

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: 8/2/2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 12/21/2020

Auditor Information

Name: Eric Woodford

Email: eiw@comcast.net

Company Name: Correctional Consulting Services LLC

Mailing Address: PO Box 732

City, State, Zip: Benicia, CA 94510

Telephone: (707) 333-8303

Date of Facility Visit: 6/15/2020 to 6/18/2020

Agency Information

Name of Agency:

San Mateo County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

N/A

Physical Address: 1300 Maple Street

City, State, Zip: Redwood City, CA 94063

Mailing Address: Same

City, State, Zip: [Click or tap here to enter text.](#)

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: <https://www.smcsheriff.com/prea-report-sexual-misconduct>

Agency Chief Executive Officer

Name: Sheriff Carlos G. Bolanos

Agency-Wide PREA Coordinator

PREA Coordinator Reports to:

Capt. Kristina Bell

Number of Compliance Managers who report to the PREA Coordinator

2

Facility Information

Name of Facility: Maple Street Correctional Center

Physical Address: 1300 Maple Street

City, State, Zip: Redwood City, CA 94063

Mailing Address (if different from above):
Same

City, State, Zip: Same

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.smcsheriff.com/prea-report-sexual-misconduct>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Agency has been conducting random internal audits only

Warden/Jail Administrator/Sheriff/Director

Name: Captain Kristina Bell

Facility PREA Compliance Manager

Name: Lt. John Kovach

Facility Health Service Administrator N/A

Facility Characteristics

Designated Facility Capacity:	860	
Current Population of Facility:	455	
Average daily population for the past 12 months:	420	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18 - 72	
Average length of stay or time under supervision:	13 days	
Facility security levels/inmate custody levels:	Min/Max/Ad Seg	
Number of inmates admitted to facility during the past 12 months:	220	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	120	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	50	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	120	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	40
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	8
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	197
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	68
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	15
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	15
Number of open bay/dorm housing units:	13
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	12
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	2	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A Prison Rape Elimination Act (PREA) Audit was conducted at the San Mateo County Maple Street Correctional Center during the week of 6/6/20 by Eric Woodford a US Department of Justice (USDOJ) certified PREA Auditor. On 3/18/2020, the Agency and Auditor came to an agreement to postpone the onsite audit scheduled for 6/6/20 due to the Coronavirus outbreak. A new onsite audit date was agreed upon and amended to begin 6/15/2020. This is the second PREA audit for the San Mateo County Jail Sheriff's Department and the first PREA Audit for the Maple Street Detention Facility. The first PREA audit was conducted in 2019 at the McGuire Detention Facility.

On 2/11/2020, auditor contacted Just Detention International (JDI) and spoke with the Operations Director who indicated there has been no record of calls or correspondence regarding allegations of sexual abuse from the San Mateo County Maple Street Correctional Center over the past 12 months.

On 2/19/20 the San Mateo County Sheriff's Office and auditor signed a PREA audit agreement to conduct PREA audit for the Maple Street Correctional Center (MSCC). Term of the agreement is from 2/10/2020 to 3/21/2020.

On 2/18/2020, the auditor provided the agency PREA Coordinator with pre-audit documentation such as the pre-audit questionnaire, audit process map, audit documentation checklist, document review request list and audit tour instructions. The auditor submitted an additional document request on 2/18/2020 for staff, contractor, volunteer and inmate listing in order to conduct a random selection for document review.

On 2/19/2020, the auditor provided agency with Notice of Auditor poster language in both English and Spanish. Instructions on posting, date of posting deadline and proof of posting verification to be provided to the auditor accompanied the Notice of Auditor posting language. Agency provided dated photographic verification of posting on 2/29/2020 which was seven weeks prior to the onsite audit. The Notices of Auditor were posted in all inmate living areas, hallways where inmates and staff travel throughout the facility, doorways that lead to each part of the facility for both staff and inmates, staff dining room, facility lobby area, visiting, recreation areas, housing units and staff break area. On 3/18/2020, the Agency and Auditor came to an agreement to postpone the onsite audit scheduled for 6/6/20 due to the Coronavirus outbreak. A new onsite audit date was agreed upon and amended to begin 6/15/2020. Updated Notice of Auditor poster language in both English and Spanish was provided to the PREA Coordinator on 3/18/2020 with dated photo verification of posting to be provided to the auditor by 5/4/2020. On 5/11/20, Agency provided auditor dated photos of Notice of Auditor Postings with locations identified throughout the facility.

The agency provided the requested documents by 5/16/2020 for auditor to complete the document review worksheets for verification of compliance.

During the onsite and post-audit, the auditor reviewed the number of documents to assist in the triangulation of data and support the findings in the individual provisions. These documents included:

- Complete inmate roster*

- Inmates with disabilities
- Inmates who are LEP
- LGBTI Inmates
- Inmates in segregated housing
- Inmates/residents who reported sexual abuse
- Inmates/residents who reported sexual victimization during risk screening
- Complete staff roster
- Specialized staff
- All contractors who have contact with inmates
- All volunteers who have contact with inmates
- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit. – 28 investigations should be reviewed, (6 allegations of sexual abuse and 22 investigations of sexual harassment)
- All hotline calls made during the 12 months preceding the audit
- 22 Staff files to be reviewed
- 3 Staff promotional files to be reviewed
- 10 Contractors & 10 Volunteer files to be reviewed
- 21 Inmate screening files to be reviewed (10 male & 10 female inmates).

The facility completed the Pre-Audit Questionnaire (PAQ) on 5/11/2020. Facility staff provided the auditor with a number of documents including schematics, policies, logs and other resources to the PAQ on 5/12/2020. A conference call was conducted with the PREA Coordinator on 5/18/2020 to establish the PREA Coordinator to be the point of contact (POC) and discuss processes and expectations with the auditor. Mail process of correspondence between inmate and auditor was also discussed.

The PAQ noted that Agency has conducted internal audits on a random bases which includes the interview of inmates. During the course of the audit the auditor exchanged numerous emails and phone conversations with the PREA Coordinator relative to document requests. The agency complied with all requests.

Auditor received one anonymous correspondence letter from a MSCC inmate. The letter indicated that an inmate bumped and grinded on a mat during Yoga class on both 2/7/2020 and 2/14/2020 during class. Auditor provided letter to PREA Coordinator for follow-up. On 5/26/2020, PREA Coordinator provided a written PREA Incident Review. Investigation into the alleged incident was determined to be without merit after reviewing video and speaking to staff members. One week prior to the onsite audit, auditor requested agency complete the Specialized listing of staff and provide a listing of staff, contractors and volunteers which provides for their duty shifts and titles or designations for onsite interviews. Listing for inmates to identify their housing units, gender, and earliest possible release date for formal interviews. Agency provided the requested lists three days later and auditor made random selections of staff based upon shifts and titles. The selections equaled five staff members per shift. The contractors and volunteers were selected at random based upon their job titles. Inmates were selected based upon gender and housing unit, where the female inmates were oversampled. Auditor selected one inmate per page to a total of 20 random inmate selections. Auditor provided agency with a completed interview listing on first day of the onsite audit.

The on-site review began on 6/15/2020 with an entry briefing. Attendees included: the Facility Commander, Administrative Sergeant, Alternative Sentencing Bureau representative and the PREA Coordinator. During the briefing, conduct of the audit was discussed including the audit timeline during the week. Auditor opened the floor for questions and provided responses for any questions asked.

Following the in briefing, the physical plant review was conducted by the PREA Coordinator, supervisory staff. The Maple Street Correctional Center is one building 10 multiple occupancy housing units, 10 open bay/dorm housing units, three segregation cells, Administration, Maintenance, medical clinic and others as noted in the following summary. The site review was conducted as follows:

Living Unit: 1 BAY – PC DROPOUTS, INTAKE – MALE INMATES

PREA Information Posted? ZERO-TOLERANCE POSTED BEHIND OFFICER STATION & BETWEEN PHONES

Auditor Notice Posted? YES

Opposite Sex Viewing? NO

Camera Placement? 5

Announcement made? NO ANNOUNCEMENT MADE

Phone: 5

Grievance Process: SERVICE LEAGUE BOX

Supervision (staff to inmate ratio): 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?): TOILETS IN CELLS, SHOWERS 2 UPSTAIRS AND 2 DOWNSTAIRS WITH SOLID DOORS FOR PRIVACY. STAFF CAN VIEW KNEES DOWN & SHOULDERS UP.

Recreation Areas/TV/Multi-Purpose: YES TO BOTH. 2 CAMERAS IN RECREATION YARD.

Other: 4 KIOSKS USED FOR COMMISSARY, VISITING AND REPORTING. INTERVIEW WITH HOUSING STAFF INDICATES INMATES HAVE ACCESS TO ELECTRONIC TABLETS WHERE THEY SIGN PREA ACKNOWLEDGEMENTS EVERY 30 DAYS ON THE TABLETS.

Living Unit: 2 BAY – GEN POP & INTAKE – MALE INMATES (14 DAY QUARANTINE)

PREA Information Posted? ZERO-TOLERANCE POSTED BEHIND OFFICER STATION & BETWEEN PHONES

Auditor Notice Posted? YES

Opposite Sex Viewing? NO

Camera Placement? 5

Announcement made? NO ANNOUNCEMENT MADE

Phone: 5

Grievance Process: SERVICE LEAGUE BOX

Supervision (staff to inmate ratio): 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?): TOILETS IN CELLS, SHOWERS 2 UPSTAIRS AND 2 DOWNSTAIRS WITH SOLID DOORS FOR PRIVACY. STAFF CAN VIEW KNEES DOWN & SHOULDERS UP.

Recreation Areas/TV/Multi-Purpose: YES TO BOTH. 2 CAMERAS IN RECREATION YARD.

Other: 4 KIOSKS USED FOR COMMISSARY, VISITING AND REPORTING. INTERVIEW WITH HOUSING STAFF INDICATES INMATES HAVE ACCESS TO ELECTRONIC TABLETS WHERE THEY SIGN PREA ACKNOWLEDGEMENTS EVERY 30 DAYS ON THE TABLETS. CAMERAS INSIDE SAFETY CELL , CAMERA IS PIXELATED AROUND TOILET.

Living Unit: 3 BAY – GEN POP & INTAKE – FEMALE INTAKE GP

PREA Information Posted? ZERO-TOLERANCE POSTED BEHIND OFFICER STATION & BETWEEN PHONES

Auditor Notice Posted? YES

Opposite Sex Viewing? NO

Camera Placement? 5

Announcement made? YES – FEMALE ON THE FLOOR

Phone: 5

Grievance Process: SERVICE LEAGUE BOX

Supervision (staff to inmate ratio): 2 CUSTODY STAFF ON DUTY EACH SHIFT – 1 MALE & 1 FEMALE TO 64 INMATES

Showers and Bathrooms (privacy, opposite gender viewing?): TOILETS IN CELLS, SHOWERS 2 UPSTAIRS AND 2 DOWNSTAIRS WITH SOLID DOORS FOR PRIVACY. STAFF CAN VIEW KNEES DOWN & SHOULDERS UP.

Recreation Areas/TV/Multi-Purpose: YES TO BOTH. 2 CAMERAS IN RECREATION YARD.

Other: 4 KIOSKS USED FOR COMMISSARY, VISITING AND REPORTING. INTERVIEW WITH HOUSING STAFF INDICATES INMATES HAVE ACCESS TO ELECTRONIC TABLETS WHERE THEY SIGN PREA ACKNOWLEDGEMENTS EVERY 30 DAYS ON THE TABLETS. CAMERAS INSIDE SAFETY CELL , CAMERA IS PIXELATED AROUND TOILET.

Living Unit: 1 MOUNTAIN – PC & GP – MALE UNIT

PREA Information Posted? ZERO-TOLERANCE POSTED BEHIND OFFICER STATION & BETWEEN PHONES

Auditor Notice Posted? YES

Opposite Sex Viewing? NO

Camera Placement? 10

Announcement made? YES, FEMALE IN THE POD

Phone: 10

Grievance Process: SERVICE LEAGUE BOX

Supervision (staff to inmate ratio): 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?): TOILETS IN CELLS, SHOWERS 3 UPSTAIRS AND 2 DOWNSTAIRS WITH SOLID DOORS FOR PRIVACY. STAFF CAN VIEW KNEES DOWN & SHOULDERS UP.

Recreation Areas/TV/Multi-Purpose: YES TO BOTH. 2 CAMERAS IN RECREATION YARD.

Other: 4 KIOSKS USED FOR COMMISSARY, VISITING AND REPORTING.

Living Unit: 2 MOUNTAIN – GEN POP – MALE INMATES

PREA Information Posted? ZERO-TOLERANCE POSTED BEHIND OFFICER STATION & BETWEEN PHONES

Auditor Notice Posted? YES

Opposite Sex Viewing? NO

Camera Placement? 10

Announcement made? YES, FEMALE IN POD

Phone: 10

Grievance Process: SERVICE LEAGUE BOX

Supervision (staff to inmate ratio): 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?): TOILETS IN CELLS, SHOWERS 2 UPSTAIRS AND 2 DOWNSTAIRS WITH SOLID DOORS FOR PRIVACY. STAFF CAN VIEW KNEES DOWN & SHOULDERS UP.

Recreation Areas/TV/Multi-Purpose: YES TO BOTH. 2 CAMERAS IN RECREATION YARD.

Other: 4 KIOSKS USED FOR COMMISSARY, VISITING AND REPORTING.

Living Unit: 3 MOUNTAIN – GEN POP – FEMALE INMATES – POD IS EMPTY, NO INMATES HOUSED

PREA Information Posted? ZERO-TOLERANCE POSTED BEHIND OFFICER STATION & BETWEEN PHONES

Auditor Notice Posted? YES

Opposite Sex Viewing? NO

Camera Placement? 5

Announcement made? N/A

Phone: 5

Grievance Process: SERVICE LEAGUE BOX

Supervision (staff to inmate ratio): 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?): TOILETS IN CELLS, SHOWERS 2 UPSTAIRS AND 2 DOWNSTAIRS WITH SOLID DOORS FOR PRIVACY. STAFF CAN VIEW KNEES DOWN & SHOULDERS UP.

Recreation Areas/TV/Multi-Purpose: YES TO BOTH. 2 CAMERAS IN RECREATION YARD.

Other: 4 KIOSKS USED FOR COMMISSARY, VISITING AND REPORTING.

Living Unit: 1 OCEAN – KITCHEN WORKER POD – GENERAL POPULATION - MALES

PREA Information Posted? YES – WALL & PHONE

Auditor Notice Posted? YES – PAST ENTRY

DOOR Opposite Sex Viewing? NO

Camera Placement? 2

Announcement made? YES How: FEMALE OFFICER ON FLOOR

Phones: 7

Grievance Process: SERVICE LEAGUE LOCK BOX NEAR UNIT ENTRY DOOR

Supervision (staff to inmate ratio) 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?) SHOWERS ARE 2 UPSTAIRS & 3 DOWNSTAIRS WITH DOORS, NOT CROSS-GENDER VIEWING. TOILETS ARE IN CELLS.

Recreation Areas/TV/Multi-Purpose: YES TO BOTH

Other: ALL OCEAN UNITS ARE TANK SETTINGS

Living Unit: 2 OCEAN – CHOICES - GENERAL POPULATION - MALES

PREA Information Posted? YES – WALL & PHONE

Auditor Notice Posted? YES – PAST ENTRY

DOOR Opposite Sex Viewing? NO

Camera Placement? 2

Announcement made? YES How: FEMALE OFFICER ON FLOOR

Phones: 7

Grievance Process: SERVICE LEAGUE LOCK BOX NEAR UNIT ENTRY DOOR

Supervision (staff to inmate ratio) 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?) SHOWERS ARE 2 UPSTAIRS & 3 DOWNSTAIRS WITH DOORS, NOT CROSS-GENDER VIEWING. TOILETS ARE IN CELLS.

Recreation Areas/TV/Multi-Purpose: YES TO BOTH

Living Unit: 3 OCEAN – AD-SEG POD - MALES

PREA Information Posted? YES – WALL & PHONE

Auditor Notice Posted? YES – PAST ENTRY

DOOR Opposite Sex Viewing? NO

Camera Placement? 5

Announcement made? YES How: FEMALE OFFICER ON FLOOR

Other Notes: SAFETY CELL IN HOUSING UNIT – NO CROSS-GENDER

VIEWING Phones: 4

Grievance Process: SERVICE LEAGUE LOCK BOX NEAR UNIT ENTRY DOOR

Supervision (staff to inmate ratio) 2 OFFICERS – MALE AND FEMALE STAFFING TO 64 INMATES

Showers and Bathrooms (privacy, opposite gender viewing?) SHOWERS ARE 2 UPSTAIRS & 3 DOWNSTAIRS WITH DOORS, NOT CROSS-GENDER VIEWING. TOILETS ARE IN CELLS.

Recreation Areas/TV/Multi-Purpose: YES – WITH CAMERAS TO BOTH

Living Unit: LAUREL - TRANSITIONAL HOUSING UNIT – MINIMUM - FEMALE

PREA Information Posted? YES, NEAR ENTRY DOOR TO UNIT

Auditor Notice Posted? YES, NEAR ENTRY DOOR TO UNIT
Opposite Sex Viewing? NO
Camera Placement? 3 CAMERAS
Announcement made? YES How: MALE ON FLOOR
Informal Discussion with Staff (Not Interviews) STAFF NOT ASSIGNED IN HOUSING UNIT, BUT IN A SEPARATE CONTROL AREA. STAFF SUPERVISES INMATES THROUGH THE CAMERA SYSTEM. INMATES
HAVE MORE AUTONOMY DUE TO CLASSIFICATION STATUS.
Phones 4 PHONES + 2 KIOSKS AND TABLETS AVAILABLE FOR INMATES
Grievance Process: SERVICE LEAGUE LOCK BOXES
Supervision (staff to inmate ratio) 1 MALE AND 1 FEMALE STAFF TO 64 INMATES
Showers and Bathrooms (privacy, opposite gender viewing?) SHOWERS & BATHROOM SEPARATE FROM SLEEPING QUARTERS. NO CROSS-GENDER VIEWING.
Recreation Areas/TV/Multi-Purpose: GENERAL QUIET ROOM AVAILABLE INCLUDING RECREATION DECK. 2 CAMERAS IN DOG-TRAINING AREA AND IN DOG HOUSING ROOM
Other: DIRECT SUPERVISION LAUNDRY ROOM AVAILABLE

Living Unit: TRANSITIONAL HOUSING UNIT – ASPEN – MINIMUM – FEMALE WORK FURLOUGH POD

PREA Information Posted? YES, NEAR ENTRY DOOR TO UNIT
Auditor Notice Posted? YES, NEAR ENTRY DOOR TO UNIT
Opposite Sex Viewing? NO
Camera Placement? 5
Announcement made? YES How: MALE ON FLOOR
Informal Discussion with Staff (Not Interviews) STAFF NOT ASSIGNED IN HOUSING UNIT, BUT IN A SEPARATE CONTROL AREA. STAFF SUPERVISES INMATES THROUGH THE CAMERA SYSTEM. INMATES
HAVE MORE AUTONOMY DUE TO CLASSIFICATION STATUS.
Other Notes: COMPUTER ROOM AND LIBRARY ROOM AVAILABLE
Phones: 4 PHONES + 2 KIOSKS AND TABLETS AVAILABLE FOR INMATES
Grievance Process: SERVICE LEAGUE LOCK BOXES
Supervision (staff to inmate ratio) 1 MALE AND 1 FEMALE STAFF ASSIGNED. STAFF NOT ASSIGNED IN HOUSING UNIT, BUT IN A SEPARATE CONTROL AREA. STAFF SUPERVISES INMATES THROUGH THE CAMERA SYSTEM. INMATES
Showers and Bathrooms (privacy, opposite gender viewing?) SHOWERS & BATHROOM SEPARATE FROM SLEEPING QUARTERS. NO CROSS-GENDER VIEWING.
Recreation Areas/TV/Multi-Purpose: RECREATION DECK & MULTI-PURPOSE ROOM
Other: COMPUTER ROOM AND LIBRARY ROOM AVAILABLE

Living Unit: TRANSITIONAL HOUSING UNIT – SEQUOIA – MINIMUM – MALE POD

PREA Information Posted? YES, NEAR ENTRY DOOR TO UNIT
Auditor Notice Posted? YES, NEAR ENTRY DOOR TO UNIT
Opposite Sex Viewing? NO
Camera Placement? 5
Announcement made? YES How: MALE ON FLOOR
Informal Discussion with Staff (Not Interviews) STAFF NOT ASSIGNED IN HOUSING UNIT, BUT IN A SEPARATE CONTROL AREA. STAFF SUPERVISES INMATES THROUGH THE CAMERA SYSTEM. INMATES
HAVE MORE AUTONOMY DUE TO CLASSIFICATION STATUS.
Other Notes: COMPUTER ROOM AND LIBRARY ROOM AVAILABLE
Phones: 4 PHONES + 2 KIOSKS AND TABLETS AVAILABLE FOR INMATES

Grievance Process: SERVICE LEAGUE LOCK BOXES
Supervision (staff to inmate ratio) 1 MALE AND 1 FEMALE STAFF ASSIGNED
Showers and Bathrooms (privacy, opposite gender viewing?) SHOWERS & BATHROOM SEPARATE FROM SLEEPING QUARTERS. NO CROSS-GENDER VIEWING.

Living Unit: 1 VALLEY – GENERAL POPULATION - MALE – TANK SETTING

PREA Information Posted? YES. ON WALL AND NEAR PHONES

Auditor Notice Posted? YES, NEAR ENTRY DOOR

Opposite Sex Viewing? NO

Camera Placement? 2

Announcement made? YES How: FEMALE ON FLOOR

Phones 7

Grievance Process: SERVICE LEAGUE BOXES NEAR ENTRY DOOR

Supervision (staff to inmate ratio): 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?) SHOWERS ARE 2 DOWNSTAIRS & 3 UPSTAIRS WITH DOORS FOR PRIVACY. NO CROSS-GENDER VIEWING. TOILETS ARE IN CELLS

Recreation Areas/TV/Multi-Purpose: YES TO BOTH

Living Unit: 2 VALLEY – GENERAL POPULATION - MALE – TANK SETTING

PREA Information Posted? YES. ON WALL AND NEAR PHONES

Auditor Notice Posted? YES, NEAR ENTRY DOOR

Opposite Sex Viewing? NO

Camera Placement? 2

Announcement made? YES How: FEMALE ON FLOOR

Phones: 7

Grievance Process: SERVICE LEAGUE BOXES NEAR ENTRY DOOR

Supervision (staff to inmate ratio): 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?) SHOWERS ARE 2 DOWNSTAIRS & 3 UPSTAIRS WITH DOORS FOR PRIVACY. NO CROSS-GENDER VIEWING. TOILETS ARE IN CELLS

Recreation Areas/TV/Multi-Purpose: YES TO BOTH

Living Unit: 3 VALLEY – GENERAL POPULATION - FEMALE – TANK SETTING – UNIT IS CLOSED DUE TO REDUCED POPULATION

PREA Information Posted? YES. ON WALL AND NEAR PHONES

Auditor Notice Posted? YES, NEAR ENTRY DOOR

Opposite Sex Viewing? NO

Camera Placement? 2

Announcement made? YES How: FEMALE ON FLOOR

Other Notes:

Phones: 7

Grievance Process: SERVICE LEAGUE BOXES NEAR ENTRY DOOR

Supervision: (staff to inmate ratio) 1 - 64

Showers and Bathrooms (privacy, opposite gender viewing?) SHOWERS ARE 2 DOWNSTAIRS & 3 UPSTAIRS WITH DOORS FOR PRIVACY. NO CROSS-GENDER VIEWING. TOILETS ARE IN CELLS

Recreation Areas/TV/Multi-Purpose: YES TO BOTH

Laundry

Hidden areas? NONE

Camera Placement: 2

Supervision: CIVILIAN STAFF – NO INMATE LAUNDRY WORKERS ASSIGNED. CIVILIAN STAFF BRING LAUNDRY TO PC POD FOR INMATES TO FOLD LAUNDRY

Receiving and Discharge (Intake) – MAPLE STREET CORRECTIONAL CENTER PROCESSING

Strip Areas (Private?) 2 CELLS & BODY-SCAN MACHINE

Interview Areas (Confidential): NONE

PREA Information Posted: ZERO-TOLERANCE POSTER

Cameras: 3 IN INTAKE AREA & 1 IN SAFETY CELL. CAMERA IS PIXELATED IN SAFETY CELL FOR NO CROSS-GENDER VIEWING.

Receiving and Discharge (Cont.)

Additional Information: There are 9 holding cells in in holding cells – recently installed.

Phones? 4

Ask for Information Provided to Offenders: INTAKE IS AT THE MAGUIRE FACILITY. PREA INFORMATION PROVIDED TO INMATES ON TABLETS PROVIDED IN THE HOUSING UNITS WHICH INCLUDES PREA INFORMATION AND REPORTING GUIDELINES WHICH INCLUDES PHONE NUMBERS TO REPORT AND ADVOCACY.

Receiving and Discharge (Intake) – Maguire Facility MAIN INTAKE

Strip Areas (Private?): PRE-BOOKING HAS 2 CAMERAS – 2 STRIP PRIVATE AREAS WITH NO CAMERAS

Interview Areas (Confidential): 7-HOLDING CELLS WITH SALLYPORT.

PREA Information Posted: MEDICAL AND INTAKE – ZERO TOLERANCE POSTERS. INTAKE AND LOBBY HAS PREA POSTER.

Cameras: 5 CAMERAS INTAKE & BOOKING – MEDICAL. 4 CAMERAS IN HOLDING CELLS – SOBERING CELLS 1 & 2 PREA COMPLIANT. SUICIDE CELLS 1 & 2 ALSO PREA COMPLIANT.

Ask for Information Provided to Offenders: PREA INFORMATION PROVIDED TO INMATES ON TABLETS PROVIDED IN THE HOUSING UNITS WHICH INCLUDES PREA INFORMATION AND REPORTING GUIDELINES WHICH INCLUDES PHONE NUMBERS TO REPORT AND ADVOCACY. PREA SCREENING AND CLASSIFICATION INFORMATION IS MAINTAINED IN ATIMS TO MAINTAIN CONFIDENTIALITY AND ENSURE INMATE INFORMATION IS SAFELY MAINTAINED.

Visitation – ATTORNEY VISITING

Strip/Shakedown Area: HOUSING UNIT

PREA Information Posted? ON BACK WALL OF ATTORNEY ENTRY AREA

Third Party Information Posted? ON BACK WALL OF ATTORNEY ENTRY AREA

Camera Placement: NONE – DIRECT SUPERVISION

Education (Academic)

Classrooms: 3 CLASSROOMS ON ALL 3 FLOORS

Camera Placement: NONE IN CLASSROOM – STAFF HAS DIRECT SUPERVISION FROM CONTROL AREA OUTSIDE OF CLASSROOMS

Supervision: DIRECT SUPERVISION BY FLOOR CONTROL DEPUTY WHEN CLASSES BEING CONDUCTED

Food Service/Kitchen

Dining Rooms: INMATES EAT IN THEIR HOUSING UNITS

Officer Dining Area: SEPARATE AREA OFF KITCHEN SERVED BY CONTRACTING STAFF

Kitchen: SUPERVISION RATIO 7 CONTRACT STAFF & 1 CUSTODY STAFF TO 10 INMATES

Coolers: 1 WITH CAMERA INSIDE THE COOLER

Freezers: 1 WITH CAMERA INSIDE THE FREEZER. THE OTHER 4 FREEZERS HAVE CAMERAS OUTSIDE

Dry Goods Storage: 2 DRY-GOODS CAMERAS

Garbage Area: MARKED OUT-OF-BOUNDS FOR INMATES. ONLY KITCHEN STAFF ALLOWED IN GARBAGE AREA AS OBSERVED BY AUDITOR DURING PHYSICAL PLANT REVIEW. 1 CAMERA

Dishroom: 1 CAMERA

Tool Room: LOCATED INSIDE STAFF OFFICE, MANAGED BY CIVILIAN STAFF. LOCKED UP IN FOOD SVC ROOM.

Camera Placement: HALLWAY LEADING TO KITCHEN – 4 CAMERAS.

Loading Dock: 2 CAMERAS – NO INMATE ACCESS

Supervision: SUPERVISION RATIO 7 CONTRACT STAFF & 1 CUSTODY STAFF TO 10 INMATES

Isolated areas: NONE

Health Services

Reception Area: 5-WAITING ROOMS

Exam Rooms: 3 - MEDICAL

Treatment Rooms: 1 -DENTAL

Infirmery/Observation Rooms: N/A

Suicide Watch Room(s): N/A

Ancillary Areas: NONE

Supervision: BOTH MALE AND FEMALE STAFF ASSIGNED

Gym

Gym Areas: CENTRALIZED RECREATION AREA BOTH INSIDE AND OUTSIDE

Bathrooms: YES

Supervision: 1 STAFF MEMBER

Cameras/Camera Placement: 6

Hidden Areas: NONE

Administration

Offender Access? NONE

PREA Information: NONE

Third Party Info: NONE

Formal interviews were conducted on 6/15/2020. Random staff, specialized staff, random and targeted inmate interviews were conducted by the auditor. The number of inmates housed at MSCC on the first day of the on-site audit was 236.

A total of inmate interviews conducted: 22

- Random inmates – 10
- Youthful Inmates – 3 (fill-ins from random inmates)
- Physically disabled, blind, deaf, and/or hard of hearing inmates – 2
- Cognitive, LEP inmates – 2
- Gay and/or bisexual inmates – 2
- Transgender or intersex inmates – 3 (fill-ins from random inmates)
- Inmates in segregation for risk of victimization – 2 (fill-ins 1 targeted & 1 random inmate)
- Inmates who reported sexual abuse – 3 (fill-ins from random inmates)
- Inmates who disclosed victimization during a risk assessment – 2 (fill-ins from random inmates)

A total of staff interviews were conducted: 41

- Random staff – 15
- Director / designees-Sheriff

- Superintendent -Captain
- Contract administrator
- PREA Coordinator
- PREA Compliance Manager
- Intermediate or higher-level supervisors - 1
- Line staff who supervise youthful inmates - 0
- Education and program staff who supervise youthful inmates - 0
- Medical and mental health staff - 3
- Human resources staff - 1
- SAFE/SANE hospital staff - 1
- Volunteers-0 – (due to COVID-19)
- Contractors - 4
- Investigators -3
- Staff who perform risk assessments - 1
- Staff who supervise inmates in segregation - 1
- Incident review team members - 1
- Staff charged with retaliation monitoring - 1
- Intake staff - 1
- First Responders –Security - 1
- First Responders-non-security - 1
- Victim Advocacy – 1

The Maple Street Correctional Center provides 3rd party reporting of allegations of sexual abuse via the Sheriff's website. The information is listed under their OPTIONS tab and includes citation of the Prison Rape Elimination act, their zero-tolerance policy and contact information for reporting allegations of sexual abuse.

The onsite audit was completed on 6/18/2020 with a closeout briefing with administrative staff. Attendees were the PREA Coordinator and the Administrative Sergeant. Auditor discussed the strengths and weaknesses discovered during the onsite audit phase. Auditor provided administrative staff with the post-audit schedule which included providing agency with the Interim Summary Audit Report within 45 days after the completion of the onsite audit. The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. Agency will have 180-days to correct the non-compliant issues after which, the auditor has 30-days to submit the Final PREA Audit Report. Agency has 90-days after receipt to upload the Final Report to the agency website for public access.

The agency was informed that if necessary, auditor may need to return to the Maple Street Correctional Center during the 180-day Corrective Action period to verify compliance with the PREA standards that were found non-compliant during the Interim Audit Phase.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The San Mateo County Sheriff's Office Corrections Division operates two jail facilities, the Maguire Correctional Facility and the Maple Street Correctional Center (MSCC). The Corrections Division also

operates the Alternative Sentencing Bureau, which includes the Sheriff's Work Program, Electronic Monitoring and Work Furlough Programs. Through these three operations, the Corrections Division staff serves the Court, other law enforcement agencies, inmates, inmate's families and crime victims by working collaboratively within the judicial system and the community. The Agency's mission is to protect public safety, reduce inmate recidivism, and improve the quality of life of those they serve by operating safe and secure correctional facilities.

The Maple Street Correctional Center (MSCC) is located at 1300 Maple Street Redwood City California. It is operated by the San Mateo County Sheriff's Office. Built in 2016, this detention center houses men and women detained on criminal allegations as well as those sentenced for misdemeanor and/or felony crimes. It is dedicated to "transitional services" for convicted inmates. The 860-bed capacity is located about 22 miles northwest of San Jose.

PROGRAMS

- Enneagram Prison Project (EPP)
- Conflict Transformation & Anger Management (Peninsula Conflict Resolution Center)
- Hope Inside for Women & Men (Service League)
- Domestic Violence (Service League)
- Parenting (Service League)
- Relapse Prevention/Staying Sober

Enneagram Prison Project (EPP)

The EPP is dedicated to the self-awareness education of the incarcerated, using the Enneagram. The education process includes in-depth application of the Enneagram system and its methodologies combined with mindfulness meditation and sensate-awareness practices. The EPP curriculum is designed to support participants in taking one hundred percent responsibility for their thoughts and emotional reactivity, and ultimately, their outward behavior. The EPP practitioners teach an incisive psychological system called the Enneagram to inmates that helps them identify their repeating patterns of thoughts, feelings, and actions that are most habitually deployed to express themselves and live their lives. The Enneagram provides a very specific roadmap to recognizing the strategies that have unconsciously been used to survive and the ways these predictable strategies can potentially get acted out in both healthy as well as very unhealthy, sabotaging ways.

Conflict Transformation and Anger Management

Peninsula Conflict Resolution Center (PCRC)

Skill development for individuals and groups through a combination of theory, discussion, and practice-based exercises rooted in conflict resolution and restorative practices based on cultural humility, self-awareness, empathy and healing harm. Practitioners employ interactive adult learning methodologies with a facilitative teaching style. Each session offers skill building, role playing, and sharing, and applying knowledge to situations in the unit and post-release.

Hope Inside for Women & Hope Inside for Men

The Service League

Hope Inside provides inmates with information and techniques to address anger management, addiction and other harmful behaviors and tools to increase self-sufficiency upon release.

Domestic Violence Class

The Service League

Parenting Classes

The Service League

EDUCATION / LITERACY

- Five Keys Schools & Programs
- Stanford Prison Education Project (S-PEP)
- Project READ Literacy Programs
- San Mateo County Office of Education
- American Association of University Women (AAUW)

Five Keys Schools and Programs

Five Keys has been widely recognized for its successful education-based approaches to reducing recidivism and multi-generational incarceration. The Mission of Five Keys Schools and Programs is to provide adults and transitional age youth from economically isolated communities with opportunities to restart their education, with a focus on the ‘Five Keys’ of Education, Employment, Recovery, Family, and Community. Accredited teachers use evidence-based pedagogical practices and transformative approaches that integrate Restorative Justice principles into Five Keys’ programs, with the aim of repairing the harm caused by criminal behavior. Five Keys has created its own high school curriculum with content that is relevant and meaningful to incarcerated students and aligned with State Standards. The curriculum is age-appropriate for adults, as well as being trauma-informed, culturally competent, and respectful of the life experiences of system-involved students who come from diverse backgrounds. Accreditation: Five Keys is accredited by the Western Association of Schools and Colleges (WASC).

Stanford Prison Education Project (S-PEP)

A team of graduate students from Stanford University will facilitate the Stanford Prison Education Project (S-PEP). The program’s aim will be to deliver high-quality educational experiences to the inmates at the San Mateo County Jails. The graduate students will teach classes and facilitate book groups for inmates.

HiSet Tutoring and Preparation

The purpose of the SMCOE High School Equivalency/Inmate Education program is to assist incarcerated adults in obtaining a California High School Equivalency Certificate. SMCOE provides an initial interview to determine eligibility as well as provide an overview of the services offered an assessment to administer initial tests to determine the inmates’ reading level and readiness for HiSET testing, instruction to prepare for HiSET test, and testing to earn their High School Equivalency Certificate. The HiSET is one of three approved high school equivalency exam.

Project READ Literacy Programs

Peacemakers Alliance

Peacemakers Alliance is a critical literacy and peace education program designed to help incarcerated students improve literacy skills, teach students about nonviolence, and build students’ capacity for critical thinking and conflict resolution. It is grounded upon five pillars stemming from Brazilian educational theorist Paulo Freire’s assertion that education can be a way to raise critical consciousness among students and educators.

M.O.T.H.E.R.S / F.A.T.H.E.R.S. and Families

The M.O.T.H.E.R.S / F.A.T.H.E.R.S. and Families programs focus on positive, non-violent parenting skills through children’s literature. The courses present models of parenting through group discussion of children’s books; thereby giving these parents a child’s perspective on family. After eight weeks, the goal is for each inmate student to pick a book for his/her child, read it aloud on a CD, then send the book and CD home to his/her family. The children experience their parent reading stories and feel a connection with them as they listen to his/her voice reading a story.

Poetry

The goal of this course is for inmates to develop the ability to use language in new ways. Each lesson is structured into three parts: (1) reading and discussion of poetry; (2) writing poems; (3) reading of the just penned poems. For many inmates this is their first opportunity to learn how to express feelings and emotions in a constructive way. At the end of the course each participant is given an anthology of poems, written by the members of the class.

Vocabulary Improvement

American Association of University Women (AAUW)

VOCATIONAL

- Job Readiness and Success Coaching (JobTrain)
- T.A.I.L.S.: Transitioning Animals into Loving Situations (The Peninsula Humane Society & Sheriff's Office)
- Women's Culinary Program (Sheriff's Office)
- Men's Culinary Program (JobTrain)
- Job Readiness and Success Coaching (JobTrain)
- Vocational Programs at JobTrain (Culinary/Project Build)

Job Readiness and Success Coaching Program

The Work Readiness Program provides inmates the following activities: pre/post assessment of work readiness, career assessment, career aptitude, job search strategies, cover letters and resume writing, interviewing skills, and work attire and grooming. In addition, the Work Readiness Program offers basic computer literacy lessons, life skills, communication styles, conflict resolution, anger management, interpersonal skills, and work values/work maturity skills. The program includes both classroom-based instruction and 1:1 and small group coaching.

T.A.I.L.S. Program

Peninsula Humane Society

12 Airport Blvd. ([View Map](#))

San Mateo, CA 94401

(650) 340-7022

The T.A.I.L.S. Program is a partnership between the Sheriff's Office and the Peninsula Humane Society. Dogs with questionable adoption potential live with inmates who are responsible for their training, grooming, exercise and socialization. A volunteer certified trainer with the Peninsula Humane Society, teaches the inmates how to train the dogs in order to increase the adoption potential of these animals. The goal of the program is to ready the dogs for adoption, and teach the inmates responsibility. Visit <https://peninsulahumanesociety.org/>

Culinary Program

JobTrain and the Sheriff's Office

Students who participate in the Culinary Program in-custody or offsite at Job Train, learn and build upon their experience in food preparation, knife safety and techniques, food safety and sanitation, opening and closing a commercial kitchen, gourmet pizza making, soups, salads, catering, garnishing and presentation, how to sauté and grill. For the inmates and or former inmates who complete the offsite certification program, and express interest in the field have a variety of career opportunities to choose from that include but are not limited to restaurants, hotels, schools, and catering companies.

Project Build

JobTrain

This course offers an introduction to construction and environmental training for the eligible and interested Minimum Security Transitional Facility inmates. The eligible inmates are trained in basic general construction skills and HAZWOPER (hazardous waste removal, asbestos removal and lead removal). The inmate gains a strong foundation in construction, green building, and forklift instruction. The inmate and/or former inmate who graduate from the program begin careers as carpenters, ironworkers, electricians, plumbers, drywall workers, and other apprenticeships and laborers occupations.

ACTIVITIES

- Mindfulness-Based Meditation (Service League)
- Yoga
- Knitting (hats for Stanford Hospital oncology patients)

Summary of Interim Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: None

Standards Met

Number of Standards Met: 33

Standards Not Met

Number of Standards Not Met: 12
List of Standards Not Met: 115.13, 115.16, 115.17, 115.21, 115.32, 115.34, 115.41, 115.62, 115.63, 115.66, 115.71, 116.88

Summary of Final Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: None

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: None

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

Has the agency employed or designated an agency-wide PREA Coordinator? Yes No

Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No

Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA

Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) – Policy 903 PREA mandates the San Mateo County Sheriff's Office has zero tolerance toward all forms of sexual abuse and sexual harassment. The Office will not tolerate retaliation against any person who reports sexual abuse or sexual harassment or who cooperates with a sexual abuse or sexual harassment investigation. The San Mateo County Sheriff's Office will take immediate action to protect detainees and prisoners who are reasonably believed to be subject to a substantial risk of imminent sexual abuse. Policy does not include language which stipulates that the zero-tolerance policy is mandated in facilities it operates directly or under contract.

Policy outlines how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment through the PREA Coordinators responsibilities. This standard provision requires a policy which outlines how the facility implements the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. Policy includes sanctions for those found to have participated in prohibited behaviors and definitions of prohibited behaviors regarding sexual abuse and sexual harassment and description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

115.11(b) – Review of the Corrections Division Organization Chart provided by Agency designates the PREA Coordinator in an upper-level, agency-wide position. The Corrections Division Organizational Chart also identifies the PREA Compliance Managers for both San Mateo County Sheriff's detention facilities. The PREA Coordinator is at the Lieutenant's level, 4th in line to the Sheriff.

Interview with PREA Coordinator indicates that he feels that he may have enough time to develop, implement and oversee agency's efforts to comply with the PREA standards in all of its facilities. With the amount of data to be collected, processed and stored, it is difficult to prepare for a PREA audit. He oversees two PREA Managers and they all have weekly meetings to process facility issues, number of PREA incidents reported etc.

115.11(c) – Agency Organizational Chart designates the PREA Compliance Managers for each facility. Interview with the PREA Compliance Manager indicates that he has sufficient time to coordinate the facility's efforts to comply with the PREA standards. He explains that he has enough time to manage all of his PREA related responsibilities.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.11.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes
 No NA

115.12 (b)

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) – Agency reports it has not entered into or renewed a contract for the confinement of inmates since the last PREA audit which occurred in 2019.

115.12(b) – N/A – Agency has not entered into or renewed a contract for the confinement of inmates since the last PREA audit which occurred in 2019

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.12.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)

Yes No NA

115.13 (c)

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No

Is this policy and practice implemented for night shifts as well as day shifts? Yes No

Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) – Agency has not provided auditor with a staffing plan. Agency indicates that since August 20, 2012 the average daily number of inmates is 425. This is the same number on which the staffing plan was predicated. Interview with the Facility Commander indicates that the Maple Street Correctional Center (MSCC), has a staffing plan available through the SharePoint share file on the County Server. It provides for adequate staffing levels, assesses video monitoring and the staffing plan is documented in the policy and procedures and also using rosters. Facility Commander indicates that when assessing adequate staffing levels, and the need for video monitoring the facility staffing plan considers all 11 factors as outlined in standard provision 115.13(a). He checks for compliance with the staffing plan through daily work rosters and briefing notes sent to Command Staff and upper management. If any problems or issues identified, it is addressed immediately. PREA Compliance Manager indicates that Board of State and Community Corrections (BSCC) audits their facilities annually.

115.13(b) – PAQ failed to whether there has been any deviations from the staffing plan over the past 12 months.

115.13(c) – Agency has not provided auditor with a copy of the annual staffing plan review. Policy 903 PREA mandates the PREA Coordinator and facility commander will conduct a review of the adequacy of staffing levels and use of video monitoring annually. This review shall be documented in a memorandum to the sheriff via the chain of command. Interview with the facility PREA Coordinator indicates that he is consulted regarding any assessments or adjustments to the staffing plan for this facility every 6 months.

115.13(d) – Agency PAQ indicates that unannounced rounds are conducted by intermediate or higher-level staff. Agency has no policy of having intermediate level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment to be conducted on each shift. Policy 05.02 Lieutenant Watch Commander Post Orders which establishes policy for setting scheduled and unscheduled duties for the Lieutenant Watch Commander on each day shift team at Maguire Correctional Facility (MCF) and Maple Street Correctional Center (MSCC). The nightshift Watch Commanders will be responsible for both facilities. The policy mandates that under unscheduled duties, the Watch Commanders shall:

- A. Meet with facility sergeants on a regular basis to ensure proper operation of the facility.
- B. Conduct regular inspections of the facility to ensure compliance with Title 15 of the California Administrative Code, Federal, State and local laws and

ordinances, Corrections Division Policies and directives.

1. Conduct periodic audits of housing unit operations and ATIMS logs to ensure safety checks are appropriately completed and documented. Document the audit with your initials.
2. Staff will not announce to other pods when these audits are being conducted. It is suggested the supervisor should conduct random audits.

Interview with a Shift Lieutenant indicates she conducts unannounced rounds at least once per shift and makes her presence known during each assigned shift. The unannounced rounds are documented in ATMs. Staff is prevented from alerting other staff that unannounced rounds are being conducted by instructing Master Control to not inform line staff of upper level staff movement. On 2/25/2020, Agency provided auditor with evidence that unannounced rounds were conducted on each shift by providing a copy of the electronic Beat Book List which indicates unannounced rounds conducted between 12/31/18 and 6/4/19. Checks were made by shift sergeants and upper level management. Staff works on 12-hour shifts. Policy 5.02 Post Orders Lieutenant Responsibilities mandates that the Supervisor conduct periodic random unannounced audits of housing unit operations and document the audit in ATIMS with their initials. Staff will not announce to other pods when these audits are being conducted.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.13(a), 115.13(b) and 115.13(c). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide the auditor with a facility staffing plan which complies with the criteria outlined in standard provision 115.13(a).
2. PAQ did not indicate whether or not there has been any deviation from the staffing plan over the past 12 months, and if so, what were the 6 most common reasons for deviating from the staffing plan?
3. Provide auditor with copies of the annual staffing plan reviews in which the PREA coordinator was in attendance to conduct a review of the adequacy of staffing levels and use of the video monitoring per standard provision 115.13(c).

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completion 8/25/2020 :

On 8/25/2020, PREA Coordinator provided auditor with copy of the 2019 Staffing Plan for the Maple Street facility in which the PREA Coordinator was in attendance. The Staffing Plan meets criteria outlined in Standard 115.13. The PAQ and PREA Coordinator indicates that there have been no deviations from the Staffing Plan. This is the facility's first PREA Audit and there are no Staffing Plans or Staffing Plan Reviews for years prior to 2019. Policy 5.02 Post Orders Lieutenant Responsibilities mandates that the Supervisor conduct periodic random unannounced audits of housing unit operations and document the audit in ATIMS with their initials. Agency provided auditor with copies of the Beat Book list which identifies entries of each shift supervisor per shift who conducts the unannounced rounds from 1/1/19 to 5/31/19. Policy mandates that Staff will not announce to other pods when these audits are being conducted.

The agency/facility has met the requirements of Standard provision(s) 115.13(a), 115.13(b) and 115.13(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.13.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14(a) thru 115.14(c) – N/A – Agency PAQ indicates that facility houses inmates from 18 to 72 years of age. Agency does not house youthful inmates as verified through the onsite facility review and interview with PREA Coordinator who verifies that fact.

Based upon final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No

115.15 (b)

Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)

Yes No NA

Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No

If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) – Agency PAQ indicates that the facility does not conduct cross-gender strip or cross-gender body cavity searches of inmates. No cross-gender strip or cross-gender body cavity searches of inmates have been conducted over the past 12 months. Policy GO 6.19 Inmate Management mandates that the San Mateo County Sheriff's Office shall not conduct cross-gender strip or cavity searches. If one does occur, it will be documented. Interviews with non-medical staff indicates that they have not experienced conducting cross-gender strip or cross-gender body cavity searches of inmates. Medical will assist with such a search if required only with supervisor's approval. Such a search is documented.

115.15(b) – GO 6.19 Corrections mandates that cross-gender pat down searches of those in Sheriff's Office custody shall not be conducted except as authorized by law and in exigent circumstances. Exigent circumstances must be documented in a memorandum to the facility commander, via the chain of command and forwarded to the facility PREA manager for retention. Agency PAQ indicates that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. No pat-down searches of female inmates conducted by male staff over the past 12 months. Random Sample of 15 Staff indicate that cross-gender staff are prohibited to search female inmates. This facility houses both male and female inmates. There is no record of male staff conducting pat-down searches of female inmates unless there are exigent circumstances, where such searches will be documented. Majority of staff state that there are no exigent circumstances as female staff are always assigned for each shift.

115.15(c) – GO 6.19 Corrections mandates that the San Mateo County Sheriff's Office does not conduct cross-gender strip or cavity searches. If such cross-gender visual body cavity or strip searches occur it will be documented. Policy also mandates that cross-gender pat down searches of those in Sheriff's Office custody shall not be conducted except as authorized by law and in exigent circumstances. Exigent circumstances must be documented in a memorandum to the facility commander, via the chain of command and forwarded to the facility PREA manager for retention. There was no documented cross-gender visual body cavity or strip searches.

115.15(d) – Policy 903 PREA mandates all staff of the opposite sex performing observation checks shall announce their presence within a reasonable time, prior to making the observation to allow the inmate or detainee ample time to cover themselves should they be in the process of using the toilet or shower, or undressed. While performing observation checks at night when lights are out there is no need to make an announcement in an effort to ensure inmates can sleep through the night and not be subjected to being awake every hour on the hour. Policy 6.19 PREA Inmate Management – Inmate Education which mandates that Inmates shall have the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (which includes viewing via video camera). Interview with random sample of 16 randomly selected inmates indicates they are able to shower separately in privacy. Auditor observed showers in each housing unit. All showers have privacy doors, where one can see the inmates while showering from the shoulders up and knees down. There is ample room for inmates to shower, secure and put on clothing prior to exiting the showers. Out of the

16 interviewed inmates, 7 inmates indicated that they have never heard female custody staff or nurses announcing their presence when entering the housing unit until the day after the auditor arrived. Interview with 15 random sample of staff indicates that they announce “Male/Female on the floor” when entering the housing unit. They also announce for cross-gender medical staff or visitors. During the physical plant review, auditor observed both staff entering a housing unit and the housing unit officer announcing cross-gender staff entering the housing unit.

115.15(e) – GO 6.19 Corrections mandates that searches or examinations of transgender or intersex detainees/inmates solely for the purpose of determining the detainee/inmate’s genital status are forbidden. If the inmate’s genital status is unknown, staff should use other means to determine the person’s sex, such as reviewing arrest history, available databases, available medical records, or by speaking with the individual. PAQ indicates that over the past 12 months, no such searches have occurred. Interview with random sample of 15 staff indicates that they are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. No transgender inmates housed in the facility during the onsite audit period.

115.15(f) – GO 6.19 Corrections mandates sworn staff will receive training annually in the proper manner of performing cross gender pat down searches and searches of transgender and intersex inmates/detainees. This training will emphasize performing the search in the most professional and respectful and least intrusive manner possible as prescribed by law and consistent with institutional security and officer safety needs. Agency PAQ indicate that security staff has not received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Agency provided auditor with training curriculum and STC lesson plan for cross-gender pat down searches and searches of transgender and intersex inmates/detainees.

Interview with random sample of 15 staff indicates that they have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. The either received this training in the Academy or during refresher training.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.15

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to

prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.16(a) – Policy GO 6.19 mandates that “Appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.” Telephone Interpretation services agreement expired on 7/31/19.

Agency provided auditor with copy of billing quotation from Braille Works service for blind inmates, PREA booking information form for inmates which provides PREA policy, how to report an incident and contact numbers for the PREA hotline. Document provided in Mandarin, Tagalog and Spanish. Interview with the agency head designee, Assistant Sheriff, indicates that the agency has established procedures to provide inmates with disabilities and inmates who are Limited English Proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such procedures include:

- PREA posters in each housing unit
- Interpreters and PREA information on tablets in each housing unit
- Rape Trauma Services or Correctional Health Services to assist blind inmates

Auditor interviewed two Limited English Proficient (LEP) inmates who indicated that the facility did not provide information about sexual abuse and sexual harassment that both were able to understand. They were not provided a Mandarin and Spanish interpreter to assist during intake or any other time. Both were provided an interpreter only during the PREA audit interview. Auditor secured copies of

signed intake documentation which was in Spanish for one inmate and Mandarin for the other. Both forms were signed by the inmates. Inmate who was Spanish speaking admitted that the PREA poster information is in Spanish language that she understands.

115.16(b) – The agency PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy GO 6.19 mandates that “Appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.” Telephone Interpretation services agreement expired on 7/31/19. Agency provided Auditor with booking forms and reporting phone numbers in English, Spanish, Tagalog, Mandarin which represents the predominate languages of inmates booked in and housed at the San Mateo CJ.

Agency provided auditor with copy of billing quotation from Braille Works service for blind inmates, PREA booking information form for inmates which provides PREA policy, how to report an incident and contact numbers for the PREA hotline. Document provided in Mandarin, Tagalog and Spanish. Auditor interviewed two Limited English Proficient (LEP) inmates who indicated that the facility did not provide information about sexual abuse and sexual harassment that both were able to understand. They were not provided a Mandarin and Spanish interpreter to assist during intake or any other time. Both were provided an interpreter only during the PREA audit interview. Auditor secured copies of signed intake documentation which was in Spanish for one inmate and Mandarin for the other. Both forms were signed by the inmates. Inmate who was Spanish speaking admitted that the PREA poster information is in Spanish language that she understands.

115.16(c) – Agency PAQ response indicates that the agency does not prohibit use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations. Policy GO 6.19 PREA mandates that, “Appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Inmates will not be utilized to interpret this information unless exigent circumstances exist”. At McGuire intake unit, auditor observed a copy of No Touch Zone poster, Braille Poster, and “What Language do I Speak” poster in numerous languages. Information was located in Booking outside of medical intake in full view of inmates. In the past 12 months, there is no record of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under §115.64, or the investigation of the resident’s allegations. Interview with random sample of 15 staff indicated they are prohibited to use inmates as interpreters for inmates making allegations of sexual abuse and sexual harassment. Staff indicate they contact bi-lingual staff or take inmate to medical to use the contract interpreter hotline.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.16(a), 115.16(b). Corrective action is required.

Corrective Action Recommendation:

1. Agency to establish procedures to provide auditor with copy of Telephone Interpretation Services Agreement or (MOU) which is currently in place

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be

implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completion 8/18/20:

On 8/18/20, the PREA Coordinator provided auditor with a copy of the signed agreement between County of San Mateo and Certified Languages International, LLC. The agreement provides for an extension of the original interpreter services agreement entered into on 8/7/18 with terms of agreement from 8/1/18 to 7/31/19. The agreement term Amendment extends the term through 7/31/21. Interpretation services interpreting services with over 200 languages, through telephone interpreting services, on-demand telephone interpreting services, pre-scheduled telephone interpreting services, video remote interpreting services for American Sign Language and/or spoken language interpreting and written documentation services.

The agency/facility has met the requirements of Standard provision(s) 115.16(a) and 115.16(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.16.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
 Yes No

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or

coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No

Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes No

115.17 (c)

Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No

Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any

interviews or written self-evaluations conducted as part of reviews of current employees? Yes No

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.17(a) – Policy 903 PREA mandates that the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Review of the personnel files of 22 custody staff determined that each personnel file contained FBI clearance sheets which verified national clearance prior to the start date. 6 of the files

contained the three required questions as mandated by standard provision 115.17(a) regarding prior sexual misconduct prior to the application period. 3 of the 4 staff who were promoted, possessed the 3 required questions completed prior to promotion. One staff promoted in 2020 did not possess a completed 3 required questions form. The remaining 16 random sample of staff did not complete the 3 required questions prior to hiring.

115.17(b) – Policy 903 PREA mandates that the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Interview with Human Resources staff indicates that agency checks for any criminal record or felonies that has occurred with considering prior incidents of sexual harassment when determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with inmates.

115.17(c) – Policy 903 PREA mandates that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its *best efforts* to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Agency indicates that over the past 12 months, 266 employees who may have contact with inmates have had criminal background records checks. This is 100% of all employees hired over the past 12 months. Interview with Human Resources staff indicates that the agency conducts criminal background checks on all employees and contractors. Review of the personnel files of 20 staff employees indicates that all staff completed the FBI national clearances prior to the hire date. Auditor awaiting contractor records to review criminal records background checks for both Contractors and Volunteers. Review of the 10 contractor records determined that none of the files contained NCIC/CLETS national clearances.

115.17(d) – Policy 903 PREA mandates that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. Agency indicates that 5 contractors were hired over the past 12 months and all have received criminal background checks. Auditor awaiting contractor records to review criminal records background checks for both Contractors and Volunteers. Review of the 10 contractor records determined that none of the files contained NCIC/CLETS national clearances. Interview with Human Resources staff indicates that the agency conducts criminal background checks on all employees and contractors.

115.17(e) – Policy 903 PREA mandates that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Interview with Human Resources staff indicates that Contractors are fingerprinted as non-sworn Law Enforcement Personnel for FBI fingerprint purposes. Subsequent arrest notification is the same as law enforcement employees. Imposition upon employees which mandates they have an affirmative duty to report any misconduct and the DOJ reports any misconduct which arises out of any arrest is included in the employee handbook and Lexipol.

115.17(f) – Policy 903 PREA mandates that the Sheriff's office shall make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual

abuse or any resignation during a pending investigation of an allegation of sexual abuse. This will be documented on the Jail Clearance form which needs to be approved before admission into any Correctional Facility. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Interview with Human Resources Director indicates that the agency imposes upon employees and contractor a continuing affirmative duty to disclose any previous misconduct in written applications or interviews for hiring and promotions. Agency has recently implemented the 3 required questions for applicants and promotions and provided auditor with blank copy of the Applicant Questionnaire Form which requires all employees and contractor's responses to the 3 required questions. Review of the personnel files of 22 custody staff determined that each personnel file contained FBI clearance sheets which verified national clearance prior to the start date. 6 of the files contained the three required questions as mandated by standard provision 115.17(a) regarding prior sexual misconduct prior to the application period. 3 of the 4 staff who were promoted, possessed the 3 required questions completed prior to promotion. One staff promoted in 2020 did not possess a completed 3 required questions form. The remaining 16 random sample of staff did not complete the 3 required questions prior to hiring.

115.17(g) – Policy 903 PREA mandates that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

115.17(h) – Interview with Human Resources Director indicates agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee pending proper release and waiver from the employee.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.17(a), 115.17(c), 15.17(d) and 115.17(f). Corrective action is required.

Corrective Action Recommendation:

1. Agency to provide auditor with employee staff roster which provides initial hire date(s) and promotion date for auditor to conduct random sampling for records review in order to verify compliance with the 3 required Standard mandate.
2. Agency to provide auditor with contractor roster which provides hire/start date for auditor to conduct selection of random sample for records review to verify background records check has been conducted and completed prior to hire/start date.

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completion 10/20/20:

1. On 10/20/20, the PREA Coordinator provided the signed and annotated three required questions for each of the previously identified staff randomly selected prior to the onsite audit. Four Promotional staff and 18 custody staff were selected by the auditor. All forms were dated and signed by the staff member either before hire date or on the date of hire.

2. On 10/13/20, the PREA Coordinator provided auditor with randomly selected background records of 20 contractors, hired between 6/30/20 and 10/19/20. 17 records found to have completed NCIC background checks prior to the hire date. Three contractors were cleared through CJIS, CLETS and DMV as they had no criminal records.

The agency/facility has met the requirements of Standard provision(s) 115.17(a), 115.17(c), 15.17(d) and 115.17(f), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.18 (b)

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) – The PAQ indicates that agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. No explanation or narrative to verify the date and type of expansion or modification of existing facilities were provided by agency.

Interview with Agency Head designee and Facility Commander indicates that Maple Street Correctional Facility (MSCC) has not experienced and expansion or modification since its creation in 2016.

115.18(b) – The PAQ indicates that the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later. No explanation or narrative to verify type of type of the installed video monitoring system, electronic surveillance system or monitoring technology and date of the update were provided by agency. Interview with Agency Head designee and Facility Commander indicates that the agency recently installed additional cameras in the kitchen and administrative areas. Sworn staff are equipped with body cameras since July 2019. Agency uses monitoring systems to enhance the supervision of inmates and to view any blind spots previously identified by staff or physical plant reviews. Installed camera system was observed during the onsite facility audit to include views from Control area.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (b)

Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No
 NA

115.21 (g)

Auditor is not required to audit this provision.

115.21 (h)

If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.21(a) – The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Policy 903 PREA pg #8 Investigator Responsibilities, mandates that it is the investigator responsibility to:

- a) Gather and preserve direct and circumstantial evidence, including any available physical and biological evidence and any available electronic monitoring data.
- b) Interview alleged victims, suspects and witnesses.
- c) Review any prior complaints and reports of sexual abuse involving the suspect.
- d) Conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- e) Assess the credibility of the alleged victim, suspect or witness on an individual basis and not by the person's status as a detainee or a member of the San Mateo County Sheriff's Office.
- f) Document in written reports a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigative facts and

findings.

- g) Refer allegations of conduct that may be criminal to the District Attorney for possible prosecution, including any time there is probable cause to believe a detainee or prisoner sexually abused another detainee or prisoner in the Temporary Holding or Correctional Facility (28 CFR 115.178).
- h) Cooperate with outside investigators and remain informed about the progress of any outside investigation.

Evidence collection practices that maximize the potential for obtaining usable physical evidence is based on the most recent edition of the U.S. Department of Justice's (DOJ) Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or a similarly comprehensive and authoritative protocol.

Reports of sexual assault between inmates will be documented and investigated in accordance with the San Mateo County Sexual Assault Response Team Protocol.

Interview with a random sample of 11 randomly selected staff indicates that they understand the agency's protocol for obtaining usable physical evidence in an inmate alleges sexual abuse, understand and that the Detectives Bureau is responsible for conducting sexual abuse investigations. Staff was questioned regarding the protocol for evidence collection in the case of a sexual abuse in order to obtain usable physical evidence:

- They separate the victim and perpetrator
- Contact the supervisor
- Seal the crime scene
- Place both victim and perpetrator in a separate holding area, under supervision, with no access to water in order to maintain integrity of any evidence on their person
- Contact medical and mental health.
- Interview the victim for pertinent information for their initial report.

115.21(b) – N/A - Agency does not house youthful inmates.

115.21(c) – The facility offers all inmates who experience sexual abuse access to forensic medical examinations Keller Center Hospital in San Mateo. Policy 903 PREA pg #4 mandates that inmates shall have access to forensic medical examinations, without financial cost, for all victims of sexual abuse where appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The efforts to provide SAFEs or SANEs shall be documented. Over the past 12 months, agency reports that no forensic examinations have been conducted. Telephonic interview with SANE Clinical Coordinator for Nursing Forensic Examiners at the Keller Center indicates that her team of on-call nurses are responsible for conducting forensic examinations at the Keller Center for inmate victims of sexual abuse from San Mateo CJ. Staff are on-call 24/7 and operate out of the emergency department at the Keller Center. SANE staff are called in to provide forensic examinations that occurred within 10 days of the assault to initiate the treatment process. SANE nurses contact the Rape Trauma Services advocates to provide emotional support in the event they did not accompany the victim to the hospital. Agency has provided auditor with a copy of the 1/1/17 San Mateo County Adult Sexual Assault Response Team (SART) Protocol.

115.21(d) – Policy 903 PREA pg #4 mandates that in accordance with security needs, provisions to permit, to the extent available, detainee and prisoner access to victim advocacy services if the detainee or prisoner is transported for a forensic examination to an outside hospital that offers such services. Agency/facility indicates that these efforts are documented and if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Policy 6.19 PREA Inmate Management, pg 8, Section II Procedure mandates that at the time the victim is sent to the Keller Center, the investigator is required to contact the Keller Center and /or Rape Crisis Center to request a Rape Trauma Services Counselor be dispatched. The victim has a right to have a Victim Advocate present and a Victim Support person of the victim's choosing at the examination and during any interview by law enforcement, the district attorney, or defense attorneys. The Victim Support person may be excluded from the examination and/or the interview if the Investigator or medical provider determines that the presence of the Victim Support person would be detrimental to the purpose of the examination or poses a threat to the safety and security of the facility or the hospital. An initial investigation by law enforcement to determine whether a crime has been committed and the identity of the suspects shall not constitute a law enforcement interview for purpose of this section. Agency/facility indicates that these efforts are documented and if and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. Interview with the PREA Compliance Manager indicates that the San Mateo CJ connects with Rape Trauma Service (RTS) to provide emotional support and advocacy to victims of sexual abuse. They also provide continued support after the forensic examination is completed such as support during interviews, continued involvement in court proceedings, etc. San Mateo County maintains an agreement with Rape Trauma Services (RTS) and the Service League for victim support. Service League is paid by San Mateo County Sheriff's Department and there is no MOU with them. Service League is considered a mandatory reporter. Agency provided auditor with a copy of the Rape Trauma Services MOU, effective 1/1/20 to 12/31/21, which meets the PREA standard requirement. Agency indicates they do not track inmates who reported a sexual abuse.

115.21(e) – The PAQ indicates that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Policy 6.19 PREA Inmate Management, pg 8, Section II Procedure mandates that at the time the victim is sent to the Keller Center, the investigator is required to contact the Keller Center and /or Rape Crisis Center to request a Rape Trauma Services Counselor be dispatched. The victim has a right to have a Victim Advocate present and a Victim Support person of the victim's choosing at the examination and during any interview by law enforcement, the district attorney, or defense attorneys. The Victim Support person may be excluded from the examination and/or the interview if the Investigator or medical provider determines that the presence of the Victim Support person would be detrimental to the purpose of the examination or poses a threat to the safety and security of the facility or the hospital. An initial investigation by law enforcement to determine whether a crime has been committed and the identity of the suspects shall not constitute a law enforcement interview for purpose of this section. Interview with the PREA Compliance Manager indicates that if a Rape Crisis Center provides victim advocate services, the MOU which is signed by both the Center and the Agency ensures that specific qualifications are met per the PREA standard. Agency provided auditor with a copy of the Rape Trauma Services MOU, effective 1/1/20 to 12/31/21, which meets the PREA standard requirement. Agency indicates they do not track inmates who reported a sexual abuse and auditor was unable to locate one for interview.

115.21(f) – N/A – Agency/facility is responsible for administrative and criminal investigation.

115.21(g) – Auditor is not required to audit these standards per DOJ.

115.21(h) – Auditor is not required to audit these standards per DOJ.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.21(c) and 115.21(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide auditor with the following information that was missing from the PAQ:
 - a. Number of forensic medical exams conducted during the past 12 months
 - b. Number of forensic exams performed by SAFE/SANE during the past 12 months
 - c. Number of forensic exams performed by qualified medical practitioner over the past 12 months.

2. Agency to provide auditor with current agreement or MOU with the Service League

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Correction 8/21/2020 :

1. Agency indicates that two forensic examination occurred in 2019 in response to inmates alleging sexual abuse that occurred prior to intake at the San Mateo County Jail. A female inmate was booked into the San Mateo County Jail Maple Street facility 10-26-19. On 11/2/19 the inmate alleged she was sexually assaulted in the city of San Jose two days prior to her incarceration. The inmate agreed to forensic examination, which was conducted same day as the allegation at the Keller Center by SANE/SAFE nurse practitioner with Rape Trauma Services advocate present for emotional support. The PREA Coordinator notified the San Jose Police Department of the allegation in writing on 11/5/19 to the Chief of Police. Forensic examination and initial report was forwarded to the San Jose PD for investigation. Inmate was released from custody on 11/7/19.
On 6/1/19, the second inmate, housed at the San Mateo County Jail Maguire Correctional Facility, approached the housing officer to report a sexual assault which occurred less than a month prior to his incarceration at the San Mateo County Jail. On 6/1/19, San Mateo a S/O Sergeant contacted San Francisco PD Sergeant to advise him of the allegation and that a sexual assault exam would be conducted on the victim. On 6/3/19, The PREA Coordinator forwarded a letter to the San Francisco PD Police Chief to alert them of the allegation. The inmate agreed to a forensic examination which was conducted at San Mateo County General Hospital Rape Trauma Center. There was no documentation to verify that a Rape Trauma Services advocate was present during the forensic exam. Forensic examination and initial report was forwarded to the San Jose PD for investigation. Agency provided auditor copies of all documentation prepared and forwarded to the respective agencies for investigation.

2. On 8/21/2020, Agency provided auditor with a copy of the Rape Trauma Services MOU, effective 1/1/20 to 12/31/21, which meets the PREA standard requirement.

The agency/facility has met the requirements of Standard provision(s) 115.21(c) and 115.21(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No

Does the agency document all such referrals? Yes No

115.22 (c)

If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No
 NA

115.22 (d)

Auditor is not required to audit this provision.

115.22 (e)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.22(a) – The PAQ indicates that the PREA Coordinator shall create a process to ensure a criminal or administrative investigation is completed on all allegations of sexual abuse or sexual harassment. Policy 6.19 PREA Inmate Management, pg 7, Section II Procedure mandates that all complaints of sexual harassment or abuse, upon inmates or detainees, shall be thoroughly investigated and documented by correctional staff, the Sheriff's Office Investigation Bureau, and/or Professional Standards and/or the San Mateo County District Attorney's Office depending on the type of allegation. Deputies or Detectives conducting these investigations shall be trained in conducting these types of investigations as outlined in the appropriate training section. PAQ reports that 31 allegations of sexual abuse or sexual harassment were received during the past 12 months. This was made in error as the agency corrected the PAQ to indicate that only 28 investigations were received during the past 12 months. Out of the 28 allegations, 22 allegations were sexual harassment investigations and six allegations resulted sexual abuse investigations. No case was referred for DA investigation. Interview with the Agency Head designee, the Undersheriff, indicates that all administrative complaints and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Administrative complaints against staff are forwarded to the Professional Standards Bureau. Low-level complaints are investigated by staff in the facility. Criminal investigations are completed by the Agency Detective Bureau for allegations of sexual abuse or harassment through an internal review process. Criminal cases are referred through the District Attorney's office. District Attorney Investigators conduct investigations if the case is criminal in nature. Inmate on inmate sexual abuse cases are handled through the Detective Bureau.

115.22(b) – Policy 6.19 PREA Inmate Management, pg. 7, Section II Procedure mandates that all complaints of sexual harassment or abuse, upon inmates or detainees, shall be thoroughly investigated and documented by correctional staff, the Sheriff's Office Investigation Bureau, and/or Professional Standards and/or the San Mateo County District Attorney's Office depending on the type of allegation. Interview with Investigative Staff indicates allegations of sexual abuse or sexual harassment is referred for investigations to an agency with legal authority to conduct investigations. Agency conducts the initial criminal investigations and the case is referred to the DA office for prosecution.

115.22(c) – N/A – Agency/facility is responsible for criminal investigations.

115.22(d) – Auditor is not required to audit these standards per DOJ.

115.22(e) – Auditor is not required to audit these standards per DOJ.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No

Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No

Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No

Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No

Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No

Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

Is such training tailored to the gender of the inmates at the employee's facility? Yes
 No

Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes
 No

115.31 (c)

Have all current employees who may have contact with inmates received such training?
 Yes No

Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?
 Yes No

115.31 (d)

Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.31(a) – Policy 6.19 PREA Inmate Management mandates all staff, volunteers and contractors who may have inmate contact, shall receive training regarding PREA. This training shall occur for everyone within one year of the date of this order and/or during any new employee orientation. Refresher training shall occur at least every two years after. All training shall be documented and will note that the staff

member understands the training they received. All documentation shall be forwarded to the Training Manager and the PREA Coordinator. Minimally, the following shall be covered:

- a. The department's zero tolerance policy for sexual misconduct, sexual abuse, and sexual-harassment.
- b. The rights of inmates, staff, contractors and volunteers to be free from sexual misconduct, sexual abuse and sexual harassment.
- c. The announcement at all times when the opposite gender enters the pod setting ie Male entering Female inmate area, or Female entering a Male inmate area.
- d. The rights of inmates, staff, contractors and volunteers to be free from retaliation for good faith reporting of suspected or observed instances of sexual misconduct, sexual abuse or sexual harassment.
- e. How staff, contractors, and volunteers can fulfill their responsibilities under the SMSO PREA policy, including detection, reporting, and maintaining evidence.
- f. The dynamics of sexual misconduct, abuse and harassment in confinement.
- g. The common reactions of sexual misconduct, abuse and harassment in confinement settings.
- h. How to detect and respond to signs of threatened and actual sexual misconduct, abuse or harassment.
- i. How to avoid inappropriate relationships with detainees and inmates.
- j. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex and gender nonconforming inmates.
- k. How to comply with mandated reporting requirements of sexual abuse to outside agencies.
- l. Sworn staff will also receive training annually in the proper manner of performing cross gender pat down searches and searches of transgender and intersex inmates/detainees. This training will emphasize performing the search in the most professional and respectful and least intrusive manner possible as prescribed by law and consistent with institutional security and officer safety needs.

Agency provided auditor with the 8-hour San Mateo County Sheriff PREA employee training course lesson plan from the classroom training. The provision included a PREA Workbook which includes Rape Trauma Services Q & A.

Interview with a random sample of 15 staff indicates that all have taken the classroom training. Out of the 15 staff, few are unable to recall the majority of the training topics as the focus is on the retraining topics which focus mainly on sexual abuse responses. Staff who are recent academy graduates all provide the majority of the training topics.

115.31(b) – Agency PAQ indicates that staff training is not tailored to the gender of the inmates at the facility. Maguire facility and Maple Street Correctional Center (MSCC) house both male and female inmates.

115.31(c) –PAQ indicates that all staff employed by the facility, who may have contact with inmates, were trained or retrained in PREA requirements. Policy 6.19 PREA Inmate Management Corrections mandates that between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements at least every 2 years.

Review of randomly selected training documentation of 22 custody staff assigned to the Maple Street detention facility indicate that San Mateo County Jail facilities (SMCJ) have had no formal PREA training for custody staff until the PREA Coordinator was assigned in August 2018. Review of 22 custody staff training records determined that 20 custody staff members received their PREA training prior to working in a jail setting or having contact with inmates. Remaining two staff received PREA training after the Agency began said training in 2019, during the Maguire Facility PREA Audit.

115.31(d) –Policy 6.19 PREA Inmate Management mandates that all training shall be documented and will note that the staff member understands the training they received. All documentation shall be forwarded to the Training Manager and the PREA Coordinator. Minimally, the following shall be covered:

- a. The department's zero tolerance policy for sexual misconduct, sexual abuse, and sexual harassment.
- b. The rights of inmates, staff, contractors and volunteers to be free from sexual misconduct, sexual abuse and sexual harassment.
- c. The rights of inmates, staff, contractors and volunteers to be free from retaliation for good faith reporting of suspected or observed instances of sexual misconduct, sexual abuse or sexual harassment.
- d. How staff, contractors, and volunteers can fulfill their responsibilities under the SMSO PREA policy, including detection, reporting, and maintaining evidence.
- e. The dynamics of sexual misconduct, abuse and harassment in confinement.
- f. The common reactions of sexual misconduct, abuse and harassment in confinement settings.
- g. How to detect and respond to signs of threatened and actual sexual misconduct, abuse or harassment.
- h. How to avoid inappropriate relationships with detainees and inmates.
- i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex and gender nonconforming inmates.
- j. How to comply with mandated reporting requirements of sexual abuse to outside agencies.
- k. Sworn staff will also receive training annually in the proper manner of performing cross gender pat down searches and searches of transgender and intersex inmates/detainees. This training will emphasize performing the search in the most professional and respectful and least intrusive manner possible as prescribed by law and consistent with institutional security and officer safety needs.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.31.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?

Yes No

115.32 (b)

Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to

volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.32(a) – Policy 6.19 PREA Inmate Management mandates that All staff, volunteers and contractors who may have inmate contact, shall receive training regarding PREA. This training shall occur for everyone within one year of the date of this order and/or during any new employee orientation. Refresher training shall occur at least every two years after. All training shall be documented and will note that the staff member understands the training they received. All documentation shall be forwarded to the Training Manager and the PREA Coordinator.

Agency provided auditor with the 4-hour training curriculum and lesson plan for the volunteer and contractor training. PAQ indicates that all volunteers and individual contractors, who have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Agency indicated per PAQ that 198 contractors & 68 volunteers have access to facility over past 12 months. Interview with 2 volunteers and 2 contractors indicate that only one volunteer claims to have received PREA training. Agency has not provided auditor with PREA training dates or acknowledgement of training for randomly selected 10 volunteer and 10 contractor records.

115.32(b) – Agency PAQ indicates that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors *who have contact with inmates* have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Agency provided auditor with the PREA training volunteer and contractor lesson plan and power-point.

Interview with 2 volunteers and 2 contractors indicate that only one volunteer claims to have received PREA training. both volunteers and both contractors indicated that the zero-tolerance policy on sexual abuse and sexual harassment as well as being informed about how to report such incidents was provided during orientation.

115.32(c) – Agency has not provided auditor with PREA training dates or acknowledgement of training for randomly selected 10 volunteer and 10 contractor records. Interview with PREA Coordinator indicates that formal PREA training was not initiated until August 2018. Interview with 2 volunteers and 2 contractors indicate all four received PREA training.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.32(a) and 115.32(c). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide auditor with the 10 volunteer and 10 contractor training acknowledgements randomly selected by auditor.

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completion:

1. On 10/13/20, the PREA Coordinator provided auditor with randomly selected PREA training acknowledgements of 13 contractors and four volunteers. Both the contractors and volunteers completed their PREA training on the day of or prior to their entry into the facility. This was verified through signed and dated training acknowledgement documentation from each contractor and volunteer. Document verification provided to the auditor by the Agency.

The agency/facility has met the requirements of Standard provision(s) 115.32(a) and 115.32(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.32.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No

Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

Have all inmates received the comprehensive education referenced in 115.33(b)?
 Yes No

Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No

Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No

Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No

Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No

Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.33(a) – Agency PAQ indicates that inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Of the 220 inmates admitted during the past 12 months, agency indicates that all were given PREA training. Interview with intake staff indicates that inmates are provided direct information regarding zero-tolerance and how to report allegations of sexual abuse at intake and when transferred to other facilities. This training is provided both verbally and through the PREA acknowledgement form which provides inmate PREA Rights, definition of sex acts and retaliation, how to report an incident of sexual assault, harassment or sexual misconduct of a person in custody to include 3rd party reporting on behalf of another inmate. The form also include sanction for filing a false report. This form is signed by the inmate at intake. Forms are in Mandarin, Tagalog, Spanish and English. Staff indicates that the agency/facility has zero-tolerance posters in intake and the facility, which was verified via the onsite physical plant review by auditor. Interview with random sample of 22 inmates indicates that 18 out of 22 inmates recall being provided with the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Inmates are provided with the inmate handbook which was last revised on July 2019. The handbook indicates that “**This is a Zero Tolerance Facility**” with no follow-up language which defines this statement. On the last page of the handbook, the following statement is provided:

It is your responsibility to immediately inform staff of anyone engaging in criminal activity, self-destructive, violent or suicidal behavior.

You may do this in any of the following ways:

- *Speaking directly to any staff member.
- *Using your cell intercom to alert staff of the problem.
- *Using an Inmate Request form to alert staff.

PREA (Prison Rape Elimination Act)

As an inmate, you have the right to be free of sexual assault and harassment, and retaliation for reporting. If you are assaulted or attacked, or fear you will be attacked, or are being harassed sexually, or want to report about another inmate who is a victim, you can report it to anyone working in the facility in person or in writing, or via the posted reporting telephone number.

Title 15

Inmate Rules and Information Manuals
are available in each housing area.

The Public Information Policy is available for review

The procedures of providing inmates with this language provides the inmate an opportunity to ask clarifying questions and the form is a signed and dated acknowledgement of understanding and verification of receipt of the information.

115.33(b) – PAQ indicates that no inmates admitted during the past 12 months whose length of stay in the facility was for 30 days or more were provided comprehensive PREA education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents. Interview with intake staff indicates that inmates are educated regarding their rights to be free from sexual abuse, sexual harassment or retaliation which was verified through auditor’s review of 22 inmate screening records. Auditor found that one inmate was without PREA initial education documentation as he was released from custody within 72 hours of intake. Inmates are housed by classification, given an inmate handbook prior to housing which is included in their dress-out bin. Interview with random sample of 22 inmates indicates that the majority of them recall receiving PREA comprehensive education in person during intake and through the tablets available in the housing unit.

115.33(c) – Agency PAQ indicates that all inmates have been educated subsequently within 3 days of intake. Agency mandates that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. Inmates are required to sign and date the PREA education acknowledgement form. Policy 6.19 PREA Inmate Management mandates that during the intake process and when rehoused to another facility, all inmates will be advised of the zero-tolerance policy regarding sexual abuse and sexual harassment and the means of reporting incidents. Interview with intake staff indicates that inmates are provided direct information regarding zero-tolerance and how to report allegations of sexual abuse either at intake and when transferred to other facilities. Staff indicates that the agency/facility has zero-tolerance posters in intake and the facility. Agency PAQ indicates the agency maintains documentation of inmate participation in PREA education sessions.

115.33(d) – Policy 6.19 PREA Inmate Management mandates that “Appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Inmates will not be utilized to interpret this information unless exigent circumstances exist. Key information and sexual abuse reporting telephone numbers shall be posted in designated locations throughout the facilities (i.e., common areas in all housing units) and listed in the Inmate Rules.”

PAQ indicates that all inmates admitted during the past 12 months whose length of stay in the facility was for 30 days or more were provided comprehensive PREA education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents. On 6/4/20, the PREA Coordinator provided auditor with 20 signed inmate PREA Training Acknowledgement forms. PREA training is conducted prior to inmate being housed. Auditor reviewed intake records of two inmates who are LEP and indicated during interview that they were not provided inmate Education in their native language (Spanish & Mandarin). Auditor examined the inmates’ screening records and found both had signed PREA training acknowledgements that were written in their native language. During the interview, both inmates were provided interpreters through contract interpretive service and bi-lingual staff. Inmates who are deaf are provided PREA education through the tablets provided in each housing unit for inmate use. Inmates who may be visually impaired or have limited reading skills are provided assistance through housing unit staff and the Service League in order to obtain their PREA education

115.33(e) – Agency PAQ indicates the agency maintains documentation of inmate participation in PREA education sessions. This has been verified through the inmate screening and PREA education documentation provided to auditor.

115.33(f) – PAQ indicates that the agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats such as the inmate handbook. During the physical plant review, the auditor observed PREA education in formats which provide key information continuously and readily available or visible to inmates throughout the facility. During the onsite audit physical plant review, auditor observed PREA posters located near the entry door of each housing unit. PREA posters available in most of the multi-purpose rooms of the housing units. Zero-Tolerance poster in medical intake and small poster in the intake lobby. Entrance lobby normally has PREA 3rd party information. Notice of Auditor posters were available in each housing unit.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.33

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)

Yes No NA

115.34 (c)

Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.34(a) – Policy 903 PREA - Training mandates that investigators assigned to sexual abuse investigations shall also receive training in conducting such investigations in confinement settings. Training should include:

- Techniques for interviewing sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Interview with 2 investigative staff who conduct sexual abuse investigations indicates that they have received training on conducting a sexual abuse investigation in a confinement setting through a department-wide training course 2-3 years ago. Topics included:

- Reporting
- Documentation
- What PREA is
- Garrity warnings
- Lybarger warnings
- Inmate rights
- Definitions of sexual abuse

Staff indicated there may not be any certificate provided for attendance of that training. Review of training certificates provided by agency after the onsite audit indicates all three investigators completed the NIC sexual investigations course between 3/28/19 and 4/3/19. These are the only investigators certified to conduct investigations in a confinement setting. Of the six sexual abuse allegations investigated over the past 12 months, none were investigated by staff trained to conduct sexual abuse investigations in a confinement setting.

115.34(b) – Policy 6.19 PREA Inmate Management mandates all detectives who investigate PREA related sexual assaults shall have had training that includes the protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution. Interview with investigative staff indicate they do not recall receiving training on Garrity warnings during the department-wide training course 2-3 years ago. The newly completed NIC sexual abuse in a confinement setting includes Garrity warnings as part of the NIC curriculum. Review of training certificates provided by agency after the onsite audit indicates all three investigators completed the NIC sexual investigations course between 3/28/19 and 4/3/19. These are the only investigators certified to conduct investigations in a confinement setting.

115.34(c) – Policy 903 PREA mandates that The Training Manager and PREA Coordinator shall maintain documentation that employees, volunteers, contractors and investigators have completed required training and that they understand the training. This understanding shall be documented through individual signature or electronic verification. Agency PAQ reports they employ 3 investigators to investigate allegations of sexual abuse and both have completed the required training to conduct investigations of sexual abuse in a confinement setting. NIC certificates of training for 3 investigators trained to conduct investigations in a confinement setting have been received by auditor through the agency. Training was completed between 3/28/19 and 4/3/19.

115.34(d) – N/A – Auditor is not required to audit this standard per DOJ.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.34(a). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide NIC training certification for the investigators who conducted investigations of the 6 sexual abuse cases identified in the Post Audit Issue Log. This training should have been conducted prior to conducting investigations on the identified sexual abuse cases.
2. If none of the above cases were investigated by certified staff trained to “Investigate Sexual Abuse in a Confinement Setting”, Agency to ensure all sexual abuse allegations are investigated by staff certified to conduct sexual abuse investigations and provide auditor with training certificate of completion.
3. Agency to provide auditor with completed copies of all sexual abuse investigations conducted from 8/2/2020 to 10/31/2020 to verify compliance with this Standard

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completed 12/15/2020:

1. On 4/4/19, Agency provided auditor with copies of the NIC certificate for 3 Special investigators who are certified to conduct Sexual Abuse cases in a confinement setting.
2. None of the 2019 sexual abuse investigations were investigated by staff certified to conduct Sexual Abuse cases in a confinement setting.
3. On 10/13/20, Agency provided auditor with copies of 11 PREA cases with investigations which occurred in 2020. 10 cases provided were sexual harassment cases and one sexual abuse allegation. The one sexual abuse allegation dated 11/26/20 was received by staff on 12/2/2020 via an inmate grievance form from the victim. The sexual abuse allegation was investigated by an NIC certified Special Investigator. The grievance submitted by the inmate victim, alleged that she may have been sexually assaulted by a Correctional Officer and that she may be pregnant. The inmate victim was provided a pregnancy test by medical staff and was found to not be pregnant. During interview with the victim, she alleged that multiple people had entered her cell and sexually assaulted or “raped” her in her cell. All inmates in the victim’s housing unit are single celled. The housing security camera surveillance footage was reviewed and no assaults or anything unusual within the housing unit or room occupied by the inmate victim was observed. Recorded interview of the victim indicated that she could not provide the name or description of any staff member who may have assaulted her. She provided a few names of men and women who may have assaulted her, however, it was found that none of the individuals named worked at the facility or for the Sheriff’s department. Based upon the totality of the investigation, the case was determined to be unfounded. The inmate was provided written documentation of the outcome of the investigation six days following the date of the allegation.

On 12/15/2020, auditor interviewed the PREA Coordinator who assigns the Special Investigators to investigate sexual abuse cases in a confinement setting. The assignment and investigative process is as follows:

- a) If line-staff is notified that an inmate has been sexually abused, they follow the 1st Responder protocol and notify the shift Sergeant
- b) PREA Compliance Manager is notified
- c) PREA Coordinator is notified and assigns a Special Investigator who has completed NIC training to conduct Sexual Abuse Investigation in a confinement setting.
- d) The Special Investigator oversees the assigned case by attending to victim’s access to SANE/SART forensic examination when required and secure any evidence as a result of the forensic examination, reviewing initial staff reports, ensure evidence is collected, oversees review of evidence to include video surveillance, interview of victim, witnesses and perpetrator.
- e) The investigator prepares a report of the findings and provides their recommendations as to the result of the investigation to the Sheriff and the PREA Coordinator.

When asked as to why the above referenced case did not require SANE/SART examination, the PREA Coordinator responded that there was no evidence to support or require the examination.

The agency/facility has met the requirements of Standard provision(s) 115.34(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.) Yes No NA

115.35 (c)

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)

Yes No NA

Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.35(a) – Policy 6.19 PREA Inmate Management mandates that all full- and part-time qualified Correctional Health staff who work regularly in the facility shall be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and trained on their responsibilities regarding sexual abuse prevention, detection, and response. This training will include techniques on preserving physical evidence of sexual abuse, how to respond to victims of sexual abuse, and the employee's role in reporting allegations or suspicions of sexual abuse and sexual harassment. Agency reports they employ 80 medical and mental health care practitioners who work regularly at this facility who received the training which equates to 100% of all practitioners working in the facility. Agency provided auditor with training acknowledgement documentation to verify all practitioners have received the proper training which includes their responsibility to immediately report any instance of sexual misconduct to their immediate supervisor or any available supervisor in accordance with PREA. All are required to review the department's PREA policy for reporting guidelines as San Mateo County Sheriff's Office has a zero-tolerance for any sexual misconduct. Interview with medical and mental health staff indicates that they have received PREA training through the Sheriff's Office outside of their training received through continuing education and trauma education.

115.35(b) – N/A – Agency reports that medical staff at this facility does not conduct forensic examinations.

115.35(c) – Policy 903 PREA mandates that All employees, volunteers and contractors who may have contact with detainees or prisoners shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within our facilities. The Training Management PREA Coordinator shall be responsible for developing and administering this training as appropriate. The

Training Manager and PREA Coordinator shall maintain documentation that employees, volunteers, contractors and investigators have completed required training and that they understand the training. This understanding shall be documented through individual signature or electronic verification. Agency provided auditor with PREA training medical lesson plan. Auditor received copies of training documentation to include training acknowledgement of a random sample of medical and mental health care practitioners to verify PREA training.

115.35(d) – Policy 903 PREA mandates that all employees, volunteers and contractors who may have contact with detainees or prisoners shall receive office-approved training on the prevention and detection of sexual abuse and sexual harassment within our facilities. Agency provided auditor with training lesson plan and copies of training documentation to include training acknowledgement of all assigned medical and mental health care practitioners.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.41 (d)

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No

Does the facility reassess an inmate's risk level when warranted due to a request? Yes No

Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No

Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.41(a) – Policy 6.19 PREA Inmate Management mandates that all inmates shall be advised of the zero-tolerance policy and reporting methods, and screened during the initial classification and upon transfer to another facility to assess their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. Interview with risk screening staff indicates that inmates are screened using an Intake Classification Assessment, PREA Screening form used by Classification to assess inmate's risk of sexual victimization or inmate's history of predation and an intake screening form which is administered by medical. The intake screening form provides determination if inmate is acceptable for booking or referral to medical or mental health. Completed form to be provided to Classification prior to inmate being housed. Interview with random sample of 21 inmates indicates that 6 out of 21 inmates interviewed indicated they were not asked questions from the PREA screening instrument to determine risk of sexual victimization. Agency provided copies of the Medical Screening Assessment intake form for 21 randomly selected for document review. 7/23/20, Agency provided auditor with copies of the PREA Medical Clearance Screening form for 21 inmates randomly selected for the initial document review. The form specifically asks inmates if they have ever been approached for sex or victim of sexual assault while in any jail and if they are concerned about being sexually assaulted or abused while in jail. Questions are in both English and Spanish. Agency did not provide the PREA intake classification assessment form or intake acknowledgement form for each randomly selected inmate.

115.41(b) – Agency PAQ indicates that all inmates are screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Agency reports 120 inmates entered the facility wither through intake or transfer whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. This equates to 100% of inmates entering the facility over the past 12 months.

Interview with risk screening staff indicates that medical notifies classification when the inmate indicates concern for his/her safety concerning sexual victimization or predation. Interview with random sample of 21 inmates indicates that inmates meet with medical and then classification for housing.

115.41(c) – Auditor review of the San Mateo County Jail (SMCJ) Intake Classification Assessment is a weighted screening instrument which allows for additional comments to include reasons for overrides, program interest and signature areas for inmate and screening staff.

115.41(d) – Agency provided auditor with a blank copy of the Intake Classification Assessment which provides the minimum criteria mandated by PREA for the facility to consider when assessing inmates for risk of sexual victimization. Criteria lacking in their screening instrument include:

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

Policy 6.19 PREA Inmate Management mandates the following factors be considered:

- A. The age and physical build of the inmate
- B. Whether the inmate has a physical, mental, or developmental disability
- C. Previous incarcerations and/or criminal history
- D. Whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- E. Previous sexual victimization in or out of any Correctional setting
- F. The inmate's own perceptions of his/her vulnerability
- G. Prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse
- H. Inmate has prior convictions for sex offenses against a child or adult
- I. Inmate is detained solely for immigration purposes

When asked about what the initial risk screening consider, interview with risk screening staff indicates that the risk screening instrument considers 10 of the 10 questions as outlined in standard provision 115.41(d). Staff indicates that the agency does not keep inmates for ICE detention unless a federal judge issued an order mandating that the agency do so. Inmates are released immediately upon completion of a civil commitment.

115.41(e) – Agency's Intake Classification Assessment considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Interview with risk screening staff indicates that, when asked about what the initial risk screening consider, risk screening staff indicates that the risk screening instrument considers 10 of the 10 questions as outlined in standard provision 115.41(d). Staff indicates that the agency does not keep inmates for ICE detention unless a federal judge issued an order mandating that the agency do so. Inmates are released immediately upon completion of a civil commitment.

115.41(f) – Policy 6.19 PREA Inmate Management mandates that inmates shall be rescreened within 30 days when warranted due to a referral, request, or incident of sexual victimization. If an inmate reveals being a sexual abuse victim or abuser in or out of an institutional setting, they will be referred to forensic mental health for a follow up screening within 14 days. PAQ indicates that all inmates entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

Interview with risk screening staff indicates that inmates in administrative segregation and protective custody are reassessed every 10-30 days. General population inmates are reassessed every 30 days. Interview with random sample of 21 inmates indicates that none of them recall asked PREA questions after the 72-hour initial assessment. Auditor is awaiting Agency to provide copies of the PREA classification screening assessment for each randomly selected inmate.

115.41(g) – Policy GO 6.19 PREA Inmate Management pg 4, H 2 mandates that inmates shall be rescreened within 30 days when warranted due to a referral, request, or incident of sexual victimization. Policy includes narrative "or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness", as mandated by standard provision 115.41(g).

Interview with risk screening staff indicates that inmates in administrative segregation and protective custody are reassessed every 10-30 days. General population inmates are reassessed every 30 days. Interview with random sample of 21 inmates indicates that none of them recall asked PREA questions

after the 72-hour initial assessment. Review of 21 inmate screening records indicate that 17 inmates received their 30-day reassessments in accordance with PREA standards. Two inmates received their 30-day reassessments between 18-days to 72 days after intake. Two inmates had no record of receiving a 30-day reassessment as they were released from custody within 72-hours due to COVID-19 release requirements.

115.41(h) – Policy 6.19 PREA Inmate Management mandates that “inmates will not be disciplined for refusing to answer particular questions or for not disclosing complete information” as it relates to intake screening or rescreening. Interview with risk screening staff indicates that inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, screening questions. Their participation is clearly voluntary.

115.41(i) – Interview with PREA Coordinator and PREA Compliance Manager indicates that classification maintains and controls responses to questions asked pursuant to this standard in order to ensure sensitive information is not exploited to the inmate’s detriment by staff or other inmates. Interview with risk screening staff indicates that both classification and higher-level staff only have access to the inmate’s responses to classification questions.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.41(a), 115.41(f), 115.41(g) and corrective action is required.

Corrective Action Recommended:

1. Agency to provide auditor with list of inmates who have been in custody between **8/3/20** and **11/4/20**.
2. Auditor will randomly select 20 inmate screening records for document review to verify all inmates have received their 30-day reassessment in accordance with Standard provision 115.41 and Policy GO 6.19 pg 4, H 2.
3. Agency to provide auditor with copy of the intake classification assessment form, signed and dated PREA training Acknowledgement and medical screening intake form for each randomly selected inmate

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completed 10/21/20:

1. On 10/20/20, the PREA Coordinator provided documentation for 20 randomly selected inmates who were screened between 8/12/20 and 9/8/20.
2. All inmates were screened and provided initial and comprehensive PREA Education within 24 hours of intake as verified by signed and dated PREA Education acknowledgement forms for each inmate. Each inmate was reassessed by classification within 30 days of intake as verified through the electronic intake and classification screening notes provided to auditor for each inmate.

The agency/facility has met the requirements of Standard provision(s) 115.41(a), 115.41(f), 115.41(g), completed during the corrective action period. The auditor has determined that the agency/

facility has met all standard provisions and complies with Standard 115.41.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes
 No

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes
 No

Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes
 No

115.42 (b)

Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or

practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis

of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or L inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.42(a) – The PAQ indicates that the agency/facility uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Policy GO 6.19 PREA Inmate Management Section H-4, pg 4 mandates that Housing, bed, work, and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Interview with the PREA Compliance Manager indicates that the agency provides housing, bed, work, education and programming assignments for inmates on a 1-1 basis. Classification conducts interviews with the inmate to determine any issues regarding security, risk housing placement and programming. Interview with risk screening staff indicates that inmate preferences are considered concerning housing and programming.

115.42(b) – Policy GO 6.19 PREA Inmate Management Section H-4, pg 4 mandates that Housing, bed, work, and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Interview with risk screening staff indicates that Interview with risk screening staff indicates that inmate preferences are considered concerning housing and programming.

115.42(c) – Policy GO 6.19 PREA Inmate Management mandates that housing and program assignments of a transgender or intersex inmate Policy 6.19 PREA Inmate Management shall include individualized consideration for the inmate's health and safety and any related supervisor, management, or facility security concerns, and shall be reassessed at least twice a year. A transgender or intersex inmate's views with respect to his/her own safety shall be given consideration. Interview with the PREA Compliance Manager indicates that the administrative classification unit assesses through initial interviews to provide sexual safety for inmates. There are no identified Transgender/Intersex inmates in the Maple Street Correctional Facility (MSCC).

115.42(d) – Policy GO 6.19 PREA Inmate Management mandates that housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate’s health and safety and any related supervisor, management, or facility security concerns, and shall be reassessed at least twice a year. A transgender or intersex inmate’s views with respect to his/her own safety shall be given consideration. Agency provided auditor with copy of the PREA Housing Assignments power-point which trains staff on the assessments (reassessment twice a year) for transgender and intersex inmates.

Interview with the PREA Compliance Manager indicates that classification constantly assesses any issues. Interview with risk screening staff indicates placement and programming assignments for each transgender or intersex inmate is reassessed every 30-days to review any threats to safety experienced by the inmate. No transgender or intersex inmates housed at the Maple Street Correctional Facility (MSCC) during the onsite audit.

115.42(e) – Policy GO 6.19 PREA Inmate Management mandates that housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate’s health and safety and any related supervisor, management, or facility security concerns, and shall be reassessed at least twice a year. A transgender or intersex inmate’s views with respect to his/her own safety shall be given consideration. Interview with the PREA Compliance Manager and risk screening staff indicates that transgender and intersex housing views are given serious consideration. There are no identified Transgender/Intersex inmates in the Maple Street Correctional Facility (MSCC).

115.42(f) – PAQ indicates that transgender and intersex inmates are provided the opportunity to shower separately from other inmates. Interview with the PREA Compliance Manager indicates that individual showers with privacy doors are available in each housing unit to provide for privacy. The showers are in sight of the housing officer control area. Auditor verified the construction and placement of showers during the physical plant review.

Interview with risk screening staff indicates that inmates under protective custody come out separately to shower in the individual showers. There are no identified Transgender/Intersex inmates in the Maple Street Correctional Facility (MSCC).

115.42(g) – Policy GO 6.19 PREA Inmate Management mandates that lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated units solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement, or legal judgment. Interview with PREA Coordinator and PREA Compliance Manager indicates that the facility is not subject to a consent decree, legal settlement or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI inmates. Auditor verified this statement during the physical plant review.

Interview with two LGBTI inmates indicate they have not been placed in a dedicated facility solely on the basis of their identified status. They are allowed to shower without other inmates as the facility maintains single showers.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.42.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No

Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.43(a) – Policy GO 6.19 PREA Inmate Management mandates that all inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. They shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers. They shall only be housed in protective custody for as little time as possible to allow for other alternatives with reviews at least every 30 days, and they shall have access to as many inmate programs as available. Any denial of inmate programs shall be documented. PAQ indicates that no

inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours or 30-days awaiting completion of assessment.

115.43(b) – PAQ indicates that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours or 30-days awaiting completion of assessment.

Interview with staff who supervise inmates in segregated housing indicates that no inmates have been placed in segregated housing for protection from sexual abuse and sexual harassment. They are placed in Protective Custody for safety purposes. Inmates have access to privileges and it is the best possible way to maintain safety parameters. Inmates are provided access to religious services only do to classification. If the facility restricts access to programs, privileges, education or work opportunities, the facility will document said restrictions.

PAQ indicates that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours or 30-days awaiting completion of assessment.

Interview with Facility Commander designee, the Assistant Sheriff indicates that classification decides based upon safety considerations, that an inmate can be moved to another facility for safety concerns. Staff who Supervise Inmates in Segregated Housing indicates that inmates are placed in involuntary segregation housing until an alternative means of separation from likely abusers can be arranged. Inmates are held in said housing for the shortest stay until alternative housing can be obtained. PAQ indicates that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours or 30-days awaiting completion of assessment as verified by PREA Coordinator.

115.43(d) – PAQ indicates that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours or 30-days awaiting completion of assessment as verified by PREA Coordinator.

Agency /facility unable to provide auditor with any case files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months as there have not been any.

115.43(e) – PAQ indicates that the agency does not know how many inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement over the past 12 months. Staff who Supervise Inmates in Segregated Housing indicates that inmates housed in segregated housing are reviewed every Tuesday to determine the continuing need for said housing as mandated by California Code of Regulations Title 15.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No

Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No

Does that private entity or office allow the inmate to remain anonymous upon request? Yes No

Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.51(a) – Policy GO 6.19 Inmate Management indicates that inmates can make confidential, toll free calls to outside rape crisis centers using inmate telephones by dialing
91-Sheriff's PREA hotline,
92-Rape Trauma Service PREA hotline,
93-Service League PREA hotline

On the last page of the inmate rulebook states:

PREA (Prison Rape Elimination Act)

As an inmate, you have the right to be free of sexual assault and harassment, and retaliation for reporting. If you are assaulted or attacked, or fear you will be attacked, or are being harassed sexually, or want to report about another inmate who is a victim, you can report it to anyone working in the facility in person or in writing, or via the posted reporting telephone number.

Internal methods for inmates to report privately to agency officials regarding the 3 criteria outlined in standard provision 115.51(a) is not provided in the inmate handbook for inmate access or education. Interview with random sample of staff indicates that inmates can report privately to the Sheriff's PREA hotline, Rape Trauma Service PREA hotline and the Service League. Interview with random sample of 21 inmates indicates they can report privately through the Rape Trauma Services hotline, or Service League.

115.51(b) – The PAQ indicates that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. Policy GO 6.19 PREA Inmate Management mandates that inmates detained solely for civil immigration purposes need to be provided with information on how to contact relevant consular officials or relevant officials of the Department of Homeland Security.

Interview with the PREA Compliance Manager indicates that the agency provides avenues for inmates to report sexual abuse or sexual harassment through the Rape Trauma Center hotline, medical practitioners, Service League and 3rd Party reporting. Interview with random sample of inmates indicates they can report privately through the Rape Crisis Center hotline, or Service League. They can do so without giving their name.

115.51(c) – Policy 903 PREA mandates that all staff have an affirmative duty to report all allegations or knowledge of sexual abuse, harassment or any sexual misconduct involving inmates that takes place within any Sheriff's Office facility. Failure to report is akin to committing the act and punishable as such. Staff who suspect sexual harassment or abuse of an inmate by other staff shall immediately notify their supervisor. This notification may be made in private, but shall occur immediately upon obtaining the knowledge.

Policy GO 6.19 PREA Inmate Management mandates all employees shall accept all reports made verbally, in writing, anonymously and from third parties. Interview with random sample of staff indicates that inmates can report privately to the Sheriff's PREA hotline, Rape Trauma Service PREA hotline and the Service League. Interview with a random sample of inmates indicates that they can make reports of sexual abuse via grievance, staff, medical practitioners and 3rd party.

115.51(d) – Per the PAQ, the agency has established procedure for staff to privately report sexual abuse and sexual harassment of inmates. The entity for private reporting is the housing Sergeant. Staff has been informed of this procedure through e-mail and policy. Policy GO 6.19 PREA Inmate Management mandates that staff members can report any incidents to any supervisor privately at any time.

Interview with a random sample of staff indicates that staff can privately report sexual abuse and sexual harassment through the Rape Trauma Center hotline, the Sheriff's open-door policy, Professional Standards (IA), Redwood City PD.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)

Yes No NA

If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes No NA

At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)

Yes No NA

115.52 (e)

Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)

Yes No NA

If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)

Yes No NA

115.52 (f)

Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level

of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA

Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.52(a) – Policy GO 6.19 Inmate Management outlines grievance procedures regarding sexual abuse.

115.52(b) – Policy GO 6.19 Inmate Management mandates that an inmate may report any incident of sexual harassment, abuse, assault, retaliation for reporting, or staff indifference to ANY employee, volunteer or contractor. No time limit shall be imposed upon the inmate for reports of abuse. GO 6.19 Corrections Section K, Means of Reporting indicates that:

1. Inmates may report any incident of sexual harassment, abuse, assault, retaliation for reporting, or staff indifference to ANY employee, volunteer or contractor. No time limit shall be imposed upon the inmate for reports of abuse.
2. The reports can be made verbally or in writing through grievances, letters, or any other medium.
3. Inmates can make confidential, toll free calls to outside rape crisis centers using inmate telephones by dialing
 - a. 91-Sheriff's PREA hotline,
 - b. 92-Rape Trauma Service PREA hotline,
 - c. 93-Service League PREA hotline
4. Inmates who do not speak English may request a translator upon contacting Rape Trauma Services
5. Inmates who are hearing impaired shall be provided a TDD machine and may dial any of the numbers listed above.
6. Signage shall be posted in all facilities advising the procedures for making these calls and that the calls are confidential and not subject to monitoring.
7. If an inmate reports having been sexually abused at another facility, the PREA Coordinator shall notify the head of that agency in writing within 72 hours of receiving the allegation and document that notification.
8. Third parties can report on behalf of the inmate. Information will be made available to the public regarding PREA, the Sheriff's Office zero tolerance policy, and reporting procedures.
9. Staff members can report any incidents to any supervisor privately at any time.
10. Inmates may request a grievance from staff at any time. The grievance can be returned to either staff, or placed into Service League mailbox available on every housing unit
11. Inmates filing an emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse requires an initial response within 48-hours.

Auditor review of Inmate Handbook (Rev July 2019) provides reporting instructions for the inmate using the grievance system to report PREA related issues. The handbook provides information to the inmate as outlined in standard provision 115.52(b). Each inmate is provided an inmate handbook upon intake and acknowledges receipt and understanding of the documents received via signed release slip.

115.52(c) – Policy GO 6.19 Inmate Management mandates that inmates “are not required to use informal grievance process on an alleged incident of sexual abuse. If you have a grievance regarding sexual abuse it should not be forwarded to the staff member subject of to the complaint, nor are you required to sign it. You may submit a sexual abuse grievance directly into Service League mailbox located on every pod.

During the onsite audit review, auditor noticed Service League locked mailboxes in each housing unit. Service League staff are the only ones with access keys to the locked box. Grievance forms are available near the box. The inmate is able to submit a grievance anonymously. Interviews with inmates verifies that inmates are made aware they can submit a grievance or PREA complaint anonymously through the Service League mailbox and they also know that the mailbox is secure. Service League is an independent agency with connected with the County of San Mateo, not the Sheriff's Office.

115.52(d) – PAQ indicates that the agency has a practice which requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Agency provided auditor with copies of four PREA related grievances alleging sexual abuse over the past 12 months. All three grievances were unfounded and initial Supervisor’s response was returned to the inmate within 72 hours after receipt of the grievance.

115.52(e) – Policy GO 6.19 Inmate Management mandates third parties can report on behalf of the inmate. Information will be made available to the public regarding PREA, the Sheriff’s Office zero tolerance policy, and reporting procedures. GO 6.19 Corrections – Inmate Classification which mandates that if an inmate declines to have third party assistance in filing a third-party grievance, the Sheriff’s Office will document inmates’ decision to decline. Agency indicates there has been no grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate requested third-party assistance.

115.52(f) – Policy GO 6.19 Inmate Management mandates that inmates filing an emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse requires an initial response within 48 hours. Agency indicates there have been no emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.

115.52(g) – Policy GO 6.19 Inmate Management mandates that If it is determined that the inmate’s allegations are false, the inmate may be subject to disciplinary action or criminal prosecution. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Agency reports that in the past 12 months, no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA

Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No

Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.53(a) – Policy GO 6.19 Inmate Management and Inmate Rule Book provides inmates with access and contact hotline numbers to outside victim advocates, Rape Trauma Services hotline and Service League PREA hotline, for emotional support services related to sexual abuse by:

- Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations
- Enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

Policy GO 6.19 Inmate Management mandates that inmates detained solely for civil immigration purposes need to be provided with information on how to contact relevant consular officials or relevant officials of the Department of Homeland Security. Agency provided auditor with the new Immigration and Customs Enforcement request, which is provided to inmates who are detained for solely for civil immigration purposes in order for them to contact relevant consular officials. The form is in Spanish,

Chinese, Tagalog, Vietnamese and Korean. The form advises the inmate that Immigration and Customs Enforcement (ICE) has requested that the Agency notify them of the inmates' release date, so ICE may detain the inmate under I-247A, and provides the inmate with a copy of ICE's request for notification of the inmates' release date. Completed forms is maintained in the ICE Binder in the Jail Classification Office, copy to inmates' Jacket and copy to the inmate.

Interview with a random sample of 21 inmates indicate 15 inmates do not know or is not aware of any services available outside of the facility for dealing with sexual abuse if needed.

115.53(b) – PAQ indicates that the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Policy GO 6.19 Inmate Management mandates that signage shall be posted in all facilities advising the procedures for making these calls and that the calls are confidential and not subject to monitoring.

Interview with a random sample of 21 inmates indicate that 15 inmates are knowledgeable if communications with outside support agencies are monitored as provided on the sexual abuse reporting posters inside the facility. Inmates could not tell me to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. They assume the communications would be reported to the agency. Two of the inmates who reported sexual abuse within the past 12 months were released from custody prior to the onsite audit. One inmate refused to be interviewed by auditor.

115.53(c) – Agency PAQ indicates that they maintain memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. Agency provided auditor with copies of Rape Trauma Services (RTS) operational agreement. The agreement stipulates that RTS provide the following:

- 24-hour crisis line access for incarcerated victims of sexual assault
- Accompaniment and advocacy for sexual assault survivors (ie, Keller Center hospital emergency room, law enforcement investigative interviews, court accompaniment).
- PREA follow-up, paper pass visit services to incarcerated victims of sexual assault within 14 days of disclosure
- Participation in PREA steering committee, multidisciplinary team (MDT) meetings and other meetings as needed to discuss strategies and implementation of services as described in the PREA standards.

Last agreement was in effect from 1/1/19 to 12/31/19. On 6/12/20, the PREA Coordinator provided auditor with the signed San Mateo County Rape Trauma Services Operational Agreement, which provides services outlined above and is effective from 1/1/2020 to 12/31/2021

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.53.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy GO 6.19 Inmate Management mandates that third-parties can report on behalf of the inmate. Information will be made available to the public regarding PREA, the Sheriff's Office zero tolerance policy and reporting procedures.

The Sheriff's Office website mandates that "All staff members have been trained on how to properly and professionally investigate and report claims or allegations of sexual assault. The claim or allegation does not have to come from the inmate; it may come from the members of the public. This would include; friends, family members, loved ones and can remain anonymous. If you know of an incident of sexual assault, sexual harassment, or sexual misconduct of a person in custody, or if you wish to file a third-party complaint of sexual abuse, sexual harassment, or sexual misconduct on behalf of an inmate, you may report it to the San Mateo County Sheriff's Office using the following methods:

- In person at Maguire Correctional Facility or Maple Street Correctional Center to the Watch Commander.
- Reporting it via email: Sheriffs_prea@smcgov.org
- Phone call (anonymous if preferred) to San Mateo County Rape Trauma Services at **(650) 692-7273**
- Phone call (anonymous if preferred) to Sheriff's Office PREA Hotline at **(650) 599-3014**

*This is a message line where you can leave a message. When leaving a message, please include, at a minimum, the inmates name and housing unit to help us identify them. We want to ensure they are treated appropriately. You may remain anonymous or leave your name and phone number so someone can call you back.

The public can file a complaint against a staff members by contacting Internal Affairs and complete a compliant form (form is available on the website), or write to:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?

Yes No

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.61(a) – Policy 903 PREA mandates that The San Mateo County Sheriff's Office has zero tolerance toward all forms of sexual abuse and sexual harassment (28 CFR 115.111). Office members shall accept reports from detainees, prisoners and third parties and shall promptly document all reports (28 CFR 115.151).

All members shall report immediately to the Shift Supervisor any knowledge, suspicion or information regarding:

- (a) An incident of sexual abuse or sexual harassment that occurs in the Temporary Holding or Correctional Facility.
- (b) Retaliation against detainees or the member who reports any such incident.
- (c) Any neglect or violation of responsibilities on the part of any Office member that may have contributed to an incident or retaliation (28 CFR 115.161).

No member shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment and investigation decisions.

115.61(b) – Policy GO 6.19 Inmate Management mandates that all employees are reminded that this is a very serious situation. Incident specific information shall be treated as confidential, and disclosure

made only to staff on a “need to know” basis and to persons and entities as permitted or required by law. Staff shall not discriminate in their response to inmates who are gay, bisexual, or transgender who report that they have experienced sexual abuse. Interview with a random sample of 15 staff indicates that staff will report to staff on a need to know basis such as supervisor, higher level staff, medical, investigations and immediate supervisor.

115.61(c) – Policy 903 PREA mandates that those contracted, employed by or volunteering for the Office are subject to disciplinary actions up to and including termination for violation of this policy. The San Mateo County Sheriff's Office has zero tolerance toward all forms of sexual abuse and sexual harassment. During intake the office shall notify all detainees and prisoners of the zero-tolerance policy regarding sexual abuse and sexual harassment, and of at least one way to report abuse or harassment to a public or private entity that is not part of the Office and that is able to receive and immediately forward detainee or prisoner reports of sexual abuse and sexual harassment to agency officials. Inmates shall be informed of the limitations of confidentiality at the initiation of services. This allows the detainee or prisoner to remain anonymous (28 CFR 115.132; 28 CFR 115.151). Interview with a medical and mental health staff indicates that they disclose the limitations of confidentiality and their duty to report. They are required to report any knowledge, suspicion or information regarding an allegation of sexual abuse or sexual harassment. Medical staff indicates that in the past 12 months, they have become aware of such an incident, made a note in the medical chart and notified custody staff immediately.

115.61(d) – Reports of incidents involving sexual contact between inmates, which involve inmates who are elderly or suffer from any disability (physical, emotional, or developmental), shall also be forwarded to the San Mateo County Adult Protective Services. Agency does not house youthful inmates. Policy 903 PREA If the alleged victim is under the age of 18 or considered a vulnerable adult, the supervisor shall also report the allegation as required under mandatory reporting laws and Office policy Interview with a Facility Commander designee (Assistant Sheriff), indicates that if the case involves a victim under the age of 18 years of age, Child Protective Services is notified and sexual assault protocol is initiated. In the case of a vulnerable adult, adult protective services is notified and the sexual assault protocol is initiated. Interview with the PREA Coordinator indicates that in the case of a child under the age of 18 years, Child Protective Services is contacted. In the event a vulnerable adult is sexually assaulted, adult protective services is notified. Medical staff provided auditor with copy of the California Clinical Forensic Medical Training Center documentation which includes forms, instructions for Mandatory reporting Forms such as Suspected Dependent Adult /Elder Abuse and Suspected Child Abuse report forms. On both events, PREA investigations are initiated.

115.61(e) – Policy GO 6.19 Inmate Management mandates that all employees shall accept all reports made verbally, in writing, anonymously, and from third parties. Agency conducts its own criminal and administrative investigations into allegations of sexual abuse and sexual harassment. Interview with a Facility Commander designee (Assistant Sheriff), indicates that all allegations of sexual abuse and sexual harassment reported directly to the designated facility investigators

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.61.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.62(a) – Policy GO 6.19 Inmate Management mandates that inmates who have made a report of a PREA related incident and remain in custody will be reclassified and housing determinations will be reevaluated after any report is made and/or investigated. The inmate's risk for being a victim of retaliation shall be considered. Inmates identified as being at high risk for sexually assaultive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff.

PAQ indicates that:

- In the past 12 months, agency reports there were five occasions where the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse. Auditor is awaiting documentation of all five cases for review.
- If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action was 1 hour.
- The longest amount of time elapsed before taking action was 1 hour.

Interview with Agency Head designee – Undersheriff indicates that the inmate is placed in a safe environment and moved to a protected location. Agency has 2 facilities and can protect the inmate by moving him/her to either of the facilities if need be. An investigation is initiated and classification is notified.

Interview with a Facility Commander designee (Assistant Sheriff), indicates that in this case, the housing deputy takes immediate action to make the victim safe and follows the 1st Responder Protocol as trained. The information goes up the chain of command and the inmate or aggressor is rehoused and an investigation is initiated. Interview with a random sample of 15 staff indicates that in the event that an inmate is at risk for imminent sexual abuse, the victim is isolated from the area or housing unit to make them safe. Supervisor is notified including classification. Based upon initial findings, either the victim or the perpetrator is moved to another housing unit or the suspect is placed in segregated housing pending the outcome of the investigation depending on the circumstances.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.62(a) and corrective action is required.

Corrective Action Recommended:

1. Agency to provide the identity of inmate(s) who were deemed at risk of imminent sexual abuse during the past 12 months.
2. Agency to provide auditor with the investigative reports for each of these inmates:
 - a. Initial Report
 - b. Investigative report
 - c. Findings upon conclusion of the investigation
 - d. DA referral submission and outcome if case was referred to DA
 - e. Copy of notification documentation to the victim which provides outcome of the investigation
 - f. Incident Review Board documentation for sexual abuse

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completed 10/22/20:

1. On 10/22/20, conference call conducted with the PREA Coordinator which identified the five sexual abuse cases, which occurred in 2019, where Agency determined that the inmates were subject to substantial risk of imminent sexual abuse. All 5 cases occurred in 2019 and had been reviewed by auditor during the post-audit phase. In each case, the auditor determined that once Agency learned that the inmate was subject to a substantial risk of imminent sexual abuse, it too **immediate** action to protect each inmate.
2. Each of these cases possessed the following information as requested:
 - a. Initial Report
 - b. Investigative report
 - c. Findings upon conclusion of the investigation
 - d. DA referral submission and outcome if case was referred to DA
 - e. Copy of notification documentation to the victim which provides outcome of the investigation
 - f. Incident Review Board documentation for sexual abuse

The agency/facility has met the requirements of Standard provision(s) 115.62(a) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.62.

Standard 115.63: Reporting to other confinement facilities**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.63 (a)**

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?

Yes No

115.63 (b)

Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

Does the agency document that it has provided such notification? Yes No

115.63 (d)

Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.63(a) – Policy GO 6.19 Inmate Management mandates that if an inmate reports having been sexually abused at another facility, the Facility Commander or designee shall notify the head of that agency, or to appropriate office of the agency where the alleged abuse occurred in writing within 72 hours of receiving the allegation and document that notification.

PAQ indicates that in the past 12 months, the facility received two allegations that an inmate was abused while confined at another facility. Agency has not provided auditor with a copy of the investigation in order to make determination of compliance. Agency indicates that sexual abuse investigations are not tracked.

115.63(b) – Policy GO 6.19 Inmate Management mandates that if an inmate reports having been sexually abused at another facility, an inmate reports having been sexually abused at another facility, the Facility Commander or designee shall notify the head of that agency, to appropriate office of the agency where the alleged abuse occurred in writing within 72 hours of receiving the allegation and document that notification. PAQ indicates that in the past 12 months, the facility received two allegations that an inmate was abused while confined at another facility. Agency has not provided auditor with a copy of the investigation in order to make determination of compliance. Agency indicates that sexual abuse investigations are not tracked.

115.63(c) – Policy GO 6.19 Inmate Management mandates that if an inmate reports having been sexually abused at another facility, an inmate reports having been sexually abused at another facility, the Facility Commander or designee shall notify the head of that agency, to appropriate office of the agency where the alleged abuse occurred in writing within 72 hours of receiving the allegation and document that notification.

115.63(d) – Policy GO 6.19 Inmate Management mandates that any allegations made against another law enforcement entity prior to San Mateo County incarceration will be documented in RIMS as PREA.

1. The law enforcement entity in which a reported sexual assault took place will be notified.
2. If the reported incident occurred within or adjacent to San Mateo County the law enforcement entity should respond to complete the investigation.
3. If the reported incident occurred outside adjacent counties the San Mateo County Sheriff's Office will complete an initial investigation, and then contact the agency where the reported incident occurred.
4. San Mateo County staff will retain custody of the inmate.
5. The report will be marked confidential in RIMS.

PAQ indicates that in the past 12 months, the facility has received two allegations of sexual abuse the facility received from other facilities. Interview with the Agency Head designee, the Undersheriff, indicates that the PREA Coordinator is the point of contact. Interview with the Facility Commander designee, the Assistant Sheriff, indicates that a general investigation is initiated and the outside agency and asked if investigators may assist with conducting courtesy interviews.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.63(a), 115.63(b) and 115.63(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide auditor with a copy of report and actions taken regarding a sexual abuse allegation that occurred over the past 12 months while inmate was confined at another facility, which was identified in the PAQ.
2. Agency to provide auditor with copies of both allegations and actions taken regarding sexual abuse that occurred at a prior facility

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completion 8/21/2020:

- 1 & 2.** Agency indicates that two forensic examination occurred in 2019 in response to inmates alleging sexual abuse that occurred in the city of San Jose, prior to intake at the San Mateo County Jail. On 8/26/2020, Agency provided auditor with copies of the PREA notification between the PREA Coordinator and Chief of Police for both agencies, submitted within 72 hours allegations were made and crime reports which details actions taken upon receipt of the allegations. The following is a summary of the reports:
A female inmate was booked into the San Mateo County Jail Maple Street facility 10-26-19. On 11/2/19 the inmate alleged she was sexually assaulted in the city of San Jose two days

prior to her incarceration. The inmate agreed to forensic examination, which was conducted same day as the allegation at the Keller Center by SANE/SAFE nurse practitioner with Rape Trauma Services advocate present for emotional support. The PREA Coordinator notified the San Jose Police Department of the allegation in writing on 11/5/19 to the Chief of Police. Forensic examination and initial report was forwarded to the San Jose PD for investigation. Inmate was released from custody on 11/7/19.

On 6/1/19, the second inmate, housed at the San Mateo County Jail Maguire Correctional Facility, approached the housing officer to report a sexual assault which occurred in the city of San Francisco less than a month prior to his incarceration at the San Mateo County Jail. On 6/1/19, San Mateo S/O Sergeant contacted San Francisco PD Sergeant to advise him of the allegation and that a sexual assault exam would be conducted on the victim as requested. 6/3/19, The PREA Coordinator forwarded a letter to the San Francisco PD Police Chief to alert them of the allegation. The inmate agreed to a forensic examination which was conducted at San Mateo County General Hospital Rape Trauma Center. There was no documentation to verify that a Rape Trauma Services advocate was present during the forensic exam. Forensic examination and initial report was forwarded to the San Jose PD for investigation. Agency provided auditor copies of all documentation prepared and forwarded to the respective agencies for investigation.

Since the sexual assaults occurred outside the confines of any correctional facility, neither case meet the requirements mandated in Standard 115.63.

The agency/facility has met the requirements of Standard provision(s) 115.63(a), 115.63(b) and 115.63(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.63.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.64(a) – Policy GO 6.19 Inmate Management mandates that all employees shall accept all reports made verbally, in writing, anonymously, and from third parties.

1. All professional staff, contractors, or volunteers will immediately separate the victim and suspect if appropriate, request the victim to not take any actions that can destroy evidence, and contact a sworn staff member.
2. Correctional Officers/ Deputies receiving the initial report will take appropriate steps to ensure the victim is not in immediate danger, obtain any necessary medical treatment, and preserve any potential crime scene or evidence.
3. If appropriate, the CO/ Deputy will ask the victim to refrain from any kind of washing, using the restroom, or changing clothes.
4. The CO/ Deputy will immediately notify the Housing Sergeant, or Security Sergeant if necessary.
5. The responding CO/ Deputy shall maintain professional behavior when interacting with an alleged victim of sexual abuse, and display sensitivity to the potential emotional impact of the situation.
6. The CO/ Deputy can attempt to obtain very basic information such as the identity of the suspect, the time frame of the allegation, and the approximate location of the incident. The CO/ Deputy shall not interview the victim further.
7. The CO/ Deputy will document his initial findings and any contact with a reporting party in an Inmate Incident report or Crime report supplemental as determined by the Sergeant.

8. The Sergeant will make the appropriate notifications to a Sexual Assault Detective, the Watch Commander, and/or the Professional Standards Bureau to conduct the investigation as appropriate and/or assign a staff member to document the incident.
- Agency reports that 21 inmates that were sexually abused over the past 12 months
 - Of these allegations, the 21 instances where the first security staff member to respond to the report separated the alleged victim and abuser
 - In the past 12 months, the 21 allegations where staff were notified within a time period that still allowed for the collection of physical evidence

Interview with security and non-security staff first responders indicates that the 1st Responder protocol is initiated. Staff provided auditor with the protocol criteria and was consistent in their responses. There were no inmates housed at the Maguire Facility who reported a sexual abuse over the past 12 months.

115.64(b) – Policy GO 6.19 Inmate Management mandates that all professional staff, contractors, or volunteers will immediately separate the victim and suspect if appropriate, request the victim to not take any actions that can destroy evidence, and contact a sworn staff member. PAQ indicates that of the allegations that an inmate was sexually abused made in the past 12 months, there were no instances where a non-security staff member was the first responder.

Interview with security and non-security staff first responders indicates that the 1st Responder protocol is initiated. Staff provided auditor with the protocol criteria and was consistent in their responses.

Interview with a random sample of staff indicates that the 1st responder protocol is initiated and each staff member provided auditor with the 1st Responder protocol.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.64.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.65(a) – Policy 903 PREA Section 903.6.1 mandates that Any first responder who responds to a report of sexual abuse or sexual assault shall (28 CFR 115.164):

- (a) Separate the parties.
- (b) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.
- (c) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- (d) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

If the first responder is not a correctional officer or a deputy, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and should then notify a law enforcement staff member (28 CFR 115.164).

Policy GO 6.19 Inmate Management mandates that Reports of incidents with no staff involvement will be handled as follows:

- a. Reports of consensual sexual contact between inmates and/or sexual harassment between inmates shall be documented and investigated in a disciplinary and/or incident report by the Deputy or Detective and forwarded to the PREA Manager at each Correctional Facility.
- b. Reports of sexual assault between inmates will be documented and investigated in accordance with the San Mateo County Sexual Assault Response Team Protocol
- c. Reports of incidents involving sexual contact between inmates, which involve inmates who are elderly or suffer from any disability (physical, emotional, or developmental), shall also be forwarded to the San Mateo County Adult Protective Services.
- d. Reports of retaliation or intimidation of a witness done by an inmate shall be documented and investigated and forwarded to Jail Administration and/or the District Attorney's Office when appropriate.

Reports of incidents involving custody, non-custody, medical, mental health practitioners, or advocacy for. Emotional support are suspected will be handled as follows:

1. In instances of sexual assault of an inmate, the staff member receiving the report shall immediately report the incident to the housing sergeant or other available supervisor and/or the Lieutenant, or Captain.
2. The Lieutenant or Captain shall make the determination to contact the Professional Standards Bureau in the event of an immediate report.

3. The staff member shall be reassigned to another housing unit and will not have contact with the inmate in question until the investigation is complete.
4. A memorandum shall be authored and sent to the facility Captain, outlining the complaint. This memorandum shall be forwarded to the Professional Standards Bureau for investigation.
5. In the event a staff member is under investigation for sexual abuse and leaves the agency, the investigation shall continue until a final determination is reached
6. Those staff members accused of harassment or abuse of an inmate shall not have any contact with the reporting staff member or others involved in the investigation. Any form of retaliation shall be subject to immediate disciplinary action.
7. Reports of retaliation by staff shall be documented in a memorandum addressed to the facility Captain via the chain of command, who shall forward the memorandum to Professional Standards for Investigation. Evidence of retaliation shall be considered a separate violation of this policy.

Interview with the Facility Commander designee, Assistant Sheriff, indicates that the sexual assault protocol includes in custody staff to the Investigations Unit.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.66(a) – Auditor interviewed the Agency Head designee, the Undersheriff, who indicated that there are a number of bargaining units that work with the Sheriff's Department personnel:

- DSA - Deputy Sheriff's Association
- OSS – Sheriffs and Sergeants Association – 2016 - 2021
- AFSCME – Utility workers and Commissary
- SEIU – Legal Office Specialists

Lieutenants and above have no bargaining units. The Undersheriff affirms that any actions taken on the part of the agency to remove staff sexual abusers from contact with inmates pending an investigation is not included in the contracts and remains at the discretion of the Sheriff's department HR department. Interview with HR Administrator indicates that the Sheriff's Department has jurisdiction over the placement of staff pending investigation in order to maintain security of the Jail and protection of the inmates housed in their facilities. Review of amended Policy 6.19 Sanctions for Employees mandates that Employees shall be subject to disciplinary sanctions up to and including termination for violating this policy. Volunteers and contractors are subject to loss of jail access privileges. Incidents shall be reported to the Bureau of Professional Standards and/or the District Attorney's Office for criminal prosecution when applicable. Agency has not provided auditor with a copy of the collective bargaining unit agreements.

115.66(b) – N/A – Auditor is not required to audit standard provision 115.66(b) per DOJ.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115;66(a). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide auditor with excerpts from the below current bargaining units which discusses agency removing staff sexual abusers from contact with inmates pending an investigation. Contracts are reportedly maintained actions taken remains at the discretion of the Sheriff's department HR department. Please ensure the documentation provides the action period for auditor to ensure the MOU is current.
 - **DSA - Deputy Sheriff's Association**
 - **OSS – Sheriffs and Sergeants Association – 2016 - 2021**
 - **AFSCME – Utility workers and Commissary**
 - **SEIU – Legal Office Specialists**
 - **SMCCE – Council of Engineers**

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completed 8/17/2020:

None of the MOU agreements prohibits any actions taken on the part of the agency to remove staff sexual abusers from contact with inmates pending an investigation.

On 8/17/2020, Agency provided the auditor with copies of the following MOUs:

- **DSA - Deputy Sheriff's Association – 2016 - 2021**
- **OSS – Sheriffs and Sergeants Association – 2016 - 2021**
- **AFSCME – Utility workers and Commissary – 2018 - 2021**
- **SEIU – Legal Office Specialists – 2018 - 2021**
- **SMCCE – Council of Engineers – 2019 - 2022**

The agency/facility has met the requirements of Standard provision(s) 115.66(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.66

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No

Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to

see if there are changes that may suggest possible retaliation by inmates or staff?

Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

In the case of inmates, does such monitoring also include periodic status checks?

Yes No

115.67 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.67(a) – Policy 903 PREA mandates that all detainees, prisoners and members who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation (28 CFR 115.167). If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that individual.

115.67(b) – Policy 903 PREA mandates that If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that individual. The Shift Supervisor or the authorized designee shall employ multiple protection measures, such as housing changes or transfers for detainee or prisoner victims or abusers, removal of alleged abusers from contact with victims.

Interview with the Agency Head designee, the Undersheriff, indicates that the agency protects inmates and staff from retaliation of sexual abuse or sexual harassment through investigations. If staff is involved, said staff can be placed on administrative leave. If inmate on inmate, victim can be separated from the abuser by moving to another housing unit to transfer to another facility.

Interview with the Facility Commander designee, the Assistant Sheriff, indicates that based upon the severity and totality of the circumstances, suspect and victim are maintained on a keep-away status and allegations monitored.

Agency reports that a classification detective is designated with monitoring retaliation. There are no inmates identified in segregated housing for risk of victimization or alleged to have suffered sexual abuse.

115.67(c) – Policy 903 PREA mandates that all detainees, prisoners and members who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation (28 CFR 115.167). If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that individual.

The Shift Supervisor or the authorized designee shall employ multiple protection measures, such as housing changes or transfers for detainee or prisoner victims or abusers, removal of alleged abusers from contact with victims.

The Shift Supervisor or the authorized designee shall identify a staff member to monitor the conduct and treatment of detainees, prisoners or members who have reported sexual abuse and of detainees or prisoners who were reported to have suffered sexual abuse. The staff member shall act promptly to remedy any such retaliation. In the case of detainees or prisoners, such monitoring shall also include periodic status checks.

The facility continues to monitor beyond 90-days if the initial monitoring indicates a continuing need. Over the past 12 months, agency indicates there have been no incidents of retaliation. Interview with the Facility Commander designee, the Assistant Sheriff, indicates that based upon the severity and totality of the circumstances, suspect and victim are maintained on a keep-away status and allegations monitored. Agency reports that a classification detective is designated with monitoring retaliation. There are no inmates identified in segregated housing for risk of victimization or alleged to have suffered sexual abuse.

115.67(d) – Policy 903 PREA mandates that in the case of detainees or prisoners, such monitoring shall also include periodic status checks. There has been no record of inmate or staff requiring retaliation monitoring. Agency reports that a classification detective or Facility Compliance Manager is designated with monitoring retaliation. There are no inmates identified in segregated housing for risk of victimization or alleged to have suffered sexual abuse.

115.67(e) – Policy 903 PREA mandates that all detainees, prisoners and members who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation (28 CFR 115.167). If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that individual. Interview with the Agency Head designee, the Undersheriff, indicates that the agency protects inmates and staff from retaliation of sexual abuse or sexual harassment through investigations. If staff is involved, said staff can be placed on administrative leave. If inmate on inmate, victim can be separated from the abuser by moving to another housing unit to transfer to another facility. Interview with the Facility Commander designee, the Assistant Sheriff, indicates that based upon the severity and totality of the circumstances, suspect and victim are maintained on a keep-away status and allegations monitored.

115.67(f) – N/A – Auditor is not required to audit standard provision 115.67(f) per the DOJ.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.67.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.68(a) – PAQ indicates that the agency does not have a policy, directive or procedure prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

- Agency reports that no inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment is none
- In the past 12 months, the number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement is none.

If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

Interview with the Facility Commander designee, the Assistant Sheriff, indicates that classification looks into the totality of the issue for the best place to house an inmate in a low risk environment. If an inmate happened be placed in involuntary segregated housing it would be only until an alternative means of separation from likely abuses can be arranged. Classification the size, based upon safety considerations. I cannot recall any circumstances in which segregated housing was used protected inmate was alleged to have suffered sexual abuse. Inmates.

Interview with staff who supervise inmates in segregated housing indicates that inmates are not placed in segregated housing they're placed in protective custody. If the facility restricts access programs, facility documents that restriction. Inmates are in involuntary segregation only until alternative means of separation from likely abusers can be arranged. Staff indicates that inmates will only be housed in involuntary segregation as a means of separation likely abusers for no more than 24 hours. Inmates are reviewed on Tuesday of every week for review per CCR Title 15 for release.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.68

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No

Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?
 Yes No

Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes
 No

115.71 (j)

Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

Auditor is not required to audit this provision.

115.71 (l)

When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.71(a) – Policy 903 PREA mandates that the Sheriff's Office shall promptly, thoroughly and objectively investigate all allegations, including third-party and anonymous reports, of sexual abuse or sexual harassment. Interview with investigative staff indicates that once a report is generated and received within 24 hours based on the severity of the case, an investigation is initiated. 3rd party reports of sexual abuse or sexual harassment are handled the same as other criminal and administrative reports to include anonymous reports.

115.71(b) – Policy 903 PREA mandates that only investigators who have received Office-approved special training shall conduct sexual abuse investigations. Policy GO 6.19 Inmate Management mandates that all complaints of sexual harassment or abuse, upon inmates or detainees, shall be thoroughly investigated and documented by correctional staff, the Sheriff's Office Investigation Bureau, and/or Professional Standards and/or the San Mateo County District Attorney's Office depending on the type of allegation. Deputies or Detectives conducting these investigations shall be trained in conducting these types of investigations as outlined in the appropriate training section. Interview with investigative staff indicates that when a sexual abuse case is received, the case is investigated by investigators trained in conducting sexual abuse investigations. Auditor determined during the onsite audit, that none of the 3 trained and certified special investigators assigned in the Sheriff's Office Investigation Bureau or Professional Standards possessed certification to conduct sexual abuse investigation in a confinement setting. Three investigators from the Sheriff's Office Investigation Bureau completed this training through the NIC in the latter part of March 2019. Auditor was provided certificates to verify completion of that training. None of the 3 investigators conducted sexual abuse investigations on any of the 6 sexual abuse allegations which occurred over the past 12 months.

115.71(c) – Policy 903 PREA mandates that investigators shall:

- a) Gather and preserve direct and circumstantial evidence, including any available physical and biological evidence and any available electronic monitoring data.
- b) Interview alleged victims, suspects and witnesses.
- c) Review any prior complaints and reports of sexual abuse involving the suspect.

- d) Conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.
- e) Assess the credibility of the alleged victim, suspect or witness on an individual basis and not by the person's status as a detainee or a member of the San Mateo County Sheriff's Office.
- f) Document in written reports a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigative facts and findings.
- g) Refer allegations of conduct that may be criminal to the District Attorney for possible prosecution, including any time there is probable cause to believe a detainee or prisoner sexually abused another detainee or prisoner in the Temporary Holding or Correctional Facility (28 CFR 115.178).
- h) Cooperate with outside investigators and remain informed about the progress of any outside investigation.

Interview with investigative staff indicates that they have been trained to gather and preserve evidence such as video and audio recordings, witness involved statements, conduct forensic interviews, obtain testimonial evidentiary documentation and physical evidence.

115.71(d) – Policy 903 PREA mandates that investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interview with investigative staff indicates that internal affairs conducts compelled interviews and consults with DA investigators as unbiased 3rd party before conducting compelled interviews.

115.71(e) – Policy 903 PREA mandates that the investigator shall assess the credibility of the alleged victim, suspect or witness on an individual basis and not by the person's status as a detainee or a member of the San Mateo County Sheriff's Office. The investigator shall document in written reports a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigative facts and findings. Interview with investigative staff indicates that all information is taken at face value and investigations bears credibility. Available evidentiary statements provide credible intelligence until proven otherwise.

115.71(f) – Policy 903 PREA mandates that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The departure of the alleged abuser or victim from the employment or control of this Office shall not be used as a basis for terminating an investigation. Interview with investigative staff indicates that administrative investigations include interviewing video footage, review required training, look at everyone involved to determine if policy and procedures were followed.

115.71(g) – Policy 903 PREA mandates that investigators shall document in written reports a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigative facts and findings. Interview with investigative staff indicates that all criminal investigations are documented and contains testimonial and physical evidence.

115.71(h) – Policy 903 PREA mandates that the investigator shall refer allegations of conduct that may be criminal to the District Attorney for possible prosecution, including any time there is probable cause to believe a detainee or prisoner sexually abused another detainee or prisoner in the Temporary Holding or Correctional Facility. Interview with investigative staff indicates that criminal investigations document forensic and physical video and audio circumstances with interviews of victim and involved parties to include testimonial evidence. If there is probable cause that a crime has occurred, case is forward to the DA's office for criminal charges.

115.71(i) – Policy 903 PREA mandates that the Sheriff’s Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years. Agency indicates there were no such cases that meets this Standard provision. None of the 28 sexual abuse and sexual harassment cases met this Standard provision.

115.71(j) – Policy 903 PREA mandates that the departure of the alleged abuser or victim from the employment or control of this Office shall not be used as a basis for terminating an investigation. Interview with investigative staff indicates that in the case where the alleged abuser or victim departs the agency from employment or control of the facility, the investigation continues until resolution.

115.71(k) – N/A – Auditor is not required to audit standard provision 115.71(k) per DOJ

115.71(l) – Policy 903 PREA mandates that the investigator shall cooperate with outside investigators and remain informed about the progress of any outside investigation. Interview with Facility Commander designee, PREA Coordinator, PREA Compliance Manager and investigative staff all indicate that they will cooperate with outside investigators during an investigation at their facility. Facility Commander designee indicates that the PREA Coordinator will be kept informed of the conduct of the investigation and be the point of contact for the agency.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.71(b). Corrective action is required.

Corrective Action Recommended:

1. 3 Sheriff’s from the Office of Investigations Bureau obtained their NIC certifications to conduct a sexual abuse allegation in a confinement setting. There is no evidence that any of the 3 special investigators conducted the investigation of any of the 6 sexual abuse investigations in accordance with Standard Provision 115.71(b). Agency to provide auditor with NIC certifications for any of the staff who actually conducted the 6 sexual abuse investigations that occurred in the past 12 months.
2. Agency to provide auditor with completed copies of all sexual abuse investigations conducted from 8/2/2020 to 10/31/2020 to verify compliance with this Standard

Auditor will conduct a 90-day status review on 10/31/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/29/21.

Corrective Action Completed 12/15/2020:

1. On 4/4/19, Agency provided auditor with copies of the NIC certificate for 3 Special investigators who are certified to conduct Sexual Abuse cases in a confinement setting.
2. None of the 2019 sexual abuse investigations were investigated by staff certified to conduct Sexual Abuse cases in a confinement setting.
3. On 10/13/20, Agency provided auditor with copies of 11 PREA cases with investigations which occurred in 2020. 10 cases provided were sexual harassment cases and one sexual abuse allegation. The one sexual abuse allegation dated 11/26/20 was received by staff on 12/2/2020 via an inmate grievance form from the victim. The sexual abuse allegation was investigated by an NIC certified Special Investigator. The grievance submitted by the inmate victim, alleged that

she may have been sexually assaulted by a Correctional Officer and that she may be pregnant. The inmate victim was provided a pregnancy test by medical staff and was found to not be pregnant. During interview with the victim, she alleged that multiple people had entered her cell and sexually assaulted or “raped” her in her cell. All inmates in the victim’s housing unit are single celled. The housing security camera surveillance footage was reviewed and no assaults or anything unusual within the housing unit or room occupied by the inmate victim was observed. Recorded interview of the victim indicated that she could not provide the name or description of any staff member who may have assaulted her. She provided a few names of men and women who may have assaulted her, however, it was found that none of the individuals named worked at the facility or for the Sheriff’s department.

Based upon the totality of the investigation, the case was determined to be unfounded. The inmate was provided written documentation of the outcome of the investigation six days following the date of the allegation.

On 12/15/2020, auditor interviewed the PREA Coordinator who assigns the Special Investigators to investigate sexual abuse cases in a confinement setting. The assignment and investigative process is as follows:

- f) If line-staff is notified that an inmate has been sexually abused, they follow the 1st Responder protocol and notify the shift Sergeant
- g) PREA Compliance Manager is notified
- h) PREA Coordinator is notified and assigns a Special Investigator who has completed NIC training to conduct Sexual Abuse Investigation in a confinement setting.
- i) The Special Investigator oversees the assigned case by attending to victim’s access to SANE/SART forensic examination when required and secure any evidence as a result of the forensic examination, reviewing initial staff reports, ensure evidence is collected, oversees review of evidence to include video surveillance, interview of victim, witnesses and perpetrator.
- j) The investigator prepares a report of the findings and provides their recommendations as to the result of the investigation to the Sheriff and the PREA Coordinator.

When asked as to why the above referenced case did not require SANE/SART examination, the PREA Coordinator responded that there was no evidence to support or require the examination.

The agency/facility has met the requirements of Standard provision(s) 115.71(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.72(a) – Policy 903 PREA mandates that all completed investigations shall be forwarded to the Sheriff, via the chain of command, or if the allegations may reasonably involve the Sheriff, to the County Manager. The Sheriff or County Manager shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence. Agency provided auditor with copies of NIC training certificates and acknowledgements for attending the PREA Sexual Assault Investigator as it relates to PREA Probable Cause training and Preponderance of the Evidence trainings which was conducted on 9/5/19, 9/9/19 and 9/20/19 for all three investigators. Interview with Investigative staff indicates that they follow the probable cause standard to determine whether allegations of sexual abuse or sexual harassment are substantiated.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.72.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?

- Yes No

115.73 (b)

If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No

- NA

115.73 (c)

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No

Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.73(a) – Policy GO 6.19 Inmate Management mandates that following an allegation by an inmate that he/she was abused by another inmate, the victim shall be informed whenever:

1. The alleged abuser has been indicted/criminally charged on charges related to sexual abuse within the facility; or
2. The alleged abuser has been convicted on a charge related to abuse within the facility.

These notifications shall be made via letter to the victim and documented in the investigative reports. In the event the inmate victim has been released from custody, none of the above notifications are required. PAQ reports that 42 allegations of sexual abuse or sexual harassment were received during the past 12 months. Upon review, auditor determined that there were only 28 allegations in total. Agency provided auditor with 28 PREA investigations (22 sexual harassment and six criminal investigations). None of the criminal investigations were referred to the DA office for prosecution. On 6/30/2020, Agency provided auditor with copies of five notification letters to inmates who reported sexual abuse. The sixth case was reported as sexual abuse but the investigation determined that the case was consensual sex, not PREA related.

115.73(b) – N/A – Agency/facility is responsible for conducting administrative and criminal investigations. Standard provision 115.73(b) does not apply.

115.73(c) – Policy GO 6.19 Inmate Management mandates that if an allegation has been made that a staff member committed a sexual assault against the inmate, unless the allegation is determined to be unfounded, the Sheriff's Office shall inform the inmate of the following whenever:

- a. The staff member is no longer assigned to the inmate's housing unit.
- b. The staff member is no longer employed/assigned at the facility.
- c. The staff member has been indicted or criminally charged related to abuse within the facility.
- d. The agency learns that a staff member has been convicted on a charge related to sexual abuse within the facility.
- e. Upon completion of an internal investigation, the inmate will be informed and provided documentation as to whether the allegation was determined to have been Sustained, Not Sustained, Exonerated, and No Finding.

Following an allegation by an inmate that he/she was abused by another inmate, the victim shall be informed whenever:

1. The alleged abuser has been indicted/criminally charged on charges related to sexual abuse within the facility; or
2. The alleged abuser has been convicted on a charge related to abuse within the facility.

These notifications shall be made via letter to the victim and documented in the investigative reports. In the event the inmate victim has been released from custody, none of the above notifications are required. Agency PAQ indicates there has been no substantiated or unsubstantiated complaint (i.e; not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. Auditor verified this statement by reviewing the 28 investigations provided by Agency (6 sexual abuse and 22 sexual harassment).

115.73(d) – Policy GO 6.19 Inmate Management mandates that following an allegation by an inmate that he/she was abused by another inmate, the victim shall be informed whenever:

- 1) The alleged abuser has been indicted/criminally charged on charges related to sexual abuse within the facility; or
- 2) The alleged abuser has been convicted on a charge related to abuse within the facility.

These notifications shall be made via letter to the victim and documented in the investigative reports. In the event the inmate victim has been released from custody, none of the above notifications are required. Review of investigative cases determined PAQ was in error and there were only 28 sexual abuse and sexual harassment cases in total over the past 12 months. There were six sexual abuse cases and 22 sexual harassment cases. On 6/30/20, Agency provided auditor with copies of five notification letters to inmates who reported sexual abuse. The 6th case was reported as sexual abuse but the investigation determined that the case was consensual sex, not PREA related.

115.73(e) – Policy GO 6.19 Inmate Management mandates that notifications to inmates as to the outcome of the investigation is documented. These notifications shall be made via letter to the victim and documented in the investigative reports. In the event the inmate victim has been released from custody, no notification is required.

115.73(f) – N/A – Auditor is not required to audit standard provision 115.73(f) per DOJ

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.76(a) – Policy 903 PREA mandates that The San Mateo County Sheriff's Office has zero tolerance toward all forms of sexual abuse and sexual harassment (28 CFR 115.111). The Office will not tolerate retaliation against any person who reports sexual abuse or sexual harassment or who cooperates with a sexual abuse or sexual harassment investigation.

Those contracted, employed by or volunteering for the Office are subject to disciplinary actions up to and including termination for violation of this policy. All staff have an affirmative duty to report all allegations or knowledge of sexual abuse, harassment or any sexual misconduct involving inmates that takes place within any Sheriff's Office facility. Failure to report is akin to committing the act and punishable

as such. Staff who suspect sexual harassment or abuse of an inmate by other staff shall immediately notify their supervisor. All personnel shall be subject to disciplinary sanctions up to and including termination for violating this policy. Termination shall be the presumptive disciplinary sanction for Office members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the member's disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories (28 CFR 115.176).

All terminations for violations of this policy, or resignations by members who would have been terminated if not for their resignation, shall be criminally investigated unless the activity was clearly not criminal and reported to any relevant licensing body (28 CFR 115.176).

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees or prisoners and reported to any relevant licensing bodies (28 CFR 115.177). The Sheriff shall take appropriate remedial measures and consider whether to prohibit further contact with detainees or prisoners by a contractor or volunteer.

Policy 6.19 PREA Inmate Management mandates that Employees shall be subject to disciplinary sanctions up to and including termination for violating this policy. Volunteers and contractors are subject to loss of jail access privileges. Incidents shall be reported to the Bureau of Professional Standards and/or the District Attorney's Office for criminal prosecution when applicable.

115.76(b) – Policy 903 PREA mandates that all personnel shall be subject to disciplinary sanctions up to and including termination for violating this policy. Termination shall be the presumptive disciplinary sanction for Office members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the member's disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories.

115.76(c) – Policy 903 PREA mandates that all personnel shall be subject to disciplinary sanctions up to and including termination for violating this policy. Termination shall be the presumptive disciplinary sanction for Office members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the member's disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories.

115.76(d) – Policy 903 PREA mandates that all terminations for violations of this policy, or resignations by members who would have been terminated if not for their resignation, shall be criminally investigated unless the activity was clearly not criminal and reported to any relevant licensing body. Agency reports that no staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies in the past 12 months.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.76(d)

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No

Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No

Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.77(a) – Policy 903 PREA mandates that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees or prisoners and reported to any relevant licensing bodies. The Sheriff shall take appropriate remedial measures and consider whether to prohibit further contact with detainees or prisoners by a contractor or volunteer. Agency reports that in the past 12 months, no contractor or volunteer has been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

115.77(b) – Policy 903 PREA mandates that the Sheriff shall take appropriate remedial measures and consider whether to prohibit further contact with detainees or prisoners by a contractor or volunteer. Interview with Facility Commander designee, Assistant Sheriff, indicates that in response of contractor or volunteer pending investigation for violating the agency sexual abuse or sexual harassment policies, their jail clearance card will be revoked while under investigation.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?

Yes No

115.78 (b)

Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.78(a) – Jail Rules – Sex Acts mandates that inmates are prohibited from committing, soliciting or inciting others to commit a sexual act. Policy GO 6.19 Inmate Management mandates that Inmates who are found guilty of committing sexual assault will be disciplined in accordance with the Jail Rules and criminal prosecution when applicable. An inmate's mental disabilities or mental illness shall be considered when determining what type of discipline, if any, should be imposed. Agency reports that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmates sexual abuse. Review of all sexual abuse cases that occurred over the past 12 months indicated there were no substantiated findings in any of the reviewed cases.

115.78(b) – PAQ indicates that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Interview with Facility Commander designee, Assistant Sheriff, indicates that disciplinary sanctions imposed on inmates following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse is outlined in the California Penal Code. Sanctions include reduction in work-time privileges, commissary and lockdown privileges.

115.78(c) – Policy GO 6.19 Inmate Management mandates that Inmates who are found guilty of committing sexual assault will be disciplined in accordance with the Jail Rules and criminal prosecution when applicable. An inmate's mental disabilities or mental illness shall be considered when determining what type of discipline, if any, should be imposed. Interview with Facility Commander designee, Assistant Sheriff, indicates that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78(d) – PAQ indicates that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Interview with medical and mental health staff indicates that they try to assist sex offenders navigate their issues but the agency does not currently provide therapy for those issues.

115.78(e) – Policy GO 6.19 Inmate Management mandates that an inmate will be disciplined, and listed a suspect and report forwarded to the District Attorney’s Office for sexual contact with staff upon a finding that the staff member did not consent to such contact.

115.78(f) – Policy GO 6.19 Inmate Management mandates that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78(g) – Jail Rules – Sex Acts mandates that inmates are prohibited from committing, soliciting or inciting others to commit a sexual act. California Penal Code also prohibits consensual sex between inmates is a misdemeanor under California law.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.78.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (b)

If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.81(a) – N/A – Facility is a jail, not a prison. Standard provision 115.81 does not apply.

115.81 (b) – N/A – Facility is a jail, not a prison. Standard provision 115.81 does not apply.

115.81(c) – Policy GO 6.19 Inmate Management mandates that if an inmate reveals being a sexual abuse victim or abuser in or out of an institutional setting, they will be referred to forensic mental health for a follow up screening within 14 days. PAQ follow-up meeting was offered within 14 days of intake screening. In the past 12 months, 100% of inmate who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner. Staff responsible for risk screening indicates that in an inmate disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. The practitioner sees the inmate usually within 24 hours. Agency provided referral tracking system form on the one inmate who reported prior sexual victimization over the past 12 months. Intake referred the inmate to Forensic Mental Health (FMH) on date of intake, FMH conducted follow-two days later. Inmate was released from custody one day after FMH follow-up.

115.81 (d) – PAQ indicates that information related to sexual victimization or abusiveness that occurred in an institutional setting shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Policy 903 PREA mandates that no member shall reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment and investigation decisions.

115.81 (e) – Policy 903 PREA mandates that during intake, inmates are informed of the limitations of confidentiality at the initiation of services which allows the detainee or prisoner to remain anonymous. PAQ indicates that medical and mental health practitioners do not obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Interview with medical and mental health staff indicates that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Medical informed consent is also documented.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.82 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No

Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.82(a) – PAQ indicates that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Interview with medical and mental health staff indicates that victims of sexual abuse receive timely and immediate access to emergency medical treatment and crisis intervention services. The nature and scope of the services provided are determined according to their professional judgement. Auditor reviewed 6 sexual abuse and 22 sexual harassment cases investigated over the past 12 months. None of the cases required medical treatment or crisis intervention services.

115.82(b) – Policy GO 6.19 Inmate Management mandates that upon receipt of an allegation of sexual abuse, staff shall immediately separate the victim and suspect if appropriate. Correctional Officers/Deputies receiving the initial report will take appropriate steps to ensure the victim is not in immediate danger, obtain any necessary medical treatment, and preserve any potential crime scene or evidence. Interview with security and non-security staff 1st Responders provided auditor with the proper response to the immediate actions they take as a first responder to an allegation of sexual abuse

115.82(c) – PAQ indicates that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Policy GO 6.19 Inmate Management mandates that Correctional Health Services shall provide follow-up testing for pregnancy, sexually transmitted infections/ diseases and HIV will be offered as clinically indicated and will be the responsibility of the Keller center. Interview with medical and mental health staff indicates that inmate victims of sexual abuse are offered timely information and access to emergency contraception and STD prophylaxis.

115.82(d) – Policy GO 6.19 Inmate Management mandates that when appropriate, the victim will be transported to the San Mateo County Keller Center for a forensic examination at no cost to the inmate. The victim should not be transported in the back seat of a patrol vehicle, unless determined necessary. If any life-threatening injuries exist, response may include the need to request emergency transportation (i.e., ambulance). When the call is made to request an ambulance, it is critical to inform the dispatcher that the injured inmate is the victim of sexual assault.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.82.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all

lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.83(a) – Policy GO 6.19 Inmate Management mandates staff to refer victim of sexual abuse to Forensic Mental Health for urgent suicide risk assessment. The victim shall be offered crisis intervention counseling appropriate to the individual needs of the victim. Jail medical staff will insure that all directives provided by the San Mateo County Medical Center are followed while the inmate is in custody and that referrals are provided for continued care following their transfer to another facility or release from custody. During the physical plant review, auditor observed medical and mental health staff conduct evaluations

and provided treatment to all inmates. When questioned, medical and mental health staff indicated to me that there were no victims of sexual abuse currently housed at the Maple Street Correctional Facility (MSCC).

115.83(b) – Policy GO 6.19 Inmate Management mandates jail medical staff will insure that all directives provided by the San Mateo County Medical Center are followed while the inmate is in custody and that referrals are provided for continued care following their transfer to another facility or release from custody. Interview with medical and mental health staff indicates that the evaluation and treatment provided to sexual abuse victims includes treatment programs, follow-up services when they return from SANE/SAFE exams and provided referrals upon release from the facility for continued care if needed.

115.83(c) – The PAQ indicates that the facility provides such victims with medical and mental health services consistent with the community level of care. Interview with medical and mental health staff indicates that they provide victims of sexual abuse with services consistent with the community level of care.

115.83(d) – Policy GO 6.19 Inmate Management mandates that follow-up testing for pregnancy, sexually transmitted infections/ diseases and HIV will be offered as clinically indicated and will be the responsibility of the Keller center.

115.83(e) – Policy GO 6.19 Inmate Management mandates that follow-up testing for pregnancy, sexually transmitted infections/ diseases and HIV will be offered as clinically indicated and will be the responsibility of the Keller center. Interview with medical and mental health staff indicates that if pregnancy results from sexual abuse while incarcerated, victims are given immediate information and access to all lawful pregnancy related services.

115.83(f) – Policy GO 6.19 Inmate Management mandates that follow-up testing for pregnancy, sexually transmitted infections/ diseases and HIV will be offered as clinically indicated and will be the responsibility of the Keller center.

115.83(g) – Policy GO 6.19 Inmate Management mandates that when appropriate, the victim will be transported to the San Mateo County Keller Center for a forensic examination at no cost to the inmate. The victim should not be transported in the back seat of a patrol vehicle, unless determined necessary. If any life-threatening injuries exist, response may include the need to request emergency transportation (i.e., ambulance). When the call is made to request an ambulance, it is critical to inform the dispatcher that the injured inmate is the victim of sexual assault. Detainee or prisoner victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident (28 CFR 115.182).

115.83(h) – N/A – Standard provision 115.83(h) does not apply as the facility is a jail.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any

recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.86(a) – Policy GO 6.19 Inmate Management mandates that the Sheriff's Office shall conduct a sexual abuse incident review within 30 days at the conclusions of every sexual abuse investigation, unless the incident was unfounded. There were 28 criminal and/or administrative sexual abuse investigations completed at the facility over the past 12 months, six sexual abuse investigations and 22 sexual harassment investigations. Sheriff's Office normally conducts a sexual abuse and sexual harassment incident review within 30 days at the conclusions of every sexual abuse investigation, unless the incident was unfounded. In the past 12 months, one criminal investigations of alleged sexual abuse completed at the facility, found to be unsubstantiated and followed by a sexual abuse incident review within 30 days of completion of the investigation.

115.86(b) – The PAQ indicates that there were no criminal and/or administrative sexual abuse investigations completed at the facility over the past 12 months, excluding only "unfounded" incidents. A correction by Agency determined that six sexual abuse and 22 sexual harassment investigations were conducted over the past 12 months and completed. Policy GO 6.19 Inmate Management mandates that the Sheriff's Office shall conduct a sexual abuse and sexual harassment incident review within 30 days at the conclusions of every sexual abuse investigation, unless the incident was unfounded.

115.86(c) – Policy GO 6.19 Inmate Management mandates that the review team shall consist of the PREA Coordinator, PREA facility managers, a jail team supervisor, case investigator, and medical and/or mental health practitioners. Interview with the Facility Commander designee, Assistant Sheriff, indicates that the facility has a sexual abuse incident review team which is comprised of representative of the classification unit, PREA Coordinator, two captains and any staff involved with the PREA incident.

115.86(d) – Policy GO 6.19 Inmate Management mandates that the review team shall consider the following factors:

- a. Does the allegation or investigation indicate a need to change policy or practice to better prevent, detect or respond to sexual abuse?
- b. Does the incident or allegation was motivated or otherwise caused by the perpetrator or victim’s race, ethnicity, sexual orientation, gang affiliation, or other group dynamics at the facility?
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- d. Assess the adequacy of staffing levels in that area during different shifts.
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Policy 903 PREA mandates that the review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement. Review of the 22 sexual abuse and sexual harassment investigations that occurred over the past 12 months indicated Agency conducts case reviews on all sexual abuse and sexual harassment investigations. The report shall be submitted to the Sheriff and the PREA Coordinator. The Sheriff or the authorized designee shall implement the recommendations for improvement or shall document the reasons for not doing so.

Interview with the PREA Compliance Manager indicates that he is not sure if he is a member of the Incident Review Team. He has not reviewed or seen any incident reviews. He has not been mandated to take any actions once the Incident Review report has been submitted.

Interview with a member of the Incident Review Team (PREA Coordinator), indicates that the team considers all 6 criteria as outlined in standard provision 115.86(d). An Incident Review Team checklist has been created. The Team assesses whether there were adequate staffing levels in the area where the incident occurred during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.86(e) – PAQ indicates that the facility implements the Incident Review Team’s recommendations for improvement or documents its reasons for not doing so.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.86.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?

Yes No

115.87 (b)

Does the agency aggregate the incident-based sexual abuse data at least annually?

Yes No

115.87 (c)

Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.87(a)/(c) – Policy 903 PREA mandates that the facility shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files and sexual abuse incident reviews.

115.87(b) – Policy 903 PREA mandates that the facility shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files and sexual abuse incident reviews. Agency provided auditor with a copy of the 2019 Annual report which provides aggregated incident-based sexual abuse data. This is the second PREA Annual Report for this agency.

115.87(d) – Policy 903 PREA mandates that the facility shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files and sexual abuse incident reviews.

115.87(e) – N/A – Standard provision 115.87(e) does not apply to this agency/facility as they do not contract for the confinement of its inmates.

115.87(f) – PAQ indicates that the agency provided the Department of Justice with data from the previous calendar year upon request.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.87.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?

Yes No

Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?

Yes No

115.88 (b)

Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?

Yes No

115.88 (d)

Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a) – Policy 903 PREA mandates that the purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training. PAQ indicates the Agency reviews data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Interview with the Agency Head designee, PREA Coordinator and PREA Compliance Manager indicates that the agency collects aggregated review data to assess and improve problem areas, corrective actions on an ongoing basis and preparation of the annual report for the Agency as a whole.

115.88(b) – Policy GO 6.19 Inmate Management mandates that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. Agency provided auditor with copy of 2019 Annual Report. The 2019 Annual report has been placed on the Agency website for public viewing. The Report topics contain:

1. PREA Standards Overview
2. Zero-Tolerance Policy
3. PREA Definitions
4. Education & Training
5. Corrections Division Population
6. Data Comparison Categories – Terms and Definitions
7. Staff Sexual Misconduct

- 8. 2019 PREA Synopsis
- 9. Future

115.88(c) – Policy 903.8.2 Data Reviews mandates that the annual report shall be approved by the Sheriff or designee and made readily available to the public through the Office website. GO 6.19 Corrections mandates that an annual report shall be prepared, shall include a comparison of the current year’s data and corrective actions with those from prior years, and shall provide an assessment of the progress made in addressing sexual abuse. The report shall be approved by the Sheriff or designee and made readily available to the public through the Office website. Review of the Agency website verifies the annual report is currently made available to the public at.

<https://www.smcsheriff.com/prea-report-sexual-misconduct>

Interview with the Agency Head designee indicates that the Agency Head approves the annual report written pursuant to standard 115.88 prior to placement on the agency website.

115.88(d) – Policy 903 PREA mandates that agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The 2019 Annual Report does not possess narrative which indicates nature of redacted material which would present a clear and specific threat to the safety and security of a facility.

Interview with the PREA Coordinator indicates that material that is redacted from the annual report is personal information and 3rd party identifying information.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.88(d). Corrective action is required.

Corrective Action Recommended:

- 1. Agency to amend the 2019 Annual Report to include narrative which indicates the 2019 Annual Report does not possess narrative which indicates nature of redacted material which would present a clear and specific threat to the safety and security of a facility.

Corrective Action Completion 8/18/20:

- 1. 8/18/20, Agency amended 2019 Annual Report to include statement which indicates that personal identifying information has been redacted from the report. The 2019 Annual Report has been placed on the Agency website for public viewing.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

Does the agency ensure that data collected pursuant to § 115.87 are securely retained?

Yes No

115.89 (b)

Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes
 No

115.89 (c)

Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) – Policy 903.9 Records mandates that the Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.171). Upon receipt of a completed investigation, the agency PREA Coordinator shall document the incident using a U.S. Department of Justice Bureau of Justice Statistics (USDOJ BJS) form SSV-1A and maintain the copy for use in the report submitted annually to USDOJ BJS. All other data collected pursuant to this policy shall be securely retained for at least 10 years after the date of the initial collection unless federal, state or local law requires otherwise (28 CFR 115.189). This information shall be submitted to the USDOJ BJS using form SSV-3. This form shall be submitted to the USDOJ BJS electronically. A copy of the SSV-3, as well as copies of all reports included in the SSV-3, shall be forwarded to the Corrections Assistant Sheriff.

115.89(b) – Policy 903 PREA mandates that the annual report shall be approved by the Sheriff or designee and made readily available at least annually to the public through the Office website. Review

of agency website verifies the annual report is currently made available to the public via the Sheriff's website. <https://www.smcsheriff.com/prea-report-sexual-misconduct>

115.89(c) – Policy 903 PREA mandates that the annual report shall be approved by the Sheriff or designee and made readily available to the public through the Office website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the Temporary Holding and Correctional Facility. However, the nature of the redacted material shall be indicated.

115.89(d) – Policy 903.9 Records mandates that the Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Office, plus five years (28 CFR 115.171). Upon receipt of a completed investigation, the agency PREA Coordinator shall document the incident using a U.S. Department of Justice Bureau of Justice Statistics (USDOJ BJS) form SSV-1A and maintain the copy for use in the report submitted annually to USDOJ BJS. All other data collected pursuant to this policy shall be securely retained for at least 10 years after the date of the initial collection unless federal, state or local law requires otherwise (28 CFR 115.189). This information shall be submitted to the USDOJ BJS using form SSV-3. This form shall be submitted to the USDOJ BJS electronically. A copy of the SSV-3, as well as copies of all reports included in the SSV-3, shall be forwarded to the Corrections Assistant Sheriff.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on

behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the first year of the current audit cycle of a San Mateo County Detention Facility. In completing the PREA Audit contract, the agency agreed to allow auditor to review investigative records, grievance documentation, intake and classification screening records, background, training and personnel records, Medical and Mental health records. The agency provided requested documentation on 2/14/19 for auditor to complete the document review worksheet for verification of compliance. The PREA Coordinator contacted the auditor to explain that county policy prohibits electronic transfer of any personnel, inmate screening, health or investigative documentation despite approval of such in the PREA Audit contract.

Agency instructed the auditor to review said records on-site due to agency policy not to provide any records through mail or electronic means. While onsite, auditor was allowed to obtain available records except for investigative records, to which the auditor is awaiting verification documentation to-date.

Agency allowed auditor access to every area of the facility during the physical plant review and conduct interviews of inmates and staff. Recommended corrective actions are outlined at the end of each non-compliant standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A copy of the Final PREA Report for the Brendan P. Maguire Correctional Facility PREA Audit which was conducted in 2019 is posted on the Agency website. The Agency has only 2 correctional facilities and the Brendan P Maguire Correctional Facility was the first PREA audit conducted for the San Mateo County Sheriff's Office.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

ERIC WOODFORD

12/21/2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.