

Jail Conditions Survey

Thank you for participating in this survey! We - a coalition of community-based organizations that serve currently and formerly incarcerated people - have put together a set of questions regarding conditions inside California's county jails. We deeply value any information you can provide. Your lived experience will help us strengthen standards protecting people in California's jails.

The California Board of State and Community Corrections (BSCC), the agency responsible for setting the rules at county jails, is asking for feedback about what needs to change at these facilities so that people are treated with dignity and respect. THIS DOES NOT APPLY TO FEDERAL OR STATE PRISONS (CDCR). Your comments will help us evaluate the impacts of jail regulations and ways the BSCC can better support people and their families.

Folks who are completing this survey inside a county jail can submit by mail on a rolling basis to be received by August 31st.

YOU SHOULD COMPLETE THIS SURVEY IF:

1. You have spent time in a California jail(s)*
2. You have a loved one(s) in California jail(s)*

*Please note this survey only focuses on county jails/local lock-ups and NOT state prison (CDCR), federal prison, or immigration detention facilities.

KEEP IN MIND:

1. You do not have to answer every question. If there's anything on the survey that you prefer not to answer, you can leave it blank.
2. Some content may be triggering. Only provide responses you feel comfortable sharing.
3. To protect confidentiality, you do not have to use your own or other people's names.

Please mail your completed survey to the address below:

Center on Juvenile and Criminal Justice
Attn: Brian Goldstein
424 Guerrero Street, Suite A
San Francisco, CA 94110

In Solidarity,

Anti-Recidivism Coalition
Center for Juvenile and Criminal Justice
MILPA
Starting Over, Inc.

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SELF DESCRIPTION

Age: How old are you? _____

Gender: How do you identify?

- Man
- Woman
- Non-binary
- Transgender Man
- Transgender Woman
- Prefer to self-describe: _____
- I do not wish to answer

Do you identify as any of the following?

- Lesbian
- Gay
- Bisexual
- Transgender
- Queer
- Intersex
- Asexual
- None of the above
- Prefer not to say

What is your experience with California's county jails?

- Currently in county jail
- Released from county jail in the past year
- Released from county jail in the past 5 years
- Released from county jail over 5 years ago
- I have a loved one currently in county jail

How much time (in total) have you spent in county jail(s) in California?

What was the name of the jail(s) and county(ies) in which it was located?

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Did you feel safe while in custody at the jail?

Yes

No

If comfortable, please expand on your above answer:

PERSONAL HYGIENE

While you were incarcerated in county jail, did you receive personal hygiene items needed to stay clean? For example: toothbrush, shampoo, razors, soap, cleaning products, deodorant, feminine pads and tampons (if applicable), access to showers and enough shower time, and other items. You can also talk about the quality of the products you received.

Yes

No

If comfortable, please expand on your above answer:

While you were incarcerated in county jail, did you receive a clean mattress/sleeping pad, bed sheets, blankets, and clothing?

Yes

No

If comfortable, please expand on your above answer:

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Was the county jail clean?

- Yes
- No

If comfortable, please expand on your above answer:

NUTRITION

Did you ever go to bed hungry because you did not have enough food?

- Yes
- No

If comfortable, please expand on your above answer:

Was the food you received a good source of nutrition (i.e. a healthy balance of fruits, vegetables, grains, and meat)?

- Yes
- No

If comfortable, please expand on your above answer:

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PROGRAMMING & CELL TIME

How much time did you spend out of your cell on a usual day?

- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5-6 hours
- 6-7 hours
- 8-9 hours
- 10 or more hours
- I was in an open dormitory.
- Other: _____

Did this amount of time out of your cell feel sufficient for your physical, mental, and emotional health?

- Yes
- No

If comfortable, please expand on your above answer:

If you responded No, how much time would you need out of your cell to attend to your needs on a usual day? For example: phone calls with loved ones, showers, visiting commissary, yard time, time for exercise, etc.

- 1-2 hours
- 3-4 hours
- 5-6 hours
- 6-7 hours
- 8-9 hours
- 10 or more hours
- Other: _____

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How much time did you spend outdoors on a usual day? For example: on the rec yard or other locations outside of buildings.

- Less than 1 hour
- 1-2 hours
- 3-4 hours
- 5-6 hours
- 6-7 hours
- 8-9 hours
- 10 or more hours
- Other: _____

Did this amount of time outdoors feel sufficient for your physical, mental, and emotional health?

- Yes
- No

If comfortable, please expand on your above answer:

How did you spend time outside of your cell? For example: phone calls with loved ones, yard time, time for exercise, sports, library, art or music programs, other hobbies/activities.

Are there any activities or programs unavailable to you that you would have wanted to do? Please be as detailed as possible.

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Have you ever been placed in solitary confinement? Solitary confinement may include being temporarily held in isolation, or a longer term placement. If yes, please describe the reason, duration, frequency, and/or conditions of the room.

- Yes
 No

If comfortable, please expand on your above answer:

If so, did you feel like this was a reasonable response to your situation?

- Yes
 No

If comfortable, please expand on your above answer:

PHYSICAL & MENTAL HEALTH

Were you able to go to the doctor/nurse/therapist when you needed to?

- Yes
 No

If comfortable, please expand on your above answer:

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Were you able to see a psychologist/counselor/therapist when you needed to?

- Yes
- No

If comfortable, please expand on your above answer:

Were you able to get the health treatment you needed in a timely manner? For example, medications, mobility aids, medical procedures, HIV therapy, hormone therapy, or other health accommodations.

- Yes
- No

If comfortable, please expand on your above answer:

If you were in county jail during the COVID-19 pandemic (since March 2020): Were the COVID-19 precautions at your facility sufficient to maintain a safe and healthy environment?

- Yes
- No

If comfortable, please expand on your above answer:

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If you were in county jail during the COVID-19 pandemic (since March 2020): Did you receive information regarding the COVID-19 virus, precautions, and/or vaccines?

- Yes
- No

If comfortable, please expand on your above answer:

If you identify as LGBTQIA+: Did your sexuality and/or gender identity impact your safety while in county jail?

- Yes
- No

If comfortable, please expand on your above answer:

GRIEVANCES

If you had a problem with a staff person or another incarcerated person, was there someone you could report it to who would correct the problem?

- Yes
- No

If comfortable, please expand on your above answer:

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Have you ever filed a grievance?

- Never filed a grievance
- Yes, I filed a grievance and the problem was fixed
- Yes, I filed a grievance but the problem was not fixed

If comfortable, please expand on your above answer:

FAMILY ENGAGEMENT

Did the facility allow your family and friends to visit you in-person?

- Yes
- No

If comfortable, please expand on your above answer:

How often were you given the opportunity to communicate with your friends and family by phone or mail?

- Less than once a week
- 1 day per week
- 2-3 days per week
- 4-6 days per week
- Every day
- Other: _____

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If you were a parent while locked up: Were you able to see your children during in-person visits regularly?

- Yes
- No

If comfortable, please expand on your above answer:

STAFF USE OF FORCE AND SAFETY

Did staff use restraints (handcuffs, leg shackles, belly chains, etc.) on you or other people around you that felt excessive or unwarranted?

- Yes
- No

If comfortable, please expand on your above answer:

Have you or anyone you know been sexually abused by correctional staff?

- Yes
- No

If comfortable, please expand on your above answer:

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Do you feel that disciplinary measures in the county jail were fair?

- Yes
- No

If comfortable, please expand on your above answer:

Were basic resources ever withheld as a form of discipline? For example: food, personal hygiene items, showers, out of cell time, visits or calls with loved ones.

- Yes
- No

If comfortable, please expand on your above answer:

How often did guards conduct safety checks on a usual day? Note: A safety check is conducted when a staff member does "rounds" and has direct visual observation of you.

- Every 15 minutes
- Every 30 minutes
- Every 45 minutes
- Every 60 minutes
- Less frequently than every hour
- Other: _____

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Did this frequency of safety checks feel sufficient?

- Yes
- No

If comfortable, please expand on your above answer:

GENERAL

Did anyone at the jail help you to prepare for reentry before you left the county facility?
For example: job placement, school, vocational programs, housing, health insurance enrollment, driver's license, CalFresh, and other services.

- Yes
- No

If comfortable, please expand on your above answer:

What else would you want people to know about your experience in county jail?

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Is there anything else you felt the county jail did well?

Is there anything else you would change about conditions in county jail?

Would you be interested in sharing your story publicly? If so, please tell us your name and the best way to contact you or a loved one (mailing address, phone number, email address, or through a community organization).
