



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

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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 16-18, 2021**

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

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## COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Observer	ODO
[REDACTED]	Unit Chief	ODO

## 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 18, 2021.<sup>1</sup> 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 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 Sheriff’s Association in August 2017, the National Commission on Correctional Health Care in April 2018, and the American Correctional Association in May 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 November 16, 2021)	[REDACTED]
Adult Female Population (as of November 16, 2021)	[REDACTED]

During its last inspection, in Fiscal Year (FY) 2021, ODO found five deficiencies in the following areas: Custody Classification System (1); Funds and Personal Property (1); Law Libraries and Legal Materials (1); Medical Care (1); and Special Management Unit (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 October 12, 2021.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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.<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.

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 its decision-making to better allocate resources across the agency's entire detention inventory.

ODO was on-site for this inspection; however, a COVID-19 outbreak occurred at the facility just prior to the start of this inspection and the facility restricted ODO from entering the secured areas of the facility. The facility was able to provide visual access to the secure areas of the facility via the facility's security camera system, which allowed ODO to conduct a remote tour of the facility's secure areas and to observe daily facility operations. ODO conducted detainee interviews in the facility's non-contact visitation room, which provided a physical barrier between ODO inspectors and the detainees ODO interviewed, but allowed for face-to-face communication.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS (NDS) 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</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
Funds and Personal Property	1
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Units	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	1
Medical Care	5
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>7</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
Detainee Transfers	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 *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.

## DETAINEE RELATIONS

ODO interviewed 15 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most of the detainees reported satisfaction with facility services except for the concern listed below.

*Medical Care:* One detainee expressed concern about his high cholesterol condition and stated he submitted a medical request 3 weeks ago for a blood test to determine his cholesterol level; however, he has heard nothing from the facility staff.

- Action Taken: ODO requested information from the director of nursing who conducted a record review of the detainee's medical file. On October 22, 2021, the detainee informed facility medical staff of his high cholesterol level and that he had not previously taken medication for his condition. As a result, the medical staff generated a referral for the chronic care clinic. On November 6, 2021, the physician performed the detainee's 14-day initial health assessment and ordered blood tests that included a cholesterol level determination. Medical staff scheduled the detainee for lab work on November 12, 2021, processed the order overnight, and learned of an approximate 10-day delay for all lab test results. However, once the medical results arrive, the medical staff will meet with the detainee and discuss the results with him.

## COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### ADMISSION AND RELEASE (AR)

ODO reviewed the ICE National Detainee Handbook, interviewed facility staff, and found the facility provided a 2016 edition of the ICE National Detainee Handbook to detainees instead of the current 2021 edition (**Deficiency AR-26<sup>7</sup>**).

#### FUNDS AND PERSONAL PROPERTY (FPP)

ODO reviewed the facility's detainee handbook and found it did not include the procedures for claiming property upon release, transfer, nor removal (**Deficiency FPP-34<sup>8</sup>**). **This is a repeat deficiency.**

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<sup>7</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).

<sup>8</sup> "The facility handbook shall notify detainees of facility policies and procedures concerning personal property, including: ...

4. The procedures for claiming property upon release, transfer, or removal." See ICE NDS 2019, Standard, Funds and Personal Property, Section (II)(H)(4).

## CARE

### HUNGER STRIKES (HS)

ODO reviewed █ staff training files, █ custody staff and █ medical staff, and found in █ of █ files, no documentation of annual training on how to recognize the signs of a hunger strike, how to implement the procedures for referral for medical assessment, n how to manage a detainee on a hunger strike (**Deficiency HS-1**<sup>9</sup>).

### MEDICAL CARE (MC)

ODO reviewed the credential files of █ medical and mental health staff and found █ of █ files did not have primary source verification to confirm valid professional licensures. Specifically, the █ files included █ nurse practitioner, █ dentist, █ licensed practical nurses, █ radiology technician, █ optometrist, █ registered nurses, █ dental assistants, and █ paramedic/Emergency Medical Technicians (**Deficiency MC-11**<sup>10</sup>).

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not conduct a comprehensive health assessment within 14 days of the detainees' arrival at the facility. Specifically, the facility conducted the assessments between 15-28 days after the detainees' arrival at the facility (**Deficiency MC-27**<sup>11</sup>). **This is a repeat deficiency.**

ODO reviewed █ detainee medical records and found in █ out of █ records, the facility did not conduct the initial dental screening exam within 14 days of the detainees' arrival. Specifically, the facility conducted the initial dental screening exams between 15-28 days after the detainees' arrival (**Deficiency MC-43**<sup>12</sup>).

ODO reviewed the training files of █ medical providers (non-dental clinicians) who performed 14-day initial dental screenings and found █ out of █ files did not have documentation of annual training on how to conduct the exam (**Deficiency MC-45**<sup>13</sup>).

ODO reviewed the medical records of █ detainees with prescribed psychotropic medications and found in █ out of █ records, the facility did not obtain a separate documented informed consent with a corresponding description of the medication's side effects prior to the facility's administration of the psychotropic medications. In one instance, the facility issued the detainee

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<sup>9</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>10</sup> "Health care staff shall have a valid professional licensure and/or certification for the jurisdiction in which they practice and will perform duties within the scope of their clinical license." See ICE NDS 2019, Standard, Medical Care, Section (II)(C).

<sup>11</sup> "The facility will conduct and document a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival at the facility." See ICE NDS 2019, Standard, Medical Care, Section (II)(E).

<sup>12</sup> "An initial dental screening exam shall be performed within 14 days of the detainee's arrival." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>13</sup> "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).



psychotropic medications on May 30, 2021, and obtained the informed consent from the detainee on June 7, 2021. In the second instance, the facility issued the detainee psychotropic medications on October 22, 2021, and obtained the informed consent from the detainee on October 27, 2021 (**Deficiency MC-93<sup>14</sup>**).

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

ODO reviewed █ custody staff and █ medical staff training files and found █ medical staff did not have annual suicide prevention training (**Deficiency SSHSPI-2<sup>15</sup>**).

**CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 19 standards under NDS 2019 and found the facility in compliance with 14 of those standards. ODO found 9 deficiencies in the remaining 5 standards. ODO commends facility staff members 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. ODO has not received the uniform corrective action plan for ODO’s last inspection of OCJ in May 2021.

<b>Compliance Inspection Results Compared</b>	<b>Second FY 2021 (NDS 2019)</b>	<b>First FY 2022 (NDS 2019)</b>
Standards Reviewed	14	19
Deficient Standards	5	5
Overall Number of Deficiencies	5	9
Repeat Deficiencies	2	2
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	N/A	Good

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<sup>14</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>15</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).