



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

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
ERO New York City Field Office**

**Orange County Jail
Goshen, New York**

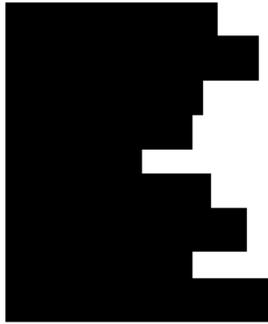
November 16-19, 2020

COMPLIANCE INSPECTION
of the
ORANGE COUNTY JAIL
Goshen, New York

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019	
MAJOR CATEGORIES	6
DETAINEE RELATIONS.....	7
COMPLIANCE INSPECTION FINDINGS	9
SECURITY	9
Admission and Release.....	9
Custody Classification System	9
Funds and Personal Property	9
Staff-Detainee Communication	9
Sexual Abuse and Assault Prevention and Intervention.....	10
JUSTICE.....	10
Grievance System	10
Law Libraries and Legal Materials	10
CONCLUSION	11

COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead	ODO
Senior Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections

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 Orange County Jail (OCJ) in Goshen, New York, from November 16 to 19, 2020.¹ The facility opened in 2001 and is owned and operated by the Orange County Sheriff's Office (OCSO). 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) 2019.

ERO has assigned deportation officers at the facility. An OCSO colonel handles daily facility operations and is supported by [REDACTED] personnel. Trinity Food Service provides food services, WellPath provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	77
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 11/16/2020)	[REDACTED]
Female Detainee Population (as of 11/16/2020)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2020, ODO found 16 deficiencies in the following areas: Admission and Release (1); Custody Classification System (1); Environmental Health and Safety (1); Law Libraries and Legal Materials (1); Sexual Abuse and Assault Prevention and Intervention (3); Special Management Units (3); Staff-Detainee Communication (3); and Telephone Access (3).

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 November 16, 2020.

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.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

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

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected^{5&6}	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	0
Funds and Personal Property	2
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	1
Sexual Abuse and Assault Prevention and Intervention	3
Sub-Total	7
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	0
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	0
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance Systems	1
Law Libraries and Legal Material	1
Sub-Total	2
Total Deficiencies	9

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

⁶ Beginning in FY 2021, ODO added Emergency Plans, Population Counts, Hunger Strikes, and Staff Training as core standards. NDS 2019 does not include Emergency Plans, Facility Security and Control, Population Counts, nor Staff Training as individual standards; however, those specific requirements are resident in other core standards.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees had any allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Medical Care: One detainee stated he needed heart surgery and back surgery and should be on a heart monitor for hypertension; however, the facility's medical staff had not provided adequate medical care.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's medical staff. ODO found a cardiologist evaluated the detainee on January 21, 2020, for chest pain and heart palpitations. The cardiologist ordered a stress myocardial perfusion imaging test and for medical staff to monitor the detainee with a Holter Monitor. Both tests were normal with no sign of an arrhythmia. Additionally, the detainee received a stress echo test on April 23, 2020, which was normal. The cardiologist recommended a follow-up appointment if his symptoms persisted. A cardiologist completed a follow-up appointment on May 7, 2020, where the detainee received a cardiac catheter procedure with normal findings. The cardiologist referred the detainee to an electrophysiologist, who evaluated the detainee on June 10, 2020, and recommended the detainee have a loop recorder implanted. The detainee had the loop recorder implanted on September 9, 2020. Medical staff downloaded the data from the loop recorder on November 9, 2020, the downloaded data revealed no arrhythmia, and medical staff will download data every three-months for continuous monitoring.

The facility's medical staff submitted a referral for back pain on October 1, 2020, and an orthopedic specialist evaluated the detainee on November 6, 2020. The results of the orthopedic evaluation concluded the detainee had chronic lumbar radiculopathy and multilevel degenerative joint disease (arthritis). The orthopedic special recommended the detainee receive a magnetic resonance imaging (MRI) of his back. The facility's medical staff submitted a referral for the MRI, which was still pending at the conclusion of the inspection. The facility's medical staff prescribed Neurontin to the detainee for pain management.

Medical Care: One detainee stated he has a lump on his chest, which is infected, the facility's medical staff had not provided sufficient medical care, and he needed an outside specialist to evaluate his medical condition.

- Action Taken: ODO reviewed the detainee's medical record and spoke with the facility's medical staff. ODO found the facility's medical staff evaluated the detainee during sick call seven times between April 28, 2020, and August 3, 2020, for an infected scar on his chest wall. During the detainee's multiple sick call visits, the facility's medical staff triaged the scar, and prescribed Doxycycline, Bactrim,

Bacitracin, and Tylenol for infection and pain management. On June 11, 2020, the facility's medical staff obtained a culture from the wound and sent the culture for testing. The facility's medical staff reviewed the results of the culture with the detainee on June 22, 2020, and changed his prescribed antibiotic based on the results of the culture. The facility's medical staff submitted a referral for a dermatologist to evaluate the detainee and a dermatologist evaluated the detainee on August 10, 2020. The dermatologist obtained a new culture, resumed the detainee's prescription for Doxycycline and ordered the detainee to begin using Bactroban. The detainee followed-up with dermatology on September 14, 2020, where the dermatologist gave the detainee an injection of Kenalog and assessed the detainee's chest to have healed well with no sign or symptoms of infection. The detainee had another follow-up with dermatology on October 20, 2020, where he received a second Kenalog injection. There was no sign of infection and dermatology recommended another follow-up in 30-days.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION & RELEASE (A&R)

ODO reviewed the facility's A&R procedures and identified a **Best Practice**. Specifically, the facility provided taxi vouchers to post-released indigent detainees, so they could obtain a ride from a taxi service within the local area of the facility.

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed the facility's detainee handbook and found it did not include an explanation of the facility's classification levels, with the conditions and restrictions applicable to each, nor the procedure for detainees to appeal their classification levels (**Deficiency CCS-1⁷**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's quarterly property inspection memorandum; however, there was no additional documentation the facility completed quarterly inventories of detainees' baggage and other non-valuable property (**Deficiency F&PP-1⁸**).

ODO reviewed the facility's detainee handbook and found it did not notify the detainee they could request a copy of their identity documents, nor the procedure for filing a claim for lost or damaged property (**Deficiency F&PP-2⁹**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's SDC procedures and found the facility did not have a written policy to route detainee requests to ERO New York (**Deficiency SDC-1¹⁰**).

⁷ "The facility shall include a classification section in its detainee handbook which will include the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each.
2. The procedures by which a detainee may appeal his or her classification." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(1) and (2).

⁸ "... An inventory of detainee baggage and other non-valuable property will be conducted by the facility administrator or designee at least once each quarter. The facility's logs will indicate the date, time, and name of the officer(s) conducting the inventory. Any discrepancies will be reported immediately to the facility administrator." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(D).

⁹ "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

2. That upon request, they will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-files or detention files...
5. The procedures for filing a claim for lost or damaged property." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(2) and (5).

¹⁰ "... The facility shall have written procedures to route detainee requests to the appropriate ICE/ERO official(s)." See ICE NDS 2019, Standard, Staff-Detainee Communication, Section (II)(C)

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION

ODO reviewed the facility's training documentation and found the facility did not conduct biannual (twice per year) sexual abuse and assault prevention and intervention refresher training for facility staff (**Deficiency SA-API-1¹¹**).

ODO reviewed the facility's sexual assault incident documentation for the year preceding the inspection and found the facility did not complete an incident review for one sexual assault incident, where the facility found the allegation to be unsubstantiated (**Deficiency SA-API-2¹²**).

ODO reviewed the facility's sexual abuse and assault incident log and found the log did not include the names of assailants, nor the location where the incidents occurred (**Deficiency SA-API-3¹³**).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's detainee handbook and found it did not notify the detainees facility staff may not harass, discipline, punish, nor retaliate against any detainee for filing a grievance (**Deficiency GS-1¹⁴**).

LAW LIBRARIES AND LEGAL MATERIALS (LLM)

ODO reviewed the facility's detainee handbook and their posted law library access rules. ODO found the facility did not inform detainees what procedure to follow to request access to the law library, to request additional time in the law library, to request legal reference material not

¹¹ "Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program shall be included in training for all employees and shall also be included in biannual refresher training thereafter." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(E).

¹² "The facility shall conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse and assault and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(M)(5).

¹³ "... In addition, the facility administrator shall maintain a listing of the names of sexual abuse and assault victims and assailants, along with the dates and locations of all sexual abuse and assault incidents occurring within the facility, on his or her computerized incident reporting system. Such information shall be maintained on a need-to-know basis in accordance with the Standards 4.3 "Medical Care" and 7.1 "Detention Files," which includes protection of electronic files from unauthorized access. At no time may law enforcement sensitive documents or evidence be stored at the facility. Access to this designation shall be limited to those staff involved in the treatment of the victim or the investigation of the incident. The authorized designation shall allow appropriate staff to track the detainee victim or assailant of sexual abuse and assault across the system." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(O).

¹⁴ "The grievance section of the facility handbook will provide the following: ...

4. Notice that staff may not harass, discipline, punish, or otherwise retaliate against any detainee for filing a grievance." Standard, Grievance System, Section (II)(H)(4).

maintained in the law library, nor who to notify if they had concerns with legal issues (**Deficiency GS-1¹⁵**).

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under NDS 2019 and found the facility in compliance with 12 of those standards. ODO found nine deficiencies in the remaining six standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 (NDS 2000) / (PBNDS 2011)	FY 2021 (NDS 2019)
Standards Reviewed	17 / 1	18
Deficient Standards	10	6
Overall Number of Deficiencies	14	9
Repeat Deficiencies	4	N/A
Areas of Concern	3	0
Corrective Actions	4	0

¹⁵ “The facility shall provide detainees with the rules and procedures governing access to legal materials, communicating their content in a language or manner the detainee understands. Such rules and procedures shall include the following information: ...

2. The procedure for requesting access to the law library;
3. The procedure for requesting additional time in the law library (beyond the five hours per week minimum);
4. The procedure for requesting legal reference materials not maintained in the law library; and
5. The procedure for notifying the facility about concerns with legal access.” Standard, Law Libraries and Legal Materials, Section (II)(P)(2) thru (5).