



**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 Compliance Inspection**  
**Enforcement and Removal Operations**  
**ERO New York Field Office**

**Orange County Jail**  
**Goshen, New York**

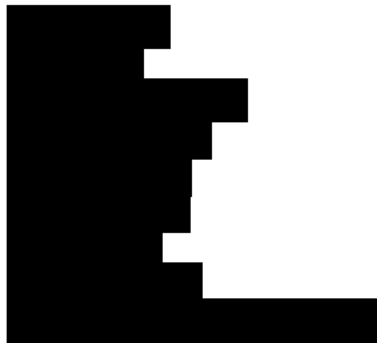
**October 25-27, 2022**

**UNANNOUNCED COMPLIANCE INSPECTION**  
**of the**  
**ORANGE COUNTY JAIL**  
Goshen, New York

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## COMPLIANCE INSPECTION TEAM MEMBERS



Section Chief	ODO
Team Lead	ODO
Inspections and Compliance Specialist	ODO
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Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections
Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted an unannounced compliance inspection of the Orange County Jail (OCJ) in Goshen, New York, from October 25 to 27, 2022.<sup>1</sup> The facility classification levels are low, medium-low, medium-high, and high. 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 in New York (ERO New York). The facility operates under the National Detention Standards (NDS) 2019.

ERO has assigned deportation officers and a detention services manager to the facility. A colonel handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, WellPath provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the New York State Sheriffs' Association in August 2017, the National Commission on Correctional Health Care in April 2018, and the American Correctional Association in June 2019.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of October 25, 2022)	[REDACTED]
Adult Female Population (as of October 25, 2022)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2022, ODO found nine deficiencies in the following areas: Admission and Release (1); Funds and Personal Property (1); Hunger Strikes (1); Medical Care (1); Personal Hygiene (1); Significant Self-Harm and Suicide Prevention and Intervention (3); and Telephone Access (1).

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

<sup>2</sup> Data Source: ERO Facility List as of October 24, 2022.

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

## UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.<sup>4</sup>

ODO identifies violations of 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. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of one-to-nine detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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 its decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>4</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	2
Transportation by Land	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	1
Funds and Personal Property	1
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Unit	0
Sexual Abuse and Assault Prevention and Intervention	1
<b>Sub-Total</b>	<b>3</b>
<b>Part 3 - Order</b>	
Disciplinary System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	3
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
<b>Sub-Total</b>	<b>4</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Recreation	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Detainee Handbook	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>9</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Unannounced 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> Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

## DETAINEE RELATIONS

ODO interviewed 17 detainees, who each voluntarily agreed to participate. All detainees required language line services to complete the interviews. 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:* One detainee stated her dissatisfaction with medical staff after she accidentally poured hot milk on her face and arms.

- Action Taken: ODO reviewed the detainee's detention and medical files and found at 10:17 PM on June 30, 2022, the detainee spilled hot milk on her face and arms after the lid popped off the container that she just removed from the microwave oven. The housing officer advised the detainee to rinse her arms and face with cold water and to go to medical. On June 30, 2022, the health services administrator (HSA) evaluated the detainee and referred her to Garnet Medical Center for further evaluation of the left eye. On July 1, 2022, a registered nurse (RN) evaluated the detainee and prescribed two types of ointment for her left eye. The RN referred the detainee for a follow-up with an ophthalmologist at Crystal Run Pavilion Ophthalmology, but the detainee refused because of the mandatory wearing of restraints while in transit. The HSA scheduled an appointment with the facility optometrist for July 6, 2022, but the detainee again refused the appointment. ODO reviewed the facility's medical treatment refusal form and found the form was not signed by detainee.

*Medical Care:* One detainee stated medical did not meet his need for bereavement counseling in Spanish after the death of his mother.

- Action Taken: ODO spoke with the HSA and confirmed the death of the detainee's mother in February 2022. On February 5, 2022, the HSA met with the detainee regarding depression and grief due to his mother's death and referred him for a psychological evaluation. The mental health specialist (MHS) met with the detainee on February 7, 2022, and presented him with the opportunity to process his grief and attend prayer services and provided strategies for coping with grief. On March 1, 2022, the MHS completed a follow-up wellness check with the detainee, and the detainee stated the prayer services helped him. The MHS encouraged the detainee to reach out to Mental Health as needed. As of October 27, 2022, medical received no additional requests from the detainee. ODO observed the detainee's frustration about the language barrier between him and the medical staff. ODO also observed medical staff using the language line service to educate the detainee as well as other Spanish-speaking detainees on the use the tablet to communicate in their native language.

# UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the HSA, reviewed the daily sharps inventory, and found no perpetual and running inventory of those items that pose a risk, such as sharp instruments, syringes, and scissors. Specifically, ODO found staff did not list two 1-inch, 25-gauge needles and two 1-inch, 25-gauge syringes in a secured cabinet in the health services department (**Deficiency EHS-51<sup>8</sup>**).

ODO interviewed HSA, reviewed the daily sharps inventory, and found no weekly reconciling of the inventory by an HSA-designated individual. Specifically, medical staff completed the inventory, but the HSA or equivalent did not check the inventory weekly (**Deficiency EHS-52<sup>9</sup>**).

## SECURITY

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed [REDACTED] detainee detention files, interviewed the admissions sergeant, and found in [REDACTED] out of [REDACTED] files, no documentation to confirm an admissions sergeant reviewed the intake processing officer's classification files for accuracy and completeness (**Deficiency CCS-10<sup>10</sup>**).

### FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's detainee handbook, interviewed an admissions sergeant, and found the handbook did not notify detainees of facility policies and procedures concerning personal property to include the items a detainee may retain in his/her possession (**Deficiency FPP-34<sup>11</sup>**). **This is a repeat deficiency.**

*Corrective Action:* During the inspection, a staffing, training, and compliance sergeant added the items detainees may retain in their possession to the Orange County Jail Inmate Handbook. ODO contacted ERO New York on December 7, 2022 and was informed by

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<sup>8</sup> "a. Inventory. A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

<sup>9</sup> "a. Inventory. A perpetual/running inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be reconciled weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2019, Standard, Environmental Health and Safety, Section (II)(H)(2)(a).

<sup>10</sup> "A supervisor will review the intake/processing officer's classification file for each detainee for accuracy and completeness." See ICE NDS 2019, Standard, Custody Classification System, Section (II)(B).

<sup>11</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including:

1. Which items they may retain in their possession."

See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(1).



the ERO point of contact (POC), (s)he contacted the facility's leadership and advised them to communicate the updated changes to the facility's detainee handbook to their staff, in which they did via a facility mass announcement. The ERO POC also informed ODO the newly updated facility detainee handbooks were distributed to all the facility's detainees (C-1).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed █ detainee detention files and found in █ out of █ files, no signed acknowledgement form of detainee participation in the instruction session (**Deficiency SAAPI-45<sup>12</sup>**).

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed four medical records of detainees with psychotropic prescriptions and found in one out of four files, no signed consent form prior to the administration of psychotropic medications, that included a description of the medication's side effects. Specifically, the detainee signed the consent form 10 days after receiving the first dose of psychotropic medication (**Deficiency MC-93<sup>13</sup>**). **This is a repeat deficiency and a priority component.**

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHPI)**

ODO reviewed training records of █ medical staff and █ correctional staff and found not all staff who interact with and are responsible for detainees received comprehensive suicide prevention training during orientation and refresher training at least annually thereafter. Specifically, █ out of █ medical staff did not receive annual refresher suicide prevention training and █ medical staff member did not receive initial training during their orientation. The █ medical staff last completed annual refresher training in August 2020 and May 2021, and the one medical staff, hired on August 15, 2022, received no initial training (**Deficiency SSHPI-2<sup>14</sup>**). **This is a repeat deficiency and a priority component.**

ODO reviewed suicide watch logs for three detainees placed on suicide watch during the inspection period and found in two out of the three logs, detention staff did not observe imminently suicidal detainees every 15 minutes or more frequently. Specifically, ODO found staff documented two instances of monitoring detainees between 16 and 24 minutes in the suicide watch

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<sup>12</sup> "The facility shall maintain documentation of detainee participation in the instruction session." See ICE NDS 2019, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (II)(F).

<sup>13</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medications side effects, shall be obtained." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>14</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(B).

logs (**Deficiency SSHSPI-21**<sup>15</sup>). **This is a priority component.**

ODO reviewed suicide watch logs for two detainees on suicide watch during the inspection period and found in two out of two logs, staff did not stagger checks at intervals not to exceed 15 minutes. Specifically, ODO found in 13 instances, staff documented monitoring of the detainees between 16 and 30 minutes (**Deficiency SSHSPI-27**<sup>16</sup>).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 13 of those standards. ODO found nine deficiencies in the remaining six standards, which included three repeat deficiencies and three priority component deficiencies. ODO recommends ERO New York work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO's last inspection of OCJ in May 2022.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 (NDS 2019)</b>	<b>FY 2023 (NDS 2019)</b>
Standards Reviewed	16	19
Deficient Standards	7	6
Overall Number of Deficiencies	9	9
Priority Component Deficiencies	0	3
Repeat Deficiencies	4	3
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Good	Good

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<sup>15</sup> "The monitoring must be documented every 15 minutes or more frequently if necessary." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>16</sup> "The monitoring shall consist of staggered checks at intervals not to exceed 15 minutes (e.g., every 5, 10, 7 minutes) and be documented." See ICE NDS 2019, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(F).