



KANSAS DEPARTMENT OF CORRECTIONS

 <p>INTERNAL MANAGEMENT POLICY AND PROCEDURE</p>	<p>SECTION NUMBER</p> <p style="font-size: 1.2em;">11-122J</p>	<p>PAGE NUMBER</p> <p style="font-size: 1.2em;">1 of 2</p>
	<p>SUBJECT:</p> <p>DECISION MAKING: Documentation of Juvenile Offender Grievance Procedures</p>	
<p>Approved By:</p>  <p style="text-align: center;">Secretary of Corrections</p>	<p>Original Date Issued: 08-28-17</p>	
	<p>Replaces Version Issued: N/A</p>	
	<p>CURRENT VERSION EFFECTIVE: 08-28-17</p>	

APPLICABILITY:	<input type="checkbox"/> ADULT Operations Only	<input checked="" type="checkbox"/> JUVENILE Operations Only	<input type="checkbox"/> DEPARTMENT-WIDE
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POLICY STATEMENT

To ensue documentation and explanation of time limitations of fair and consistent grievance practices that provides administrative remedies to juvenile offender complaints that might otherwise unnecessarily burden the courts, maintain order in the Kansas juvenile correctional facility, and permit juvenile offenders to pursue good faith grievances without fear of reprisal, the procedures contained in this IMPP shall be followed by the juvenile correctional facility.

DEFINITIONS

Substantial Risk: A strong possibility that a certain result may occur or that a certain circumstance may exist. To disregard it constitutes a gross deviation from the standard of care that a reasonable person would exercise in such a situation.

Facility PREA Compliance Manager (PCM): A person designated by the Superintendent as having overall responsibility for ensuring that all elements of the Coordinated Response to Sexual Abuse and Harassment are met in a coordinated fashion.

PROCEDURES

I. Offender Grievance System

- A. The listed documents shall be utilized in processing juvenile offender grievances and offender requests for staff assistance in compliance with K.A.R. 123-15-101, *et seq.* Offender Grievance System, as follows:
 - 1. Offender Grievance Form, Attachment A.
 - 2. Grievance Appeal to the Deputy Secretary of Juvenile Services, Attachment B.
 - 3. Complaint Code, Attachment C.

II. Grievances regarding sexual abuse

- A. An offender shall not be required to use the informal grievance process to report an allegation of sexual abuse.

- B. An offender shall be allowed to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
 - 1. The grievance coordinator shall also not send the grievance alleging sexual abuse to the staff member who is the subject of the complaint.
- C. Grievances alleging sexual abuse can be reported by a third party (i.e. other offenders, family members, staff members, attorneys, etc.)
- D. An offender shall not be subject to the disciplinary process for filing a grievance alleging sexual abuse except when the juvenile correctional facility can clearly demonstrate that the juvenile offender filed the grievance in bad faith.
- E. A grievance alleging sexual abuse shall be given to the facility EAI Investigator or Facility PREA Compliance Manager immediately.

III. This IMPP shall serve as final policy and no General Order shall be allowed on this subject.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

PREA Standard § 115.352
K.A.R. 123-15-101, *et seq.*
JCF 4-JCF-3A-06

ATTACHMENTS

Attachment	Title of Attachment	Page Total
A	Offender Grievance Forms	1 page
B	Grievance Appeal to the Deputy Secretary of Juvenile Services	1 page
C	Complaint Code	1 page

OFFENDER GRIEVANCE FORM

Offender's name _____ Number _____

Facility _____ Living Unit _____

NATURE OF COMPLAINT. BE SPECIFIC. (Include names, dates, places, rules, regulations, etc.; how you have been affected and actions you believe should be taken.) Use additional paper if necessary.
(ATTACH COMPLETED INFORMAL RESOLUTION FORM)

PROGRAM TEAM RESPONSE. (To be completed and returned to offender within 10 calendar days.)

_____/_____/_____
Program Team Member Signature Date

OFFENDER RESPONSE. (To be completed and returned to Program Team within 3 calendar days.)

_____ I am satisfied with the Program Team response and wish to withdraw the grievance.

_____ I am not satisfied with the Program Team response and wish to forward the grievance to the Superintendent.

_____/_____/_____
Offender's Signature Date Date forwarded by Program Team / / Date

SUPERINTENDENT'S RESPONSE. (To be completed and returned to the juvenile offender within 10 calendar days.)

Date Received ____/____/____ Date of Final Answer ____/____/____ Date returned to Offender ____/____/____

_____/_____/_____
Superintendent/Designee Signature Date

I received the Superintendent's response on the below date:

_____/_____/_____
Offender's Signature Date Program Team Member Signature / / Date

Offender may appeal Superintendent's response to the Deputy Secretary of Juvenile Services within three (3) calendar days of receiving the response.

Grievance Serial No. _____ Type _____ Cause _____ Response _____

GRIEVANCE APPEAL TO DEPUTY SECRETARY OF JUVENILE SERVICES

Offender's Name _____ Number _____

Facility _____ Living Unit _____ Grievance Serial No. _____

[ATTACH GRIEVANCE FORM WITH SUPERINTENDENT'S RESPONSE OR INCLUDE EXPLANATION WHY THE GRIEVANCE WAS NOT FIRST SUBMITTED TO THE SUPERINTENDENT. A GRIEVANCE APPEAL SHALL BE MARKED AND MAILED AS "OFFICIAL MAIL".]

MAIL THE COMPLETED FORM AND ATTACHMENTS TO: Deputy Secretary of Juvenile Services, KDOC
714 SW Jackson Street, Suite 300 Placed in mail: ___/___/___
Topeka, Kansas 66603 Date

OFFENDER REMARKS TO SUPERINTENDENT: Explain the problem and tell why the action taken by the program team and Superintendent was not a suitable resolution. Indicate what action the Deputy Secretary of Juvenile Services can take that would resolve the problem. Use extra paper as needed.

_____/_____/_____
Offender Signature Date

DEPUTY SECRETARY OF JUVENILE SERVICES DECISION. (To be completed and returned to offender within 20 calendar days.)

Date Received ___/___/___ Date of Final Answer ___/___/___ Date returned to Offender ___/___/___

Findings of Fact:

Conclusions Made:

Action Taken:

_____/_____/_____
Deputy Secretary of Juvenile Services Signature Date

Grievance Response Type _____

COMPLAINT CODE

Item #4 - TYPE OF COMPLAINT			
CODE	COMPLAINT TYPE	CODE	COMPLAINT TYPE
01	Food	32	Offender Searches
02	Medical Service	33	Housing Assignment
03	Legal Assistance	50	Disciplinary Procedure
04	Record Keeping	51	Administrative Seg. Procedure
05	Visiting	52	Property Claim Procedure
06	Physical Facility or Environment	53	Grievance Process
07	Mail Service	54	Daily Routine
08	Religious Beliefs	70	Offender Programs
09	Accounting	71	Reserved
10	Library Service	72	Counseling and MH services
11	Canteen Service	73	Custody Status
12	Issued Clothing	74	Reserved
29	Sexual Abuse	75	Transfer In or Out of KS
30	Physical Threat by Offender		
31	Physical Threat by Staff		
Item # 5 - CAUSE OF COMPLAINT			
01	Correctional Officer		
02	Employee Supervising an Institutional Detail		
03	Program Team Staff		
04	Other Program Staff		
05	Administrative Staff		
06	Another Offender		
07	Civilian Employee		
Item # 6 - TYPE OF RESPONSE			
01	Remedy Denied		
02	Remedy Granted		
08	Invalid Complaint		
09	Complaint Withdrawn		