

Office of Professional Responsibility

Orange County Jail (NY)

Compliance Inspection 2025-001-023

December 10-12, 2024



U.S. Immigration
and Customs
Enforcement



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
Compliance Inspection
2025-001-023**

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

**Orange County Jail (NY)
Goshen, New York**

December 10-12, 2024

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

TABLE OF CONTENTS

FACILITY OVERVIEW	5
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES.....	7
DETAINEE RELATIONS.....	8
COMPLIANCE INSPECTION FINDINGS	9
ORDER	9
DISCIPLINARY SYSTEM.....	9
CARE	9
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	9
CONCLUSION	9

COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	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

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 (NY) (OCJ) in Goshen, New York, from December 10 to 12, 2024.¹ The facility opened in 2001 and is owned by Orange County and operated by the Orange County Sheriff's Department. 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.

[REDACTED] A corrections administrator handles daily facility operations and manages [REDACTED] 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 American Correctional Association in August 2023, and the National Commission on Correctional Health Care in November 2024.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of December 10, 2024)	[REDACTED]
Adult Female Population (as of December 10, 2024)	[REDACTED]

ODO found no deficiencies during its last rated inspection in Fiscal Year (FY) 2024.

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 Custody Management Division Authorized Facility List as of December 9, 2024.

³ *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.⁴

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 their decision-making to better allocate resources across the agency’s entire detention inventory.

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
Transportation by Land	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	0
Use of Force and Restraints	0
Special Management Units	0
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	0
Part 3 - Order	
Disciplinary System	1
Sub-Total	1
Part 4 - Care	
Food Service	0
Medical Care	0
Significant Self-Harm and Suicide Prevention and Intervention	1
Terminal Illness and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	1
Part 5 - Activities	
Recreation	0
Visitation	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Legal Rights Group Presentations	0
Sub-Total	0
Total Deficiencies	2

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

⁶ Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

DETAINEE RELATIONS

ODO interviewed 33 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.

Medical Care: One detainee stated he required stronger pain medication for his arthritis.

- Action Taken: ODO interviewed the acting health services administrator (HSA) and discussed the detainee's medical file with the acting HSA. The detainee arrived at the facility on September 6, 2024, and reported ongoing pain in his hands and knees. The facility medical provider diagnosed him with advanced rheumatoid arthritis, requiring chronic care treatment and monthly assessments. The medical provider prescribed Methotrexate (2.5 mg), 3 tablets weekly, Tylenol (500 mg), twice daily as needed, and Mobic (15 mg), once daily. On October 25, 2024, the provider prescribed Prednisone (10 mg), once daily for 30 days, resulting in significant pain reduction for the detainee but only on a temporary basis. On November 6, 2024, the facility medical staff submitted a request to ICE Health Services Corps (IHSC) for an appropriate biological treatment, received approval, and scheduled the detainee with an outside provider for January 2025. Following ODO's interview with the detainee, facility medical staff examined the detainee, discussed the detainee's treatment plan, and his scheduled appointment without providing him an exact date. ODO spoke with the detainee and gave instructions on how to submit a sick call request for future needs. The detainee acknowledged understanding.

Medical Care: One detainee reported his difficulty awaiting a tooth extraction.

- Action Taken: ODO interviewed the acting HSA and discussed the detainee's medical file. The detainee arrived at the facility on July 17, 2024, and reported pain in a lower right molar during his initial intake screening. On the same day, the facility dental provider observed significant decay in the detainee's tooth number 32, attempted to conduct an x-ray, but could not complete the procedure due to the detainee's inability to open his mouth sufficiently. On July 19, 2024, the dentist prescribed Tylenol (500 mg), 2 tablets taken twice daily, and Ibuprofen (600 mg), 1 tablet taken twice daily, both for 30 days. On September 21, 2024, the dentist again attempted to obtain an x-ray, but with no success. On October 10, 2024, facility medical staff submitted a request to IHSC for panoramic X-rays by an outside dental provider and received approval on November 7, 2024; however, the provider cancelled the detainee's scheduled appointment due to previous non-payment of claims for ICE detainees. At the conclusion of the ODO inspection, the facility medical staff had not found another outside provider willing to perform the required service for an ICE detainee. ODO followed up with the detainee to inform him of the facility's medical protocol and the correct procedure in completing sick call requests for tooth pain. The detainee acknowledged understanding.

COMPLIANCE INSPECTION FINDINGS

ORDER

DISCIPLINARY SYSTEM (DS)

ODO reviewed the facility's DS program and 25 disciplinary cases, and found in 25 out of 25 cases, the facility did not advise detainees of their right to remain silent at any stage of the disciplinary process (**Deficiency DS-25**⁷).

Corrective Action: On December 11, 2024, a facility sergeant initiated corrective action by updating the facility's Hearing Rights to include the detainee's right to remain silent and issuing a memo to all staff for immediate implementation (**C-1**).

CARE

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

ODO reviewed the suicide watch logs for █ detainees placed on continuous monitoring and found in 1 out of 861 log entries, clinical staff documented monitoring of the detainee at 30 minutes instead of every 15 minutes (**Deficiency SSHPI-21**⁸). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 21 standards under NDS 2019 and found the facility in compliance with 19 of those standards. ODO found two deficiencies in the remaining two standards. Since OCJ's last rated inspection in November 2023, the facility's overall compliance has trended downward, but remained within a high level of compliance with the NDS 2019. OCJ went from no deficient standards and no deficiencies in November 2023 to two deficient standards and two deficiencies during this most recent inspection, with one priority component deficiency in the SSHPI standard for suicide watch logs. A uniform corrective action plan was not required for ODO's last rated inspection of OCJ in November 2023. ODO recommends ERO New York City continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

⁷ "The UDC or IDP will advise the detainee in a language or manner the detainee understands before the hearing of his or her right to:

1. Remain silent at any stage of the disciplinary process."

See ICE NDS 2019, Standard, Disciplinary System, Section (II)(F)(1).

⁸ "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).

Compliance Inspection Results Compared	FY 2024 Full Inspection (NDS 2019)	FY 2025 Full Inspection (NDS 2019)
Standards Reviewed	24	21
Deficient Standards	0	2
Overall Number of Deficiencies	0	2
Priority Component Deficiencies	0	1
Repeat Deficiencies	0	0
Areas Of Concern	0	0
Corrective Actions	0	1
Facility Rating	Superior	Good



U.S. Immigration
and Customs
Enforcement

Office of Professional Responsibility

