A. Type of Facility Reviewed	Estimated Man-days	Per Year:		
☐ ICE Service Processing Center				
☐ ICE Contract Detention Facility				
ICE Intergovernmental Service Agreement	G. Accreditation Co			
	List all State or Natio			
B. Current Inspection	ACA, NCCHC, CALEA (Triple Crown) PREA, NYSSA Check box if facility has no accreditation[s]			
Type of Inspection ☐ Field Office ☐ HQ Inspection	Check box if faci	lity has no acc	reditation[s]	
Date[s] of Facility Review	H. Problems / Com	nlaints (Conie	s must he att	tached)
4/16/2019- 4/18/2019	The Facility is under			
	Court Order		Action Orde	
C. Previous/Most Recent Facility Review	The Facility has Significant Litigation Pending			
Date[s] of Last Facility Review	☐ Major Litigation ☐ Life/Safety Issues			
4/17/2018- 4/19/2018	Check if None.			
Previous Rating ☐ Superior ☐ Good ☒ Acceptable ☐ Deficient ☐ At-Risk				
Superior Good Acceptable Deficient At-Risk	I. Facility History			
D. Name and Location of Facility	Date Built			
Name	Date Last Remodeled	l on Umanadad		
Orange County Jail	Date Last Remodelec	i or Opgraded		
Address (Street and Name)	Date New Constructi	on / Bed space	Added	
110 Wells Farm Road	Bute 1 tew constructi	on / Bea space	Tracea	
City, State and Zip Code Goshen, NY 10956	Future Construction	Planned		
County	□ □ Date	e:		
Orange	Current Bed space	Future Bed	space (# New	Beds only)
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)		Number:	Date:	
Telephone # (Include Area Code)	J. Total Facility Po			
	Total Facility Intake	for previous 12	z montns	
Field Office / Sub-Office (List Office with oversight responsibilities) New York	Total ICE Man-days	for Previous 1	2 months	
Distance from Field Office	Total ICE Wan days	ioi i i e vious i z	2 months	
68 Miles				
	K. Classification L	evel (ICE SPC	Cs and CDFs	Only)
E. ICE Information		L-1	L-2	L-3
Name of Inspector (Last Name, Title and Duty Station)	Adult Male	N/A	N/A	N/A
/ LCI/Security SME / Nakamoto Group	Adult Female	N/A	N/A	N/A
Name of Team Member / Title / Duty Location / Medical SME / Nakamoto Group				
Name of Team Member / Title / Duty Location	L. Facility Capacity			
/ Safety SME / Nakamoto Group	·		erational	Emergency
Name of Team Member / Title / Duty Location		tated Op	Crational	Emergency
/ Detainee Rights SME / Nakamoto Group				
Name of Team Member / Title / Duty Location				
/ Medical SME / Nakamoto Group				
	M. Average Daily I	Population		
F. CDF/IGSA Information Only		ICE	USMS	Other
Contract Number Date of Contract or IGSA				
Basic Rates per Man-Day				
Dasic Nates per Ivian-Day	N De -1114 C4 000	T one!		
Other Charges: (If None, Indicate N/A)	N. Facility Staffing		mort:	
Simple Charge (11 1 tone, indicate 1 1/11)	Security:	Sup	port:	
		^	•	

Significant Incident Summary Worksheet

For Nakamoto to complete its review of your facility, the following information <u>must be completed</u> prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	1 PHY	2 PHY	0	1 PHY
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	1	2	0	1
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		1	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		2	5	4	5
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances: Deaths	# Received	2	1	1	1
	# Resolved in favor of Offender/Detainee	0	0	0	0
	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	10	5	6	18
	# Psychiatric Cases referred for Outside Care	0	0	0	0

Any attempted physical contact or physical contact that involves two or more offenders

Form G-324A SIS (Rev. 7/9/07)

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

Routine transportation of detainees/offenders is not considered "forced"

Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large-scale incidents.

1. Ac	CE Detention Standards Review Summary Report	
	ceptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable	
	Access Standards	1. 2. 3. 4. 5.
1.	Access to Legal Materials	
2.	Group Presentations on Legal Rights	
3.	Visitation	
4.	Telephone Access	
Detair	nee Services	
5.	Admission and Release	
6.	Classification System	
7.	Correspondence and Other Mail	
8.	Detainee Handbook	
9.	Food Service	
10.	Funds and Personal Property	
11.	Detainee Grievance Procedures	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	
13.	Marriage Requests	
14.	Non-Medical Emergency Escorted Trip	
15.	Recreation	
16.	Religious Practices	
17.	Voluntary Work Program	
Healtl	n Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
Securi	ity and Control	
22.	Contraband	
23.	Detention Files	
24.	Disciplinary Policy	
25.	Emergency Plans	
	Environmental Health and Safety	
26.	Hold Rooms in Detention Facilities	
	Hold Rooms in Detention Lucinites	
26.	Key and Lock Control	
26. 27.	Key and Lock Control Population Counts	
26. 27. 28. 29. 30.	Key and Lock Control Population Counts Post Orders	
26. 27. 28. 29. 30. 31.	Key and Lock Control Population Counts Post Orders Security Inspections	
26. 27. 28. 29. 30.	Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation)	
26. 27. 28. 29. 30. 31. 32.	Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation)	
26. 27. 28. 29. 30. 31.	Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation)	
26. 27. 28. 29. 30. 31. 32.	Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation)	
26. 27. 28. 29. 30. 31. 32. 33.	Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control	
26. 27. 28. 29. 30. 31. 32. 33. 34. 35.	Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control Transportation (Land management)	
26. 27. 28. 29. 30. 31. 32. 33. 34. 35.	Key and Lock Control Population Counts Post Orders Security Inspections Special Management Units (Administrative Segregation) Special Management Units (Disciplinary Segregation) Tool Control Transportation (Land management) Use of Force	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Signature
Date
4/18/2019
Print Name, Title, & Duty Location
, Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location
, Medical SME, The Nakamoto Group, Inc.

Comments: The PBNDS 2011 Sexual Abuse and Assault Prevention and Intervention Standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The Standard was rated as Meets Standard for this inspection. There were no allegations of sexual abuse or assault involving ICE detainees during the inspection period.

There were no detained deaths and no serious suicide attempts during the inspection period. There were no escapes. Oleoresin Capsicum (OC) spray is authorized for use by trained officers. The facility has one Taser but it is specifically restricted from use on ICE detainees. Canines have not been used in the facility during this inspection period. Choke holds or other unauthorized restraint techniques are not used.

There were four immediate physical responses to detainee resistance involving ICE detainees during the inspection period. All involved the detainee refusing movement orders and staff direction subsequent to those orders. The Security SME confirmed that force was applied within the guidelines of the standard; with one exception. In that incident, the review process determined that the response was justified but that the employee used poor judgement in the application. Medical care was conferred in a timely fashion in all incidents. One detainee received a cut to her head during an incident, which required eight stitches; otherwise, there were no serious injuries. All incidents were reviewed by an after-action review team.

The statistics reported on the Significant Incident Summary Worksheet are for ICE detainees only.