

PREA Facility Audit Report: Final

Name of Facility: Maguire Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 09/13/2022

Date Final Report Submitted: 04/11/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Eric Woodford	Date of Signature: 04/11/2023

AUDITOR INFORMATION	
Auditor name:	Woodford, Eric
Email:	eiw@comcast.net
Start Date of On-Site Audit:	07/25/2022
End Date of On-Site Audit:	07/29/2022

FACILITY INFORMATION	
Facility name:	Maguire Correctional Facility
Facility physical address:	300 Bradford Street, Redwood City, California - 94063
Facility mailing address:	

Primary Contact	
Name:	Lt Richard Cheechov
Email Address:	rcheechov@smcgov.org
Telephone Number:	650-599-3018

Warden/Jail Administrator/Sheriff/Director	
Name:	Carlos G Bolanos
Email Address:	cbolanos@smcgov.org
Telephone Number:	650-599-1664

Facility PREA Compliance Manager	
Name:	Daniel Guiney
Email Address:	Dguiney@smcgov.org
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Carlos Morales
Email Address:	cmorales@smcgov.org
Telephone Number:	650-363-7830

Facility Characteristics	
Designed facility capacity:	528
Current population of facility:	455
Average daily population for the past 12 months:	390
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-89
Facility security levels/inmate custody levels:	Type II and Type IV
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	512
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	370
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	15

AGENCY INFORMATION	
Name of agency:	San Mateo County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	300 Bradford St, Redwood City, California - 94063
Mailing Address:	
Telephone number:	6505993018

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Richard Cheechov	Email Address:	rcheechov@smcgov.org

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-07-25
2. End date of the onsite portion of the audit:	2022-07-29

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	5/28/22 - Auditor reached out to Director of Just Detention International to inquire if they have received any information from the San Mateo County Jail in the past 12 months. The director responded that no information or queries have been received from that entity over the past 12 months.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	528
15. Average daily population for the past 12 months:	390
16. Number of inmate/resident/detainee housing units:	13

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p style="text-align: center;">542</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">4</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">4</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">1</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	33
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	4
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No information to add

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	129
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	15
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	364
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No information to add

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	24
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>See above characteristic selections. Auditor also considered if release date was during the onsite audit and oversampled female inmates when possible.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Oversampled female inmates when possible.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Maguire facility is the main intake hub for both facilities. Inmates found to be blind or with low vision are immediately transferred to the Maple Street facility once intake and classification has been completed.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>PREA Coordinator had classification look for inmates currently housed at Maguire who may have reported sexual abuse that occurred in the Maguire facility. No inmates were currently housed in the facility.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>PREA Coordinator had classification look for inmates currently housed at Maguire who disclosed prior sexual victimization during risk screening. No inmates were housed in the Maguire facility who disclosed prior sexual victimization during risk screening during the onsite audit.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Agency claims they do not place inmates at risk of sexual victimization in Segregated Housing. Inmates who fit that category are transferred to the Maple Street Jail to be housed.</p>
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<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No information to add</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
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<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Few female staff available on each shift. Auditor attempted to ensure female staff was included in the interviews for each shift if assigned to the shift roster.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>7 custody staff members working various shifts and positions refused to be interviewed when randomly selected. Auditor and PREA Coordinator worked to select alternative staff members when this occurred.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

a. Explain why it was not possible to interview the Agency Head:	Interviewed the Assistant Sheriff (Designee) as the Sheriff was not on site during week of onsite audit.
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>7 custody staff members working various shifts and positions refused to be interviewed when randomly selected forcing auditor to make alternate selections from the staff rosters.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No comments to add. Tests for critical functions, site review narrative and observations included in the narrative for Standard provisions which required the testing.</p>

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Auditor requested rosters of the above identified records for random selections to conduct document reviews and document sampling in order to determine compliance with the PREA Standards.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	5	2	4	2
Staff-on-inmate sexual abuse	4	0	4	0
Total	9	2	8	2

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	5	X	5	X

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

No criminal investigations conducted on allegations of sexual harassment cases.
No allegations that led to both criminal and administrative investigations.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	2	2	1	1
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	X	2	2	1	1

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

No ongoing criminal sexual abuse investigation outcomes during the 12 months preceding the audit

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	2	1	2
Staff-on-inmate sexual abuse	0	4	0	0
Total	x	6	1	2

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

No ongoing administrative sexual abuse investigation outcomes during the 12 months preceding the audit

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	x	x	x	x	x

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

No ongoing Criminal Sexual Harassment investigations during the 12 months preceding the audit
 No criminal Sexual Harassment investigations referred for prosecution during the 12 months preceding the audit
 No criminal Sexual Harassment investigations indicted/Court Case filed during the 12 months preceding the audit
 No criminal Sexual Harassment investigations convicted/adjudicated during the 12 months preceding the audit
 No criminal Sexual Harassment investigations acquitted during the 12 months preceding the audit

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	3	0	0
Total	X	3	2	X

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

No ongoing Administrative Sexual Harassment investigations during the 12 months preceding the audit
 No Substantiated Administrative Sexual Harassment Investigations during the 12 months preceding the audit

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

9

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

Yes

No

NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

5

<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>All staff sexual harassment allegations were determined through preponderance of the evidence to be unfounded.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.11(a): SMSO Corrections Procedure Policy 608.2 PREA mandates that "This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment." Section 608.1.1. provides Definitions related to this policy.</p> <p>SMSO Patrol Policy 903.2 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.</p> <p>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 (28 CFR 115.162). "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. This notification may be made in private, but shall occur immediately upon obtaining the knowledge."</p> <p>115.11(b): Agency provided auditor with copy of the updated 2022 Corrections Division Organizational Chart dated 6/2/22, which identifies the PREA Coordinator as fourth in line from the Sheriff and is placed in the upper level, Agency-wide position. Interview with the PREA Coordinator states that he has enough time to manage all his career related responsibilities and there are two PREA compliance managers, one for each facility as identified in the 3 - 2022 Corrections Organizational Chart dated 6/2/22. If he identifies an issue regarding compliance with a PREA standard if it involves discipline, policy or procedure, the Assistant Sheriff or Sheriff is advised and recommendations for compliance is discussed. Based on the gravity of the situation, the policy or procedure is updated. If issue is minor in nature he discusses with the Facility Commander to resolve the issue.</p> <p>115.11(c): Updated Agency Corrections Organization Chart dated 6/2/22 identifies the Administrative Lieutenant as the designated PREA Compliance Manager, who reports directly to the PREA Coordinator.</p> <p>Interview with the PREA Compliance Manager indicates that he has enough time to manage all of his PREA related responsibilities. He attends weekly meetings to assist with PREA compliance.</p>

Interview with the PREA Coordinator states that he has enough time to manage all his career related responsibilities and there are two PREA compliance managers, one for each facility as identified in the 3 - 2022 Corrections Organizational Chart dated 6/2/22.

CONCLUSION:

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

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.12(a): N/A - The agency has not entered into or renewed a contract for the confinement of inmates since the last PREA audit which occurred in 2020.</p> <p>115.12(b): N/A - Agency does not contract for the confinement of its inmates.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.12.</p>

115.13	Supervision and monitoring
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1458 582">115.13(a): Agency provided auditor with copy of the 7/12/19 Staffing Plan which provides for adequate staffing levels and video monitoring to protect inmate against abuse. Agency indicates that the since last PREA audit which occurred in 2019, the average daily number of inmates is 390. Over the same period of time, the average daily number of inmates on which the staffing plan was predicated is identified as 510.</p> <p data-bbox="256 593 1469 750">Interview with the Facility Commander indicates that facility has a staffing plan which provides adequate staffing levels to protect inmates against sexual abuse considered in this plan. The Staffing Plan identifies video monitoring throughout the facility as part of the plan. The staffing plan is documented.</p> <p data-bbox="256 761 1481 873">Interview with the PREA Compliance Manager indicates that when assessing adequate staffing levels in the need for video monitoring, silly staffing plan considers all items identified in standard provision 115.13(a) items 1 through 11.</p> <p data-bbox="256 884 1481 1467">Auditor compared the staffing plan with observations during the physical plant review and the week long onsite audit. Auditor observed the appropriate number of staffing during each 12-hour shift. Auditor visited intake and each housing unit multiple times on each shift during the onsite audit. The Sheriff's Office is dependent on overtime to properly staff the jail, but due to minimal program operations and inmate movement, allows the facility to provide the essential staffing required for safety of staff and inmates. Video monitoring, body cameras for all custody staff and mirrors in each housing unit recreation area, elevators and hallways throughout the facility allows for constant monitoring for safety and accountability purposes. Auditor observed each shift possesses one Watch Commander and three Shift Sergeants to supervise deputies and correctional officers. Review of camera viewing of the physical plant is monitored by two to three staff in the Control Room. Staff also controls specific door access such as stairwells which also possess movement alarms/sensors with cameras outside entry and exit doors. All elevators possess cameras.</p> <p data-bbox="256 1500 1458 1612">115.13(b): N/A - Agency reports there has been no deviations from the staffing plan. Interview with Facility Commander designee indicates that the facility documents all instances of non-compliance with the Staffing Plan.</p> <p data-bbox="256 1646 1481 2072">115.13(c): At least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. Agency provided auditor with copies of the Maguire Facility Staffing Plan Assessments for 2020 and 2021. Both reports were addressed to the Facilities Captain by the PREA Coordinator with Subject line of "Re-assessment of Staffing Plan for 2020 or 2021, Maguire Correctional Facility." The Staffing Plan Committee consisted of Intake, Housing, Programs, Medical Mental Health and additional personnel to develop and implement a PREA Compliant Staffing plan. No adjustments</p>

to the Staffing Plan was recommended or implemented in 2020 or 2021. Interview with the PREA Coordinator indicates that he is consulted annually regarding any assessments or adjustments to the staffing plan for both Maguire and Maple Street facilities.

Agency provided auditor with copies of the 2020 and 2021 Staffing Plan documented reassessments for the Maguire facility.

115.13(d): Policy Corrections Procedure 215 mandates that The purpose of this policy is to establish both regularly scheduled and unannounced inspections of the facility's living and activity areas. This is to encourage contact with on-duty personnel and inmates and to observe inmate living and working conditions. Inspections may be useful in identifying deficiencies, which can be corrected, as well as processes working properly, which may be replicated elsewhere in the facility. Tours and inspections shall be conducted by administrative and supervisory staff throughout the correctional facility at least weekly to facilitate and encourage communication among administrators, managers, supervisors, staff employees, inmates and the visiting public.

Agency provided auditor with 9 Supervisory check logs which verifies supervisors checking housing units 3 East, 4 East, 2 West, 4 West, 3 West, ASU, 5 East, 6 West and 5 West between 1/5/21 to 5/25/22. Supervisory POD checks were conducted on each shift and logged by Sergeants and Lieutenants which verifies compliance with this Standard provision.

Interview with Shift Commander at the Lieutenant's level indicates he conducts unannounced rounds at least once a week. During the rounds, he talks to staff and checks each area of the facility including the housing units and records the rounds in the Red Books and POD check logs. He prevents staff from alerting other staff of his unannounced rounds visits is by choosing different PODs each time he conducts his rounds.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.13.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14(a): Policy Corrections Procedure 503.10 Inmate Reception mandates that juveniles are not eligible for admission to our correctional facilities. A juvenile may be held only for the length of time needed for release to a parent or guardian or transfer to an appropriate facility, and in any case, for a maximum of six hours (Welfare and Institutions Code § 207.1). Detention is subject to the following conditions:</p> <p>(a) The juvenile shall be held in an unlocked area that is not used for housing and is outside the secure perimeter of the correctional facility, such as an interview room, lobby, or office.</p> <p>(b) The juvenile shall not be physically secured to a cuffing rail or other stationary object.</p> <p>(c) The juvenile shall be under continuous visual supervision by a law enforcement officer, a facility employee, or a designated youth attendant. Continuous visual monitoring may be by an audio/video system. The juvenile shall have constant auditory access to the staff.</p> <p>(d) Separation by sight and sound shall be maintained between all juveniles and adults in custody (34 USC § 11133). There should also be sight and sound separation between non-offender juveniles, such as those who may be in protective custody, and juveniles and status offenders.</p> <p>The facility has no housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters.</p> <p>During the onsite audit, not youthful inmates were observed in intake or housed within the facility.</p> <p>115.14(b): N/A - facility does not house youthful inmates. During the onsite audit, not youthful inmates were observed in intake or housed within the facility</p> <p>115.14(c): N/A - facility does not have or house youthful inmates. During the onsite audit, not youthful inmates were observed in intake or housed within the facility.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.14.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.15(a): Policy Corrections Procedure 513 Searches mandates that "Pat-down searches will be performed on all inmates/arrestees upon entering the secure booking area of the facility. Additionally, pat-down searches should occur frequently within the facility. Except in emergencies, male staff may not pat down female inmates and female staff may not pat down male inmates. Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented (28 CFR 115.15).</p> <p>All modified strip searches and strip searches shall be conducted in a professional manner under sanitary conditions and in an area of privacy so that the search cannot be observed by persons not participating in the search. Unless conducted by a qualified health care professional or in case of an emergency, a modified strip search or strip search shall be conducted by staff members of the same sex as the person being searched (Penal Code § 4030). Any cross-gender modified strip searches and cross-gender strip searches shall be documented (28 CFR 115.15).</p> <p>No person shall be subjected to a physical body cavity search without the approval of the Division Commander or the authorized designee and only with the issuance of a search warrant. A copy of any search warrant and the results of the physical body cavity search shall be included with the related reports and made available, upon request, to the inmate or authorized representative (except for those portions of the warrant ordered sealed by a court).</p> <p>Only a physician may conduct a physical body cavity search. Except in exigent circumstances, only a physician who is not responsible for providing ongoing care to the inmate may conduct the search (15 CCR 1206(o))."</p> <p>Agency reports that in the past 12 months, cross-gender strip or cross-gender visual body cavity searches of inmates has not occurred. There are no records or occurrences in the past 12 months of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff.</p> <p>Interview with custody Sergeant indicates that no such searches of inmates have occurred. The only urgent circumstances which would require non-medical staff being involved in cross-gender strip or visual searches is if it ever arises that cross gender staff is not available in urgent circumstances for searches, said staff member requires Shift Sergeant's approval and document the search.</p> <p>Auditor observed the strip-search area in intake used during booking. it is one room that has a door with a small window with no camera inside. The deputy conducts the strip search by first instructing the inmate to stand at the side end of the room where the outside camera cannot view the inmate. The inmate removes clothing and hands to officer for search purposes. There is no specific post orders instructing staff on how to conduct the strip search of inmates. Auditor observed some staff close the door and put a paper cover over the window so no-one can see in during an unclothed body search. This creates a one-on-one situation between the incarcerated</p>

person and custody staff where the incarcerated person is in a vulnerable position. The search room is situated next to the incoming intake room and there are numerous opportunities where cross-gender viewing can occur during booking procedures.

115.15(b): Policy Corrections Procedure 513 Searches mandates that 'All modified strip searches and strip searches shall be conducted in a professional manner under sanitary conditions and in an area of privacy so that the search cannot be observed by persons not participating in the search. Unless conducted by a qualified health care professional or in case of an emergency, a modified strip search or strip search shall be conducted by staff members of the same sex as the person being searched (Penal Code § 4030). Any cross-gender modified strip searches and cross-gender strip searches shall be documented (28 CFR 115.15).

Whenever possible, a second staff member of the same sex should be present during the search for security purposes and to witness the discovery of evidence.

The staff member conducting a strip search shall not touch the breasts, buttocks or genitalia of the person being searched. These areas may be touched through the clothing during a modified strip search."

Agency reports that there is no history of pat-down searches of female inmates that were conducted by male staff or pat-down searches of female incarcerated persons conducted by male staff that did not involve exigent circumstances in the past 12 months.

Interview with random sample of 12 staff indicate that based on the size of the agency/facility, if female staff are not on shift, female custody staff can be routed from Maple Street jail or patrol staff in order to conduct pat-down searches of female incarcerated persons.

Interview with two female incarcerated persons who are housed in the Maguire facility indicates that female staff have always been available to conduct pat-down search of female incarcerated persons.

115.15(c): Policy Corrections Procedure 513 Searches mandates that ""Unless conducted by a qualified health care professional or in case of an emergency, a modified strip search or strip search shall be conducted by staff members of the same sex as the person being searched (Penal Code § 4030). Any cross-gender modified strip searches and cross-gender strip searches shall be documented (28 CFR 115.15). Agency claims there has been no instances of cross-gender strip search or cross-gender visual body cavity searches. If any such searches occur, they would be documented in ATIMS. Facility houses female inmates in Behavioral Mental Health wing on 2nd floor until they are well enough for transfer to Maple Street Jail.

115.15(d) Policy Corrections Procedure 807 Inmate Hygiene mandates that ""Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit (28 CFR 115.15).

During the physical plant review auditor observed cross-gender viewing opportunities throughout the facility, specifically in each housing unit and Behavioral Health (2SLU).

The toilets are located near cell doors so anyone walking past the door can view inmates toileting through the cell door window. The same goes for inmates housed in Behavioral Health, toilets near the door which does not provide inmates with privacy during toileting. Interview with inmates determine they know there is no privacy in their cells and feel somewhat violated due to the lack of privacy during toileting. Acute Stabilization Unit (2ASU), staff utilize covers for each cell door window or provide medical screens for privacy. This appears to be the only housing unit which provides incarcerated persons with privacy during toileting.

Consistently throughout the onsite audit, auditor did not hear cross-gender announcement from custody or medical staff when entering the housing unit of inmates of opposite gender. Informal conversation with female custody staff indicates she occasionally makes announcement when entering a housing unit. All other staff indicates they all make conduct cross-gender announcements during formal interviews. Auditor observed the strip-search area in intake used during booking. it is one room that has a door with a small window with no camera inside. The deputy conducts the strip search by first instructing the inmate to stand at the side end of the room where the outside camera cannot view the inmate. The inmate removes clothing and hands to officer for search purposes. There are no specific post orders instructing staff on how to conduct the strip search of inmates.

Interview of custody staff indicates that staff can close the door and put a paper cover over the window for inmate privacy during an unclothed body search. The search room is situated next to the incoming intake room and there are numerous opportunities where cross-gender viewing can occur during booking procedures. Interview with random sample of incarcerated staff indicate that staff generally have not experienced custody staff or medical announce their presence when entering the housing units. Inmates also state that they have been naked in full view of staff as their toilet is next to the front door window to their cell. There are no announce procedures or announcement mandate for staff, medical, contractors or volunteers.

115.15(e) Policy Corrections Procedure 513 Searches mandates that "Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status (see Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15)."

Agency reports that no such searches have occurred in the past 12 months.

Interview with random sample of 19 staff indicates if incarcerated person refuses to identify their gender, the staff member indicates they cab get medical involved. Staff indicates they always ask transgender inmates their preference as to what gender they wish to search them and can accommodate based upon staff availability and safety.

Interview with 2 transgender inmates indicates that they are never naked in full view of male or female staff.

115.15(f): Agency reports that 100% of all security staff who 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.

Interview with random sample of 19 staff indicates that they have all received training on how to conduct cross-gender pat-down searches and searches of transgender and sex inmates in a professional and respectful manner, consistent with security needs.

Agency has not provided auditor with documented verification of cross-gender pat-down search and searches of transgender and intersex inmates training.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.15(a), 115.15(d), 115.15(f) and corrective action is required.

Corrective Action Recommended:

115.15(a): Staff informs auditor there are no specific post orders for the strip-search room in intake to ensure inmate privacy during an unclothed body search during booking.

1. Agency to create a post order or instruction memorandum for all staff conducting unclothed body searches of incarcerated persons in booking. The search room is situated next to the incoming intake area and there are opportunities where cross-gender viewing can occur during booking procedures.

2. Closing the door to the search room during unclothed body searches creates a one-on-one situation and possibility for possible sexual abuse/sexual harassment.

115.15(d): Multiple cross-gender viewing in the facility. Cross-gender staff fail to announce their presence when entering housing units which house incarcerated persons of the opposite gender.

1. The facility will need to visually evaluate the physical plant and layout of each individual housing units where cross-gender viewing during toileting is made available. Visual barriers will need to be installed in locations that have been identified throughout the facility that non-medical staff of the opposite gender can view incarcerated persons in a state of undress and perform bodily functions.

2. Establish procedures for all staff outlining the requirement for opposite gender staff to announce their presence prior to entering housing units.

3. Train supervisory staff to spot-check line staff, volunteers and contract staff to ensure they announce their presence when entering housing units of the opposite gender.

115.15(f): Staff STC certified arrest and control training currently underway, and estimated to be complete by end of the month.

1. Once complete, agency is requested to provide auditor with documented verification of STC certified arrest and control training by staff.

2. Agency to provide auditor with documented verification of cross-gender pat-down search and searches of transgender and intersex inmates training for all staff assigned to the Maguire facility.

Corrective Action Completion 2/26/23:

115.15(a): 1/6/22 - Agency provided Post Order regarding Strip Searches dated 1/5/22 to all staff from Facility Commander. Memorandum states:

"During a recent audit, it was noted that the search cells are adjacent to the Intake area or the Maguire Correctional Facility. During strip searches, if the doors were to be opened while the person searched is unclothed, this may potentially expose the person to cross gender viewing, as prohibited by 28 CFR 115.15.

To prevent cross gender viewing from occurring, the windows of the search cell doors shall be covered whenever a strip search is taking place. Also, prior to the beginning of any strip search, the searching staff member shall close the door of the search cell.

The door shall remain closed during the search and until the person being searched is clothed sufficiently to prevent potential cross gender viewing of the person's breasts, buttocks, or genitalia.

This post order shall remain in effect until rescinded or superseded."

115.15(d): 2/28/23, Auditor conducted an onsite Corrective Action review of the Maguire facility. Review observed barriers to dissuade cross-gender viewing in housing unit cells, announcements by staff entering housing units and placement of PREA posters within the housing units and throughout the facility. The following housing units were randomly selected by auditor to review PREA Posters, privacy film placed on cell door windows to dissuade cross-gender viewing during toileting and cross-gender staff announcements conducted when entering housing unit of inmates of the opposite gender of staff:

6 West - Large PREA Poster placed near housing entry door, PREA poster placed at top of 2nd floor entry stairway and another placed at end of 2nd floor walkway. Review of each cell door window found privacy film applied on each window and dissuades cross-gender viewing during toileting. Cross-gender announcements made upon entry of housing unit by cross-gender staff accompanying audit team or by housing unit staff upon entry.

5 West - Large PREA Poster placed near housing entry door, PREA poster placed at top of 2nd floor entry stairway and another placed at end of 2nd floor walkway. Review of each cell door window found privacy film applied on windows to dissuade

cross-gender viewing during toileting. The windows of cells #4, #19, #44 did not possess the privacy film. Interview with staff indicates that inmates removed the film from the outside of the door. Privacy film has been re-ordered and staff awaits reinstall of the film from maintenance. Cross-gender announcements made upon entry of housing unit by cross-gender staff accompanying audit team or by housing unit staff upon entry. On 3/20/23 PREA Coordinator provided auditor with photographic verification where privacy film has been replaced on the following cell door windows in 5 West = Cell 44, Cell 19, Cell 4, 1 & 19.

4 East - Large PREA Poster placed near housing entry door, PREA poster placed at top of 2nd floor entry stairway and another placed at end of 2nd floor walkway. Review of each cell door window found privacy film applied on each window and dissuades cross-gender viewing during toileting. Cross-gender announcements made upon entry of housing unit by cross-gender staff accompanying audit team or by housing unit staff upon entry.

3 East - Large PREA Poster placed near housing entry door, PREA poster placed at top of 2nd floor entry stairway and another placed at end of 2nd floor walkway. Review of each cell door window found privacy film applied on windows to dissuade cross-gender viewing during toileting. The cell door window of cell 48 did not possess the privacy film. Interview with staff indicates that inmate removed the film from the outside of the door while using the phone. Privacy film has been re-ordered and staff awaits reinstall of the film from maintenance. Cross-gender announcements made upon entry of housing unit by cross-gender staff accompanying audit team or by housing unit staff upon entry. On 3/20/23 PREA Coordinator provided auditor with photographic verification where privacy film has been replaced on the following cell door windows in 3 East Cell 48.

4 West - Large PREA Poster placed near housing entry door, PREA poster placed at top of 2nd floor entry stairway and another placed at end of 2nd floor walkway. Review of each cell door window found privacy film applied on each window and dissuades cross-gender viewing during toileting. Cross-gender announcements made upon entry of housing unit by cross-gender staff accompanying audit team or by housing unit staff upon entry.

115.15(f): 2/23/23 - Agency provided auditor with 160 custody staff who completed the PREA Refresher Training 2023 Online Portion Completion Roster. Training conducted between February & March 2023. Cross-gender Pat Search and Searches of Transgender and Intersex Inmates training was conducted via electronic training. Staff is provided their unique electronic access to take the training. This training also included opportunity for staff to ask questions and group discussion was conducted during the training session. There were 30 additional staff who are currently off work and being tracked by the Training unit through an electronic calendar system which provides date of return for these staff and is being tracked electronically. Staff cannot be assigned to IP contact until they have completed the mandatory training.

The agency/facility has met the requirements of Standard provision(s) 115.15(a),

<p>115.15(d), 115.15(f) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 15.15. ."</p>

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16(a): Policy Corrections and Procedure 602 Inmates with Disabilities mandates that "This policy provides guidelines for addressing the needs and rights of inmates detained by this office, in accordance with the Americans with Disabilities Act (ADA). The ADA Coordinator should work with the Training Manager to provide periodic training on such topics as:</p> <ul style="list-style-type: none"> (a) Policies, procedures, forms and available resources for disabled inmates. (b) Working effectively with interpreters, telephone interpretive services and related equipment. (c) Training for management staff, even if they may not interact regularly with disabled individuals, so that they remain fully aware of and understand this policy and can reinforce its importance and ensure its implementation." <p>Interview with agency head designee indicates that procedures for disabled incarcerated persons are in place to ensure all have equal access to PREA such as intake forms in both English and Spanish, interpreter custody staff and interpreters through medical and Service League, TTA available for those who are hard of hearing and braille assistance for incarcerated persons who may be blind through Service League.</p> <p>Interview with LEP incarcerated persons indicates translation services provided through custody staff and medical. A number of bi-lingual staff assisted auditor for interpretation services during interviews in the onsite audit week. There was no difficulty for the facility to provide bi-lingual staff.</p> <p>115.16(b): Policy Corrections and Procedure 903 PREA mandates that "Ensuring that detainees and prisoners with limited English proficiency and disabilities have an equal opportunity to understand and benefit from efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes, as appropriate, access to interpreters and written materials in formats (including video) or through methods that provide effective communication to those with disabilities (e.g., limited reading skills, intellectual, hearing or vision disabilities) (28 CFR 115.116).</p> <p>1. The agency shall not rely on other detainees or prisoners for assistance except in limited circumstances where an extended delay in obtaining an interpreter could compromise the detainee's or prisoner's safety, the performance of first- response duties under this policy, or the investigation of a prisoner's allegations of sexual abuse, harassment or retaliation.</p> <p>Agency provided auditor with a copy of the PREA Intake Inmate Information which is provided to inmates in English or Spanish, during intake where they are required to sign the document to verify receipt of the inmate education. The information form covers topics such as:</p> <ul style="list-style-type: none"> PREA definition Sex Acts definition Retaliation definition and reporting procedures

Reporting an Incident - which outlines reporting avenues for inmates and hotlines for Rape Trauma services, PREA hotline, confidential letter to management or reporting via the grievance system through the Service League of San Mateo County.

Filing a False Report

Agency provided auditor with a copy of the PREA Zero Tolerance Informational Poster which is in both English, Vietnamese, Chinese, Japanese, Russian, Phillipino and Spanish, outlines reporting procedures for both inmates and 3rd party, Hotline reporting for both inmates and 3rd Party reporting, anonymous reporting and writing a letter.

Interview with two incarcerated persons who were limited English proficient indicates that bi-lingual staff was provided in intake during booking and intake form was in Spanish, for one. The second incarcerated person indicated that their booking experience was in English and there was no translation services or bi-lingual staff provided during booking. Review of booking forms determine incarcerated person was uncooperative during booking.

115.16(c): Policy Corrections Procedure 608 PREA mandates that "Should an investigation involve inmates who have disabilities or who have limited English proficiency, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.16)."

Policy Patrol Procedure 903 PREA mandates that Ensuring that detainees and prisoners with limited English proficiency and disabilities have an equal opportunity to understand and benefit from efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes, as appropriate, access to interpreters and written materials in formats (including video) or through methods that provide effective communication to those with disabilities (e.g., limited reading skills, intellectual, hearing or vision disabilities) (28 CFR 115.116).

1. The agency shall not rely on other detainees or prisoners for assistance except in limited circumstances where an extended delay in obtaining an interpreter could compromise the detainee's or prisoner's safety, the performance of first- response duties under this policy, or the investigation of a prisoner's allegations of sexual abuse, harassment or retaliation.

Agency reports that In the past 12 months, there were no 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 inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegation.

Interview with random sample of 12 staff indicates that in the event that an incarcerated person who is limited English proficient approach staff and it may seem as though the person is trying to explain they may have been sexually abused, none of the staff interviewed would request another incarcerated person from the housing unit step in to interpret. They would obtain a bi-lingual staff member to interpret or get with Medical to obtain translation services, or through Service League.

Interview with incarcerated person who was LEP indicates they have been provided bi-lingual staff for interpreter services.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.16.

115.17	Hiring and promotion decisions
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1481 501">115.17(a): Patrol Policy 903 PREA mandates that "The Sheriff's Office shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates who falls under the following categories:</p> <ol data-bbox="256 510 1481 878" style="list-style-type: none"> 1. 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) 2. 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 refused. 3. Has been civilly or administratively adjudicated to have engaged in the activity described above." Agency provided auditor with 5 promotional records and 21 custody staff. None of the 26 staff records provided had the 3 required questions completed. <p data-bbox="256 913 1481 1111">115.17(b): Patrol Policy 903 PREA mandates that "All incidents of sexual harassment shall be considered when determining whether to hire or enlist the services of any contractor, volunteer, or staff member who may have contact with an inmate." Interview with HR staff indicates personal history questionnaire is used for both sworn staff and contractors.</p> <p data-bbox="256 1146 1481 1818">115.17(c): Patrol Policy 903 PREA mandates that "Before hiring, all employees, contractors, and volunteers shall be subject to a criminal background check prior to employment and every 5 years after, or there must be a requirement that employees provide this information to their employers and to the Sheriff's Office. Consistent with Federal, State, and local law, the Sheriff's Office shall make its best effort 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 admitted into any Correctional Facility. Anyone requesting Jail Clearance will complete a PREA training class and attach documentation with the request." Interview with HR administrator indicates that background checks are completed for every employee and contractor that has access to the facility. The security clearance is conducted through life scan with the FBI box checked. Agency reports that in the past 12 months, 65 people have been hired who may have contact with inmates who have had criminal background record checks.</p> <p data-bbox="256 1854 1481 2051">115.17(d): Patrol Policy 903 PREA mandates that "Before hiring, all employees, contractors, and volunteers shall be subject to a criminal background check prior to employment and every 5 years after, or there must be a requirement that employees provide this information to their employers and to the Sheriff's Office." Agency reports that in the past 12 months, 2 contracts for services where criminal</p>

background record checks were conducted on all staff covered in the contract who might have contact with inmates.

Interview with HR administrator indicates that additional background checks are not completed for every contractor that has access to the facility. The security clearance is conducted through life scan with the FBI box checked, therefore, if law enforcement contact outside State of California, we are notified of the contact and/or arrest, the same as custody staff. Auditor noticed during document review that one contractor had no background clearance date and agency failed to provide documented verification of FBI clearance prior to hire date.

115.17(e): Patrol Policy 903 PREA mandates that "Before hiring, all employees, contractors, and volunteers shall be subject to a criminal background check prior to employment and every 5 years after, or there must be a requirement that employees provide this information to their employers and to the Sheriff's Office."

Interview with HR administrator indicates that additional background checks are completed for all contractors that have access to the facility. The security clearances are conducted through life scan with the FBI box checked for out of state notice of arrest.

115.17(f): Patrol Policy 903 PREA mandates that "The Sheriff's Office shall 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 promotions. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

Interview with HR administrator indicates that no 3 required questions are utilized either in promotions or initial hire of employees or custody staff.

115.17(g): Patrol Policy 903 PREA mandates that "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

115.17(h): Patrol Policy 903 PREA mandates that "Consistent with Federal, State, and local law, the Sheriff's Office shall make its best effort 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 admitted into any Correctional Facility. Anyone requesting Jail Clearance will complete a PREA training class and attach documentation with the request."

Interview with HR administrator indicates that Agency will provide requested documentation in this instance upon receipt of notarized release and waiver.

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

Corrective Action Recommended:

115.17(a): Auditor found discrepancies background check documentation for custody staff. At this point all 26 custody staff are non-compliant with the PREA Standards

1. Agency to provide signed 3 required questions documentation for all 21 custody staff identified on the HR Records Review Worksheet prior to initial hire.
2. Agency to provide signed 3 required questions documentation for all 5 custody staff prior to date of hire.
3. Should agency be unable to provide compliant responses to items 1 & 2 above, Agency to provide auditor with copies of the completed and signed 3 required questions for all initial hire employees and employees prior to promotions, hired or promoted between 9/13/22 and 12/13/22 for compliance verification.

115.17(d): Correctional Health Contractor has no written or documented verification documentation of FBI clearance.

1. Agency to provide the documented verification for criminal records background check completed prior to hire date for this contractor for verification of compliance.

115.17(f): Interview with HR administrator indicates that no 3 required questions are utilized either in promotions or initial hire of employees or custody staff.

1. Agency to provide auditor with copies of the completed and signed 3 required questions for all initial hire employees and employees prior to promotions, hired or promoted between 9/13/22 and 12/13/22 for compliance verification.

Corrective Action Completion 3/13/23:

115.17(a): 3/13/23 - Agency provided auditor with copies of the annotated and signed 3 Required Questions for 26 custody pre-hire candidates and 6 promotional candidates, added to the Supplemental File. The 3 Required Questions have been made a part of the pre-hire Background Packet for custody candidates and are completed prior to being selected for hire. The promotional candidates complete the 3 Required Questions which is presented in the selectees interview packet which is completed prior to being interviewed for the promotional positions. Information was uploaded to the Supplemental File on 3/2/23 for compliance verification.

115.17(d): On 12/5/22, Agency provided background clearance dated 10/5/22 through NCIC electronic response. Agency uploaded documentation into the Supplemental file.

115.17(f): 3/13/23 - Agency provided auditor with copies of the annotated and signed 3 Required Questions for 26 custody pre-hire candidates and 6 promotional candidates, added to the Supplemental File. The 3 Required Questions have been made a part of the pre-hire Background Packet for custody candidates and are completed prior to being selected for hire. The promotional candidates complete the

3 Required Questions which is presented in each candidates' interview packet which is completed prior to being interviewed for the promotional positions.

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

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18(a): N/A - Agency reports that neither the agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit which occurred in 2019.</p> <p>Interview with Agency Head designee indicates that when planning substantial modification to facilities sexual safety is of major concern regarding the physical plant such as line of sight, blind spots, etc. in order to provide sexual safety for both staff and incarcerated persons.</p> <p>Interview with facility commander designee indicates that the effect of the expansion or modification upon a facility concerns Intake and level 3 safety and security to include visual line-of sight for both incarcerated persons and staff.</p> <p>115.18(b): N/A - Agency reports that neither the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit which occurred in 2019.</p> <p>Interview with agency head designee indicates that video monitoring prevents and protects against sexual abuse. It serves as a deterrent against sexual abuse and assists with investigations with regards to body-worn cameras.</p> <p>Interview with facility commander designee indicates that preventative and remedial measures are employed. Incarcerated persons know they are being recorded which provides video evidence in the event of any violations occurring.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.18.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21(a): Policy 608 Corrections Procedure mandates that "This office has zero tolerance with regard to sexual abuse and sexual harassment in this facility. This office will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment. An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be 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"</p> <p>Patrol Policy 903 mandates that The Office shall promptly, thoroughly and objectively investigate all allegations, including third-party and anonymous reports, of sexual abuse or sexual harassment. Only investigators who have received Office-approved special training shall conduct sexual abuse investigations (28 CFR 115.171). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol (Adult Sexual Assault Protocol - 2017. Review of Adult Sexual Assault Protocol - 2017 verifies that there is sufficient technical detail to aid responders in obtaining usable physical evidence as outlined in the Role and Responsibilities within the following protocols:</p> <p>SART , Law Enforcement Role & Responsibilities, Keller Center Medical , Rape Trauma Services, Forensic Laboratory, District Attorney's office, Victim Services and Adult Protective Services.</p> <p>Interview with random sample of 19 staff indicates that they understand the protocol for obtaining usable physical evidence if an inmate alleges sexual abuse as a 1st Responder. When random sample of 19 staff were asked who is responsible for conducting sexual abuse investigations, only 1 staff member knew that the detectives bureau conducts sexual abuse investigations. The remaining staff responded that Supervisors, Sergeants, Deputies, Reporting deputies, Captains or don't know.</p> <p>115.21(b): San Mateo Sheriff's Offices Detention Centers only house adult inmates. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol (Adult Sexual Assault Protocol - 2017. The purpose of the protocol is to establish guidelines for achieving a ""best practice"" response to criminal allegations of sexual assault or abuse upon persons age 18 and older in San Mateo County. Guidelines are designed to ensure a cooperative and coordinated</p>

effort between trained personnel from county law enforcement agencies, the Keller Center, Rape Trauma Services, the District Attorney's Office, Victim Services, Adult Protective Services and the San Mateo County Forensic Laboratory, to achieve our shared mission. Forensic medical examinations are performed in accordance with the California Medical Protocol for the Examination of Sexual Assault Victims utilizing mandated state forms. Required state forms are:

1. Cal OES 2-923 Forensic Medical Report: Acute Adult/Adolescent Sexual Assault Examination
2. CalOES 2-924 Abbreviated Adult/Adolescent Sexual Assault Examination
3. Cal OES 2-950 Forensic Medical Report: Sexual Assault Suspect Examination"

115.21(c): Corrections Procedure Policy 608 mandates that: "Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21)."

Patrol Policy 903 mandates that "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."

Absent extenuating circumstances, the agreed-upon location is the Keller Center SMCo Sexual Assault Protocol page 2 (D. The Keller Center). No forensic examinations have been conducted over the past 12 months.

Interview with SAFE/SANE Supervising Nurse indicates that forensic evidentiary examinations are conducted onsite at the Keller center by SAFE/SANE nurses at the emergency center. Sheriffs office calls ahead to the forensic nurse examiner. Rape Trauma Services (RTS) provides emotional support counselors which are requested by the SAFE nurse examiner. Covid repromises services are not allowed on site.

Emotional support is conducted with phone contact during the forensic exams. Time sensitive medications are provided. In the event no forensic examiner is available at the time of the call from the Sheriff's office, the emergency room provides medication such as pregnancy and STD prophylaxis pending arrival of forensic examiner.

115.21(d): Policy Corrections Procedure 608 mandates that "If requested by the victim, a victim advocate, a qualified office staff member, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.21)."

Adult Sexual Assault Protocol mandates that:

"1. Rape Trauma Services' primary role is to provide information, support, accompaniment and advocacy, as well as counseling and follow-up support services which assure continuity of care to direct and indirect victims of sexual assault and abuse, from the first contact to case closure. These services are provided on a 24

hour, 7 day per week basis.

2. RTS responsibilities include assuring implementation of victim legal rights to:
 - a. Have RTS notified when they will be transported to the hospital for any medical evidentiary or physical examination.
 - b. Have a RTS Sexual Assault Counselor (SAC) present at any forensic interview.
3. When a victim is uncertain whether to report a crime, RTS' role is to provide accurate, relevant and requested information likely to aid in restoring the survivor's sense of control and consequent personal dignity.

Recognizing the profound effects of sexual assault and abuse traumas, a core role of RTS is to provide counseling and support services to those who report crimes as well as those who decide not to report. RTS does not encourage or discourage cooperation with law enforcement and addresses this concern only when initiated by the victim. RTS provides crisis intervention, follow-up, in-person individual, group and family counseling after the event as well as referral information for other community resources likely to support the recovery and well being of survivors."

Agency provided auditor with copy of the 5/10/22 Operational Agreement between Rape Trauma Services (RTS) and San Mateo County Sheriff's Office. The Operational Agreement is effective from 1/1/22 through 12/31/22.

Interview with PREA Compliance Manager indicate that a victim advocate is provided during forensic medical examinations through Rape Trauma Center (RTS). RTS is requested by the SAFE/SANE nurse conducting the forensic examination at the Keller Center.

During the onsite audit there were no inmates who reported sexual abuse housed at the facility.

115.21(e): Corrections Procedure Policy 608 mandates that: "If requested by the victim, a victim advocate, a qualified office staff member, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.21)."

Adult Sexual Assault Protocol mandates that "Recognizing the profound effects of sexual assault and abuse traumas, a core role of RTS is to provide counseling and support services to those who report crimes as well as those who decide not to report. RTS does not encourage or discourage cooperation with law enforcement and addresses this concern only when initiated by the victim. RTS provides crisis intervention, follow-up, in-person individual, group and family counseling after the event as well as referral information for other community resources likely to support the recovery and well being of survivors."

Agency provided auditor with copy of the 5/10/22 Operational Agreement between Rape Trauma Services (RTS) and San Mateo County Sheriff's Office. The Operational Agreement is effective from 1/1/22 through 12/31/22.

Interview with the PREA Compliance Manager indicates that the MOU with Rape Trauma Center ensures they meet the qualifications outlined in Standard provision 115.21(d).

During the onsite audit there were no inmates who reported sexual abuse housed at the facility.

115.21(f): N/A - Agency is responsible for conducting administrative and criminal sexual abuse investigations.

115.21(g): N/A - Auditor is not required to audit this provision.

115.21(h): N/A - Agency always makes a victim advocate from a rape crisis center available to victims.

Adult Sexual Assault Protocol - 2017 mandates that "Rape Trauma Services' primary role is to provide information, support, accompaniment and advocacy, as well as counseling and follow-up support services which assure continuity of care to direct and indirect victims of sexual assault and abuse, from the first contact to case closure. These services are provided on a 24 hour, 7 day per week basis."

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

Corrective Action Recommended:

115.21(a): When random sample of 19 staff were asked who is responsible for conducting sexual abuse investigations, only 1 staff member knew that the detectives bureau conducts sexual abuse investigations. The remaining staff responded that Supervisors, Sergeants, Deputies, Reporting deputies, Captains or don't know.

1. Agency to train all staff what entity is responsible for conducting sexual abuse investigation (inmate on inmate sexual abuse or staff sexual misconduct).
2. Agency to provide auditor with electronic or signed acknowledgement that verifies all staff have been trained as to what entity is responsible to conduct sexual abuse investigations.

Corrective Action Completion 3/13/23:

115.21(a): Electronic Refresher training was conducted for all staff on 1/17, 1/19, 2/2, 2/3, 2/7 and 2/8 of 2023. Training provided included Standard provisions 115.15(d)-3, 115.15(f)-2, 115.21(a)-1 & 2, and 115.78(a). The refresher training included presentation slide 56 thru 64 which discussed entity responsible for conducting sexual abuse investigation (inmate on inmate sexual abuse or staff sexual misconduct). Refresher training attendees each had their own logon and password which verified attendance and attestation date. Attendees also had opportunities to engage in breakout examples and ask questions. Electronic verification is maintained in the Agency training LMS database and uploaded to the OAS Supplemental File. Verification documentation provided for the attendee's initial training when hired, identified in GREEN column, date of recent refresher training identified in BLUE column and refresher training (electronic) and attestation date.

	<p>The agency/facility has met the requirements of Standard provision(s) 115.21(a) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1461 622">115.22(a): Policy 608 PREA mandates that "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22)." Agency reports that in the past 12 months, a total of allegations of sexual abuse and sexual harassment that were received, 5 administrative and 7 criminal allegations. In the past 12 months, all administrative and/or criminal investigations were completed as auditor's review of all cases verified.</p> <p data-bbox="256 636 1461 878">Interview with Agency Head designee indicates that the easy insures that an administrator for criminal investigations completed for all allegations of sexual Meuser sexual harassment per policy 608.7 oversight for investigation of sexual abuse both criminally and administratively. Administrative or criminal investigations completed for allegations of sexual abuse or sexual harassment or per policy 608.4 and Patrol policy 1011 regarding referrals of investigations.</p> <p data-bbox="256 913 1473 1155">115.22(b): San Mateo CJ conducts investigations for cases of both sexual abuse and sexual harassment. "Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71)." Agency website regarding the referral of allegations of sexual abuse or sexual harassment is published on the agency website, available to the public:</p> <p data-bbox="256 1169 1461 1491">"The San Mateo County Sheriff's Office has a ZERO-tolerance policy towards the sexual assault, sexual abuse, and sexual harassment of those in our custody. Those contracted, employed by, or volunteering for the Sheriff's Office will adhere to this ZERO-tolerance policy. The San Mateo County Sheriff's Office will comply with PREA standards in their entirety and implement the appropriate procedures for prevention, intervention, and treatment for all victims of sexual abuse. PREA covers all types of sexual abuse and assault and all reports will be taken with the same level of seriousness and thoroughly investigated."</p> <p data-bbox="256 1505 1473 1662">Policy 608 PREA mandates that "All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."</p> <p data-bbox="256 1675 1473 1953">Interview with Investigative staff indicates that the agency requires the allegations of sexual abuse or sexual-harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. The detective bureau conducts allegations of sexual abuse in a confinement setting. Sexual harassment allegations are conducted by the custody bureau. Cases involving staff misconduct related to violation of policy is investigated by Internal Affairs bureau. All investigations are documented.</p> <p data-bbox="256 1989 1302 2024">115.22(c): N/A - Agency/Facility is responsible for criminal investigations.</p>

115.22(d): N/A - Auditor is not required to audit this provision.

115.22(e): N/A - Auditor is not required to audit this provision.

CONCLUSION:

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

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 262 560 293">Auditor Discussion</p> <p data-bbox="256 338 1469 577">115.31(a): Patrol Policy 903 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 Manager and PREA Coordinator shall be responsible for developing and administering this training as appropriate, covering at a minimum (28 CFR 115.131):</p> <ul data-bbox="256 589 1469 701" style="list-style-type: none"> • The Office's zero-tolerance policy and the right of detainees and prisoners to be free from sexual abuse and sexual harassment, and from retaliation for reporting sexual abuse or harassment. <p data-bbox="256 712 1369 790">"The dynamics of sexual abuse and harassment in confinement settings, including which detainees and prisoners are most vulnerable.</p> <ul data-bbox="256 801 1453 1081" style="list-style-type: none"> • The right of detainees, prisoners and staff members to be free from sexual abuse and sexual harassment, and from retaliation for reporting sexual abuse or harassment. • Detecting and responding to signs of threatened and actual abuse. • Communicating effectively and professionally with all detainees and prisoners. • Compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="256 1093 1437 1205">"Investigators assigned to sexual abuse investigations shall also receive training in conducting such investigations in confinement settings. Training should include (28 CFR 115.134):</p> <ul data-bbox="256 1216 1433 1417" style="list-style-type: none"> • 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. <p data-bbox="256 1429 1465 1585">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.</p> <p data-bbox="256 1597 1469 1798">All current employees and volunteers who may have contact with detainees or prisoners shall be trained within one year of the effective date of the PREA standards. The agency shall provide annual refresher information to all such employees and volunteers to ensure that they understand the current sexual abuse and sexual harassment policies and procedures."</p> <p data-bbox="256 1809 1453 2089">Interview with random sample of 12 staff indicates that they participated in comprehensive PREA training prior to their hire date and subsequent annual PREA refresher training. Agency provided auditor with a copy of the PREA Training Outline. Agency to provide auditor with copies of videos which which are identified in the PREA Training outline for compliance verification for each Standard provision. Agency provided Training Records Review Worksheet to indicate PREA Training dates and Training Acknowledgement verification documentation. Agency failed to provide</p>

Training Acknowledgement verification documentation for 9 custody staff members. Agency to provide signed PREA training acknowledgement or electronic Training verification that each of the 9 custody staff members understood the required PREA training.

115.31(b): Patrol Policy 903 mandates that "All current employees and volunteers who may have contact with detainees or prisoners shall be trained within one year of the effective date of the PREA standards. The agency shall provide annual refresher information to all such employees and volunteers to ensure that they understand the current sexual abuse and sexual harassment policies and procedures."

Agency indicates the population is both male and female, referring to inmates as "Incarcerated Persons". All female Incarcerated Persons are currently housed in the Medical Housing Unit (MCF HO). PREA training is based upon the population of the facility.

115.31(c): Patrol Policy 903 mandates that "All current employees and volunteers who may have contact with detainees or prisoners shall be trained within one year of the effective date of the PREA standards. The agency shall provide annual refresher information to all such employees and volunteers to ensure that they understand the current sexual abuse and sexual harassment policies and procedures."

Agency provided auditor with a Training Records Review tool which provides initial and refresher training dates and acknowledgement dates for 24 randomly selected staff. Agency failed to provide Training Acknowledgement verification documentation for 9 of the 24 custody staff members. Agency to provide signed PREA training acknowledgement or electronic Training verification that each of the 9 custody staff members understood the required PREA training.

115.31(d): Patrol Policy 903 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. All current employees and volunteers who may have contact with detainees or prisoners shall be trained within one year of the effective date of the PREA standards. The agency shall provide annual refresher information to all such employees and volunteers to ensure that they understand the current sexual abuse and sexual harassment policies and procedures." Agency provided auditor with blank copy of a PREA training attestation form for verification of compliance for the past 12 months. The blank form is non compliant with regards to verification of compliance of employee, contractor or volunteer with regards to the Standard provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.31(a), 115.31(c), 115.31(d) and corrective action is required.

Corrective Action Recommended:

115.31(a): Agency provided auditor with a copy of the PREA Training Outline. Agency to provide auditor with copies of videos which which are identified in the PREA Training outline for compliance verification for each Standard provision.

1. Agency provided Training Records Review Worksheet to indicate PREA Training dates and Training Acknowledgement verification documentation. Agency failed to provide Training Acknowledgement verification documentation for 9 custody staff members. Agency to provide signed PREA training acknowledgement or electronic Training verification that each of the 9 custody staff members identified in the Issue Log for this Standard provision, understood the required PREA training.

115.31(c): Agency failed to provide Training Acknowledgement verification documentation for 9 of the 24 custody staff members.

1. Agency to provide signed PREA training acknowledgement or electronic Training verification that each of the 9 custody staff members identified in the Issue Log under this Standard provision, understood the required PREA training.

115.31(d): Agency provided auditor with blank copy of a PREA training attestation form for verification of compliance for the past 12 months. The blank form is non-compliant with regards to verification of compliance of employee, contractor or volunteer with regards to the Standard provision.

1. Agency to explain why the following custody staff have no signed acknowledgement to accompany their PREA Training to verify their understanding of the training they have received per Standard provision 115.31(d)

2. Agency to provide signed PREA training acknowledgement or electronic Training verification that each of the 11 custody staff members identified in the Issue Log under this Standard provision, understood the required PREA training.

Corrective Action Completion 1/5/23:

115.31(a): 1 - 12/21/22 Copies of PREA training video #29 outline provided by Agency via thumb-drive. Full Video Training Drive too large to enter into OAS system. 2 - Submitted to OAS 11/03/22 - All but 2 staff member acknowledgements were signed with acknowledgement dates. 3 - 1/5/23 - 2 staff members acknowledgements which were missing dates, were provided by agency with the training dates included for a total of 11 staff member which were missing PREA training attestations during the Pre-Audit training document review. Training dates were originally included in the electronic verification provided on OAS ON 11/3/22.

115.31(c): 1- 1/5/23 - 2 staff members acknowledgements which were missing dates, were provided by agency with the training dates included. Training dates were originally included in the electronic verification provided on OAS ON 11/3/22.

115.31(d): Submitted to OAS 11/03/22 - 1/5/23 - 2 staff members acknowledgements which were missing dates, were provided by agency with the

training dates included, which brings total to 11 staff members that were missing PREA training acknowledgements during Pre-Audit PREA Training document review. Training dates were originally included in the electronic verification provided on OAS ON 11/3/22.

The agency/facility has met the requirements of Standard provision(s) 115.31(a), 115.31(c), 115.31(d) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.31.

115.32	Volunteer and contractor training
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1477 667">115.32(a): Agency indicates that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Agency states that a total of 543 volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Agency provided auditor with a copy of the San Mateo Sheriff's Office Training Curriculum which outlines the following performance objectives:</p> <ol data-bbox="256 674 1477 1122" style="list-style-type: none"> (1) Discuss that agencies must have a zero-tolerance policy for sexual abuse and sexual harassment. (2) Determine How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. (3) Detail Inmates' right to be free from sexual abuse and sexual harassment. (4) Discuss the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. (5) Analyze the dynamics of sexual abuse and sexual harassment in confinement. (6) Determine the common reactions of sexual abuse and sexual harassment victims. <p data-bbox="256 1133 1437 1294">Interview with 2 volunteers and 2 contractors who have contact with inmates indicates that they received PREA training prior to their start date and contact with incarcerated persons. Auditor unable to validate compliance with this Standard provision until review of the training disc to be provided by Agency.</p> <p data-bbox="256 1332 1477 1615">115.32(b): Agency states 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 and 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 also states that all volunteers and contractors must complete training and submit a written attestation as part of the jail clearance process.</p> <p data-bbox="256 1626 1453 1827">Interview with 2 volunteers and 2 contractors who have contact with inmates indicates the PREA training they received consisted of definitions how to complete a PREA report, behavior of incarcerated persons, first responder duties. Agency to provide signed attestation forms for all contractors and volunteers hired in the 12 months prior to the onsite audit.</p> <p data-bbox="256 1865 1453 2067">115.32(c): Agency states that they maintain documentation confirming that volunteers and contractors understand the training they have received. The documentation is reportedly held in the volunteer & contractor personnel folders. Agency to obtain documentation confirming each volunteer and contractor assigned to the Maguire facility understand the PREA training they have received and provide</p>

to auditor through the OAS Supplemental File proof documentation that volunteers and contractors understand the training they have received by way of signed attestation forms or through electronic training verification.

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

Corrective Action Recommended:

115.32(a): Auditor unable to validate compliance with this Standard provision until review of the training curriculum to be provided by Agency

1. Agency to provide SMSO STC approved online Training Curriculum Disc.

115.32(b): Agency states that volunteers and contractors must complete training and submit a written attestation as part of the jail clearance process.

1. Agency to provide signed training attestation forms for all contractors and volunteers hired in the 12 months prior to the onsite audit to verify training participation and understanding of the training.

115.32(c): Agency to obtain documentation held by CHS in personnel folder, confirming each volunteer and contractor assigned to the Maguire facility understand the PREA training they have received and provide to auditor through the OAS Supplemental File proof documentation that volunteers and contractors understand the training they have received by way of signed attestation forms or through electronic training verification.

Corrective Action Completion 12/15/22:

115.32(a): Training video & Course outline provided by Agency via thumb-drive on 12/15/22. Unable to upload training video to OAS due to size of the video. Review of video verifies compliance with Standard 115.32.

115.32(b): On 12/5/22, Agency provided signed attestation of all 212 Volunteers and Contractors assigned to the San Mateo County sheriff's Department which verifies their reading the Jail Clearance Request Application PREA which includes instructions on:

- Security Guidelines
- PREA Acknowledgement
- e-Signature of Jail clearance Request Form
- Type of access and expiration date

115.32(c): On 12/5/22, Agency provided auditor with copies of CHS PREA Training

materials and ppt. The following is the ppt link to the training.
"https://360.articulate.com/review/content/a39745d3-5942-47e6-
acd2-ccc4f4da393e/review"

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

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 262 560 293">Auditor Discussion</p> <p data-bbox="256 338 1458 454">115.33(a): Patrol Policy 903 PREA mandates that "Detainees or prisoners may make reports verbally, in writing, privately or anonymously of any of the following (28 CFR 115.151):</p> <ul data-bbox="256 465 1474 703" style="list-style-type: none"> <li data-bbox="256 465 528 497">• Sexual abuse <li data-bbox="256 508 612 539">• Sexual harassment <li data-bbox="256 551 1474 622">• Retaliation by other detainees or prisoners or staff for reporting sexual abuse or sexual harassment <li data-bbox="256 633 1474 703">• Staff neglect or violation of responsibilities that may have contributed to sexual abuse or sexual harassment <p data-bbox="256 714 1474 952">During intake, members 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. This allows the detainee or prisoner to remain anonymous (28 CFR 115.132; 28 CFR 115.151)."</p> <p data-bbox="256 963 1458 1034">Agency reports that 9676 inmates admitted during past 12 months who were given this information at intake (100%).</p> <p data-bbox="256 1046 1474 1207">During the onsite audit physical plant review, auditor observed a mock intake process where the incarcerated person initially is reviewed by medical where both medical and some PREA questions are asked. The medical practitioner asks questions of the incarcerated person and completes the electronic medical/PREA intake forms.</p> <p data-bbox="256 1218 1474 1794">Forensic Mental Health (FMH) practitioners are also in that office and can provide translation services or call for bi-lingual custody staff to assist with translation during the intake process. Service League is also available to provide additional interpretation services if needed. Upon completion of medical, the incarcerated person then goes to the Booking desk, where the intake deputy completes the PREA intake questions, has the incarcerated person read the initial and comprehensive PREA intake form. If the incarcerated person is unable to read or has cognitive issues, the deputy will read the document to ensure the incarcerated person understands the PREA training information. PREA Education forms can be provided in both English and Spanish. Should translation services be required, the deputy contacts bi-lingual staff, medical, Service League or FMH can provide translation services. The incarcerated person is to sign the PREA Education form, after which they are placed in holding awaiting Classification to complete the intake process (housing and programming).</p> <p data-bbox="256 1805 1474 2042">Interview with intake staff indicates that incarcerated persons are provided with PREA form which includes PREA education initial and comprehensive. Should the incarcerated person be disabled, the intake deputy reads the information to them and assist them in their PREA education. The incarcerated person has the opportunity to ask questions of the intake deputy and must sign the PREA Education Form to acknowledge receipt of the information.</p> <p data-bbox="256 2054 1458 2085">Interview with random sample of 24 incarcerated persons indicates that the majority</p>

received a handbook, PREA pamphlet with reporting instructions, access to electronic tablets where in order to activate the tablet they must identify themselves via the intake id and complete viewing of the PREA education in the tablet mandated before they can have access to the rest of the tablet's database. Tablet is in both English and Spanish languages.

115.33(b): Agency states that 1769 inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

Interview with intake staff indicates that incarcerated persons are educated by Apria posters in intake and the perform that incarcerated persons my sign to recognize with knowledge understanding of the training they receive. The intake deputy advised them to acknowledge receipt of the PREA training by way of their signature. PREA educational information is also provided on the electronic tablets incarcerated persons have access to. During initial activation of the tablet, the PREA Education begins and the incarcerated person must review this information before they can access additional data on the tablet. In addition, the incarcerated person telephone provides narrative when activated that allows access to the Rape Trauma Hotline anytime an incarcerated person activates the phones.

Interview with random sample of 24 incarcerated persons indicates that the majority informed the auditor that at intake they were provided their rights not to be sexually abused or sexually harassed, how to report sexual abuse for sexual-harassment, their rights not to be punished for reporting sexual abuse or sexual harassment. Auditor review of intake documentation all randomly sampled incarcerated persons received their PREA initial and comprehensive education on date of intake.

115.33(c): Agency states that all inmates have been appropriately education in PREA upon intake. Agency does not have a policy requiring inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual 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. Agency has two correctional facilities and there is no variation of policy and procedure between facilities.

Interview with intake staff verifies that current incarcerated persons as well as those transferred from other facilities have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment. Agency to provide auditor with copy of completed written/signed Inmate intake forms or electronic documentation and signed PREA Education documentation for compliance verification of this Standard provision.

115.33(d): Patrol Policy 903 PREA mandates that "Ensuring that detainees and prisoners with limited English proficiency and disabilities have an equal opportunity to understand and benefit from efforts to prevent, detect and respond to sexual abuse and sexual harassment. This includes, as appropriate, access to interpreters and written materials in formats (including video) or through methods that provide

effective communication to those with disabilities (e.g., limited reading skills, intellectual, hearing or vision disabilities) (28 CFR 115.116).

1. The agency shall not rely on other detainees or prisoners for assistance except in limited circumstances where an extended delay in obtaining an interpreter could compromise the detainee's or prisoner's safety, the performance of first- response duties under this policy, or the investigation of a prisoner's allegations of sexual abuse, harassment or retaliation."

Inmate education is also available in the housing units in various languages and inmates have access to interpreters and electronic tablets. Agency to provide auditor with a copy of the current and signed contract or agreement between the Sheriff's Office and Translation services.

115.33(e): Agency states that documentation is maintained to verify inmate participation in PREA education session. This verification is made during the intake process and at each tablet use. Agency to provide auditor with verification documentation for Standard provision compliance.

115.33(f): Agency indicates that it ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, tablets or other written formats.

During the onsite audit, the auditor observed that the key information about the agency's PREA policies was not continuously and readily available through posters or inmate handbooks. Incarcerated persons have access to tablets and kiosk but finding the information on tablets and kiosk is difficult. Agency to provide PREA posters in multiple areas in the housing units, both upper and lower floors, with a poster at the phones which would provide continuous and readily available information and access to PREA policies.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.33(c), 115.33(d), 115.33(e), 115.33(f) and corrective action is required.

Corrective Action Recommended:

115.33(c): Agency to provide auditor with copy of completed written/signed Inmate intake screening forms or electronic documentation to include electronic verification of the 30-day reassessment for compliance verification of this Standard provision for the 4 IP's identified in the Issue Log Standard provision:

115.33(d): Agency to provide auditor with a copy of the current and signed contract or agreement between the Sheriff's Office and Translation services.

115.33(e): Is IP participation in PREA education sessions documented at each tablet use?

1. Do all IPs have access to tablets
2. How does Agency verify IPs receive PREA Training at each tablet use.
3. Agency to provide auditor with samples of tablet use PREA training documentation.

115.33(f): During the onsite audit, the auditor observed that the key information about the agency's PREA policies was not continuously and readily available through posters or inmate handbooks. Incarcerated persons have access to tablets and kiosk but finding the information on tablets and kiosk is difficult.

1. Agency to provide PREA posters in multiple areas in the housing units, both upper and lower floors, with a poster at the phones which would provide continuous and readily available information and access to PREA policies.

Corrective Action Completion 2/28/23:

115.33(c): 12/8/22 - Agency provided auditor with copy of the PREA Audit Inmate Records Review Tool and supporting documentation which outlines dates of PREA training, admission date, initial screening dates and 30-day reassessment dates for 20 randomly selected inmates. 19 selected inmates were found to have PREA training, initial screening and reassessments conducted according to PREA Standards. 1 inmate was included in error on the availability list by Agency as being incarcerated. Said inmate was not incarcerated as she was admitted to intake and was committed and released through the ASB Program. Said inmate was never housed in the facility.

115.33(d): On 12/19/22, Agency provided auditor with the Board of Supervisors, County of San Mateo, Resolution No. 079027 which extends the resolution approving a 5th amendment of the agreement with certified languages international to continue to provide language access services to San Mateo County departments extending the term through 7/1/2023. Language access services, over the phone interpretation and document translation.

115.33(e): 2/10/23 - Agency responded that all incarcerated persons have access to electronic tablets. During the initiation of tablet sign-on and use, a mandatory acknowledgement is completed by the incarcerated person and tracked on the electronic system. Agency provided auditor with sample of PREA acknowledgement via inmate tablet for verification. Tablet attestation exemplar and verification sample was uploaded to the Supplemental Files on 2/9/23.

115.33(f): 2/28/23 - Auditor conducted a Corrective Action Onsite facility review of the Maguire facility PREA poster placements. Auditor reviewed PREA posters throughout housing units, inmate phones, Intake and Booking to include transparent PREA posters on holding tank windows, visiting areas, staff areas and posters in waiting areas. Auditor noticed housing unit posters blended in with the color of the doors and walls to include printing was small, making narrative difficult to read unless reader was within a foot of the poster. PREA Coordinator had posters remade in order

to stand out from the wall color background in the housing units and had staff post new posters throughout each facility in addition to the original posters, replacing posters that blended in with the wall background in the following housing units:

- 2 West
- 2nd Flr
- 2nd Flr-2
- 3 East-2
- 3 West
- 3 West-2
- 3 West-3
- 4 East
- 4 East-2
- 4 East-3
- 4 West
- 4 West-3
- 5 East
- 5 East-2
- 5 East-3
- 5 West
- 5 West-2
- 5 West-3
- 6 East-1
- 6 East-2
- 6 West
- 6 West-2
- 6 West-3

The agency/facility has met the requirements of Standard provision(s) 115.33(c), 115.33(d), 115.33(e), 115.33(f) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.33.

115.34	Specialized training: Investigations
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1484 748">115.34(a): Policy 608 Corrections Procedure mandates that "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71)."</p> <p data-bbox="256 757 1452 958">Interview with 4 investigative staff indicates that they have received online training to conduct sexual abuse in a confinement setting through the National Institute of Corrections (NIC). The training consisted of interactive videos, scenarios, sexual abuse in confinement, reporting , forensic examinations, DNA, photos and obtaining usable physical evidence, preserving crime scene.</p> <p data-bbox="256 999 1436 1115">115.34(b): Patrol Policy 903 PREA mandates that "Investigators assigned to sexual abuse investigations shall also receive training in conducting such investigations in confinement settings. Training should include (28 CFR 115.134):</p> <ul data-bbox="256 1124 1436 1326" style="list-style-type: none"> • 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. <p data-bbox="256 1335 1465 1491">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."</p> <p data-bbox="256 1500 1484 1657">Interview with 4 investigative staff indicates that investigators receive 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 or prosecution referral.</p> <p data-bbox="256 1697 1445 1899">115.34(c): Agency provided auditor with 1 specialized training certificate of the 5 investigators who allegedly have completed the required training to conduct sexual abuse investigations in a confinement setting. Agency to provide auditor with specialized training certificates of all 5 investigators who have completed the required training to conduct sexual abuse investigations in a confinement setting.</p> <p data-bbox="256 1939 1062 1975">115.34(d): Auditor is not required to audit this provision.</p> <p data-bbox="256 2007 1398 2087">Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.34(c) and corrective action is required.</p>

Corrective Action Recommended:

115.34(c): Agency provided auditor with 1 specialized training certificates of the 5 investigators who allegedly have completed the required training to conduct sexual abuse investigations in a confinement setting.

1. Agency to provide auditor with specialized training certificates of all 5 investigators who have completed the required training to conduct sexual abuse investigations in a confinement setting.

Corrective Action Completion 11/3/22:

115.34(c): Agency provided 17 staff NIC certificates of completion for PREA Investigating Sexual Abuse in a Confinement Setting course, completed by staff investigators. 17 Certificates have been uploaded into the Supplemental file. Following review of all Sexual Abuse allegations conducted between 2021 and 2022, auditor identified investigators who have conducted sexual abuse investigations who have not completed or possessed no training certification to conduct sexual abuse investigation in a confinement setting. Auditor identified these investigations and requested Agency to locate and provide NIC certifications to conduct said training. On 3/22/23, the PREA Coordinator provided auditor provided an additional 9 NIC certifications for staff who conducted sexual abuse investigations during 2021 and 2022 and uploaded the certificates and memorandum which explains the updated documentation maintenance process going forward to ensure an ongoing institutionalized solution since it was an issue locating the documentation through the NIC.

On 4/10/23, PREA Coordinator provided auditor with Sexual Abuse allegation against unknown staff member while in custody which was reported on 4/7/23. The inmate declined to cooperate with the investigation by certified staff trained to conduct sexual abuse investigation in a confinement setting and the outcome of the investigation was determined to be unfounded. A copy of the investigating officer's Certificate of Completion for NIC Investigating Sexual Abuse in a Confinement Setting was provided. Both investigation documentation and NIC Certificate of training was provided to auditor through the Supplemental File.

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

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.35(a): Patrol Policy 903 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 Manager and PREA Coordinator shall be responsible for developing and administering this training as appropriate, covering at a minimum (28 CFR 115.131):</p> <ul style="list-style-type: none"> • The Office's zero-tolerance policy and the right of detainees and prisoners to be free from sexual abuse and sexual harassment, and from retaliation for reporting sexual abuse or harassment. • The dynamics of sexual abuse and harassment in confinement settings, including which detainees and prisoners are most vulnerable. • The right of detainees, prisoners and staff members to be free from sexual abuse and sexual harassment, and from retaliation for reporting sexual abuse or harassment. • Detecting and responding to signs of threatened and actual abuse. • Communicating effectively and professionally with all detainees and prisoners. • Compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>Investigators assigned to sexual abuse investigations shall also receive training in conducting such investigations in confinement settings. Training should include (28 CFR 115.134):</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>All current employees and volunteers who may have contact with detainees or prisoners shall be trained within one year of the effective date of the PREA standards. The agency shall provide annual refresher information to all such employees and volunteers to ensure that they understand the current sexual abuse and sexual harassment policies and procedures."</p> <p>The Policy training mandates includes Medical and Mental Health practitioners. Agency reports that the number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is 120. Agency indicates that 100% of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy.</p>

Interview with medical and mental health staff indicates that they received their PREA training from San Mateo County Sheriff's Department through a 2 hour PREA online training session and receive refresher training bi-annually. Agency requested to provide auditor with documentation which verifies that 100% of all medical & mental health care practitioners who work regularly at the Maguire facility have received the PREA training required by Agency policy through either signed attestation or if training is provided electronically, electronic signature verification of attendance and understanding of the training.

115.35(b): N/A - Agency and interview with medical and mental health staff reports that Agency medical staff at this facility does not conduct forensic medical exams. Interview with medical and mental health staff indicates that they do not conduct forensic medical examinations. Forensic evidentiary examinations are conducted by SAFE/SANE practitioners at the Keller Center.

115.35(c): The agency indicates that it maintains documentation showing that medical and mental health practitioners have completed the required training, however, Agency has not provided said training documentation which they claim is held by CHS. Agency requested to provide auditor with documentation which verifies that 100% of all medical & mental health care practitioners who work regularly at the Maguire facility have received the PREA training required by Agency policy through either signed attestation or if training is provided electronically, electronic signature verification of PREA training completion and understanding of the training.

115.35(d): Agency reports that Medical and mental health care practitioners receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. and according to Patrol Policy 903 as outlined in Standard provision 115.35(a). Agency to provide auditor with copies of the PREA training curriculum and lesson plan provided to medical and mental health care practitioners as mandated for employees under Standard provision 115.31, or for contractors and volunteers under § 115.32.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.35(a), 115.35(c) and corrective action is required.

Corrective Action Recommended:

115.35(a): Agency indicates that 100% of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy.

1. Agency requested to provide auditor with documentation to verify that 100% of all medical & mental health care practitioners who work regularly at the Maguire facility have received the PREA initial and bi-annual training required by Agency policy

through either signed attestation or if training is provided electronically, through electronic signature verification of attendance and understanding of the training..

115.35(c): Agency states documentation is maintained by CHS which verifies that 100% of all medical & mental health care practitioners who work regularly at the Maguire facility have received the PREA training required by Agency policy through either signed attestation or if training is provided electronically, electronic signature verification of PREA training completion.

1. Agency to obtain and provide auditor with medical & mental health practitioners who have completed the required PREA training per Standard provision 115.35(c).
2. Agency to obtain and provide auditor with the PREA training curriculum & PPT provided to medical & mental Health practitioners.

Corrective Action Completion 12/5/22:

115.33(a): On 12/5/22, Agency provided signed attestation of all 212 Volunteers and Contractors assigned to the San Mateo County sheriff's Department which verifies their reading the Jail Clearance Request Application PREA which includes instructions on:

- Security Guidelines
- PREA Acknowledgement
- e-Signature of Jail clearance Request Form
- Type of access and expiration date

PREA Coordinator indicates all Contractors and Volunteers are required to renew their PREA education annually.

115.35(c): On 12/5/22, Agency provided signed attestation of all 212 Volunteers and Contractors assigned to the San Mateo County sheriff's Department which verifies their reading the Jail Clearance Request Application PREA which includes instructions on:

- Security Guidelines
- PREA Acknowledgement
- e-Signature of Jail clearance Request Form
- Type of access and expiration date

PREA Coordinator indicates all Contractors and Volunteers are required to renew their PREA education annually.

115.35(d): On 12/5/22, Agency submitted the training website link and full power-point to the PREA Medical and Mental Health Training to the Supplemental file per auditor's request. Information is identified as CHS PREA Training Materials under Standard provision 115.35(c). Training topics covered are as follows:

- To whom does PREA apply
- PREA Settings
- PREA Definitions
- Compliance indicators
- NCCHC Standards
- Confidentiality of electronic health records
- Cross-Gender viewing and searches
- Inmates with disabilities & limited English proficient
- Hiring & Promotional decisions
- Evidence protocol & forensic medical examinations
- Policies to ensure referrals of allegations for investigations
- Employee, volunteer and contractor training
- Inmate education
- Specialized training for Medical & Mental Health care
- Screening for Risk of Sexual Victimization and Abusiveness
- Reporting
- Official response following an inmate report
- Medical & Mental Health Care

The agency/facility has met the requirements of Standard provision(s) 115.35(a), 115.35(c) and 115.35(d) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.35.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 262 560 293">Auditor Discussion</p> <p data-bbox="256 338 1458 580">115.41(a): Policy 510 Inmate Classification mandates that "It is the policy of this office to process all arrestees and detainees entering this facility to determine whether they will be housed in the facility, cited and released, released on their own recognizance (O.R.) or bail, or released back to the community through an appropriate release mechanism, including alternatives to incarceration programs, such as electronic supervision.</p> <p data-bbox="256 591 1469 913">Anyone housed in the facility shall be properly classified according to security and health risks so that appropriate supervision, temporary holding, and housing assignments may be made. The Classification plan should include an initial screening process, as well as a process for determining appropriate housing assignments (28 CFR 115.42). The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms, and a process to ensure that all classification and housing records are maintained in each inmate's permanent file."</p> <p data-bbox="256 925 1469 1039">Interview with risk screening staff indicates that they provide incarcerated persons with information on zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment by way of the PREA information form at intake.</p> <p data-bbox="256 1050 1458 1164">Should the incarcerated person be disabled or unable to read, the intake deputy will read it to them or obtain translation services through bi-lingual staff or Service League to translate the PREA education.</p> <p data-bbox="256 1176 1469 1581">Interview with random sample of 24 incarcerated persons indicates that 1/4 of them recall being asked if they have been sexually abused in the past and their sexual identity. Auditor asked their demeanor at time of intake screening and the incarcerated persons who responded that they were not asked the questions regarding sexual identity or history of sexual abuse admitted to either being under the influence of alcohol or drugs at the time of questioning. Auditor noted that Policy 510 Inmate Classification does not include Standard mandate which requires screening upon transfer to another facility. Agency to provide auditor with the procedure and screening verification for inmates who are transferred from one facility to another.</p> <p data-bbox="256 1626 1458 1823">115.41(b): Policy 510 Inmate Classification mandates that "The initial classification process is intended to identify predatory, violent and at-risk inmates. It should occur early in the intake process to allow for appropriate supervision while an inmate is being temporarily held in this facility and until a decision is made to place the individual into a more permanent housing assignment.</p> <p data-bbox="256 1834 1469 2076">Inmates should be interviewed by an intake deputy as soon as possible in the booking process. The intake deputy shall complete the initial classification form. The initial classification form should include a place for the intake deputy to make a housing recommendation. This recommendation should be based on the initial classification form, an assessment of the inmate's condition and the inmate's interview. The initial classification assessment tool specifically asks if inmate had been screened for</p>

victimization 72 hours after intake.

The initial classification form shall be placed in the inmate's file and provided to the classification deputy, who will, within the limits of available resources, determine the appropriate temporary housing location. Once it has been determined that the person arrested will not be released from custody on bail or O.R., a more in-depth classification of the inmate will be conducted as soon as possible but no later than 24 hours after the inmate's arrival at the facility, after which the inmate will be moved to more permanent housing. "The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification deputy. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate."

Interview with risk screening staff indicates that incarcerated persons are screened for risk of victimization within 72 hours of intake.

Interview with random sample of 24 incarcerated persons indicates that screening is conducted upon intake. Agency provided auditor with a completed PREA Audit Records Review Tool which identified 20 incarcerated persons intake date, initial screening date, PREA initial education date, PREA Comprehensive education date and 30-day Reassessment date should the incarcerated person be housed for 30 days or more. The initial screening for 3 Incarcerated Persons are missing. Informal interview with intake staff indicates that at times during the actual classification portion before the initial screening form is filled out the entire IP jacket may be picked up by the cashier to bail, some may not have been filled out, and some may have been misplaced. Agency to provide auditor with roster of inmates who were booked into Maguire Detention facility over the past 12 months for document selection. 2. Auditor to make random selection of inmates identified from the above roster for agency to provide intake documentation to verify all inmates housed with the Agency for 30 days, received re-evaluation within 30 days of intake.

115.41(c): Policy 510 Inmate Classification mandates that "The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification deputy. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate. Individualized determinations shall be made about how to ensure the safety of each inmate. The classification deputy has the authority to override the scores when it appears necessary to more appropriately assign housing. The override capability exists to use the classification deputy's training and expertise in those instances when the numerical scores are not reflective of the inmate's potential security or health risk. All overrides will be reviewed by a supervisor and are intended to be an exception, rather than the rule.

"At the conclusion of the risk/security assessment interview, the ICD may use the following information to determine a classification score:

- (a) Risk/security assessment interview.
- (b) Intake staff assessment

- (c) Own Recognizance Interviewer assessment
- (d) Criminal History (RAP Sheet)
- (e) Classification rating during prior facility incarcerations

The ICD will use the classification score sheet to determine an appropriate security rating."

Agency provided auditor with a copy of the Intake Classification Assessment Tool, Classification form and CHS Medical Screening Form:

Classification Assessment Tool provides response to criteria specifically outlined in Standard provision 115.41(b) & (d) items 1 thru 10

Correctional Health Services (CHS) Intake Medical Screening form includes PREA questions regarding prior sexual assault and possible developmental problems. PREA Screening Classification form is a complete PREA questionnaire completed by Classification and the inmate.

115.41(d): Policy 510 Inmate Classification mandates that "The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification deputy. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate. Individualized determinations shall be made about how to ensure the safety of each inmate. The classification deputy has the authority to override the scores when it appears necessary to more appropriately assign housing. The override capability exists to use the classification deputy's training and expertise in those instances when the numerical scores are not reflective of the inmate's potential security or health risk. All overrides will be reviewed by a supervisor and are intended to be an exception, rather than the rule.

"At the conclusion of the risk/security assessment interview, the ICD may use the following information to determine a classification score:

- (a) Risk/security assessment interview.
- (b) Intake staff assessment
- (c) Own Recognizance Interviewer assessment
- (d) Criminal History (RAP Sheet)
- (e) Classification rating during prior facility incarcerations

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Agency provided auditor with a copy of the Intake Classification Assessment Tool, Classification form and CHS Medical Screening Form:

Classification Assessment Tool provides response to criteria specifically outlined in Standard provision 115.41(b) & (d) items 1 thru 10

Correctional Health Services (CHS) Intake Medical Screening form includes PREA questions regarding prior sexual assault and possible developmental problems. PREA Screening Classification form is a complete PREA questionnaire completed by Classification and the inmate

Interview with risk screening staff indicates that the risk screening procedure is conducted using a risk questionnaire consisting of 12 -13 PREA questions which

include questions about prior abusiveness and prior victimization.

115.41(e): Agency has provided auditor with copies of the Intake Classification Assessment Tool, CHS Intake Medical Screening form and the Classification Form which is individually utilized by Intake and Classification which identifies all 10 criteria outlined in Standard provisions 115.41e).

Interview with risk screening staff indicates that the process for conducting the initial screening is through a formal checklist - PREA Questionnaire Objective Screening Instrument. The Instrument includes override option for classification regarding housing and programming with approval from Classification supervisor.

115.41(f): Policy 510 Inmate Classification - Periodic Classification Reviews mandates that "The classification deputy shall review the status of all inmates who have been incarcerated in the facility for more than 30 days. Additional reviews should occur each 30 days thereafter. The review should examine changes in the inmate's behavior or circumstances and should either raise, lower, or maintain the classification status (28 CFR 115.41).

Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42).

Inmate risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases the inmate's risk of sexual victimization or abusiveness (28 CFR 115.41)."

Agency states that 1769 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who 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 within 30 days, incarcerated person's risk levels are reassessed as verified through the auditor's PREA audit inmate records review tool.

Interview with random sample of incarcerated persons indicates that they were asked if they had history of sexual abuse and sexual identity at intake but only 2 indicated if they had been asked these questions again since they had been incarcerated at San Mateo CJ when they transferred from Maple Street Jail to the Maguire facility.

Corrections Procedure 510 Inmate Classification states:

"The classification deputy shall review the status of all inmates who have been incarcerated in the facility for more than 30 days."

This Policy statement is non-compliant with PREA Standard provision 115.41(f), which mandates that :

"The policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility." Agency is requested to amend Policy narrative to comply with the PREA Standard provision mandate.

115.41(g): Policy 510 Inmate Classification - Periodic Classification Reviews mandates that "Inmate risk levels shall be reassessed when required due to a referral, request, incident of sexual abuse, or receipt of additional information that increases

the inmate's risk of sexual victimization or abusiveness (28 CFR 115.41)."
Interview with risk screening staff indicates that all incarcerated persons are reassessed within 30 days of intake as needed due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Interview with random sample of incarcerated persons indicates that they were not asked sexual identity or history of sexual abuse questions since initial intake.

115.41(h): Policy Corrections Procedure 510 mandates that "Inmates may not be compelled by threat of discipline to provide information or answers regarding (28 CFR 115.41):

- (a) Whether the inmate has a mental, physical, or developmental disability.
- (b) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- (c) Whether the inmate has previously experienced sexual victimization.
- (d) The inmate's own perception of vulnerability."

Interview with risk screening staff indicates that incarcerated persons are not disciplined for refusing to respond to or not disclosing complete information to the risk assessment questions 1, 7, 8, 9 asked at intake.

115.41(i): Policy Corrections Procedure 510 mandates that "Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41).

At any point during an inmate's incarceration, a staff member may request a review of the inmate's classification. The reason for the review, the review itself, and the outcome of the review shall be documented in the inmate's permanent file. Nothing in this section shall prohibit staff from immediately moving an inmate to another location in the facility based on exigent circumstances. Under such circumstances, the staff member moving the inmate must immediately document the action and notify the classification deputy."

Interview with PREA Coordinator indicates that access to incarcerated persons risk assessment is on a need to know basis and restricted to medical, forensic mental health, administration and classification.

Interview with PREA Compliance Manager indicates that only classification unit has access and maintains sensitive information in ATIMS

Interview with risk screening staff indicates that only classification staff have access to the classification notes on ATIMS.

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

Corrective Action Recommended:

115.41(a): Agency provided auditor with a completed PREA Audit Records Review Tool which identified 20 incarcerated persons intake date, initial screening date, PREA initial education date, PREA Comprehensive education date and 30-day Reassessment

date should the incarcerated person be housed for 30 days or more.
Review of the worksheet found that the initial screening data for three Incarcerated Persons are missing proof documentation. Informal interview with intake staff indicates that at times during the actual classification portion before the initial screening form is filled out the entire IP jacket may be picked up by the cashier to bail, some may not have been filled out, and some may have been misplaced.

1. Agency to provide auditor with initial screening date and 30-day reassessment date documentation to verify compliance with Standard 115.33 for each of the 3 incarcerated persons identified in this Standard provision Issue Log:

115.41(b): Agency provided auditor with a completed PREA Audit Records Review Tool which identified 20 incarcerated persons intake date, initial screening date, PREA initial education date, PREA Comprehensive education date and 30-day Reassessment date should the incarcerated person be housed for 30 days or more.

Review of the worksheet found that the initial screening data for three Incarcerated Persons are missing proof documentation. Informal interview with intake staff indicates that at times during the actual classification portion before the initial screening form is filled out the entire IP jacket may be picked up by the cashier to bail, some may not have been filled out, and some may have been misplaced.

1. Agency to provide auditor with initial screening date and 30-day reassessment date documentation to verify compliance with Standard 115.33 for each of the 3 incarcerated persons identified in this Standard provision Issue Log.

2. Agency to provide auditor with roster of inmates who were booked into Maguire Detention facility over the past 12 months for document selection.

3. Auditor to make random selection of inmates identified from the above roster for agency to provide intake documentation to verify all inmates housed with the Agency for 30 days, received re-evaluation within 30 days of intake.

115.41(c): None of the forms Agency provided that is utilized in the intake and classification process meets the PREA requirements as an objective screening instrument as there is no override capabilities when it appears necessary to more appropriately assign housing and no numerical scoring to represent the security level and housing assignment appropriate for each inmate

1. Agency to include override capabilities and a numerical scoring process to represent the security level and housing assignment appropriate for each incarcerated person in order to meet compliance with the PREA Standard provision. Agency to provide copies of the objective screening instrument completed for each incarcerated person booked in the Maguire Facility between 9/13/22 and 12/13/22 to verify compliance with Standard provision 115.41(c)

2. Agency to provide auditor with roster of inmates for random selection who entered intake between 1/1/23 and 3/1/23 for review to ensure objective screening instrument has been created and complies with Standard provision 115.41(c).

115.41(f): Corrections Procedure 510 Inmate Classification states:

"The classification deputy shall review the status of all inmates who have been incarcerated in the facility for more than 30 days."

This Policy statement is non-compliant with PREA Standard provision 115.41(f), which mandates that :

the facility will reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility.

1. Agency requested to amend Policy or procedure in order to comply with the PREA Standard provision mandate. Please provide written verification of compliance.

Corrective Action Completion 3/3/23:

115.41(a): On 1/26/23, Agency uploaded example of ATIMS screening entry regarding risk of sexual abuse victimization or sexual abusiveness toward other inmates for Incarcerated Person who was transferred from the Maguire facility to the Maple Street facility into the Supplemental files.

Per auditor request, Agency uploaded additional 14 examples of ATIMS screenings for transfers between facilities which occurred between 12/2022 and 2/2023.

115.41(b): 1. Per phonecon, not completed due to confusion concerning requirements. Classification unit staff erroneously instructed Incarcerated Persons (IPs) at MSCC did not need 30 day reevaluation. Classification is currently aware that MSCC IPs have same requirements as MCF IPs. On 12/21/22 - Agency provided auditor with IP screening documentation for 19 randomly selected by auditor for Corrective Action 30-day Reassessment Review. 19 IPs were reassessed within 30 days of intake. One IP, found to be booked into alternative sentencing and did not serve commitment in the county jail as he was released to alternative sentencing program on same day of booking. Agency deemed compliant with Standard provision 115.41(b).

115.41(c): 1. 1/19/23 - PREA Coordinator provided updated objective screening instrument which includes override feature, numerical scoring & classification appropriate for each inmate.

2. On 2/28/23, auditor conducted interview with Classification officer regarding random selection of inmates to review PREA compliant screening, PREA education and reassessment utilizing the updated objective screening instrument (starting in 2/26/23) and accompanying documents. Random selections were made by auditor. Selections were taken from a current SMCJ Maguire & Maple St facility rosters of 557 inmates total since Maguire facility is the intake facility and majority of inmates are transferred from Maguire facility to the Maple St facility on date of intake. Based upon the documentation received from Classification on the randomly selected inmate files, Auditor has determined that the initial screening, reassessment and PREA education documentation meets the PREA Standard requirement.

115.41(f): 3/1/23 - Agency amended the Corrections Procedures Manual Section 510.7.1 Periodic Classification Reviews to read:

"The classification deputy shall reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility. Additional reviews should occur each 30 days thereafter. The review should examine changes in the incarcerated person's behavior or circumstances and should either raise, lower, or maintain the classification status (28 CFR 115.41)." Narrative is in compliance with Standard provision 115.41(f).

The agency/facility has met the requirements of Standard provision(s) 115.41(a), 115.41(b), 115.41(c), 115.41(f) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.41.

115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.42(a): Policy Corrections Procedure 510 mandates that "Inmates should be housed based upon the following criteria:</p> <ul style="list-style-type: none"> • Classification level • Age • Sex (males and females will be housed in separate units) • Legal status (e.g., pretrial, sentenced) • Special problems or needs • Behavior • Any other criteria identified by the Division Commander" <p>PREA compliance manager interview indicates that the facility uses information from risk screening during intake to keep inmates from being sexually victimized or being sexually abusive through the classification process and houses incarcerated persons based upon answered questions through the ATIMS system to flag or make notes for later review.</p> <p>Risk screening staff interview indicates that incarcerated persons of high victim potential and those housed in segregation such as behavioral housing units are maintained in those units for their protection.</p> <p>115.42(b): Policy Corrections Procedure 510 mandates that "Anyone housed in the facility shall be properly classified according to security and health risks so that appropriate supervision, temporary holding, and housing assignments may be made. Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41). Individualized determinations shall be made about how to ensure the safety of each inmate (28 CFR 115.42; 15 CCR 1050)."</p> <p>Risk screening staff interview indicates that incarcerated persons of high victim potential and those housed in segregation such as behavioral housing units are maintained in those units for their protection.</p> <p>115.42(c): Policy Corrections Procedure 510 mandates that "Housing and program assignments of a transgender or an intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management, or facility security concerns (15 CCR 1050). A transgender or an intersex inmate's views with respect to his/her own safety shall be given serious consideration."</p> <p>Interview with PREA Compliance Manager indicates that Agency considers whether the placement will ensure the grocery person's health and safety and also considers whether the placement would present for management or security problems through class the classification unit.</p> <p>Interview with transgender incarcerated persons indicates that they are not housed in transgender units and never naked in full view of male or female staff.</p>

115.42(d): Policy Corrections Procedure 510 mandates that "Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42)." Interview with PREA compliance manager and risk screening staff indicates that transgender incarcerated persons are not housed in the Maguire facility longer than 90 days. Review of incarcerated persons records verifies that statement.

115.42(e): Policy Corrections Procedure 510 mandates that "Housing and program assignments of a transgender or an intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management, or facility security concerns (15 CCR 1050). A transgender or an intersex inmate's views with respect to his/her own safety shall be given serious consideration."

Interview with PREA compliance manager, risk screening staff and 2 transgender incarcerated persons respond that in intake, staff ask how the incarcerated person feels with regards to their on safety in the facility. The response is given consideration based upon the incarcerated persons classification level. safety and security of both the incarcerated person and the facility.

115.42(f): Policy Corrections Procedure 807 mandates that "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates (28 CFR 115.42)."

Interview with PREA compliance manager, risk screening staff and 2 transgender incarcerated persons respond that all incarcerated persons have the availability to shower separately from other inmates as all showers in the facility are separate showers with doors for privacy but custody can view the incarcerated persons from neck up - knees down from both the custody station and housing cameras for safety purposes.

115.42(g): Policy Corrections Procedure 510 mandates that "Lesbian, gay, bisexual, transgender, or intersex inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement, or legal judgment (28 CFR 115.42)."

Interview with PREA Coordinator, PREA Compliance Manager and 2 transgender incarcerated persons verify there are no LGBTI units or wings located in the facility.

CONCLUSION:

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

115.43	Protective Custody
	<p data-bbox="256 188 986 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1473 792">115.43(a): Policy Corrections Procedure 510 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 (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization 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 (28 CFR 115.43; 28 CFR 115.68)."</p> <p data-bbox="256 801 1433 918">Agency reports that no inmates have been at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.</p> <p data-bbox="256 927 1449 1084">Interview with facility commander designee indicates that incarcerated persons are not placed in involuntary segregation in lieu of other housing. Physical plant review and random informal interview with incarcerated persons housed in segregation verifies that statement.</p> <p data-bbox="256 1124 1477 1491">115.43(b): Policy Corrections Procedure 510 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. However, inmates at high risk for sexual victimization 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 (28 CFR 115.43; 28 CFR 115.68)."</p> <p data-bbox="256 1375 1453 1491">The PREA Coordinator indicated were no incarcerated persons housed in segregated housing for risk of sexual victimization. Informal interviews of staff who supervises incarcerated persons in segregated housing provides verification.</p> <p data-bbox="256 1532 1449 1648">115.43(c): Agency reports that in the past 12 months, no inmates were found to be at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p data-bbox="256 1657 1477 1939">Interview with facility commander designee, staff who supervise incarcerated persons in segregated housing indicates that no incarcerated persons have been housed in segregated housing for risk of sexual victimization or who have alleged to have suffered sexual abuse. Facility commander designee indicates that should an incarcerated person be housed in segregated housing for that purpose, it would be for no longer that 24 hours as they could be transferred to another facility to be appropriately housed.</p> <p data-bbox="256 1980 1453 2056">115.43(d): Agency reports there were no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months.</p>

115.43(e): Policy Corrections Procedure 510 mandates that "The classification deputy shall review the status of all inmates who have been incarcerated in the facility for more than 30 days. Additional reviews should occur each 30 days thereafter. The review should examine changes in the inmate's behavior or circumstances and should either raise, lower, or maintain the classification status (28 CFR 115.41)."

Interview with staff who supervises incarcerated persons in segregated housing indicates that no one has been housed in segregated housing for risk of sexual victimization over the past 12 months.

CONCLUSION:

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

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.51(a): Policy Corrections Procedures 608 sections 608.4 & 608.5 outlines the reporting of sexual abuse, harassment and retaliation:</p> <p>"Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against inmates or staff shall immediately notify "a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Division Commander) (28 CFR 115.51; 15 CCR 1029).</p> <p>The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident of sexual abuse, or sexual harassment to a staff member (28 CFR 115.54; 15 CCR 1029).</p> <p>"If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Division Commander shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Division Commander shall ensure that the notification has been documented (28 CFR 115.63).</p> <p>"All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation.</p> <p>Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment, or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation, shall be utilized (28 CFR 115.67; 15 CCR 1029).</p> <p>The Division Commander or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews, or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Division Commander should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities."</p> <p>"If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67)."</p> <p>Incarcerated persons may report incidents anonymously or to any staff member they choose. Staff shall accommodate all Incarcerated persons requests to report</p>

allegations. Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports (28 CFR 115.51; 15 CCR 1029).

Threats or allegations of sexual abuse, sexual harassment, or retaliation, regardless of the source, shall be documented and referred for investigation. Reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61)." The PREA Intake Inmate Information document fails to include limits of confidentiality and whether or not the phone calls are monitored by the Agency. Agency to update the PREA Intake Inmate Information document to include narrative to explain "limits of confidentiality and whether or not the phone calls are monitored by the agency"

115.51(b): Agency provided auditor with MOU between Rape Trauma Services (RTS) and San Mateo County Sheriff's Office which provides maximum available assistance for victims of sexual assault housed in San Mateo County correctional facilities. RTS informs victims of sexual assault, prior to providing them access, the extent to which communications with sexual assault counselors will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance to mandatory reporting laws. RTS is not part of the Agency, has inmate access to 24 hour crisis hot line. Policy 608 Corrections Procedure PREA mandates that "Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall 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. Persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The facility shall 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 (28 CFR 115.53)."

8/6/22, the PREA Coordinator provided auditor with MOU from Service League which is in effect from 7/1/22 - 6/30/23. Service League provides Spanish speaking translation services and inform medical and custody staff of individual situations as appropriate.

IPs have the ability to inform Service League of sexual abuse or sexual harassment and have the opportunity to remain anonymous through their reporting. There is a Service League locked mailbox in every housing unit and only Service League has access to that lock box.

Interview with PREA Compliance Manager indicates that incarcerated persons have the ability to report sexual abuse and sexual harassment to a public or private entity that is not part of the agency such as Service League, who is contracted by the county. Service League enables receipt and immediate transmission of inmate reports of sexual abuse and sexual harassment to agency officials that allow the incarcerated person to remain anonymous upon request. Interview with Service League Jail Program Coordinator verifies the anonymous reporting aspect of the

services they provide.

Interview with 24 incarcerated persons indicates that they would report sexual abuse or sexual harassment through the PREA Hotline and medical personnel. They also know they can make a report of sexual abuse and sexual harassment anonymously through Service League or the PREA Hotline. During onsite audit, the auditor was not provided information made available to incarcerated persons held solely for immigration purposes on how to contact relevant consular officials of the Department of Homeland Security.

Agency to make posters or pamphlets readily available for incarcerated persons held solely for immigration purposes on how to contact relevant consular officials of the Department of Homeland Security.

115.51(c): Policy Corrections Procedures 608 mandates that "Inmates may report incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations. Staff shall accept reports made verbally, in writing, anonymously, or from third parties and shall promptly document all verbal reports (28 CFR 115.51; 15 CCR 1029)." Agency reports that verbal reports shall be documented "promptly", which is commonly taken as by the end of shift.

Interview with random sample of 12 staff indicates they accept reports either verbally, in writing, and anonymously, inform supervisor immediately and document verbal reports no later than the end of shift.

Interview with 24 incarcerated persons indicate that they are allowed to make reports of sexual abuse and sexual harassment either in person or in writing.

115.51(d): Policy Corrections Procedures 608 mandates that "Any employee, agency representative, volunteer, or contractor who becomes aware of an incident of sexual abuse, sexual harassment, or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61). Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Division Commander) (28 CFR 115.51; 15 CCR 1029)." Agency indicates private reporting instructions are provided through training (online/ in person or written).

Interview with random sample of 12 staff indicates that 7 staff are either unwilling or have no idea how to privately report sexual abuse and sexual harassment of incarcerated persons outside of the chain of command. The staff indicate they have not received any training as to how to privately report sexual abuse or sexual harassment of incarcerated persons. Agency to train all staff regarding their ability to privately report sexual abuse and sexual harassment per Policy Corrections Procedures 608.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.51(a), 115.51(b), 115.51(d) and corrective action is required.

Corrective Action Recommended:

115.51(a): The PREA Intake Inmate Information document fails to include limits of confidentiality and whether or not the phone calls are monitored by the Agency.

1. Agency to update the PREA Intake Inmate Information document to include narrative to explain "limits of confidential and whether or not the phone calls are monitored by the agency"

2. Agency to provide copies of dated and signed intake inmate attestations forms completed between 1/20/23 and 3/1/23

115.51(b): During onsite audit, the auditor was not provided information made available to incarcerated persons held solely for immigration purposes on how to contact relevant consular officials of the Department of Homeland Security.

1. Agency to have posters or pamphlets readily available for incarcerated persons held solely for immigration purposes on how to contact relevant consular officials of the Department of Homeland Security.

115.51(d): Interview with random sample of 12 staff indicates that 7 staff are either unwilling or have no idea how to privately report sexual abuse and sexual harassment of incarcerated persons outside of the chain of command. The staff indicate they have not received any training as to how to privately report sexual abuse or sexual harassment of incarcerated persons.

1. Agency to train all staff regarding their ability to privately report sexual abuse and sexual harassment per Policy Corrections Procedures 608. Please provide auditor with copy of signed acknowledgement to verify all staff attended and understand the training provided.

Corrective Action Completion 1/3/23:

115.51(a): 1. On 1/19/23, Agency provided auditor with copies of blank PEA Admonition Forms in English, Spanish, Chinese, Russian, and Vietnamese. PREA information included limits of confidentiality and monitoring limitations. Each form has been uploaded to the Supplemental file.

2. 3/3/23 - Auditor made random selections of 18 inmates where intake was conducted between 2/3/23 and 3/3/23. PREA education was conducted at intake on date of booking. Each PREA information documentation included limits of confidentiality and monitoring information. Each PREA education document was signed by the inmate unless he or she refused to sign & the refusal to sign was documented. Agency provided auditor with copies

115.51(b): 1. Policy 413 Immigration Violations mandates that: Judicial warrant - A warrant based on probable cause for a violation of federal criminal immigration law and issued by a federal judge or a federal magistrate judge that authorizes a law

enforcement officer to arrest and take into custody the person who is the subject of the warrant.

Policy 413.2 mandates that: Primary jurisdiction for enforcement of federal immigration laws concerning unlawful entry into the United States rests with U.S. Immigration and Customs Enforcement (ICE). The San Mateo County Sheriff's Office will comply only with judicial warrants.

Policy 606 Foreign Nationals and Diplomats provides Consular Notification List and contacts and per 606.4.1 B, states:

B. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and officials at the U.S. Department of Homeland Security (28 CFR 115.51).

Policy 606.4 Consular Notifications outlines contact notification & procedures.

2, On 1/19/23, Agency provided auditor with Policy 503.2 Immigration Detainers, which states: No individual shall be held on a federal immigration detainer under 8 CFR 287.7 (Government Code § 7284.6. Agency also provided Policy 503.3.3 Immigration Inquiries Prohibited, which states: No staff member shall inquire into an individual's immigration status for any reason.

All Policies uploaded to the Supplemental File.

115.51(d): Electronic Refresher training was conducted for all staff on 1/17, 1/19, 2/2, 2/3, 2/7 and 2/8 of 2023. Training provided included Standard provisions 115.15(d)-3, 115.15(f)-2, 115.21(a)-1 & 2, and 115.78(a). The refresher training included presentation slide 56 thru 64 which discussed entity responsible for conducting sexual abuse investigation (inmate on inmate sexual abuse or staff sexual misconduct) and staff avenues for private reporting. Staff can report outside the chain of command to the Division Commander per Corrections Procedure Policy 608. Refresher training attendees each had their own logon and password which verified attendance and attestation date. Attendees also had opportunities to engage in breakout examples and ask questions. Electronic verification is maintained in the Agency training LMS database and uploaded to the OAS Supplemental File.

Verification documentation provided for the attendee's initial training when hired, identified in GREEN column, date of recent refresher training identified in BLUE column and refresher training (electronic) and attestation date.

The agency/facility has met the requirements of Standard provision(s) 115.51(a). 115.51(b), 115.51(d) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.51.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52 (a): Policy Corrections Procedure 612 Inmate Grievances is the Agency administrative procedure for dealing with inmate grievances regarding sexual abuse, specifically section 612.6.</p> <p>115.52 (b): Policy Corrections Procedure 612 Inmate Grievances mandates that "Inmates may submit a grievance regarding an allegation of sexual abuse at any time." Agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. "Inmates and staff are not required to attempt to informally resolve grievances related to sexual abuse."</p> <p>115.52 (c): Policy Corrections Procedure 612 Inmate Grievances mandates that "Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint. Grievances shall not be forwarded to any supervisor who is the subject of the complaint."</p> <p>115.52 (d): Policy Corrections Procedure 612 Inmate Grievances mandates that "The Watch Commander shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. Agency reports that: In the past 12 months, no grievances have been filed that alleged sexual abuse In the past 12 months, the no grievances alleging sexual abuse have reached final decision within 90 days after being filed In the past 12 months, the no grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days In the past 12 months there has been no cases where the Agency has requested an extension to resolve a grievance. Policy Section 612.6 (e) mandates that "If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made." PREA Standard provision 115.52(d)-7 mandates that the extension notice is required to be provided in writing. Agency to amend policy to reflect the PREA Standard provision for compliance verification.</p> <p>115.52 (e): Policy Corrections Procedure 612 Inmate Grievances mandates that "Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate's decision." Agency reports there have been no grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.</p>

115.52 (f): Policy Corrections Procedure 612 Inmate Grievances mandates that "Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The supervisor shall refer the grievance to the Watch Commander, who will investigate and issue a final decision within five calendar days."

Agency reports there have been no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

115.52 (g): Policy Corrections Procedure 612 Inmate Grievances mandates that "Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith." 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 analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.52(d) and corrective action is required.

Corrective Action Recommended:

115.52(d): Policy Section 612.6 (e) mandates that "If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made." PREA Standard provision 115.52(d)-7 mandates that the extension notice is required to be provided in writing.

1. Agency to amend policy to reflect the PREA Standard provision for compliance verification.

Corrective Action Completion 3/2/23:

115.52(d): On 3/2/23, Agency provided auditor with amended Lexipol Policy 612 Inmate Grievance. Page 3, section 616(e) - Additional Provisions for Grievances Related to Sexual Abuse states that "The Watch Commander may grant an extension of up to 70 days if reasonable to make an appropriate decision if an extension is granted, the inmate shall be notified in writing and provided a date by which a decision will be made."

The agency/facility has met the requirements of Standard provision(s) 115.52(d) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.52.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53 (a): Policy Corrections Procedure 608 mandates that "A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the Office shall make available a qualified member of a community-based organization, or a qualified health care or mental health professional from the Office, to provide victim advocate services."</p> <p>The facility provides inmates with access to such services 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 through use of the Intake Inmate Information form provided to inmates at intake, copy of which has been provided to auditor. Their signature verifies receipt of the document. The document provides inmates with the following narrative:</p> <ul style="list-style-type: none"> • Inmates can call the PREA hotline from any housing unit telephone by dialing 92 • Phone call to Rape Trauma Services PREA hotline by dialing 92 • Writing a letter addressed to the Facility Captain or Watch Commander at Maguire Correctional Facility, or Maple Street Correctional Center. This letter can remain confidential if requested. • Inmates can fill out an inmate request form or grievance and report potential misconduct to Service League. <p>Policy Corrections Procedure 608 Section 608.3(f) mandates that "Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall 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. Persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The facility shall 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 (28 CFR 115.53)."</p> <p>Interviews with 24 incarcerated persons indicates that very few could identify or address any services outside of the facility to dealing with sexual abuse if they needed it.</p> <p>During the onsite audit there were no incarcerated persons who reported sexual abuse housed at the Maguire facility.</p> <p>The Inmate Intake Information form does not provide mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. The Intake Inmate Information form does not provide mailing addresses</p>

and telephone numbers (including toll-free hotline numbers where available) of immigrant services agencies for persons detained solely for civil immigration purposes, nor does the narrative regarding hotlines identify level of confidentiality or whether the Agency/facility monitors the hotline call.

1 - Agency to amend the form to provide the above services or create a document which meets Standard provision 115.53(a)-3

2 - Agency to amend the form to include a narrative which indicates whether or not the PREA or RTS hotlines are monitored by the Agency/facility

3 - Agency to amend the form to include narrative which indicates level of confidentiality provided when inmates call the PREA hotline and RTS.

4. Intake to ensure a copy of the signed PREA Intake Information Form is provided to the incarcerated person when assigned to a housing unit.

5. Agency to provide a copy of the signed PREA Inmate Information Form to the incarcerated person upon assignment to their housing unit.

115.53(b): Policy Corrections Procedure 608 mandates that "Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall 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. Persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The facility shall 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 (28 CFR 115.53)."

8/6/22, the PREA Coordinator provided auditor with MOU from Service League which is in effect from 7/1/22 - 6/30/23. Service League provides Spanish speaking translation services and inform medical and custody staff of individual situations as appropriate.

IPs have the ability to inform Service League of sexual abuse or sexual harassment and have the opportunity to remain anonymous through their reporting. There is a Service League locked mailbox in every housing unit and only Service League has access to that lock box. The Intake Inmate Information form does not mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes, nor does the narrative regarding hotlines identify level of confidentiality or whether the Agency/facility monitors the hotline call.

1 - Agency to amend the form to provide these services or create a document which meets Standard provision 115.53(a)-3

2 - Agency to amend the form to include a narrative which indicates whether or not the PREA or RTS hotlines are monitored by the Agency/facility

3 - Agency to amend the form to include narrative which indicates level of confidentiality provided when inmates call the PREA hotline and RTS.

115.53(c): Community Advocacy (San Mateo Rape Trauma Center) MOU provided to auditor by Agency. The MOU agreement between San Mateo Rape Trauma Center and San Mateo County Sheriff's Department is in effect from 1/1/2022 and 12/31/2022. 4/9/23 Agency provided auditor with documented verification of attempt to enter into memorandum of understanding with RTS in order to provide inmates with confidential emotional support services related to sexual abuse. The MOU is currently before the San Mateo County Sheriff for approval and signature. The MOU follows CA Evidence Code 1035-1036.2. Both materials are uploaded to the supplemental file.

8/6/22, the PREA Coordinator provided auditor with MOU from Service League which is in effect from 7/1/22 - 6/30/23. Service League provides Spanish speaking translation services and inform medical and custody staff of individual situations as appropriate.

IPs have the ability to inform Service League of sexual abuse or sexual harassment and have the opportunity to remain anonymous through their reporting. There is a Service League locked mailbox in every housing unit and only Service League has access to that lock box.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.53(a), 115.53(b) and corrective action is required.

Corrective Action Recommended:

115.53(a): The Intake Inmate Information form does not provide mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes, nor does the narrative regarding hotlines identify level of confidentiality or whether the Agency/facility monitors the hotline call.

1 - Agency to amend the form to provide these services or create a document which meets Standard provision 115.53(a)-3

2 - Agency to amend the form to include a narrative which indicates whether or not the PREA or RTS hotlines are monitored by the Agency/facility

3 - Agency to amend the form to include narrative which indicates level of confidentiality provided when inmates call the PREA hotline and RTS.

4. Should agency possess a policy or procedure which mandates they prohibit detention of IPs solely for civil immigration purposes, please provide auditor with copy of this documentation.

5. Agency to provide a copy of the signed PREA Inmate Information Form to the incarcerated person upon assignment to their housing unit.

115.53(b):The Intake Inmate Information form does not mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes, nor does the narrative regarding hotlines identify level of confidentiality or whether the Agency/facility monitors the hotline call.

1 - Agency to amend the form to provide these services or create a document which meets Standard provision 115.53(a)-3

2 - Agency to amend the form to include a narrative which indicates whether or not the PREA or RTS hotlines are monitored by the Agency/facility

3 - Agency to amend the form to include narrative which indicates level of confidentiality provided when inmates call the PREA hotline and RTS.

Corrective Action Completion 1/19/23:

115.53(a): 1 thru 4 - 1/19/23 - Agency provided Policies which states: " No individual shall be held on a federal immigration detainer under 8 CFR 287.7 (Government Code § 7284.6."

On 1/19/23, Agency provided auditor with copies of blank PREA Admonition Forms in English, Spanish, Chinese, Russian, and Vietnamese. PREA information included limits of confidentiality and monitoring limitations. Each form has been uploaded to the Supplemental file.

5. 2/28/23 - Auditor conducted a Corrective Action Onsite facility review of the Maguire facility. Auditor interviewed the intake officer regarding new intake procedure regarding the provision of the signed New Intake Information Form to inmates during Intake/Booking. The Deputy indicates that once each inmate signs the document in his/her native language, a copy of the signed document is made at the Booking Photo & Fingerprint area, then provided to the inmate. An additional form is again provided to the inmate when he/she picks up their intake provisions and clothing prior to being escorted to their assigned housing. Auditor was walked through the procedure and viewed each moment an inmate is provided their signed documentation.

115.53(b): 1/19/23 - Agency provided Policies which states: " No individual shall be held on a federal immigration detainer under 8 CFR 287.7 (Government Code § 7284.6."

On 1/19/23, Agency provided auditor with copies of blank PREA Admonition Forms in English, Spanish, Chinese, Russian, and Vietnamese. PREA information included limits of confidentiality and monitoring limitations. Each form has been uploaded to the Supplemental file.

	<p>The agency/facility has met the requirements of Standard provision(s) 115.53(a), 115.53(b) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.53.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.54(a): The PREA Intake Inmate Information form, provided to inmates at intake (with requested signature), provides methods for Agency/facility to receive 3rd party reports:</p> <p>REPORTING AN INCIDENT:</p> <p>All staff members have been trained on how to properly and professionally investigate and report claims or allegations of sexual assault. 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:</p> <ul style="list-style-type: none"> • In person at both Correctional Facilities, either in writing or verbally to any Sheriff's Office staff member. • Inmates can call the PREA hotline from any housing unit telephone by dialing *91 • Phone call to Rape Trauma Services PREA hotline by dialing 92 (as identified on the PREA Posters in each housing unit • Writing a letter addressed to the Facility Captain or Watch Commander at Maguire Correctional Facility, or Maple Street Correctional Center. This letter can remain confidential if requested. • Inmates can fill out an inmate request form or grievance and report potential misconduct to Service League by placing the completed form in the Service League lock box in their housing unit. Only Service League personnel has access to the lock box. <p>Agency also receives reporting by phone, mail, e-mail or in person from 3rd Parties. 3rd Party Reporting instructions are detailed on the Sheriff's website for visitors, attorney's etc.by calling Rape Trauma Services (650) 692-7273: https://www.smcsheriff.com/prea-report-sexual-misconduct</p> <p>In custody details are provided on the PREA Intake Inmate Information form which has been provided.</p> <p>On 3/23/23 auditor conducted a 3rd Party test of the Rape Trauma Services hotline. Auditor was initially connected with a phone screener who identified who I needed to speak to, then immediately connected me to a volunteer advocate on duty. After identifying who I was and purpose for the call, the advocate spoke with the Lead Advocate (backup) to ensure the procedure. She then informed me either she or the backup would contact the San Mateo County Sheriff's Department to inform them that a PREA Auditor is making a 3rd Party Reporting test. I recieved a call from the PREA Coordinator the following morning to verify a contact from Rape Trauma Services Lead Advocate & Trauma Counselor indicating that a 3rd Party Reporting test was conducted by PREA auditor.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.54.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61(a): Patrol Policy PREA 903 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." Interview with random sample of 12 staff indicates that the Agency requires all staff to report any knowledge suspicion, or information regarding an incident of sexual abuse for sexual-harassment that curtain of Silletti. Staff also must report any neglect or violation of responsibilities that may have contributed to an incidental retaliation.</p> <p>115.61(b): Patrol 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." Interview with random sample of 12 staff indicates that the Agency requires all staff to report any knowledge suspicion, or information regarding an incident of sexual abuse for sexual-harassment that occurred in a facility to include any retaliation against inmates or staff who reported such an incident. Staff also must report any neglect or violation of responsibilities that may have contributed to an incidental retaliation.</p> <p>115.61(c): Patrol Policy 903 PREA mandates that medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Interview with medial and mental health indicates that how do you initiation of services to inmate medical and mental health must disclose limitations of confidentialities and their duty to report. Medical and mental health are practitioners are required to report the knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The interviewed mental health practitioner had no involvement regarding an incident of sexual abuse or sexual harassment, however, the medical practitioner was directly involved and immediately reported to custody staff.</p> <p>115.61(d): "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 Facility Commander designee and PREA Coordinator indicates that response when an allegation of sexual abuse or sexual-harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state or local law, the case is referred to investigations bureau and handled the same as any other case, expeditiously.</p> <p>115.61(e): "Office members shall accept reports from detainees, prisoners and third parties and shall promptly document all reports (28 CFR 115.151).</p>

<p>All members shall report immediately to the Shift Supervisor any knowledge, suspicion or information regarding:</p> <ul style="list-style-type: none">(a) An incident of sexual abuse or sexual harassment that occurs in any 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)." <p>Interview with the Facility Commander designee indicates that all allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported directly to the designated facility investigators via the PREA Coordinator.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.61.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62(a): Patrol Policy 903 PREA mandates that "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 (28 CFR 115.162)." Agency reports that in the past 12 months, there has been no determination either in the Agency or Facility that an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>Interview with Agency Head designee indicates when learning that an incarcerated person is subject to a substantial risk of imminent sexual abuse, the incarcerated person is reclassified by classification and rehoused in either the same facility or separate facility for safety and the information is documented in the Blue Team report.</p> <p>Interview with the Facility Commander indicates that when learning that an incarcerated person is subject to substantial risk of sexual abuse, the facility takes protective action by speaking to the incarcerated person, determining what the issue is, take action by separating the incarcerated person from the threat by rehousing that person and have classification write a keep away order.</p> <p>Interview with Random Sample of 12 Staff indicates that when you learn that it inmates is at rest of him is sexual abuse what actions do you take to check that in me. Staff immediately separates the incarcerated person from the threat. Staff then alerts the supervisor and contacts classification regarding rehousing and initiate an investigation. This action is taken immediately upon receiving information that anniversary person is at risk of imminent sexual abuse.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.62.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63(a): Policy Correction Procedure 608 mandates that "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Division Commander shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Division Commander shall ensure that the notification has been documented (28 CFR 115.63)."</p> <p>Agency reports that in the past 12 months there has been 1 allegation the facility received that an incarcerated person was abused while confined at a juvenile facility in 2000. Upon notice, the PREA Coordinator contacted the Chief Probation Officer of the Redwood City Juvenile Probation Department. The allegation had previously been reported and investigated. The incarcerated person was put into contact with outside agency investigator, community advocate was notified to provide support services, and Forensic Mental Health (FMH) was notified.</p> <p>115.63 (b): Corrections Procedure Policy 608 mandates that "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Division Commander shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Division Commander shall ensure that the notification has been documented (28 CFR 115.63)."</p> <p>115.63(c): The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Agency provided auditor with a copy of a PREA Out Agency Notification for verification.</p> <p>115.63(d): Patrol Policy 903 PREA mandates that "The Office shall promptly, thoroughly and objectively investigate all allegations, including third- party and anonymous reports, of sexual abuse or sexual harassment. Only investigators who have received Office-approved special training shall conduct sexual abuse investigations (28 CFR 115.171)." Agency reports that in the past 12 months, no allegations of sexual abuse the facility received from other facilities.</p> <p>Interview with Agency Head designee indicates that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of our facilities, the PREA Coordinator is the designated point of contact.</p> <p>Interview with Facility Commander designee indicates that should the facility receive an allegation from another facility or agency but instead of sexual abuse or sexual harassment occurred at this facility, the case is handled as any other report of sexual harassment or sexual abuse.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.63.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.64 (a): Policy Corrections Precedure 608 PREA mandates that "If an allegation of inmate sexual abuse is made, the first deputy to respond shall (28 CFR 115.64):</p> <ul style="list-style-type: none"> (a) Separate the parties. (b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82). (c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence. (d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating). (e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing. (f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation. <p>If the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a deputy."</p> <p>Over the past 12 months Facility received 8 allegations of sexual abuse and 8 instances where an inmate was sexually abused where the security staff responder separated the victim & perpetrator. In the past 12 months, 1 allegation where staff were notified within a time period that still allowed for the collection of physical evidence. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. Agency reports that (6) incidents were unfounded, (2) were substantiated but would not have yielded physical evidence due to the nature of the allegation. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were no instances where the first security staff member to respond to the report requested 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. Agency reports that (6) incidents were unfounded, (2) were substantiated but would not have yielded physical evidence due to the nature of the allegation. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were no</p>

instances where the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Facility did not house any incarcerated persons during the onsite audit who reported a sexual abuse.

Interview with Security Staff and Non-Security Staff First Responders indicate that when taking action as a First Responder Custody Staff, initiate the 1st Responder Protocol:

Separate the alleged victim from perpetrator and remove from crime scene

Place victim and perpetrator in holding cell with no access to water

Notify Supervisor

Secure crime scene

Contact medical and mental health

As non-security staff -

Separate victim and perpetrator

Remove victim from the crime scene

Place in holding cell and ask they do not destroy usable physical evidence on their person - no water or toilet

Contact Supervisor and maintain victim safety until assistance arrives.

115.64 (b): Policy Corrections Procedures 608 PREA mandates that "If the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a deputy." 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:

Facility did not house any incarcerated persons during the onsite audit who reported a sexual abuse.

Interview with Security Staff and Non-Security Staff First Responders indicate that when taking action as a First Responder Custody Staff, initiate the 1st Responder Protocol:

Separate the alleged victim from perpetrator and remove from crime scene

Place victim and perpetrator in holding cell with no access to water

Notify Supervisor

Secure crime scene

Contact medical and mental health

As non-security staff -

Separate victim and perpetrator

Remove victim from the crime scene

Place in holding cell and ask they do not destroy usable physical evidence on their person - no water or toilet

Contact Supervisor and maintain victim safety until assistance arrives.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully

	compliant with Standard 115.64.
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115.65	Coordinated response
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1474 748">115.65(a): Agency indicates that Corrections Procedure Policy 608 has a developed written institutional plan as a Coordinated Response plan. The written response within Policy 608 provides 1st Responder protocol. Patrol Policy 903 provides a short 1st Responder protocol, Investigator Responsibilities and Administrative Investigations. Neither policy has a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Agency to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="256 788 1401 864">Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.65(a) and corrective action is required.</p> <p data-bbox="256 972 788 1008"><u>Corrective Action Recommended:</u></p> <p data-bbox="256 1048 1474 1205">115.65(a): Neither Corrections Procedure Policy 608 policy nor Patrol Policy 903 has a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership per Standard provision 115.65(a).</p> <p data-bbox="256 1245 1474 1402">1. Agency to develop and create 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 in accordance with Standard provision 115.65(a).</p> <p data-bbox="256 1509 865 1545"><u>Corrective Action Completion 3/22/23:</u></p> <p data-bbox="256 1585 1474 1787">115.65(a): Agency provided auditor with signed Corrections SA Response Protocol which outlines the Coordinated Response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership and applies to incidents outside of the correctional environment, including the Maguire Correctional Facility and the Maple Street Correctional Facility.</p> <p data-bbox="256 1895 1449 2011">The agency/facility has met the requirements of Standard provision(s) 115.65(a) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.65.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66(a): Agency reports that since last PREA Audit, it has entered into or renewed collective bargaining agreements with: DSA-Sworn Safety 2016 - 2021 OSS MOU 2016 - 2021</p> <p>Agency to provide auditor with valid MOU's, or explanation as to why the above identified MOU'S have not been validated and ratified.</p> <p>115.66(b): N/A - Auditor is not required to audit this provision.</p> <p>Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.66(a) and corrective action is required.</p> <p><u>Corrective Action Recommended:</u></p> <p>115.66(a): Both below identified MOU's have expired.</p> <p>1. Agency to provide auditor with valid MOU's, or explanation as to why the identified MOU'S have not been validated and ratified.</p> <p>DSA-Sworn Safety 2016 - 2021 OSS MOU 2016 - 2021</p> <p><u>Corrective Action Completion 3/12/23:</u></p> <p>115.66(a): 3-12-23 - PREA Coordinator provided documentation (Continuation of MOUs During Negotiations 28 XFR 115.66a), to explain why MOU regarding Deputy Sheriff's and Correctional Officers, both which expired 1/9/21 has not been renewed or fully executed to date:</p> <p>"28 CFR 115.66a requires that the agency not enter into or renew any collective bargaining 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.</p> <p>The MOU regarding Deputy Sheriffs and Correctional Officers expired 01/09/2021 and the bargaining groups agreement has not been fully executed as of this writing. Since the expiration of the previous contract, the County of San Mateo has continued to</p>

abide by the terms of the contract. This is the past practice of the County and in compliance with law (outlined below).

Federal law mandates that contracts must continue to be observed while in negotiations. 29 USC §158(d) (the National Labor Relations Act) states that, "where there is in effect a collective- bargaining contract...no party to such contract shall terminate or modify such contract" unless they serve written notice and/or enter impasse. In effect, this states that the terms of the contract shall remain in place during contract negotiations.¹ NLRB case 18-CA-1512452 further clarified the point by stating, "As often noted, an employer who unilaterally changes conditions under negotiations without notification or bargaining, or without reaching a valid impasse, violates Section 8(a)(5) of the Act... Pursuant to Section 8(d) of the Act, an employer must continue the contractual terms after the contract expires (emphasis added).

I hope this clarifies that, while the contract does not contain an explicit provision that it will remain negotiations, the County continues to do so according to law and past practice."

The above correspondence has been uploaded to the Supplemental File

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 the standard provisions and complies with Standard 115.66.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 262 560 293">Auditor Discussion</p> <p data-bbox="256 338 1453 577">115.67(a): Patrol 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.</p> <p data-bbox="256 589 1433 703">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.</p> <p data-bbox="256 714 1481 1081">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 Division Commander should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities."</p> <p data-bbox="256 1122 1474 1361">Corrections Procedure 608 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. Case by case basis. The most appropriate supervisor assigned by Division Commander or designee (PREA Coordinator)</p> <p data-bbox="256 1373 1433 1532">Interview with the PREA Coordinator and PREA Compliance Manager indicates they are unaware anyone has been designated as the Retaliation Monitor. 1. Agency to designate a Retaliation Monitor and train them on the responsibilities of monitoring retaliation as outlined in Standard 115.67.</p> <p data-bbox="256 1543 1449 1615">2. Agency to provide auditor with retaliation monitoring documentation for inmates identified in the Issue Log - Retaliation Monitoring period of 10/22/22 - 12/31/22.</p> <p data-bbox="256 1655 1481 1980">115.67(b): Corrections Procedure 608 Retaliation mandates that "All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation. Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment, or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation, shall be utilized (28 CFR 115.67; 15 CCR 1029)."</p> <p data-bbox="256 1991 1426 2063">Interview with Agency Head designee indicates that he would protect inmates and staff from retaliation for sexual abuse and sexual harassment allegations by</p>

separating them from any perpetrator and move to another unit or facility for their safety and contact forensic mental health for follow up. He would ensure there was a keep-away order or remove alleged abusers from any contact.

Interview with Facility Commander indicates that relegation of sexual abuse sexual harassment facility commander designee describes a different measures takes to protect inmates and staff from retaliation by separating the victim and perpetrator, investigate, and deal with it appropriately.

115.67 (c): Correctional Procedure Policy 608 Retaliation mandates that "The Division Commander or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews, or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Division Commander should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities." Agency reports there have been no incidents of retaliation occurring over the past 12 months.

Interview with Facility Commander designee indicates that no-one has been designated as the retaliation monitor.

During the Onsite Audit, the auditor determined there was no designated retaliation monitor for the Maguire facility.

115.67 (d): Correctional Procedure Policy 608 Retaliation mandates that "The Division Commander or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews, or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Division Commander should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities."

115.67 (e): Correctional Procedure Policy 608 Retaliation mandates that "If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67)."

Interview with Agency Head designee indicates that a victim cooperates with investigation and expresses fear of retaliation, the Agency takes measures to protect that individual against retaliation. Such measures includes moving this person to

another position, housing unit or different facility. This also includes up to 90-day monitoring which can be extended if needed.

115.67(f): N/A - Auditor is not required to audit this provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.67(a), 115.67(c) and corrective action is required.

Corrective Action Recommended:

115.67(a): Interview with the PREA Coordinator and PREA Compliance Manager indicates they are unaware anyone has been designated as the Retaliation Monitor.

1. Agency to designate a Retaliation Monitor and train them on the responsibilities of monitoring retaliation as outlined in Standard 115.67.
2. Once training has been completed, Agency to inform the auditor in order to interview the designated retaliation monitor for compliance with Standard 115.67.

115.67(c): Interview with the PREA Coordinator and PREA Compliance Manager indicates they are unaware anyone has been designated as the Retaliation Monitor.

1. Agency to designate a staff member as the facility Retaliation Monitor and provide the name and designation to the PREA Auditor.
2. Auditor requests monitoring documentation conducted for inmate identified in the Issue Log for Standard 115.67(c), upon completion of the Retaliation Monitoring period 10/2/22 - 12/31/22

Corrective Action Completion 1/19/23:

115.67(a): 1. 11/3/22 - Agency informs auditor that the PREA Coordinator has been designated as the Retaliation Monitor and assigns staff to conduct retaliation monitoring for at least 90-days following a report of sexual abuse, however, monitoring shall be continued beyond 90 days if there is a continuing need.

Monitoring shall also include periodic checks. Auditor was provided written documentation of monitoring conducted on two inmates in 2022 during the 90-day monitoring period. Periodic face-to-face meetings were conducted during the monitoring period. Monitoring period for first inmate was 7/3/2022 to 10/1/2022. Retaliation Monitoring for the second inmate is still ongoing.

2. Regarding Retaliation Monitoring for second inmate, Agency informs auditor of the following:

10/02/22 Complaint is made

10/03/22 Assigned to monitoring Sgt (case 22-07915)
10/19/22 Initial report submitted
10/25/22 Inmate is released from custody
11/02/22 E-mail to monitoring Sgt to start monitoring, later find out that Inmate had been released prior. Subject released prior to start of retaliation monitoring.

115.67(c): 1. 11/3/22 - Agency informs auditor that the PREA Coordinator has been designated as the Retaliation Monitor who is assisted by team supervisors on a case-by-case basis and provides documented verification of completion of the retaliation monitoring period.

2. Agency informs auditor of the following:

10/02/22 Complaint is made
10/03/22 Assigned to monitoring Sgt (case 22-07915)
10/19/22 Initial report submitted
10/25/22 Inmate released from custody
11/02/22 E-mail sent to monitoring Sgt to begin retaliation monitoring, later find out that inmate in question had been released prior. Subject released prior to start of retaliation monitoring.

The agency/facility has met the requirements of Standard provision(s) 115.67(a), 115.67(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.67.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 (a): Policy Corrections Procedures 608 PREA mandates that. "Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed."</p> <p>Agency reports there has been 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.</p> <p>Interview with Facility Commander designee indicates that Agency prohibits placing incarcerated persons at high risk for sexual victimization or who have a lead sexual abuse and involuntary segregated housing in lieu of other housing areas. Practices we do not place incarcerated persons in voluntary segregation in lieu of other housing availability. What are the past 12 months no involuntary segregation of incarcerated persons have been placed in segregated housing for risk of sexual victimization.</p> <p>Interview with Staff who Supervise incarcerated persons in Segregated Housing indicates that new cars rated persons over the past 12 months I've been placed in circuit housing for protection from sexual abuse or after having a leg sexual abuse. No incarcerated persons have been housed in Segregated Housing for risk of sexual victimization over the past 12 months.</p> <p>115.68 (a): Policy Corrections Procedures 608 PREA mandates that. "Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed."</p> <p>Agency reports there has been 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.</p> <p>Interview with Facility Commander designee indicates that Agency prohibits placing incarcerated persons at high risk for sexual victimization or who have a lead sexual abuse and involuntary segregated housing in lieu of other housing areas. Practices we do not place incarcerated persons in voluntary segregation in lieu of other housing availability. What are the past 12 months no involuntary segregation of incarcerated persons have been placed in segregated housing for risk of sexual victimization.</p> <p>Interview with Staff who Supervise incarcerated persons in Segregated Housing indicates that new cars rated persons over the past 12 months I've been placed in circuit housing for protection from sexual abuse or after having a leg sexual abuse. No incarcerated persons have been housed in Segregated Housing for risk of sexual victimization over the past 12 months.</p>

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.68.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.71(a): Policy 608 Corrections Procedure PREA mandates that "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22). Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."</p> <p>Patrol Policy 903 PREA mandates that "The Office shall promptly, thoroughly and objectively investigate all allegations, including third- party and anonymous reports, of sexual abuse or sexual harassment. Only investigators who have received Office-approved special training shall conduct sexual abuse investigations (28 CFR 115.171)."</p> <p>Interview with investigative staff indicates that the period time it takes to initiate an investigation phone allegation of sexual abuse for sexual-harassment is immediately, as soon as possible. Anonymous and third-party reports of social abuse sexual harassment investigations are initiated similarly.</p> <p>115.71(b): Policy 608 Corrections Procedure PREA mandates that "Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71)."</p> <p>Patrol Policy 903 PREA mandates that "Only investigators who have received Office-approved special training shall conduct sexual abuse investigations (28 CFR 115.171)."</p> <p>Interview with 4 investigative staff who conducts investigations in a confinement setting indicates that they receive training specific to conducting sex abuse investigations in a confinement setting through the national Institute of corrections and I see online training. The training consists of interactive videos scenarios sexual abuse sexual harassment in jail, victim and witness statements, how to conduct a report how to conduct investigations how to conduct interviews, what do forensic examination consist of, how to tame DNA, photos, forensics evidence from clothing, cameras and visit video sources. Topics of the training included techniques for interviewing sexual abuse victims, proper use of Miranda and Gary warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for an administrative or prosecution referral.</p> <p>115.71(c): Patrol Policy 903 PREA mandates that "Investigators shall (28 CFR 115.171):</p> <p>(a) Gather and preserve direct and circumstantial evidence, including any available physical and biological evidence and any available electronic monitoring data.</p>

- (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 4 investigative staff members indicates that steps in initiating an investigation or placing victims in a safe place, ensure medical attention is immediate, contacting the killer center to establish forensic examination, initiate in jail reports, obtaining video footage, obtaining DNA evidence, securing crime scene and crime scene footage, obtaining a victims statement, obtaining forensic evidence and surveillance footage. Investigative data is maintained in the investigations unit storage vault with access only available to investigative staff. The investigative unit is not housed at the Maguire facility.

115.71(d): Patrol Policy 903 PREA mandates that "Investigators shall (28 CFR 115.171):

- (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 when investigator discovered evidence that is a prosecutable crime may have taken place they can, they consult with prosecutors prior to conducting compelled interviews. Investigators are in constant communication with the district attorneys office.

115.71(e): Patrol Policy 903 PREA mandates that "Investigators shall (28 CFR 115.171):

- (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 the basis utilized to judge the credibility of an alleged victim, suspect, or witness is the preponderance of the evidence. Investigators state they were not under any circumstances required an incarcerated person who alleges sexual abuse to submit to a polygraph examination or truth teller device as a condition for proceeding with an investigation.

During the onsite audit, there were no incarcerated persons who reported sexual abuse housed at the Maguire facility.

115.71(f): Patrol 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 (28 CFR 115.171)."

Interview with Internal Affairs (IA) staff indicates that both the IA Pro and Blue Teams conduct PREA investigations and initiate the first level administrative investigation interview of employees. 2nd level of investigation, Professional Standards, ensures investigation is properly performed and completed for determination to continue with Internal Affairs investigation. All IA investigations are documented. The IA investigations are tolled pending the outcome of any criminal investigation.

Information obtained from the criminal investigation may include the complaint, video collection, data logs, body-worn camera footage, witness & victim statements. All evidence is retained and secured. Any and all evidence is collected.

115.71(g): Patrol Policy 903 PREA madates that "Investigators shall (28 CFR 115.171):

- (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 all criminal investigations are documented. Information contained in the reports or all evidence statements, in jail reports, color center forensic information victim statements, surveillance and forensics information, video footage, crime scene footage, review of crime scene area, witness statements and witness interviews.

115.71(h): Patrol Policy 903 PREA madates that "Investigators shall (28 CFR 115.171):

- (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."

Agency reports that there were 3 substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

Interview with investigative staff indicates that they refer all criminal cases for prosecution upon completion of the investigation.

Of the 3 cases identified by Agency only 1 case was deemed substantiated and referred to the DA's office for review. Of the other 2 cases, both were deemed unsubstantiated and were not referred to the DA's officer for review.

115.71(i): Patrol Policy 903 PREA mandates that "The Office shall retain copies of all completed RIMS and ATIMS reports, inmate grievances, and 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)."

115.71(j): Patrol 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 (28 CFR 115.176)."

Interview with investigative staff indicates that when a staff member alleged or committed sexual abuse terminates employment prior to a completed investigation into his or her conduct, the investigation continues until completion.

115.71(k): Auditor is not required to audit this provision.

115.71(l): N/A - San Mateo County Sheriff's department conducts its own criminal and administrative investigations. When investigations are referred to the DA's office they remain informed about the progress and outcome of the DA decision.

Interview with facility commander, PREA coordinator, PREA compliance manager and investigative staff indicates that should an outside investigation occurs, the Investigative Bureau will cooperate with outside investigators and remain informed about the progress of any outside investigation.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.71.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72(a): Patrol Policy 903 PREA mandates "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 (28 CFR 115.172)."</p> <p>Interview with investigative staff indicates that Standard of evidence required to substantiate allegations of sexual abuse or sexual harassment is through preponderance of the evidence.</p> <p>CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.71.</p>

115.73	Reporting to inmates
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1461 539">115.73(a): Correction Procedure Policy 608 PREA mandates that "The Division Commander or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate."</p> <p data-bbox="256 551 1461 622">Agency reports that 8 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months.</p> <p data-bbox="256 633 1477 748">Agency claims that of the alleged sexual abuse investigations that were completed in the past 12 months, all 8 inmates were notified, verbally or in writing, of the results of the investigation.</p> <p data-bbox="256 790 1461 904">115.73(b): N/A - The agency/facility is responsible for conducting administrative and criminal investigations. No outside agency investigated alleged sexual abuse in the past 12 months.</p> <p data-bbox="256 947 1461 1146">115.73(c): Corrections Procedures 608 PREA mandates that "The Division Commander or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate.</p> <p data-bbox="256 1158 1437 1229">If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever:</p> <p data-bbox="256 1240 1469 1312">(a) The staff member is no longer assigned to the inmate's unit or employed at the facility.</p> <p data-bbox="256 1323 1417 1395">(b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="256 1406 1425 1523">If another inmate is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="256 1534 1453 1648">All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73)."</p> <p data-bbox="256 1659 1469 1774">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.</p> <p data-bbox="256 1785 1422 1856">During the onsite audit there were no incarcerated persons who reported a sexual abuse.</p> <p data-bbox="256 1899 1461 2056">115.73(d): Corrections Procedures 608 PREA mandates that "The Division Commander or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information</p>

from the investigative agency in order to inform the inmate.

If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever:

(a) The staff member is no longer assigned to the inmate's unit or employed at the facility.

(b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another inmate is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73)."

During the onsite audit there were no incarcerated persons who reported a sexual abuse.

115.73(e): Corrections Procedures 608 PREA mandates that "The Division Commander or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Office did not conduct the investigation, the Office shall request relevant information from the investigative agency in order to inform the inmate.

If a staff member is the accused (unless the Office has determined that the allegation is unfounded), the inmate shall also be informed whenever:

(a) The staff member is no longer assigned to the inmate's unit or employed at the facility.

(b) The Office learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another inmate is the accused, the alleged victim shall be notified whenever the Office learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file (28 CFR 115.73)."

Agency reports that in the past 12 months no inmates were provided notifications pursuant to this Standard. All incidents involving staff were unfounded; all incidents involving inmates are awaiting action with the DA. All sexual abuse and sexual harassment allegations have been documented and provided to auditor for review.

115.73(f): Auditor is not required to audit this provision.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.73.

115.76	Disciplinary sanctions for staff
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1474 622">115.76(a): Patrol 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 (28 CFR 115.176)."</p> <p data-bbox="256 636 1449 913">Corrections Procedure Policy 608 mandates that "The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be 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."</p> <p data-bbox="256 954 1474 1236">115.76(b): Patrol 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 (28 CFR 115.176)."</p> <p data-bbox="256 1249 1406 1321">In the past 12 months, no staff from the facility who have violated agency sexual abuse or sexual harassment policies.</p> <p data-bbox="256 1361 1458 1644">115.76(c): Patrol 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 (28 CFR 115.176)."</p> <p data-bbox="256 1657 1474 1774">In the past 12 months, no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p> <p data-bbox="256 1809 1458 1971">115.76(d): "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)."</p> <p data-bbox="256 1984 1426 2056">In the past 12 months, no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to</p>

termination) for violating agency sexual abuse or sexual harassment policies.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.76.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 264 560 297">Auditor Discussion</p> <p data-bbox="256 342 1476 544">115.77(a): Patrol Polivy 903 PREA mandate 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 (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."</p> <p data-bbox="256 555 1453 712">In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. In the past 12 months, no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.</p> <p data-bbox="256 745 1406 947">115.77(b): "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."</p> <p data-bbox="256 958 1476 1160">Interview with facility commander designee indicates that in case of a violation of agency sexual abuse or sexual Resz and policies by a contractor a volunteer remedial measures the facility takes is banning the contractor a volunteer from the facility pending investigation. This ban also prohibits further contact with inmates until the conclusion of the investigation.</p> <p data-bbox="256 1193 459 1227">CONCLUSION:</p> <p data-bbox="256 1238 1358 1317">Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.77.</p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1477 667">115.78(a): Policy 600 Inmate Discipline mandates that "Inmates who are subject to discipline as a result of rule violations shall be afforded the procedural due process by the Sheriff that is established in the policies, procedures, and practices relating to inmate discipline. All inmates will be made aware of the rules of conduct related to maintaining facility safety, security, and order, as well as clearly defined penalties for rule violations. Staff will not engage in arbitrary actions against inmates. All disciplinary actions will follow clearly established procedures. All disciplinary sanctions will be fairly and consistently applied (15 CCR 1081 et seq.)."</p> <p data-bbox="256 674 1418 748">In the past 12 months, 1 administrative finding of inmate-on-inmate sexual abuse that have occurred at the facility.</p> <p data-bbox="256 757 1477 958">In the past 12 months, no criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility. In the past 12 months the Agency reports that 1 administrative finding of inmate-on-inmate sexual abuse that have occurred at the facility. Agency to provide auditor with a copy of the administrative disciplinary sanction issued to the above incarcerated person.</p> <p data-bbox="256 999 1465 1155">115.78(b): Corrections Procedure 600 Inmate Discipline mandates that "Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories (28 CFR 115.78(b); 15 CCR 1082).</p> <p data-bbox="256 1164 1441 1238">In all cases, sanctions should be imposed for the purpose of controlling or changing an inmate's behavior and not for the purpose of punishment (15 CCR 1082)."</p> <p data-bbox="256 1247 1477 1574">Interview with facility commander designee indicates that incarcerated persons are subject to administrative or criminal findings that incarcerated person engaged in and meet inmate sexual abuse is sanctioned through either minor to major disciplinary sanctions. The sanctions are based upon the findings of the investigation. All sanctions are proportional to the nature and circumstance of the abuses committed. The incarcerated persons despair histories of the sanctions imposed for similar offenses by other incarcerated persons with similar histories. Mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="256 1615 1477 1771">115.78(c): Corrections Procedure 600 Inmate Discipline mandates that "The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed (28 CFR 115.78(c))."</p> <p data-bbox="256 1780 1477 2063">Interview with facility commander designee indicates that incarcerated persons are subject to administrative or criminal findings that incarcerated person engaged in and meet inmate sexual abuse is sanctioned through either minor to major disciplinary sanctions. The sanctions are based upon the findings of the investigation. All sanctions are proportional to the nature and circumstance of the abuses committed. The incarcerated persons despair histories of the sanctions imposed for similar offenses by other incarcerated persons with similar histories. Mental disability or</p>

mental illness is considered when determining sanctions.

115.78(d): Agency reports that the facility does not offer 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 when services are provided and it meets participation is not required as a condition of access to programming or other benefits. Medical and mental health practitioners do not work with youth as this is an adult facility.

115.78(e): Corrections Procedure 600 Inmate Discipline mandates that "No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e))."

115.78(f): Corrections Procedure 600 Inmate Discipline mandates that "No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred (28 CFR 115.78(f))."

115.78(g): Corrections Procedure 600 Inmate Discipline mandates that "Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced (28 CFR 115.78(g)). No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e))."

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.78(a) and corrective action is required.

Corrective Action Recommended:

115.78(a): In the past 12 months the Agency reports that 1 administrative finding of inmate-on-inmate sexual abuse that have occurred at the facility.

1. Agency to provide auditor with a copy of the administrative disciplinary sanction issued to the identified incarcerated person.

Corrective Action Completion 3/11/22:

115.78(a): On 3/11/22, Agency responded to auditor's Issue Log Standard provision 115.78(a)1:

"In your issue log for the Maguire Correctional Center, under 28 CFR 115.78(a), you request the administrative disciplinary sanction against an inmate for substantiated sexual abuse.

In case 22-03620, an inquiry revealed there was no administrative action taken

against the suspect. The cause of this was found to be a reporting error. Simply put, the criminal case was complete (using our RIMS software), but the administrative case was never entered into ATIMS (our correctional record-keeping application). To prevent this from occurring again in the future, I have proposed an update to our PREA policy, regarding reporting under §608.12.a)ii

"... All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Such reports will be completed in both RIMS and ATIMS..."

Additionally, another update to our PREA policy addresses discipline, §608.12.g)v):

"Inmates who have been found to have committed sexual abuse and/or sexual harassment shall be subject to administrative discipline. Discipline shall be in accordance with the concepts of progressive discipline with the presumptive discipline for sexual abuse shall be a major violation unless there are articulated, compelling, mitigating circumstances."

Finally, a review of our updated policy will be part of our upcoming, biannual PREA Refresher training."

On 3/3/23, Agency provided auditor with copy of amended Lexipol 600 - Inmate Discipline Policy in the Supplemental File. On pg 8 Section 600.11 Guidelines for Disciplinary Sanctions, is amended to provided the following policy language:

"Following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse (28 CFR 115.78(a)), the inmate shall be disciplined appropriately and in accordance with this policy. In addition to the normal administrative discipline process, the PREA Coordinator will be notified of any discipline arising from a PREA reportable incident and supporting documentation will be included in the SAIR (Sexual Assault Incident Review)."

2/23/23 - Agency provided auditor with 160 custody staff who completed the PREA Refresher Training 2023 Online Portion Completion Roster. Training conducted between February & March 2023. Cross-gender Pat Search and Searches of Transgender and Intersex Inmates training was conducted via electronic training.

Staff is provided their unique electronic access to take the training. This training also included opportunity for staff to ask questions and group discussion was conducted during the training session. There were 30 additional staff who are currently off work and being tracked by the Training unit through an electronic calendar system which provides date of return for these staff and is being tracked electronically. Staff cannot be assigned to IP contact until they have completed the mandatory training.

The agency/facility has met the requirements of Standard provision(s) 115.78(a) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.78.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81(a): N/A - Facility is not a prison.</p> <p>115.81(b): N/A - Facility is not a prison.</p> <p>115.81(c): Agency states that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting within 14 days on the intake screening with a medical or mental health practitioner. In the past 12 months, Agency claims that no PREA reportable incidents were reported during intake screening. Agency states that medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. Agency provided auditor with San Mateo Sheriff's Office (SMSO) PREA Report Log exemplar which is utilized as a tracking tool in the event that inmates at this facility disclose any prior sexual victimization during intake risk screening.</p> <p>Facility did not house any incarcerated persons during the onsite audit who disclosed sexual victimization during risk screening and, therefore, no interviews were conducted with incarcerated persons.</p> <p>Interview with Staff Responsible for Risk Screening indicates that if an incarcerated person reports that he or she experienced prior sexual victimization, whether in an institutional setting or in the community, they are offered a follow up meeting with a medical or mental health practitioner. During intake, a medical practitioner meets with the incarcerated person to discuss some intake PREA questions. In the classification portion of PREA questions if the incarcerated person claims a history of sexual abuse, said person is flagged in the intake database and forensic mental health (FMH) is notified. The incarcerated person is asked if he or she wishes to agree to a followup meeting with the mental health practitioner. If so, the follow-up meeting is conducted within 24 hours if not immediately. Should the incarcerated person decline, it is documented in the electronic medical and mental health database. Review of the SMSO PREA Report Log revealed only one claim of history of sexual abuse made during intake, which was addressed by FMH and tracked on this log. Incarcerated person claimed to have been sexually abused prior to their arrest. Case was noted as an outside incident, RTS and FMH was notified. RTS conducted a followup, however, FMH failed to conduct a followup within 14 days of notice.</p> <p>115.81(d): Corrections Procedure Policy 510 Inmate Classification mandates that "Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41)."</p> <p>115.81(e): Corrections Procedure Policy 608 PREA mandates that "The health authority or mental health staff shall obtain informed consent from inmates before reporting information to correctional facility staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under</p>

the age of 18 (28 CFR 115.81)."

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.81(a/c) and corrective action is required.

Corrective Action Recommended:

115.81(a/c): Review of the SMSO PREA Report Log from Forensic Mental Health revealed only one claim of history of sexual abuse made during intake, which was addressed by FMH and tracked on this log (ID#1115524). Incarcerated person claimed to have been sexually abused prior to their arrest. Case was noted as an outside incident, RTS and FMH was notified. RTS conducted a followup, however, the report log indicates that FMH failed to conduct a followup within 14 days of notice.

1. Agency to provide auditor with reason as to why FMH failed to conduct a followup to their notification per Standard provision 115.81(a)(c).
2. Agency to provide auditor documented verification of all IP's who reported sexual abuse at intake. Documentation to identify IP name, ID#, intake date, facility, disposition, type of case, reported by, notification, RIMS/ATIMS, date of both RTS & FMH notification, date of both RMS & FMH follow-up was conducted, date notification sent and any additional information. Documentation to be provided to auditor on or before 3/10/23

Corrective Action Completion 3/14/23:

115.81(a/c): 1. On 12/21/22, Supervisory Mental Health Technician provided a memorandum to the PREA Coordinator to explain the reason why FMH failed to conduct a follow-up to their notification that IP reported that she was sexually assaulted prior to her arrest. Supervisor's response is as follows: "IP was incarcerated from 1/1/22 - 1/29/22. At the time of the PREA allegation, FMH was not aware of the requirement to conduct follow-up within 14 days or that FMH follow-up was warranted for allegations reported outside custody. After the PREA audit and being informed of non-compliance, FMH consulted with the Sheriff's Office PREA Coordinator and reviewed Standard Provisions as well as reviewed CHS PREA Policy to ensure compliance in the future."

2. 3/14/23 - PREA Coordinator provided auditor with signed letter which states the following:

"28 CFR 115.81a requires that the agency offer follow-up meetings with medical or mental health practitioners within 14 days of intake screening for inmates that have experienced prior sexual victimization, whether in an institutional setting or in the community. Facility Mental Health (FMH, part of our Correctional Health Services (CHS), and the mental health provider for our incarcerated population) had been misinformed that 115.81a only applied to sexual abuse experienced in an institutional setting. FMH has since been informed of their obligation to conduct follow-up

meetings with people who have experienced sexual abuse, regardless of where that abuse had occurred.

This information had not previously been captured; however, FMH/CHS has been made aware of their requirements. To ensure future compliance, categories for "Reported Prior Sexual Victimization" and "14 Day Follow-up" have been added to our electronic tracking instrument (with input messages reminding FMH staff that the requirement is regardless of the location of the sexual victimization).

Since this clarification, there have been no incidents of incarcerated persons reporting prior sexual victimization. So, we are unable to provide such cases.

However, the relevant portion of the electronic tracking instrument is attached."

The signed letter and amended electronic tracking instrument have been uploaded to the Supplemental Report.

The agency/facility has met the requirements of Standard provision(s) 115.81(a)(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.81.

115.82	Access to emergency medical and mental health services
	<p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1481 833">115.82(a): Patrol Policy 903 PREA mandates that "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). The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment as outlined in the RTS MOU and CHS Policy for Individualized Treatment plans: Sexual Assault - PREA. . Emergency services are provided by the Keller Center. Crisis intervention is handled through Rape Trauma Services (RTS) and San Mateo Correctional Health Services (CHS) Policy and Procedures regarding Care and Treatment. A spreadsheet, secure and shared with those who need to know, is used to ensure continuity of care.</p> <p data-bbox="256 842 1374 913">CHS Policy 0600.07 STD Voluntary Testing Treatment outlines the Standardized Procedures for Infectious Diseases</p> <p data-bbox="256 922 1465 1169">Interview with Medical and Mental Health Staff indicates that victims of sexual abuse receives timely and in unimpeded access to emergency medical treatment and crisis intervention. Agency maintains 24/7 in-house medical nurse staffing and provides immediate medical treatment. Agency ensures victim of sexual abuse is transported to arrive at the Keller Center within 1/2 hour of incident notification. The nature and scope of medical services are determined according to their professional judgement.</p> <p data-bbox="256 1178 1477 1294">No custody staff can intervene in medical issues. Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p data-bbox="256 1303 1426 1375">No incarcerated persons who reported a sexual abuse were housed at the Maguire facility during the onsite audit.</p> <p data-bbox="256 1415 1445 1617">115.82(b): Corrections Procedure Policy 608 PREA mandates that "Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82)."</p> <p data-bbox="256 1626 1465 1827">Interview with security and non-security staff first responders indicates that all staff, security and non-security staff use the 1st Responder Protocol policy, immediately inform custody supervisory staff to include medical and mental health, keep victim in a safe place until medical or mental health arrive. Medical staff are on duty 24/7 at the Maguire facility.</p> <p data-bbox="256 1868 1342 1984">115.82(c): CHS Policy 0600.07 STD Voluntary Testing Treatment Policy and Corrections Procedure Policy 608 mandates that: "Examination, testing, and treatment shall include the following (15 CCR 1206):</p> <p data-bbox="256 1993 1414 2065">(a) Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these</p>

examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE)s. If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Office shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21).

(b) If requested by the victim, a victim advocate, a qualified office staff member, or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals (28 CFR 115.21).

(c) Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.82).

(d) Counseling for the treatment of sexually transmitted diseases, if appropriate, shall be provided.

(e) Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections, and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner.

(f) Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner.

(g) Victims shall be provided with 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 (28 CFR 115.83).

(h) 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 115.82; 28 CFR 115.83)."

"(i) The health authority or mental health staff shall obtain informed consent from inmates before reporting information to correctional facility staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18 (28 CFR 115.81).

(j) Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform correctional facility staff about security or management decisions (28 CFR 115.81)."

No incarcerated persons who reported a sexual abuse were housed at the Maguire facility during the onsite audit.

Interview with medical and mental health staff indicates that all victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Victims of sexual abuse are immediately referred to medical and rape trauma services (RTS). Once transported to the Keller Center for forensic medical examination, the SAFE/SANE nurse and emergency services provides emergency contraception and STD prophylaxis if needed.

115.82(d): Corrections Procedure 608 PREA mandates that: "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 115.82; 28 CFR 115.83)."

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.82.

<p>115.83</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.83(a): Corrections Procedure Policy 608 mandates that "Victims shall be provided with 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 (28 CFR 115.83)."</p> <p>115.83(b): Corrections Procedure Policy 608 mandates that "Victims shall be provided with 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 (28 CFR 115.83)."</p> <p>Correctional Health Services (CHS) Policy Care and treatment PREA mandates that "Upon returning to the facility,</p> <ol style="list-style-type: none"> a. The victim will be housed in a safe environment & closely observed by the Medical Staff, Mental Health staff & Sheriff's Department Staff. b. The Medical staff will follow up on any medical issues identified at the Keller Center, along with any recommendations from the Keller Center. c. The victim will be referred to Mental Health Services for follow-up treatment, and where appropriate, they will be referred to county Mental Health Services for continued follow up after release." <p>Interview with medical and mental health staff indicates that Forensic Mental Health (FMH) provides mental health support and welfare checks to include assessment of the victim's mental health status. Forensic evidence is collected in the Keller Center and emergency room and provides medical services to the victim.</p> <p>No incarcerated persons who reported a sexual abuse were housed at the Maguire facility during the onsite audit.</p> <p>115.83(c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>Interview with medical and mental health staff indicates that both medical and mental health services are offered consistent with the community level or care. During the onsite audit, auditor observed medical and mental health staff interacting with both incarcerated persons and staff. Auditor's observation support compliance verification with this Standard provision.</p> <p>115.83(d): Corrections Procedure Policy 608 PREA mandates that "Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner."</p> <p>No incarcerated persons who reported a sexual abuse were housed at the Maguire facility during the onsite audit.</p> <p>115.83(e): Corrections Procedure Policy 608 PREA mandates that "Victims of sexually</p>
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abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner."

No incarcerated persons who reported a sexual abuse were housed at the Maguire facility during the onsite audit.

Interview with medical and mental health practitioners indicated that the pregnancy results from sexual abuse while being incarcerated, victims are given timely information and access to all lawful pregnancy-related services.

115.83(f): Corrections Procedure Policy 608 PREA mandates that "Provisions shall be made for testing the victim for sexually transmitted diseases (28 CFR 115.82)."

No incarcerated persons who reported a sexual abuse were housed at the Maguire facility during the onsite audit.

115.83(g): Corrections Procedure Policy 608 PREA mandates that "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 115.82; 28 CFR 115.83)."

No incarcerated persons who reported a sexual abuse were housed at the Maguire facility during the onsite audit.

115.83(h): N/A - Facility is a Jail.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.83.

115.86	Sexual abuse incident reviews
	<p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1465 499">115.86(a): Corrections Procedure 608 PREA mandates that "An incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation."</p> <p data-bbox="256 510 1374 622">Agency reports that in the past 12 months, 2 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents</p> <p data-bbox="256 633 1430 707">Auditor review of the 2 criminal and/or administrative investigation IRBs of alleged sexual abuse completed at the facility verify agency's claim of compliance.</p> <p data-bbox="256 750 1465 909">115.86(b): Corrections Procedure 608 PREA mandates that "An incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation."</p> <p data-bbox="256 952 1465 1111">115.86(c): Corrections Procedure 608 PREA mandates that "The review team shall include upper-level management officials and seek input from line supervisors, investigators and qualified health care and/or mental health professionals, as appropriate:</p> <ul style="list-style-type: none"> <li data-bbox="256 1122 1362 1196">(a) Consider whether the investigation indicates a need to change policy or practice in order to better prevent, detect or respond to sexual abuse." <li data-bbox="256 1207 1465 1319">"(b) 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. <li data-bbox="256 1330 1465 1404">(c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse. <li data-bbox="256 1415 1362 1449">(d) Assess the adequacy of staffing levels in the area during different shifts. <li data-bbox="256 1460 1342 1534">(e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. <li data-bbox="256 1545 1474 1693">(f) Prepare a written report of the team's findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Sheriff and the PREA coordinator. <p data-bbox="256 1704 1374 1778">The Division Commander or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so."</p> <p data-bbox="256 1789 1465 2069">Interview with Facility Commander designee indicates that the incident review team includes upper level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The Incident Review Team Summary documentation fails to provide the names or positions of attendees to determine compliance with this Standard provision. The PREA Coordinator's appears to be the only team member's name on the document. Agency to include IRB team names and positions of team members for compliance verification purposes per</p>

Standard provision 115.86(c)

115.86(d): Patrol 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. 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 (28 CFR 115.186)."

Interview with Facility Commander designee indicates that the IRB team uses the information from the sexual abuse incident review to change internal policies and procedures.

Interview with the PREA Compliance Manager indicates that the facility conducts sexual abuse incident reviews and prepares a report of its findings from the reviews, including any determinations per Standard provision 115.86(d)-1 through (d)-5, in any recommendation for improvement.

Interview with the Incident Review Team (IRB) member indicates that she meets every Wednesday with the PREA Coordinator, classification and rape trauma services. They go over the list of allegations. They also discuss any barriers in the area that enable abuse. They assess the adequacy of staffing levels in the area during different shifts and assess whether monitoring technology should be employed or augmented to supplement supervision by staff. Patrol 903.8.1 Policy states: "The report shall be submitted to the Sheriff and the PREA Coordinator." This is not in compliance with Standard provision 115.86(d)-1. Agency to amend Policy to state: "The report shall be submitted to the facility head and PREA Compliance Manager" in order to comply with PREA Standard provision 115.86(d)-1.

115.86(e): Corrections Procedure Policy 608 PREA mandates that "The Division Commander or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so."

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.86(c), 115.86(d) and corrective action is required.

Corrective Action Recommended:

115.86(c): The Incident Review Team Summary documentation fails to provide the names or positions of attendees to determine compliance with this Standard provision. The PREA Coordinator's appears to be the only team member's name/ position on the document.

1. Agency to include IRB team positions of team members for compliance verification purposes per Standard provision 115.86(c)
2. Agency to provide auditor with copies of IRB Summary documentation following

Substantiated and Unsubstantiated sexual abuse investigations conducted between 12/5/22 and 3/5/22.

115.86(d): Patrol 903.8.1 Policy states : "The report shall be submitted to the Sheriff and the PREA Coordinator." This is not in compliance with Standard provision 115.86(d)-1

1. Agency to amend Policy narrative to state: "The report shall be submitted to the facility head and PREA Compliance Manager" in order to comply with PREA Standard provision 115.86(d)-1

Corrective Action Completion 3/2/23:

115.86(c): On 12/5/22, Agency uploaded the updated section of Sexual Abuse Incident Review Board (IRB) form which included area which identifies IRB team members in attendance:

Upper-Level Management

Line Supervisors

Investigators

PREA Managers

Medical

Mental Health

Advocates

On 3/2/23, PREA Coordinator informs auditor there have been no substantiated or unsubstantiated allegations of sexual abuse between 12/5/22 and 3/2/23 at the Maguire facility.

115.86(d): 3/2/23 - Agency provided auditor with amended copy of the Lexipol 903 PREA Policy which identifies the following amendment The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement. The report shall be submitted to the Sheriff, via the facility head, and PREA Compliance Manager. The Sheriff or the authorized designee shall implement the recommendations for improvement or shall document the reasons for not doing so (28 CFR 115.186).

The agency/facility has met the requirements of Standard provision(s) 115.86(c), 115.86(d), completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.86.

115.87 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.87(a): Corrections Procedure Policy 608 mandates that "Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this office, using a standardized instrument and set of definitions. Upon request, the Office shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87; 34 USC § 30303; 15 CCR 1041).

1. The data collected shall 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 U.S. DOJ.
2. The data shall be aggregated at least annually."

115.87(b): Corrections Procedure Policy 608 mandates that "The data collected shall 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 U.S. DOJ. The data shall be aggregated at least annually."

115.87(c): Corrections Procedure Policy 608 mandates that "The data collected shall 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 U.S. DOJ."

115.87(d): Corrections Procedure Policy 608 mandates that "This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by:

- (a) Identifying problem areas.
- (b) Identifying corrective actions taken.
- (c) Recommending corrective actions.
- (d) Comparing current annual data and corrective actions with those from prior years.
- (e) Assessing the office's progress in addressing sexual abuse.

The reports shall be approved by the Division Commander and made available 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 facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).

All aggregated sexual abuse data from San Mateo County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89)."

Patrol 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 (28 CFR 115.187)."

115.87(e): N/A - Agency does not contract for the confinement of it's inmates.

115.87(f): N/A - Agency states that the DOJ has not requested agency data.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.87.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.88(a) - Corrections Procedure Policy 608 mandates that "This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by:</p> <ul style="list-style-type: none"> (a) Identifying problem areas. (b) Identifying corrective actions taken. (c) Recommending corrective actions. (d) Comparing current annual data and corrective actions with those from prior years. (e) Assessing the office's progress in addressing sexual abuse. <p>The reports shall be approved by the Division Commander and made available 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 facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).</p> <p>All aggregated sexual abuse data from San Mateo County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89)."</p> <p>Agency provided auditor with copy of the SMSO PREA Annual Report 2021 which is compliant with the PREA Standards.</p> <p>Interview with Agency Head designee indicates that the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response , practices and training through identifying problem areas and taking corrective action on an ongoing basis to ensure maintenance of sexual safety within the facilities and ongoing training for both staff and incarcerated persons regarding the PREA policies.</p> <p>Interview with PREA Coordinator indicates that the agency reviews data collected and aggregated in order to assess and improve the effectiveness of a sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained with access only to administration, classification, medical and mental health a right to know basis. PII is previously redacted in the report draft - no personal identifying information (PII) allowed in report provided to Agency Head for approval.</p> <p>Interview with the PREA Compliance Manager indicates that the role the facility and facility data play when reviewing effectiveness of the collected and aggregated data is to imagine what the agency can do better to make incarcerated persons safe and provide sexual safety throughout the agency and facility as a whole.</p> <p>115.88(b): Review of PREA Annual Report 2021 page 7 includes a comparison of the current year's data and corrective actions with those from prior years 2020 & 2021. The annual report also provides an assessment of the agency's progress in</p>

addressing sexual abuse.

115.88(c): Patrol 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. An annual report shall be prepared that includes (28 CFR 115.188):

(a) A comparison of the current year's data and corrective actions with those from prior years.

(b) An assessment of the Office's progress 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."

Interview with Agency Head designee indicates that he approves all annual reports prior to their placement on Agency's website.

Website Access:

https://www.smcsheriff.com/sites/default/files/content_files/PREA%20Annual%20Report%202021.pdf

<https://www.smcsheriff.com/prea-report-sexual-misconduct>

115.88(d): Patrol Policy 903 PREA mandates that "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. All aggregated sexual abuse data from San Mateo County Sheriff's Office facilities shall be made readily available to the public at least annually through the Office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.189)."

Review of 2021 Annual Report finds that on bottom of page 5, Agency has placed the following statement:

"*Information regarding people involved has been redacted from this report."

Interview with PREA Coordinator indicates that all information is previously redacted from the annual report draft prior to reaching the Agency Head for review and approval before placement on the Agency website.

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.88.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89(a): Corrections Procedure 608 PREA mandates that "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment or counseling shall be retained in accordance with confidentiality laws." Interview with PREA Coordinator indicates that data collected pursuant to Standard 115.87 are securely retained in ATIMS database and records retention locked storage. Only admin classification, medical, mental health maintain data in this area and have access on a right to know basis.</p> <p>115.819(b): Corrections Procedure Policy 608 PREA mandates that "All aggregated sexual abuse data from San Mateo County Sheriff's Office facilities and private facilities with which it contracts shall be made available to the public at least annually through the office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89)." Patrol Policy 903 PREA mandates that "Establishing a process that includes the use of a standardized form and set of definitions to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under this agency's direct control (28 CFR 115.187). This data shall be aggregated at least annually and included in the PREA annual report."</p> <p>115.89(c): Patrol Policy 903 PREA mandates that "All aggregated sexual abuse data from San Mateo County Sheriff's Office facilities shall be made readily available to the public at least annually through the Office website. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.189). Corrections Procedure 608 PREA mandates that "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical "and counseling evaluation findings, and recommendations for post-release treatment or counseling shall be retained in accordance with confidentiality laws. 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 115.71). All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89)."</p> <p>115.89(d): Corrections Procedure 608 PREA mandates that "All case records and reports associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical "and counseling evaluation findings, and recommendations for post-release</p>

treatment or counseling shall be retained in accordance with confidentiality laws. 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 115.71). All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89)."

CONCLUSION:

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.89.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401: Patrol Policy 903 PREA mandates that "All correctional facilities including Court and Transportation Holding shall be audited annually by the agency PREA Coordinator to ensure the facility is maintaining compliance with all standards. The results of the audits will be documented.</p> <p>(a) Effective January 1, 2019, each jail facility shall be individually audited by an outside auditor who has been certified by the Department of Justice, once every three years, and in accordance with PREA (28 CFR 115.11). The auditor shall be provided all relevant policies and procedures, reports, internal and external audits and accreditations for the facility being audited.</p> <ol style="list-style-type: none"> 1. During the audit, the auditor shall have access to all areas of the facility and supplied any relevant documentation requested. 2. The auditor shall have access to inmates, staff and administrators. Staff will be expected to cooperate fully during the audit." <p>Agency has direct control and supervision of two correctional facilities and has complies with Standard provision 115.401(a), maintaining a 3 year PREA audit completion cycle with both facilities since their initial PREA audit in 2018.</p> <p>115.401(b): Agency has direct control and supervision of two correctional facilities and has complies with Standard provision 115.401(a), maintaining a 3 year PREA audit completion cycle with both facilities since their initial PREA audit in 2018.</p> <p>115.401(h): During the 2022 PREA Audit and Physical Plant review, the auditor was granted full access to all areas of the Maguire Correctional Facility.</p> <p>115.401(i): The Agency/facility provided auditor with copies of any and all requested documentation and information to include electronically stored information. The auditor was granted to obtain and possess all requested materials required to make a determination of compliance with the PREA Standards.</p> <p>115.401(m): Agency/facility permitted the auditor to conduct interviews wth any inmates that were requested by the auditor and allowed to conduct these interviews in a private setting such as the housing multipurpose rooms of each housing units.</p> <p>115.401(n): Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. This was discussed and agreed upon by both agency and auditor during the onsite audit prior to the Notice of Auditor postings. No communication was received by inmates. Auditor recieved Notice of Auditor posting verification through dated photos of posters throughout the faciity 7 weeks prior to the onsite audit. During the onsite audit, auditor noticed postings throughout the facility to include every housing unit, facility lobby, visiting and intake.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401(f): Maguire Correctional Facility PREA Audit Report was in 2019 and Maple Street PREA Audit Report was dated 2020. Both reports are posted on the Agency website for public viewing.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na

115.12 (b)	Contracting with other entities for the confinement of inmates	
	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.)	na

115.13 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need	yes

	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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.)	na
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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

115.15 (b)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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

115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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

115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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

115.21 (b) Evidence protocol and forensic medical examinations		
	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
	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
115.21 (c) Evidence protocol and forensic medical examinations		
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d) Evidence protocol and forensic medical examinations		
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a) Inmate education		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b) Inmate education		
	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
	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
	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
115.33 (c) Inmate education		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d) Inmate education		
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	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

115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.35 (b)	Specialized training: Medical and mental health care	
	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

115.35 (c)	Specialized training: Medical and mental health care	
	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
115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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

115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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

115.42 (a) Use of screening information		
	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
	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
	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
	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
	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
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	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
	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

115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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
	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
	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 I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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

115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	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
	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
115.43 (e)	Protective Custody	
	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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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

115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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

115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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

115.52 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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

115.53 (a)	Inmate access to outside confidential support services	
	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
	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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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

115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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

115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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

115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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.)	na

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	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
	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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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

115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	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

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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

115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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

115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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.)	na
115.87 (f)	Data collection	
	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.)	na
115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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

115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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

115.403 (f)	Audit contents and findings	
	<p>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, there has never been a Final Audit Report issued.)</p>	yes