 <p style="text-align: center;"><b>KENTUCKY CORRECTIONS</b> Policies and Procedures</p>	Policy Number	Total Pages
	14.1	2
	Date Filed	Effective Date
	<b>MAY 15 2024</b>	
References/Authority KRS 196.035, 197.020 ACA 5-ACI-5A-08	Subject  <b>INVESTIGATION OF MISSING OR STOLEN INMATE PROPERTY</b>	

I. DEFINITIONS

None

II. POLICY and PROCEDURES

If notified of missing or stolen inmate property, the staff member receiving the information shall complete a theft report. The staff member shall sign and date the theft report.

- A. The inmate shall report the missing or stolen property within five (5) business days of the occurrence or becoming aware of the missing item. The inmate shall:
1. Provide proof of ownership of the missing or stolen property through receipts, property sheet, or other form of documentation. If the inmate does not have proof of ownership documentation or is verified to be indigent by the investigating staff, the inmate may file an open records request per CPP 6.1.
  2. Have three (3) working days from the date of receiving any proof of ownership records through an open records request to provide it to the reporting staff member.
  3. The report and any record shall be turned over to the appropriate supervisor to conduct the investigation.
- B. An investigation shall be conducted for the missing or stolen property.
1. The investigation shall be conducted in a timely manner and shall not take more than ten (10) working days to complete.
  2. The investigation shall determine one of the following:
    - a. The inmate is at fault or negligent for the missing or stolen item;
    - b. Another inmate is at fault for the missing or stolen item and

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disciplinary report issued as appropriate;

- c. A staff member is at fault for the missing or stolen item; or
  - d. The report is determined to be unfounded and a disciplinary report may be issued as appropriate.
3. The Deputy Warden or other designated authority may grant an extension to the investigation based on justifiable institutional needs. This extension shall be documented in the investigation.
- C. Upon completing the investigation, the supervisor shall turn over the investigation and all related records to the Deputy Warden or designated authority. This shall include all notes, interview documentation, summary of video or audio reviews if available, and the inmate's proof of ownership records. If proof of ownership is not obtained, an investigation may be concluded as being unfounded. The Deputy Warden or designated authority shall refer the investigation and its findings to the appropriate staff:
1. In the Business Office for reimbursement with the Warden's or designee's approval;
  2. For referral to the Adjustment Officer for adjustment hearing and restitution;
  3. For reinvestigation; or
  4. As unfounded.
- D. The Deputy Warden or designated authority shall notify the reporting inmate to ensure the inmate receives a summary of the investigation findings and a current property sheet.
- E. The completed investigation and related documents shall be placed in the electronic management system by the Deputy Warden or designee.
- F. Any sensitive information shall be redacted from the investigation and any related documentation before disclosure or inspection.



**Investigator must determine if the property missing/stolen is at the fault of one of the following:**

**Reporting Inmate / Another Inmate / Staff Member / Unfounded**

Section VI		Persons Involved
Name/Numbers		Disciplinary:
Name/Numbers		Disciplinary:
Name/Numbers		Disciplinary:
Name/Numbers		Disciplinary:

*Inmates involved shall receive a disciplinary report to include the identified items stolen.*

Section VII			Property Recovered & Returned - If more space is needed, please attach additional page
Item	Date Recovered	Date Returned	

*Investigation shall include all property that was recovered.*


Section VIII		Deputy Wardens Review - Forward to one of the following
Business Office / Reimbursement		
Adjustment Committee / Restitution		
Investigator / Reinvestigation		
Other		

*Depreciation scale shall be used to determine reimbursement / restitution amount.*

Warden's Signature \_\_\_\_\_ Date \_\_\_\_\_

Section IX		Summary of the Investigation – Forward to the following
Reporting Inmate		
Property Supervisor		
Internal Affairs		
Other		

Warden's Signature \_\_\_\_\_ Date \_\_\_\_\_

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	14.2	2
	Date Filed	Effective Date
	August 20, 2013	February 3, 2013
Authority/References KRS 196.035, 197.020 ACA 4-4336, 4-4340, 4-4342, 2-CO-4D-01	Subject  <b>PERSONAL HYGIENE ITEMS</b>	

I. DEFINITIONS

None

II. POLICY and PROCEDURES


Corrections shall provide basic personal hygiene items necessary for the health of inmates.

A. All institutions shall provide the following to inmates without charge:

1. Adequate, climatically suitable clothing
2. Toothbrushes
3. Toothpaste, or denture cleanser and denture adhesive
4. Disposable razors
5. Soap
6. Toilet paper
7. Shaving cream
8. A clean mattress and pillow
9. Two clean sheets, a pillowcase and two clean towels upon arrival to the institution and weekly exchange, if necessary
10. A clean blanket upon arrival to the institution and weekly exchange if necessary
11. Sanitary napkins – issued to female inmates only
12. A comb

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- B. With the exception of the requirements or limitations stated in items 9, 10, and 11, the frequency and quantity issued shall be determined by each Warden. A sufficient quantity shall be issued to allow the individual to maintain an acceptable level of personal hygiene.

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	14.3	3
	Date Filed	Effective Date
	January 12, 2017	June 2, 2017
References/Authority KRS 196.035, 197.020, 402.020, 402.050, 402.080 CPP 26.1	Subject  <b>MARRIAGE OF INMATES</b>	

I. DEFINITIONS

None

II. POLICY and PROCEDURES

A. An inmate who wants to marry during incarceration may do so if the inmate receives the approval of the Warden of the institution or the Community Center Program Manager.

B. A Warden or Community Center Program Manager shall disapprove a marriage for the following reasons:

1. There is a legal restriction to the marriage;
2. The proposed marriage threatens the security of the institution or the public;
3. The inmate making the request is emotionally unstable or incompetent;
4. The inmate desires to marry a current Corrections employee; or
5. The inmate desires to marry an inmate currently incarcerated.

C. Requirements

1. An inmate desiring to marry during the period of his confinement shall submit a written request from both parties to the personnel designated by the Warden. If an inmate has been married previously, he shall submit a copy of the divorce decree or other applicable document to verify that there is no legal restriction to the marriage.

a. A narrative report explaining the circumstances of the marriage request shall accompany the recommendation to the Warden.

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- b. The inmate shall be advised of the Warden's decision within ninety (90) days following the written marriage request.
  - c. An application for a marriage license or other wedding arrangements shall not be made until final approval is given by the Warden.
  - d. If the Warden disapproves the marriage, the institutional inmate may appeal the decision to the Deputy Commissioner of Adult Institutions or his designee.
2. A Community Center inmate shall submit the request to the probation and parole officer assigned to that center. If an inmate has been married previously, he shall submit a copy of the divorce decree or other applicable document to verify that there is no legal restriction to the marriage.
- a. A narrative report explaining the circumstances of the marriage request shall accompany the recommendation to the Program Manager.
  - b. The inmate shall be advised of the Program Manager's decision within ninety (90) days following the written marriage request.
  - c. An application for a marriage license or other wedding arrangements shall not be made until final approval is given by the Program Manager.
  - d. If the Program Manager disapproves the marriage, the inmate may appeal the decision to the Director of Local Facilities.

D. Marriage Ceremony

An inmate may have a marriage ceremony conducted within the institution.


- 1. The following shall apply to any wedding conducted at an institution:
  - a. The marriage ceremony within the institution may be conducted by the Chaplain or an alternate officiator. The institutional Chaplain may decline to perform the ceremony based upon professional discretion or doctrinal requirements.
  - b. The Chaplain or designated staff member shall assist the couple in obtaining an appropriate alternate to perform the ceremony and in



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making the necessary arrangements. These arrangements shall be in keeping with institutional security requirements.

- c. Any person performing the marriage ceremony shall meet minimum statutory requirements and shall be subject to institutional rules and regulations.
  - d. Any alternate officiator shall meet the criteria of a non-certified volunteer as set forth in CPP 26.1, Citizen Involvement and Volunteer Service Program.
  - e. Wedding attendance shall be limited to the prospective spouses and two (2) adult witnesses only. Corrections staff may serve as witnesses to the marriage if no other witnesses are available to accompany the prospective spouse.
    - (1) The prospective spouse and two (2) witnesses shall be pre-screened prior to the ceremony.
    - (2) Children under the age of eighteen (18) shall not be permitted to attend.
  - f. The wedding ceremony shall be limited to thirty (30) minutes.
  - g. Correctional staff shall be present during the wedding ceremony. Staff shall conduct required security searches of the attending inmate, prior to, and following the ceremony.
  - h. Wedding attire and accessories:
    - (1) Clothing for the inmate brought in by family, friends or other individuals shall not be permitted.
    - (2) The prospective spouse may bring the inmate's wedding ring in accordance with CPP 17.1. Other items shall not be permitted.
  - i. An inmate shall not take an item other than his wedding ring to his living area.
2. A copy of the marriage license shall be placed in the inmate's institutional file.

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	Date Filed	Effective Date
	March 14, 2014	August 1, 2014
Authority/References KRS 196.035, 197.020 ACA Standards 4-4274, 4-4275, 4-4276, CO-3C-01 CPP 15.2, CPP 15.7 <i>Lewis v. Casey</i> , 116 S. Ct. 2174 (1996); <i>Knop v. Johnson</i> , 977 F2d 996 (6th Cir. 1992)	<b>LEGAL SERVICES PROGRAM</b>	

## I. DEFINITIONS

"Indigent" is defined in CPP 15.7.

"Legal Aide" means a person who has received training by the Department of Public Advocacy and is certified as a legal aide to assist other inmates at the same institution with legal matters.

## II. POLICY and PROCEDURES

A. It shall be the policy of Corrections to provide an inmate with the opportunity to contact the courts by a variety of methods including:

1. Contact with an attorney (telephone, mail, visit);
2. Contact with an assigned legal aide at the same institution; and
3. Unrestricted and uncensored legal correspondence to and from an attorney and the courts.

B. The institution shall offer inmates facilities that afford confidentiality. This shall include:

1. Access to uncensored legal mail services to and from attorneys and the courts for the conduct of legal matters;
2. Access to an electronic law publication database;
3. Access to a copy machine; and
4. An area for confidential attorney visitation or confidential telephone call.

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C. The institution shall provide an inmate reasonable access to the courts to allow presentation of legal issues including the following:

1. Challenging the legality of the inmate's conviction or confinement; and
2. Seeking redress concerning conditions of confinement.

D. An institution or employee shall not impose a penalty on any inmate because of the inmate's decision to seek judicial relief so long as the lawsuit does not violate CPP 15.2.

E. Upon request, an indigent inmate may receive reasonable amounts of legal supplies, postage and copying services as necessary.

F. An inmate who can demonstrate by court order, statute, or court rules a definite deadline for a lawsuit concerning the areas listed in C. shall be allowed to have copies and postage upon signing a cash pay order (CPO) even if the inmate's cash account is inadequate to pay the expense.

G. Electronic Law Publication Database

An adequate electronic law publication database shall be maintained at all correctional institutions.

1. At a minimum the institution shall have databases to access the following:
  - a. Kentucky Case Law;
  - b. Kentucky Revised Statutes;
  - c. Kentucky Administrative Regulations;
  - d. Kentucky Rules to include the following:
    - (1) Rules of Civil Procedure;
    - (2) Rules of Criminal Procedure;
    - (3) Rules of Evidence; and
    - (4) Rules of Administrative Procedure.
  - e. Case law, statutes, administrative regulations, and court rules for all 50 states, plus District of Columbia;
  - f. U.S. Supreme Court reports;

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- g. All 13 U.S. Circuit Courts;
  - h. Federal District Court Decision;
  - i. U.S. Code;
  - j. U.S. Supreme Court Rules;
  - k. Federal Court Rules;
  - l. Federal Sentencing Guidelines; and
  - m. U.S. Constitution.
2. The following materials shall be provided:
- a. Corrections Policies and Procedures (NO SECURITY SECTIONS);
  - b. Institutional Policies and Procedures (NO SECURITY SECTIONS); and
  - c. Black's Law Dictionary.
3. Equipment for inmate legal aide use shall include:
- a. Typewriters;
  - b. Typing paper and supplies; and
  - c. A copy machine.

#### H. Legal Aide Program

A legal aide program shall be operated to service each institution.

- 1. An applicant for an inmate legal aide position shall be required to take an examination to determine his qualifications for admission to a basic legal aide training seminar. The Department of Public Advocacy offers this training annually.
- 2. An applicant for an inmate legal aide position shall be assigned to general population, excluding protective custody and death row, and have at least thirty-six (36) months to his parole eligibility date or expiration of

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sentence. The latter requirement may be waived if an insufficient number of qualified candidates apply for the vacant legal aide position.

3. An inmate who receives a passing score on the entrance examination may be allowed to participate in the next scheduled training seminars.
4. An institutional legal aide position shall be filled based upon the following however, no one factor shall be determinative of filling a position:
  - a. scores received during the legal aide training;
  - b. inmate population;
  - c. interviews, if performed;
  - d. past job performance; and
  - e. communication skills.
5. A legal aide may be removed from the position for one or more of the following reasons:
  - a. Failing to adequately represent the needs of an inmate;
  - b. Abusing the legal aide position; or
  - c. Receiving a category IV finding of guilt or three (3) Category I, II or III finding of guilt within a six (6) month period.

A legal aide who is removed from the position for justified reasons shall not be returned to that position for at least six (6) months.

6. An inmate, other than a legal aide, capable of assisting another inmate located at the same institution in the preparation of legal papers or in the prosecution of a lawsuit may do so without fear of disciplinary action.
7. An inmate who has completed the legal aide training seminar may be required to serve as a legal aide if there are not enough qualified applicants to fill existing vacancies.
8. An inmate who seeks to be trained as a legal aide shall have a General Equivalency Diploma (GED) or high school diploma.


#### I. Legal Aide Duties

1. An inmate legal aide may only assist inmates confined at the same

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institution.

2. A legal aide shall be required to store all materials, pleadings, and the like in the legal aide office except the aide's personal files and except those inmates being helped who wish to keep their own files.
4. A log shall be maintained to show what cases a legal aide is assigned.
5. If transferred, a legal aide may not take the files of any inmate he has been assisting.
6. If an inmate who is receiving assistance is transferred, it shall be his responsibility to obtain his file from the legal aide or other inmate. If this is not feasible, he shall contact the institution to forward his legal material.
7. An inmate assisting other inmates shall register in the legal aide office along with the name of the inmate being assisted, a brief description of the legal matter, and the style and number of the lawsuit.

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References/Authority KRS 49.010, 49.020, 49.180, 802 KAR 2:010	Subject <b>BOARD OF CLAIMS</b>	

## I. DEFINITIONS

“Board of Claims” means the entity established in KRS 49.010(2) that has the authority to address negligence claims against the Commonwealth and its agencies pursuant to KRS 49.020(5).

“Claims Officer” means a staff member designated by the Warden to investigate claims.

## II. POLICY and PROCEDURES

### A. Claims

1. If an individual believes that he has suffered a loss or injury to his person or property because of negligence on the part of the Department of Corrections or its employee or agent, the individual may file a claim with the Board of Claims. All claims shall be processed through the Board of Claims if payment is required. A claim shall not be brought before the Board unless the value of the total amount of damages claimed therein meets the limits set forth in KRS 49.180.
2. For all claims under \$2,500.00, the Claims Commission provides a copy of the claim to the appropriate institution or division, along with a request for an investigation. The results of the investigation shall be forwarded to the Office of Legal Services within twenty (20) days of the date of the Board’s notification. For any claim of \$2,500.00 or more, the Office of Legal Services shall request an investigation. In all cases, the investigation report and recommendation for or against payment shall be forwarded to the Office of Legal Services within the designated time. The Office of Legal Services shall review the investigative report and recommendation and shall be responsible for filing the appropriate response with the Board of Claims.

### B. Investigation

1. Institution Claim
  - a. The Warden of each institution shall designate a staff member as

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the Institutional Claims Officer.

- b. The Claims Officer shall maintain each claim in a separate file.
- c. The Claims Officer shall investigate the circumstances surrounding each claim to determine if it is a claim that should be paid. The investigative report shall be accompanied by documentation in support of the facts contained in the report. The results of the investigation shall be reported to the Warden or his designee for approval and recommendation prior to being forwarded to the Office of Legal Services.

2. Division of Probation and Parole Claim

The Director of Probation and Parole or designee shall appoint a staff member to investigate.


3. Central Office Claim

The Commissioner or designee shall appoint a staff member to investigate.

C. Reimbursement

Each respective budget unit shall be responsible for paying an approved claim of \$4,999.99 and under attributed to it and shall charge the claim to expense line item 378 – Claims and Judgments in its operating budget. Claims of \$5,000 or more shall be paid out of a special account in the Treasury as a necessary governmental expense.



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	Supersedes Effective Date	
Authority/References KRS 196.035, 197.020, 197.023 ACA 5-ACI-3D-19, 5-ACI-6C-01, 2-CO-3C-01, 2-CI-5A-2, 2-CI-5A-7, 28 CFR § 115.52 CPP 14.7, CPP 23.1	Subject  <b>INMATE GRIEVANCE PROCEDURE</b>	

## I. DEFINITIONS

“Business days” means 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding holidays.

“Corrections Ombudsman” means an employee of the Department of Corrections who monitors and oversees the operation of the inmate grievance procedure for the Department.

“Grievance Aide” means an inmate appointed to assist an inmate with filing a grievance and assist the Grievance Coordinator with assigned tasks.

“Grievance Coordinator” means a staff person appointed by the Warden to monitor and regulate the operation of the inmate grievance procedure at the institutional level.

“Grievant” means the inmate who brings the grievance.

“Institutional Health Authority” means an employee of the Department of Corrections or of a contracted healthcare vendor with administrative responsibility for institutional healthcare operations who is appointed through the Department of Corrections Medical Director’s office. The Institutional Health Authority shall be a licensed medical professional.

## II. POLICY and PROCEDURES

### A. Applicability

This policy shall apply to:

1. An inmate confined in an institution operated by the Department of Corrections (DOC); and

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2. An inmate confined in any contract prison facility whose contract provides for applicability. If the contract does not provide for this policy to be applicable, then the facility shall have a grievance procedure with the final review submitted to the Commissioner of the Department of Corrections.

B. Grievable Issue

A grievable issue shall include any aspect of an inmate's life in prison that is not specifically identified as a non-grievable issue. A grievable issue may include:

1. Personal and social services needs;
2. Corrections policies and procedures;
3. Institutional policies and procedures;
4. Personal action by staff;
5. Staff conflict; or
6. Health care concern.

C. Non-grievable Issues

1. Appeal of court decision or order;
2. Parole Board decision;
3. Non-departmental complaint; for example, Social Security benefits and federal detainers;
4. Disciplinary procedures, Adjustment Committee decision, Unit Hearing Officer decision, Adjustment Officer decision, or Warden's review of these decisions, incident where the grievant received a disciplinary report, or incident where the grievant received a disciplinary report and the report has been dismissed if an inmate receives a disciplinary report over the issue after filing the grievance, the grievance shall be rendered moot and the inmate shall use the adjustment process for this matter;
5. Classification decision or appeal of a classification decision including transfer denial, recommendation, or approval;
6. Decision concerning the award or denial of educational good time;
7. Rejected mail;
8. Open records or open records denial;

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9. Sentence calculation;
10. SAP (Substance Abuse Program) approval, denial, and SAP dismissals;
11. Risk and Needs Assessment;
12. Grieving on behalf of another inmate or other inmates; or
13. PREA investigation findings.

D. Group Grievance

The Grievance Coordinator may consolidate essentially identical grievances that are filed close in time and request roughly the same solutions.

1. One (1) or two (2) inmates shall be assigned to be the grievants of record, to present the case during the Grievance Committee hearing, and to handle the details of appeals.
2. The other essentially identical grievances shall be logged and consolidated under the number of the group grievance but shall not be separately considered. The Grievance Coordinator shall notify all of the involved inmates of the outcome of the group grievance.

E. Repetitious Grievances

1. An inmate shall not regrieve an issue that has been personally grieved within the past six (6) months.
2. If an inmate files a grievance that is essentially identical to a grievance of another inmate that has been filed and processed through the grievance steps within the past six (6) months, the Grievance Coordinator may provide the grievant with a copy of the Commissioner's previous decision instead of allowing the repetitive grievance to proceed through the normal process. If the grievant is not satisfied with the previous decision, he may appeal directly to the Commissioner. The grievant shall have three (3) business days from the date of the receipt of the Commissioner's previous decision to file the appeal.
3. If the warden determines that an inmate or group of inmates has abused the grievance procedure by filing numerous frivolous or harassing grievances, the Warden may limit the number of grievances which may be filed by that inmate or group of inmates. An inmate or group of inmates, whose grievances have been limited, shall be allowed to file no more than one (1) grievance every ten (10) business days. This limitation shall be placed into effect for no more than six (6) months at which time the inmate may apply

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to the Warden for removal of restricted status. Restrictions shall be removed or extended for periods not to exceed six (6) months at each application for release.

F. Extension Clause

1. If any one (1) inmate files more than five (5) grievances in any one (1) work week, the Grievance Coordinator may call a moratorium on the time limits for those grievances.
2. If more than twenty (20) grievances are received by the Grievance Coordinator at a minimum security facility in any one (1) work week, the Grievance Coordinator may call a moratorium on the time limits for those grievances.
3. If more than forty (40) grievances are received by the Grievance Coordinator at a medium or maximum security facility in any one (1) work week, the Grievance Coordinator may call a moratorium on the time limits for those grievances. A moratorium may be called only if the processing of these grievances may cause the processing of other filed grievances to be unduly delayed.
4. If a moratorium on time limits is called, the affected grievances shall be processed within a reasonable time given the other duties of the staff involved and the affected grievants shall be notified in writing.
5. An inmate may request that his time limit be extended by the Grievance Coordinator for just cause.

G. Grievance Coordinator

1. A Grievance Coordinator shall be appointed by the Warden.
2. The Grievance Coordinator shall:
  - a. Schedule Grievance Committee hearings;
  - b. Keep records, including an accurate written log of all grievances submitted for filing and status;
  - c. Monitor operation of the grievance process;
  - d. Maintain a central grievance file, including the original grievance;
  - e. Assist the Classification Committee in appointing Inmate Grievance Aides;

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- f. Ensure compliance with established time limits throughout the process;
- g. Supervise and train all staff and inmates involved in this procedure;
- h. Supervise the regular posting of summaries of grievance results affecting the population at large;
- i. Submit requested reports to the Corrections Ombudsman in a timely manner;
- j. Act as liaison to the Corrections Ombudsman;
- k. Attend scheduled meetings with the Corrections Ombudsman;
- l. Forward appeals to the Corrections Ombudsman's Office;
- m. Conduct the elections for inmate Grievance Committee members; and
- n. Notify the institutional ADA Coordinator if an inmate has requested ADA accommodation in the grievance process at the institutional level.

#### H. Grievance Aide

- 1. Each institution shall seek an adequate number of Grievance Aides to provide access for the institutional inmate population.
  - a. The Grievance Coordinator shall advertise Grievance Aide position vacancies to the inmate population.
  - b. Each applicant shall:
    - (1) Read and write at a skill level appropriate to this position; and
    - (2) Have at least ninety (90) days before meeting the Parole Board or serving out his sentence.
  - c. A Grievance Aide may be dismissed for:
    - (1) Inability to perform his job duties;
    - (2) Poor performance of his job duties;
    - (3) Misuse of responsibility; or

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- (4) Institutional misbehavior which may reduce credibility as an aide.

2. The Grievance Aide shall:

- a. Assist the inmate in the informal resolution process as outlined by institutional procedure;
- b. Counsel the inmate concerning the grievance process;
- c. Assist the inmate in the preparation of grievance documents as needed;
- d. Document in writing the informal action taken to resolve the problem, unless excluded from a health care grievance;
- e. Keep an accurate file of previously decided grievances and investigate an inmate grievance in light of past decisions, unless excluded from a health care grievance;
- f. Record each grievance submitted for filing in a written log as directed by the Grievance Coordinator;
- g. Forward the written grievance to the Grievance Coordinator;
- h. File a monthly report to the Grievance Coordinator regarding grievance information; and
- i. Forward any requested report to the Ombudsman via the Grievance Coordinator.

3. The aide shall be accessible to the general population and shall follow staff instructions concerning providing access or visits to specialized units, such as segregation.

- I. Grievance Committee

1. The Grievance Committee shall be composed of:
  - a. A minimum of two (2) inmates elected by the population at the institution;
  - b. Two (2) staff members; and
  - c. One (1) non-voting chairperson.

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2. The Grievance Coordinator shall not normally chair the committee.
3. An effort shall be made to include some supervisory staff at the level of department head in the group of chairpersons.
4. Each institution shall determine the method of assigning and rotating the committee chairperson position.
5. A sufficient pool of inmates shall be elected from the general population at large at the institution for a six (6) month term.
  - a. A special election may be held by the Grievance Coordinator if the pool reaches minimum occupancy.
  - b. If a sufficient number of nominations have not been received to warrant an election, the Grievance Coordinator may declare those inmates who have been nominated as elected Grievance Committee members.
  - c. If the number of vacant inmate committee member positions makes it difficult to proceed in an efficient manner with Grievance Committee hearings, the Grievance Coordinator may temporarily appoint inmates to the inmate pool, until a new election for the inmate pool is held.
6. A committee member may be removed for:
  - a. Inability to perform his duties;
  - b. Poor performance of his duties;
  - c. Misuse of responsibility; or
  - d. Institutional misbehavior which may reduce the credibility of the committee member.

Removal from the committee shall be the decision of the Grievance Coordinator and Warden.
7. If a grievance is filed concerning a conflict with a staff member, that staff member shall not serve as a member of the Grievance Committee reviewing that grievance.
8. An employee involved in the informal resolution process shall be excluded from serving as a member of the Grievance Committee that hears the grievance.

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## J. Inmate Grievance Process

This grievance process shall apply to all inmate grievances with the exception of grievances pertaining to health care concerns including medical, dental or mental health care services involving access to or the quality of these services. Grievances involving unfair or discriminatory treatment, safety, or sanitation in medical, dental or mental health care services shall be considered in this inmate grievance process. A second grievance process for health care concerns is stated later in this policy.

### 1. Step 1 – Filing the Grievance and Informal Resolution

#### a. Preparing and Filing the Grievance

- (1) The grievance shall be in writing and legible. It shall be contained within the space on the grievance form and one (1) additional page, if necessary. Attached evidence shall not be included in this page limit and a reasonable amount of documentary evidence may be allowed. A waiver of the page limit may be sought from the Grievance Coordinator.
- (2) A grievance about a personal and specific incident shall be filed within five (5) business days after the incident occurs.
- (3) A grievance shall pertain to one issue. Separate grievances shall be filed for separate issues and unrelated incidents. A staff conflict grievance may contain more than one incident, but the incidents shall all relate to the staff conflict at issue.
- (4) The grievant shall include all aspects of the issue and identify all individuals in the "Brief Statement of the Problem" section of the written grievance so that all problems concerning the issue or individuals may be dealt with during step 1.
- (5) The grievant shall not use vulgar or abusive language that is unnecessary to explain the grievance. If the grievant uses this type of language the grievance may be rejected by the Grievance Coordinator as failing to comply with this procedure. If the grievance is rejected for this reason, a written explanation shall be provided to the inmate concerning the use of unacceptable language.
- (6) The grievant may list a reasonable number of inmate or staff witnesses or include statements from those who may have relevant information to present concerning the subject matter of the grievance.



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- (7) The list of witnesses and any statements shall be submitted in writing with the grievance form.
- (8) An inmate filing a grievance concerning a staff member shall not suggest a specific form of disciplinary action.
- (9) A grievance alleging a criminal act involving staff shall be reported by the Grievance Coordinator to the Warden.
- (10) If an inmate reports sexual abuse in a grievance, the Grievance Coordinator shall forward the grievance to the Warden and it shall be assigned to a designated, trained investigator for a full investigation. The Department of Corrections does not have administrative procedures to address offender grievances regarding sexual abuse through the offender grievance system. Refer to CPP 14.7, Sexual Abuse Prevention and Intervention Programs, regarding reports of sexual abuse.
- (11) An inmate requesting a new religious component for a religion or religious practice that is not addressed in the Department of Corrections Religion Reference Manual shall follow the process in CPP 23.1, Religious Programs. If the inmate is not satisfied with the previous decision received after exhausting all levels of the religious request process, the inmate may file a grievance. The inmate shall have five (5) business days from the date of the receipt of the previous decision to file the grievance.
- (12) An inmate with an issue concerning missing or stolen property matters shall follow the process in CPP 14.1, Investigation of Missing or Stolen Inmate Property. If the inmate is not satisfied with the previous decision received after exhausting all levels of the missing or stolen property process, the inmate may file a grievance. The inmate shall have five (5) business days from the date of the receipt of the previous decision to file the grievance.
- (13) The Grievance Coordinator may reject a grievance that does not comply with the grievance process requirements. If the grievance is rejected, a written explanation shall be provided to the inmate concerning the reason for the rejection. A rejected grievance shall still be recorded in the grievance log with a notation indicating that it was rejected. A grievance may be rejected at any level of the grievance process if it is found to be non-grievable upon further review. If the Grievance Coordinator finds a grievance to have been

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rejected improperly, he shall reinstate the grievance at the direction of the Warden or designee at the institutional level. A grievance shall also be reinstated if it is found to have been rejected improperly at the direction of the Corrections Ombudsman.

- (14) The grievant shall attach a copy of supporting evidence. A copy of an inmate's medical record or other document shall not be provided through the inmate grievance process.
- (15) An inmate or group of inmates shall not distribute a previously prepared grievance to another inmate for his signature. An inmate or group of inmates that are not Grievance Aides shall not prepare a grievance for another inmate without the approval of the Grievance Coordinator. If an inmate needs assistance in preparing a grievance, he shall consult with a Grievance Aide or the Grievance Coordinator.

b. Informal Resolution

- (1) After a grievance has been properly filed, an attempt to resolve the problem shall be made through informal means.
- (2) Informal resolution may involve the Grievance Aide, Grievance Coordinator, department head, or institutional staff. The informal resolution step shall involve inquiries or discussions to attempt to resolve the grievance.
- (3) Interviews shall be made of up to five (5) witnesses, for whom a statement has not been provided by the grievant. The grievant shall provide sufficient justification on his grievance for the Grievance Coordinator to determine whether additional witnesses may be interviewed.
- (4) It may be determined on a case-by-case basis whether additional information is needed from a witness for whom a statement has already been filed.
- (5) For any witness who is interviewed, his statement shall be recorded in writing or by other appropriate means for use at other steps in the grievance process as needed.
- (6) The Grievance Aide or a staff member shall document in writing all attempts at informal resolution of the grievance.

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- (7) The Grievance Aide, Grievance Coordinator, or other person acting with the Coordinator's approval, who is handling the informal resolution step, shall have ten (10) business days within which to attempt to resolve the grievance informally. The Grievance Aide or Grievance Coordinator shall notify the grievant of the results of the informal resolution.
- (8) If the grievant is not satisfied with the outcome of the informal resolution step, within five (5) business days of the date of the notice of the informal resolution results, he may make a written request to the Grievance Coordinator that the Grievance Committee hold a hearing concerning his grievance.
- (9) A grievance involving allegations that may place the grievant or other inmates in physical danger shall not go through informal resolution or the Grievance Committee, but instead shall go directly to Step 3, appeal to the Warden. The Grievance Coordinator shall make this determination if the grievance meets this criteria.

2. Step 2 – Grievance Committee Hearing

- a. The Grievance Committee shall hear and make a recommendation for each inmate grievance for which a hearing is requested, if the grievant has appropriately complied with the requirements of the grievance process.
- b. Staff conflict grievance
  - (1) The Grievance Committee shall act as a factfinding body only in a staff conflict grievance. In this capacity, the committee shall review any information gathered by previous steps in the grievance process and may obtain additional information by interviews or written statements.
  - (2) The Grievance Committee shall not recommend specific disciplinary actions to be taken against staff members.
  - (3) A grievant may make a written request to the Grievance Coordinator that a grievance concerning a staff conflict not be heard by the Grievance Committee. The grievant may appeal the informal resolution directly to the Warden and proceed with Step 3.

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- c. The Grievance Committee shall hear the grievance and produce a recommendation within ten (10) business days after the inmate has requested a hearing.
- d. The inmate shall attend the Grievance Committee hearing unless he has an excused absence or the rules of the specific institution permit or require otherwise. An excused absence requires prior approval from the Grievance Coordinator. Failure by the grievant to attend the hearing shall result in the grievance being dismissed by the committee unless the rules of the specific institution permit or require otherwise.
- e. The grievant may request that another inmate assist him at the hearing. To have another inmate assist him at the hearing, the grievant shall make the request for assistance in writing when he requests the hearing and name the inmate from whom he wants assistance. The Grievance Coordinator shall review the request for assistance for approval or denial. If the requested inmate becomes unavailable before the hearing, then the grievant may request approval for a substitute inmate from the Grievance Coordinator. If an inmate is suspected of recruiting a grievant or grievants to act as an inmate assistant at the Grievance Committee, the request may be denied by the Grievance Coordinator.

The inmate assistant may be:

  - (1) A Grievance Aide; or
  - (2) Another inmate who is incarcerated in his institution. The assistant shall be limited to an inmate who is housed in the general population unless the rules of the specific institution permit or require otherwise.
- f. The Grievance Committee shall review the written grievance and any other documentation that was submitted with the grievance or that was gathered in the informal resolution step.
- g. The Grievance Committee may call a witness to appear at the hearing or seek other information at the discretion of the Committee Chairman.
- h. The Grievance Committee shall ensure any ADA accommodation requested by the grievant, and that have been approved by the institutional ADA Coordinator, are used during the hearing. The Grievance Committee shall ensure the use of effective communication for a grievant requiring ADA accommodation.

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i. The Grievance Committee shall make a recommendation concerning how to resolve the grievance after the hearing.

(1) If a majority of the members of the Grievance Committee agree on a recommendation, but a minority dissents, the minority shall be given the option of having his views documented as well.

(2) A split decision means that two committee members agree on a specific recommendation, but the remaining two committee members agree on a different recommendation. Both recommendations shall be numbered and documented.

j. After the committee has reviewed the written grievance and held a hearing, the committee shall inform the grievant of its recommendation.

k. If the grievant is dissatisfied with the committee's recommendation, he may appeal the grievance to the Warden. If the grievant appeals the recommendation, the grievant shall use the appeal form provided (attachment IV). The grievance appeal shall be limited to one (1) page and state a basis for the appeal. The grievant shall have three (3) business days from the date of the notice of the committee's recommendation to file his appeal with the Grievance Coordinator. The Grievance Coordinator shall forward the appeal and grievance to the Warden.

l. If the grievant is satisfied with the committee's recommendation, he shall give written notice of his satisfaction to the Grievance Coordinator within three (3) business days from the date of the notice of the committee's recommendation. The Grievance Coordinator shall forward the grievance to the Warden for review of the recommendation.

### 3. Step 3 – Appeal to Warden

a. The Grievance Coordinator shall review the grievance appeal to the Warden and ensure the appeal is relevant to the grievance and additional or separate grievance issues have not been inserted. The Grievance Coordinator may send the appeal to the grievant to be rewritten or may reject the appeal and grievance if the appeal does not comply with this policy, contains additional or separate grievance issues not relevant to the grievance. The grievant shall have three (3) business days from the date of the receipt of the notice to correct and return the appeal to the Grievance Coordinator. The Corrections Ombudsman may reject a grievance for this issue as well.

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- b. The Warden shall examine the grievance and make a decision. The Warden's decision shall be in writing and clearly state the reasons for the decision.
- c. The Warden shall respond to the grievance within fifteen (15) business days of receipt of the grievance from the Grievance Coordinator. The Warden may send the grievance back to the informal or committee stage if the grievance requires further investigation or the grievance was not sufficiently answered to enable a response. All time limits shall start over at the level to which the grievance is returned for additional information.
- d. A grievant who is not satisfied with the Warden's decision may appeal that decision to the Commissioner. If the grievant appeals the decision, the grievant shall use the appeal form provided (attachment IV). The appeal shall be limited to one (1) page and the grievant shall explain in the appeal why the Warden's decision did not resolve the grievance. The grievant shall have three (3) business days from the date of the notice of the warden's decision to file an appeal to the Commissioner.

4. Step 4 – Appeal to the Commissioner

- a. The Grievance Coordinator shall review the grievance appeal to the Commissioner and ensure the appeal is relevant to the grievance and additional or separate grievance issues have not been inserted. The Grievance Coordinator may send the appeal to the grievant to be rewritten or may reject the appeal and grievance if the appeal does not comply with this policy, contains additional or separate grievance issues not relevant to the grievance. The grievant shall have three (3) business days from the date of the receipt of the notice to correct and return the appeal to the Grievance Coordinator. The Corrections Ombudsman may reject a grievance for this issue as well.
- b. If the Warden's decision is appealed to the Commissioner, the appeal form shall be sent with the grievance to the Commissioner's Office through the Grievance Coordinator.
- c. The Commissioner or his designee shall review the grievance appeal and make a decision.
- d. The decision shall be in writing and state the reasons for the decision.
- e. The grievant may seek the assistance of the Grievance Aide in the preparation of an appeal. The grievant may request an appeal form from the Grievance Aide.

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- f. The Commissioner or his designee shall respond to the grievance within fifteen (15) business days from receipt of the appeal. If the Commissioner or his designee determines further investigation or information is needed to enable a response, the fifteen (15) business day response time shall be extended to allow completion of the investigation or gathering of the information.

#### 5. Time Limits

- a. If a time limit for a response from Corrections staff is not met at any level, the grievant has the option of agreeing to a requested extension of the time limit or having the grievance forwarded without action to the next level of review.
- b. If an inmate maintains that a grievance is of an emergency nature, the Grievance Aide shall take it directly to the Grievance Coordinator.
  - (1) If, in the view of the Grievance Coordinator or designee, the grievance is an emergency, it shall be forwarded directly to the Warden or his designee.
  - (2) The Warden shall make a decision or call a special meeting of the Grievance Committee.
  - (3) In either event, action on the grievance shall be initiated within two (2) business days of the time the Grievance Coordinator receives the grievance.
- c. If a grievant has requested an ADA accommodation for use within the grievance process, the time limit for a response from DOC staff shall not begin until the institutional ADA Coordinator has approved or denied the grievant's ADA accommodation request and notified the Grievance Coordinator of the decision.

#### K. Health Care Grievance Process

The health care grievance process shall be used for grievances concerning health care concerns including medical, dental or mental health care services involving access to or the quality of these services. Grievances involving unfair or discriminatory treatment, safety, or sanitation in medical, dental or mental health care services shall be considered in the previous inmate grievance process.

- 1. Step 1 – Filing the Grievance and Informal Resolution
  - a. Preparing and Filing the Grievance

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- (1) The grievance shall be in writing and legible. It shall be contained within the space on the grievance form and one (1) additional page, if necessary. Attached evidence shall not be included in this page limit and a reasonable amount of documentary evidence may be allowed. A waiver of the page limit may be sought from the Grievance Coordinator.
- (2) A grievance about a specific incident or specific health care decision shall be filed within five (5) business days after the incident or decision occurs.
- (3) A health care grievance may pertain to more than one health care issue. A health care grievance shall not contain issues that do not pertain to the health care of the grievant.
- (4) The grievant shall include all aspects of the issue and identify all individuals in the "Brief Statement of the Problem" section of the written grievance so that all problems concerning the issue or individuals may be dealt with during step 1.
- (5) The grievant shall not use vulgar or abusive language that is unnecessary to explain the grievance. If the grievant uses this type of language the grievance may be rejected by the Grievance Coordinator as failing to comply with this procedure. If the grievance is rejected for this reason, a written explanation shall be provided to the inmate concerning the use of unacceptable language.
- (6) The grievant may make a request to the Grievance Coordinator that Grievance Aides not have knowledge of the specific health care facts he raises in his grievance. Each institution may prescribe whether these requests shall be made in writing or by other method. Each institution shall establish a method to allow health care grievances to proceed without Grievance Aides obtaining knowledge of the specific health care facts of the grievance. Each institution may determine whether it is able to establish a process of filing sealed grievances so that Grievance Aides can perform duties such as logging or forwarding that do not require knowledge of the specific facts of the grievance or whether it prefers to establish a process that excludes Grievance Aides entirely.
- (7) The grievant shall execute an authorization to allow necessary institutional staff, grievance staff, health care



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staff, and outside consultants (if used) to share or review health care information so that the grievance can be effectively handled. The grievant may exclude the Grievance Aide from the authorization. If the grievant fails to execute an appropriate authorization, then he shall be considered to have failed to comply with the grievance process requirements.

- (8) The Grievance Coordinator may reject a grievance that does not comply with the grievance process requirements. If the grievance is rejected, a written explanation shall be provided to the inmate concerning the reason for the rejection. A rejected grievance shall still be recorded in the grievance log with a notation indicating that it was rejected.

b. Informal Resolution

- (1) After a grievance has been properly filed, an attempt to resolve the problem shall be made through informal means.
- (2) The Grievance Coordinator shall forward a health care grievance to the Institutional Health Authority. The Institutional Health Authority shall respond, or designate a medical professional who has specific knowledge of the incident being grieved to respond, in an attempt at an informal resolution. The medical authority or designee shall make a written response to the grievance and shall return the grievance with response to the Grievance Coordinator within fifteen (15) business days after receipt of the grievance.

- c. If the matter cannot be resolved informally, the grievant may request review by the Health Care Grievance Committee. This appeal shall be made by making a written request for committee review to the Grievance Coordinator within five (5) business days of the date of the notice of the informal resolution results.

2. Step 2 – Review by Health Care Grievance Committee

- a. The Health Care Grievance Committee shall be composed of one (1) to three (3) licensed health care professionals and shall be appointed through the Department of Corrections Medical Director's Office.
- b. Any employee involved in the informal resolution process of a grievance shall recuse himself from the review of that grievance by the committee. If the grievance pertains to a specific health care provider, that health care provider shall recuse himself from the review of that grievance by the committee.

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- c. The committee shall make a recommendation for each inmate grievance presented to it that has complied with the requirements of the grievance process.
- d. The committee shall meet and make a recommendation within fifteen (15) business days of receipt of the grievance from the Grievance Coordinator.
- e. The committee shall document its recommendation in writing and notice of the recommendation shall be sent to the grievant.
- f. If the grievant is dissatisfied with the committee's recommendation, he may appeal the grievance for final administrative review. The grievant shall have three (3) business days from the date of the notice of the committee's recommendation to file his appeal with the Grievance Coordinator. If the grievant appeals the recommendation, the appeal shall be made on the appeal form provided (attachment IV) and limited to one (1) page. The inmate shall state a basis for the appeal on the appeal form. The Grievance Coordinator shall forward the appeal to the Department of Corrections Medical Director's Office.
- g. If the grievant is satisfied with the committee's recommendation, he shall give written notice of his satisfaction to the Grievance Coordinator within three (3) business days from the date of the notice of the committee's recommendation. The Grievance Coordinator shall forward the information to the Medical Director's Office for review of the recommendation.

3. Step 3 – Appeal for Final Administrative Review

- a. The Medical Director shall review the grievance and make a final decision. The Medical Director may seek information from a health care professional outside of the Department of Corrections prior to making a decision.
- b. The Medical Director shall issue a decision within twenty (20) business days after receiving the grievance if information is not sought from an outside source. The Medical Director shall issue a decision within fifteen (15) business days of receiving the information from the outside source if information is sought.

L. Additional Extension Clause for Health Care Grievances

- 1. If the health care staff member responsible for the informal resolution of health care grievances at an institution receives more than ten (10)

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grievances and they are due within two weeks of each other, then the Grievance Coordinator may call a moratorium on the time limits for those grievances.

2. If the Health Care Grievance Committee has more than twenty (20) grievances waiting for review at one time, the Department of Corrections Medical Director's Office may call a moratorium on the time limits for those grievances.
3. If the Department of Corrections Medical Director's Office has more than twenty (20) grievances waiting for review at one time, then the Medical Director's Office may call a moratorium on the time limits for those grievances.
4. If a moratorium on time limits is called, the affected grievances shall be processed within a reasonable time given the other duties of the health care staff and the affected grievants shall be notified in writing.

#### M. Inmate Transfer

##### 1. General Grievance

If the grievant is transferred from the institution for any reason, for example, court, hospital or KCPC evaluation, the grievant may appoint another inmate to act in his place with full power to appeal or not, as the appointed inmate may decide. If an inmate is paroled, serves out, or is discharged from the DOC, the grievance shall be closed and rendered moot.

- a. The appointment shall be submitted to the Grievance Coordinator in writing and signed by the grievant prior to release of the grievant from the institution. The inmate has the option of appointing another inmate at any time while at his current institution to continue his grievance in the event he is transferred.
- b. If the grievant fails to appoint another inmate to act for him, then any steps remaining at the institution shall be discontinued and the grievance dismissed upon his transfer. If prior to an inmate's transfer, his grievance has already been appealed to the Commissioner, then his grievance shall not be discontinued by reason of his transfer.

##### 2. Health Care Grievance

The grievant shall decide whether to continue with a health care grievance that is still in the grievance process if he is transferred to another institution.

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- a. To continue a grievance, the grievant shall notify in writing the Grievance Coordinator at his institution that he wants to continue a health care grievance prior to the transfer.
- b. The Grievance Coordinator at the institution that the grievance was filed shall retain the grievance information and see that records are maintained concerning the grievance. The Grievance Coordinator at the original institution and the institution where the inmate is currently incarcerated shall work together to send notice to the grievant of a recommendation or decision in the process.
- c. A grievance shall be discontinued if the written notice is not provided as required in this section, unless the grievant has already appealed the grievance for final administrative review.

N. Reprisal

To ensure that inmate use of the grievance procedure shall not affect parole review, a grievance shall not be included in a resident institutional or central office record.

1. Any negative reference to an inmate's use of the grievance procedure shall not be included in his pre-parole progress report.
2. An individual who believes a reprisal has been made against him as a result of using the grievance procedure may write to the:
  - a. Institutional Grievance Coordinator;
  - b. Warden; or
  - c. Corrections Ombudsman.

O. Confidentiality of Grievances

1. All remarks and discussions between individuals involved in the formal resolution process as they consider a grievance shall be confidential and may only be shared with the Grievance Coordinator or the Grievance Aide. Although efforts toward confidentiality shall be made, an inmate filing a grievance shall be on notice by this policy that both staff and the inmate involved in the grievance process have access to the content of the grievance.
2. Access to the grievance file shall be limited to the Grievance Aide, Grievance Coordinator, and Warden with the following exceptions:
  - a. An individual involved in the active grievance resolution process may have access to any file under consideration and upon request to

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the Grievance Coordinator, to the file of a grievance considered earlier;

- b. The grievant shall be provided with one (1) copy of his grievance form. The copy shall be given when the grievance is completed at the institutional level. If an inmate requests a copy of the grievance prior to the completed grievance being provided at the institutional level, the inmate shall pay for the copy; and
  - c. Other requests for access to a file may be granted at the discretion of the Warden or designee.
3. A copy of the original grievance may be sent to a supervisor or appropriate staff member for the purpose of investigation or informal resolution. A copy of a grievance alleging a conflict with a particular staff member shall be sent to an appropriate investigating person who shall discuss the substance of the grievance with the affected staff member.
  4. A copy of a completed grievance may be sent to appropriate supervisory staff by the Warden for purposes of implementation of final decisions.
  5. This policy and procedure shall be subject to the open records exceptions set forth in KRS 197.023.

P. Lost or Destroyed Original Grievance

An inmate found to cause negligent or deliberate destruction of an original grievance or failure to return an original grievance to the Grievance Coordinator, may be issued a disciplinary violation and charged restitution in the amount of ten cent (\$0.10) per page copying fee for replacement.

Q. Revisions

1. Any revision of this grievance policy and procedure shall be provided to the Corrections Ombudsman prior to implementation.
2. Any revision of an institutional inmate grievance procedure shall be approved by the Corrections Ombudsman prior to implementation.
3. A revision to Corrections policy, administrative regulation, state or federal law, or any change in Corrections practice or procedure which impacts a previously rendered grievance decision may cause the decision to be modified or rescinded.

**DEPARTMENT OF CORRECTIONS  
INMATE GRIEVANCE INFORMATION FORM**

\_\_\_\_\_  
NAME OF INSTITUTION

\_\_\_\_\_  
DATE FILED

_____ GRIEVANT'S NAME	_____ GRIEVANCE NUMBER
_____ GRIEVANT'S NUMBER	_____ UNIT/HOUSING ASSIGNMENT

SUBJECT MATTER OF GRIEVANCES (Circle One)

DUE DATES

1. Department Regulations
2. Canteen
3. Conflict with Staff
4. Food
5. Furloughs
6. Inmate Accounts
7. Housing Assignments
8. Grievance Mechanism
9. Institutional Physical Conditions
10. Institutional Regulations
11. Job Assignments
12. Legal Services
13. Mail
14. Medical/Dental/Mental Health Services
  - a. Access to Health Care Services (Health Care Grievance)
  - b. Quality of Health Care (Health Care Grievance)
  - c. Unfair or Discriminatory Treatment (Regular Grievance)
  - d. Safety or Sanitation (Regular Grievance)
15. Personal Property
16. Permission to Marry
17. Recreation
18. Religious Services
19. Telephone Calls
20. Treatment Program Assignments
21. Trips away from the facility
22. Visiting

\_\_\_\_\_  
Informal Resolution

\_\_\_\_\_  
Grievance/Health Care Committee

\_\_\_\_\_  
Warden/Administrative Review

\_\_\_\_\_  
Notes/ETC.

Any ADA accommodation requested for the inmate grievance process?

Yes  No

**DEPARTMENT OF CORRECTIONS  
INMATE GRIEVANCE FORM**

NAME \_\_\_\_\_ INSTITUTION \_\_\_\_\_  
INSTITUTIONAL NUMBER \_\_\_\_\_ GRIEVANCE NUMBER \_\_\_\_\_  
UNIT/HOUSING ASSIGNMENT \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

**BRIEF STATEMENT OF THE PROBLEM**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION REQUESTED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
GRIEVANT'S SIGNATURE                      DATE                      GRIEVANCE AIDE'S SIGNATURE / DATE

**INFORMAL RESOLUTION STAGE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
STAFF SIGNATURE                      DATE                      GRIEVANCE AIDE'S SIGNATURE / DATE

I am \_\_\_\_\_ or am not \_\_\_\_\_ satisfied with this informal resolution to my grievance. (You have 5 business days to forward this form to the Grievance Coordinator to request a hearing.)

\_\_\_\_\_  
GRIEVANT'S SIGNATURE                      DATE

**GRIEVANCE COMMITTEE**

FINDINGS AND RECOMMENDATIONS

DATE \_\_\_\_\_

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I AM SATISFIED WITH THE RECOMMENDATION OF THE GRIEVANCE COMMITTEE.

COMMITTEE MEMBERS:

I WISH TO APPEAL THIS RECOMMENDATION TO THE WARDEN. (You have 3 business days to forward this form to the Warden.)

_____ / _____	
INMATE NAME & NUMBER	SIGN
_____ / _____	
INMATE NAME & NUMBER	SIGN
_____ / _____	
STAFF NAME	SIGN
_____ / _____	
STAFF NAME	SIGN
_____ / _____	
CHAIRPERSON NAME	SIGN

\_\_\_\_\_  
GRIEVANT'S SIGNATURE / DATE

**WARDEN'S REVIEW**

REVIEW AND DECISION

DATE OF DECISION \_\_\_\_\_

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I AM SATISFIED WITH THIS DECISION.

I WISH TO APPEAL THIS DECISION TO THE COMMISSIONER.  
(You have 3 business days to forward this form to the Grievance Coordinator for the Ombudsman.)

\_\_\_\_\_  
GRIEVANT'S SIGNATURE / DATE

\_\_\_\_\_  
WARDEN'S SIGNATURE



**HEALTH CARE GRIEVANCE COMMITTEE**

FINDINGS AND RECOMMENDATIONS

DATE \_\_\_\_\_

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- ( ) I AM SATISFIED WITH THE RECOMMENDATION OF THE GRIEVANCE COMMITTEE
- ( ) I WISH TO APPEAL THIS RECOMMENDATION FOR ADMINISTRATIVE REVIEW. (You have 3 business days to forward this form to the Grievance Coordinator.)

\_\_\_\_\_  
GRIEVANT'S SIGNATURE / DATE

**ADMINISTRATIVE REVIEW**

REVIEW AND DECISION

DATE OF DECISION \_\_\_\_\_

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\_\_\_\_\_  
MEDICAL DIRECTOR



Commonwealth of Kentucky  
Department of Corrections – Health Care Grievance Process  
Authorization for Release of Patient Information

CPP 14.6 Attachment V, Rev. 3/2006



The undersigned patient authorizes as indicated below the disclosure of the patient's health information:

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Inmate Number

\_\_\_\_\_  
All dates

\_\_\_\_\_  
Date(s) of Treatment to be Released

Records and information to be released from:

Department of Corrections and/or

Records and information to be released to:

Any Corrections staff, health care provider, or other individual who is involved in the grievance process for the handling of patient's health care grievance including review by an outside health care professional (if used in the grievance process)

Grievance aides are to be excluded from this authorization if box is checked.

Purpose of Disclosure:

Inmate Grievance Process

Information to be disclosed includes:

- Admission Records
- Discharge Instructions
- Radiology
- Laboratory
- Medication Records
- History and Physical

- Progress Notes
- Physical Therapy Notes
- Dental Records
- Optometry Records
- Physician Orders/Prescriptions
- Medical Records from Outside Providers

- Mental Health Records
- Complete Medical Records

Other (Specify):

\*\*\* I understand that the health records may contain information relating to testing, diagnosis, and/or treatment of hepatitis, HIV/AIDS, sexually transmitted diseases, sickle cell disease, and drug and/or alcohol abuse. I authorize the release of these records, if they are located in my health records, unless I have specifically marked out that type of record from this paragraph. \*\*\*

\*\*\* I understand that the health records may contain information that may relate to mental health, but are also medical in nature including but not limited to medication prescriptions and monitoring, mental status, functional status, and symptoms. I authorize the release of these records. I understand that this authorization does not include the separate mental health section of my medical record, unless it is marked specifically above. \*\*\*

**REVOCATION AND TIME LIMITATION:** I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire one year from the date of signature.

**DISCLOSURE:** The grievance process is confidential and disclosure of information gathered in the process is prohibited from disclosure outside of the grievance process without an authorization from the patient/inmate. Records pertaining to drug and/or alcohol abuse treatment are prohibited from disclosure pursuant to 42 C.F.R. Part 2 unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose.


I have read or been informed of the contents of this authorization and all areas were properly completed prior to my signature and I am aware that this form is not required as a condition for treatment. The facility, its employees, and agents are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

\_\_\_\_\_  
Signature (Patient or Legal Representative and Title)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (if Patient signs with mark)

\_\_\_\_\_  
Date

 <p style="text-align: center;"><b>KENTUCKY CORRECTIONS</b> Policies and Procedures</p>	Policy Number	Total Pages
	14.7	16
	Date Filed	Effective Date
	<b>MAY 15 2024</b>	
Authority/References KRS 196.035, 197.020 34 U.S.C. §§ 30301 through 30309 ACA 5-ACI-3D-09 through 5-ACI-3D-16, 28 CFR §115.5, 28 CFR §115.6, 28 CFR § 115.11, 28 CFR § 115.15-16, 28 CFR § 115.21-22, 28 CFR § 115.31-35, 28 CFR § 115.41-42, 28 CFR § 51-52, 28 CFR § 115.61- 64, CFR § 115.67, 28 CFR § 115.71-73, 28 CFR § 78, 28 CFR § 115.81-83, 28 CFR § 115.86, 28 CFR § 115.89	<b>SEXUAL ABUSE PREVENTION AND INTERVENTION PROGRAMS</b>	

## I. DEFINITIONS

“Contractor” means a person who provides services on a recurring basis pursuant to a contractual agreement with the Department of Corrections as established in 28 C.F.R. § 115.5.

“Exigent circumstances” means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of an institution as established in 28 C.F.R. § 115.5.

“Gender nonconforming” means a person whose appearance or manner does not conform to traditional societal gender expectations as established in 28 C.F.R. § 115.5.

“Intersex” means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female as established in 28 C.F.R. § 115.5.

“Offender” means any person who is:

- A. Confined in a correctional institution;
- B. Under the probation or parole supervision of the Department of Corrections, including any person on inactive supervision who has not received a final discharge;
- C. Less than one (1) year beyond the date of his date of serve-out or release from supervision; or
- D. Adjudicated guilty or has entered a guilty plea, but is still pending final sentencing.

“Sexual abuse” means:

- A. The behavior described by KRS 510.120(1)(c); or
- B. As established in 28 C.F.R. § 115.6:

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1. Sexual abuse of an inmate, detainee or resident by another inmate, detainee, or resident; and
2. Sexual abuse of an inmate, detainee or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse;

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object or other instrument; and
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident;

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva or anus;
3. Contact between the mouth and any body part where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire;
4. Penetration of the anal or genital opening, however slight, by a hand, finger, object or other instrument, that is unrelated to official duties or where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire;
5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh or the buttocks that is unrelated to official duties or where the staff member, contractor or volunteer has the intent to abuse, arouse or gratify sexual desire;
6. Any attempt, threat or request by a staff member, contractor or volunteer to engage in the activities described in paragraphs (1) through (5) of this definition;
7. Any display by a staff member, contractor or volunteer of his or her uncovered genitalia, buttocks or breast in the presence of an inmate, detainee or resident, and
8. Voyeurism by a staff member, contractor, or volunteer.

“Sexual contact” means any touching or physical contact of the sexual or other intimate parts of a person, including the genitalia, anus, groin, breasts, inner thighs or buttocks, either directly or through clothing, that is unrelated to official duties or done for the purpose of arousing or gratifying the sexual desire of any person or humiliating, harassing or degrading any person.

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“Sexual harassment” means:

- A. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another inmate, detainee, or resident; and
- B. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures, as established in 28 C.F.R. § 115.6.

“Sexual offense” means any behavior or act of a sexual nature directed toward an offender by a staff member, visitor, or other offender. This includes completed, attempted, threatened, or requested acts including sexual abuse, sexual harassment, voyeurism, sexual contact, conduct of a sexual nature or implication, obscenity, and unreasonable invasion of privacy. Sexual offense also includes conversations or correspondence, which suggest a romantic or sexual relationship between an offender and a staff member.

“Staff member” for purposes of this policy only, means full-time, part-time, and interim employees, interns, students, volunteers, and contractors doing business on a recurring basis with the Department of Corrections.

“Substantiated” means an allegation that was investigated and determined to have occurred as established in 28 C.F.R. § 115.5.

“Transgender” means a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth as established in 28 C.F.R. § 115.5.

“Unfounded” means an allegation that was investigated and determined not to have occurred as established in 28 C.F.R. § 115.5.

“Unsubstantiated” means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred as established in 28 C.F.R. § 115.5.

“Volunteer” means an individual who donates time and effort on a recurring basis to enhance the activities and programs of the Department of Corrections, as established in 28 C.F.R. § 115.5.

“Voyeurism” means an invasion of privacy of an inmate, detainee, or resident by a staff member, contractor, or volunteer for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate’s naked body or of an inmate performing bodily functions, as established in 28 C.F.R. § 115.6.

## II. POLICY and PROCEDURE

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- A. This policy applies to all offenders, full time employees, part-time employees, interim employees, interns, students, volunteers, and contractors doing business with the Department of Corrections (DOC).
- B. Any sexual act, sexual contact, or sexual offense between an offender and a staff member, visitor, or other offender shall be prohibited. No offender, either incarcerated or under the supervision of the Department of Corrections, can give consent to any sexual relationship with a staff member. Any acts as defined in this policy that are conducted outside of the staff member's normal duties shall be considered a violation of this policy. The Department of Corrections has zero tolerance toward all forms of sexual abuse and sexual harassment.
- C. Training
  1. Training shall be tailored to be gender specific to the facility of each staff member. As required by 28 C.F.R. § 115.31, all employees shall receive training annually in the following:
    - a. The DOC's zero-tolerance policy for sexual abuse and sexual harassment;
    - b. Their responsibilities of sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
    - c. Offenders' right to be free from sexual abuse and sexual harassment;
    - d. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
    - e. The dynamics of sexual abuse and sexual harassment in confinement;
    - f. The common reactions of sexual abuse and sexual harassment victims;
    - g. How to detect and respond to signs of threatened and actual sexual abuse;
    - h. How to avoid inappropriate relationships with offenders;
    - i. How to communicate effectively and professionally with an offender, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming offenders; and
    - j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
  2. Training for volunteers and contractors shall be based on the level and amount of contact the individual has with offenders. As required by 28 C.F.R. § 115.32, all volunteers and contractors who have contact with offenders shall be trained annually on the following:

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- a. The DOC's policy of zero-tolerance regarding sexual abuse and sexual harassment and how to report such incidents.
  - b. Their responsibilities under the DOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
3. All employees who conduct sexual abuse investigations shall receive specialized training in conducting such an investigation in a confinement setting. The training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral as required by 28 C.F.R. § 115.34.
  4. As required by 28 C.F.R. § 115.35, all full and part-time medical and mental health care practitioners who work regularly in the institution shall receive specialized training on the following:
    - a. How to detect and assess signs of sexual abuse and sexual harassment;
    - b. How to preserve physical evidence of sexual abuse;
    - c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
    - d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
  5. Staff members completing the training listed in C (1) and (2) shall sign a document acknowledging that they understand the training they have received. All training documentation shall be maintained in accordance with the provisions of CPP 4.7.

D. Offender Education

1. During orientation at the Assessment and Classification Center and at each institution, an offender shall receive oral and written information about the DOC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment as required by 28 C.F.R. § 115.33(a).
2. Within thirty (30) days of intake at the Assessment and Classification Center and at each institution, comprehensive education shall be provided to offenders either in person or through video regarding their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents; how to prevent sexual abuse and self-protection measures; treatment and counseling availability; and policies and procedures for responding to such incidents. See 28 C.F.R. § 115.33(b).



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3. Each institution shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, and for offenders who have limited reading skills. Use of offender interpreters for assistance in offender education on aspects of the DOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment shall be prohibited except in circumstances where extended delays in obtaining an effective interpreter could compromise the offender's safety.
4. Each institution shall maintain documentation of participation in offender education.
5. Each institution shall ensure that key information is continuously and readily available or visible to offenders, such as posters and inmate handbook materials that explain the zero-tolerance policy and different ways to report.

E. General Provisions

1. Offenders shall be permitted to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental due to routine cell checks.
2. Youthful offenders - If a youthful offender is committed to an adult institution operated by the DOC; the requirements of 28 C.F.R. 115.14 and CPP 18.3 shall be followed.
3. All offenders who have been victims of sexual abuse in any correctional institution shall be offered medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse. This shall include timely and unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which shall be determined by medical and mental health practitioners according to their professional judgment. This shall also include timely and comprehensive information about emergency contraception, pregnancy testing, sexually transmitted infection testing and prophylaxis, and lawful pregnancy-related medical services deemed appropriate by the medical provider.
4. Mental health staff shall attempt to conduct an evaluation on all known offender-on-offender perpetrators within sixty (60) days of learning of such abuse and provide treatment as deemed appropriate.

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5. Current and previous victims of sexual abuse shall receive any medical and mental health services related to the sexual abuse at no cost to the offender.

F. Offender Risk Assessment

1. An offender shall be assessed during intake screening within seventy-two (72) hours of arrival at the Assessment and Classification Center and upon each transfer to another institution. Each objective risk screening shall include a review of any history of sexual abuse-victimization or sexually predatory behavior. The assessment report shall be completed in the Kentucky Offender Management System (KOMS). Housing concerns shall be documented in the comments section on the assessment in KOMS.
2. The intake screening shall consider, at a minimum, the following criteria to assess an inmate for risk of sexual victimization:
  - a. Whether the offender has a mental, physical, or developmental disability;
  - b. The age of the offender;
  - c. The physical build of the offender;
  - d. Whether the offender has previously been incarcerated;
  - e. Whether the offender's criminal history is exclusively nonviolent;
  - f. Whether the offender has prior convictions for sex offenses against an adult or child;
  - g. Whether the offender is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
  - h. Whether the offender has previously experienced sexual victimization; and
  - i. The offender's own perception of vulnerability.
3. The intake screening shall consider, at a minimum, the following criteria to assess an offender for risk of being sexually abusive:
  - a. Prior acts of sexual abuse;
  - b. Prior convictions for violent offenses; and
  - c. History of prior institutional violence or sexual abuse, as known to the Department of Corrections.
4. The information gleaned from the intake screening shall be used to make housing, bed, program, and work assignment decisions with the goal of keeping separate those offenders who are prone to sexual victimization from those who are prone to sexual aggression.
5. Within 30 days of arrival to each institution, the offender's risk level shall be reassessed based upon any additional information received since the intake screening. A reassessment shall also occur when any new information is learned that bears on an offender's propensity for sexual victimi-

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zation or abusiveness, such as an incident or new disclosure of sexual abuse. Reassessments shall include consultation with the inmate.

6. When an assessment indicates an offender has experienced victimization or previously been a perpetrator, staff shall ensure the offender has been offered a follow-up for counseling and monitoring with the appropriate medical or mental health professional within fourteen (14) days of the assessment.
7. The dissemination of information related to and resulting from the assessment shall be controlled and limited to staff necessary to inform treatment plans and make security and management decisions regarding housing, beds, work, education, and program assignments.
8. Medical and mental health professionals shall obtain informed consent from the offender prior to reporting information related to a prior sexual victimization that did not occur in a facility, unless the offender is less than 18 years old.
9. Offenders shall not be disciplined for refusal or nondisclosure of complete information in response to questions 1, 7, 8 or 9 asked in the risk assessment pursuant to 28 CFR § 115.41 paragraphs (d)(1), (d)(7), (d)(8), or (d)(9).
10. Placement decisions regarding lesbian, gay, bisexual, transgender, and intersex (LGBTI) offenders shall be individualized. See 28 CFR § 115.42.

G. Initial Reporting and Staff First Responder Duties

1. An offender may report a sexual offense to any staff member and may also report using any of the listed multiple internal and external reporting methods, whether verbally, in writing, anonymously, or a via a third party. If at any time it is learned that an offender is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the offender.
2. If an inmate reports sexual abuse in a grievance, the Grievance Coordinator shall forward the grievance immediately to the Warden and it shall be assigned to a designated trained investigator for a full investigation. The DOC does not have administrative procedures to address offender grievances regarding sexual abuse through the grievance system.
3. Staff members shall immediately report all knowledge, suspicions, or information of an incident of a sexual offense within a Kentucky or other correctional facility. They shall also report any retaliation against someone who has reported such an incident, any knowledge of staff who neglect to report the above incidents, or who, through neglect of duty or violation of

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responsibilities, may have contributed to an incident occurring. Staff may privately report offender sexual abuse and sexual harassment directly to the Warden or Deputy Warden of the institution or by contacting the PREA hotline at the number posted in staff break areas.

4. Upon learning that an offender was sexually abused, the staff member shall immediately ensure the safety of the alleged victim while reporting the information to the shift supervisor. The shift supervisor shall activate the coordinated response plan and ensure the following steps have been taken:
  - a. The separation of the alleged victim and perpetrator.
  - b. The security and protection of any crime scene to keep potential evidence in place for examination and investigation.
  - c. Notifications made to the Warden, investigator, and other designated DOC and institutional leadership and all required incident reporting procedures.
  - d. The only persons permitted to enter a secured crime scene shall be Kentucky State Police, the assigned investigator or medical staff as needed.
  - e. A log shall be maintained of anyone entering the crime scene and at what time he entered and exited. Anyone entering the crime scene shall be videotaped as additional documentation.
  - f. The area shall remain secured as a crime scene until verification of a completed investigation and released by the investigating authority.
5. If the incident occurred within the previous ninety-six (96) hours, the alleged victim and alleged perpetrator shall not take any actions that could destroy physical evidence which includes: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
6. The Medical Department shall promptly make arrangements for the alleged victim to be transported to an outside facility for an examination that may include: collection of forensic evidence, testing for sexually transmitted diseases, prophylactic treatment, follow-up, and mental health assessment.
  - a. In preparation of transporting the offender to the hospital's emergency room, the offender shall be provided and instructed to undress over a clean sheet, to collect any potential forensic evidence that may fall from the offender's person. The sheet along with the offender's clothing shall be collected as evidence and placed in a paper bag with an appropriate chain of evidence form attached.

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- b. In coordination with the hospital, the Medical Department shall request the forensic medical examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or other qualified medical practitioner. The efforts to provide SAFEs or SANEs shall be documented. The examination shall be at no cost to the offender.
  - c. Medical care and forensic medical examinations are separate and different procedures. Offenders shall have a right to refuse either. Alleged victims may be encouraged but shall not be forced to consent to a forensic medical examination. However, offenders may refuse consent to the forensic medical examination and still consent to and receive medical care.
7. The alleged victim shall be offered victim advocate services. If requested, the advocate service shall be contacted and given the appropriate information to assist the victim through the forensic examination and investigation process.
8. The alleged offender perpetrator shall be placed in a dry cell to preserve forensic evidence and observed continuously to ensure the alleged perpetrator does not destroy evidence on his or her person until a trained investigator is available to collect evidence. An offender placed in a dry cell, per this policy, shall not remain in this status longer than sixteen hours.
9. Victims of sexual abuse or those at high risk for abuse shall not be placed in involuntary protective custody or segregation unless all available alternatives have been assessed and documented and are not available. The institution may only hold the offender for twenty-four (24) hours in involuntary segregation while completing the assessment, and if the placement has to continue, shall document why there are no other available alternatives and provide access to programs, education, work, and other privileges to the extent possible.
10. An incident report shall be completed in the Kentucky Offender Management System (KOMS) before the end of the shift and forwarded to the appropriate facility and central office staff.
11. Notifications for the purpose of an investigation shall be immediately made to the designated facility or DOC investigator. In addition, all allegations of sexual abuse that involve potentially criminal behavior shall be referred for criminal investigation to the Kentucky State Police.
12. Within seventy-two (72) hours of receiving an allegation that an offender was sexually abused while confined at another facility, the Warden shall

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notify the head of the facility where the alleged incident occurred. The notification shall be documented. All allegations received from other facilities shall be investigated. The incident report and investigation shall be completed by the facility where the alleged incident occurred.

#### H. Investigations

1. All allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively investigated, including third-party and anonymous reports.
2. A PREA investigation shall be initiated within twenty-four (24) hours of the incident upon report to the institutional or DOC investigator or as soon as possible if referred for investigation to the Kentucky State Police.
3. Investigators shall:
  - a. Gather and preserve all direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data;
  - b. Interview the alleged victim, suspected perpetrators, and witnesses; and
  - c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator.
4. Investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the review of prior complaints and reports of sexual abuse involving the suspected perpetrator, and investigative facts and findings as required by 28 C.F.R. § 115.71.
5. Investigations shall normally be completed within ninety (90) days of initiation. If circumstances cause the investigation to extend past ninety (90) days, the cause shall be documented in the investigation.
6. A standard higher than a preponderance of the evidence shall not be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated for administrative investigations.
7. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the individual's status as an offender or staff member. An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition to proceed with the sexual abuse investigation.

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8. Administrative investigations that result in a substantiated case of sexual abuse shall include an effort to determine whether staff actions or failures to act contributed to the abuse as required by 28 C.F.R. § 115.71.
9. The departure of the alleged perpetrator or victim from the employment or control of the facility or DOC shall not provide a basis for terminating an investigation as required by 28 C.F.R. § 115.71.
10. All Adult Institution PREA investigations shall be referred to the Warden or designee for review and approval upon completion. Once approved by the Warden or designee, the investigation shall be referred to the PREA Coordinator's office for final review.
11. All Probation and Parole PREA investigations, including those from community confinement facilities, shall be referred to the designated Assistant Director or their designee for review and approval upon completion. Once approved by the Assistant Director or designee, the investigation shall be referred to the PREA Coordinator's office for final review.
12. Following an investigation where the alleged victim has reported the case of sexual abuse, the alleged victim shall be informed within thirty (30) days of the conclusion of the investigation. It shall be documented when the:
  - a. Allegation has been determined to be substantiated, unsubstantiated or unfounded;
  - b. Alleged perpetrator is no longer posted within the offender's unit;
  - c. Alleged perpetrator is no longer employed; and
  - d. Alleged perpetrator has been indicted or convicted on a charge related to sexual abuse.
13. The obligation to inform the alleged victim shall terminate if the offender is released from custody.

I. Sexual Abuse Incident Review

As required by 28 C.F.R. § 115.86, all facilities shall conduct a review, ordinarily within thirty (30) days, of the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. An investigation shall be deemed to be concluded upon the review and approval of the investigation report by the Warden, Assistant Director in Probation and Parole, or their designee as applicable. The review team shall consist of upper-level management officials with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:

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1. Consider whether the allegation or investigation indicated a need to revise policies or practices to better prevent, detect or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
6. Prepare a report of its findings, including determinations made from sections 1-5 and any recommendations for improvement and submit the report to the facility head and PREA compliance manager; and
7. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

J. Confidentiality

All information in an intake screening, incident report, or investigation of a sexual offense shall be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate, provide treatment, or make security or management decisions. An individual interviewed in the course of resolving the complaint shall be cautioned to treat the information as confidential. Breach of this confidentiality shall be grounds for disciplinary action. Due to the sensitive nature of a sexual offense incident as outlined in this policy, all investigative reports, incident reports, KOMS created incident reports (IRT), sexual abuse incident reviews, and investigative notes and documents on sexual offense incidents shall remain confidential and shall be subject to all applicable federal and state laws governing the disclosure or non-disclosure of the records. Any request for disclosure shall be reviewed in consultation with PREA staff.

K. Retaliation

Retaliation by or against any party, staff, or offender involved in a complaint or report of sexual abuse or sexual harassment shall be strictly prohibited. Retaliation in and of itself, shall be grounds for disciplinary action and shall be investigated.

1. The PREA Compliance Manager at each facility shall be responsible for monitoring retaliation.



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2. Monitoring shall occur for at least ninety (90) days following an allegation of sexual abuse or sexual harassment. Monitoring shall occur beyond ninety (90) days if the initial monitoring indicates a continuing need. Monitoring shall cease if the investigation determines that the allegation is unfounded.
3. In cases when monitoring offenders, periodic status checks shall be conducted by the PREA Compliance Manager as needed, but at least once every thirty (30) days. Status checks shall be conducted more often if concerns are expressed by the offender.
4. Emotional support services shall be provided as well as appropriate measures taken to protect any individual who expresses a fear of retaliation.

L. Offender Discipline and False Allegations

1. Offenders may be disciplined for substantiated incidents of offender-on-offender sexual abuse according to CPP 15.2. If an offender has pending disciplinary sanctions for alleged offender-on-offender sexual abuse, consideration shall be given as to whether the offender's mental disabilities or mental illness contributed to his or her behavior when determining what level of sanction, if any, will be imposed.
2. Offenders may not be disciplined for sexual abuse of a staff member if the staff member consented.
3. An offender may be disciplined for reporting a false allegation of sexual abuse or sexual harassment only if the institution can demonstrate the false allegation was knowingly made in bad faith. A report made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute a false report or lying even if an investigation does not establish evidence sufficient to substantiate the allegation as required by 28 C.F.R. § 115.78.

M. Staffing Plan

1. Each facility shall develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect offenders from sexual abuse.
2. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:
  - a. Generally accepted detention and correctional practices;
  - b. Any judicial findings of inadequacy;

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- c. Any findings of inadequacy from Federal investigative agencies;
  - d. Any findings of inadequacy from internal or external oversight bodies;
  - e. All components of the facility's physical plant, including blind spots or area where staff or offenders may be isolated;
  - f. The composition of the offender population;
  - g. The number and placement of supervisory staff;
  - h. Institution programs occurring on a particular shift;
  - i. Any applicable state or local laws, regulations or standards;
  - j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
  - k. Any other relevant factors.
3. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the staffing plan.
  4. Whenever necessary, but no less frequently than once each year, each facility, in consultation with the PREA Coordinator, shall assess, determine, and document whether adjustments are needed to:
    - a. The staffing plan established pursuant to this section;
    - b. The facility's deployment of video monitoring systems and other monitoring technologies; and
    - c. The resources the facility has available to commit to ensure adherence to the staffing plan.

N. Sexual Abuse Data Collection and Records Retention

1. Data shall be collected for every allegation of sexual abuse using the PREA investigating screens in KOMS designed to contain the data necessary to answer all questions for the Survey of Sexual Violence requested annually from the Department of Justice for the set of definitions established in 28 C.F.R. §115.5 and 28 C.F.R. §115.6. All data collected shall be securely retained.
2. Each facility shall document the number of allegations, completed investigations, Sexual Abuse Incident Reviews, offender notifications, and outside SANE or SAFE exams on a monthly report. The monthly report shall be submitted each month to the central office PREA Coordinator with the facilities tracking spreadsheet.
3. All data from available incident-based documents related to allegations of sexual abuse shall be collected, reviewed, and maintained as needed.
4. Data shall be obtained from each private facility which contracts for the confinement of Department of Corrections offenders.

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5. Aggregated data collected shall be made available to the public annually through the Department of Corrections website.
6. All case records associated with claims of sexual offenses, including incident reports, investigation reports, offender information, case disposition, and medical and counseling evaluation findings and recommendations for post-release treatment or counseling, shall be retained in accordance with the records retention schedule.

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Authority/References KRS 196.035, 197.020, 510.120, 531.090 28 C.F.R. § 115.5, 28 C.F.R. § 115.6, 28 C.F.R. § 115.15, 28 C.F.R. § 115.42, 28 C.F.R. § 115.43 ACA 5-ACI-3D-14, 5-ACI-1C-09; P & P ACA 4-APPFS-3C-02, 4-APPFS-3E-05 CPP 9.8, 14.7, 18.1, 18.5	Subject  <b>LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND INTERSEX INMATES</b>	

## I. DEFINITIONS

“Administrative review team” means a team consisting of the Department of Corrections Commissioner, Deputy Commissioners, a member of the Office of Legal Services, and other staff assigned by the Commissioner.

“Gender dysphoria” means a mental health disorder characterized by clinically significant distress or impairment in social, occupational, or other important areas of functioning secondary to a marked incongruence between an individual’s experienced/expressed gender and assigned gender.

“Gender identity” is distinct from sexual orientation and refers to a person’s internal sense of being male, female, or something else.

“Institutional treatment team” means a multi-disciplinary committee that consists of medical providers, nurses, psychiatric providers, psychologists, security, and other staff as needed working together on complex mental health and medical cases at the institutional level.

“Intersex” means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female.

“LGBTI” means lesbian, gay, bisexual, transgender, or intersex.

“Staff member”, for purposes of this policy, means full-time, part-time and interim employees, interns, students, volunteers, and contractors doing business on a recurring basis with the Department of Corrections.

“Therapeutic Level of Care or “TLOC” means a multi-disciplinary committee that consists

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of medical providers, nurses, psychiatric providers, psychologists, security, and other staff as needed working together on complex mental health and medical cases.

“Transgender” means a person whose gender identity (i.e. internal sense of feeling male or female) is different from the person’s assigned sex at birth. For example, a transgender woman is an individual who was born male but identifies as female. A transgender man is an individual who was born female but identifies as male. Transgender people may or may not be prescribed hormones or have had gender affirming surgery.

## II. POLICY and PROCEDURES

It is the policy of the Department of Corrections (DOC) to be sensitive to the unique issues of individuals who are LGBTI and to evaluate and place those individuals in a manner that is safe and consistent with the Prison Rape Elimination Act (PREA) standards and the DOC’s mission, values and security procedures. The Department of Corrections has a zero tolerance for sexual abuse or sexual harassment towards any inmate including LGBTI inmates. There is also zero tolerance for the use of any derogatory terms or discriminatory acts directed towards any LGBTI inmate.

### A. Institution Determination

1. An assessment to determine the institution a transgender or intersex inmate shall be assigned to shall be made on a case-by-case basis via an individualized assessment of the inmate, which includes input from medical and mental health staff, in consultation with the Director of Classification. A determination shall not be made based on genital status alone.
2. Staff shall consider if placement would ensure the inmate’s health and safety and if the placement would present management or security problems.
3. Staff shall give serious consideration to the inmate’s own views concerning his or her safety.
4. The individualized assessment shall consider the following:
  - a. Classification’s housing decision;
  - b. The inmate’s documented choice of whether a male or female institution is safest for him or her;
  - c. The inmate’s physical characteristics;
  - d. Whether the inmate identifies as male or female;
  - e. The inmate’s prior institutional history including incidents and grievances;
  - f. The inmate’s prior violent or sexual crime history;
  - g. The inmate’s physical appearance, age, and physical build;
  - h. Any relevant information obtained about the inmate from security, medical or mental health staff since arrival;

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- i. The ability of security staff to house and supervise the inmate to ensure his or her safety in each environment;
  - j. Any management problems that may be identified in each institution; and
  - k. Any other relevant information about the inmate's ability to positively or negatively manage his or herself in each type of environment.
5. If a transgender or intersex inmate already housed at a DOC institution requests transfer to an institution housing the opposite gender, the request shall be reviewed by the institutional treatment team prior to being referred to TLOC. The institutional treatment team shall complete the individualized assessment outlined in subsection 4 above. The TLOC shall then review and consider the information and recommendation provided by the institutional treatment team.
  6. TLOC Recommendations
    - a. If TLOC recommends deferral of a transfer, a treatment plan shall be developed and included with the recommendations. Both shall be referred for review to the Commissioner.
    - b. If TLOC recommends transfer, the recommendation shall be reviewed by the Administrative Review Team. The Administrative Review Team shall make the final determination on transfer.
    - c. TLOC recommendations shall be presented to the transgender or intersex inmate by a member of the core TLOC committee.
  7. All information pertaining to a TLOC transfer review shall be kept confidential except to the extent necessary for referral as required by this policy.
- B. Institution Intake
1. Notifications
    - a. If an inmate is received by the DOC through intake and DOC staff are made aware through the receiving process or if at any time during incarceration an inmate identifies as a transgender male or transgender female or is an inmate who is intersex, DOC staff shall immediately notify the Shift Supervisor and institutional PREA Compliance Manager.
    - b. As soon as possible after being notified, the institutional PREA Compliance Manager shall notify medical staff, mental health staff,

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the Warden, and the DOC PREA Coordinator.

2. Initial Housing Assignment

- a. Upon intake at the assigned institution, an initial housing assignment shall be made with the safety of the LGBTI inmate as priority.
- b. LGBTI inmates shall not be involuntarily placed into restrictive housing] unless an assessment of all available alternatives has been made and there are no alternative means available. If the inmate is placed in restrictive housing involuntarily, an assessment shall be completed within 24 hours. The inmate shall be kept in restrictive housing involuntarily only until an alternative means of separation from likely harm is arranged. Alternative means of separation shall be arranged as soon as possible, not exceeding thirty (30) days under normal circumstances.
- c. LGBTI inmates shall be housed in the least restrictive setting possible while considering their safety and well-being.

3. Risk Screening

- a. A risk screening shall be completed on all inmates, including LGBTI inmates, as required in CPP 14.7.
- b. If the result of the risk screening or any other assessments completed after the initial housing assignment is given indicate a need for a change in housing assignment, this shall be done as soon as possible after the screening or assessment is completed.

C. Bed, Housing, Work, and Program Assignments

1. All LGBTI inmates shall be classified in accordance with CPP 18.1. Classification staff shall use the results of the risk screening required in CPP 14.7 to help determine bed, housing, work, and program assignments as well as safety and custody decisions.
2. Classification staff shall give serious consideration to the inmate's own view concerning his or her safety.
3. LGBTI inmates shall be given the same treatment in determining access to programming and services as other inmates within the correctional institution. However, work, education, and programming assignments may vary for inmates if there is a documented reason to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Classification staff shall make individualized deter-

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minations about these inmate's assignments without discrimination.

4. Classification staff shall not make any determinations based primarily on the complaints of staff or other inmates when the complaints are based on gender identity.
5. Any questioning done by staff to determine appropriate housing shall be conducted in a private and respectful manner.
6. Any question relating to an inmate's anatomy or surgical status shall only be asked by authorized medical staff as necessary for proper medical treatment.
7. Classification staff shall not place LGBTI inmates in dedicated housing areas for LGBTI inmates solely on the basis of the inmate's sexual orientation, identification, or status.
8. Classification staff shall assess the placement and programming assignments for each transgender or intersex inmate twice a year to review any threats to safety experienced by the inmate. This shall be completed at least once every six (6) months during the inmate's reclassification required by CPP 18.1.
9. Transgender or intersex inmates shall have the right to request their housing assignment be re-evaluated. Any inmate request shall be made in writing to the Warden or designee of their assigned facility with an explanation of the reason for the request. The Warden or designee shall review and grant or deny the request based on the explanation at their discretion. The decision of the Warden or designee shall be documented.
10. A transgender or intersex inmate may request Protective Custody at any time according to the procedures in CPP 18.15.

D. Staff Training and Awareness – Respectful Communication

1. LGBTI inmates shall be treated with the same rules and respect as other inmates.
2. All DOC employees shall be required to attend training in pre-service and annually in in-service on PREA that includes how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming inmates.
  - a. In-service training shall include gender-specific reference and training to staff as it relates to the specific population supervised.



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- b. If a staff member transfers to a different institution, the staff member shall receive gender-specific training.
  - c. Staff shall also receive LGBTI-specific training in pre-service and in-service training.
3. To address LGBTI inmates respectfully, staff shall not engage in verbal comments, gestures, or actions of a derogatory or offensive nature, and staff shall not make demeaning references to the inmate's gender or gender identity, or sexually suggestive or derogatory comments about the body or clothing of an inmate or use obscene language or gestures. Terms such as "it," "he-she" and "that" are disrespectful to transgender inmates and shall not be tolerated.
  4. Staff shall refer to transgender inmates by their committed name and shall use the pronoun the inmate prefers to address him or her.
  5. Staff shall not attempt to change any inmate's understanding of his or her gender identity or sexual orientation.
  6. Staff shall not permit, condone, or otherwise allow any inmate to sexually harass another inmate, including a transgender inmate.
  7. The DOC shall provide training to security staff about how to conduct cross-gender frisk searches and searches of transgender and intersex inmates in a professional and respectful manner.
  8. All volunteers and contractors who have contact with inmates shall also be familiar with their responsibilities regarding LGBTI populations in accordance with Department policies.

E. Showers

1. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. They shall not be required to shower separately but shall have the opportunity if they wish to do so. This shall be accomplished by:
  - a. Allowing the inmate to shower alone in a community shower at a time separate from other inmates; or
  - b. Allowing the inmate to shower alone in a shower that has separate and private walls or curtains.
  - c. The institutional Warden or designee shall determine which option is appropriate based on the showering options at the institution.

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2. Transgender and intersex inmates shall be given as much privacy as possible without jeopardizing the safety of the inmate and the safety and security of the institution during the shower periods.

F. Searches

1. Inmate searches shall be conducted in a professional and respectful manner, in the least intrusive manner possible, and consistent with security needs. Staff who frisk and strip search transgender and intersex inmates shall have the requisite search training.
2. DOC staff shall not search or physically examine transgender or intersex inmates for the sole purpose of determining their genital status. As noted in 28 C.F.R. 115.15(e), if an inmate's genital status is unknown, DOC may determine it through conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
3. Operationally, four options may be used for searches of transgender or intersex inmates:
  - a. Frisk search conducted by female staff only, especially given there is no prohibition on the frisk searches female staff may perform;
  - b. Ask inmate to identify the gender of staff with whom he or she would feel most comfortable conducting the search;
  - c. Search conducted in accordance with the inmate's gender identity;  
or
  - d. Search conducted only by medical staff.
4. At no time shall one gender staff search a top half of an inmate's body and another gender search a bottom half.
5. A determination of the staff gender to search a transgender or intersex inmate shall be made on a case-by-case basis by institutional Warden or their designee and shall be documented in writing within the offender management system with an explanation for the determination.
6. If the inmate requests to change this determination at any time, it shall be documented and a review completed. The results of the review shall also be documented and maintained in the offender management system.

G. Transportation

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1. If possible, both a male and female staff are to be utilized on a transport that includes a transgender or intersex inmate so search options are available to the inmate depending on the circumstance, gender identity, and PREA requirements that prohibit cross-gender pat searches.
2. If it is not possible for both a male and female staff to be assigned on a transport that includes a transgender or intersex inmate, a staff member of the same gender as designated for searches shall be assigned to the transport.

#### H. Confidentiality

1. Because LGBTI inmates may be at particularly high risk for physical or sexual abuse or harassment, information learned about an inmate, whether received from the inmate, the PREA Risk Screening, other documents or records, or a suspicion that the inmate may be LGBTI, shall be used only for the safety and security of the inmate and facility. A person shall not share this information with others unless there is a legitimate and documented reason to do so.
2. Sexual safety risk screening information shall be locked and secured with limited access. Staff shall keep an inmate's sensitive personal information confidential.

#### I. Physical and Mental Health Treatment

1. All inmate's, including those who self-identify or screen on the PREA Risk Screening as transgender or intersex, shall be referred to medical for a review of needs within fourteen (14) days of arrival at the assigned facility or if their identification is made at another time during their incarceration.
2. Medical and mental health practitioners shall document whether an inmate has identified as transgender or intersex after a medical assessment and mental health evaluation.
3. The DOC shall provide transgender and intersex inmates with individualized assessments and care, to include necessary and appropriate mental health, physical health, and if warranted, psychiatric care throughout incarceration.
4. All transgender and intersex inmates shall have a treatment plan implemented by mental health outlining their individualized plan of care.
5. All inmates who self-identify as transgender or intersex, shall be reviewed by the TLOC annually unless TLOC determines the inmate needs to be reviewed more frequently. This review shall include placement, pronoun

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preference, any issues with mental or physical health, use of gender affirming hormone therapy and next scheduled appointment with endocrinology.

6. If an inmate requests hormone affirming treatment, the process shall be as follows:
  - a. The inmate shall be reviewed by a mental health provider to update the treatment plan and to determine if the inmate meets the diagnostic criteria for gender dysphoria.
  - b. If the mental health provider affirms the inmate meets criteria for gender dysphoria, and current treatment interventions are found by the institutional treatment team to be insufficient in alleviating the dysphoria, the Institutional Health Services Administrator shall schedule the inmate to be presented to TLOC for review and referral to endocrinology if appropriate.
  - c. If the mental health provider does not determine the inmate meets criteria for gender dysphoria, the inmate may request a second evaluation from a DOC mental health provider. This request shall be coordinated through the Institutional Health Services Administrator.
  - d. All transgender inmates shall be reevaluated annually, and treatment plan updated to reflect necessary changes.
  - e. The endocrinologist shall make the final determination on whether gender-related hormone treatment for a transgender inmate shall be initiated or continued based on documented medical need.
  
7. If an inmate requests a transgender specific surgery, the process shall be as follows:
  - a. The inmate shall be scheduled to meet with a mental health provider to update the treatment plan and to determine if current treatment interventions are found by the institutional treatment team to not be sufficient in alleviating the dysphoria.
  - b. The institutional treatment team shall update the inmate's treatment plan to reflect least invasive treatment options available to inmate
  - c. The institutional treatment team shall educate the inmate on more progressive treatment options and the permanence of long-term side effects.
  - d. TLOC shall review the requests and the healthcare information of

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the inmate to include consultation with an endocrinologist.

- e. If TLOC affirms that the inmate continues to exhibit gender dysphoria and all possible avenues to alleviate the dysphoria have been attempted the inmate shall be referred for review by a separate Administrative Review Team.
- f. The Administrative Review Team shall make the final determination on whether transgender specific surgery for an inmate be initiated.

J. Staff and Inmate Discipline

Staff or inmates who are found to have participated in the abuse or harassment of an LGBTI inmate shall be reviewed for appropriate action, which may include disciplinary action up to and including dismissal for staff and disciplinary action for inmates. The DOC shall not tolerate physical, emotional, or sexual abuse or harassment of any inmate.