

**State of California  
Office of Administrative Law**

**In re:**  
Department of Corrections and  
Rehabilitation

**Regulatory Action:**

**Title 15, California Code of Regulations**

**Adopt sections: 3269.2, 3269.3, 3269.4**

**Amend sections: 3000, 3269, 3269.1, 3375.2**

**Repeal sections:**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2022-0930-01**

**OAL Matter Type: Regular (S)**

---

In this rule making action the California Department of Corrections and Rehabilitation (CDCR) amends existing regulations and adopts new regulations to create a new designated yard for inmates in CDCR custody. CDCR also amends regulations regarding housing assignment procedures and makes grammatical, syntactical, and linguistic changes to the regulations.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 11/14/2022.

**Date: November 14, 2022**



**Sam Micon  
Attorney**

**For: Kenneth J. Pogue  
Director**

**Original: Kathleen Allison, Secretary  
Copy: Renee Rodriguez**

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

STD. 400 (REV. 10/2019)

# REGULAR

For use by Secretary of State only

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

NOV 14 2022

3:00pm GH

<b>OAL FILE NUMBERS</b>	<b>NOTICE FILE NUMBER</b> Z-2021-1110-02	<b>REGULATORY ACTION NUMBER</b> 2022-0930-01S	<b>EMERGENCY NUMBER</b>
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
<b>AGENCY WITH RULEMAKING AUTHORITY</b> California Department of Corrections and Rehabilitation			<b>AGENCY FILE NUMBER (If any)</b> 20-0025

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON		TELEPHONE NUMBER
FAX NUMBER (Optional)		NOTICE REGISTER NUMBER 2021, 49-2		PUBLICATION DATE 12/3/2021
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn			

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Inmate Housing and Program (SNY/NDPF)		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT 3269.2, 3269.3, 3269.4		
	AMEND 3000, 3269, 3269.1, 3375.2		
TITLE(S) 15	REPEAL		
3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))		<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify) _____			
7. CONTACT PERSON Renee Rodriguez	TELEPHONE NUMBER 916-445-2220	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) Renee.Rodriguez@cocr.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 9-29-22
TYPED NAME AND TITLE OF SIGNATORY Jeffrey Macomber, Undersecretary, Operations	

For use by Office of Administrative Law (OAL) only	
<b>ENDORSED APPROVED</b>	
NOV 14 2022	
Office of Administrative Law	