019, which revealed mild arthritis, but no fractures. Based on radiological studies, there was no indication to support his statement that he needed surgery. On November 20, 2019, facility medical staff spoke with the detainee and informed him surgery was not necessary.

One detainee stated he recently had gotten an echo-sonogram for heart related issues, received the results from facility medical staff but in his opinion, needed to see a cardiologist.

- Action Taken: ODO reviewed the detainee's medical record with facility medical staff and determined the detainee has a history of hypertension, asthma, and a positive skin test for tuberculosis (TB). On June 14, 2019, the detainee underwent a chest x-ray with negative results for TB. An electrocardiogram was performed on October 3, 2019, with normal results and an echocardiogram was completed on November 1, 2019, which came back negative. It was determined the detainee received adequate and appropriate medical care and an external cardiology evaluation was not necessary. On November 20, 2019, facility medical staff spoke with the detainee and informed him he was receiving adequate treatment and an external cardiologist was unwarranted.

Religious Practices: One detainee stated he was a Rastafarian and his religious diet requests were not recognized by the facility. He further stated he had to buy food from the commissary to meet his religious needs.

- Action Taken: ODO discussed the issue with the facility religious coordinator and medical staff on November 19, 2019, and determined the detainee's religion was listed as Rastafarian, had cardiac issues, and was on a medical bland diet. Facility staff stated if the detainee wanted to receive a specific meal, against the better judgement of medical staff, the detainee would have to sign a medical consent form for a dietary change. The facility religious coordinator informed the detainee of the action needed to receive a religious diet and on November 20, 2019, the detainee submitted a request for a Kosher meal. He was further advised a Kosher meal is not the same as a Rastafarian meal and would need to submit a change of religion request form in order to receive Kosher meals. ODO noted this as a finding in the Food Service section of this report as the facility did not have a common fare menu at the time of the inspection. Lastly, the detainee stated he would continue to purchase the food from the commissary and would not sign the medical consent form but was satisfied with the follow up and resolution provided by the facility.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the facility handbook and found the facility does not have a procedure in place that allows detainees to request legal materials not maintained in the law library (**Deficiency ALM-1⁶**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating OCJ's policy and local handbook with a procedure to request outside legal materials not maintained in the law library (**C-1**).

ODO reviewed the facility handbook, facility policy, and observed the Special Management Units (SMU) and found detainees in the SMU are always brought law library materials. They are not escorted or allowed to use the facility's law library (**Deficiency ALM-2⁷**).

Corrective Action: Prior to completion of the inspection, the facility initiated corrective action by updating OCJ's policy and local handbook with a procedure that allows detainees housed in the SMU the same law library access as the general population (**C-2**).

ADMISSION AND RELEASE (A&R)

While the OCJ orientation process includes the viewing of a Prison Rape Elimination Act video, the facility's orientation process does not include an orientation video specifically for the facility (**Deficiency A&R-1⁸**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

OCJ Classification officers complete the classification process for detainees on a facility Main Composite Worksheet. However, this classification document is not reviewed and approved by a classification supervisor (**Deficiency DCS-1⁹**).

⁶ "The detainee handbook or supplement shall provide detainees the rules and procedures governing access to legal materials, including the following information: ...

5. the procedure for requesting legal reference materials not maintained in the law library. See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(5)."

⁷ "Detainees housed in Administrative Segregation or Disciplinary Segregation Units shall have the same law library access as the general population, unless compelling security concerns require limitations. See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(M)."

⁸ "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 the "Disciplinary Policy" Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1). **This is a Repeat Deficiency.**

⁹ "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the

FOOD SERVICE (FS)

OCJ utilizes a satellite system for meal service. Food is prepared, placed on insulated trays in the kitchen, and transported to the housing units in insulated carts. ODO observed the food carts were pushed to the units by food service inmate workers and were not locked while being transported (**Deficiency FS-1¹⁰**).

Based on interviews with facility supervisory staff, ODO found the programs manager serves as the religious services coordinator and approves all religious diets in consultation with an available Rabbi and Imam. However, ODO also found, the religious services coordinator approves a Kosher diet for all detainees requesting a religious diet, instead of offering a common fare menu for other religions per a detainee's request (**Deficiency FS-2¹¹**).

Walk-in freezers and coolers do not have an emergency release mechanism installed on the inside of the doors (**Deficiency FS-3¹²**). Although no detainees work in the food service area where the walk-in freezers and coolers are located, this is a potential risk for staff and county food service workers.

STAFF-DETAINEE COMMUNICATION (SDC)

Facility and ICE ERO staff stated separate detainee files are kept at the facility and off-site. All copies of detainee requests are kept off-site and ODO was unable to verify whether copies of these requests are kept in detainee files (**Deficiency SDC-1¹³**).

appropriate housing unit. In addition, the reviewing officer will recommend changes in classification due to:

1. incidents while in custody;
2. a classification appeal by a detainee or recognized representative (see below); or
3. specific, articulable facts that surface after the detainee's in-processing."

See ICE PBNDS 2011, Standard, Detainee Classification System, Section (III)(C).

¹⁰ "g. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (e.g., salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature.

Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices.

All food safety provisions (sanitation, safe-handling, storage, etc.) apply without exception to food in transit." *See ICE NDS 2000, Standard, Food Service, Section (III)(C)(2)(g).*

¹¹ "The INS requires all facilities to provide detainees requesting a religious diet reasonable and equitable opportunity to observe their religious dietary practice within the constraints of budget limitations and the security and orderly running of the facility through a common fare menu. The detainee will provide a written statement articulating the religious motivation for participation in the common fare program.

Detainees whose religious beliefs require adherence to particular dietary laws will be referred to the Chaplain. After verifying the religious dietary requirement by reviewing files and/or consulting with local religious representatives, the Chaplain will issue specific written instructions. Special diets will be kept simple, as much like the food served on the main line as possible." *See ICE NDS 2000, Standard, Food Service, Section (III)(E)(1).*

¹² "Refrigeration units shall be kept under lock and key when not in use. Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside. If latches and locks are incorporated in the door's design and operation incorporates, the interior release-mechanism must open the door with the same amount of pressure even when locks or bars are in place." *See ICE NDS 2000, Standard, Food Service, Section (III)(J)(7)(b).*

¹³ "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 PBNDS 2000, Standard, Staff-Detainee Communication, Section*

TELEPHONE ACCESS (TA)

ODO noted an **Area of Concern** that outdated free speed-dial lists were observed in all housing units. Two pods had outdated lists from February 2019, and two other pods had outdated lists from October 2016. Although the facility initiated corrective action by updating all speed-dial postings to the most recent October 2019 version, it is imperative all telephone lists be updated frequently.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

A review of monthly fire drill reports found fire drills are being conducted in all areas of the facility; however, emergency keys are not drawn and one emergency exit door not in daily use is not being unlocked during the drill (**Deficiency EH&S-1¹⁴**).

ODO noted an **Area of Concern** that fingernail clippers were being provided to detainees to cut their fingernails and toenails without being properly disinfected between each detainee. This information was verified through detainee interviews and with facility staff.

USE OF FORCE (UOF)

UOF [REDACTED] was used on a detainee isolated in a secure location while there was no immediate threat to the detainee or others around him. Officers did not take the time to assess the possibility of resolving the situation without resorting to force (**Deficiency UOF-1¹⁵**). [REDACTED]

ODO noted an **Area of Concern** that in two out of three calculated UOF videos reviewed, emergency response team staff removed detainee hand restraints during the medical examination. During the medical examination of one out of the three immediate UOF incidents, the detainee directly assaulted a staff member after his hand restraints were removed. When it is determined a detainee is to be restrained for placement in segregation status, as a result of a UOF or pending disciplinary charge, it is a sound correctional practice to ensure the detainee remains restrained until positioned in a secured cell or area.

HEALTH SERVICES

MEDICAL CARE (MC)

(III)(B)(2). **This is a Repeat Deficiency.**

¹⁴ “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 [REDACTED] drawing keys and unlocking emergency doors.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c). **This is a Repeat Deficiency.**

¹⁵ “If a detainee is in an isolated location (e.g., a locked cell, a range) where there is no immediate threat to the detainee or others, the officer(s) shall take the time to assess the possibility of resolving the situation without resorting to force.” See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(2).

ODO reviewed nine mental health files and determined seven out of nine files reviewed did not have primary source verification; three out of nine files did not have current cardiopulmonary resuscitation certifications; and five out of nine files did not have a position description (**Deficiency MC-1¹⁶**).

Corrective Action: Prior to the completion of the inspection, OCJ obtained the missing primary source verifications by completing an electronic information request to the New York State Office of Professions. Copies of each primary source verification were placed in each individual record after they were verified by ODO (**C-3**).

ODO noted a **Best Practice** in which OCJ implemented a post-release free medication program. With this program, detainees are provided a medication card they can use to receive up to 14 days of free psychotropic medications, and up to seven days of other non-narcotic medications. The medication card is controlled by a private pharmacy, which provides pharmacy services within the facility, so when the detainee is released this program helps detainees to enhance their medical treatment compliance and avoid interruption to their medical care.

SUICIDE PREVENTION AND INTERVENTION (SP&I)

OCJ's medical observation unit has three suicide watch cells for males and its female housing unit has two designated suicide observation cells. ODO's inspection of each cell found them to have acceptable sanitation levels. However, each cell has metal framed beds with a 12-inch elevation and metal posts, [REDACTED]. Furthermore, the female housing suicide observation cells have porcelain toilets and sinks, which can be fragmented and used as a cutting mechanism (**Deficiency SP&I-1¹⁷**).

ODO reviewed (HCD-120-B-05) Suicide Prevention and Intervention Program-Orange, New York, section 3.7, found it stated, "...only QMHP's can move a patient from constant watch." Section five of the same directive defines QMHP (Qualified Mental Health Professional), as including: licensed psychiatrist, licensed psychologist, licensed psychiatric social workers, or licensed professional counselors. According to OCJ's Director of Mental Health Services, jail operations, social workers, nurse practitioners, or senior counselors can terminate or modify suicide watches (**Deficiency SP&I-2¹⁸**).

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

OCJ has a comprehensive policy addressing SAAPI; however, ODO noted OCJ's policy had not been reviewed and approved by the ICE ERO Field Office (**Deficiency SAAPI-1¹⁹**).

¹⁶ "The health care staff will have a valid professional licensure and or certification. The USPHS, Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers." See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

¹⁷ "The isolation room will be free of objects or structural elements that could facilitate a suicide attempt." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C). **This is a Repeat Deficiency.**

¹⁸ "A detainee formerly under a suicide watch may be returned to general population, upon written authorization from the CD." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(C).

¹⁹ "The facility's written policy and procedures require the review and approval of the Field Office Director." See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section, (V)(A). **This is a Priority Component.**

Corrective Action: Prior to completion of the inspection, ICE ERO Field Office reviewed and approved the facility’s SAAPI policy on November 20, 2019 (C-4).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2000 and found the facility in compliance with eight of those standards. ODO found 14 deficiencies in the remaining 10 standards including four repeat deficiencies. ODO commends facility staff for their responsiveness during this inspection and noted there were four instances where staff initiated immediate corrective action. ODO noted some deficiencies resulted from a lack of inadequate documentation; insufficient form use; absence of proper postings in housing units; and a lack of proper policy approval from the ERO Field Office in its SAAPI program.

As discussed in the Suicide Prevention and Intervention section of the report, ODO found the facility had suicide observation cells that had structural elements that could facilitate a suicide attempt. This deficiency is a repeat deficiency from the last FY 2017 ODO inspection.

ODO commends the facility for its **Best Practice** with their post-release free medication program. Lastly, ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2017 (NDS 2000)	FY 2020 (NDS 2000)
Standards Reviewed	16	18
Deficient Standards	7	10
Overall Number of Deficiencies	9	14
Deficient Priority Components	0	1
Repeat Deficiencies	N/A	4
Corrective Actions	3	4