

**PREA POLICY INFORMATION
FOR VOLUNTEERS AND CONTRACTORS**

CDCR 2301 (11/17)

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The Prison Rape Elimination Policy for the California Department of Corrections and Rehabilitation (CDCR) is explained on this informational sheet. As a volunteer or private contractor who has contact with CDCR offenders, it is your responsibility to do what you can, within the parameters of your current assignment, to reduce incidents of sexual violence, staff sexual misconduct, and sexual harassment and to report information appropriately when they are reported to you or when you observe such an incident.

Historical Information

Both the Congress and State Legislature passed laws, the Federal Prison Rape Elimination Act (PREA) of 2003, the Sexual Abuse in Detention Elimination Act, Chapter 303, Statutes of 2005, and most recently the United States, Department of Justice Final Rule; National Standards of 2012 to help prevent, detect and respond to sexual violence, staff sexual misconduct and sexual harassment behind bars. It is important that we, as professionals, understand all aspects of these laws and our responsibilities to help prevent, detect, and respond to instances by offenders and staff.

The CDCR policy is found in Department Operations Manual (DOM), Chapter 5, Article 44. PREA addresses five types of sexual offenses. Sexual violence committed by offenders will encompass: Abusive Sexual Contact, Nonconsensual Sex Acts, or Sexual Harassment by an Offender (towards an offender). The two remaining types of sexual offenses covered by PREA are Staff Sexual Misconduct and Staff Sexual Harassment (towards an offender).

CDCR's policy provides for the following:

- CDCR is committed to continuing to provide a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment.
- CDCR maintains zero tolerance for sexual violence, staff sexual misconduct, and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction.
- All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited.
- This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.

Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct, or sexual harassment as well as retaliatory measures taken against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.

Retaliatory measures include, but are not limited to:

- Coercion.
- Threats of punishment.
- Any other activities intended to discourage or prevent staff or offenders from reporting incident(s).

Professional Behavior

Staff, including volunteers and private contractors are expected to act in a professional manner while on the grounds of a CDCR institution and while interacting with other staff and offenders. Key elements of professional behavior include:

- Treating everyone, staff and offenders alike, with respect
- Speaking without judging, blaming, or being demeaning
- Listening to others with an objective ear and trying to understand their point of view
- Avoiding gossip, name calling, and what may be perceived as offensive or "off-color" humor
- Taking responsibility for your own behavior

Preventative Measures

You can help reduce sexual violence, staff sexual misconduct, and sexual harassment by taking various actions during the performance of your duties as a volunteer or private contractor.

The following are ways in which you can help:

- Know and enforce the rules regarding the sexual conduct of offenders.
- Be professional at all times.
- Make it clear that sexual activity is not acceptable.
- Treat any suggestion or allegation of sexual violence, staff sexual misconduct, and sexual harassment as serious.
- Follow appropriate reporting procedures and assure that the alleged victim is separated from the alleged predator.
- Never advise an offender to use force to repel sexual advances.

Detection

All staff, including volunteers and private contractors, is responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.

After immediately reporting to the appropriate supervisor, you are required to document the information you reported. You will be instructed by the supervisor regarding the appropriate form to be used for documentation.

You will take necessary action (i.e., give direction or press your alarm) to prevent further harm to the victim. Staff, including volunteers and private contractors, will make every effort to ensure the victim does not: 1) Shower; 2) Remove clothing without custody supervision; 3) Use the restroom facilities; and/or 4) Consume any liquids.

I have read the information above and understand my responsibility to immediately report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.

Volunteer/Contractor Name (Printed)

Date Signed

Signature of Volunteer/Contractor

Current Assignment within Institution

Contact Telephone Number

Supervisor in Current Assignment

TB INFECTIOUS FREE STAFF CERTIFICATION

CDCR 7354 (Rev. 07/15)

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Applicants, current employees, volunteers and employees from other state agencies who work in the California Department of Corrections and Rehabilitation (CDCR) facilities or with CDCR inmates (as defined in Penal Code Section 6006 et seq.) are required to be evaluated for tuberculosis (TB) and certified to be free of TB in an infectious or contagious stage prior to assuming duties with CDCR, and at least annually thereafter. Evaluation shall be done by a licensed physician and surgeon or his/her licensed designee whose legally authorized scope of practice he allows him/her to conduct examinations for TB under physician supervision; in accordance with the most current recommendations of the Centers for Disease Control and Prevention. Certificates shall be submitted to and maintained by CDCR.

CERTIFIED TO BE FREE OF INFECTIOUS TB

PATIENT FULL NAME AS IT APPEARS ON STATE PAYCHECK (<i>TYPE OR PRINT CLEARLY</i>)	BIRTHDATE (FOR IDENTIFICATION PURPOSES ONLY)
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I, _____, a physician and
PRINT OR TYPE PHYSICIAN NAME AND TITLE

surgeon licensed by the Medical Board or Osteopathic Medical Board of California, or my licensed designee, have *evaluated the patient, identified above, and **CERTIFY** he/she is free of tuberculosis in an infectious or contagious stage.

(* IF EVALUATION INCLUDES A TB SKIN TEST [PREFERRED, AND REQUIRED IF NEITHER **WRITTEN MM OR BLOOD TEST DOCUMENTATION** OF A PRIOR POSITIVE NOR CURRENT TB BLOOD TEST RESULTS], THE MANTOUX INTRADERMAL METHOD WITH A STANDARD DOSE OF PURIFIED PROTEIN DERIVATIVE MUST BE USED.)

LICENSED EVALUATOR OR PHYSICIAN SIGNATURE (AS APPROPRIATE)	DATE	TELEPHONE NUMBER
	LICENSED EVALUATOR NAME AND TITLE IF DIFFERENT FROM ABOVE (<i>PRINT</i>)	
LICENSE #	ADDRESS	

TB INFECTION FREE STAFF CERTIFICATION

CDCR 7354 (Rev. 07/15)

NOTICE TO PHYSICIANS

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CONFIDENTIAL EMPLOYMENT MEDICAL INFORMATION

DEFINITIONS:

PHYSICIAN AND SURGEON: An individual licensed by either the Medical Board of California or the Osteopathic Medical Board of California.

LICENSED DESIGNEE: An individual who the physician and surgeon designates to conduct the required examination in his/her place, and whose legally authorized scope of practice allows him/her to conduct examinations for TB under physician supervision.

INSTRUCTIONS: EMPLOYEE

Complete the top portion of the form; clearly print your legal name and BIRTHDATE (FOR THE IDENTIFICATION PURPOSE ONLY).

INSTRUCTION: HEALTHCARE PROVIDER

After completing the required examination (as directed on the back of the CDCR Form 7336 "Employee TST and Evaluation"), and completing and signing that form;

- Print the name and title of the supervising physician where indicated.
- The physician or designated evaluator (whoever completes the examination) should sign in the appropriate box. If a designated evaluator, complete the boxes "Evaluator Name and Title, License #"
- Date the form; complete the boxes for the telephone number and address.

REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION - PLEASE TYPE WHEN POSSIBLE

Please complete the form and do not leave any fields blank. If you have questions regarding the information requested, please call 916-255-1025. Fax all Request for Live Scan Service forms to the Office of Peace Officer Selection on the same day the individual is printed to 916-255-3302. Retain a copy for your records. All individuals must be Live Scanned on a CDCR Live Scan machine including employees, contractors (excluding select contractors), volunteers, and retired peace officers. Contractors not permitted on institution grounds may be sent to outside Live Scan operators.

ORI	TYPE OF APPLICATION (Must Check One)		
A0231	<input type="checkbox"/> Non-Peace Officer	<input type="checkbox"/> Peace Officer	<input type="checkbox"/> Contractor/Volunteer <input type="checkbox"/> Retired Peace Officer/CCW Permit

POSITION TITLE OF APPLICANT

CDCR OFFICE/INSTITUTION RECEIVING LIVE SCAN RESULTS	CONTACT NAME	TELEPHONE NUMBER
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NAME OF AGENCY AUTHORIZED TO RECEIVE CRIMINAL HISTORY INFO	MAILING ADDRESS
CA - DEPT OF CORRECTIONS AND REHABILITATION	9838 OLD PLACERVILLE ROAD SUITE B SACRAMENTO, CA 95827

AGENCY BILLING NUMBER	PHONE NUMBER	FAX NUMBER	MAIL CODE
BIL-130109	916-255-1025	916-255-3302	06259

NAME OF APPLICANT	FIRST	MIDDLE	LAST
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APPLICANT GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	ALSO KNOWN AS (List all)	APPLICANT SSN	CA DRIVER'S LICENSE NO.
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HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH (city, state, country)
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APPLICANT HOME ADDRESS (street, city, state, zip code, country)	LIVED AT RESIDENCE Years Months	CONTACT NUMBER
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**Live Scan Operators - Enter the Institution/Facility/Office Acronym Only and Today's Date as MM-DD-YY.
 Example OCA Number is NFO 02-14-12.**

OCA NO. OF RECEIVING LOCATION CCFA	LEVEL OF SERVICE REQUESTING <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI <input type="checkbox"/> CACI	RESUBMISSION LIST ORIGINAL ATI NO.
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LIVE SCAN OPERATOR NAME	TODAY'S DATE	TRANSMITTING AGENCY
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ATI NUMBER	AMOUNT COLLECTED/BILLED (CCW Only)	PAYMENT TYPE (CCW Only) <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check
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COMMENTS

FAX THE LIVE SCAN FORM THE DAY LIVE SCANNED TO THE OPOS 916-255-3302.

Completion of this supplemental application is required of all applicants seeking employment with the California Department of Corrections and Rehabilitation (CDCR), as set forth in the Department of Corrections Operations Manual, Sections 31060.17, 31060.18 and State of California Labor Code Section 432.7. This questionnaire will supplement the information provided on your application/resume and will be considered during the selection process. Complete ALL items. If a question does not apply, enter "DNA." **If appointed to any position within the CDCR, you will be fingerprinted for the purposes of obtaining a criminal record check from the Department of Justice.**

POSITION APPLIED FOR		LOCATION (INSTITUTION, DIVISION, REGION)			DATE
NAME (LAST, FIRST, MIDDLE)					DATE OF BIRTH
ADDRESS	CITY	STATE	ZIP	PLACE OF BIRTH	
OTHER NAMES KNOWN BY (INCLUDING MAIDEN)		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER/STATE	

Section (A)-Sections A and B are not to be completed for Peace Officers promoting to a higher Peace Officer Classification

Have you ever been arrested for any violation of the law? List all arrests or citations and their disposition, regardless of when or where they occurred. **All arrests** must be listed, including those that you believe may have been deleted from your official records. You may **only** omit Vehicle Code infractions unless the position you are applying for requires that you operate a State-owned vehicle or your own or rental vehicle while on State business, **but any violation resulting in an arrest must be reported.** Failure to accurately list your arrests will be grounds to deny your application and/or terminate your employment.

CHECK ONE: NO YES (IF YES, LIST ALL OFFENSES BELOW. USE BACK OF FORM IF ADDITIONAL ROOM IS NEEDED. IF CONFINED FOR ANY OFFENSE, PLEASE SEE SECTION (B)).

PLACE AND DATE OF ARREST		SPECIFIC CHARGE	DISPOSITION
CITY/STATE	MONTH/YEAR		
1)			
2)			
3)			

Section (B)-If confined for any of the offenses listed above; complete the following in relation to the numbered offense.

NO.	PLACE OF CONFINEMENT	DATES	LENGTH

Section (C)-Compliance with federal Prison Rape Elimination Act

Have you ever:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997).
 NO YES If so, provide facility name: _____ Date of Incident: _____
- 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.
 NO YES If so, provide jurisdiction: _____ Date of Incident: _____
- Been civilly or administratively adjudicated to have engaged in the activity described in behavior (2) listed above.
 NO YES If so, provide case number: _____ Date of Incident: _____
- Have you ever had a substantiated finding of sexual harassment of an inmate in a prison, jail, lockup, community confinement facility or other institution?
 NO YES If so, provide case number: _____ Date of Incident: _____

Section (D)-Compliance with California Code of Regulations Section 3406

Are you currently aware of any relative or close friend that is currently incarcerated or on state parole to the jurisdiction of CDCR?		<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, provide name, relation, place of incarceration.
NAME	RELATION	PLACE OF INCARCERATION OR PAROLE

In accordance with the California Code of Regulations, Title 15, Crime Prevention and Corrections, Section 3411; If an employee is subsequently arrested or convicted, the employee must promptly notify the institution head or deputy/assistant director. Pursuant to Section 3406, if an employee becomes aware that any relative or close friend has been committed or transferred to the jurisdiction of CDCR, the employee must report the matter in writing to the institution head or deputy/assistant director. Penal Code Section 4571 prohibits any person who has been previously convicted of a felony and confined in any State prison in this State, to come upon the grounds of any prison, forestry camp, or where any custodial inmates are located, without the consent of the warden or other officer in charge of that facility.

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and that all statements and answers are true and correct. I understand and agree that if any material facts are discovered which differ from those facts stated by me on my employee application, this supplemental application, during my interview, or at any time prior to employment with CDCR, I may not be offered the job. Furthermore, I understand and agree that if material facts are later discovered which are inconsistent with or differ from the facts I furnished before beginning employment, I may be disciplined, up to and including dismissal from State service.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF INTERVIEWER	DATE

**PRIMARY LAWS, RULES, AND REGULATIONS REGARDING
CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES
CDCR 181 (Rev.10/14)**

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates, Title 15, Section 3285. The following is a summation of pertinent information when individuals not employed by the department (volunteers, media, contractors and their employees and dignitaries) come in contact with prison inmates.

1. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.

SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3283, 3285, 3289, 3292 and 3415

2. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, non-employees and employees shall be made aware of this.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304

3. All persons entering onto institution/facility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises or restrictions to visiting or facility access.

SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3267, 3288, 3289, and 3292.

4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Secretary, Director of Division of Adult Institutions (DAI), Warden, Regional Parole Administrator and /or their designees.

SOURCE: PC Sections 2086, 5054 and 5058; CCR, Title 15, Sections 3283 and 3289

5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173, 3283 and 3289

6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, wireless communication devices or components thereof, tobacco products, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

SOURCE: PC Sections 2772, 2790, 4535, 4550, 4573, 4573.5, 4573.6, 4574, 4576 and 5030.1; CCR, Title 15, Sections, 3172.1, 3188 and 3292

7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.

SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425

8. In an emergency situation the visiting program and other inmate program activities may be suspended by the Warden or designee.

SOURCE: PC Sections 2086 and 2601; CCR, Title 15, Section 3383

9. For security reasons, volunteers, media, contractors, dignitaries and guests must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

SOURCE: CCR, Title 15, Sections 3174 and 3349.2.3(g) (3) (B)

10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.

SOURCE: CCR, Title 15, Section 3261.5

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH CDCR INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDCR INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

VOLUNTEER/MEDIA/CONTRACTOR/GUEST NAME AND TITLE (Print)	SIGNATURE	DATE SIGNED
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DISTRIBUTION: Original – Warden, Parole Administrator *and/or designee*