



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

**Orange County Jail  
Goshen, New York**

**May 24-26, 2022**

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

**TABLE OF CONTENTS**

|  |          |
|--|----------|
| <b>FACILITY OVERVIEW .....</b>   | <b>4</b> |
| <b>FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....</b>                        | <b>5</b> |
| <b>FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....</b> | <b>6</b> |
| <b>DETAINEE RELATIONS.....</b>   | <b>7</b> |
| <b>FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....</b>                       | <b>7</b> |
| <b>SECURITY .....</b>  | <b>7</b> |
| Admission and Release.....   | 7        |
| Funds and Personal Property .....  | 8        |
| <b>CARE .....</b>  | <b>8</b> |
| Hunger Strikes .....   | 8        |
| Medical Care.....  | 8        |
| Personal Hygiene .....   | 8        |
| Significant Self-Harm and Suicide Prevention and Intervention.....         | 8        |
| <b>ACTIVITIES .....</b>  | <b>9</b> |
| Telephone Access .....   | 9        |
| <b>CONCLUSION .....</b>  | <b>9</b> |

## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



|                                       |                      |
|---------------------------------------|----------------------|
| Acting Team Lead                      | ODO                  |
| Inspections and Compliance Specialist | ODO                  |
| Inspections and Compliance Specialist | ODO                  |
| Section Chief                         | ODO                  |
| Contractor                            | Creative Corrections |
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| 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 a follow-up compliance inspection of the Orange County Jail (OCJ) in Goshen, New York, from May 24 to 26, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of OCJ from November 16 to 18, 2021. 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 service manager to the facility. An OCJ 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 Sheriff’s Association in August 2017, the National Commission on Correctional Health Care in April 2018, and the American Correctional Association (ACA) in August 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 May 24, 2022)   | [REDACTED] |
| Adult Female Population (as of May 24, 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 (5); and Significant Self-Harm and Suicide Prevention and Intervention (1).

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

<sup>2</sup> Data Source: ERO Facility List as of May 31, 2022.

<sup>3</sup> *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 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. 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, Hunger Strikes, 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 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.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

| NDS 2019 Standards Inspected <sup>4,5</sup>                   | Deficiencies |
|---|--------------|
| <b>Part 1 - Safety</b>  |              |
| Environmental Health and Safety                               | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Part 2 - Security</b>                                      |              |
| Admission and Release   | 1            |
| Custody Classification System                                 | 0            |
| Facility Security and Control                                 | 0            |
| Funds and Personal Property                                   | 1            |
| Use of Force and Restraints                                   | 0            |
| Special Management Unit                                       | 0            |
| Staff-Detainee Communication                                  | 0            |
| <b>Sub-Total</b>  | <b>2</b>     |
| <b>Part 4 - Care</b>  |              |
| Food Service  | 0            |
| Hunger Strikes  | 1            |
| Medical Care  | 1            |
| Personal Hygiene  | 1            |
| Significant Self-Harm and Suicide Prevention and Intervention | 3            |
| <b>Sub-Total</b>  | <b>6</b>     |
| <b>Part 5 - Activities</b>                                    |              |
| Recreation  | 0            |
| Telephone Access  | 1            |
| <b>Sub-Total</b>  | <b>1</b>     |
| <b>Part 6 - Justice</b>                                       |              |
| Grievance System  | 0            |
| <b>Sub-Total</b>  | <b>0</b>     |
| <b>Total Deficiencies</b>                                     | <b>9</b>     |

<sup>4</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>5</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.

## DETAINEE RELATIONS

ODO interviewed 14 detainees, who each voluntarily agreed to participate. Eleven out of 14 detainees required language line services, which ODO used 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.

*Admission and Release:* Five detainees stated they did not receive an ICE National Detainee Handbook upon their arrival at the facility.

- Action Taken: ODO reviewed the five detainees' detention files, interviewed facility staff, and found all five detainees signed a handbook acknowledgment form for the facility-specific handbook but not for the ICE National Detainee Handbook. ODO found detainees could access the ICE National Detainee Handbook via detainee tablets, issued to them upon arrival. However, ODO found no acknowledgement forms signed by the detainees regarding facility staff informing them on the availability of the ICE National Detainee Handbook nor instructing them on how to access the handbook via a tablet. On May 26, 2022, facility staff instructed the detainees on how to access the ICE National Detainee Handbook via their tablets. ODO cited this as a deficiency in the *Admission and Release* section of this report.

*Personal Hygiene:* Two male detainees stated female officers do not announce their presence when entering male housing units.

- Action Taken: ODO observed facility staff during the inspection and observed two instances where facility staff members did not announce their presence upon entering opposite-gender housing units. ODO informed facility staff of the requirement to announce their presence when entering an area where detainees of the opposite gender are likely to be showering, performing bodily functions, or changing clothing. ODO cited this as a deficiency in the *Personal Hygiene* section of this report.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed [REDACTED] detainee detention files, interviewed [REDACTED] detainees, and found in [REDACTED] out of [REDACTED] files, no detainee acknowledgement forms for the receipt of the ICE National Detainee Handbook (Deficiency AR-26<sup>6</sup>). **This is a repeat deficiency.**

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<sup>6</sup> "Upon admission, every detainee will receive an ICE/ERO National Detainee Handbook and a facility handbook." See ICE NDS 2019, Standard, Admission and Release, Section (II)(I).

## FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility handbook and found the handbook did not notify detainees the items they may keep in their possession nor the procedures for claiming property upon release, transfer, or removal (**Deficiency FPP-34**<sup>7</sup>). **This is a repeat deficiency.**

## CARE

### HUNGER STRIKES (HS)

ODO reviewed █ staff training records and found in █ out of █ records, no documentation of annual hunger strike training (**Deficiency HS-1**<sup>8</sup>). **This is a repeat deficiency.**

### MEDICAL CARE (MC)

ODO reviewed █ detainee medical files and found in █ out of █ files, a newly arrived detainee did not receive tuberculosis (TB) screening prior to the facility staff placing him in general population. Specifically, the detainee received a TB symptom screening upon arrival, but the staff placed him in a general population housing unit for 9 days without a TB skin test (**Deficiency MC-18**<sup>9</sup>).

### PERSONAL HYGIENE (PH)

ODO observed facility staff members of the opposite gender did not consistently announce their presence when entering an area where detainees of the opposite gender are likely to be showering, performing bodily functions, or changing clothing. Specifically, ODO observed two instances where a female officer did not announce her presence when entering a male housing unit (**Deficiency PH-20**<sup>10</sup>).

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

ODO reviewed █ staff training records and found in █ out of █ records, no documentation of annual suicide prevention training (**Deficiency SSHPI-2**<sup>11</sup>). **This is a repeat deficiency.**

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<sup>7</sup> “The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including which items they may retain in their possession and the procedures for claiming property upon release, transfer, or removal.” See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(1-5).

<sup>8</sup> “All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike.” See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

<sup>9</sup> “All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines.” See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).

<sup>10</sup> “Staff of the opposite gender shall announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.” See ICE NDS 2019, Standard, Personal Hygiene, Section (II)(G).

<sup>11</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).



ODO reviewed [REDACTED] staff training records and found in [REDACTED] out of [REDACTED] records, no documentation of comprehensive suicide prevention training. Specifically, two records for administrative medical staff, who interacted with detainees, did not contain documentation for standard first aid nor cardiopulmonary resuscitation training (**Deficiency SSHSPI-3<sup>12</sup>**).

ODO reviewed the medical files of [REDACTED] detainees on suicide watch and found in [REDACTED] out of [REDACTED] files, facility staff did not conduct welfare checks every 8 hours. Specifically, the facility staff conducted welfare checks twice in a 2-day period for one detainee and three times in a 2-day period for the other detainee (**Deficiency SSHSPI-22<sup>13</sup>**).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO observed five detainee housing units and found in five out of five units, the facility did not post telephone access rules (**Deficiency TA-4<sup>14</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 16 standards under NDS 2019 and found the facility in compliance with 9 of those standards. ODO found nine deficiencies in the remaining seven standards, which included four repeat deficiencies. ODO recommends ERO New York work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ERO provided ODO with the uniform corrective action plan for ODO’s last inspection of OCJ on November 16, 2021.

| <b>Compliance Inspection Results Compared</b> | <b>First FY 2022<br/>(NDS 2019)</b> | <b>Second FY 2022<br/>(NDS 2019)</b> |
|---|-------------------------------------|--------------------------------------|
| Standards Reviewed                            | 19                                  | 16                                   |
| Deficient Standards                           | 5                                   | 7                                    |
| Overall Number of Deficiencies                | 9                                   | 9                                    |
| Repeat Deficiencies                           | 2                                   | 4                                    |
| Areas Of Concern                              | 0                                   | 0                                    |
| Corrective Actions                            | 0                                   | 0                                    |
| Corrected Deficiencies                        | 0                                   | 0                                    |
| Facility Rating                               | Good                                | N/A                                  |

<sup>12</sup> “Standard first aid training, cardiopulmonary resuscitation (CPR) training, and training in the use of emergency equipment (that may be located in each housing area of the detention facility).” *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B)(1-5).

<sup>13</sup> “A mental health provider will perform welfare checks every 8 hours.” *See* ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(F).

<sup>14</sup> “The facility shall provide telephone access rules in the facility handbook and shall post these rules where detainees may easily see them.” *See* ICE NDS 2019, Standard, Telephone Access, Section (II)(B).