



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

**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-099**

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

**Orange County Jail
Goshen, New York**

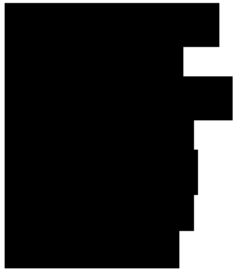
May 16-18, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
ORANGE COUNTY JAIL
Goshen, New York

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Orange County Jail (OCJ) in Goshen, New York, from May 16 to 18, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of OCJ from October 25 to 27, 2022. 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 City (ERO New York City). The facility operates under the National Detention Standards (NDS) 2019.

ERO has full-time staff assigned to the facility, and they are on-site daily, Monday through Friday: a supervisory detention and deportation officer (8 a.m. to 4 p.m.); deportation officers (two shifts, 8 a.m. to 4 p.m. and 10 a.m. to 6 p.m.); and a detention service manager (10 a.m. to 6 p.m.). A corrections administrator handles daily facility operations and manages support personnel. Aramark 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 January 2023, 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 ²	
Average ICE Population ³	
Adult Male Population (as of May 16, 2023)	
Adult Female Population (as of May 16, 2023)	

During its last full inspection, in Fiscal Year (FY) 2023, ODO found nine deficiencies in the following areas: Custody Classification System (1); Environmental Health and Safety (2); Funds and Personal Property (1); Medical Care (1); Sexual Abuse and Assault Prevention and Intervention (1); and Significant Self-Harm and Suicide Prevention and Intervention (3).

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

² Data Source: ERO Facility List as of May 8, 2023.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for over 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 In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	0
Special Management Units	0
Staff Detainee Communications	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 4 - Care	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	1

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

⁶ 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.

DETAINEE RELATIONS

ODO interviewed 25 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.

Food Service: Thirteen detainees stated their concerns about small portions, undercooked poultry products, and various other food and milk products, both foul tasting and foul smelling.

- Action Taken: ODO interviewed the facility food service manager, observed two meal delivery services, sampled two meals, and reviewed the 28-day cycle menus with the corresponding nutritional analysis and adequacy statement, dated February 2, 2023. ODO verified a registered dietician approved the cycle menus and found food portions to be adequate, wholesome, and consistent with the posted menu. Additionally, ODO checked food temperatures during both meal services and found cooked food within the appropriate temperature range and verified no food service grievances from detainees during the inspection period.

Medical Care: One detainee stated the facility did not respond to his request for an inhaler after he reported his asthma condition to facility staff.

- Action Taken: ODO interviewed the facility health services administrator (HSA), reviewed the detainee's medical record, and found nothing in his record to indicate he reported asthma or any other health concerns during his initial screening on February 10, 2023. On April 17, 2023, the detainee submitted a sick call request, stating he had asthma and requested an inhaler. The HSA stated facility nurses visit each housing unit twice daily and speak with detainees. The facility director of nursing met with the detainee on April 28, 2023, found no justification to consider his request as urgent, and scheduled him for an assessment with a nurse practitioner on May 25, 2023. ODO attempted to follow up on the detainee's treatment, but ERO New York City transferred the detainee for removal on May 23, 2023.

Medical Care: One detainee stated she occasionally experienced pain in her lower abdomen because of a previous miscarriage.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical file, and confirmed the detainee's miscarriage occurred on December 20, 2022, prior to ERO New York City taking her into custody on February 7, 2023. The HSA stated the detainee still had residual bleeding upon her initial intake screening, and medical staff transferred the detainee to the local hospital for specialized care on February 9, 2023. The hospital staff performed a computerized tomography scan on the detainee's abdomen, conducted bloodwork tests, treated her for a urinary tract infection, and stopped her vaginal bleeding. On May 12, 2023, facility medical conducted a follow-up physical exam and bloodwork and found the detainee's abdomen soft and non-tender and no pain reported by the detainee. On May 18, 2023, ODO followed up with the detainee on how to submit a sick call request if she had any further pain or

discomfort, and the detainee acknowledged understanding.

Medical Care: One detainee stated he did not receive a response to his request for the COVID-19 vaccination.

- Action Taken: ODO interviewed the HSA, reviewed the detainee’s medical file, and found no evidence the detainee submitted a written request for a COVID-19 vaccination. On May 18, 2023, the HSA scheduled the detainee for the vaccination and notified him of his pending appointment on June 2, 2023.

Religious Practices: One detainee stated the facility removed the Quran from the electronic tablets.

- Action Taken: ODO interviewed facility staff and found approximately 1-week prior to the detainee interview, a software update to the electronic tablet system unintentionally removed the Quran from the resource inventory. On May 16, 2023, ODO confirmed the facility had already provided the detainee with a physical copy of the Quran and submitted a work order for a software repair.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)

ODO reviewed six suicide watch logs for six detainees placed on suicide watch during the inspection period and found in six out of six logs, facility staff monitoring did not consist of staggered checks at intervals not to exceed 15 minutes (e.g., every 5, 10, 7 minutes). Specifically, ODO identified 57 instances where staff documented unstaggered consecutive checks every 15 minutes (**Deficiency SSHSPI-277**). **This is a repeat deficiency.**

CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 15 of those standards. ODO found one deficiency in the remaining one standard. Since OCJ’s last full inspection in October 2022, the facility has shown steady improvement. OCJ went from six deficient standards and nine deficiencies in October 2022 to one deficient standard and one deficiency during this most recent inspection. However, the one standard found deficient was a repeat deficiency in the SSHSPI standard. The facility’s improved performance is likely the result from completing a uniform corrective action plan for ODO’s last

⁷ “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).

inspection of OCJ in October 2022. ODO recommends ERO continue to work with the facility to resolve the remaining deficiency in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2023 Follow-Up Inspection (NDS 2019)
Standards Reviewed	19	16
Deficient Standards	6	1
Overall Number of Deficiencies	9	1
Priority Component Deficiencies	3	0
Repeat Deficiencies	3	1
Areas Of Concern	0	0
Corrective Actions	1	0
Facility Rating	Good	N/A