IDAHO DEPARTMENT OF CORRECTION Grievance/Appeal Form

Grievance					,
Offender's Name: Jas Institution, Housing Unit,	son D. Hodge	<u> </u>	IDOC Numb	per: 124091	
Institution, Housing Unit,	& Cell:	TMST .	<u>B-2-56_</u>	Date: <u>//~</u> 7	-21
	For Adr	ninistrative	Use		
Facility:		Grievan	ce Number: 🔼	M2/coccs	
Date Collected:		Grievan	ce Category: }	Policy/SO	5
Date Forwarded to Offen	der's Previous Fac	ility:			
Name of Previous Facility					
Date Forwarded to Resp					
Level 1 Responder's Nar Level 2 Responder's Nar	ne:	Da	te Due:	Received:	
Final Grievance Decision			te Sent to Offen		
The problem is: On 10-1		The state of the s		ern form (enc	losed)
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outlined in SooiP. G Stopped over a year	07.26.01.014,	#14, but	11et 9. She int	ormed me thi	s was
stopped over a year	ago. The policy	e preds to	be updated	. AS this poli	14.
no longer promulyate reeds to be revised	es the correct	Criferia	or procedure	10 60 +010WE	d, It
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a Concern form. I a	iso sent Chal	Page a	tencern form	2 but it was	,
I suggest the following so	WiWessels.	, ,			
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revision so it re	flects this ac	MUDISTE	2Fions (II)	oc) corre	nt
intent.					
Offender's signature:	m Wohai	(2)			~~
- A	****				
Appeal Date: //	-29-21				
I am appealing the grieva				100 100	112
According to S.O.P.	, 163,00,01.0	15 5 T 0 N	USF MANDE	ers responsi	15
"MUST ENSURE" +	hat the pmc	PSSISPE	PETCTENT	and TIME	1411
MY case manager					
like this, makes					
auditor who audit					
policy has been	outdated an				/P 01-
Code (IDAPA) 20	LIDOCSO	10 2 box	CTENT: PE e mentioned		rdina
	is warrante	d. I 503	F Wan t the	- 1 1 1/1/ 1 8	to
reflect the corre	ct criteria	and proc	educe to b	e followed.	Fec
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Offender's signature:	m 126 h				
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Appendix B 316.02.01.001 (Appendix last updated 2/14/12)



Idaho Department of Correction Grievance Form

Offender Name:

HODGE, JASON DEAN

Location:

si R 56

Offender Number:

124001

Number:

IM 210000538

Category:

POLICY OR SOP

Offender Grievance Information

Date Received:

11/09/2021

The problem is:

On 10-15-21, I sent my case manager a concern form (enclosed) requesting the chance to respond to the PHO's recommendation, as currently outlined in S.O.P. 607.26.01.014, bullet 9. She informed me this was stopped over a year ago. The policy needs to be updated. As this policy no longer promulgates the correct criteria or procedure to be followed, it needs to be revised in accordance with S.O.P. 103.00.01.003.

I have tried to solve this problem informally by:

Sending policy coordinator Southwick a concern form. I also sent Chad Page a concern form, but it was intercepted by D.W. Wessels.

I suggest the following solution for the problem:

Correct the policy through revision so it reflects this administrations (IDOC) current intent.

Level 1 - Initial Response

Date Forwarded:

11/09/2021

Date Returned:

11/09/2021

Date Due Back:

11/23/2021

Level 1 Responder:

SOUTHWICK,

The response from the staff member or person in charge of the area/operation being grieved:

As you will have received my response to the concern form (mailed yesterday due to my being out sick) I will just provide more detail regarding my response on the concern form:

You are wasting your time writing to me. I do not have any control over WHEN an SOP gets updated. Nor, do I have control over WHAT gets updated within the SOP. That is all up Division of Prison leadership or their designees. I merely track and facilitate the process, fix formatting issues, make sure it conforms to current document style guidelines, etc.

Between many leadership changes at Central Office and staff shortages in the facilities affecting the availability of SMEs who could work on the SOPs, as well as additional duties taken on by staff due to Covid, etc. the SOP process has necessarily slowed down.

Luckily, the facility's case managers are trained on and aware of any changes/updates and can advise you about them until Division of Prison leadership (as THEY are the ones who make these decisions) have time to get to it. The new division chief (as of this week) over resident programming is Deputy Chief Liz Neville. She should be the Level II response to this and she can best advise you as to whether there may/may not be plans to revise this SOP.

However, you will have to be patient as she just started this new position and may have other priorities that are higher on the list with situations where we don't have a case manager to fill the gap.

Date: 12/13/2021 10:51 Created By: trichard Page 1 of 2

IM 210000538

HODGE, JASON DEAN

124001

Level 2 - Reviewing Authority Response

Date Forwarded:

11/09/2021

Grievance Disposition:

DENIED

Date Due Back:

11/25/2021

Level 2 Responder:

NEVILLE, LIZ

Date Returned:

11/22/2021

Response sent to offender:

Your grievence has been reviewed and I find:

We are looking into what changes need to be made to policy and coordinating with the Parole Commission. Please just understand that these changes can take time especially when they impact several areas of the agency.

Offender Appeal

Offender Comments:

According to S.O.P. 103.00.01.003-1, staff members responsible for the development and "REVISION" of controlled documents "MUST ENSURE" that the process is "EFFICIENT and TIMELY." My case manager constantly complains that issues with the policies like this, makes her job difficult. She even said as much to the auditor who audited her a couple of months ago. That this policy has been outdated and incorrect for well over a year -going on 2-is not "TIMELY or EFFICIENT." Per administrative code (IDAPA) and IDOC's own above mentioned policy, regarding policies, revision is warranted. I just want the handbook to reflect the correct criteria and procedure to be followed. Per policy, it's past time. A "TIMELY MANNER" isn't years...

Level 3 - Appellate Authority Response

Date Appealed:

12/02/2021

Grievance Disposition:

MODIFIED

Date Forwarded:

12/02/2021

Level 3 Responder:

RICHARDSON,

Date Due Back:

12/18/2021

Response sent to offender:

Date Returned:

12/13/2021

Your appeal has been reviewed and I find:

Mr. Hodge,

As the level-2 responder, Deputy Chief Neville responded, this matter is being addressed. Please be patient with the process.

IDAHO DEPARTMENT OF CORRECTION

B-2-56

Inmate Concern Form
Inmate Name: JESON P. Hodge IDOC Number: 12400/ Institution, Housing Unit, & Cell: TMSI B-2-56 Date: 10-15-21
10: CONTRACT
(Address to appropriate staff: Person most directly responsible for this issue or concern)
Issue/Concern: MS. Hottinger, according to Policy 607.26.01.014 bullet 14-9, you are to review the excellenting officers recommendation, in tolar me of the
recommendation, in tolar the of the
CONTRACTOR STATE OF STATE OF STATE OF STATE OF THE STATE OF STATE
I would like to respond to the recommendation.
T/ = // / / / / / / / / / / / / / / / /
Thank you for your time 3 consideration,
Inmate signature: (Description of the issue must be written only on the lines provided above.)
Staff Section
(Signature of Staff Member Acknowledging Receipt) / Associate ID#) Collected/Received: (Date collected or received)
(22.0 30.00.00 37.500.00.0)
Reply: Policy needs to low podeted The PHIs do not give vicinmendations my mire land hove not the over the year.
Responding Staff Signature: A 10/15/7/

This is an exact model and must be produced on three (3)-part NCR paper.

Rnk copy to inmate (after receiving staff's signature), Original and Yellow copy to responding staff (after completing the reply, yellow copy returned to inmate)

IDAHO DEPARTMENT OF CORRECTION Resident Concern Form

resident Name: 023977 178442	IDOC Number: <u>パスペパスカナ</u>
nstitution, Housing Unit, & Cell: IMST B-2-56	Date: 10-24-21
o: Policy Coordinator Southwick	
(Address to appropriate staff: Person most directly responsible for this issue or concern)	
ssue/Concern: I've had multiple issues with S.O.P. Got. 26.0 Asstrocently, I concerned my CeM. Ms. Hattimer, regarding in the PHO's recommendation and my Cliance to respond to it it is topped over a year ago, the policy needs to be up-dated. D.W. Wore proactive with my Casc manager regarding paralle hearing eing so for out-of-date and incorrect makes this most impossible so the correct criteria or procedure, thus intent of this alministration, could you (Description of the issue must be written only on the lines provided	bullet 14-9 of this policy— - and she said this was Vessels said I need to be Preparation? This policy neethis policy notomer reflects uplease revise it accordingly?
desident signature: HOh	
Staff Section	
~ 1 Collected/F	Received: (1/24/2)
Signature of Staff Member Acknowledging receipt) / Associate ID #	(Date collected or Received)
	h the ECCISION AS tO WHEN
1 STO gots personed that's unto Division bands oching. I may a some left to the property that he will be head many sendent popula that I is November 162 November	
esponding Staff Signature: Associate ID #: 911	Date: 11-5-21
ink copy to resident (after receiving staff's signature),	

						3-2-	56
Resident Name:	Hodas		TMENT OF CORRECT nt Concern Form		IDOC Number:	12 / 201	/
nstitution, Housing Unit, &	Cell:	IMST B	3- 5- 66		Date: 12		
To: Policy Coordin	1 10	outhwick			Date.		
(Address to approp	riate staff: Perso	n most directly respons	sible for this issue or con-	cern)			
ssue/Concern: 🚊	1			<u> </u>	1 /	1.	
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*		S	taff Section				
Signature of Staff Member Ad	cknowledging	rocaint) / Ass	cociate ID #	ollected/Recei	ved:	lected or Rec	oivod)
Reply:	oknowledging	receipt) / Ass	ociate id #		(Date cor	ected of nec	eivea)
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		ESP	ONSE				
Responding Staff Signature:			Associate ID #:		Date:		
rink copy to resident (after receiving s original and yellow to responding stal		g reply, yellow copy returne	ed to resident.) Last Rev. 1/2	21			PRT3NCRCF
before getting been file	it. A		the Sam Is how co offer a	ncern	Forms	Stal	rt
00011110	" "						

B-2-56

IDAHO DEPARTMENT OF CORRECTION

Inmate Concern Form

Inmate Name: Jason D. Hodge IDOC Number: 124001.
Institution, Housing Unit, & Cell: IMSI B-2-56 Date: 11-10-21
To: Deputy Chief. Liz Neville
(Address to appropriate staff: Person most directly responsible for this issue or concern)
Issue/Concern: I was directed to contact you concerning the revision of S.O.P. 607.26.01.014 Recently, I concerned my CCM. Ms. Hottomer. regarding #14, bullet 9 07 this policy - an the PHO'S recommendation and my Change, to respond to it - 2nd she Said this was stopped over a year 200. The policy needs to be undated. I've had multiple is sues with this 5.0.P. being out-of-date and incorrect. Since this policy no longer reflects the correct criteria or proreduce to be fallowed. Could you please have it revised? (Description of the issue must be written only on the lines provided above.) RECEIVED
The state of the s
Staff Section NOV 1.8 2021
Collected/Received: 1/10/2/
(Signature of Staff Member Acknowledging Receipt) / Associate ID#) PRISONS (Date collected or received)
Reply: MR. Hodge - I have blented of the 2000 co
Responding Staff Signature:
Rink copy to inmate (after receiving staff's signature), Original and Yellow copy to responding staff (after completing the reply, yellow copy returned to inmate) This is an except model and must be produced on three (3) part NCP paper.

IDAHO DEPARTMENT OF CORRECTION
Resident Name: 1250n D. Hodge Resident Concern Form RECEIVED IDOC Number: 12400/
nstitution, Housing Unit, & Cell: IMSI B-2-56 Date: 12-19-21
$TM = 1/20$ $M_{\odot} = 1/20$
(Address to appropriate staff: Person most directly responsible for this issue or concern) WARDEN'S OFFICE
issue Concern. Walden Kichardson. You ferently feviewed an appeal I Submitted in legards to
Tievance #IM210000538- on Policy- and I don't understand why? Per S.O.P. 316.02.001-1. When a
roblem is beyond the scope of their authority they should work through their chain of command to achieve
Solution. It also says the level of review should be from lowest to highest, by those most capable to
Spord. The next level above reputy chief Neville, and whom oversees policy management and revision is hief Page; he should be been the appellate authority. I would like to follow the letter of the Sio.P.
nd have My appeal seviewed at the appropriate level. Thank you for your time sir:
(Description of the issue must be written only on the lines provided above.)
esident signature: 4m Hoan
Staff Section
1 = 491 Collected/Received: 12/19/71
Signature of Staff Member Acknowledging receipt) / Associate ID # (Date collected or Received)
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esponding Staff Signature: Associate ID #: Date: Date:
nk copy to resident (after receiving staff's signature),
riginal and yellow to responding staff (after completing reply, yellow copy returned to resident.) Last Rev. 1/21
order. Warden Richardson Should've been Second level review, and Deputy Chief Neville the appellate authority. That's what Mr. Richardson is Saying here. Still violates 5.0. P
order. Warden Richardson Should ve been second
Deputy Chief Neville The Experience
level veriew, and Mr. Richard son is Saying
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B-2-56 56