

(POST-START ON THIS PAGE AND THEN THE BACK AND SO FORTH).

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SECURITY THREAT GROUP CERTIFICATION WORKSHEET

A. NAME OF GROUP

B. NAME OF INSTITUTION

C. HISTORY OF INCIDENTS, BEHAVIORS, AND ACTIONS OF THE GROUP

(Narrative - be specific with dates, incident log numbers, etc.)

D. NUMBER OF OFFENDERS INVOLVED

E. CURRENT HOUSING OF OFFENDERS IN GROUP

(GP, SNY, ASU)

F. DESCRIPTION OF HISTORY AND PHILOSOPHIES (if known)

(Narrative - be specific with dates and document descriptions where this information was collected from)

G. DESCRIPTION OF RANKING STRUCTURE

(Narrative - be specific)

H. DESCRIPTION OF RECRUITMENT METHODS OR STRATEGIES

(Narrative - be specific with dates and document descriptions where this information was collected from)

I. DESCRIPTION OF IDENTIFYING SIGNS AND SYMBOLS

(Narrative - be specific with descriptions and photographs (if available))

J. ROSTER OF MEMBERS/ASSOCIATES/SUSPECTS

(Separate list may be attached)

For items C, F, G, H, and I - Submit copies of documentation supporting the statements included on this worksheet.

K. STAFF COMPLETING FORM

NAME:

RANK:

DATE:

L. SIGNATURE OF APPOINTING AUTHORITY

John Q. Public
Warden
California State Prison

DATE:

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION Advisement of Expectations

It is the mission of the California Department of Corrections and Rehabilitation (CDCR) to preserve public safety and provide offenders with opportunities to take responsibility for their lives and improve their chances of becoming productive members of the community.

The CDCR maintains a zero tolerance for gang and security threat group activities and behavior. Within the CDCR, prison gangs, street gangs, and disruptive groups are referred to as Security Threat Groups (STG). CDCR maintains a pro-active approach to STG management.

Offenders found guilty of violating criminal or administrative statutes shall be dealt with in a manner consistent with department policy. This shall include, but not be limited to, loss of privileges, increase in custody level, loss of work credits, segregation from the general population, and/or referral for criminal prosecution.

It is your responsibility to abstain from activities that assist, promote, or endorse any STG within or outside this facility/institution. Your responsibility includes familiarizing yourself with laws and regulations that govern STG activity including the Security Threat Group Instructional Memorandum, California Code of Regulations (CCR), Title 15, Division 3, Sections 3000, 3023, 3314, 3315, 3323, 3341.5, and 3378, and Department Operations Manual Chapter 5 Article 22. Some of which are outlined below.

CCR (Pilot), Section 3314, Administrative Rule Violations, states in part:

(a)(3) Administrative rule violations include but are not limited to:

- (a)(3)(L) Security Threat Group Contraband: Possessing or displaying any distinctive materials, symbols, clothing, signs, colors, artwork, photographs, or other paraphernalia associated with any Security Threat Group.
- (a)(3)(M) Security Threat Group Behavior: Demonstrating or exhibiting any unique behaviors clearly associated with a STG that promotes, furthers or assists any Security Threat Group.

Examples of this behavior or activities include:

- ❖ Active Participation in STG Roll Call;
- ❖ Participating in STG Group Exercise;
- ❖ Using hand signs, gestures, handshakes, slogans, distinctive clothing, graffiti which specifically relate to an STG;
- ❖ In Possession of Artwork (other than self created and not original) clearly depicting recognized STG symbols;
- ❖ In Possession of Photographs that depict STG Association. Must include STG connotations such as insignia, symbols, or other validated STG affiliates.

CCR (Pilot), Section 3315, Serious Rule Violations, states in part:

(a)(3) Serious rule violations include but are not limited to:

- (a)(3)(Y) Security Threat Group Directing or Controlling Behavior: Demonstrating activity, behavior or status as a recognized member and/or leader of an STG, which jeopardizes the safety of the public, staff, or other inmate(s), and/or the security and order of the institution.
- (a)(3)(Z) Security Threat Group Disruptive or Violent Behavior: Demonstrating involvement in activities or an event associated with a STG, which jeopardizes the safety of the public, staff, or other inmate(s), and/or the security and order of the institution.

CCR (Pilot), Section 3323, Disciplinary Credit Forfeiture Schedule, states in part:

(h) Division "F" offenses; credit forfeiture of 0-30 days.

- (h)(11) Harassment of another person, group, or entity either directly or indirectly through the use of the mail, telephone, or other means.
- (h)(12) Security Threat Group Behavior or Activity.
 - (A) Recording/documentation of telephone conversation evidencing active STG behavior;
 - (B) Communication between offenders regarding STG behavior or activities;
 - (C) Directing Active Participation in STG Roll Call;
 - (D) Directing Cadence for STG Group Exercise;
 - (E) Wearing, possessing, using, distributing, displaying, or selling any clothing, jewelry, emblems, badges, symbols, signs, or other items with the intent to intimidate, promote membership, or depict affiliation in a STG.
 - (F) In possession of self-created or original artwork clearly depicting recognized STG symbols;
 - (G) In personal possession of STG related written material including membership or enemy list, constitution, organizational structures, codes, training material, etc.;
 - (H) In personal possession of mail, notes, greeting cards, or other communications including coded messages evidencing active STG behavior.

The CDCR will review all criminal gangs and disruptive groups and assign a Security Threat Group level to each.

STG-I will consist of criminal gangs and/or historically based prison gangs that the CDCR has determined to be the most severe threat to the security of the institutions and communities based on a history and propensity for violence and/or influence over other groups. Based upon their individual threat, clandestine operations, and influence over other STG affiliates, inmates who are validated as STG-I members will be housed in segregated housing based solely upon their validation. Validated STG-I associates will normally remain housed in general population unless confirmed STG behavior or activities, some of which are described above, are present. If these behaviors or activities are present, the STG-I associate will be considered for segregated housing and placement into a five year step down program.

STG-II will consist of other criminal gangs such as street gangs or disruptive groups comprised of members and associates who may be determined to be in a subservient role to the more dominant STG-I type groups. Validated STG-II members or associates will remain housed in general population unless two or more confirmed STG behavior or activities are present. If these behaviors or activities are present, the STG-II member or associate will be considered for segregated housing and placement into a five year step down program.

I have been provided a copy of this document.

Offender Signature	CDCR #	Date Signed
--------------------	--------	-------------

Inmate Refused to Sign

Printed Staff Name	Signature	Date
--------------------	-----------	------

SECURITY THREAT GROUP IDENTIFICATION SCORE SHEET

A. SUBJECT NAME AND IDENTIFICATION NUMBER

NAME: _____ ID# _____ INSTITUTION: _____

B. SECURITY THREAT GROUP IDENTIFIED AS:

C. IDENTIFICATION CRITERIA AND VALUE

SYMBOLS	___ X 2 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
WRITTEN MATERIALS (Not in Possession)	___ X 2 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
ASSOCIATION	___ X 3 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
INFORMANTS	___ X 3 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
DEBRIEFING REPORTS	___ X 3 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
WRITTEN MATERIALS (Personal Possession)	___ X 4 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
PHOTOGRAPHS	___ X 4 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
STAFF INFORMATION	___ X 4 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
OTHER AGENCIES	___ X 4 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
VISITORS	___ X 4 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
COMMUNICATION	___ X 4 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
SELF ADMISSION	___ X 5 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
OFFENSES	___ X 6 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
TATTOOS AND/OR BODY MARKINGS	___ X 6 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____
LEGAL DOCUMENTS	___ X 7 =	<input type="checkbox"/>	<input type="checkbox"/>	Source Doc: _____

PELICAN BAY STATE PRISON
SECURITY HOUSING UNIT
UNIT D-2

IDENTIFICATION CRITERIA TOTAL:

Information obtained from a CDCR 128-B2 Yes No. If Yes, 128-B2 dated: ___/___/___

D. STG-I LEVEL OF IDENTIFICATION

10 + POINTS (Using 3 independent source items)	2 to 9 POINTS
<input type="checkbox"/> MEMBER <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> DIRECT LINK (Required)	<input type="checkbox"/> SUSPECT

E. STG-II LEVEL OF IDENTIFICATION

10 + POINTS (Using 3 independent source items)	2 to 9 POINTS
<input type="checkbox"/> MEMBER <input type="checkbox"/> ASSOCIATE	<input type="checkbox"/> SUSPECT

F. STAFF COMPLETING FORM

NAME (PRINTED & SIGNATURE) _____ CLASSIFICATION/RANK _____ DATE _____

CONFIDENTIAL INFORMATION DISCLOSURE FORM

INMATE NUMBER: _____ INMATE NAME: _____ INSTITUTION: _____

1) Use of Confidential Information.

Information received from a confidential source(s) has been considered in the:

- a) CDC Form 115, Rules Violation Report (log number _____),
dated _____ submitted by _____ (Staff Name & Title) _____.
- b) CDC Form 114-D, Order and Hearing for Placement in Segregated Housing dated _____.
- c) Validation Package as a Member/Associate of the _____ Security Threat Group.

2) Reliability of Source.

The identity of the source(s) cannot be disclosed without endangering the source(s) or the security of the institution. This information is reliable because:

- This source has previously provided confidential information, which has proven to be true.
- This source participated in and successfully completed a Polygraph examination.
- More than one source independently provided the same information.
- This source incriminated himself/herself in a criminal activity at the time of providing the information.
- Part of the information provided by the source(s) has already proven to be true.
- Other (Explain) _____

PELICAN BAY STATE PRISON
SECURITY HOUSING UNIT
UNIT D-2

3) Disclosure of information received.

The information received indicated the following:

(If additional space is needed, attach another sheet.)

4) Type and current location of documentation. (i.e., CDC Form 128B of 5/15/2010 in the confidential section of the central file)

STAFF SIGNATURE/TITLE

DATE DISCLOSED

NAME:

CDC NUMBER:

On _____ (Date) _____, a Security Threat Group (STG) validation package regarding subject was received from Institution STG Investigator _____ (Name) _____ at _____ (Institution) _____.

TOTAL NUMBER OF ITEMS SUBMITTED FOR REVIEW: ()

The following items meet the validation requirements:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)

TOTAL NUMBER OF ITEMS WHICH MEET VALIDATION REQUIREMENTS: ()

The following items do not meet the validation requirements and were/shall not be used as a basis for validation:

- 1)
- 2)
- 3)

TOTAL NUMBER OF ITEMS WHICH DO NOT MEET VALIDATION REQUIREMENTS: ()

ACTION OF REVIEWER

Pursuant to the validation requirements established in CCR, Title 15, Section 3378, _____ (Offender Name) _____ is recommended for the following action:

_____ VALIDATION _____ REJECTION OF VALIDATION

as a Member/Associate of the _____ (Name of the STG) _____ Security Threat Group.

SPECIAL AGENT, REVIEWER

SPECIAL AGENT, REVIEWER

PRINTED NAME

PRINTED NAME

DISTRIBUTION: Original – Central File Copy – Classification & Parole Representative/Parole Administrator I Copy – Institution STG Investigator/Region STG Coordinator Copy – Office of Correctional Safety – Special Service Unit Copy – Offender/Parolee date: _____ by _____	STG Unit/Institutional Classification Committee Review Date:
	Designation (i.e., STG-I (EME) Associate):

DATE:

SECURITY THREAT GROUP VALIDATION/REJECTION REVIEW

GENERAL CHRONO

NAME:

CDC NUMBER:

INSTITUTION:

On _____ (Date) , _____ (Inmate Name/CDCR #) was reviewed by the STG Unit Classification Committee and validated as a **Member/Associate** of the _____ (Group Name) which is certified as a **STG-I/recognized as a STG-II**.

Based upon the inmate's continued confirmed STG behavior or receipt of confirmed intelligence items, this inmate was seen by the **STG Unit Classification Committee/Institution Classification Committee** on _____ (Date) to rescind his/her designation. The committee has made the following decision:

- RESCIND MONITORED STATUS** Return to Validation Status as a **Member/Associate** of the _____ (Group Name)
- RESCIND INACTIVE STATUS** Return to Validation Status as a **Member/Associate** of the _____ (Group Name)
- RESCIND INACTIVE-MONITORED STATUS** Return to Validation Status as a **Member/Associate** of the _____ (Group Name)

Printed Name of Committee Chairperson

Signature of Chairperson

Date Signed

Distribution: Original - Central File; Copies to: Classification & Parole Representative/Parole Administrator I, Institution STG Investigator/Region STG Coordinator, Office of Correctional Safety - Special Service Unit, Offender.

(ATTACH TO ASSOCIATED CDCR FORM 128-B2 STG)

SECURITY THREAT GROUP

DATE:

VALIDATION/REJECTION REVIEW SUPPLEMENT

GENERAL CHRONO

STG Unit Classification Committee Review Date:	
Inmate Name (Last, First, Middle Initial)	