

Office of the Inspector General

David R. Shaw, Inspector General



Accountability Audit

Review of Audits of the
California Department of Corrections
and Rehabilitation

2000–2008

July 2010

State of California



July 8, 2010

Matthew L. Cate, Secretary
California Department of Corrections and Rehabilitation
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Sacramento, California 95814

J. Clark Kelso, Receiver
California Prison Health Care Receivership Corporation
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Dear Mr. Cate and Mr. Kelso:

Enclosed is the Office of the Inspector General's 2010 Accountability Audit of the California Department of Corrections and Rehabilitation. This two-chapter audit analyzes 87 open recommendations from nine prior reports and special reviews. Chapter 1 presents the results from our first follow-up audit of 49 recommendations that we identified in three audit reports issued in 2008. Chapter 2 presents the results from our follow-up review of 38 recommendations that we identified in six audit and special review reports issued from 2000 through 2007.

Overall, we found that the department has fully or substantially implemented 62 percent of the recommendations that we made that were still applicable. However, work remains for many recommendations, including eight unimplemented recommendations related to an on-going safety and security issue that continues to concern the OIG. Specifically, the department continues to allow custody officers to work armed posts without having completed quarterly weapons proficiency requirements.

This report presents 21 follow-up recommendations in Chapter 1, including three new recommendations that we made during this current 2010 accountability audit. While we also identified recommendations in Chapter 2 that the department has not yet resolved, this report represents our final review of those recommendations. The department's response appears as an attachment to the report.

Thank you for the professional manner and cooperation that your staff displayed during the accountability audit.

Sincerely,

A handwritten signature in blue ink that reads "David R. Shaw".

David R. Shaw
Inspector General

cc: Kim Holt, External Audits Manager, Office of Audits and Compliance
Johnny Hui, Chief of Internal Audit, Internal Audit Program, California Prison Health Care Services

Arnold Schwarzenegger, Governor

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Executive Summary

This comprehensive accountability audit presents the results of the Office of the Inspector General's annual follow-up review of previous recommendations issued to the California Department of Corrections and Rehabilitation (CDCR) and the California Prison Health Care Services (CPHCS). In this accountability audit, the Office of the Inspector General (OIG) assesses the CDCR's and CPHCS' progress in implementing past recommendations from nine audits and special reviews affecting CDCR. Overall, we found that CDCR and CPHCS implemented 62 percent of the recommendations that we made that were still applicable. But our audit also revealed that some of our critical recommendations remain unaddressed. For example, eight of the 30 recommendations that were not implemented all relate to a safety issue concerning custody officers working armed posts who have not fulfilled weapons proficiency requirements.

This year's accountability audit is divided into two chapters, each of which analyzes CDCR's and CPHCS' efforts to take corrective action on 87 unresolved recommendations. Chapter 1 presents the results from our first follow-up review of 49 recommendations that we identified in three audit reports completed in 2008. Chapter 2 presents the results from our follow-up review of 38 recommendations that we identified in six audit and special review reports issued from 2000 through 2007.

During our upcoming 2011 accountability audit, we will follow up on the unimplemented recommendations presented in Chapter 1 of this report. However, because the recommendations reviewed in Chapter 2 have already been subject to at least one previous follow-up accountability audit, this report will stand as our final review of those recommendations.

The Reason for Performing Accountability Audits

Our mission is to safeguard the integrity of California's correctional system. One way we carry out this mission is to audit CDCR to uncover criminal conduct, administrative wrongdoing, poor management practices, waste, fraud, and other abuses by staff, supervisors, and management.

To bring public transparency to the state's correctional system, in 2004 we began publishing our audit reports on our website. This public posting is essential because prisons are, by their very nature, places where most events occur outside the public view. The public airing of our audit reports provides a powerful incentive to CDCR to remedy problems afflicting its divisions and institutions.

In 2005 we began conducting the comprehensive "accountability audit." The accountability audit provides periodic follow-up results on previous audits and special reviews, and it assesses whether CDCR and CPHCS have implemented each of our recommendations. This unified audit allows us to efficiently track CDCR's and CPHCS' progress and keep important issues in the public eye.

Overall Results of OIG’s 2010 Review

The following table summarizes the implementation status of the 87 outstanding recommendations we made to CDCR and CPHCS in reports issued between 2000 and 2008, which were included in the scope of our audit. The matrixes in the body of this report detail CDCR’s and CPHCS’ responses as well as our assessment of their progress in implementing each recommendation.

Table 1
Results of the 2010 Follow-up Audit - Implementation Status

		Recommendations Assessed in 2010 Follow-up Audit				
		Implementation Results				
	Total	Fully Implemented	Substantially Implemented	Partially Implemented	Not Implemented	Not Applicable
Chapter 1						
Folsom State Prison Quadrennial and Warden Audit (2008)	11	6	2			3
Salinas Valley State Prison Quadrennial and Warden Audit (2008)	21	8		6	7	
California Institution for Men Quadrennial and Warden Audit (2008)	17	9	1	1	4	2
Total	49	23	3	7	11	5
		47%	6%	14%	23%	10%
Chapter 2						
Heman G. Stark Youth Correctional Facility (2007)	7	3	1			3
In-Prison Substance Abuse Programs (2007)	11	7	4			
Release of Inmate Scott Thomas (2007)	7	4		2	1	
California Institution for Women Quadrennial and Warden Audit (2007)	8	2		5	1	
Shooting of Inmate Daniel Provencio (2005)	3				3	
23-and-1 Program Review (2000)	2	2				
Total	38	18	5	7	5	3
		48%	13%	18%	13%	8%
Grand Totals	87	41	8	14	16	8
		47%	9%	16%	19%	9%

First-time Follow-up Audits

In Chapter 1 we present our assessment of the three quadrennial and warden audits undergoing a first-time follow-up review. Our assessment revealed the following:

- Overall, CDCR and CPHCS fully or substantially implemented 26 of the total 49 recommendations from these three reports from 2008; five recommendations are not applicable. Thus, CDCR and CPHCS successfully addressed 59 percent of the original recommendations still applicable.
- The CPHCS and Folsom State Prison (FSP) had fully or substantially implemented all eight recommendations still applicable from our January 2008 audit of FSP. Notable improvements were CPHCS’ hiring of new supervising nursing staff and FSP’s implementation of uniform cell search procedures.

- Salinas Valley State Prison (SVSP) had fully implemented more than one third of our recommendations from our October 2008 audit. The prison had improved its process for assigning inmates to programs, and it had implemented a new system to track correctional officers' weapons proficiency training. However, we found that SVSP and CDCR must further increase inmates' educational opportunities. Also, SVSP must improve its cell search procedures and process use-of-force incident packages in a more timely fashion. Sixty-two percent of the 21 recommendations remain partially or not implemented.
- Well over half of our recommendations from our November 2008 audit of the California Institution for Men (CIM) had been fully implemented. CDCR successfully implemented our recommendations about assessing facility maintenance and repair needs. Moreover, CIM addressed our concerns about filling vacant positions in plant operations. Based on the results of our 2010 review, we noted that 33 percent of the 15 still applicable recommendations remain partially or not implemented.
- Seven unimplemented recommendations in our reviews of the SVSP and CIM audits related to a safety issue that continues to concern the OIG. As we identified in our prior 2009 accountability audit, CDCR continues to allow correctional officers to work armed posts without having completed quarterly weapons proficiency requirements. We urge CDCR to reconsider its decision not to implement our recommendations. Neglecting to implement our recommendations in this manner not only violates the Penal Code and diminishes overall safety—it also increases CDCR's exposure to potential lawsuits when officers use deadly force without adequate training.

In our review of these three audits, we made 21 follow-up recommendations to CDCR, including three new recommendations that we made during this current 2010 accountability account. We expect to review all 21 follow-up recommendations in our 2011 accountability audit.

Previous Follow-up Audits

Chapter 2 of this report presents the status of recommendations from six reports that were included in past accountability audits. We found that CDCR and CPHCS have fully or substantially implemented 23 of these recommendations from previous years; three are no longer applicable. This resulted in a 66 percent implementation rate. Notable examples of recommendations implemented since our last accountability audit include the following:

- In response to recommendations made during our reviews of the Heman G. Stark Youth Correctional Facility and the 23-and-1 Program, CDCR's Division of Juvenile Facilities eliminated its 23-and-1 confinement of restricted program wards housed within CDCR's juvenile facilities by establishing a minimum duration of three-hours for its wards' out-of-room time. To ensure that its

facilities comply with the three-hour requirement, the division revised policies, trained staff, and implemented new procedures to track wards' out-of-room time and monitor compliance. As evidenced by these and other improvements, the division implemented all of our recommendations still applicable from two special reviews.

- CDCR's Office of Substance Abuse Treatment Service (OSATS), formally known as the Division of Addiction and Recovery Services, revamped its substance abuse treatment program and satisfactorily implemented all of our outstanding recommendations. OSATS modified its programs by making changes to CDCR's contract bidding process for treatment providers, developing new models for treatment services, monitoring treatment providers' performance, conducting compliance reviews and communicating the results to improve providers' programs.
- To address recommendations made during our review of the Release of Inmate Scott Thomas, CDCR's Division of Adult Parole Operations conducted training on statewide procedures related to high-risk parolees. The division also monitored employees' performance to ensure that staff members identify a paroling inmate's high-risk designation on his or her parole release plan, when appropriate. This will assist prisons in identifying inmates who are subject to special parole reporting requirements.

We Will No Longer Follow Up On Older Recommendations

Although we strongly believe in the benefits of accountability, follow-up audits come at a cost. CDCR has had over four years to satisfactorily implement some of the recommendations detailed in Chapter 2 of this report, yet it has not done so. Further, we have reminded CDCR through previous accountability audits to correct its deficiencies and address these recommendations.

We believe that it is not in the state's interest for us to continue expending our limited resources to pursue recommendations that CDCR has demonstrated it cannot or will not address. Therefore, this report will stand as our final assessment regarding those repeatedly followed-up, yet unimplemented recommendations.

Introduction

This report presents the results of the OIG's follow-up audit of nine previous audits and reviews, conducted between 2000 and 2008, of CDCR and its subdivisions. The purpose of the follow-up audit was to assess and report on CDCR's progress in implementing our previous recommendations. We performed this accountability audit under California Penal Code section 6126, which assigns the OIG responsibility for oversight of CDCR.

The accountability audit is divided into two chapters. Chapter 1 presents the results from our first follow-up audit of recommendations that we made in three audits completed in 2008. Chapter 2 presents the results from our second and subsequent follow-up reviews of recommendations made in six audits and special reviews issued from 2000 through 2007, which we are still tracking.

Background

The mission of CDCR is to enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities. Responsible for nearly 289,000 adult and juvenile offenders who are either incarcerated or under parole supervision, CDCR has an operating budget for fiscal year 2009-10 of \$8.6 billion.

CDCR's operations are organized into three main program areas: Adult Operations, Adult Programs, and Juvenile Justice. A fourth area, Correctional Health Care Services however, is overseen by a court-appointed Receiver. Each of those four program areas include various divisions and offices. Below we have identified and briefly described only those entities subject to the audits and special reviews we covered in this 2010 Accountability Audit.

ADULT OPERATIONS

Adult operations consist of the Division of Adult Institutions and the Division of Adult Parole Operations.

- The Division of Adult Institutions oversees CDCR's 33 adult institutions. Its objective is to provide safe and secure detention facilities to protect society from further criminal activities and to provide necessary services, such as feeding, clothing, record keeping, inmate classification assessments, and employee training.
- The Division of Adult Parole Operations' primary objective, consistent with the need for public safety, is to increase the rate and degree of the successful reintegration and release into society of offenders paroled from state prison. One of this division's responsibilities is to determine the level of parole supervision

needed based on case factors related to the offender's propensity for violence, past criminal history, and current service needs.

ADULT PROGRAMS

Adult Programs is responsible for the design and operation of programs that enable offenders to successfully reenter society. These programs address the deficits that led offenders to criminal behavior. The Division of Adult Rehabilitative Programs, one of two Adult Programs divisions, contains the Office of Substance Abuse Treatment Services (formerly Division of Addiction and Recovery Services).

The primary objective of the Office of Substance Abuse Treatment Services is to plan, develop, implement and monitor addiction and recovery services within CDCR. The program's goal is to reduce recidivism and relapse and to promote pro-social behavior and the successful reintegration of the offender. These programs include, but are not limited to, the In-Custody Substance Abuse Programs, Residential Aftercare Programs, the Female Offender Treatment Employment Program, the Parolee Services Network, and the Community and Jail Based In-Custody Drug Treatment Program.

JUVENILE JUSTICE

The juvenile justice program carries out its responsibilities through three divisions and two other administrative areas. Juvenile Justice's Division of Juvenile Facilities provides housing both for youths committed directly to the juvenile justice program and youths, under the age of 18, who have been sentenced to state prison. Youths committed directly to the program do not receive determinate sentences and the facilities may house those youths until age 21 or 25, depending upon their commitment offense. Youths sentenced to state prison may remain at juvenile facilities until age 18, or if the youth can complete his or her sentence prior to age 21, the facilities may house him or her until released to parole.

The juvenile justice program provides youths committed to its custody—who are called wards—with education services, medical care, counseling, and mental health treatment and is mandated to provide wards with constitutionally adequate conditions of confinement. California Welfare and Institutions Code section 1120 requires the division to operate a statewide education program of academic and vocational classes to enable wards to attain a high school diploma or equivalent (GED).

CORRECTIONAL HEALTH CARE SERVICES

The objective of the Correctional Health Care Services Program is to provide medical, dental, and mental health care to the inmate population statewide consistent with adopted standards for quality and scope of services within a custodial environment. The program

is administered by an independent, court appointed receivership and by CDCR's Division of Correctional Health Care Services.

California Prison Health Care Services

As a result of a class action lawsuit known as *Plata v. Schwarzenegger*, the federal court established a receivership in October 2005, and later appointed a Receiver to manage CDCR's delivery of medical services to inmates in California prisons. The Receiver's employees and CDCR's employees work together under the Receiver's direction: their combined efforts are referred to as the California Prison Health Care Services (CPHCS). CPHCS' oversight responsibilities include inmate medical and related services, such as the nursing, pharmaceutical, and laboratory services of CDCR. Medical services do not include dental, mental health, substance abuse, or juvenile healthcare.

Division of Correctional Health Care Services

CDCR's Division of Correctional Health Care Services provides administrative support functions for operations related to medical care delivery. The division also provides dental services and mental health services to CDCR inmates. Similar to the Federal court's establishment of a receivership to oversee inmates' medical services, CDCR's delivery of dental care and mental health services are also subject to court-appointed monitoring. This monitoring results from the *Perez v. Cate* and *Coleman v. Schwarzenegger* lawsuits.

Objectives, Scope, and Methodology

In 2005, we began conducting the comprehensive "accountability audit," which publicly identifies the recommendations from past reports that CDCR has not taken timely or effective action to address. The accountability audit provides periodic follow-up results on previous audits and special reviews and assesses whether CDCR has implemented each of our recommendations. This unified audit allows us to efficiently track CDCR's progress and keep important issues in the public eye.

Historically, recommendations identified as "partially implemented" or "not implemented" are carried forward to the next accountability audit. Through this process of follow-up audits, we hope to keep public pressure on CDCR to reform the state correctional system. However, we are limited in our ability to continually allocate resources to report on recommendations that, even after many years, CDCR has made little or no progress in implementing. Therefore, this is the final accountability audit for those recommendations that have previously undergone follow-up work.

Chapter 1 of this 2010 accountability audit presents the first follow-up review for the following three reports issued by the OIG. Their issue dates are in parentheses.

- Folsom State Prison Quadrennial and Warden Audit (January 2008)

- Salinas Valley State Prison Quadrennial and Warden Audit (October 2008)
- California Institution for Men Quadrennial and Warden Audit (November 2008)

Because this is the first accountability audit for the recommendations from these three reports, the recommendations that have not yet reached the level of “substantially implemented” or “fully implemented” will be considered follow-up recommendations and subject to future accountability audits.

In Chapter 2 of this report, recommendations related to the remaining six audits have been included in previous accountability audits. The six audit reports were originally published between 2000 and 2007.

Audit Procedures

To conduct this follow-up audit, we performed the following procedures:

- Reviewed nine audits and reviews of CDCR’s facilities and programs that we had conducted between 2000 and 2008.
- Reviewed statutes, regulations, lawsuits, and other documents pertinent to CDCR’s current operating environment.
- Contacted CDCR and CPHCS and requested an implementation status and supporting documentation on their progress in implementing our recommendations from the previous nine audits and reviews. CDCR’s and CPHCS’ unedited responses are included in each matrix section of this report.
- Assessed the risk of each recommendation. Based on the assessment and on CDCR’s and CPHCS’ responses, we conducted interviews, made observations, reviewed records, and performed tests, or we relied on CDCR’s statements. The extent of audit procedures performed for each recommendation is described in our comments in each matrix section of this report.
- Evaluated the information developed from the audit procedures and classified CDCR’s progress in implementing each recommendation into one of the following five categories:
 - **Fully implemented:** The recommendation has been implemented and no further corrective action is necessary.
 - **Substantially implemented:** More than half of the corrective actions necessary to fulfill the recommendation have been implemented.

- **Partially implemented:** Half or fewer than half of the corrective actions necessary to fulfill the recommendation have been implemented.
 - **Not implemented:** The recommendation has not been implemented.
 - **Not applicable:** The recommendation is no longer applicable.
- Recommended additional corrective actions to further assist CDCR in successfully implementing some prior recommendations.

The original nine reports covered in this follow-up accountability audit had issue dates ranging from December 2000 through November 2008. Therefore, in most cases, CDCR had a significant amount of time to implement the recommendations before we conducted the follow-up audit.

Of the 87 recommendations, 80 were applicable to CDCR, two were applicable to CPHCS, and an additional five recommendations were applicable to both organizations. In July 2009, we requested that both CDCR and CPHCS provide us with a written implementation status by October 8, 2009. Both of the respondents complied with the reporting requirement.

In total, CDCR and CPHCS responded on the status of all 87 recommendations. To conduct our audit fieldwork, we initially assessed the responses for reasonableness and applicability to the recommendation. Next, we performed a review of supporting documentation. After considering primary risk factors such as safety, security, and fiscal materiality, and upon reviewing the responses and supporting documents provided, we selected a sample of recommendations and performed additional audit procedures to verify CDCR's and CPHCS' responses.

Our additional audit procedures included analyzing the documents that CDCR and CPHCS provided and obtaining additional information and documentation that we deemed necessary. We also visited Salinas Valley State Prison (SVSP) in November 2009 and conducted testing to verify the status of some recommendations. We selected SVSP because that prison was one of our three first-time follow-up audits and because it had the highest number of follow-up recommendations. Moreover, we were able to conduct testing at SVSP that verified the status of recommendations related to multiple prisons.

We performed the audit fieldwork from October 2009 to January 2010.

Chapter 1:

Initial Follow-up Results for Three Reports Issued in 2008

This chapter presents the status of our initial recommendations for the following three reports:

- The Folsom State Prison Quadrennial and Warden Audit (January 2008)
- The Salinas Valley State Prison Quadrennial and Warden Audit (October 2008)
- The California Institution for Men Quadrennial and Warden Audit (November 2008)

Summary of Results

Within these three reports, we provided CDCR and CPHCS with 49 recommendations. Key recommendations include restricting access to stored medication, conducting random searches of inmates' cells, increasing inmates' educational opportunities, ensuring that correctional officers assigned to armed posts meet quarterly firearms proficiency requirements, assessing institutional infrastructure repair needs, not placing high-risk inmates in areas of low security, and installing surveillance cameras in visiting areas.

Overall, we found that CDCR and CPHCS has fully or substantially implemented 26 of the 49 recommendations. We also determined that five recommendations are no longer applicable. The remaining 18 recommendations were either partially implemented or not implemented. Of those, seven related to correctional officers working armed posts without completing required weapons proficiency requirements. Five others were impacted by CDCR's current budget constraints. In our 2011 accountability audit, we plan to follow-up on all 18 of the remaining recommendations as well as the three new recommendations that we made during this current 2010 accountability audit.

Table 2 summarizes CDCR's and CPHCS' progress in implementing the 49 recommendations that we made in our three 2008 audits. A brief description of each report's findings follows Table 2.

Table 2
Summary of Initial Follow-up Results

Report	Fully Implemented	Substantially Implemented	Partially Implemented	Not Implemented	Not Applicable	Total	Success Rate*
Folsom State Prison Quadrennial and Warden Audit	6	2			3	11	100%
Salinas Valley State Prison Quadrennial and Warden Audit	8		6	7		21	38%
California Institution for Men Quadrennial and Warden Audit	9	1	1	4	2	17	67%
Total	23	3	7	11	5	49	59%

*Success rate is the percentage of recommendations fully or substantially implemented compared to the total recommendations still applicable.

Folsom State Prison Quadrennial and Warden Audit

CPHCS and Folsom State Prison (FSP) satisfactorily implemented all eight of the still-applicable recommendations made during our January 2008 audit. Specifically, CPHCS hired new nursing supervisors, improved training for new nursing staff, and improved controls for stored narcotics and certain medical supplies. FSP successfully implemented the uniform procedures it developed for conducting and monitoring searches of inmates' cells. Also, FSP's warden submitted a memorandum to custody staff and inmates to reiterating the requirements for conducting daily standing counts. Three recommendations are no longer applicable because CDCR is closing FSP's substance abuse programs.

Salinas Valley State Prison Quadrennial and Warden Audit

Salinas Valley State Prison (SVSP) satisfactorily implemented only eight of the 21 recommendations made during our October 2008 audit. The prison developed and implemented new procedures to ensure that it appropriately assigns inmates to programs. Also, the prison developed and implemented a tracking system and communication process to determine whether correctional officers who work armed posts completed weapons proficiency training at required intervals. However, SVSP and CDCR must increase academic educational opportunities offered to SVSP inmates and expand the number of seats available in classrooms. Further, SVSP's custody employees are not yet following all cell search procedures and are not processing use-of-force incident packages in a timely manner.

California Institution for Men Quadrennial and Warden Audit

CDCR and the California Institution for Men (CIM) satisfactorily implemented 10 of the 15 recommendations made during our November 2008 audit that were still applicable. CDCR assessed facility maintenance and repair needs, analyzed repair-versus-replace factors, and requested funding for facility improvements. The prison took aggressive action and successfully filled vacant positions in plant operations and improved employee time-tracking procedures. In addition, the prison's custody managers and supervisors received training about weapons proficiency requirements, monitoring correctional

officers' compliance with requirements, and holding non-compliant staff accountable. Finally, the prison now conducts required quarterly emergency evacuation drills. But CIM must work with CDCR to address several recommendations that it did not implement regarding weapons proficiency training requirements for correctional officers working armed posts. Also, because of CDCR's budget constraints, the prison has not yet installed surveillance cameras and monitors in one visiting area. Two recommendations are no longer applicable because the CIM West facility is no longer used to house reception center inmates.

Follow-up Recommendations

Based on our review, we now make 21 follow-up recommendations—18 recommendations that continue from our original audits because the recommendations remain either partially or not implemented, plus three new recommendations to SVSP that will assist the prison in documenting cell searches and assigning qualified staff to armed posts.

Seven of the unimplemented recommendations at SVSP and CIM relate to a safety issue that is alarming to the OIG. Specifically, CDCR continues to allow custody officers who have not fulfilled quarterly weapons proficiency requirements to work in armed posts. This includes officers who are permanently assigned to armed post positions and those who fill armed posts temporarily to provide vacation or sick relief, to serve overtime, or as a result of swapping or trading work assignments with another officer.

CDCR said that it “does not agree that quarterly training of all custody staff is reasonable or fiscally responsible with the State's current financial crisis.” However, our recommendations do not require CDCR to train all custody officers. Rather, we recommend that officers assigned to armed posts—either permanently or temporarily—complete quarterly firearms qualifications as required by Penal Code section 830.5 (d). While CDCR's response implies that our recommendations are unreasonable and costly, our concern is that CDCR is violating the law by not following the Penal Code, and its noncompliance diminishes overall safety. Also, if a questionable shooting by a non-compliant officer occurs, CDCR's legal liability may increase. We will review these seven recommendations, along with all other follow-up recommendations, in our 2011 accountability audit.

The following table presents the page numbers for the three sections in which we present a complete discussion of each report, including the findings, recommendations, and results of our follow-up audit:

Table 3

Report Title	Number of Follow-Up Recommendations	Page Number
Folsom State Prison Quadrennial and Warden Audit (2008)	0	14
Salinas Valley State Prison Quadrennial and Warden Audit (2008)	16*	27
California Institution for Men Quadrennial and Warden Audit (2008)	5	49
Total	21*	

* Includes three new recommendations made during the current 2010 accountability audit.

Folsom State Prison Quadrennial and Warden Audit

The OIG found that at Folsom State Prison the California Prison Health Care Services (CPHCS) fully implemented all four of the recommendations made to CPHCS during the 2008 quadrennial audit. After assessing staffing levels at all prisons, CPHCS hired three additional supervising nurses at Folsom State Prison and now requires that all new employees undergo orientation and safety training. CPHCS also improved its operational procedures regarding medication and needle and syringe security. In addition, we found that Folsom State Prison correctional officers addressed four other recommendations and began enforcing critical safety and security procedures for conducting cell searches and performing inmate counts. Three other recommendations concerning two substance abuse programs are no longer applicable due to the closure of both programs.

IMPLEMENTATION REPORT CARD

2008 Recommendations:
11

Fully Implemented:
6 (55%)

Substantially Implemented:
2 (18%)

Partially Implemented:
0 (0%)

Not Implemented:
0 (0%)

Not Applicable:
3 (27%)

Summary of Original Audit Results

In January 2008, the OIG issued an audit report¹ on the operations at Folsom State Prison (FSP) and the performance of its warden. Our inspectors examined FSP's operations and programs in order to identify problem areas and recommend workable solutions. The visit to the prison allowed us to observe the day-to-day operations and identify the challenges inherent to an institution built in the late 1870s. Our staff identified three audit findings and made 11 recommendations that were primarily security concerns specific to the operations of the facility.

A primary concern addressed CPHCS's hiring of Licensed Vocational Nurses (LVN) who had no prior experience working in a prison environment. We discovered that these nurses were often unsupervised during the periods in which most medications were distributed. As a result, the new nurses unintentionally compromised staff and inmate safety by allowing inmates access to controlled medication and syringes.

In addition, the audit revealed that some prison correctional officers did not conduct the minimum number of required daily cell searches. Not performing cell searches increases the likelihood that hidden weapons and contraband could go undetected, endangering the safety of staff members and inmates. Also, our inspectors found that custody staff did not require inmates to stand during the prison's daily standing count, instead allowing inmates to sit or lie on their bunks, some of whom were covered with blankets. The failure to perform a daily standing count could prevent custody staff from detecting potentially injured, ill or escaped inmates.

¹ "Folsom State Prison Quadrennial and Warden Audit" may be found on the OIG's Web site:
[http://www.oig.ca.gov/media/reports/BAI/audits/Quadrennial and Warden Audit 2008-01 Folsom State Prison.pdf](http://www.oig.ca.gov/media/reports/BAI/audits/Quadrennial%20and%20Warden%20Audit%202008-01%20Folsom%20State%20Prison.pdf)

Finally, CDCR's previous decision to locate a substance abuse treatment program for parolees at the Folsom Transitional Treatment Facility (FTTF)—a facility that also housed a substance abuse treatment program for inmates—had resulted in inconsistencies between policies governing the security of inmates with those governing parolees. However, CDCR closed the FTTF in October 2009 and closed the Parolee Substance Abuse Program's (PSAP) intake of parolees in September 2009. The program closures resulted from CDCR's reduction of its rehabilitative programming budget.

Background

Folsom State Prison (FSP) is one of 33 CDCR adult prisons. Opened in July 1880, FSP is CDCR's second-oldest institution. The prison has a design capacity of 2,469 beds and as of December 2, 2009, housed 3,869 inmates or 157 percent of its design capacity. FSP houses two levels of medium-security inmates (Levels II and III) within its four general population cellblocks, as well as its administrative segregation unit.² The prison also operates a minimum-security unit and, until recently, operated a transitional treatment facility within its 40-acre site.

Previous Findings and Recommendations

Nursing staff was ill-prepared to work in a prison setting. As a result of a court order stemming from *Plata v. Schwarzenegger*, the federal court-appointed Receiver replaced medical technical assistants (MTA) with licensed vocational nurses (LVN) at all prisons statewide. The MTAs were correctional officers who were also LVNs or Registered Nurses (RN). The MTAs were able to assist in the medical care of inmates as well as maintain order within the prison. According to the Receiver, however, the MTA's dual role as both correctional officer and nurse caused confusion in the workplace, divided loyalties, and made recruitment of registered nurses difficult. As such, CDCR began converting MTA positions to LVN positions in September 2006, and all MTA positions at Folsom Prison were vacated by June 1, 2007. Initially, the Receiver allowed prisons to hire LVNs into temporary positions while they were being trained by MTAs. At FSP, however, the MTAs departed before the LVNs were properly trained. As a result, the new nursing staff lacked awareness of prison operations and had not developed strong security practices, both of which are critical to the safety of inmates and staff.

Custody employees did not consistently follow critical safety and security procedures. Among the important safety procedures required of custody personnel within a prison's housing units are daily random cell searches and inmate counts. CDCR's operational manual describes specific requirements for daily cell searches, and state regulations require that each prison conduct inmate counts at least four times daily, with one count being a mandatory standing count. These procedures inhibit the inmates' possession of dangerous contraband and confirm each inmate's presence and physical well-being. But the prison's custody staff did not consistently record or complete the required number of cell searches and follow the required

² CDCR classifies inmates in four levels, according to the amount of security required to contain the inmate. Level I is the lowest security level; Level IV is the maximum.

procedures for inmate standing counts. Such lapses in security could compromise the safety of the prison for both inmates and staff.

Housing parolees and inmates together in the same treatment facility resulted in policy conflicts. In October 2009, CDCR initiated the closure of the Folsom Transitional Treatment Facility (FTTF) and its two substance abuse programs, due to budgetary constraints. The FTTF, which was activated in March 2004, was a 380-bed lower-security facility that housed inmates in a dormitory-style setting. One program was a pre-release program for FSP inmates. The other program, known as the Parolee Substance Abuse Program (PSAP), served parolees under the authority of CDCR's Division of Addition and Recovery Services. The PSAP provided an alternative to returning to prison for parolees who violated their parole terms because of actions related to drug or alcohol dependency. CDCR ran the two substance abuse treatment programs on separate yards within the facility. However, because CDCR has separate policies governing inmates and parolees, mixing the two groups at a single prison often resulted in policy conflicts.

To address the findings identified in the 2008 FSP audit, we made a total of 11 recommendations to the CPHCS, the prison management, or CDCR. Among these, we recommended that CPHCS improve the supervision and training of new nursing staff. We also recommended that the prison improve its procedures for conducting daily cell searches and inmate counts. Lastly, we recommended that CDCR either eliminate one of two substance abuse programs at the prison's FTTF or modify its operating procedures for the programs to eliminate conflicts related to safety and security and the rehabilitative needs of inmates versus those of parolees.

2010 Follow-up Results

The California Prison Health Care Services (CPHCS) and Folsom State Prison (FSP) management reported that they fully implemented eight of the eleven recommendations made during the previous audit. In addition, CDCR reported the status of the three other recommendations, regarding the facility's substance abuse programs, as not applicable, due to the imminent closure of its Folsom Transitional Treatment Facility (FTTF) and Parolee Substance Abuse Programs (PSAP).

To address the adequacy of nursing supervision, CPHCS hired a Supervising Registered Nurse (SRN) III and two SRN IIs after assessing nursing staff levels at all institutions. CPHCS reported that all new nursing staff undergo forty hours of employee orientation training, which addresses safety and security, and receive on-the-job training from a nurse instructor and a supervisor. In addition, CPHCS reported that the prison no longer has a medication storage room and that narcotics are now double-locked in a narcotics box to which only the Triage and Treatment Area RNs on duty have access. Furthermore, CPHCS incorporated new operational procedures for medication and needle and syringe security and reported that SRN II staff routinely audit compliance with local operating procedures, including the requirement that needle and syringe counts are made on at least a weekly basis for each nursing area.

FSP management provided all custody staff and inmates with written direction reiterating the requirement for conducting at least one standing inmate count per day as well as the resulting

penalty for non-compliance. Management also provided written direction to all custody supervisors reiterating expectations that they monitor unit correctional officers to ensure that they conduct required daily cell searches. In addition, management provided all housing units with a standardized cell search log format for documenting the searches. However, we found that not all housing units complied with the new reporting format. Consequently, we deemed that our two related recommendations, regarding inmate cell searches, were only substantially implemented.

Follow-up Recommendations

None.

The matrixes on the following pages summarize the results of the 2010 follow-up audit.

Folsom State Prison Quadrennial and Warden Audit

Finding 1

Poor implementation of the changeover from medical technical assistants to licensed vocational nurses left the nurses unsupervised and ill prepared to work in a prison setting. (January 2008)

Recommendation	Status	Comments
<p><i>The Receiver and the California Department of Corrections and Rehabilitation should:</i></p>		
<p>Evaluate the adequacy of nursing supervision coverage at all institutions, especially before implementing significant changes, such as the new medication management system, and adding nursing supervisor positions when warranted. (January 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>This recommendation is under the auspices of the Receiver who will respond directly to the OIG.</i></p> <p>California Prison Health Care Services’ response: <i>Fully Implemented. In October 2007, a Supervising Registered Nurse (SRN) III was hired; this level of nurse supervision was not previously present at FOL. In 2008, the California Prison Health Care Services completed an assessment and approved two additional SRN II positions for FSP. Those positions are currently filled.</i></p> <p><i>The Quality Management Committee (QMC) meetings are held bi-monthly at the institution to review audits and pertinent data regarding OIG standards such as Medication Management, and to ensure that all OIG standards are being met. The QMC maintains an overview of all activities in the Health Care Services program and functions as the institution’s quality control measurement and driving force.</i></p> <p><i>A Master Matrix was completed in 2008. It is an audit tool that includes all the Plata criteria, OIG criteria and Key Indicators that FSP monitors and tracks to ensure compliance with Plata and OIG requirements. This tool is utilized to report at the bi-monthly QMC meetings. The Master Matrix was sent to headquarters and use as a template to distribute statewide to ensure all institutions are meeting Plata and OIG requirements.</i></p>

Recommendation	Status	Comments
		<p>Office of the Inspector General’s comments: We reviewed the segment of California Prison Health Care Services’ (CPHCS) March 2008 assessment document that identified the need for six SRN II positions at FSP. We also reviewed the minutes from CPHCS’ Quality Management Committee meetings held during August 2009 that listed the names of the six SRN IIs currently working at FSP.</p>
<p>Restrict access to Folsom State Prison’s Triage and Treatment Area medication storage room to only those staff members responsible for maintaining the counts and inventory. Staff members who have authorized access should be held accountable when they fail to lock all medical cabinets in the medication storage room after use. (January 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>This recommendation is under the auspices of the Receiver who will respond directly to the OIG.</i></p> <p>California Prison Health Care Services’ response: <i>Fully Implemented. FSP no longer has a medication storage room. All narcotics are double locked in a narcotics box in the Triage and Treatment Area (TTA). The locks were changed and only the TTA Medication RN on duty has access to the narcotics box in the TTA.</i></p> <p>Office of the Inspector General’s comments: We reviewed Operational Procedure #119 F dated June 2008. This procedure discussed Medication Management-Narcotics and adequately addressed the requirements for narcotic administration, as well as the accountability for the narcotics during each shift.</p>
<p>Ensure that members of Folsom State Prison’s nursing staff attend institution new employee orientation sessions relevant to safety and security within the time frame established by the department or the receiver. The orientation sessions should be expanded to include role-playing using actual examples of unsafe and safe practices. (January 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>This recommendation is under the auspices of the Receiver who will respond directly to the OIG.</i></p> <p>California Prison Health Care Services’ response: <i>Fully Implemented. All new staff undergo the New Employee Orientation (NEO) with the In Service Training Department for 40 hours and with the Nursing Instructor (NI) and SRN II for additional On the Job Training. The training provided by the NI includes role-playing with examples of unsafe and safe practices.</i></p>

Recommendation	Status	Comments
		<p><i>The new nurses meet with the NI on their first day of work for a week of training. Total training time spent with the NI is five to six weeks. The nurses are scheduled for NEO as soon as it is available. If NEO is not scheduled to be given at the Folsom State Prison within 30 days, the nurses attend training at the neighboring institution, California State Prison, Sacramento. Nurses are also scheduled within one or two days from their start date for inmate and staff relations and safety training with an officer.</i></p> <p>Office of the Inspector General’s comments: We reviewed the training documentation for the last two nurses hired at FSP and verified that they had attended safety training within 30 days of their hire date.</p>
<p>Ensure that members of Folsom State Prison’s nursing staff count needles and syringes twice daily, in accordance with Triage and Treatment Area procedures. Supervising nurses should be held accountable for ensuring this requirement is enforced. (January 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>This recommendation is under the auspices of the Receiver who will respond directly to the OIG.</i></p> <p>California Prison Health Care Services’ response: <i>Fully Implemented. Syringe and needle count sheets are signed by nursing staff at the beginning and end of each shift to ensure accountability in all nursing areas.</i></p> <p><i>SNR II staff routinely audit compliance with Local Operating Procedures (LOP), including needle and syringe counts on at least a weekly basis for each nursing area. The audit results are reported on a monthly basis to the Quality Management Committee. The Medication Management LOP has also been updated.</i></p> <p>Office of the Inspector General’s comments: We reviewed Operational Procedure #119 G dated June 2008 and found that it adequately addresses needle and syringe control and reporting requirements if any discrepancies are identified during the count of needles and syringes.</p>

Follow-up Recommendation

None

Finding 2

Folsom State Prison’s custody staff does not consistently follow critical safety and security procedures. (January 2008)

Recommendation	Status	Comments
<p><i>The management staff at the Folsom State Prison should:</i></p>		
<p>Enforce the department’s Operations Manual requirements for daily cell searches and ensure that supervisors monitor staff compliance with those requirements. (January 2008)</p>	<p>Substantially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. Written direction via memorandum was provided to all custody supervisors on December 27, 2007, reiterating expectations regarding their responsibilities for ensuring unit staff complete and properly document daily cell searches in accordance with DOM, Section 52050.18.</i></p> <p>Office of the Inspector General’s comments: We reviewed the warden’s December 2007 memorandum to custody supervisors. The memorandum reiterated CDCR’s Operations Manual (DOM) requirements that custody staff on both the second and third watch conduct at least three daily cell searches per watch. We also reviewed the September 2009 daily cell search count sheets from three housing units. We found that although officers in two of the housing units adequately complied with those requirements, officers in the remaining unit did not conduct an adequate number of cell searches during the month. In that housing unit, neither the second nor third watch officers had performed any cell searches at all on 13 days during the month. Officers in that unit had, however, conducted a total of 121 cell searches during the month, or 67 percent of the minimum monthly searches required, and we found that staff members had entered a note on the monthly summary report explaining that the low number of cell searches were due to lockdowns. We found that Folsom State Prison is not in full compliance with the DOM requirements for daily cell searches and has only substantially implemented this recommendation.</p>
<p>Develop uniform procedures throughout the institution for documenting cell searches. The method should allow officers to easily identify the cells searched, the date and watch of the search, and the staff members conducting the search. The method currently employed by Unit 5,</p>	<p>Substantially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. Following the Office of Inspector General’s recommendation, the Cell Search Log format utilized in Unit 5 was provided to all housing units on January 14, 2008, to ensure consistency throughout the units.</i></p>

Recommendation	Status	Comments
involving the use of parallel logs, satisfies these elements. (January 2008)		<p>Office of the Inspector General's comments: We found that the cell search log document that FSP provided to all housing units allows officers to easily identify the cells searched, the date and watch of the search, and the officer who conducted the search. However, this format was not uniformly used among all of the housing units to document cell searches conducted during September 2009. In one of the three housing units we reviewed, officers used monthly cell search summary reports that differed from the summary reports that officers used in the other two housing units. Moreover, the different reporting format made it difficult to determine the watch that performed the cell search(s). As a result, we determined that FSP has only substantially implemented this recommendation.</p>
Hold custody staff accountable for conducting the daily standing count, as required by section 3274 of the California Code of Regulations, Title 15. (January 2008)	Fully Implemented	<p>California Department of Corrections and Rehabilitation's response: <i>Fully Implemented. Written direction was provided to all staff on December 21, 2007, reiterating the requirements of the 1630 hours[4:30 pm] standing count in CCR, Title 15, Section 3274.</i></p> <p>Office of the Inspector General's comments: We reviewed the warden's memorandum to staff advising them of the standing count requirements for inmates. The December 21, 2007 memorandum noted that failure to comply with the standing count is in violation of the director's rules and will result in progressive disciplinary actions against the inmate. We performed no additional audit verification.</p>
Use the inmate disciplinary system as necessary to require inmate cooperation during the daily standing count. (January 2008)	Fully Implemented	<p>California Department of Corrections and Rehabilitation's response: <i>Fully Implemented. Written direction was provided to all inmates on December 21, 2007, advising them of their responsibilities for the 1630 hours [4:30 pm] standing count and a Rules Violation Report will be issued for non compliance.</i></p> <p>Office of the Inspector General's comments: We reviewed the warden's memorandum to inmates advising them of the standing count requirements. The December 21, 2007 memorandum noted that failure to comply with the standing count is in violation of the director's rules</p>

Recommendation	Status	Comments
		and will result in progressive disciplinary actions against the inmate. We performed no additional audit verification.

Follow-up Recommendation

None

Finding 3

Housing certain parolees and inmates together in the same treatment facility exposes classification policy conflicts and violates department procedure. (January 2008)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Because of the unique issues surrounding the Folsom Transitional Treatment Facility, consider using the facility exclusively for one of the two treatment programs it currently houses—either the pre-release inmate substance abuse program or the Parolee Substance Abuse Program. (January 2008)</p>	<p>Not Applicable</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. Due to the State of California's fiscal crisis and the anticipated reductions to the California Department of Corrections and Rehabilitations rehabilitative programming budget, it is necessary to deactivate the Parolee Substance Abuse Program (PSAP) and the Transitional Treatment Program (TTP) at FTTP. TTP will be closed effective October 2009. The PSAP will close intake effective September 21, 2009. The last parolees are projected to complete the PSAP by December 11, 2009, which will also be the last day of program operation. Since PSAP and TTP program closure is imminent, the following responses are no longer relevant. However, we are providing them as documentation of the progress made.</i></p> <p>Office of the Inspector General’s comments: We reviewed the memorandum dated September 17, 2009 from the Director of Adult Programs and the Director of Adult Institutions advising that Drug Treatment Furlough Programs would be deactivated effective January 31, 2010 due to California’s budget reductions. In addition, the warden confirmed that the Folsom Transitional Treatment Program and the Parolee Substance Abuse Programs would be effectively closed by the first of the year. Therefore, we determined that our recommendation is no longer applicable.</p>

Recommendation	Status	Comments
<i>Alternatively, if the department decides to keep inmates and parolees at the facility simultaneously, the Office of the Inspector General recommends that the department:</i>		
Modify Operational Procedure 30 to eliminate current conflicts with housing parolees at the Folsom Transitional Treatment Facility, giving consideration to custodial safety and security needs while advancing the department’s goals of providing rehabilitative services to inmates and parolees. (January 2008)	Not Applicable	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Applicable. Since PSAP and TTP program closure is imminent, the responses are no longer relevant.</i></p> <p>Office of the Inspector General’s comments: See our comments for the preceding recommendation.</p>
Consider issuing Parolee Substance Abuse Program participants distinctive clothing to enable custody staff to distinguish them from inmates. (January 2008)	Not Applicable	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Applicable. Since PSAP and TTP program closure is imminent, the responses are no longer relevant.</i></p> <p>Office of the Inspector General’s comments: See our comments for the preceding recommendation.</p>

Follow-up Recommendation

None

Salinas Valley State Prison Quadrennial and Warden Audit

The OIG found that Salinas Valley State Prison (SVSP) has substantially or fully implemented only 8 (38%) of the 21 recommendations made during our 2008 audit. We presented these recommendations in an October 2008 audit report that covered six areas: inmate assignments, academic education opportunities, cell search procedures, use-of-force procedures, quarterly weapons qualifications, and armed post assignments. We found that SVSP has sufficiently implemented our recommendations related to inmate assignments and tracking quarterly weapons qualifications but has fallen short in implementing most other recommendations.

Summary of Original Audit Results

In October 2008, the OIG issued an audit report³ on the operations at SVSP and the performance of its warden and made six audit findings and 21 recommendations.

IMPLEMENTATION REPORT CARD	
2008 Recommendations:	21
<hr/>	
Fully Implemented:	8 (38%)
Substantially Implemented:	0 (0%)
Partially Implemented:	6 (29%)
Not Implemented:	7 (33%)
Not Applicable:	0 (0%)

Two of our concerns related to inmate programming. Specifically, SVSP was not following state laws, regulations, and policies when it placed inmates in work and education assignments, and it did not give priority to those inmates who can benefit the most from the programs. In addition, the prison needed to increase its educational opportunities for inmates.

Another concern related to the prison's response to critical safety and security requirements. We found that in two-thirds of the housing units we inspected, correctional officers did not perform the required number of daily cell searches. Cell searches are essential because they allow officers to uncover contraband that inmates could use to harm other inmates and employees.

Our audit also revealed that the prison was not reviewing use-of-force incidents within the required 30 days. By delaying use-of-force reviews, the prison also delays corrective training that may be needed for employees, thus increasing the possibility that an inappropriate use-of-force could recur, further placing officers and inmates at risk. Tardy reviews may also lead to CDCR's inability to take adverse action against correctional officers, since such actions generally must be initiated within one year of the incident.

Finally, we identified two issues related to the qualifications of armed personnel. Specifically, we identified numerous exceptions to a CDCR requirement that only correctional officers who are currently qualified with a firearm be assigned to armed posts. We determined that the prison was not tracking correctional officers' compliance with quarterly firearm proficiency requirements. We also disagreed with a CDCR practice that exempts some correctional officers

³ "Salinas Valley State Prison Quadrennial and Warden Audit" may be found on the OIG's Web site: [http://www.oig.ca.gov/media/reports/BAI/audits/Quadrennial and Warden Audit 2008-10 Salinas Valley State Prison.pdf](http://www.oig.ca.gov/media/reports/BAI/audits/Quadrennial%20and%20Warden%20Audit%202008-10%20Salinas%20Valley%20State%20Prison.pdf)

from quarterly weapons proficiency requirements, even though other officers performing similar armed post duties are required to demonstrate quarterly weapons proficiency.

Background

Opened in May 1996, Salinas Valley State Prison (SVSP) provides long-term housing and services for minimum and maximum custody inmates housed in five facilities. As of December 2, 2009 SVSP housed 3,675 male inmates—154 percent of its design capacity. Of those inmates, 260 were classified as Level I or II and 3,415 as Level III or IV. Designated as a Disability Placement Program facility, SVSP meets CDCR criteria that ensures that its eligible inmates with designated disabilities are not denied or excluded from participating in services and programs.

Previous Findings and Recommendations

The prison did not place the most qualified inmates in work and education assignments and offers limited academic education opportunities. SVSP offers various work opportunities in office support, janitorial, kitchen, education, firefighting, and dairy areas. The prison also offers various education and self-help programs. When filling inmate work or education assignments, state laws, regulations, and policies require that prisons give priority to inmates who: (1) are eligible to receive day-for-day credit; and (2) are currently not assigned to a work or education program. This allows the inmates who are the most likely to be released to have the opportunity to prepare for parole and reduce their prison term through work experience or education. At the time of our audit, however, SVSP was not following these guidelines. In addition, when we reviewed the sufficiency of SVSP's educational program, we found that the prison canceled its academic education classes nearly 40 percent of the time and had limited seats available in its academic education classes.

The prison did not complete the required number of cell searches and did not review use-of-force incidents in a timely manner. During our 2008 audit, our inspectors also reviewed SVSP's compliance with requirements for conducting random cell searches and for reviewing use-of-force incident packages. CDCR policy requires that a prison's correctional officers conduct six cell searches in each housing unit daily. Cell searches provide correctional officers with an opportunity to uncover contraband that inmates could use to harm others and potentially jeopardize the prison's overall security. During our audit, we found that SVSP's correctional officers were completing these searches only about one-third of the time. They cited several reasons for not performing the searches, including lockdowns, emergencies, training, and limited staffing, among other issues. When our inspectors reviewed the processing time for use-of-force incidents, we found that the prison was not following its own directive requiring the use-of-force committee to review incident packages within 30 days of the incident. In fact, none of SVSP's incident packages had been reviewed within that timeframe.

The prison did not comply with weapons proficiency requirements. During our audit of SVSP we performed procedures to determine whether custody supervisors were assigning correctional officers to armed posts who had not demonstrated weapons proficiency, as required by state law and regulations, and CDCR policy. We found that 23 percent of the officers we

reviewed had not met the requirements and we attributed those discrepancies primarily to SVSP's lack of a formal method to track correctional officers' compliance with quarterly weapons qualification requirements. We also disagreed with a CDCR directive that allows correctional officers who temporarily assume armed posts to follow different rules. Specifically, CDCR allows correctional officers to trade work assignments, or serve overtime, without regard to the officer's qualifications. We believe that a prison's noncompliance with weapons proficiency requirements can jeopardize its safety and security.

To address the findings identified in the 2008 Salinas Valley State Prison audit, we made a total of 21 recommendations to CDCR and SVSP. Among these, we recommended that the prison place the appropriate inmates in work and education rehabilitation assignments and also increase overall inmate programming opportunities. We also recommended that the prison enforce its standard cell search policy and hold staff accountable for conducting searches. In addition, we recommended that SVSP ensure that use-of-force packages are submitted and reviewed promptly. Finally, we recommended that the prison ensure that its correctional officers assigned to armed posts are current in quarterly weapons qualifications.

2010 Follow-up Results

CDCR responded to our current 2010 follow-up review by indicating that it had either fully or substantially implemented 18 of our 21 recommendations. They also responded that two of the three remaining recommendations were no longer applicable. To confirm CDCR's assertions, we reviewed supporting documentation and visited the prison in November 2009. Based on our review, we lowered CDCR's reported implementation status on 11 of the recommendations. Moreover, we determined that the two recommendations that CDCR designated as not applicable were indeed applicable but had simply not been implemented.

We found that SVSP fully implemented our recommendations related to the placement of inmates in work and education assignments. However, the department's budget constraints diminished the prison's ability to increase its academic education classes. Although CDCR plans to implement a new education delivery model in 2010, we did not consider the related recommendations as implemented because the changes to education were only in the initial planning phases at the time of our fieldwork.

CDCR reported that they fully implemented our recommendations to develop a standard process for documenting cell searches and to ensure oversight by supervisors and managers. But when we reviewed cell search logs at ten housing units on various facilities, we observed numerous examples of correctional officers not properly recording cell search information. In addition, supervisors were not verifying that subordinate employees were properly documenting cell search information. Further, contrary to CDCR's response, correctional officers are not being held accountable for non-compliance with the cell search requirements. Finally, our review found that the written policies and procedures were vague regarding which cell search documents employees must complete and which documents supervisors must review.

When our inspectors visited SVSP, they found that the prison had improved its operations and implemented a system to track the quarterly weapons qualification status for correctional officers regularly assigned to armed posts. Although the prison notifies both the watch office and all custody supervisors of correctional officers who are out-of-compliance with the weapons proficiency requirement, we found that custody supervisors do not always consider the compliance status before assigning an officer to an armed post. We sampled four officers whose names appeared on a list of employees not currently qualified for armed post assignments and identified their subsequent daily post assignments. In one of the four samples, we found that an unqualified officer was assigned to an armed post and neither the watch office nor the facility lieutenant nor the correctional officer prevented the improper assignment from occurring. As a result, we concluded that SVSP has not fully implemented all of our recommendations related to ensuring that employees permanently assigned to armed posts are currently qualified.

Finally, we found that CDCR continues to be non-compliant with the quarterly weapons qualification requirements of employees temporarily assigned to armed posts, as specified in the California Penal Code, the California Code of Regulations, and CDCR's Operations Manual. CDCR contends that it is not fiscally responsible to train all staff on quarterly qualifications, yet it does not employ other solutions to comply with the state law. Accordingly, CDCR opens itself to potentially costly lawsuits in the event of a questionable shooting, and creates a situation that may lead to tragedy. In response to our finding, CDCR argued that these two recommendations were "*not applicable.*" However, the OIG considers these applicable recommendations "*not implemented.*"

Follow-up Recommendations

While the prison and CDCR have made progress in the area of inmate assignments, many of our other recommendations were not fully or substantially implemented at the time of our 2010 follow-up audit. Accordingly, the OIG made 13 follow-up recommendations to SVSP and three recommendations to CDCR. However, only ten of the 13 recommendations that we made to SVSP were identified in our 2008 audit report—three recommendations are new.

The matrixes on the following pages summarize the results of the 2010 follow-up audit.

Salinas Valley State Prison Quadrennial and Warden Audit

Finding 1

Salinas Valley State Prison does not appropriately place inmates in work and education assignments, resulting in ill-prepared parolees and prolonged periods of costly incarceration. (October 2008)

Recommendation	Status	Comments
<i>Salinas Valley State Prison should:</i>		
<p>Ensure that inmates who are unassigned and eligible to receive day-for-day credit are the first inmates placed in available work or education assignments. (October 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. Salinas Valley State Prison (SVSP) did develop a manual system, combined with the automated Distributed Data Processing System (DDPS) program, to prioritize inmates who are unassigned and day-for-day eligible Penal Code 2933 (PC) as a means to work around the existing program deficiencies until implementation of the new Strategic Offender Management System (SOMS) program.</i></p> <p><i>SVSP currently has 524 inmates who are PC 2933 eligible per DDPS.</i></p> <ul style="list-style-type: none"> <i>o 499 - Assigned.</i> <i>o 21 –Orientation status</i> <i>o 5 -AIA Unassigned.</i> <i>o 2 - C/C Status</i> <i>o 22 of the 524 inmates are serving life terms</i> <p>Office of the Inspector General’s comments: We visited SVSP and spoke with the inmate assignment lieutenant. He told us that he reviews DDPS daily to identify any unassigned inmates eligible for day-for-day credit and then places them in available work assignments. When we reviewed the daily DDPS listing of unassigned PC 2933-eligible inmates dated November 18, 2009, we found that only one inmate fit the criteria for placement and that the lieutenant had already placed the inmate in a work assignment. We noted several other inmates on the unassigned eligible list who were still in orientation and were therefore not yet available for assignment. Furthermore, both the lieutenant and the chief deputy warden told us that SVSP has very few PC 2933-eligible inmates.</p>

Recommendation	Status	Comments
<p>Provide the inmate assignment staff with a means to identify an inmate’s incarceration term so the lieutenant can give priority for available work or education assignments to inmates who are not serving life terms or otherwise not eligible to receive day-for-day credit. (October 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. Inmate assignment staff shall utilize existing data sources from DDPS, which are not fully integrated into the inmate assignment program, to prioritize positional assignments based on an inmate’s release date, work status, and PC 2933 eligibility.</i></p> <p><i>SVSP staff shall ensure changes in release dates are expeditiously entered into DDPS by records staff. This is accomplished by updating Offender Based Information System (OBIS), which then downloads into DDPS.</i></p> <p><i>SVSP has 3,381 inmates who are eligible for work assignments.</i></p> <p><i>SVSP has 1,836 full-time and 12 half-time inmate work assignments.</i></p> <p><i>499 (27.2%) are filled by PC 2933 eligible inmates.</i></p> <p><i>1,337 (72.8%) are filled by non-eligible inmates.</i></p> <p>Office of the Inspector General’s comments:</p> <p>The inmate assignment lieutenant reviews DDPS daily to identify unassigned inmates who are eligible for day-for-day credit. Because few inmates are PC-2933 eligible, the lieutenant is able to immediately place them in work assignments.</p>
<p>Ensure that an inmate’s work status and relative release date are considered when making inmate assignments. (October 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Substantially Implemented. Inmate assignment staff shall utilize the data printouts from DDPS containing SVSP inmate release dates, work status, and PC 2933 eligibility as a method to manually work around existing DDPS program deficiencies.</i></p> <p><i>SVSP will work with Enterprise Information Services (EIS) in an attempt to incorporate the necessary changes into DDPS and make it more effective. SVSP will continue to work with EIS during the development and implementation of the new SOMS program. SVSP is continuing to work with EIS to incorporate necessary changes to DDPS.</i></p> <p><i>OBIS operator enters data into OBIS five days per week; OBIS then downloads into DDPS nightly.</i></p> <p>Office of the Inspector General’s comments:</p> <p>The inmate assignment lieutenant’s manual work-around process of reviewing existing data found in DDPS when making inmate assignments effectively</p>

Recommendation	Status	Comments
		addresses our recommendation. Specifically, when we reviewed the DDPS reports used by the lieutenant, we found that the data included inmates' work status group and release date, among other information. Therefore, the status of the recommendation is fully implemented.
Ensure that the information related to an inmate's day-for-day credit eligibility contained in DDPS is accurate. (October 2008)	Fully Implemented	<p>California Department of Corrections and Rehabilitation's response: <i>Fully Implemented. Inmate assignment staff shall use the following methodology to ensure accuracy:</i></p> <ul style="list-style-type: none"> <i>o Daily Movement Sheet</i> <i>o Classification Call Sheets</i> <i>o OBIS</i> <i>o Central Files</i> <p><i>Records staff will import appropriate data into OBIS, and OBIS downloads into DDPS.</i></p> <p>Office of the Inspector General's comments: We randomly selected ten inmates from DDPS who were not classified as eligible for day-for-day credit and confirmed their classification status with the case records staff members who reviewed the inmates' central files.</p>

Follow-up Recommendation

None

Finding 2

Only a small percentage of inmates at Salinas Valley State Prison are assigned to academic education classes, and classes are often canceled because of security concerns and other disruptions. (October 2008)

Recommendation	Status	Comments
<i>Salinas Valley State Prison should:</i>		
<p>Increase the academic educational opportunities available to inmates. (October 2008)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. All academic classrooms at SVSP are being utilized.</i></p> <p><i>SVSP has 26 teacher positions, of which 21 positions are filled, the remaining 5 positions are currently subject to the hiring freeze.</i></p> <p><i>SVSP currently has 16 classrooms, which are being utilized by 19 teachers for the following programs:</i></p> <ul style="list-style-type: none"> <i>o Adult Basic Education (ABE) -10</i> <i>o Enhanced Outpatient -1</i> <i>o Pre-release - 1</i> <i>o Behavioral Management Unit -1</i> <i>o Bridging - 2</i> <i>o Vocations - 2</i> <i>o Distance Learning – 2.</i> <p><i>Additionally, SVSP has 2 teachers filling the following positions:</i></p> <ul style="list-style-type: none"> <i>o Testing Coordinator</i> <i>o Coach</i> <p>Office of the Inspector General’s comments: Based on an October 2009 memorandum received from CDCR’s Office of Correctional Education and our own review of SVSP’s educational statistical reports, we find that educational opportunities have not increased. In fact, we found that SVSP actually provided fewer inmates with academic opportunities in October 2009 than in October 2008. CDCR’s budget constraints resulted in a hiring freeze, which have limited SVSP’s ability to hire instructors to increase academic opportunities. However, SVSP’s education administrators told the</p>

Recommendation	Status	Comments
		<p>OIG that in early 2010, CDCR plans to roll out a new teaching model that should significantly increase the number of inmates provided with educational opportunities. At this time, however, our recommendation that SVSP increase the academic educational opportunities available to inmates has not been implemented.</p>
<p><i>Expand the number of seats available in academic education classes by:</i></p>		
<p>Using the two available classroom spaces in C facility for academic education. (October 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. There are 81 inmate students being served in ABE classrooms, and 87 in Distance Learning on C Facility. There are 3 ABE classrooms on C Facility, including a Distance Learning classroom. Each of these classrooms is being used for classroom instruction.</i></p> <p>Office of the Inspector General’s comments: We did not perform any audit procedures to verify CDCR’s representation.</p>
<p>Using two shorter classroom sessions each school day but enroll a larger number of inmates, thus allowing more inmates to participate in academic education while using existing resources. (October 2008)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Substantially Implemented. Of the proposed 407 inmate positions, SVSP has expanded educational programs to an additional 120 inmates. The half-time programs proposal requires review and approval by the Office of Correctional Education. Distance Learning teacher assignments have been re-allocated to increase the number of inmates by 120.</i></p> <p>Office of the Inspector General’s comments: Based on CDCR’s response, our follow-up discussions with education program administrators, and a comparison of October 2008 and October 2009 education statistical data, we find that the prison has not implemented this recommendation. Although the number of inmates assigned to distance learning increased slightly in the last year, the number of inmates assigned to regular classroom declined. As a result, there were eleven fewer inmates participating in academic education in October 2009 than there were in October 2008.</p> <p>During our site visit to SVSP, an education program administrator asserted that a new education teaching model was planned for implementation in early 2010</p>

Recommendation	Status	Comments
		<p>and that the plan, if put into action, would increase educational opportunities that would ultimately result in the OIG’s recommendation being implemented. However, at the time of our review, CDCR’s plan to expand academic education was still being developed and the recommendation was not implemented.</p>
<p><i>If limiting class cancellations is not practical because of the nature of the inmate population and facility constraints:</i></p>		
<p>Reevaluate the academic education program and examine other methods of delivering academic instruction to inmates. (October 2008)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. Distance Learning is in the process of expanding to 360 students. Alternative methods of delivery for educational services has been expanded by 3 teachers, and 217 students are currently enrolled in Distance Learning.</i></p> <p>Office of the Inspector General’s comments: Based on our review of the monthly education report for October 2009, the prison had assigned only two teachers and 158 inmates to its distance learning program. This number is similar to the 145 inmates assigned one year earlier. However, during our site visit we learned that CDCR plans to roll out a new teaching model in early 2010 that it expects will significantly increase the number of inmates provided with educational opportunities. Because CDCR is only in the initial stages of re-evaluating academic programming, this recommendation is only partially implemented.</p>
<p>Limit formal classroom-based instruction and develop in-cell study courses for inmates. (October 2008)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Substantially Implemented. SVSP has hired 2 teachers since the audit by the Office of the Inspector General to expand the Distance Learning Program (DLP). This was originally projected to be implemented by June 30, 2009, but has been delayed pending budgetary review. Alternative methods of education delivery have been expanded and will continue to be explored. In-cell Distance Learning encompasses TV media, and includes General Education Development, Merging 2 Worlds, Words of Peace, and the Peer Tutor Program.</i></p> <p>Office of the Inspector General’s comments: The prison’s vice-principal told us that CDCR will implement a new teaching</p>

Recommendation	Status	Comments
		model in early 2010 that will, in part, limit formal classroom instruction and increase inmates' in-cell study opportunities. Consequently, this recommendation is only partially implemented while the prison awaits the new teaching model.

Follow-up Recommendations

Salinas Valley State Prison should:

- Increase the academic educational opportunities available to inmates. (October 2008)

Expand the number of seats available in academic education classes by:

- Using two shorter classroom sessions each school day but enroll a larger number of inmates, thus allowing more inmates to participate in academic education while using existing resources. (October 2008)

If limiting class cancelations is not practical because of the nature of the inmate population and facility constraints:

- Reevaluate the academic education program and examine other methods of delivering academic instruction to inmates. (October 2008)
- Limit formal classroom-based instruction and develop in-cell study courses for inmates. (October 2008)

Finding 3

Inadequate oversight by supervisors and managers contributes to custody staff members not performing required cell searches, potentially jeopardizing the safety of the staff and inmates. (October 2008)

Recommendation	Status	Comments
<i>Salinas Valley State Prison should:</i>		
<p>Immediately enforce the department’s cell search policy, requiring supervisors and managers to provide appropriate oversight of that function. (October 2008)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. Monthly proof of practice is forwarded to the Chief Deputy Warden (CDW) with back up documentation maintained by Captains. Staff training has been conducted and an institutional tracking system has been developed and implemented. The Draft Policy change has been prepared and submitted to the Division of Adult Institutions (DAI) for review. Operational Procedure #19 Addendum was completed August 25, 2009.</i></p> <p>Office of the Inspector General’s comments: OIG reviewed SVSP’s documented cell search procedures as well as its current operations and determined that oversight of cell searches was still lacking. For example, while SVSP’s cell search procedures require supervisors and captains to regularly review and approve cell search tracking logs, there is no certification line on the logs to demonstrate that the review took place. Also, the procedures do not clearly identify the applicable documents that supervisors and captains are expected to examine and approve. Further, although CDCR noted in their response above that monthly proof of practice is forwarded to the chief deputy warden (CDW), this procedure is not explained in either the revised procedure or its subsequent addendum.</p> <p>To determine whether supervisors were providing adequate oversight of cell searches, OIG inspectors reviewed three cell search memorandums from correctional administrators to the CDW regarding their review of the August 2009 cell search documentation for their respective facilities. These memorandums, provided to us by SVSP, reported the results of the correctional administrators’ reviews of cell search logs or tracking worksheets and addressed the discrepancies they found. Two of the three memorandums noted that employees needed additional training or monitoring. Nevertheless, even with the correctional administrators reviewing cell search documentation and</p>

Recommendation	Status	Comments
		<p>reporting results monthly to the CDW, correctional officers are not adhering to the cell search policy. To corroborate this finding, in November 2009, the OIG inspectors visited ten SVSP housing units on four different yards and reviewed their November 2009 cell search documentation and found inadequate supporting documentation of cell searches at all ten housing units. Based on our subsequent review and findings, we find that the prison’s current cell search oversight is inadequate; consequently, the OIG considers the recommendation only partially implemented.</p>
<p>Implement one standardized procedure for documenting cell searches. (October 2008)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. Monthly proof of practice is forwarded to the CDW with back up documentation and is maintained by Captains. Standardized cell search recording procedures have been implemented, and staff training has been conducted. A manager/supervisor inspection checklist has been implemented, and Operational Procedure #19 Addendum was completed August 25, 2009.</i></p> <p>Office of the Inspector General’s comments: Although SVSP has developed a standardized procedure for documenting its cell searches, the procedures have not been implemented at all housing units. During our November 2009 review, inspectors found many instances in which correctional officers failed to properly complete cell search documentation. Therefore, we find that the prison’s efforts to standardize procedures for documenting cell searches, as discussed in CDCR’s response, has not been effective. We consider the recommendation only partially implemented.</p>
<p>Initiate progressive discipline for non-compliance with the department’s cell search policy. (October 2008)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. The CDW continues to monitor for non-compliance and will initiate progressive discipline when required. Staff training has been conducted, and Operational Procedure #19 Addendum was completed August 25, 2009.</i></p> <p>Office of the Inspector General’s comments: During our review we found numerous examples of custody staff not documenting cell searches or supervisors not reviewing cell search documentation. However, based on our discussions with the employee relations officer and the CDW, we find that there have been no known cases in which the prison has initiated progressive discipline for these instances of non-compliance</p>

Recommendation	Status	Comments
		with CDCR’s cell search policy. As a result, the OIG considers the recommendation not implemented.

Follow-up Recommendations

Salinas Valley State Prison should:

- Immediately enforce CDCR’s cell search policy, requiring supervisors and managers to provide appropriate oversight of that function. (October 2008)
- Implement one standardized procedure for documenting cell searches. (October 2008)
- Initiate progressive discipline for non-compliance with CDCR’s cell search policy (October 2008)

Moreover, because SVSP has been unable to adequately document its cell searches, we have added another recommendation to assist them. SVSP should also:

- Ensure that written policies and procedures clearly document those cell search forms that must be both completed by employees and reviewed by supervisors. (March 2010)

Finding 4

Salinas Valley State Prison does not review its use-of-force incident packages on time. (October 2008)

Recommendation	Status	Comments
<i>Salinas Valley State Prison should:</i>		
<p>Immediately implement and monitor compliance with a use-of-force policy that aligns with the department’s statewide policy ordered by the federal court to review all use-of-force incident packages within 30 days of the incident date. (October 2008)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. A tracking system has been in place since 2007. Compliance is monitored by the Use of Force Coordinator, with status reports provided to the warden a minimum of once every two weeks.</i></p> <ul style="list-style-type: none"> • 2009 - 85 new Use of Force incidents. o As of 3/2009, 37 backlog of 37 cases. o As of 8/2009, 66 incidents not reviewed within 30 days. o 19 cases held in abeyance pending OIA Central Intake referral. <p>Office of the Inspector General’s comments: We reviewed SVSP’s use-of-force incident log and identified 363 incidents recorded during the period of January 1, 2009 though October 18, 2009. We found that only ten of those incidents, or 2.8 percent, were reviewed within 30 days of the incident date. This rate is slightly worse than the 2.9 percent rate we found during our 2008 audit. We find, therefore, that the prison remains not in compliance with its 30-day review policy.</p>
<p>Require timely submission of use-of-force incident packages by staff members to the use-of-force coordinator. (October 2008)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Substantially Implemented. Departmental policy is substantially followed regarding timely completion of reportable incidents CDCR 837. As of March 24, 2009, there is a total backlog of 70 critical incidents for 2008 and 2009 combined. Of the 70 reportable incidents, 30 have been reviewed and are under investigatory review or were returned for clarification, showing a consistent decrease.</i></p> <p><i>As of August 2009, there is a backlog of 33 incident reports.</i></p> <p>Office of the Inspector General’s comments: We identified 363 incidents recorded on SVSP’s use-of-force incident log during the period of January 1, 2009 through October 18, 2009. We found that SVSP staff members submitted only four of those incidents, or 1.1 percent, to</p>

Recommendation	Status	Comments
		<p>the use-of-force coordinator within 10 days of the incident. At the time of our 2008 audit, the rate was much higher: 15.4 percent. We find that the prison has not implemented the recommendation.</p>
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Perform an analysis of the use-of-force staffing levels at its adult prisons, including SVSP, to determine whether appropriate use-of-force staffing levels exist to ensure that each prison processes its use-of-force packages within 30 days, considering the annual number of use-of-force incidents at each prison. (October 2008)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. The revised Use of Force Policy and Regulations are in final DAI approval stages, inclusive of revised review attachments and a lesson plan. Following implementation of the revised statewide UOF Policy and Regulations, Mission Associate Directors will monitor 30 day initial review progress to identify any additional training, monitoring and or staffing considerations as may be determined appropriate.</i> <i>As of August 1, 2009, policy staged implementation remains pending. Policy & Procedures and attachments completed. Package is being forwarded to the Office of Administrative Law for public notice prior to implementation.</i> <i>A request for information survey will be forwarded to the adult institutions to determine the appropriate use of force staff levels at each institution.</i></p> <p>Office of the Inspector General’s comments: We did not perform any audit procedures to verify CDCR’s representation.</p>

Follow-up Recommendations

Salinas Valley State Prison should:

- Immediately implement and monitor compliance with a use-of-force policy that aligns with CDCR’s statewide policy ordered by the federal court to review all use-of-force incident packages within 30 days of the incident date. (October 2008)
- Require timely submission of use-of-force incident packages by staff members to the use-of-force coordinator. (October 2008)

The California Department of Corrections and Rehabilitation should:

- Perform an analysis of the use-of-force staffing levels at its adult prisons, including SVSP, to determine whether appropriate use-of-force staffing levels exist to ensure that each prison processes its use-of-force packages within 30 days, considering the annual number of use-of-force incidents at each prison. (October 2008)

Finding 5

Salinas Valley State Prison does not ensure that peace officers permanently assigned to armed posts remain current in quarterly weapons qualifications. (October 2008)

Recommendation	Status	Comments
<i>Salinas Valley State Prison should:</i>		
<p>Ensure that all correctional peace officers permanently assigned to armed posts and issued a department firearm as part of their assignment remain current in quarterly weapons qualification. (October 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. A tracking system is in place and working effectively. A list of non-compliant staff is forwarded to the Watch Office and staff is redirected until qualified.</i></p> <p>Office of the Inspector General’s comments: During our on-site visit to SVSP, OIG inspectors found that the prison had improved its operations for tracking and ensuring that correctional officers assigned permanently to armed posts are trained and weapons-qualified each quarter. We also found that the in-service training office regularly communicates that information to all custody supervisors through a memorandum. However, although the prison has fully implemented processes to ensure that officers are trained and qualified in weapons proficiency, it has not implemented processes to ensure that only qualified officers are assigned to armed posts.</p>
<p>Continue to develop and implement a tracking system to identify peace officers who are not currently qualified. (October 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. A tracking system is in place and working effectively. A list of non-compliant staff is forwarded to the Watch Office and staff is redirected until qualified.</i></p> <p>Office of the Inspector General’s comments: Our inspectors reviewed SVSP’s operations and found that the prison has implemented a tracking system to identify officers who are not currently weapons-qualified. However, although the system effectively identifies out-of-compliance officers, custody administrators and supervisors do not always use the information provided to ensure that only qualified officers are assigned to armed post positions.</p>

Recommendation	Status	Comments
<p>Continue to notify the watch commander and supervisors of noncompliant peace officers. (October 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. A tracking system is in place and working effectively. A list of non-compliant staff is forwarded to the Watch Office and staff is redirected until qualified.</i></p> <p>Office of the Inspector General’s comments: Our inspectors reviewed SVSP’s operations and determined that the tracking system information is regularly communicated to the watch commander and supervisors. However, those staff members do not always use the information to redirect unqualified officers as needed.</p>
<p>Ensure that noncompliant peace officers are not assigned to armed posts until compliant with the qualification requirements. (October 2008)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. A tracking system is in place and working effectively. A list of non-compliant staff is forwarded to the Watch Office and staff is redirected until qualified.</i></p> <p>Office of the Inspector General’s comments: To test the prison’s compliance with this recommendation, we selected four officers identified as out-of-compliance with their required quarterly weapons qualification. We found that one had been assigned to fill in as sick relief for an armed post position prior to re-qualifying. Both the watch office and the yard supervisor at the post where the officer was assigned failed to redirect the unqualified employee. Furthermore, when we discussed this lapse with a watch office lieutenant and the chief deputy warden, we were told that the noncompliant officer also had a responsibility to “step forward” and identify his or her out-of-compliance status.</p> <p>Although SVSP implemented an effective system to identify noncompliant officers and communicate that information to custody supervisors, we found that the prison still does not have an effective process in place to prevent noncompliant officers from working at armed posts. There are three control points within the process at which time various staff members should decide whether to preclude an unqualified officer from working at an armed post position: when the watch office fills a position, when the officer agrees to work the position, and when the custody supervisor receives the officer reporting for duty. However, when we reviewed the post assignments for the four noncompliant officers, we found that one had worked at an armed post position</p>

Recommendation	Status	Comments
		before re-qualifying. Considering the importance of assigning qualified officers to armed posts, we expect to find no exceptions to the rule requiring compliance. The OIG considers the recommendation only partially implemented.

Follow-up Recommendations

Salinas Valley State Prison should:

- Ensure that noncompliant correctional officers are not assigned to armed posts until compliant with the qualification requirements. (October 2008)

In addition, because SVSP has been unable ensure that all correctional officers assigned to armed posts meet the quarterly weapons qualification requirement as required by the Penal Code, we have added two other recommendations to assist them. SVSP should also:

- Ensure that custody supervisors review the most recent listing of noncompliant officers and use the information to determine when officers need to be redirected to a non-armed post. (March 2010)
- Ensure that noncompliant correctional officers are held accountable if they do not notify the watch commander and supervisor of their noncompliant status before accepting any assignment to work at an armed post. (March 2010)

Finding 6

The California Department of Corrections and Rehabilitation risks the safety and security of its prisons and the public by not requiring quarterly weapons training for peace officers temporarily assigned to armed posts. (October 2008)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Ensure that (except in extreme emergencies) all peace officers assigned to armed posts, either permanently or temporarily, meet the quarterly qualification requirements as specified in the California Penal Code, the California Code of Regulations, and the California Department of Corrections and Rehabilitation’s Operations Manual. (October 2008)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Applicable. The California Department of Corrections and Rehabilitation does not agree that quarterly training of all custody staff is reasonable or fiscally responsible with the State’s current financial crisis.</i></p> <p>Office of the Inspector General’s comments: CDCR’s response misrepresents the OIG’s recommendation. Requiring all employees assigned to armed posts to meet quarterly qualification requirements is not the same as requiring all employees to qualify quarterly, since many employees do not work armed posts. Regardless of the state’s financial crisis, the safety of staff, inmates, and the public is an important mission for CDCR, and assigning qualified officers in an armed post is important in meeting that mission. CDCR’s practice of allowing noncompliant officers in armed posts is neither consistent with its mission nor compliant with the law. Penal Code section 830.5 (d) states that peace officers will complete quarterly firearms qualification training. Moreover, CDCR’s Operations Manual (DOM) section 32010.19.7 states that peace officers in armed posts will complete quarterly firearms qualifications. Unless CDCR complies with the law and ensures that qualified officers are in every armed post, it risks unnecessary tragedy and opens itself to costly lawsuits in the event of a questionable shooting. We find that this recommendation is still applicable, but not implemented.</p>

Recommendation	Status	Comments
<p>Rescind the November 4, 2004, memorandum allowing peace officers who are not qualified quarterly to assume armed posts that require quarterly qualifications. (October 2008)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Applicable. The California Department of Corrections and Rehabilitation does not agree that quarterly training of all custody staff is reasonable or fiscally responsible with the State’s current financial crisis.</i></p> <p>Office of the Inspector General’s comments: The OIG concludes that, regardless of the state’s financial crisis, CDCR is not complying with Penal Code section 830.5 (d) which states that peace officers will complete quarterly firearms qualification training. CDCR’s Operations Manual (DOM) section 32010.19.7 also states that peace officers in armed posts will complete quarterly firearms qualifications. The OIG finds that this recommendation is applicable and is not implemented.</p>

Follow-up Recommendations

The California Department of Corrections and Rehabilitation should:

- Ensure that (except in extreme emergencies) all correctional officers assigned to armed posts, either permanently or temporarily, meet the quarterly qualification requirements as specified in the California Penal Code, the California Code of Regulations, and the California Department of Corrections and Rehabilitation’s Operations Manual. (October 2008)
- Rescind the November 4, 2004, memorandum allowing correctional officers who are not qualified quarterly to assume armed posts that require quarterly qualifications. (October 2008)

California Institution for Men Quadrennial and Warden Audit

The OIG found that CDCR and the California Institution for Men (CIM) had fully implemented over half of our recommendations. Specifically, CDCR implemented our recommendations about assessing CIM’s infrastructure problems. Also, the prison addressed many of our concerns regarding the efforts to fill plant operations vacancies, hold staff accountable for training and emergency drills, update procedures, and instruct supervisors to check the qualifications records of custody staff prior to assuming an armed post. However, CDCR and CIM did not implement four of our recommendations related to mandatory quarterly firearms training sessions for correctional officers. Consequently, the prison is out of compliance with state law and departmental regulations that require correctional officers in armed posts to complete quarterly firearms qualifications. Two other recommendations concerning one of CIM’s open dormitory facilities are no longer applicable because the facility is no longer used to house reception center inmates.

IMPLEMENTATION REPORT CARD	
2008 Recommendations: 17	
Fully Implemented:	9 (53%)
Substantially Implemented:	1 (6%)
Partially Implemented:	1 (6%)
Not Implemented:	4 (23%)
Not Applicable:	2 (12%)

Summary of Original Audit Results

In November 2008, the OIG issued an audit report⁴ on the operations at California Institution for Men (CIM) and the performance of its warden. Our inspectors examined CIM’s operations and programs in order to identify problem areas and recommend workable solutions. We conducted audit field work on-site at the prison, which allowed us to observe the day-to-day operations and identify the challenges inherent to the third-oldest California prison. Our staff identified six audit findings and made 17 recommendations that focused on institutional infrastructure, weapons training, and lack of surveillance equipment on the prison’s visiting yard.

A primary concern during the audit was to determine why the facility’s infrastructure was deteriorating. CDCR had contracted with Vanderweil Facility Advisors to conduct a facility condition assessment. After the contractor completed its assessment, we recommended that CDCR determine whether repairing CIM was more cost effective than replacing it.

Another concern was that correctional officers were assigned to work at armed posts even though they were not current in their weapons training. Our inspectors examined employee rosters, firearms training records and post assignment histories. These records revealed that CIM did not comply with California law, regulations, and departmental policies regarding firearms proficiency requirements. Specifically, CIM supervisors allowed many correctional officers to continue to work armed posts, despite the officers not having completed mandatory firearms

⁴ “California Institution for Men Quadrennial and Warden Audit” may be found on the OIG’s Web site: [http://www.oig.ca.gov/media/reports/BAI/audits/Quadrennial and Warden Audit 2008-11 CA Institution for Men.pdf](http://www.oig.ca.gov/media/reports/BAI/audits/Quadrennial%20and%20Warden%20Audit%202008-11%20CA%20Institution%20for%20Men.pdf)

training, instead of redirecting them to alternate posts until the officers completed quarterly weapons proficiency requirements.

Finally, the audit revealed several other issues. For example, CIM placed high risk inmates in areas of low security, correctional officers did not adequately supervise the visiting area, and the prison did not conduct required quarterly emergency evacuation drills.

Background

The California Institution for Men (CIM) opened in 1941, making it CDCR's third-oldest adult institution. Covering about 1,600 acres, CIM occupies more area than any other CDCR institution. Moreover, CIM's layout comprises four separate facilities that are not physically connected. As of December 2, 2009 CIM housed 4,763 adult inmates within the four facilities—160 percent of its design capacity.

In 1941, CIM opened with inmates housed in two cellblock-style living units known as South Dorm and West Dorm within what is now known as the Minimum Support Facility (MSF). The MSF covers about 62 acres and houses more inmates than any other MSF in the state—2,255 inmates as of December 2, 2009. The MSF consists of 13 dormitory and cellblock housing units surrounded by a fenced perimeter with four gun towers. The prison's fire department, plant operations, medical infirmary, substance abuse programs, and academic and vocational education programs are also located within the MSF's secured perimeter.

In 1951, CIM opened the Reception Center Central (RCC) facility. RCC processes reoffending parolees and newly committed medium- and maximum-custody level inmates into the prison system. Reception Center West (RCW), which opened in 1960, houses inmates in eight barracks-style living units. Reception Center East (RCE), opened in 1974, is about a mile away from the other three facilities. Designed with cellblock housing, RCE houses protective custody, medium to high level custody, and reception center inmates.

Previous Findings and Recommendations

CDCR's funding allocation to CIM for maintenance and repair needs is inadequate, but CIM can still take actions to mitigate some of its infrastructure problems. CDCR and the state Legislature are aware that CIM's infrastructure is in disrepair due to years of neglect. The prison's problems include an ineffective water treatment system, failing plumbing, dilapidated housing units, leaking roofs, and hazardous material in need of removal. CDCR hired an outside consultant to assess the condition of California's prisons, including CIM. The consultant estimated a cost of \$28 million annually just to maintain CIM in its present "poor" condition. Although CDCR approved special repair projects at CIM, such projects remain unfunded. However, we identified inefficiencies that CIM could readily correct to maximize the effectiveness of its existing plant operations resources. To address these issues, we recommended that CIM take actions to fill vacant plant operations positions and change certain operating procedures.

CIM's central reception center staff inappropriately approved some dangerous, high-risk inmates for housing in crowded dormitories. Central reception center staff members failed to follow procedures and review certain inmates' classification scores before assigning the inmates' housing. CIM uses an inmate's classification score, which is an indicator of the inmate's behavior in prison, as part of its criteria for inmate eligibility for assigning inmates to reception center housing. Specifically, inmates with higher security needs are typically moved to celled housing, whereas inmates with lower security needs are transferred to open dormitories. We recommended that CIM change their policies to help place high-risk inmates in appropriate areas.

Correctional officers who have not attended mandatory quarterly firearms training sessions are allowed to assume armed posts at the prison as well as off-site in local hospitals. Although CIM has a process to identify correctional officers who fail to meet mandatory quarterly qualification sessions, many such officers continue to work armed posts instead of being redirected to alternate posts pending completion of quarterly qualification requirements. This practice violates California statutes and regulations, as well as other department policies, and it endangers employees, inmates, and the public. Moreover, it exposes the state to litigation if a non-compliant officer uses deadly force. Consequently, we recommended that CDCR no longer allow correctional officers to work armed posts unless they comply with firearms proficiency requirements.

The prison is not adequately monitoring activities at its Minimum Support Facility (MSF) visiting area to control the exchange of contraband. Also, CIM's supervisors are not conducting required fire and emergency evacuation drills throughout the prison. Inmates often use visiting as an opportunity to smuggle contraband into the prison. CIM's MSF visiting area is an expansive yard that accommodates hundreds of inmates and visitors. However, only two officers were assigned to monitor the yard and CIM had no surveillance cameras to allow for continuous monitoring of suspicious activity. Our inspectors also identified another, unrelated, safety concern relating to emergency drills. Specifically, CIM supervisors were conducting fewer than half of the required emergency evacuation drills in their work areas, which can leave employees and inmates ill-prepared to quickly evacuate during an emergency. To address these findings, we recommended that CIM install surveillance cameras with video recording capabilities in the MSF's visiting area. We also recommended that CIM ensure that its supervisors are aware of evacuation drill requirements, document the drills, and submit copies of the documentation to the fire chief.

2010 Follow-up Results

CDCR and CIM reported that they had fully implemented over half of the recommendations made in the November 2008 report. Also, CIM reported substantial progress in addressing the plant operations vacancies, time accountability, and work order duplication issues. Unfortunately, CDCR reported that their budget change proposals and funding for repair and maintenance needs were not included in the fiscal year 2009-10 budget. In addition, because the CIM West dormitory facility is no longer used to house reception center inmates, our two recommendations about that facility are no longer applicable.

CIM, with CDCR's approval, continues to disagree with our recommendation that the institution limit armed post assignments to only correctional officers who complete a quarterly firearms qualification, as required by Penal Code section 830.5 (d). CDCR believes that it is not reasonable or fiscally responsible to meet this requirement considering the state's current financial crisis. The prison has partially implemented the recommendation that it install surveillance cameras with video recording capabilities in the MSF visiting area. CIM also reports that it now conducts required emergency evacuation drills.

Follow-up Recommendations

CIM and CDCR have made progress in preparing for current and future plant operation projects. The prison has mitigated infrastructure problems, instructed and trained correctional officers about quarterly firearms qualification requirements, and now conducts required emergency evacuation drills. However, CIM and CDCR did not fully or substantially implement some of our other recommendations. Accordingly, we made five follow-up recommendations to assist CIM and CDCR in correcting deficiencies.

The matrixes on the following pages summarize the results of the 2010 follow-up audit.

California Institution for Men Quadrennial and Warden Audit

Finding 1

The department’s available funding allocation to CIM for maintenance and repairs is inadequate to keep the institution in an acceptable state of repair. (November 2008)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Develop and use reliable data on current and future maintenance and repair needs on which to base funding allocations and plan for maintenance and special repair expenditures. The Vanderweil Facility Advisors (VFA) project will provide the groundwork for developing this information, but the department must commit to using the information to full advantage and to supplementing it with its own data collection and monitoring efforts. (November 2008)</p>	<p>Substantially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Substantially Implemented. The Vanderweil Facility Advisors (VFA) conducted a Facilities Condition Assessment at the California Institution for Men (CIM) in April 2009 and a Budget Change Proposal (BCP) was submitted in September 2008 (Increase Plant Operations Staffing and Deferred Maintenance Funding) 2009/10. CIM is included in the phased approach for planned corrective repairs at Institutions.</i></p> <p>Office of the Inspector General’s comments: We reviewed the facility condition executive summary report and Budget Change Proposal (BCP) and verified that CDCR requested increased staffing. CDCR based its facility condition report on information obtained through the Vanderweil Facility Advisors (VFA) facility condition assessment. However, according to a CDCR representative, the funding was not included in either of the fiscal year 2009-10 or 2010-11 budgets due to the fiscal challenges that the state faces. Additionally, CDCR’s fiscal year 2009-10 funding for special repairs and deferred maintenance was also removed to help reduce the state’s general fund deficit.</p>
<p>Direct the newly created Maintenance Services Branch to work with CIM to complete an analysis by December 2009 to determine whether performing the necessary repairs and modifications identified by VFA to bring present structures into a condition that meets the Department’s current needs is more cost-effective than constructing a new prison on CIM’s present site. (November 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. Facilities Management Division completed the Facility Condition Executive Summary Report in January 2009.</i></p> <p>Office of the Inspector General’s comments: The facility condition report identified the level of funding needed to improve or maintain the current facility condition for various prison assets. The report also identified whether it was more cost effective to replace an asset than to repair it, by assigning the asset with a facility condition index equal to or</p>

Recommendation	Status	Comments
		<p>greater than 1.00 (or 100%). Even though the report did not specify whether it was more cost effective to build a new prison than repair the current one, the report included enough information to imply that repairing most current assets would cost less than replacing them.</p> <p>Although CDCR completed work to identify the replacement and maintenance needs at CIM, the funding to upgrade CIM facilities was not included in either of the fiscal year 2009-10 or 2010-11 budgets. CIM will continue to have problems maintaining and repairing its buildings until CDCR obtains sufficient funding.</p>

Follow-up Recommendation

None

Finding 2

Despite the formidable gap between available repair and maintenance funding for CIM and the institution’s actual needs, CIM can still take actions to mitigate its infrastructure problems. (November 2008)

Recommendation	Status	Comments
<i>The California Institution for Men should:</i>		
<p>Continue to aggressively recruit and conduct examinations for plant operations positions to fill existing vacancies, soliciting assistance from department headquarters if necessary. (November 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. CIM has hired outside casual labor and contractors have continuous postings for job vacancies both locally and statewide on Vacant Positions (VPOS), the State Personnel Board vacancy listing; held job fairs; held local spot examinations for positions they have delegated authority for, and post and bid for certain positions.</i></p> <p><i>Plant Operations has no vacancies as of August 2009.</i></p> <p>Office of the Inspector General’s comments: We reviewed a March 2009 memorandum and vacancy tracking log from CIM’s Personnel Manager to the chief deputy warden, addressing the vacancies in plant operations since September 2008. The memorandum identified staff appointment dates for positions that had been filled and gave the reasons that other vacancies were not filled. The tracking log further described the actions taken by personnel staff to fill each vacant position. For example, the log identified the status of exams, the dates when interviews were conducted, and pending hires. We also contacted a CIM analyst who confirmed that there were no plant operations vacancies as of August 2009.</p>
<p>Hold plant operations employees accountable for recording all of their time in the SAPMS database. (November 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. CIM completed revising their local procedure on April 10, 2009, for the Maintenance Work Order Requests, Work Orders, and Project Requests. The procedure addresses employees’ accountability for recording their time on SAPMS.</i></p> <p>Office of the Inspector General’s comments: Our inspectors reviewed the revised procedure, which addresses employees’ accountability for recording their time.</p>

Recommendation	Status	Comments
<p>Enforce the local policy requiring a work order coordinator at each facility to reduce duplicate work orders. (November 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. CIM management has identified a staff member responsible to be the work order coordinator and will continue to monitor this procedure to ensure ongoing compliance is maintained. Management is now conducting a monthly meeting with all dedicated staff to address any problems, roadblocks, or work order issues.</i></p> <p>Office of the Inspector General’s comments: We reviewed CIM’s Work Order Coordinator (WOC) Responsibilities document, which described the work order process, and a listing of the facility’s designated WOCs for each department, as of January 2009. We also reviewed minutes from an April 2009 WOC meeting at which attendees were reminded to avoid duplicate work requests.</p>

Follow-up Recommendation

None

Finding 3

Staff at CIM’s central reception center inappropriately approved some dangerous, high-risk inmates for housing in crowded dormitories. (November 2008)

Recommendation	Status	Comments
<i>The California Institution for Men should:</i>		
<p>Require transportation staff in the Central Reception Center, who make the decisions to move parole violator inmates to RCW, to check inmates’ classification scores in the Disability and Effective Communication System (DECS) before moving them. In instances when overcrowding in the central reception center forces the officers to transfer inmates to RCW before their classification scores are available, assign a staff member the responsibility of checking the scores the next day. If the staff member identifies an inmate who is not eligible for RCW, promptly transfer the inmate out of that facility, and hold the staff member accountable if any inmate with a classification score above 35 is found at RCW more than 24 hours after being transferred there. (November 2008)</p>	<p>Not Applicable</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Applicable. CIM West has been repurposed as a sensitive needs yard and no longer houses reception center inmates.</i></p> <p><i>Classification criteria for housing (consistent with Title 15 Section 33) will be reflected in the new Operational Procedure.</i></p> <p>Office of the Inspector General’s comments: Because CDCR changed the mission for CIM West (formally referred to as RCW) and no longer uses the facility to house reception center inmates, the recommendation is no longer applicable.</p>
<p>Ensure the institution’s local operational policy for inmate eligibility at RCW is updated by deleting the reference to “prior custody level” and replacing it with relevant evaluation factors that may include classification score, behavioral history, and mitigating or aggravating factors. (November 2008)</p>	<p>Not Applicable</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. CIM revised their local procedure to address the proper housing and classification for reception center inmates.</i></p> <p><i>CIM met with their local chapter and have completed training to staff on their local procedure.</i></p> <p>Office of the Inspector General’s comments: Because CDCR changed the mission for CIM West and no longer uses the facility to house reception center inmates, the recommendation is no longer applicable.</p>

Follow-up Recommendation

None

Finding 4

CIM allows peace officers who have not attended mandatory quarterly firearms training sessions to assume armed posts at the institution and off-site in local hospitals. (November 2008)

Recommendation	Status	Comments
<i>The California Institution for Men should:</i>		
<p>Instruct supervisors to periodically review the master roster to ensure their familiarity with peace officers assigned to armed posts and those who could be assigned to armed posts in a “relief” position. (November 2008)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Applicable. The California Department of Corrections and Rehabilitation does not agree that quarterly training of all custody staff is reasonable or fiscally responsible with the State’s current financial crisis.</i></p> <p>Office of the Inspector General’s comments: CDCR’s response misrepresents the OIG’s recommendation. Requiring all employees assigned to armed posts to meet quarterly qualification requirements is not the same as requiring all employees to qualify quarterly, since many employees do not work armed posts. Regardless of the state’s financial crisis, CDCR is not complying with Penal Code section 830.5 (d) which states that peace officers will complete quarterly firearms qualification training. CDCR’s Operations Manual (DOM) section 32010.19.7 also states that peace officers in armed posts will complete quarterly firearms qualifications. The recommendation is still applicable but not implemented.</p>
<p>Instruct supervisors to examine the weapons qualification card of officers whose qualifications they are unfamiliar with to ensure assigned officers meet the quarterly qualification requirements before assuming an armed post. (November 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. CIM warden has provided an instructional memorandum dated December 16, 2008, and provided on the job training code B0126 to all custody supervisors and custody managers concerning Departmental Operations Manual (DOM) Section 32010.19.10.</i></p> <p>Office of the Inspector General’s comments: We reviewed the December 2008 memorandum from Warden Poulos to custody managers and supervisors about supervisors’ responsibility to ensure that officers meet weapons qualification requirements. The memo instructed supervisors to examine the weapons qualification card of officers in armed posts. We also reviewed the October 2008 to February 2009 list of custody staff members attending mandatory training regarding the weapons qualification</p>

Recommendation	Status	Comments
		card, and we found that rank-and-file officers and supervisors attended the training.
<p>Ensure that officers who receive a letter of instruction for failing to attend a quarterly qualification session sign and return the letter of instruction to the employee relations officer. (November 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. CIM management provided instruction, training, and a letter of instruction flow chart to staff via memorandum dated December 15, 2008. The training was documented utilizing the on the job training code B0078.</i></p> <p>Office of the Inspector General’s comments: We reviewed CIM’s letter of instruction (LOI) flowchart, which shows the Employee Relations Officer’s (ERO) involvement at both the beginning and end of the process. We also reviewed a December 2008 memorandum and an April 2009 memorandum from Warden Poulos to associate wardens and captains regarding CIM’s LOI process. The memos assert that the ERO is required to receive LOIs and instructs associate wardens and captains to train their assigned staff. We also reviewed the list of custody staff members attending training between January and April 2009 on the employee discipline process and the LOI process, and we found that 93 officers, supervisors, and managers attended the training.</p>
<p>Hold supervisors accountable for failing to redirect officers from armed posts when those officers fail to meet the quarterly qualification requirement. (November 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. CIM warden provided instruction to managers and custody supervisors via memorandum dated December 15, 2008, on DOM Section 32010.19.10 and “Supervisors Responsibility for Failure to Attend/Qualify Range Qualification.” In addition, training was provided and completed on February 1, 2009.</i></p> <p>Office of the Inspector General’s comments: We reviewed the warden’s December 2008 memorandum and CIM’s December 2008 Quarterly Range Qualification policy. The policy describes CDCR’s weapons qualification requirements, staff members’ responsibilities to ensure that they are qualified before assuming an armed post, and CIM’s process for monitoring correctional officers’ compliance with the requirements.</p>

Recommendation	Status	Comments
<p>Use the monthly In-Service Training Bulletin, or similar means, to emphasize to the custody staff that qualification must occur before assuming an armed post. (November 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. CIM has reemphasized to staff the Department’s qualification requirements through postings in the In-Service Training Bulletins from November 2008 through April 2009.</i></p> <p>Office of the Inspector General’s comments: We reviewed CIM’s IST monthly bulletins from November 2008 to May 2009. The bulletins contained a copy of a February 2006 memorandum from Warden Poulos to custody staff, describing CDCR’s directives on quarterly and annual firearm qualifications and the warden’s expectations. The bulletins also included a calendar identifying upcoming quarterly range training dates.</p>
<p>Limit armed post assignments only to peace officers who complete a quarterly firearms qualification session as required in the Departments Operations Manual Section 32010.19.7. (November 2008)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Applicable. The California Department of Corrections and Rehabilitation does not agree that quarterly training of all custody staff is reasonable or fiscally responsible with the State’s current financial crisis.</i></p> <p>Office of the Inspector General’s comments: CDCR’s response misrepresents the OIG’s recommendation. Requiring all employees assigned to armed posts to meet quarterly qualification requirements is not the same as requiring all employees to qualify quarterly, since many employees do not work armed posts. Regardless of the state’s financial crisis, CDCR is not complying with Penal Code section 830.5 (d) which states that peace officers will complete quarterly firearms qualification training. CDCR’s Operations Manual section 32010.19.7 also states that peace officers in armed posts will complete quarterly firearms qualifications. This recommendation is still applicable, but not implemented.</p>
<p>Allow officers who complete an annual qualification session during CIM’s designated months of February, May, August, or November to work armed posts through special assignment in the three months following the annual qualification. For example, officers who complete annual qualification sessions during May would be eligible to work armed posts during June, July, or August. Moreover, officers who complete annual qualification sessions during a quarter would be eligible to work armed posts during the remainder of that quarter.</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Applicable. The California Department of Corrections and Rehabilitation does not agree that quarterly training of all custody staff is reasonable or fiscally responsible with the State’s current financial crisis.</i></p> <p>Office of the Inspector General’s comments: Our recommendation was to allow officers to work an armed post if they had completed an annual qualification session in the quarter prior to their armed post assignment. The recommendation would increase the number of qualified officers meeting the penal code and DOM requirements. CDCR, however,</p>

Recommendation	Status	Comments
(November 2008)		appears to have disregarded this alternative and continues to be out-of-compliance with the law. This recommendation is still applicable but not implemented.
<i>The California Department of Corrections and Rehabilitation should:</i>		
<p>Repeal those provisions of the November 4, 2004, department wide memorandum that allow officers to assume armed posts without completing quarterly firearms qualification requirements. (November 2008)</p>	Not Implemented	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Applicable. The California Department of Corrections and Rehabilitation does not agree that quarterly training of all custody staff is reasonable or fiscally responsible with the State’s current financial crisis.</i></p> <p>Office of the Inspector General’s comments: CDCR’s response misrepresents the OIG’s recommendation. Requiring all employees assigned to armed posts to meet quarterly qualification requirements is not the same as requiring all employees to qualify quarterly, since many employees do not work armed posts. Regardless of the state’s financial crisis, CDCR is not complying with Penal Code section 830.5 (d), which states that peace officers will complete quarterly firearms qualification training. CDCR’s Operations Manual section 32010.19.7 also states that peace officers in armed posts will complete quarterly firearms qualifications. The recommendation is still applicable but not implemented.</p>

Follow-up Recommendations

The California Institution for Men should:

- Instruct supervisors to periodically review the master roster to ensure their familiarity with correctional officers assigned to armed posts and those who could be assigned to armed posts in a “relief” position. (November 2008)
- Limit armed post assignments only to correctional officers who complete a quarterly firearms qualification session as required in CDCR’s Operations Manual Section 32010.19.7. (November 2008)

- Allow officers who complete an annual qualification session during CIM's designated months of February, May, August, or November to work armed posts through special assignment in the three months following the annual qualification. For example, officers who complete annual qualification sessions during May would be eligible to work armed posts during June, July, or August. Moreover, officers who complete annual qualification sessions during a quarter would be eligible to work armed posts during the remainder of that quarter. (November 2008)

The California Department of Corrections and Rehabilitation should:

- Repeal those provisions of the November 4, 2004, department-wide memorandum that allow officers to assume armed posts without completing quarterly firearms qualification requirements. (November 2008)

Finding 5

The visiting area for CIM’s Minimum Support Facility accommodates hundreds of inmates and visitors, but the institution lacks an effective means of monitoring visiting activities to control the exchange of contraband. (November 2008)

Recommendation	Status	Comments
<i>The California Institution for Men should:</i>		
Install surveillance cameras with video recording capabilities in the Minimum Support Facility’s visiting area and allocate sufficient staff to operate the cameras and monitors. (November 2008)	Partially Implemented	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. CIM has submitted a Budget Concept Statement (BCS) for the additional staff and a minor capital outlay request for the cameras. In addition, CIM has also put in a request to the Asset Forfeiture Committee (FC) as another avenue to request the cameras.</i></p> <p><i>The Executive Asset Forfeiture Review Board approved their request in June 2009 and expects money to become available in the next fiscal year.</i></p> <p>Office of the Inspector General’s comments: We reviewed CIM’s Budget Concept Statement for fiscal year 2009-10 and its February 2009 memorandum to the Asset Forfeiture Committee.</p>

Follow-up Recommendation

The California Institution for Men should:

Continue efforts to install surveillance cameras with video recording capabilities in the Minimum Support Facility’s visiting area and allocate sufficient staff to operate the cameras and monitors. (November 2008)

Finding 6

Supervisors are conducting fewer than half of the required fire/emergency evacuation drills in their work areas, which may leave employees and inmates ill-prepared to respond to a crisis. (November 2008)

Recommendation	Status	Comments
<i>The California Institution for Men should:</i>		
<p>Ensure that supervisors are aware of the quarterly fire/emergency evacuation drill requirement in their areas of responsibility and that they document the drills and submit copies of documentation to CIM's fire chief as required in Section 52090.19 of the Departments Operations Manual. (November 2008)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation's response: <i>Fully Implemented. CIM has completed full compliance for the 3rd quarter reporting period. CIM will continue to monitor and ensure CIM fire drills are in full compliance.</i></p> <p>Office of the Inspector General's comments: We reviewed the quarterly compliance report for fire evacuation drills conducted during the third quarter of 2008, which CDCR submitted in support of its response. The report indicated that CIM was in full compliance with requirements. We performed no additional audit verification.</p>

Follow-up Recommendation

None

Chapter 2: Follow-up Results for Six Reports Issued Between 2000 and 2007

This chapter provides the follow-up results of six audits and special review reports originally issued between 2000 and 2007. All of these audits and reviews have been subject to at least one previous accountability audit. Therefore, this accountability audit presents our final assessment of CDCR's and CPHCS' implementation of the related past recommendations. At the conclusion of our audit fieldwork, CDCR and CPHCS had either fully or substantially implemented 23 of our 38 past recommendations. Twelve recommendations remain partially or not implemented, and three recommendations are no longer applicable. Overall, CDCR and CPHCS achieved a 66 percent implementation rate for these older recommendations.

History of Past Audits and Reviews

Starting in 2005, we began conducting reviews of past audit recommendations and issuing public reports detailing the corrective action taken by CDCR.⁵ These reports, called accountability audits, provide the public and policy makers with objective information on the status of our past recommendations and, ultimately, serve to hold CDCR accountable.

Summary of Results

During our follow-up for this accountability audit, we found that CDCR and CPHCS has satisfactorily implemented (either fully or substantially) 23 of the 38 recommendations that were remaining at the start of this audit. We determined that three recommendations were no longer applicable, thus leaving 12 recommendations still only partially implemented or not implemented. As shown in Table 4, CDCR and CPHCS achieved a completion rate of 66 percent overall.

Table 4
Overall Implementation Rates — 2010 Accountability Audit

Name	Number of Unimplemented Recommendations Prior to 2010 Accountability Audit	Status of Implementation			
		Satisfactory Implementation		Unsatisfactory Implementation	
Adult Operations and Adult Programs (includes recommendations to CPHCS)	29	17	59%	12	41%
Juvenile Justice Program	9*	6	100%	0	0%
Totals	38*	23	66%	12	34%

* Includes three recommendations found to be no longer applicable during the current 2010 accountability audit. Implementation rates were based on recommendations still applicable.

⁵ Between 2002 and 2004, the OIG completed four follow-up audits of past recommendations; however, we did not issue public reports.

Notable examples of implemented recommendations from this year's accountability audit include the following:

- CDCR's Office of Substance Abuse Treatment Services (OSATS), formally known as the Division of Addiction and Recovery Services, significantly modified its overall program. After collaborating with expert-member groups, OSATS developed new models for treatment services it provides to inmates and parolees and implemented new processes to track and measure the effectiveness of its programs. In addition, CDCR modified its treatment provider contract bidding process and OSATS implemented tools and procedures to monitor contractors' performance. OSATS also developed and implemented tools to conduct ongoing compliance reviews of its contractors, and conducts meetings to discuss worst and best practices.
- CDCR enhanced mental health software applications in its information technology systems to provide facility employees with additional information about inmates' mental health history.
- CDCR's Division of Adult Parole Operations trained its parole staff on statewide policy and procedures relating to high-risk inmates. Those procedures require parole staff to identify a paroling inmate's high-risk designation when completing his or her parolee release plan. This designation assists institutions in identifying those parolees who are subject to special parole reporting requirements once they are released from custody. The division also monitored its employees' performance to ensure they followed the required procedures.
- CDCR's Division of Juvenile Facilities established a minimum requirement of three-hours out-of-room time for wards. As a result, it eliminated its 23-and-1 confinement (23 hours in the room and one hour out of the room) of restricted-program wards at the Heman G. Stark Youth Correctional Facility (HGSYCF) and other juvenile justice facilities. To implement these changes, the division revised its policy manual, trained staff, and developed new oversight procedures to ensure that its wards receive their required program and other services.
- HGSYCF developed and implemented new administrative policies and procedures to clearly define standards for wards' living quarters and to provide safer living conditions to restricted-program wards. As a result of these changes and the Division of Juvenile Facilities' changes addressed

above, HGSYCF discontinued its special step-down transition program for restricted program wards.⁶

Remaining Unimplemented Recommendations

As shown in Table 4 above, CDCR implemented all six of the applicable recommendations for its Juvenile Justice program. However, 12 recommendations that we made to CDCR or to CPHCS during audits or reviews of CDCR's Adult Operations and Adult Programs remain unresolved. Worse yet, some of these recommendations represent problems that continue to jeopardize the safety of staff and inmates or increase the risk of legal action against the state. Of equal concern is that, in some instances, CDCR has had several years to implement remaining recommendations and has been reminded to address them in previous accountability audits. Some of the recommendations, however, may remain unimplemented for reasons beyond the prison's control. For example, CDCR may have denied funding to implement some of our recommendations.

California Department of Corrections and Rehabilitation

CDCR has yet to address ten remaining unimplemented recommendations regarding its adult operations and programs. CDCR has not yet conducted a compliance audit of the Division of Adult Parole Operations and has not completed its revision of educational operating procedures. Although it has taken steps to assess facility infrastructure needs and staffing needs, there is no available funding for CDCR to complete projects and increase staffing levels. In addition, while CDCR implemented a revised training method for its cadet officers to practice shooting from an elevated position and at moving targets, it does not mandate that officers continue to train once they are assigned to a prison. Moreover, CDCR has yet to implement our recommendation to ensure that all correctional officers assigned to armed posts—including relief officers, permanent intermittent officers, and those working armed posts through voluntary overtime and shift swaps—complete a weapons proficiency course each quarter.

California Prison Health Care Services

The California Prison Health Care Services (CPHCS) has yet to address two unimplemented recommendations concerning loose medical filing that had not been placed in inmates' medical files and the availability of inmates' mental health records. CPHCS reports that it has taken steps to address our findings and has partially implemented both recommendations. For example, CPHCS hired students to reduce its backlog of loose medical filing and is preparing a plan to manage the filing backlog. Also, CPHCS is taking a phased approach in developing a paperless system to allow clinicians to access inmates' mental health history upon their arrival.

⁶ CDCR closed its juvenile justice program at HGSYCF and formally announced its plans to convert the facility to an adult prison on November 6, 2009.

Final Assessment of Recommendations

For the recommendations from 2000 to 2007 discussed in Chapter 2, this will be our final follow-up. We have made our best effort to monitor implementation of these recommendations, but we cannot continue to expend state resources to follow up on recommendations that CDCR or CPHCS will not or cannot address. Further, we hope that our accountability audit prompts policy makers and the public to hold CDCR responsible for implementing the remaining recommendations.

The following matrixes present the findings, recommendations, and results of our follow-up review of the six reports.

Special Review of High-Risk Issues at the Heman G. Stark Youth Correctional Facility

Finding 1

Contraband in the form of window coverings and makeshift ropes, combined with wards' isolation in their rooms and inadequate delivery of mandated services such as education and counseling, present an environment conducive to suicide attempts and potentially dangerous to staff. (February 2007)

Recommendation	Status	Comments
<p><i>The Administration of the Division of Juvenile Justice should:</i></p>		
<p>Develop uniform policies and procedures to support existing directives intended to eliminate 23-and-1 confinement, including establishing a minimum acceptable duration for which restricted program wards are to be out of their rooms and for documenting daily either the means by which this was accomplished for each ward, or the reasons for failing to do so. (February 2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation's response: <i>Fully Implemented. The implementation of Temporary Departmental Orders 07-82 Restricted Program, 07-83 Delivery of Mandated Services, and 07-85 Temporary Detention as well as additional staff training and oversight has elevated the Division of Juvenile Justice's (DJJ) status to fully implemented. The DJJ completed a revision of the Restricted Program Policy on March 9, 2007. Training associated with this policy was completed and the implementation date was May 1, 2008. Facilities operate only from Institutions and Camps Restricted Program Policy Manual Section 7200-7285 dated March 9, 2007.</i></p> <p><i>To ensure youth are receiving 3-hours of program per day DJJ has an enhanced monitoring process with DJJ Headquarters oversight. The April 30, 2008 completion of Ward Information Network (WIN) Exchange provided a system wide capability allowing DJJ to track daily mandated services electronically. On a monthly basis, DJJ Headquarters reports to facilities on deficient youth mandated service records and directs facilities to develop plans to ensure youth receive 3-hours of daily programming. In addition, DJJ Headquarters collects weekly mandated services information from all facilities to monitor 3-hours program to youth at all sites. Each facility continues to have staff assigned to monitor mandated services and the implementation of the Restricted Program Policy.</i></p> <p><i>On August 24, 2009 the DJJ modified the Restricted Program Policy Manual</i></p>

Recommendation	Status	Comments
		<p><i>Section § 7220, to include a clear statement requiring all restricted program youth receive 3-hours programming daily. The policy now states:</i> <i>“The department’s goal is to provide program services to youth in the least restrictive environment, while maintaining the safety and security of the facility. Whereas each mandated service has a specific time allotted for its delivery, all youth shall be afforded the opportunity to be out of their room on a daily basis a combined total of 3-hours each day, unless safety and security preclude such activity. Safety and security issues precluding out of room activity shall be approved by the supervisor (Mandated Services Section § 7220) and documented in the daily Mandated Services log in WIN as a denial of service for that day.”</i></p> <p><i>This addition along with continued oversight of restricted programs has clearly established 3-hours as the minimum acceptable duration for which youth shall be out of their rooms.</i></p> <p>Office of the Inspector General’s comments: We reviewed CDCR’s Division of Juvenile Facilities current Institutions and Camps (I&C) manual section 7220, which directs that all youth shall be afforded the opportunity to be out of their room for a total of three hours each day, unless safety and security precludes it. We also reviewed Heman G. Stark Youth Correctional Facility’s (HGSYCF) daily ward information tracking logs for July 2009, which identified wards’ program and out-of-room hours. For those wards who did not receive the required program time or services, facility staff and supervisors entered notes in the daily logs to identify the circumstances that resulted in the non-compliance. We also reviewed monthly summaries of wards’ out-of-room time and a memorandum from the director of the Division of Juvenile Facilities, verifying that CDCR’s headquarters is reviewing and acting on reports compiled from its ward information tracking system.</p>
<p>Refine its policies and procedures to more clearly define the standards for wards’ living quarters and to enhance its youth facilities’ ability to provide wards in restricted programs with safe living conditions. These policies and</p>	<p>Substantially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Substantially Implemented. This recommendation has been substantially implemented through the development and implementation of local policies and procedures. DJJ requires each facility to identify allowable restricted program</i></p>

Recommendation	Status	Comments
<p>procedures should include examples of the specific types of contraband items to be removed from restricted wards' rooms, the frequency of staff inspections, proper documentation of those inspections, and sanctions for non-compliance. (February 2007)</p>		<p><i>property and develop procedures for room inspections. These procedures include frequency of room searches, inspections, and subsequent documentation. Property lists are now posted in the living units and youth are informed about all property and canteen items allowed in their rooms on Special Management Programs (SMPs). The Disciplinary Decision Making System (DDMS) is used to hold youth accountable for contraband property and room conditions during daily, weekly and random living unit searches and inspections in the living units. Placing emphasis on room conditions, room searches, inspections and consistent enforcement of SMP property standards, have improved youth safety and living conditions in restricted programs. The DJJ completed a revision of the Restricted Program Policy on March 9, 2007. Training associated with this policy was completed and the implementation date was May 1, 2008. The facilities operate only from Institutions and Camps Manual Restricted Program Policy Section 7200-7285 dated March 9, 2007. While this policy does not list specific contraband items, frequency of room inspections and sanctions for youth violations, it does state youth will be afforded clean and sanitary living conditions. Further, the policy mandates youth rooms be cleaned weekly or as needed and that procedures are in place to clean youth rooms whether or not the youth indicates a desire to personally clean their room. Establishing the statewide standard of clean and sanitary living conditions has allowed each facility to develop procedures to achieve this standard. It affords each facility the opportunity to develop its own processes that will allow staff and youth to maximize their efforts towards clean living conditions.</i></p> <p><i>To enhance the overall condition of the facilities, the Director of Facilities mandated a graffiti abatement plan for each facility that specifically targets rooms and living unit cleanliness and appearance. These plans have a short and long term strategy to address facility conditions.</i></p> <p><i>To improve the living conditions at each facility, DJJ has taken a broad approach, rather than program by program. DJJ has implemented a quarterly facility inspection as required in the Safety and Welfare Remedial Plan. This requires a facility wide inspection of all living units, buildings and grounds. This is in addition to individual facility inspections currently in place. Identified problem areas are cleaned as part of the inspection process. Deficient areas requiring attention are documented in a Corrective Action Plan</i></p>

Recommendation	Status	Comments
		<p><i>with a date of completion for each item. These quarterly inspections in conjunction with restricted programs expectation of clean and sanitary living conditions have lead to a notable improvement in the conditions of the SMPs as testified to by the Safety and Welfare Remedial Plan court appointed expert, during the July 30, 2009 case conference hearing on the Farrell litigation. These improvements were also evident during the Office of the Inspector General (OIG) 2009 Accountability Audit wherein three facilities were visited including Heman G. Stark Youth Correctional Facility (HGSYCF). The report indicated the OIG observed “no noticeable safety or security concerns in the occupied rooms of these facilities special management programs.” Having enhanced inspections and facility reviews the department intends to include these new processes into the Institutions and Camps Manual Policy Section § 1235 “Inspection of Facilities” by January 2010.</i></p> <p><i>The HGSYCF SMP displays and disseminates to youth through orientation an approved property list for youth assigned to the program. At HGSYCF, Youth Correctional Counselors (YCCs) are assigned specific rooms to inspect on a daily basis. The room inspection form containing the room number of each room inspected and the results of the YCC’s inspection are forwarded to the Senior Youth Correctional Counselor (SYCC). The SYCC reviews the inspection form and conducts random reviews of the rooms listed. The SYCC forwards the room inspection forms along with any youth DDMS and/or staff accountability actions to the Treatment Team Supervisor (TTS) daily. The TTS keeps a log on each room inspection of the contraband found and any subsequent DDMS issued to youth. A monthly report is submitted to the Program Administrator and Superintendent’s Office.</i></p> <p>Office of the Inspector General’s comments: We reviewed HGSYCF’s administrative policies for wards assigned to restricted program, also referred to as the Special Management Program (SMP). We found that SMP wards’ living condition standards, frequency of room inspections and sanctions for non-compliance, and allowable (rather than non-allowable) personal property were all clearly defined in the SMP Rules and Regulations. We also found that wards are required to sign a receipt acknowledging that they received an SMP orientation packet, which identifies the room standards and allowable items. In addition, we reviewed examples of July 2009 SMP Property acknowledgements that listed allowable personal</p>

Recommendation	Status	Comments
		property items and were signed by wards. Furthermore, we reviewed samples of July 2009 daily room inspection sheets and room search logs.
<i>The Heman G. Stark Youth Correctional Facility should:</i>		
<p>Improve supervisory monitoring over staff's delivery of mandated services to ensure that all wards assigned to restricted programs are provided with required services including three hours of time out of their rooms daily, education, and behavior counseling. (February 2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation's response: Fully Implemented. A SYCC assigned to restricted programs reviews all entries for daily mandated services. In addition, the HGSYCF Superintendent has assigned a TTS to review mandated services in the facility. Discrepancies are addressed with staff and appropriate corrections are made to youth records. With the implementation of the WIN Exchange System, DJJ Headquarters reviews individual youth records weekly to ensure minimum mandated services are provided. DJJ Headquarters reports deficiencies within youth records and directs facilities to develop a remedy or explanation for the deficiency in the form of a monthly memorandum to the Director of Facilities.</p> <p><i>The Program Service Day (PSD) schedule is in place for all youth at HGSYCF including restricted programs. Teachers are assigned to the SMP classes and complete daily attendance accountability rosters. Case Managers provide additional rehabilitative treatment services daily as part of PSD by conducting groups and individual counseling. YCCs also provide group counseling to prepare youth for reintegration into less restrictive core treatment programs.</i></p> <p><i>Youth on a restricted program that have completed high school or equivalent also have the opportunity for distance learning through Coastline College, further enhancing their educational opportunities.</i></p> <p>Office of the Inspector General's comments: We reviewed a sample of July 2009 daily and monthly school attendance reports, small group counseling forms, and class schedules. We found evidence that both teachers and supervisors account for wards' education time by reviewing and signing off on attendance sheets. In addition, we verified that HGSYCF supervisors monitor their employees to ensure that SMP wards are provided with required services, including three hours out-of-room time. Further, we verified that the director of the Division of Juvenile Facilities also monitors wards' out-of-room time.</p>

Finding 2

The step-down transitional program at Heman G. Stark Youth Correctional Facility, despite its name, operates as an extension of the facility’s highly restrictive special management program, but lacks the critical protections required of such a program. (February 2007)

Recommendation	Status	Comments
<p><i>The Administration of the Division of Juvenile Justice should:</i></p>		
<p>Officially recognize the step-down transitional program at Heman G. Stark Youth Correctional Facility as an extension of the special management program by developing policies and procedures for the program, providing it with the resources necessary to prepare wards for a successful transition to programming units, and subjecting it to the provisions of Temporary Departmental Orders #07-82 Restricted Program and #07-83 Delivery of Mandated Services. (March 2009)</p>	<p>Fully Implemented</p>	<p><i>California Department of Corrections and Rehabilitation’s response:</i> <i>Substantially Implemented. HGSYCF does not operate a step-down transitional program. All youth are classified as high risk, medium-high risk, medium-low risk or low risk. The Division of Juvenile Justice (DJJ) youth classification process at HGSYCF requires youth to be placed on living units in accordance with their treatment needs and risk of institutional violence. Based on this classification, SMP youth traditionally are sent to living units within the facility designated as high risk core treatment programs. While there may have been some initial efforts to develop transitional processes between SMPs and the high risk core treatment program at HGSYCF, it is not the DJJ’s intent that high risk core treatment programs be designed as transitional programs for SMPs. Youth are evaluated based on their risk level and treatment needs and are assigned to an appropriate treatment program in accordance with the established risk classification process.</i></p> <p><i>Youth assigned to high risk core treatment programs receive a full range of programs the same as all living units within the facility including youth incentives, visiting, and canteen should their behavior be consistent with the safe and secure operation of the facility.</i></p> <p><i>The Program Service Day now in place outlines structured daily programming for all youth at HGSYCF. Case Managers provide additional rehabilitative treatment services daily by conducting groups and individual counseling. YCCs also provide group services to prepare the youth for reintegration into less restrictive core treatment programs.</i></p>

Recommendation	Status	Comments
		<p>Office of the Inspector General’s comments: HGSYCF formerly operated a separate step-down transitional program for high-risk wards. The intent of our original recommendations was to ensure that the facility provided these wards with the resources needed to prepare them for a successful transition to programming units and provide them with all mandated services. CDCR’s response indicates that HGSYCF no longer operates a separate step-down transitional program. Instead, it assesses the needs of all wards and provides them with all mandated treatment and services.</p> <p>To verify that HGSYCF is preparing wards for a successful transition to programming units, we reviewed wards’ program tracking logs and monitoring documentation for July 30, 2009. The tracking logs show wards’ out-of-room time on a daily, weekly, and monthly basis. Staff noted in the log when a ward did not receive three hours of daily program and other mandated services. Supervisors then commented on staff notes when they felt more information was needed. We also reviewed a memorandum from the director of the Division of Juvenile Facilities. That memorandum provided further direction and feedback to HGSYCF about wards’ mandated hours of daily program. Further, we reviewed CDCR’s Division of Juvenile Facilities reclassification procedures, classification status reports, and correspondence from the division’s Program Operations Unit, all of which provided evidence that HGSYCF has implemented a process to transition wards from high- to low-risk living units, as needed.</p> <p>Because CDCR adequately tracks and monitors its wards’ mandated services, the original finding has been satisfactorily addressed. Therefore, we have upgraded this recommendation to fully implemented and reported the remaining recommendations as not applicable.</p>
<p><i>The Heman G. Stark Youth Correctional Facility should:</i></p>		
<p>Until the Division of Juvenile Justice develops statewide policies and procedures for step-down transitional programs, develop local policies and procedures utilizing the guidelines of Institutions and Camps Branch Manual</p>	<p>Not Applicable</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Substantially Implemented. HGSYCF does not operate a step-down transitional program.</i></p>

Recommendation	Status	Comments
<p>section 7285 for the transitional program. These policies and procedures should provide a means by which to establish individual transition plans for wards in the program and to objectively measure and monitor wards' progress in achieving treatment goals. (February 2007)</p>		<p>Office of the Inspector General's comments: Because HGSYCF no longer has a separate transitional program, this recommendation is no longer applicable.</p>
<p>Maintain mandated services logs for wards in the transitional program such as those used in the special management program to record the level of mandated services delivered to those wards and to ensure that they receive a minimum of three hours out of their rooms daily. (February 2007)</p>	<p>Not Applicable</p>	<p>California Department of Corrections and Rehabilitation's response: <i>Fully Implemented. HGSYCF does not operate a step-down transitional program.</i></p> <p><i>In response to the Office of the Inspector General's 2009 Accountability Audit Report regarding 3-hours of daily out of room time for high risk youth at HGSYCF, the facility has developed a tracking system for all youth. In May 2009 HGSYCF implemented a monitoring system to document out of room program hours for all youth not in a restrictive program. Youth assigned to a restrictive program continue to have services recorded and monitored through the Ward Information Network database. As of July 2009 a Daily Summary Tracking Spreadsheet was developed to enhance the daily monitoring and recording of out of room activities on a weekly basis (Sunday-Saturday) to include recreation, education, counseling and other activities. Additionally, a comments section allows for documentation and explanation if 3-hours of out of room programming is not provided.</i></p> <p><i>YCCs are required to record in real time youth out of room activities and/or document why a youth did not receive the minimum mandate. The Daily Summary Tracking Spreadsheet is then reviewed weekly by the living unit SYCC and Treatment Team Supervisor/Supervising Casework Specialist (TTS/SCWS). The living unit supervisor and manager's review identifies trends or inconsistencies and makes applicable corrections as necessary. Living Unit Daily Summary Tracking Spreadsheets are forwarded to the Program Administrator at which time a second administrative review of youth out of room program time occurs. At the facility administrative level, additional trends may be observed and corrected.</i></p> <p><i>Each week, the Daily Summary Tracking Spreadsheets are forwarded to the Director of Juvenile Facilities for review. Division of Juvenile Justice (DJJ) Headquarters reviews out of room program (approximately 2,100-2,400 weekly records) documentation for occurrences of youth receiving less than 3-hours</i></p>

Recommendation	Status	Comments
		<p><i>and monitors the corresponding comments by staff. Identified trends and/or documentation not clear or inconsistent with policy are returned to the facility for review and action. Weekly reports are developed and forwarded to the Director of Facilities, Superintendent and Chief of Court Compliance showing how many youth records were reviewed, how many youth did not receive 3-hours daily program and the corresponding reasons these services were not received.</i></p> <p>Office of the Inspector General's comments: Because HGSYCF no longer has a separate transitional program, this recommendation is no longer applicable.</p>
<p>Conduct a progress case conference for each ward in the transitional program within 60 days of the initial conference and every 30 days thereafter to assess the ward's readiness to be transitioned to general population housing. (February 2007)</p>	<p>Not Applicable</p>	<p>California Department of Corrections and Rehabilitation's response: <i>Substantially Implemented. HGSYCF does not operate a step-down transitional program.</i></p> <p><i>Consistent with current departmental policy, it is the practice of HGSYCF that all youth classified as high risk participate in a case conference within five weeks of arrival to the living unit and every 30-days thereafter while classified as high risk for institutional violence. Upon moving to a lower risk classification, youth participate in case conferences every 120 days. During each case conference, the risk level of each youth is reviewed, affirmed, or modified based on the youth's behavior during the evaluation period. This is tracked in the WIN and monitored by the Director of Juvenile Programs. During the case conference process transition plans are developed for each youth to assist them to progress to a lower risk program.</i></p> <p>Office of the Inspector General's comments: Because HGSYCF no longer has a separate transitional program, this recommendation is no longer applicable.</p>

Special Review into In-Prison Substance Abuse Programs Managed by the California Department of Corrections and Rehabilitation

Finding 1

Numerous studies show that despite an annual cost of \$36 million, the Department of Corrections and Rehabilitation’s in-prison substance abuse treatment programs have little or no impact on recidivism. Moreover, the department has had this information for years but has failed to correct deficiencies identified by the studies and instead continues to open new programs. (February 2007)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Continue designing and implementing substance abuse treatment programs for inmates and parolees based on input and recommendations of substance abuse treatment experts and other expert-member groups. (March 2009)</p>	<p>Fully Implemented</p>	<p><i>California Department of Corrections and Rehabilitation’s response: Fully implemented. The Division of Addiction and Recovery Services (DARS)⁷ has been engaged in CDCR’s system-wide shift of prioritizing and improving rehabilitation services for offenders and parolees. DARS has worked to remake substance abuse treatment programs within the context of these Department-wide changes. As part of this process, DARS has solicited and received recommendations, input, and strategies to improve substance abuse treatment from several expert-member groups. These groups include the CDCR Expert Panel on Adult Offender and Recidivism Reduction Programming and the Governor’s Rehabilitation Strike Team. DARS has modified programs to incorporate the framework outlined in the California Logic Model into future substance abuse treatment services.</i></p> <p><i>DARS also collaborates with other expert member groups including the Treatment Advisory Committee (TAC) and the Policy Advisory Committee (PAC). DARS assembled the TAC, a group of substance-abuse treatment experts for day-to-day input regarding program design, program operations, pilot programs, and program assessments. The Policy Advisory Committee (PAC) includes senior officers from contracted service providers. The DARS Director convenes meetings of the PAC on a quarterly basis or as needed. PAC</i></p>

⁷ The department changed the name of the Division of Addiction and Recovery Services to the Office of Substance Abuse Treatment Services in August 2009.

Recommendation	Status	Comments
		<p><i>and DARS collaborate to ensure effective delivery of treatment services and to share best practices.</i></p> <p><i>Additionally, DARS has developed new approaches to treatment, based on the recommendations of these expert groups. These new service delivery models are based on a science-based, collaborative and integrated approach with other treatment areas such as education, vocation, mental health, etc. CDCR launched a pilot project at California State Prison, Solano in December 2008. The Solano Project allows the Division to implement and assess the effectiveness of its expanded treatment model, which includes strategies such as risk-needs assessments, risk-needs responsive treatment services, and integrated treatment services.</i></p> <p><i>These expert groups have provided significant feedback to DARS, including recommendations for appropriate primary and secondary risk-needs assessments and modifications to the therapeutic community (TC) model for the in-prison setting. In addition, recommendations from these groups have informed the Division’s approach to providing Gender-Responsive and Trauma Informed Treatment for female offenders.</i></p> <p>Office of the Inspector General’s comments: OIG inspectors reviewed the Treatment Advisory Committee (TAC) charter, which describes the structure and function of the committee. In addition, we reviewed documentation describing the expanded treatment model for the Office of Substance Abuse Treatment Services (OSATS), formally known as the Division of Addiction and Recovery Services. The treatment model is based upon input received from both internal and external substance abuse treatment experts.</p>
<p>For purposes of determining aftercare eligibility, define successful completion of an in-prison substance abuse program, such as number of hours or required participation or other specific achievements participants must attain. (February 2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully implemented. In order to develop a standardized method to track and measure an inmate’s success, CDCR has defined successful completion of In-Prison treatment as participation (attendance) and completion of 80 percent of the treatment services provided as determined by CDCR staff and the treatment provider.</i></p>

Recommendation	Status	Comments
		<p>Office of the Inspector General’s comments: The OSATS described the implementation of its new credit-earning program in a 32-page draft memorandum dated January 1, 2010. Our inspectors reviewed an attachment to the memorandum that defined the successful completion of an in-prison substance abuse program as an inmate’s completion of at least 80 percent of his or her treatment services.</p>
<p>Issue annual public reports that identify both short-term and long-term recidivism outcomes for all in-prison substance abuse programs. (February 2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully implemented. DARS, in coordination with the Department’s Office of Research has prepared and distributed an annual program performance report that includes return to custody rates at 12 and 24 months. In April 2008, DARS worked with the Department’s Office of Audits and Compliance (OAC) to develop a reporting tool on DARS’ program performance and return to custody rates. This report will be updated regularly.</i></p> <p><i>In 2007, DARS designed the Offender Substance Abuse Treatment Database to monitor and evaluate programs. Information is collected on offender participants receiving treatment services and matched with data from the CDCR Offender Information Services Branch (OISB) and the Distribute Data Program System on a monthly basis. DARS reports on one and two year recidivism rates of SAP participants with this data.</i></p> <p><i>In 2009, DARS developed an automated system to measure, collect, store, and report on hourly individual-level inmate attendance data for in-prison drug treatment and education services. The purpose of this project is for DARS to work with the Division of Education, Vocation and Offender Programs (DEVOP) and an Enterprise Information Systems (EIS) developer to build and implement an interim automated system to measure, collect, store, and report on hourly individual-level inmate attendance for all substance abuse programs (SAP). This new system has been named the Interim Computerized Attendance Tracking System (ICATS).</i></p> <p><i>ICATS functions as a performance indicator and measures whether DARS is meeting the AB 900 substance abuse treatment benchmark of 75 percent utilization.</i></p>

Recommendation	Status	Comments
		<p><i>Additionally, DARS expects to release its first annual report in September 2009.</i></p> <p>Office of the Inspector General’s comments: OIG inspectors reviewed OSATS’ June 2009 annual report, which was located on CDCR’s website. The report included data on the return-to-prison rates, by program, at one year and at two years for all inmates who had participated in OSATS’ in-prison substance abuse treatment programs.</p>

Finding 2

Responsibility for the failure of the state’s \$36 million in-prison substance abuse treatment programs rests with the Department of Corrections and Rehabilitation because it fails to hold providers accountable for meeting contract terms and places the programs in prison settings that undermine the treatment model. (February 2007)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Ensure that the Division of Addiction and Recovery Services specifies in contracts with program providers the minimum number of encounter group hours that each contractor must provide each week or month and institute a system to monitor contractor compliance. (February 2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: Fully implemented. The goal of DARS is to implement a science-based, collaborative and integrated approach to service delivery. Such services include but are not limited to: Therapeutic Community (TC), Cognitive Behavioral Therapy (CBT), Psycho-Educational Treatment and Interventions, Trauma Informed and Gender Responsive Treatment strategies, 12 step programs, relapse prevention, and self-help groups. These models seek to build social support networks as opposed to “encounter group sessions”, which can result in a confrontational approach to treatment. Research shows that confrontational groups are not effective with many populations, including females and young adults, whereas treatment environments based on safety, respect, and dignity are fundamental to motivating behavioral change.</p> <p>All DARS contracts since 2008 contain specific reference to the expected minimum hours of treatment, outputs, outcomes and performance measures.</p> <p>DARS has implemented several contract monitoring systems to assure compliance. A monthly Contractor Report is sent to DARS from each program each month. Also, a monthly Site Visit Report has been implemented for reporting on contract compliance in each location (this report is completed by a headquarters-based analyst after visiting each site). A more in-depth review, the Program Design and Assessment Team (PDAT) was implemented in January, 2007. The PDAT and monthly Site Visit Report were replaced in October 2008 by an improved compliance measurement tool – the Program Accountability Review (PAR). Contract compliance and performance is measured by the PAR and exceptions will be considered on a case-by-case basis. Programs will be adjusted or terminated if contract non-compliance or</p>

Recommendation	Status	Comments
		<p><i>failure to meet performance expectations persists.</i></p> <p><i>DARS has implemented the Interim Computerized Attendance Tracking System (ICATS), to record and track all utilization of treatment programs.</i></p> <p><i>In addition to internal monitoring tools, DARS will enforce contract compliance using other CDCR tools. The Performance Accountability and Improvement Process (PAIP) is a performance-based accountability process CDCR is developing for all in-prison rehabilitative programming. The PAIP aims to create statewide standards for the approach, structure, and process of rehabilitative programming. It also establishes equitable and accountable performance targets and allows CDCR to monitor achievement of these defined outcomes. The PAIP process was developed by Adult Programs, in collaboration with the Division of Adult Institutions (DAI) in FY 2008-09.</i></p> <p><i>CDCR's Office of Rehabilitative Program Planning and Accountability will also conduct periodic evaluations of all CDCR Divisions. The Correctional Program Checklist (CPC) will be administered to specified programs to ensure compliance with the Department's rehabilitation strategies outlined in the California Logic Model.</i></p> <p>Office of the Inspector General's comments: OIG inspectors examined the applicable sections of a June 2009 program provider contract where CDCR quantified the minimum number of encounter group hours that the contractor must provide to its program participants. We found that the contract scope of work requires the contractor to ensure that it provides 20 hours of treatment per week to each program participant.</p> <p>Our inspectors also examined OSATS' August 2008 draft procedures for its program accountability review of program providers' contract compliance, which OSATS refers to as its PAR tool. Section 3.3 of the PAR tool addresses the mandatory 20 hours of treatment per week that is specified in contracts and includes procedures that OSATS reviewers should perform to ensure that treatment providers meet those requirements. In addition, we reviewed a listing of the 39 compliance reviews OSATS conducted during calendar years 2008 and 2009 as well as the results of its testing of program hours for 35 applicable provider contracts.</p>

Recommendation	Status	Comments
<p>In locations where security or custody reasons prevent the department from completely isolating participating inmates, or if lockdowns continue to have a significant impact on a program even when its participants are isolated, the department should cease operating the substance abuse program at that location and redirect its funding for use in other programs. (February 2007)</p>	<p>Substantially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Substantially implemented. DARS sent teams to conduct site visits and assessments at all seven institutions identified by the OIG. DARS administration has relocated or modified programs at several sites, while several institutions are under continued monitoring. Attachment J shows the specific actions that have been taken and the current status at each of these sites.</i></p> <p><i>In the locations where DARS did not cease operations, significant improvements were made in lockdown reduction and daily inmate participation.</i></p> <p>Office of the Inspector General’s comments: OIG inspectors examined OSATS’ September 2008 action plan for the seven prisons, which described CDCR’s actions taken or CDCR’s plans to either close substance abuse treatment programs or find solutions to reduce the number of lockdowns and maintain successful programming. We also reviewed a weekly report from September 2009 that identified the status of the hours of operation for all in-prison substance abuse programs (SAP). The report showed that SAP programs were still in operation at five of the seven facilities and that most programs at those institutions operated 100 percent of the time.</p>

Finding 3

The bidding process used by the Office of Substance Abuse Programs to select in-prison substance abuse program providers neither fosters competition nor ensures that the state receives the highest quality services for the lowest possible price—or the best value for the \$144 million represented in the current multiple-year contracts. Elements of the process also violate state contracting law. (February 2007)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Continue to reevaluate the substance abuse program contracting process. If the department elects to use a different contracting method to correct the deficiencies noted in this finding, the Office of the Inspector General recommends that the department establish a cross-functional team consisting of the Department of General Services, the Division of Addiction and Recovery Services, the department’s contracting unit, and other contracting experts to consider the invitation for bid, primary request for proposal, or other alternative contracting methods. (February 2007)</p>	<p>Substantially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Substantially implemented. DARS consulted with the Department of General Services (DGS) staff regarding with questions associated with non-competitive bids and future bidding options. In May and June 2008, DARS met with the Legal and Procurement offices and discussed the unique nature of DARS contracts. DGS legal recommended that DARS enter into multi-year contracts with options to continue based on performance. They further recommended that DARS require multiple bids for contracts to anticipate growth during the term of the contract. These and other changes have been made to improve DARS’ contracts. DARS will continue to work with DGS and CDCR Office of Business Services (OBS) to adopt appropriate contracting strategies.</i></p> <p><i>In Spring 2008, DARS renewed contracts for 10 of its existing in-prison SAPS. DARS also began developing eight new contracts to establish the 2,000 beds in AB 900. DARS will continue to implement changes as these contracts proceed. In order to address OIG concerns, the current RFP process includes more detail and clarity about deliverables and performance measures which will be evaluated and tracked regularly. In an effort to explore other changes in the process, DARS partnered with CDCR Contract Services to develop new approaches to:</i></p> <ul style="list-style-type: none"> <i>a) Improve DARS current bidding process</i> <i>b) Solicit more bidders</i> <i>c) Establish effective rating/review committee</i> <i>d) Better handle protest issues</i>

Recommendation	Status	Comments
		<p><i>e) Minimize any ability contractors may have to manipulate scoring</i> <i>f) Expedite the bidding process</i></p> <p><i>DARS is using the Invitation For Bid (IFB) process for the first time this FY. The IFB will eliminate the need for review teams. DARS is also exploring alternative procurement processes such as master service agreements and solicitations to public entities.</i></p> <p><i>DARS will continue to work with DGS and our own Office of Business Services (OBS) to improve this process.</i></p> <p>Office of the Inspector General's comments: OIG inspectors reviewed OSATS' September 2008 summary of the topics discussed and actions taken as a result of its meetings with the Office of Budget Services regarding SAP contracting issues. We also verified that OSATS now uses the Invitation For Bid (IFB) process.</p>

Finding 5

The Office of Substance Abuse Programs has failed to adequately monitor in-prison substance abuse program providers for compliance with contract terms and has not established a quality improvement process to identify improvement opportunities. (February 2007)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Ensure that the Division of Addiction and Recovery Services follows its policy requiring it to conduct biannual compliance reviews of its in-prison substance abuse programs and consider the results of those reviews in future contracting decisions. (February 2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully implemented. In January 2007, DARS established the Program Design Assessment Team (PDAT) to monitor all contracts. From February 2007 through December 2007, PDAT conducted site visits at 15 institutions, many of which operate multiple programs. In April 2008, DARS initiated the development of the Program Accountability Review (PAR) tool. The PAR is based on deliverables and performance measures, and will ensure compliance with all contracts. It also replaces the PDAT and current DARS Program Managers’ site review tool. The PAR is administered quarterly and standardizes the monitoring of contract compliance. Although interrupted by travel freezes last year, approximately 40 PAR’s have been completed. In order to ensure contract compliance, the PAR’s are currently exempt from travel freezes.</i></p> <p><i>Programs that are unsuccessful in their PAR and fail to conduct appropriate corrective action will now be terminated. However, DGS advised that even after termination for cause, a contractor cannot be barred from future bidding opportunities.</i></p> <p>Office of the Inspector General’s comments: We reviewed several documents that OSATS provided in support of CDCR’s response, including sections of its June 2008 request for proposal (RFP) used to solicit SAP contractors. Those sections of the RFP indicate that OSATS will conduct annual, rather than biannual, evaluations of each program and that a provider’s failure to perform satisfactorily or implement corrective action (recommended by OSATS) could result in contract termination. We also reviewed September 2008 correspondence from CDCR’s legal counsel staff</p>

Recommendation	Status	Comments
		<p>confirming the legality of the specific sanctions for non-compliance that were identified in the RFP.</p> <p>In addition, our inspectors reviewed a July 2008 memorandum that describes OSATS' performance accountability and improvement process and its draft PAR procedures for conducting contract compliance reviews. Furthermore, OSATS provided us with a listing of 29 program accountability reviews its staff conducted during calendar year 2009 and ten reviews conducted in 2008.</p>
<p>Consider including in future contracts intermediate remedies that would allow it to enforce contractor compliance. (February 2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation's response: <i>Fully implemented. DARS contracts now contain a list of performance measures and a series of sanctions that will be imposed if providers do not comply with terms of the contract.</i></p> <p>Office of the Inspector General's comments: As addressed above, OIG inspectors reviewed sections of a June 2008 RFP and correspondence from CDCR's legal counsel. The RFP identified specific sanctions available for contractors' non-compliance with contract terms and the legal counsel correspondence confirmed that those sanctions were appropriate and enforceable.</p>
<p>Implement a continuous quality improvement process that includes the following steps:</p> <ul style="list-style-type: none"> Identify the best and worst practices among the in-prison substance abuse program providers and ensure that poor-performing providers take corrective action to change their programs and adopt applicable, successful practices of the top-performing providers. (February 2007) 	<p>Substantially Implemented</p>	<p>California Department of Corrections and Rehabilitation's response: <i>Fully implemented. DARS' focus has been on improving the treatment model with evidenced-based practices, identifying performance measures, and maintaining accountability and contract compliance. Results of the In-Prison Program Accountability Review (PAR) tool now allow DARS to identify and document best and worst practices.</i></p> <p><i>The PAR ensures that corrective action is being taken, and that remedial measures are implemented. As part of the PAR, best practices are suggested, along with other corrective actions.</i></p> <p><i>The Policy Advisory Committee (PAC) is also a forum for sharing best practices with providers. Program managers assist contractors with identified problems during the interim periods between reviews. Best practices are</i></p>

Recommendation	Status	Comments
		<p><i>included as a means of program improvement. TAC and DARS will evaluate program innovations and identify improvements to services that can contribute to program success.</i></p> <p>Office of the Inspector General’s comments: We recognize that OSATS has implemented new tools and processes to evaluate and monitor its program providers and enhance program success. However, according to OSATS’ deputy director, the last time the Policy Advisory Committee (PAC) met was in January 2009. To enable program providers to share the best and worst practices identified during OSATS’ program reviews and to ensure that poor-performing providers take timely corrective action to change their programs, we believe that the PAC should meet more often than once a year. Therefore, the OIG concludes that CDCR has only substantially implemented this recommendation.</p>
<ul style="list-style-type: none"> Identify pertinent measures of performance and methods of capturing and analyzing key information. (February 2007) 	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully implemented. The PAR, described above, identifies and evaluates pertinent measures of performance. It is modeled after the University of Cincinnati’s “Correctional Program Checklist” (CPC) – a validated tool used widely for performance evaluation. It effectively determines if individual treatment programs are adhering to evidence-based practices.</i></p> <p>Office of the Inspector General’s comments: OIG inspectors reviewed OSATS’ draft PAR tool and found that it identifies procedures for measuring program providers’ performance and capturing and analyzing key information.</p>
<ul style="list-style-type: none"> Beginning in 2007, conduct regular meetings with program providers to share best practices and pertinent performance measures. (February 2007) 	<p>Substantially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully implemented. DARS established the Policy Advisory Committee (PAC) to create a forum for sharing best practices with providers. The Policy Advisory Committee (PAC) includes senior officers from contracted service providers. The DARS Director convenes the PAC on a quarterly basis or as needed. PAC and DARS collaborate to ensure effective delivery of treatment services and to share best practices.</i></p>

Recommendation	Status	Comments
		<p>Office of the Inspector General’s comments: The PAC members met in October 2007 and again in January 2009 to share best practices among providers. Also, OSATS used its PAR tool, which identifies procedures for measuring program providers’ performance, to conduct evaluations of 39 programs during calendar years 2008 and 2009. However, for program providers to benefit from sharing best practices and performance measures, they need to communicate that information with each other more often than once a year. Therefore, the OIG concludes that CDCR has only substantially implemented this recommendation.</p>

Special Review into the California Department of Corrections and Rehabilitation's Release of Inmate Scott Thomas

Finding 1

The contents of this finding and the related recommendations are redacted because of their confidential nature.

This finding is based on specific health care information for Thomas. To comply with state and federal privacy laws, the OIG removed the text of the finding and two of the five recommendations that were not substantially implemented at the time we began this follow-up review.

Finding 4

Despite Division of Adult Parole Operations and San Quentin staff's failure to follow department procedures, the prison reception center's correctional counselor III should have known state law prohibited Scott Thomas's release on a Friday. (October 2007)

Recommendation	Status	Comments
<p><i>The Division of Adult Parole Operations should:</i></p>		
<p>Monitor the work of the parole staff who did not follow policies and procedures in identifying Thomas as high control and who failed to notify the institution of the inmate's release plans and reporting instructions. Continue monitoring this work until those staff members are consistently complying with policies and procedures. If appropriate, provide remedial training or take disciplinary action. (October 2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation's response: <i>Fully Implemented. The institution was notified of Parolee Thomas' High Control status as indicated in the 611 dated December 4, 2002. Further, it also states parolee's High Control status in the chronological history dated 12/11/02; 8/19/03; 9/6/05; and 12/5/06. All attached.</i></p> <p><i>Unit Supervisor, K. Volbeda conducted a unit meeting on July 2, 2008 followed by additional unit meetings regarding "Designation of Penal Code Section 3060.7 Cases," in the attached unit meeting agenda. Further, one on one training was given with each agent the last two years. Unit Agents were trained to annotate the CDC 611 and CDC 1244 with captions clearly indicating 3060.7 PC statuses on forms that pre-date CDCR 611 and CDCR 1244(date revised October 2006.) On these newer forms the 3060.7 PC check box is to be marked. Following the meeting, US Volbeda and PAII Herschberg reviewed unit procedure to ensure that the 3060.7 PC review process was adequately in place.</i></p> <p><i>Policy 08-28 and PC Section 3060.7 release date adjustments for inmates scheduled for release on a Friday or days before a holiday have been covered in the San Fernando Valley District Meetings held with US's; PAII's; and SPT's present on a regular basis. Specifically in district meetings dated on 1/8/07; 1/23/08; 8/26/08 and 6/11/09. Agendas and sign-in sheets attached are provided for the four district meetings indicated. In the meetings it was discussed to ensure the box is checked on the 611 and 1244 forms to indicate 3060.7 cases when appropriate and the importance of notifying the institution of 3060.7 cases. Policy memo 08-28 and PC Section 3060.7 release date adjustments for 2007, 2008, and 2009 were passed out to all staff.</i></p> <p><i>Note it is this administrator's opinion that these issues have been fully covered</i></p>

Recommendation	Status	Comments
		<p><i>in the district for over two (2) years, and further, monitoring of procedures in the future are not necessary. Yearly 3060.7 release date calendars and instructions will still be passed out to staff and the importance of noting High Control cases to the institution will continue to be stressed.</i></p> <p>Office of the Inspector General's comments: We reviewed the Division of Adult Parole Operations' policy 08-28 dated June 2008, related to the designation of Penal Code section 3060.7 (high-risk classification) cases; CDCR's 611 form, which is a parolee release plan; and the 1244 form, which is a parole violation tracking log applicable to cases returned to custody for parole violations. For parolees who are subject to the high-risk designation, parole staff are required to note the high-risk classification on both forms. This assists prisons in identifying parolees who are subject to specific parole reporting requirements once they are released from custody.</p> <p>In addition, we reviewed in-service training attendance records and found that statewide procedural training is taking place to inform employees and supervisors of the proper protocols to be followed related to inmates with Penal Code Section 3060.7 release dates. Furthermore, we contacted a parole administrator and obtained verbal confirmation that general state-wide procedures are in place for parole supervisors to monitor parole agents' cases on a regular basis.</p> <p>We are concerned, however, that in CDCR's response the program administrator indicated that they have been adequately covering the topic for over two years and that future monitoring of the procedures is not necessary. The OIG believes that monitoring is a continuous process that helps ensure policies and procedures are consistently and continually applied.</p>
<p><i>The Office of Audits and Compliance should:</i></p>		
<p>Audit the Division of Adult Parole Operations' compliance with the above policies and procedures. The division should use the findings from this audit to train and discipline staff as appropriate. (October 2007)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation's response: <i>Partially Implemented. The Office of Audits and Compliance is scoping an audit of DAPO's compliance with policies and procedures currently in place to prevent inmates from being released prior to eligibility for parole to be included in the 2009/10 audit plan. OAC's 2009/10 audit plan is currently</i></p>

Recommendation	Status	Comments
		<p><i>being created and the exact date of the audit is not yet determined.</i></p> <p>Office of the Inspector General's comments: We reviewed the OAC's fiscal year 2009-10 audit plan and noted that it did not include a planned audit of the Division of Adult Parole Operations. While we understand that the back-log in other CDCR management audit requests, coupled with the state's employee furlough program, may have prevented OAC from scheduling the audit, we also note that CDCR has known about the reported finding for over two years. Therefore, the OIG considers the recommendation not implemented.</p>

California Institution for Women Quadrennial and Warden Audit

Finding 1

The aging and overcrowded institution has fallen into disrepair, and many buildings have become inadequate, yet the institution still waits for overdue repair funds from department headquarters. (December 2007)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Using the results of the inspection, identify all maintenance and safety problems and generate a corrective action plan. (December 2007)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. Facilities Management met with staff members from California Institution for Women (CIW) on June 13, 2008 to review and discuss their facility assessment documents. Facilities Management provided a requirement list report to CIW listing any time-sensitive priorities. The requirement list was used by CIW to develop their long-term plan of action for maintenance projects/issues at CIW. \$226,000 was appropriated to assist CIW in repair projects but was returned to the general fund prior to being used due to the fiscal budget crisis.</i></p> <p>Office of the Inspector General’s comments: OIG inspectors reviewed CIW’s five-year plan, which identifies maintenance and safety projects and fiscal year resources needed to implement planned projects. We also reviewed a June 2009 directive from CDCR’s Chief of Staff advising CDCR facilities that the funds had been disencumbered for contracts. Although a corrective action plan was generated, funding was not provided to support the maintenance issues identified in the five-year plan.</p>
<p>Using the corrective action plan, identify staffing requirements and resources necessary to complete repairs and maintain the institution’s infrastructure. (December 2007)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. Facilities Management prepared a Statewide Budget Change Proposal for special repair projects, deferred maintenance projects and additional plant operation staffing. \$226,000 was appropriated to assist CIW in repair projects but was returned to the general fund prior to being used due to the fiscal budget crisis.</i></p>

Recommendation	Status	Comments
		<p>Office of the Inspector General's comments: As addressed above, CIW documented repair and maintenance projects in its five-year plan, but due to the state's fiscal crisis, CDCR disencumbered funds that were set aside for such projects.</p>

Finding 2

The attendance rate is poor in education classes because of frequent cancellations and other factors. (December 2007)

Recommendation	Status	Comments
<i>The California Institution for Women and the management of the El Prado Adult School should:</i>		
<p>Ensure that the classrooms have adequate air conditioning by obtaining sufficient capital outlay funding to purchase and install appropriate air conditioning units. (December 2007)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. Concept Paper has been received from the institution and is under consideration for development as a Capitol Outlay Budget Concept Proposal (COBCP) for Fiscal Year 2010-2011. This COBCP funding to purchase and install appropriate air conditioning units. (Pending approval process).</i></p> <p>Office of the Inspector General’s comments: OIG inspectors reviewed CIW’s capital outlay concept papers for fiscal year 2010-11, which included a request to install air conditioning in education buildings at an estimated cost of \$1.067 million. According to both the associate warden for business services and the capital outlay analyst, funding for the project was included in CIW’s COBCP for fiscal year 2010-11 as a priority number 39 out of 40. If CDCR does not fund the air-conditioning units, CIW will resubmit the request for fiscal year 2011-12 funding as its number one priority.</p>

Finding 3

The California Institution for Women does not always assign inmates with low reading abilities to adult basic education classes. (December 2007)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Compare the inmate literacy requirements contained in its Operations Manual section 101010.1 with those of Penal Code section 2053.1 and change the department Operations Manual as necessary. (December 2007)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. The Office of Correctional Education (OCE) reviewed current state laws related to inmate literacy and allocated a teacher position to provide educational services in the form of an independent study model for those inmates below the 9.0 grade reading level.</i></p> <p><i>In lieu of changes to the Department Operations Manual (DOM), direction was given to the institutions by the OCE and the Division of Adult Institutions to revise their Pro-Literacy Operational Procedure to come into compliance with Penal Code (PC) Section 2053.1. The OCE is in the final phase of collecting the revised operating procedures.</i></p> <p>Office of the Inspector General’s comments: According to the associate warden for education, CIW hired an additional teacher in the independent study program for inmates reading below the 9.0 level.</p>
<p>Assess whether legislative exemptions from current state laws related to inmate literacy are needed for the inmate firefighting program, especially during dry years. (December 2007)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. OCE reviewed current state laws related to inmate literacy and allocated a teacher position to provide educational services to the female campers in the form of an independent study model for those inmates below the 9.0 grade reading level.</i></p> <p><i>In lieu of changes to the DOM, direction was given to the institutions by the OCE and the Division of Adult Institutions to revise their Pro-Literacy Operational Procedure to come into compliance with PC Section 2053.1. The OCE is in the final phase of collecting the revised operating procedures.</i></p>

Recommendation	Status	Comments
		<p>Office of the Inspector General's comments: CIW's chief deputy warden told us that inmates must meet the 6.0 literacy grade level to be accepted into the fire camps, and that they continue to receive classroom time to meet the 9.0 grade level literacy requirement while at the camp. However, the associate warden for education told us that CIW's education staff at the fire camps will soon move back to the prison, due to budget cuts. Therefore, we changed the status of this recommendation to not implemented as inmates at the fire camps will not be receiving educational services.</p>

Finding 4

Inmates sent to off-site medical specialists do not always receive prompt follow-up medical care. (December 2007)

Recommendation	Status	Comments
<p><i>The California Department of Corrections and Rehabilitation's Division of Health Care Services and the California Health Care Receivership should:</i></p>		
<p>Assess the possible causes for the delays in providing inmates with prompt follow-up care, including the timely scheduling of appointments and whether there are too few doctors available to meet the 14-day requirement, and take appropriate corrective action. (December 2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation's response: <i>This recommendation is under the auspices of the Receiver who will respond directly to the OIG.</i></p> <p>California Prison Health Care Services' response: <i>Fully Implemented. CIW has been performing monthly focused audits to diligently achieve and maintain compliance in this area. The monthly audits are reported to the Quality Management Committee and reviewed by the Specialty Care Subcommittee. Focused audits conducted since 2008 show an average overall compliance that exceeds 90%.</i></p> <p>Office of the Inspector General's comments: OIG inspectors reviewed documentation from the August 2009 committee meeting minutes showing the results from auditing the California Prison Health Care Services' compliance with the 14-day follow-up requirement. The results showed a compliance rate of 90 percent in June 2009 and an average compliance rate of 84 percent for calendar year 2008. The documentation indicates that the required compliance rate is 85 percent.</p>

Finding 6

The visiting center staff does not consistently adhere to visiting policies and regulations, increasing the risk of visitors bringing banned materials into the institution. (December 2007)

Recommendation	Status	Comments
<i>The California Institution for Women should:</i>		
Implement measures to address the high turnover of custody staff assigned to the visiting area. (December 2007)	Fully Implemented	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully Implemented. In May 2008, CIW contacted the Prison Industry Authority regarding the status of the new Visiting Processing Center being built. In September 2008, the New Visiting Processing Center was completed and is being utilized. The processing center and visitor center was too small confined quarters for staff to work. These changes made it a more desirable area to work. In September 2008, a Correctional Lieutenant was added to Visiting Room staffing which enhanced direct supervision in which the staff was more willing to retain their bid position. CIW has maintained consistent staffing for over one year.</i></p> <p>Office of the Inspector General’s comments: CIW’s Public Information Officer (PIO) confirmed that the processing center at the prison was completed and that the facility can now accommodate visitors and staff. The PIO also confirmed that staffing at the facility has been consistent for a lengthy period.</p>

<p><i>The California Department of Corrections and Rehabilitation should:</i></p>		
<p>Perform an analysis of the visiting center staffing levels at the three adult women’s correctional facilities to determine whether appropriate staffing exists at each facility based on the average number of visitors each institution processes daily and the physical layout of each visiting facility. (December 2007)</p>	<p>Partially Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. A staffing analysis was completed in August 2008. It was determined that additional staff was needed and a request for 3.0 personnel year positions for visitor center staffing is being prepared for consideration in the 2010-11 budget year.</i></p> <p>Office of the Inspector General’s comments: OIG inspectors reviewed the August 2008 analysis of visiting center staffing levels at the three women’s prisons. The analysis supported a budget change proposal for fiscal year 2009-10 requesting three new positions for the visiting center. According to CIW’s assignment lieutenant, CIW has not increased its staffing levels for the visiting center since the OIG completed its audit in 2007.</p>

Special Review into the Shooting of Inmate Daniel Provencio

Finding 2

A number of contributing factors may have accounted for the control booth officer’s inaccurate placement of the 40 mm projectile, including inadequate training on the weapon and the lack of a consistent policy at Wasco for qualification with the 40 mm launcher. (June 2005)

Recommendation	Status	Comments
<i>The California Department of Corrections and Rehabilitation should:</i>		
<p>Develop a more comprehensive training component covering the use of direct-impact weapons from an elevated post. (June 2005)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. Currently, not all of the Department’s institutions have elevated platforms at the range for qualification. However, the Basic Correctional Officer Academy (BCOA) and Office of Correctional Safety (OCS) have revised the Impact Munitions Instructor’s Guide to address the use of a direct impact weapon from an elevated post and at moving targets. The BCOA has constructed a platform and have purchased moving targets. The cadets are currently being trained to discharge a weapon from the elevated post at moving targets.</i></p> <p><i>Although the Department has revised the Impact Munitions Instructor’s Guide and distributed the revision to all institutions on November 4, 2008, the Department will not mandate the firing of the 40MM from an elevated post and/or at a moving target.</i></p> <p>Office of the Inspector General’s comments: Based on CDCR’s response, we find that this recommendation is not implemented. We commend CDCR for implementing revised training methods for its cadet officers prior to their deployment to the prisons. Shooting from an elevated position and at moving targets provides the cadets with more realistic training. The problem, however, is that CDCR has chosen not to continue this training once an officer is at the prison. Consequently, the officer’s proficiency is not maintained.</p>

Recommendation	Status	Comments
<p>Develop a comprehensive training component that includes training on how to effectively and safely employ the 40 mm launcher against a moving target. (June 2005)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Partially Implemented. Currently, not all of the Department’s institutions have elevated platforms at the range for qualification. However, the BCOA and OCS have revised the Impact Munitions Instructor’s Guide to address the use of a direct impact weapon from an elevated post and at moving targets. The BCOA has constructed a platform and have purchased moving targets. The cadets are currently being trained to discharge a weapon from the elevated post at moving targets.</i></p> <p><i>Although the Department has revised the Impact Munitions Instructor’s Guide and distributed the revision to all institutions on November 4, 2008, the Department will not mandate the firing of the 40MM from an elevated post and/or at a moving target.</i></p> <p>Office of the Inspector General’s comments: Based on the CDCR’s response, we find that this recommendation is not implemented. See the OIG’s comments for the preceding recommendation.</p>
<p>Ensure that every officer assigned to an armed post as part of his or her regular or special assignment (which includes relief, voluntary overtime and trades/swaps, permanent intermittent, etc.) must complete a weapons proficiency course on a quarterly basis. (June 2005)</p>	<p>Not Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Not Implemented. The California Department of Corrections and Rehabilitation does not agree that quarterly training of all custody staff is reasonable with the current state financial crisis. However, CDCR will continue to review and assess the ability to quarterly qualify all correctional officers that may be assigned to an armed post as part of his or her regular or special assignment.</i></p> <p>Office of the Inspector General’s comments: Based on CDCR’s response, we agree that CDCR should continue to review and assess the viability of quarterly qualifying those correctional officers assigned to armed posts. We hope that CDCR requires that everyone assigned to an armed post, even for one day, be properly trained. Improperly trained officers can jeopardize the safety of inmates and staff members and create legal liability if an officer is involved in a shooting deemed improper.</p>

Special Review of 23-and-1 Confinement

Finding 1

A significant portion of the wards interviewed said they were deprived of their rights while housed in temporary detention units. (December 2000)

Recommendation	Status	Comments
<i>The Division of Juvenile Justice should:</i>		
<p>Review its methods for tracking mandated services to wards and implement procedures to ensure that weekly and monthly, as well as daily, services are provided and accurately documented. (December 2000)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully implemented. The implementation of Temporary Departmental Orders 07-82 Restricted Program, 07-83 Delivery of Mandated Services, and 07-85 Temporary Detention as well as additional staff training and oversight has elevated the Division of Juvenile Justice’s (DJJ) status to fully implemented. The DJJ completed a revision of the Restricted Program Policy on March 9, 2007. Training associated with this policy was completed and the implementation date was May 1, 2008. Facilities operate only from Institutions and Camps Manual Restricted Program Policy Section 7200-7285 dated March 9, 2007. To ensure youth are receiving 3-hours of program per day DJJ has an enhanced monitoring process with headquarters oversight. The April 30, 2008 completion of Ward Information Network (WIN) Exchange provided a system wide capability allowing DJJ headquarters to track daily mandated services electronically. Weekly, headquarters reviews out of room program documentation for occurrences of youth receiving less than 3-hours and monitors the corresponding comments by facility staff. On a monthly basis, DJJ headquarters reports to facilities on deficient youth mandated service records and directs facilities to develop plans to ensure youth receive 3-hours of daily programming. Facilities respond to the Director of Facilities with a memorandum documenting deficient youth records and their plan to ensure a minimum 3-hours program is provided. Each facility continues to have staff assigned to monitor mandated services and the implementation of the restricted program policy.</i></p>

Recommendation	Status	Comments
		<p>Office of the Inspector General’s comments: OIG inspectors reviewed July 2009 tracking logs and monitoring reports for one juvenile justice facility. We found that facility staff tracked wards’ daily program hours and out-of-room time on separate logs. Custody staff members entered notes on the daily logs when wards did not receive their mandated three hours of daily program and services, and supervisors commented on staff members’ notes when they needed more information. We also reviewed weekly and monthly summaries of wards’ out-of-room time and samples of weekly memorandum reports used by the director of the Division of Juvenile Facilities to monitor the facility’s compliance with the three-hour requirement.</p> <p>In addition, we reviewed high school attendance logs for the month of July 2009 and supporting daily attendance sign-in sheets. Similarly, we reviewed daily counseling attendance sheets that identified the material covered. The daily attendance sign-in sheets and monthly logs were reviewed by teachers or group leaders and supervisors, as appropriate. Finally, we reviewed samples of counselors’ case conference notes and verified that follow-up case conferences are set up within 30 days of the last case conference.</p>

Finding 2

The reasons for wards’ detention were not clearly documented. (December 2000)

Recommendation	Status	Comments
<p><i>The Division of Juvenile Justice should:</i></p>		
<p>Include in its restricted programs and temporary detention policy the mandate that wards in restricted programs—including wards assigned to temporary detention—be allowed at least three hours outside their rooms every day, and incorporate the policy in the Division of Juvenile Justice Institutions and Camps Branch Manual. (2007)</p>	<p>Fully Implemented</p>	<p>California Department of Corrections and Rehabilitation’s response: <i>Fully implemented. On August 24, 2009 the DJJ modified the Restricted Program Policy Manual Section § 7220, to include a clear statement requiring all restricted program youth receive 3-hours programming daily. The policy now states:</i></p> <p><i>“The department’s goal is to provide program services to youth in the least restrictive environment, while maintaining the safety and security of the facility. Whereas each mandated service has a specific time allotted for its delivery, all youth shall be afforded the opportunity to be out of their room on a daily basis a combined total of 3-hours each day, unless safety and security preclude such activity. Safety and security issues precluding out of room activity shall be approved by the supervisor (Mandated Services Section § 7220) and documented in the daily Mandated Services log in WIN as a denial of service for that day.”</i></p> <p><i>This addition along with continued oversight of restricted programs has clearly established 3-hours as the minimum acceptable duration for which youth shall be out of their rooms.</i></p> <p>Office of the Inspector General’s comments: The OIG reviewed CDCR’s Division of Juvenile Facilities current Institutions and Camps (I&C) manual section 7220 and found that the language now asserts that “all youth shall be afforded the opportunity to be out of their room on a daily basis a combined total of 3-hours each day, unless safety and security preclude such activity.”</p>

Attachment 1

Response from the California Department of
Corrections and Rehabilitation

OFFICE OF THE SECRETARY

P.O. Box 942883
Sacramento, CA 94283-0001



June 30, 2010

Mr. David R. Shaw
Inspector General
Office of the Inspector General
P.O. Box 348780
Sacramento, CA 95834-8780

Dear Mr. Shaw:

This letter is being submitted in response to the Office of the Inspector General's (OIG) *Accountability Audit: Review of Audits of the California Department of Corrections and Rehabilitation 2000-2008*. We appreciate your acknowledgment that we have implemented the majority of the OIG's recommendations. In those areas where we have not, we want to assure you that work will continue towards implementation of all recommendations, however the nature of the current fiscal situation creates challenges in many areas.

Nonetheless, we have strived to address those areas where the OIG's recommendations are not yet implemented. For example, to ensure necessary and appropriate cell searches are being completed and tracked at Salinas Valley State Prison (SVSP), a local operational procedure was developed and is currently in place to assist the tracking and follow up of required building and cell searches. The institution has made significant strides in enhancing their local cell search procedures and believes that with additional focus, all levels of responsibility can achieve full implementation associated with expectations for completing, reporting, and maintaining appropriate accountability for conducting cell searches.

Further, your report states that SVSP has not implemented a process to ensure that Use of Force (UOF) Incident Reports are submitted within a timely manner and receive an initial review within 30 days of their reported occurrence. We are in the process of revising the UOF Policy and Regulations that will require that all UOF Incident Reports receive an initial review within 30 days of their reported occurrence. The revised regulations are currently with the Office of Administrative Law pending approval. Additionally, SVSP has experienced situational vacancies within their UOF Coordinator Position, which has contributed to other issues experienced locally during calendar year 2009. SVSP will endeavor to completely absorb this backlog during the current year, which will soon also incorporate the Department's revised UOF Policy and UOF Review expectations.

Mr. David R. Shaw

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In addition, the OIG would like SVSP to increase the academic education opportunities available to inmates. Early in 2010, education opportunities for inmates were increased, however budget reductions resulted in subsequent decreases.

We would like to thank the OIG for allowing us the opportunity to comment on the special review and value your continued professionalism and guidance in our efforts to improve our operations. CDCR's Office of Audits and Compliance will monitor and document the Department's progress in addressing the report's recommendations. If you should have any questions or concerns, please call my office at (916) 323-6001.

Sincerely,



MATTHEW L. CATE
Secretary

Attachment 2

Response from the California Prison Health Care Services

The California Prison Health Care Services concurred with the OIG report and did not prepare a formal response.