

## Milwaukee County Jail

# Operational Assessment

National Institute of Corrections #18J1602

Jim Hart and Stacy Sinner, Technical Resource Providers  
3-29-2018

*Jim Hart, CJM, CCE*  
6435 Harbor Master Drive  
Hixson, TN 37343  
[rtcjhart@aol.com](mailto:rtcjhart@aol.com)  
423-413-7902

March 29, 2018

Richard Schmidt, Acting Sheriff  
Milwaukee County Sheriff's Office  
821 West State Street  
Milwaukee, WI 53233-1488

Subject: **Operational Assessment of the Milwaukee County Jail (re: NIC Technical Assistance Project #18J1602)**

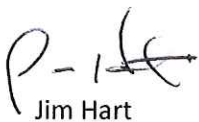
Dear Acting Sheriff Schmidt:

Enclosed is the Final Report that Stacy Sinner and I prepared as a result of our on-site visit February 28 – March 2, 2018. It outlines our observations and recommendations. We hope that they will serve as information, guidance, and resource for you and your staff, as you work toward making the Milwaukee County Jail a model for other jail jurisdictions to emulate.

We would like to express our sincere appreciation to you and all the Milwaukee County Jail staff for the courtesy and cooperation extended to us. We recognize that our visit requires modification to the routine, but all found time to meet our every need or request. Our special thanks to Deputy Inspector Dobson and Captain Daniel Dittberner, along with the many others who helped guide and respond to our visit and its needs. They were outstanding professionals throughout the review and had any information requested made readily available. Notably, they all exhibited integrity and dedication which are attributes essential for jail administrators, managers, and staff to move positively forward into the future.

We certainly wish you and the entire Milwaukee County Jail team well in your and its future endeavors and commend you for voluntarily undergoing this National Institute of Corrections Operational Review.

Sincerely yours,

  
Jim Hart

Cc: Michael Jackson, NIC Correctional Program Specialist (CPS)  
Stacy Sinner, Technical Resource Provider (TRP)

## **Disclaimer**

### **NIC Technical Assistance #18J1602**

This technical assistance activity was funded by the National Institute of Corrections. The Institute is a Federal Agency established to provide assistance to strengthen state and local correctional agencies by creating more effective, humane, safe and just correctional services.

The resource persons who provided the on-site technical assistance did so through a cooperative agreement, at the request of the Milwaukee County Acting Sheriff, and through the coordination of the National Institute of Corrections. The direct on-site assistance and the subsequent report are intended to assist the agency in addressing issues outlined in the original request and in efforts to enhance the effectiveness of the agency.

The contents of this document reflect the views of Mr. Jim Hart and Ms. Stacy Sinner. Points of view or opinions expressed in the Technical Assistance Report are those of the authors and do not represent the official opinions or policies of the US Department of Justice. Upon delivery of the final Technical Assistance Report to the agency that requested the assistance, the report becomes the property of that agency. The National Institute of Corrections will not distribute the report to non – NIC entities, or consider it an agency record of the federal FOIA, without the express, written approval of the agency.

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### **Attachments:**

- I. Milwaukee County Acting Sheriff's September 7, 2017 Request
- II. Scope of Work Overview
- III. March 14, 2018 memorandum from Deputy Inspector Dobson "Action Plan to Address Recommendations in NIC Report
- IV. March 19, 2018 memorandum from Lieutenant Kevin Johnson "NIC Report/Time Analysis"
- V. March 19, 2018 memorandum from Captain Joshua Briggs "Overtime Tracking"
- VI. Detention Services Bureau Directive J2018-01 "Prescribed Medication Storage Version #1"

## 1. Introduction.

- a. A request for an operational assessment of the Milwaukee County Jail was submitted to the National Institute of Corrections (Mr. Michael Jackson) by Milwaukee County Acting Sheriff Richard R. Schmidt on September 7, 2017 (Attachment 1). The request indicated that there were four in-custody deaths in the jail in 2016 and three additional in custody deaths occurring in 2017.
- b. Through the National Institute of Corrections request for proposal process this project was awarded to Jim Hart and Stacy Sinner on 9 February, 2018. Attachment 2 provides the scope of work for this project. On this same date I emailed Deputy Inspector Aaron Dobson to establish initial contact. Through phone calls and emails we obtained information on the facility. A date of February 28 through March 2, 2018 was scheduled for a site visit to conduct the assessment.
- c. In preparation for the visit various documents were reviewed that included the 2016 and 2017 state jail inspection reports and checklists, post orders for first and second shifts, various jail directives, the staff structure, the Wisconsin Jail Standards, training curriculum, the Christensen v. Sullivan Consent Decree, critical incident data, a facility description, the inmate handbook, and two court monitor (Shansky) reports from visits on May 22-26, 2017 and October 23-27, 2017.
- d. February 28 through March 2, 2018 Site Visit
  - i. Stacy Sinner and I met on the evening of February 27, 2018 to discuss a plan of action regarding this assessment. We further discussed the advance reading materials we had received.
  - ii. We arrived at the Milwaukee County Jail at approximately 0830 on February 28, 2018. We had an introductory meeting with Deputy Inspector Dobson, the assistant jail commander Dan Dittberner, shift commanders Captain Scott Sobek, Lieutenant Kevin Johnson, and legal counsel Andrew Jones. Introductions were made and we began discussing the purpose of the assessment as well as the challenges and accomplishments that the jail has experienced.
  - iii. According to Inspector Dobson the outcome of the operational assessment is to determine if the agency is doing the right things. Further, what can be done differently and finally, are there any best practices that might assist them.
  - iv. Current Challenges:
    1. Nursing shortages. Due to a nursing shortage the jail routinely experiences inadequate staff coverage in the booking area. As a result there is a back log in the initial and secondary medical screening of new inmate arrivals. According to the jail staff, the health care contract mandates that the screening be initiated within two hours. As the contract is currently written, the screening may be initiated within two hours but may not be completed for an extended period of time. We discussed contract monitoring and the belief of the agency is that no one is actually monitoring the health care contract. The major hurdle that the jail has to overcome is that the contract is currently held through the mayor's office and house of corrections. This arrangement

appears to limit what the jail/sheriff can do to properly manage the contract as well as enforce non-compliance.

2. The opioid epidemic has resulted in a sicker population at the jail. The overflow for pretrial and sentenced inmates is the House of Corrections. Unfortunately, the House of Correction will not accept inmates experiencing illnesses related to opioid addiction, thus they remain at the jail.
3. According to the medical and mental health care providers 60% of the population is receiving medications. Twenty-two percent of the population is receiving psychotropic medications.
4. The mental health population frequently acts out which creates safety and security concerns for medical and mental health staff who attempt to provide care.
5. The jail is frequently close to the mandated capacity and works daily to identify inmates who are eligible for transport to the House of Corrections. Unfortunately, due to the minimum security level housing configuration of that facility, there are restrictions in the type of inmate that can be sent there. As a result, there are housing units at the House of Corrections that are not utilized. We discussed the possibility of retrofitting some of the empty housing areas to increase the level of security. According to the jail staff, the Milwaukee County leadership must make the decision to commit resources to make that happen.

v. Agency Accomplishments:

1. The Sheriff has assigned three Captains to the jail as wellness coordinators. Their role is to check on inmates in the high risk areas as well as act as a liaison between medical, mental health, and corrections to ensure that inmate's needs are being met.
2. The agency is revamping hiring practices with a goal of trying to reduce an excessive amount of overtime usage and expedite the hiring process. They have a budgeted staffing complement of 260 and currently have 239 corrections officers employed. This number is up from 200 eleven months ago.
3. New jail leadership has been brought to the jail including Deputy Inspector Dobson as the Jail Commander, Captain Dittberner as the Assistant Commander, Lieutenant Stadler as the supervisor in charge of Jail Records and Annette Olson over inmate property, six shift commanders (two sworn Lieutenants and four Correctional Captains), and fifteen correctional Lieutenants. The agency feels that the exposure of more leadership throughout the building is enhancing employee retention and morale.
4. They have relocated the red lines in the housing pods to give the inmates more room to move about. Additionally, it gives the inmates the opportunity to have private conversations with the pod officers while they are at their work station.

5. Housing pods have had telephones increased from six to twelve for inmate use. The belief is that this will reduce inmate altercations that occurred over phone access and permit more time and opportunities for the inmates to communicate with their families.
6. New high definition cameras have been installed which has enhanced monitoring of all areas of the jail thus enhancing safety and security.
7. Old carpeting is being replaced in housing pods with tile flooring.
8. Four corrections officers have been assigned as "team leads" to augment and assist corrections lieutenants in areas of scheduling and various administrative duties. The leadership team believes that this exposes these individuals to increased responsibilities and prepares them for future leadership positions. Unfortunately, these positions are not compensated for the additional responsibilities.
9. There has been an increase in the number of CERT and weapons qualified personnel. A focus on improving training for employees has been enhanced. New employees go through a one week orientation course then will spend a period of time working under the direct supervision of a facility training officer. They will then attend a corrections academy.
10. A formal leadership review process has been developed and implemented for incidents occurring in the facility.

## 2. Description of the Milwaukee County Jail

- a. The Milwaukee County Jail was built in 1992 and is the intake facility for almost every arrest that occurs in Milwaukee County. Approximately 80 inmates are booked and released from over 20 police agencies daily. As mandated in the Christensen Consent Decree, the inmate population is capped at 960. Overflow inmates are sent to the House of Correction on a daily basis. The consent decree addresses two distinct parts that includes the inmate population, which the jail has been found in compliance and secondly, inmate health care. The agency is still under the consent decree for the medical part and still has a monitor (Dr. Robert Shansky) who comes semi-annually to conduct inspections.
- b. This well designed jail has eight stories, and eighteen housing units, most of which are direct supervision that house 64 inmates (at most) and have one officer assigned to each housing pod during first and second shifts. There are four indirect supervision units, housing discipline and/or maximum custody inmates, a special medical unit for inmates with special medical needs, and two housing units to house inmates with mental health needs. The housing units designated for inmates with mental health needs include one being a smaller indirect supervision unit used for the most severe cases and the other (a 48 bed pod) has an extra officer with specialized mental health training. Housing pods are large and open and offer access to large recreation areas that are shared between two pods. The booking area offers both cells and open seating areas. There is a privacy screening in place for health care interviews. The health care services area offers examination rooms and waiting areas appropriate for the inmate population.
- c. The county has a contract with Armor Correctional Health Services, Inc. for inmate medical, dental, and mental health care. They are also contracted with Aramark for

inmate commissary and food service, G4S for inmate transportation, and Centylink for phone services and video visitation.

### 3. Inmate Management.

- a. Direct Supervision, in addition to being a physical plant design, also requires a strategic inmate management philosophy. Activities to keep inmates productively occupied, programs, incentives and rewards for positive behavior and recreational opportunities are a few of the things that assist officers in being able to manage behavior effectively. Assuming normal adult behavior and demonstrating that assumption also encourages compliance with rules and respectful interactions with staff. The staff/inmate interactions that were witnessed were generally positive. Staff members are respectful and pleasant.
- b. We did find some areas that did not seem to "fit" within the principles of direct supervision concept:
  - i. There is currently a corrections officer who has the additional duty as the programs person who is allocated two days per week to coordinate inmate programming opportunities. In an agency this size, we would normally expect to see several people assigned to inmate programming.
  - ii. Inmates arrive from the Milwaukee Police Department with property sealed in a plastic bag. While we were there, an inmate wanted to get a phone number off of his cell phone that was in the sealed bag. He said that he didn't know the number and had no one else to call. The inmate was not permitted to access the bag and obtain the number.
  - iii. We were informed that there is a practice where when Captains and above walk into a housing pod, officers yell "line up" and inmates go to the perimeter of the day room and stand by their cell doors. The Deputy Inspector indicated this is no longer a directive although some still do it. We did observe this somewhat disruptive event occur on one occasion. We also noted in the inmate handbook that specifies this practice for a "lieutenant or above".
  - iv. Signage throughout the jail says "Inmates will not talk while moving through the jail".
  - v. The inmate handbook states while in a hallway and command staff is present, the inmates are to stop and face the wall until otherwise directed.
  - vi. Staff sets basic expectations with inmates at shift change. There is no orientation video or formal orientation process other than inmates is given a handbook when they leave the booking area.
  - vii. Inmate complaints ranged from; "some COs are crabby" to "we were locked in for 3 days last week for a shakedown". We also heard from inmates that when officers take a break, they don't always return on time to release them from cells. Lockup time for the evening is 2045 hours. These complaints were consistent in different housing units.

### 4. Jail Tour February 28, 2018. We toured the facility during the first and second shifts. The following provides observations of those tours.

- a. Pre-booking. An initial medical assessment is conducted here. A decision is made to accept or not accept an inmate as it relates to medical conditions at this point. Although the exact numbers were not available, it is estimated that less than five percent of new arrivals are rejected for medical reasons. Also in this area there is data entry accomplished and a sealed inmate property bag is received from arresting



agencies. Once the data entry and medical intake is completed, the inmate is turned over to a booking officer to conduct a search.

- b. **Booking area.** A secondary medical screening is conducted that can range from five to thirty minutes. According to jail staff, this step creates the largest delay of the booking process. Also located here, are more data entry, fingerprinting, and photographing processes. Further, inmates will be interviewed by a representative from Justice Point who will assess the inmate and provide information to a commissioner for the purpose of setting an initial bond for the new arrestee. This process takes from fifteen to thirty minutes. Officers use an informal color coding system to keep check of what steps has been completed in the overall booking process. The agency's goal is to have the booking process completed within four hours.
  - i. **Inmate property.** Upon completion of booking, those inmates that are staying will be dressed into an inmate uniform and issued a bed roll, towels and hygiene items. The inmate will then be moved to an intake housing pod. Annette Olsen, the property room manager, gave us an overview of the property room operations.
  - ii. We toured the court staging area that is manned from 0500 to approximately 1730 on Monday through Friday. Corrections officers deliver inmates to this area and turn them over to court security officers.
  - iii. We went into the classification area and briefly spoke with the first shift classification officers. Two items of interest that they mentioned was that they do a reclassification of the inmate every 30 days. Further, every 90 days, they reassign inmates to a different housing unit. Under this process an inmate will not spend over 90 days in the same unit.
- c. **Mental Health Unit.** This area has three sub-pods (A through C) that consist of between four and eight single person cells. One cell has a restraint bed for extremely agitated, non-compliant, or violent inmates. Inmates on suicide watch in this area are placed on 15 minute intermittent checks. We reviewed several suicide watch logs. We found the first shift officer making entries at the time that they physically observed the inmate. The second shift officer however, documented "their observation" time at exactly 15 minute intervals (1400, 1415, 1430, 1445, 1500, etc.).
- d. **Special Medical Unit.** This area is utilized as a medical infirmary. Dr. Karen Horton and Joel Dewitt provided us an overview of this area and the actual medical clinic.
  - i. A defined suicide step down protocol is not established. Rather, a decision to lesson restrictions, observations, or housing assignments is based on the individual needs of the inmate as determined by a mental health professional. A follow up discussion regarding monitoring inmates coming off suicide watch or a process of stepping them down was had between Captain Dittberner and me on March 29, 2018. Captain Dittberner indicated that the housing pod officers are aware of which inmates have been removed from suicide watch and through their daily housing pod operations maintain observation of those inmates. He also discussed with mental health personnel regarding their protocols on inmates having been removed from suicide watch. Steven Schmid, the Armor Correctional Health Services Psychiatric Social Worker Supervisor

provided a copy of their policy statement that indicates "Once the patient is discharged from suicide precautions, a follow-up appointment will be made with Behavioral Health staff along with any other referrals as appropriate."

- ii. We discussed medical and mental health visits of segregated inmates. They informed us that there are three medical provider and one mental health provider visits made each week to inmates in segregation.
- iii. Their goal is to adhere to the National Commission on Correctional Health Care standards even though they are not certified.
- iv. Their opinion is that they are seeing a sicker inmate population in custody. As such it stretches their resources.
- v. In the medical clinic there are four exam rooms. They also can provide imaging, ultrasounds, and x-rays on site. Inmates needing a CT scan or MRI must be sent out into the community.
- vi. There is a nurse mid-wife on site one day a week.

e. Sixth Floor.

- i. Pod 6A. Facility Training Officer D. Bartels briefed me on this pod that houses newly arrived (intake) inmates. The pod is designed to house 64 inmates and during our tour had 61. The library in this area was in disarray. Library books were also stored in the first video visitation booth. The officer explained to me that the library room is routinely used for bible studies conducted by volunteers.
- ii. Pod 6D. This is a general population pod for female inmates. Corrections Officer M. Hall provided a briefing and tour of the pod. She was extremely knowledgeable about her duties. There is a Milwaukee Public School (MPS) teacher that comes into a program room twice a day, five days a week to provide GED classes. As with other areas throughout the jail there is a large recreation area that is shared by one other housing pod. Inmates have unrestricted access to this area anytime the pod is not locked down. A basic access schedule permits one pod to access the area on the even days during the first shift and odd days on second shift. They have access during second shift on the alternating day. We observed the recreation areas in use throughout the building.
- iii. During our visit, there were two officers in each pod on the sixth floor. We were advised that the second officers were new officers awaiting assignment to the corrections academy. Although they are under the direct supervision of an experienced officer, there are times when the experienced officer will step out of the pod and monitor their actions over the camera as a training tool.

f. Fifth Floor.

- i. Pod 5B. We were briefed by corrections officer B. McCoy regarding his responsibilities. We looked in the area designated as a library on the upper tier in this pod. There were library books scattered on the floor and the room was in need of cleaning. It was explained to me that he opens this room for only short periods of time as inmates have frequently gone into this area and vandalized it. There is no camera coverage in the library. We noticed that in

the first visitation booth that there were numerous library books stacked on a shelf for inmate use. This is done to reduce the need to allow inmates to access the library area. As in other pods we spoke with numerous inmates. The inmates in this area were extremely agitated and vocal. Issues brought to our attention included:

1. There is frequent lock downs of inmates inside their cells (for medication pass, when a maintenance employee is in the pod, when officers take their lunch break, and shift turnover to name a few). Although these may be normal lock down periods, we suggest that the agency actually conduct a time study to evaluate the length of time an inmate is locked down.
  2. According to the agency staff, there is an excessive amount of inmates tampering with fire and smoke detection systems. As a result they are able to set the fire alarms off in the building. When that occurs, inmates are locked down consistent with their emergency procedures.
  3. Inmate John Jackson was charged \$20.00 twice for the same medical encounter. He has attempted to resolve this issue through the grievance process but has been unsuccessful.
- ii. Pod 5D. Inmates housed here are awaiting trial or have been sentenced and awaiting transfer to another facility. FTO J. Velez explained that the majority of these male inmates have spent close to year in confinement. I spoke with numerous inmates here who conveyed the following:
1. Video visitation is required to be scheduled in advance. Inmates indicated that it is frequently scheduled during lock down periods.
  2. Frustrations were expressed about the delay in food delivery. Inmates indicate that the food carts will remain in the vestibule outside the pod for 20 to 30 minutes at times. They also suggested that they are getting the same meal up to three times each week and asked why the food service menu could not be posted in the housing pod.
  3. Inmate mail is being delayed in excess of a week on a frequent basis.
  4. They expressed frustration with extensive use of lock down. Inmates in this pod and in 5B reported that they were locked down for a period of three days the week before so that a shakedown (search) could occur. The jail leadership indicated that a lock down for a search did occur but that it was only a day and a half, not three days.
  5. An inmate took me to his cell (5D03) to show me his stopped up sink that has not been repaired. There was an extremely strong sewer odor that could be smelled when I was a distance of approximately six feet from the cell. The inmate reported that maintenance had come in the previous week, the pod was locked down, and the pipe chase doors were all opened and looked inside by the plumbers. The inmate said that he attempted to get their attention to look at his problem but was ignored. A check of the February 2018 maintenance "Punch list" did not reflect that this problem has been reported for repair.

6. Inmates are issued one pair of underwear and clothing. These items are laundered twice a week. For personal hygiene concerns the issuance of two to three pairs of undergarments would be more appropriate.

g. Fourth Floor.

- i. Pod 4D. Captain M. Hannah and I toured this area that houses males in a disciplinary segregation, overflow suicide watch, and those in a protective custody status. This area consists of four sub-pods (A through D). I noted that all of the exterior day room doors were open. Corrections officers in this area explained this was for convenience so they can hear any calls for assistance or disruption in the unit. This was done even though every inmate has access to a call intercom system to get the officer's attention. There are three small recreation yards approximately 21' x 6' for inmate use in this area. These areas are also used to search and change an arriving inmate clothes. There is also a large indoor recreation area located in the 4D area that is used for the agency's K9 program.
- ii. Pod 4C. This is a mental health general population unit that houses male inmates having a mental illness but are stable through medication. This is a step down unit from the Mental Health Unit. Corrections Officer D. Adams provided an excellent overview of this area. I observed her do an armband check and provide a rules briefing to the inmates. Her interaction with the inmates in this area was excellent. This pod is rated for 48 inmates and at the time of our tour there were 35 inmates assigned here.

5. Jail Tour on March 1, 2018. We arrived at the jail at approximately 0430 and were greeted by Captain M. Hannah. The following areas were toured:

a. Third Floor.

- i. Pod 3D. This is an inmate worker housing pod. Although the design is similar to housing pods throughout the facility, this pod had no doors on the inmate cells. Inmates in this area are classified minimum custody, low risk and assigned to various work details throughout the facility. Corrections officer S. Prodzimski provided me a briefing of this pod. Six cells and a storage area are used for the storage of miscellaneous cleaning supplies, clothing, and blankets. This enables the inmate workers to be dispatched to various work details with the supplies needed for the job. The library in this pod is the main jail library that is maintained strictly by volunteers. Inmates do not access this area. A telephone line was noted coming out from under the library door. Officer Prodzimski said that one of the inmates in this pod is responsible for biohazard spills throughout the jail and one of his "worker benefits" is to use a telephone to make "free" unmonitored telephone calls.

b. Fourth Floor.

- i. Pod 4D. This is the only pod on this floor that is manned during the night shift due to the type of inmates housed in this area as already explained above. According to Captain Hannah, if there are more than four suicide watch inmates housed here, that a second officer will be assigned at night. Corrections Officer M. Amaya was manning this post during our visit. He had come in on

mandatory overtime at 0200 and was also scheduled to work his regular first shift (0600 – 1400). He explained to me that during the previous two week period he had worked 207 hours between his regularly scheduled time and overtime. Also noted (similar to my tour on February 28) was that all exterior day room doors were opened.

c. Shift Commander Office.

- i. I spoke with several lieutenants and lead officers in this area. It was explained that there were 41.5 hours of overtime used on third shift that night (night of February 28). There are several different three week rotating shift schedules that staff is assigned to work as reflected below.

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	OFF	WORK	WORK	WORK	WORK	OFF	WORK
2	WORK	WORK	OFF	OFF	WORK	WORK	WORK
3	WORK	OFF	WORK	WORK	WORK	WORK	OFF

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	WORK	WORK	WORK	OFF	OFF	WORK	WORK
2	WORK	WORK	OFF	WORK	WORK	WORK	OFF
3	OFF	WORK	WORK	WORK	WORK	OFF	WORK

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	WORK	WORK	OFF	OFF	WORK	WORK	WORK
2	WORK	WORK	WORK	WORK	WORK	OFF	OFF
3	OFF	OFF	WORK	WORK	WORK	WORK	WORK

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	OFF	OFF	WORK	WORK	WORK	WORK	WORK
2	WORK	WORK	WORK	OFF	OFF	WORK	WORK
3	WORK	WORK	WORK	WORK	WORK	OFF	OFF

- ii. Some schedules as indicated above call for three to four work days on and between one and two work days off. Another schedule calls for either seven or eight days of work followed by two off days. We looked at the overtime of six officers assigned to work this 7/8 day schedule:

1. Olaiz, T. In February 2018 worked an additional four (four hour) shift extensions and an additional three days (8 hour shifts) of mandated overtime on their off days.
2. Nolan, A. In February 2018 worked an additional four (four hour) shift extensions and an additional two days (8 hour shifts) of mandated overtime on their off days.

3. Utsby, K. In February 2018 worked an additional three (four hour) shift extensions and an additional three days (8 hour shifts) of mandated overtime on their off days.
  4. Francis, D. In February 2018 worked an additional four (four hour) shift extensions and an additional three days (8 hour shifts) of mandated overtime on their off days.
  5. Maliborski, J. In February 2018 worked an additional two (four hour) shift extensions and an additional one day (8 hour shifts) of mandated overtime on their off days.
  6. Lopez, R. In February 2018 worked an additional four (four hour) shift extensions and an additional one day (8 hour shifts) of mandated overtime on their off days.
- iii. We discussed overtime issues with the leadership. Although the overtime issue is monitored, it does not appear that it is tracked regarding the usage of an individual employee. For example, when does overtime become excessive for an employee? What is the agency definition of excessive? The leadership indicates a significant number of employees using the Family Medical Leave Act to prevent themselves from having to work overtime. We suggested that as part of an incident review to look at what day in an employee's work schedule were they involved in the incident. Questions such as was it day 6 or 7 of their long week? How many mandatory overtime hours had they worked? Responding to these questions and managing overtime usage should be a leadership priority.
- iv. The below table provides the overtime hours worked and the number of employees working those hours reflected on the February 22<sup>nd</sup> pay check. Although the majority (92) worked between .5 and 5 hours, there were 38 who had worked in excess of 40 hours overtime during this pay period.

February 22, 2018 Pay Check Overtime Hours	Number of Employees
.5 – 5 hours	92
5.5 – 10 hours	56
10.25 – 15 hours	27
15.25 – 20 hours	37
20.25 – 25 hours	19
25.1 – 30 hours	22
30.1 – 35 hours	19
35.1 – 40 hours	11
40.1 – 45 hours	13
45.1 – 50 hours	8
50.1 – 55 hours	5
55.1 – 60 hours	3
60.1 – 65 hours	2
65.1 – 70 hours	2
70.1 – 75 hours	0
75.1 – 80 hours	4
100 – 105 hours	1



d. Kitchen.

- i. This area appears to be in need of detailed cleaning. Further the majority coolers/freezer, and other doors remain unlocked sending a message of minimal security in this area.
- ii. We observed the food trays being served and chose one cart to follow (Pod 3B).
  1. 0629 began filling the trays.
  2. 0636 cart ready and staged in hallway outside the kitchen.
  3. 0643 cart picked up from the kitchen.
  4. 0646 cart on the third floor.
  5. 0647 cart pushed into the 3B security vestibule.
  6. 0705 cart brought into pod 3B.
  7. 0708 started serving inmates.
  8. 0716 last meal served.
  9. The total time for this process was 47 minutes. The officer assigned to this post was unfortunately delayed in clearing his count and preparing his inmates for removal from lock down due to having worked mandatory overtime on third shift. He had to clear his other housing unit count with a face to face turnover with the oncoming officer before he could come to pod 3B. There was apparently no one available to assist in this process. We obtained a copy of the Aramark menu for this meal. Although the meal called for whipped margarine, fruit juice, and sugar, none was provided by the kitchen.
- iii. I also observed the lunch feeding of pod 6A.
  1. 1112 – 1116 trays were filled and placed in the carts.
  2. 1128 cart moved to the sixth floor.
  3. 1129 cart moved into the security vestibule of pod 6A.
  4. The corrections officer assigned to this area was on their lunch break until 1138.
  5. 1140 started serving inmates.
  6. 1149 last meal served.
  7. The total time for the service of this lunch meal was 37 minutes. Although there was an opportunity to expedite the process, the shift had sent the officer on their lunch break during inmate meal delivery time. I reviewed the Aramark menu for this meal. Although the menu called for creamy coleslaw and fruit it was substituted with lettuce, dressing, and a piece of cake. When speaking with the agency leadership, they were unaware of any missed items on meals or menu substitutions. The agency is likely paying for the items that are not served on the trays and the calorie count of the meal is not what has been approved by the dietician when it does not comply with the menu.
- iv. We asked the food service supervisor if the food was temperature tested. She informed us that it was tested in the kitchen but not at the point of delivery to the inmates. She showed us her process for testing the temperatures and then showed us her temperature log for documenting the checks. We noted that the

last temperature check documented had occurred three days prior. We did speak with several inmates at the point of delivery of the breakfast meal who were all satisfied with the temperature.

6. Classification.

- a. I met with the first shift classification staff. They had been working on identifying 30 men and 6 women for the House of Corrections for approximately three hours. They had only identified twenty male inmates. They expressed frustration with some tools that the previous jail management system offered that assisted in expediting this process. The new CMS system appears to create some extensive delays in screening inmates for eligibility for the House of Corrections. Due to the new system inmates are no longer ready for transport at 1300; rather it is later into second shift before they are ready. Further frustrations included the rejection of inmates by the House of Corrections for a myriad of reasons. For example on 2/28/2018 the following rejections were listed: booking status (4), ID not confirmed (5), sentence not entered (2).
- b. They expressed a concern over the pressure of moving inmates from booking to housing units on the fifth and sixth floors while bypassing the intake housing. They indicate that with booking having a requirement to move inmates out of that area they push classification to find a bed that results in some inmates being housed in pods that they are not classified to be in.

7. Programs Coordinator.

- a. Corrections Officer M. Behrendt is the programs coordinator. Although a year ago she had one day a week to perform these duties that has been expanded to two days a week (Wednesday and Friday) to coordinate the jail programs. During her two days a week the following duties are performed:
  - i. Volunteer orientation meeting
    1. Between two and three orientation trainings are conducted a year. She develops, maintains and distributes the volunteer handbook and conducts the training.
    2. Drafted the volunteer policy and implements the approved policy.
    3. Schedules volunteers.
    4. Interviews new volunteers and chaplains.
      - a. Review their presentations.
      - b. Coordinate background checks.
      - c. Provides a tour of the jail and reviews the policies and procedures with the volunteer.
    5. Manage the volunteers (currently 93).
    6. Processes law library requests (80 processed in February 2018).
    7. Visits the Islamic Society to distribute and collect information and recruit new volunteers.
    8. Contact and coordinate contributions of law materials, library books and magazines.
    9. Grow the jail book club and Benedict Center Non-Contact programs.
    10. Pick up donations from various community organizations.
    11. Coordinate the Milwaukee Public School teachers.



12. Be available monthly to the Mexican Consulate.
  13. Assist inmates in providing tax information and forms.
  14. Assist in voting processes.
  15. Coordinate annual U.S. Census Bureau data collections.
  16. Monitor contractors with the Black Health Coalition.
  17. Distribute information to inmates and staff regarding Ramadan.
  18. Maintain monthly statistic sheets.
  19. Pick up and distribute program mail.
  20. Future programs include a formal law library, a literacy program, and the opioid addiction Vivitrol Program.
8. Wellness Coordinators.
- a. I spoke with Captains M. Rewolinski and C. Trimboli. They have been assigned to a pilot project developed by the Sheriff. The focus of this project is to check on the welfare of high risk (medical, mental health, new intakes) inmates and serve as liaison between medical, mental health, and security staff. The program is new (established January 4, 2018) and they have been developing it as various opportunities arise.
9. Policy, Procedures and Post Orders.
- a. The policy and procedures are outdated. It appears the last revision of policies occurred in October 2014. The standards of the American Correctional Association's Adult Local Detention Facility Fourth Edition Standards call for an annual review and update as necessary of policies and procedures. Two policies that we looked at, Inmate Grievances and Mail are not consistent with current practices.
  - b. Deputy Inspector Dobson indicates that a policy program through Lexipol has been purchased that will enable the agency to rewrite current policies and procedures.
  - c. We were provided post orders for first and second shifts to review. We found them to be very vague and lacked detailed timelines for daily activities occurring (or should be occurring) in housing pods.
10. Consent Decree Monitor.
- a. We had a conference call with Dr. Shansky the court monitor for health care operations at the jail on March 2, 2018. This was an hour long call that discussed various items including:
    - i. He is concerned that the Chief Psychiatrist position has not been filled.
    - ii. He felt that there was a distinct improvement in professionalism of the staff and Milwaukee County Jail that has been fostered by the Acting Sheriff.
    - iii. He commented on the benefit of the Wellness Captains. He felt that as part of the corrections, mental health, and health care team they assist in inmate access to timely care.
    - iv. As stated in his June 2017 report he felt that the use of the disciplinary segregation unit as an overflow for mental health inmates was inappropriate.
    - v. He gave a detailed explanation of the intake medical screening process.
11. Jail Records. We received a tour and briefing of the Jail Records area by Lieutenant B. Standler (Jail Records Commander).

a. Inmate Mail.

i. There is a civilian clerk that works during the second shift that is responsible for processing incoming and outgoing inmate mail. The clerk enters the mail into the CMS system. A written rejection notice is provided to the inmate for mail that is returned to the sender or placed in their property.

ii. The sealed mail is sent to pod officers who will open the mail to screen for contraband or inappropriate pictures, etc. If they determine that the mail is unacceptable for delivery they will verbally inform the inmate that the mail has been rejected and make an entry in the CMS system. The American Correctional Association's Standards of Adult Local Detention Facilities, Fourth Edition (4-ALDF-5B-08) states in part *"...Inmates are notified in writing when incoming or outgoing letters are withheld in part or in full."*

1. We reviewed the inmate handbook, the inmate grievance policy IM6, a two page untitled/undated document regarding processing of inmate mail, and the Milwaukee County Jail General Clerical Mail Policy dated 12/17/2017. None of these documents referenced an appeal process for rejected mail.

- b. During my visit, staff reported to me that the warrants section had approximately 1,100 warrants to clear. The significant number is due to their belief that the District Attorney's office was purging old warrants. According to some feedback received from Deputy Inspector Dobson on March 14, 2018 these warrants have all been cleared and they are now up to date. This section of civilian clerks is minimally staffed with one person on day shift with a second person in training, one person on second shift and two persons on third shift. To compensate for this, additional officers are assigned to assist each day to ensure all active warrants are being entered into the system. The staff assigned to this area is responsible for verifying and responding to all law enforcement agencies request for warrant verification. The requirement is that a response must be provided within ten minutes from notification.
- c. I spoke with personnel from the Open Records section who responds to all agency open records requests. Further, they process for storage inmate records upon release.
- d. A corrections officer (CERT Qualified) is assigned to the AAFIS section that is responsible for reviewing fingerprint records and verifying inmate identities. We had a discussion regarding this officer along with other officers assigned to the jail records section. All are on a typical corrections officer shift work schedule. Additionally, they are required to pull mandatory overtime as well as respond to various emergencies in the jail. Unfortunately, this pulls them from their primary duties in the jail records area.
- e. The disposition clerk is responsible for updating inmate records upon return (action) from court. We discussed various actions that included additional charges, increased level of charge, decreases in the charge. We further talked about how this information is communicated to the classification section so that the inmate's classification level can be reviewed and the inmate appropriately housed. We concluded that there is no communication with classification on changes or additions to their charges.

12. Health Care:

- a. The agency has a health care contract with Armor Correctional Health Care Services. Nurses triage all inmates in booking by asking and documenting the inmate's answers to ten health questions. This questionnaire is supposed to be initiated within one hour. All females are pregnancy tested. A second health screening is required to be conducted before the inmate is taken out of the booking area to housing. The health care area in booking as well as the clinic and staff were visited at various times of the day. At 0430 on Thursday morning, 28 inmates were waiting for the secondary health screening in the booking area. Two unremarkable screenings were observed of young healthy males who had been waiting in the booking area overnight for approximately ten hours. Maud Dasa, RN on duty explained that there had been two inmates sent to the hospital during the night before for seizures and one traffic accident head injury occurring prior to entering custody. These events put them behind. The third screening observed was of an obese middle aged man. Ten minutes into the screening he asked the RN to take his blood pressure and indicated he had come from the hospital with very high blood pressure. The RN then began looking for a discharge document and indicated that the blood pressure taken at the initial screening was 110/70. The inmate said that the record couldn't be right. In looking through the file for other information, the RN turned a page with a photo and it clearly was not the inmate being assessed. The nurse informed a corrections officer of this being the wrong inmate and requested that another inmate be brought up for screening. The nurse waited for another fifteen minutes and the officer still had not brought another inmate to the office to be assessed. Of note, the inmate who was being assessed with the wrong file did have a wrist bracelet on with his correct identity. The RN sent him back to the waiting area and never took his blood pressure while Ms. Sinner was present. Further, the inmate whose file the RN had been using for the wrong person, had been sent to housing without the second screening.
- b. The way the health screening office is set up, the inmate sits off set facing the assessing nurse. The consent form is on the computer screen and the inmate is asked to sign it electronically on a small pad. The inmate never actually sees the consent form. The RN reports much confusion and frustration for new nurses with the electronic medical record (EMR) although the issue likely has more to do with the time in service of the staff than the EMR. We found during our first visit to the booking area that there were two nurses with two to three months experience and another with four days experience working in the jail. Each of these nurses had emergency room backgrounds. Staff reported 1,700 medical emergencies in 2017.
- c. The entire area was generally disorganized looking and in need of a good cleaning. A Nurse Practitioner came into the screening room at one point, picked up a stack of files and said "what am I supposed to do with these"? The RN said "I don't know" and the NP dropped them back on the table, left the room and did not return during the hour that Ms. Sinner was there.
- d. We met with Dr. Karen Horton, the responsible authority and Joel DeWitt, the Mental Health Director. A physician is on call 24/7 and a NP is on duty until 2200 each day. 60% of inmates are on medication and 22% take medication related to a mental health issue. There are three levels of suicide watch; 15 minute checks, 15 minutes checks plus

constant observation, and mental health observation which is described as staff awareness of the inmate vulnerability. Challenges for the health team include staffing, lack of mental health management in the community, time it takes to manage conditions, inmates with multiple chronic conditions, and co-morbidity.

- e. Armor Services has been unable to fill a number of vacancies in the contract, most importantly, the Psychiatrist vacancy. In talking with Dr. Shansky, the Medical Monitor for the Consent Decree, he indicated a willingness to allow the contractor to examine the idea of telemedicine as a solution to part of the vacancy issue. He did not however, believe that the case consultation part of the Psychiatry work should be done remotely. Dr. Shansky indicated that he is pleased with the progress being made with the new administration and that the attitude toward inmates is more productive. He indicated that there is an increase in professionalism fostered by the acting Sheriff. He is also pleased that Armor has hired a full time clinical leader for the Milwaukee site and believes that may improve the conditions. He is willing to talk with prospective candidates about the job responsibilities and realities but understands there is hesitation on the part of candidates because of the historic instability of the contract. The health care services contract is currently undergoing an RFP process.
- f. Medications that are brought to the jail with the inmate are confiscated and placed in their property. While the medication is returned to the inmate at the time of their release, it is never evaluated by health care providers. As such, the agency may be releasing illegal substances or medications that are not indicated for the inmate.
- g. Ms. Sinner met with Armor staff Sabina Bergen, RN/BSN/HSA/CCHP, Linda Osborn CCHP/MA/ Vickie Freeman MA/CCHP/Master RN, Senior VP of Operations. They indicate staffing is improving and they are keeping track of recruitment efforts. We discussed some other recruitment possibilities including the local medical school and personal relationships to build trust. It is felt that negative local press has resulted in some candidates declining positions recently. Armor uses PRN nurses when there are vacancies and the facility was fully staffed on the days we visited.

### 13. General Observations:

- a. It was noted in the booking area a lack of accountability and secure storage of handcuffs, restraint belts, and chains. The transportation office appeared to be disorganized; noting piles of leg irons on the desk and floor. We also observed a similar condition on the floor behind the elevated booking desk. The transportation office door was also observed to remain open with no corrections staff in the area. Corrections officers were routinely observed escorting groups of inmates past this open door. Unfortunately, the escorts were leading the group of inmates from the front which is not an accepted practice for security and safety purposes. Based on this escort practice an inmate could easily grab something from the unsecured transportation office.
- b. There were also unsecured restraint items in the Special Medical Unit. In general there does not appear to be practices in place that ensure inventory or a secure storage system.
- c. I observed a cell extraction and CERT movement of an inmate live on a camera monitor. I found this to be a controlled movement with minimal "hands on" force being utilized

by the team. The team appeared to be well trained and conducting themselves in a professional manner.

- d. In general sanitation practices throughout the building were good. However, there were several observations that included:
  - i. There did not seem to be a sense of urgency in cleaning up left over food from meals that had been dropped on floors and elevators throughout the building;
  - ii. Ceilings were stained and there were lots of webs and sticky fly catcher tapes that were full of flies. While the fly catcher tapes are appropriate, they should be replaced on a regular basis.
  - iii. Left over meals was noted in various cells throughout the facility.
  - iv. Levels of organization and cleanliness in pod libraries, storage areas, and offices are in need of improvement.
- e. I reviewed a Taser use of force/suicide attempt report package. The agency has developed a detailed process of documenting and reviewing use of force incidents. The documents included detailed reports, documented medical clearance of the inmates, photographs of the probe sites, as well as a video of the entire incident. Further there was a criminal history check and a download of the Taser information.
- f. Staff was well-dressed, well equipped and professional in carrying out their duties. Over time is a burden for most staff members but it is generally accepted as the "way things are". Exit interviews often include overtime expectations as a reason for leaving. Two new staff groups are currently in training and the agency hopes to reduce overtime by summer. Everyone we spoke to from line staff to the executive leadership was professional, transparent and willing to discuss improvements that would be beneficial to the staff, inmates, agency and the community. Of note was the willingness of command staff to "jump in" and assist line corrections staff wherever and whenever needed. Positive and professional communication was also noted between all staff.

#### 14. Roll Call.

- a. We attended two roll calls. They included the oncoming second shift on February 28<sup>th</sup> and the oncoming first shift on March 1<sup>st</sup>. The shift commanders addressed post assignments, reviewed a memorandum on the property room; and reviewed shift notes regarding incidents that had occurred during the previous shift. The Deputy Inspector gave an update to staff on the anticipated relief of overtime. Staff was also encouraged to maintain the positive communication with contractors and volunteers. Both roll calls were informative, organized, and professional.

#### 15. Inmate Grievance System.

- a. The grievance system is managed almost entirely by two members of a special projects team. Unfortunately, they don't have the positional authority to investigate and resolve grievances or make operational changes. They forward grievances to various departments and then file the response with a copy to the inmate. They do talk to inmates and work to resolve issues when they can. The system of documenting the initial grievance category, inmate and disposition is done on paper and historical records are in boxes in the Special Projects office. We used the summary reports to review several grievances and responses.

- b. We noted a trend relating to operational grievances. The pattern was that the responder to grievances against a specific corrections officer was in fact, responded to by the officer named in the complaint. This is a highly unusual practice. Typically we see the inmate's first course of action is to address their concern with the officer in their pod or post. If that officer is unable to resolve the inmate's concern, the inmate would then submit a grievance to address their issue at the next level of authority. We also found that there did not appear to be any supervisory review of grievances responded to by the pod officers.
- c. There were 43 medical grievances logged in for 2018. All were logged in on the summary report as "forwarded", "corrected", or "unfounded". Eighteen random grievances were reviewed. Six grievances did not have a record of being responded to at all and ranged from two to four weeks old. The remaining twelve grievances had responses attached. One grievance was recorded as "founded" and related to a gunshot wound where the dressing had not been changed and it was oozing and bleeding through. In that case, the record stated "per our computerized medical records, this has been addressed with the nursing staff". This event was not recorded in the log of medical errors and unusual occurrences. The remaining grievances indicated they were "unfounded" however; there was no evidence in the record that they were actually investigated. A common response to any grievance says "per our medical records..." We could not find one other than the dressing complaint that indicated anyone had done anything other than look at the computer record including talking to an inmate or a staff member about the complaint.
- d. In reviewing the medical error report, the last recorded error was on October 19, 2017. Given the review of grievances, we concluded that this report is neither correct nor current. Some grievances related to medication errors were not properly investigated or responded to. For example, in one case the inmate complained of receiving the wrong medication and the grievance response was "unfounded" text included "if someone tries to give you the wrong medication, don't take it". In another case, an inmate who is diabetic and an amputee complains of nerve pain. There is no response. When the Special Projects team members ask health care staff during tours what the status of the grievances was, health care staff frequently indicates they thought they were all done and didn't know where more pending grievances may be.
- e. We reviewed the Inmate Grievance IM6 policy and procedure that was last updated in October 2014. The following comments are provided regarding that review:
  - i. "Upon completion of the grievance form, the inmate will present it to the Pod officer on whose shift the problem has occurred. The pod officer will log, sign for and date the receipt of the grievance." "The Pod officer will write on the back of the form what attempts were made to resolve the grievance and if an acceptable disposition was reached." According to the "Inmate Handbook" dated May 2017, "You should file a grievance only after you have addressed the problem with the pod officer and are not satisfied with the result." (Underline included in the handbook).
  - ii. "Daily, on all shifts, the housing lieutenants shall collect all inmate grievances from the workstation/grievance box each time they perform an inspection of

the areas they are supervising." The inmate hand book also states "The grievance will be received and answered by a Lieutenant." The actual practice is not consistent with the policy. An officer from the Special Projects team informed me that she will collect grievances from the box located in the housing pods "every couple days" for processing.

- iii. The policy provides no direction on timelines for responding to grievances, the special projects team member role in the process, or how an inmate is provided a response if it is to be responded above the level of a corrections officer.
- iv. According to the policy and inmate handbook an inmate may appeal a grievance that has been responded to by a Lieutenant to a Captain, and if still not satisfied to the Jail Commander.

16. Recommendations. The agency has aggressively worked towards addressing the recommendations provided in this report. On March 23, 2018 I received written feedback from Deputy Inspector Dobson regarding actions that have been taken since our visit (Attachment 3). Those actions are included as an "agency response" after each recommendation.

- a. Conduct a detailed review and update of all policies and procedures. Solicit input from employees and stakeholders that will be effected by or required to implement them.  
Conduct an annual review of policies and procedures. Also ensure that the inmate handbook is consistent with the policy and procedures.
  - i. Agency Response: A thorough and complete policy review for the Milwaukee County Sheriff's Office, including the jail, is currently underway and will be completed by the end of 2018. The agency has contracted with Lexipol to assist in the writing of the policies. The agency has reviewed and updated the inmate handbook to ensure that it is current and consistent with the agency policy and procedures.
- b. Conduct a time analysis of housing pods. Study the volume of time and reasons for inmate lock downs. Determine if this can be reduced and implement change as appropriate.
  - i. Agency Response: A time analysis was conducted (Attachment 4) to evaluate the length of time that inmates are locked down each day. As a result of the evaluation, housing pods have begun to be locked down approximately two hours less time each day.
- c. Have a detailed staffing analysis conducted. This will validate challenges as it relates to manpower and offer opportunities for improvement.
  - i. Agency Response: The agency has requested information on qualified vendors that provide this service. Upon identification of a funding source to support this study, a vendor will be pursued.
- d. Document suicidal inmate checks at the actual time the check occurred.
  - i. Agency Response: The agency has concluded that this is a training issue that will be addressed.
- e. Develop a process to monitor the usage of individual employee overtime amounts. Questions that the leadership should consider and monitor include when does overtime become excessive for an employee? What is the agency definition of excessive? We also recommend that as part of an incident review to look at what day in an employee's

work schedule were they involved in the incident. Questions such as was it day 6 or 7 of their long week? How many mandatory overtime hours had they worked? Responding to these questions and managing overtime usage should be a leadership priority.

- i. Agency Response: Ongoing recruitment and hiring, along with employee retention remains a high priority for the agency. Based on the current hiring trend, it is anticipated that the agency will be at its full staffing complement by June 2018, which should eliminate the overtime usage amounts. There are currently fifteen corrections officers in the basic training academy that will be completed and were ready for shift assignment on March 18, 2018. Additionally, a new academy class will begin on March 26, 2018. It is felt that overtime usage will be significantly reduced as a result of these new corrections officer academy graduations. Further, Captain J. Briggs has been assigned the additional duty to track all overtime worked by corrections officers (Attachment 5). He is responsible to make assessments as to which officers has worked an excessive amount of overtime and determine if they were involved in any incidents that could have been avoided. He will track the data so that the agency can determine the course of action that is in the best interest of the safety and security of the staff and inmates. Additionally, an education process of supervisory staff has begun to make them aware of signs of fatigue, particularly as it relates to officers having worked high levels of mandatory overtime.
- f. Make a full time programs coordinator position. Consider adding a second position to support the workload.
  - i. Agency Response: As a result of this technical assistance assessment, the program coordinator's position has been increased to three days per week (Monday, Wednesday, and Friday). Additionally, a second officer (Matthew Johnston) is being cross trained and will fill this role on Tuesdays and Thursdays, ultimately providing five days of coverage each week.
- g. Review the inmate grievance system and update the policy, procedure, and practices as appropriate. Develop a weekly and/or monthly statistical report to identify trends. Take appropriate action.
  - i. Agency Response: Captain S. Sobek has recently been assigned as the supervisor over the grievance system. He has completed a review of all inmate grievances submitted in 2018. As part of his role in this position, he will be the lead investigator ensuring that all grievances are appropriately investigated and responded to. He has rewritten the grievance procedures for the policy update and has developed a plan to identify trends through the review of weekly and monthly reports. Additionally, the agency has met with the commissary provider and is in the initial stages of negotiations to install computer kiosks in all pods for electronic grievances, commissary ordering, and law library materials.
- h. Review all contracts. Identify areas of non-compliance and correct. As part of new contract development, ensure the interests of the jail are addressed. Make use of the County's Procurement Department. In our experience, these departments have



valuable expertise and should be relied upon to conduct RFI and RFP processes for jails. They tend to have the best knowledge information to evaluate potential contractors and the best language to use in contracts to hold vendors accountable. A good working relationship with your county procurement department and good representation on the selection team by Sheriff's Office members will yield the best contract. Facility leadership should also schedule regular audits of contractor performance to ensure compliance.

- i. Agency Response: Captain D. Burmeister has been assigned to review all contracts for compliance. She will liaison with the procurement department to ensure that the appropriate language is included in all jail contracts so that vendors can be held accountable when contractual obligations are not met. Milwaukee County is in the process of putting out a Request for Proposal (RFP) for inmate medical services starting in 2019. The agency is working with procurement to hire a consultant affiliated with the National Commission on Correctional Health Care (NCCHC) to assist with the RFP process.
- i. Post the inmate meal menu in all housing areas. Develop a formal process of menu substitution and notification of security staff as well as the jail command staff. Develop and implement a detailed housekeeping plan of the kitchen.
  - i. Agency Response: Following the operational assessment, the agency began posting the meal menu in all housing pods. Additionally, the food service vendor is now required to inform the agency of any menu adjustments. Lieutenant K. Johnson has been assigned to monitor the daily meals and will be notified of any menu substitutions. Additionally, the agency has met with the vendor to establish a weekly detailed cleaning of the kitchen is conducted.
- j. Consider asking for help with Direct Supervision or Strategic Inmate Management training. There are proven methods of managing inmate behavior that can reduce force incidents and improve inmate compliance with rules and directives of officers. The National Institute of Corrections has programs that address these management strategies.
  - i. Agency Response: The agency has spoken with Ms. Sinner regarding the National Institute of Corrections pilot program for strategic inmate management. The agency has conveyed their interest in being one of the pilot sites for the training.
- k. Develop inmate orientations for booking and housing areas. Sharing as much information as possible with inmates about how to have a successful stay in the facility starts with a detailed orientation of each step in the process. Electronic orientation is one good option. Consistent in person orientation for each inmate when they go to a different location is critical to the safety and good order of the facility, staff, and inmates.
  - i. Agency Response: A video orientation has been developed to be shown to all new arrestees in the booking area. A copy of this video power point presentation was sent to me for review.
- l. Develop an inventory and secure storage system for security equipment including, handcuffs, leg irons, transport belts, and keys. Items in this category can be used as

weapons or for escape purposes. A good system of accountability and security can prevent a tragedy.

- i. Agency Response: All security equipment has been inventoried and a secure storage system has been implemented.
- m. Consider evaluating medications that inmates come to the jail in possession of.
  - i. Agency Response: The process for storing medication that is brought in by new arrestee's has been changed (Attachment 6). Medication will no longer be stored in the property room.
- n. Review the facility housekeeping plan. Ensure that the plan includes all areas of the facility (offices, storage areas, libraries).
  - i. Agency Response: The facility housekeeping plan has been updated to include more rigorous deep cleaning in the kitchen. Additionally, pod libraries and other storage areas that were previously ignored will be added to the cleaning list. Shelving units for library books are being added to the libraries for appropriate book storage.
- o. Develop a system for investigating and responding to grievances including who should investigate and respond and a reasonable time frame that inmates can expect a response within. Audit the grievances that are responded to by contractors for appropriateness.
  - i. Agency Response: Note the comments in paragraph g above.
- p. Review current post orders for all posts on all shifts. Update them as appropriate. Ensure that they are detailed and provide for all timelines and activities that should be occurring on a daily basis on each post.
  - i. Agency Response: The post orders have been reviewed and updated as appropriate. Further they have been distributed to all posts.
- q. Develop a quality control process for the booking and intake area. This may include a supervisory review of an inmate's record to ensure all functions have been accomplished prior to moving the inmate up to a housing pod. Further, implement a process of inmate identification at each station during the booking process. This can be as basic as checking their armband.
  - i. Agency Response: The agency has reworked the existing processes to ensure that all necessary work is completed in booking prior to inmates being sent to housing pods. Officers are now performing wristband checks and communicating with medical prior to the inmates being housed to ensure that their medical screening has been completed.



Richard R. Schmidt  
Acting Sheriff

County of Milwaukee  
**Office of the Sheriff**

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September 7, 2017

Mr. Michael Jackson  
National Institute of Corrections  
320 First Street, NW  
Washington, DC 20534

Dear Mr. Jackson:

As per your phone conversation with Deputy Inspector Aaron Dobson on Friday September 1, 2017, the Milwaukee County Sheriff's Office is officially requesting that the National Institute of Corrections conduct an operational assessment/analysis of the Milwaukee County Jail, located at 949 N. 9<sup>th</sup> Street, Milwaukee, WI, 53233.

It should be noted that there were four incidents of in-custody deaths at the jail in 2016 that have received negative publicity. There was an additional in-custody death late last month. We would like this to be an all-encompassing assessment of the jail's operations and procedures. We would hope to have this assessment/analysis completed by the end of 2017.

Your point of contact for this assessment/analysis will be Deputy Inspector Dobson, who can be reached at (414) 226-7062. A secondary point of contact will be Captain Daniel Dittberner at (414) 226-7059.

Thank you for your consideration of this matter and we hope to hear from you soon.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Richard R. Schmidt".

Richard R. Schmidt, Acting Sheriff  
Milwaukee County Sheriff's Office

## NIC TECHNICAL ASSISTANCE STATEMENT OF WORK EVENT #18J1003 – OPERATIONAL/STAFF ASSESSMENT

The Milwaukee County Sheriff's Office in Milwaukee, WI has suffered 4 inmate deaths in 2016 and 4 additional deaths as of December 19, 2017. The sheriff has requested an all-encompassing assessment of the jail's operations and procedures. This Technical Resource Provider (TRP) will act as the Lead TRP and conduct a three-day, on-site operational/staff assessment of the jail. At a minimum this assessment will include a review of the following areas: (1) intake & release (2) housing units (3) classification (4) policy and procedures (5) staff in-service training (6) conditions of confinement and overall sanitation (7) inmate supervision (8) security (9) staff organization and supervision ratios. The goal is for the Milwaukee County Sheriff's Office to have a complete operational assessment as soon as possible for them to use as a guide as they consider their current operations and possible opportunities to enhance their services and training.

Location: 949 N. 9<sup>th</sup> Street, Milwaukee, WI 53233

Requirements: The TRP must have a minimum of ten (10) years of experience in managing inmate services and jail operations and a minimum of five (5) years of experience facilitating meetings and adult instructional learning.

Timeframe: The Acting Sheriff would like this done as soon as on-site days can be worked out among the 2 TRPs and the Sheriff's Office. It is estimated for 2 days of preparation, 2 days of travel, 3 days on-site and 3 days of report writing.

1. To prepare for on-site work, the lead TRP will:

- a. Make initial contact with NIC Correctional Program Specialist (CPS), Mike Jackson, at (202) 616-9565 or mpjackson@bop.gov to discuss this technical assistance and establish future communication requirements.
- b. Make initial contact with the agency representative to discuss the scope of the technical assistance.
- c. Coordinate event dates, preparation and on-site activities with the Co-TRP and agency representative.
- d. Request and review documentation relevant to the scope of the technical assistance including, but not limited to, jail inspections, staffing plans, post orders, policy and procedures, program schedules, housing plan, mission statement, and organization charts and job descriptions.
- e. Request and review documentation on any current litigation, court rulings and/or consent decrees.
- f. Prepare and provide agency representative an agenda for the technical assistance event.

2. While on-site, the lead TRP will:

- a. Meet with agency representative and other designated individuals to establish a mutual understanding of the intent and scope of the technical assistance. **SPECIAL NOTE: TRPs are not to become involved in areas that involve any ongoing investigations by local, state or federal**

**law enforcement authorities.**

- b. Review the established agenda and discuss any requested modifications. Contact the CPS immediately if the agency's request(s) is not within the scope of work.
  - c. Review any documentation or contracts relevant to the scope of work not previously received.
  - d. Tour of the facility. The tour should familiarize both TRPs with the layout, staffing areas, inmate housing, intake and releasing, medical, food service, general operations, and provide them an opportunity to speak with staff and inmates.
  - e. Conduct interviews with supervisory, and jail division command staff in regards to job understanding, morale, staff wellness policies, practices and rapport with subordinates.
  - f. Conduct a formal debrief with executive team of the agency and other designated key personnel, and provide observations, preliminary findings, and recommendations.
3. The lead TRP must compile and submit a technical assistance report for review within two weeks of the completed technical assistance event.
- a. The report should generally follow the format and instructions described in the NIC "Technical Assistance Policies" (<http://nicic.gov/downloads/general/tapolicies.pdf>) including an overview of the TRP's on-site activities and a complete set of materials prepared in connection with the technical assistance event, i.e., agenda, handouts, etc.
  - b. Submit an electronic copy of the technical assistance report to (1) the point of contact for the Milwaukee County Sheriff's Office and (2) CPS Mike Jackson for simultaneous review.
  - c. Edit the report and send the finalized version to (1) Acting Sheriff Richard Schmidt and (2) the NIC Jails Division Technical Assistance Manager.

**Type of Contract:**

This award will be a firm fixed price. A firm fixed price contract provides for a price that is not subject to any adjustment on the basis of the contractor's cost experience in performing the contract. The contractor quote must be all inclusive of any fees and expenses (travel costs) associated with providing requested services.

**Non-Personnel Status:**

This service is a contractual arrangement and not a personnel appointment. Payment will be based on the provision of an end product. This service does not constitute an employer/employee relationship. The Contractor will not be subject to government supervision, except for performance monitoring and security related.



# Milwaukee County Sheriff's Office

## MEMORANDUM

To : Jim Hart  
Stacy Sinner

From : Deputy Inspector Aaron Dobson

Date : March 14, 2018

Subject : Action Plan to Address Recommendations in NIC Report

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1. Conduct a detailed review and update of all policies and procedures. Solicit input from employees and stakeholders that will be effected by or required to implement them. Conduct an annual review of policies and procedures. Also ensure that the inmate handbook is consistent with the policy and procedures.

**Response 1:** A thorough and complete policy review for the Milwaukee County Sheriff's Office, including the jail, is currently underway and will be completed by the end of 2018. We are working with Lexipol to assist us in writing the policies. They are America's leading provider of state-specific policies and verifiable policy training for public safety organizations. They provide customizable, state-specific custody policy content and integrated policy training. We will work with Lexipol on a continual basis to ensure that policies are updated as needed. Additionally, the inmate handbook has been updated (see attachment – Rec.1) and rewritten to address all of the concerns of the Technical Assist Team, and to ensure that the content is consistent with our current policies and procedures. Several outdated rules were removed from the inmate handbook.

2. Conduct a time analysis of housing pods. Study the volume of time and reasons for inmate lock downs. Determine if this can be reduced and implement change as appropriate.

**Response 2:** We have immediately begun an analysis of our standard pod opening and closing times. Some immediate changes have been made, and we have decided to keep our housing units open longer every day to ensure that inmates have ample time to make phone calls, shower, and conduct recreational activities. We have assigned a shift commander (Lt. Kevin Johnson) to oversee and analyze this daily to ensure that we are continually looking for ways to keep housing unit lockdowns to a minimum (see attachment – Rec.2).

3. Have a detailed staffing analysis conducted. This will validate challenges as it relates to manpower and offer opportunities for improvement.

Attachment 3

**Response 3:** We will immediately seek to identify an appropriately qualified vendor to provide a staffing analysis for the jail. This will require funding and planning. We want to ensure that the entity we hire to conduct the analysis is qualified and experienced in jail operations. We are currently seeking a funding source.

4. Document suicidal inmate checks at the actual time the check occurred.

**Response 4:** We have identified this to be a training issue which we are working on. Checks on suicidal inmates must be conducted every 15 minutes. However, this does not mean that they should be at 1200, 1215, 1230, etc. Checks should be documented exactly when they occur: i.e. – 1201, 1214, 1231, etc. We are continually training our officers to log inspections and wellness rounds as accurately as possible.

5. Develop a process to monitor the usage of individual employee overtime amounts. Questions that the leadership should consider and monitor include when does overtime become excessive for an employee? What is the agency definition of excessive? We also recommend that as part of an incident review to look at what day in an employee's work schedule were they involved in the incident. Questions such as was it day 6 or 7 of their long week? How many mandatory overtime hours had they worked? Responding to these questions and managing overtime usage should be a leadership priority.

**Response 5:** Ongoing recruitment and hiring, along with employee retention remains a high priority in our agency. Based on our current hiring trend, we will be at full staffing by June of this year, which eliminates the referenced concerns. We have 15 officers currently in our academy. These officers have already been through field training in the jail, and will be fully ready to work a post effective Sunday, March 18, 2018. Additionally, we have another academy class starting on March 26. With these new officers, overtime will be cut drastically. In the interim, I have assigned Capt. Joshua Briggs to track all of the overtime worked by individual officers. He will make assessments as to who has worked an excessive amount of overtime and determine if they were involved in any incidents that could have been avoided. He will track this data so that we can determine the course of action that is in the best interest of the safety and security of the officers and inmates (see attachments – Rec.5-1, Rec.5-2). Additionally, we are educating our supervisory staff so that they are aware of signs of fatigue, particularly as it relates to officers who have worked high levels of mandatory overtime.

6. Make a full time programs coordinator position. Consider adding a second position to support the workload.

**Response 6:** Currently Officer Mary Behrendt is assigned as the lead programs coordinator and had previously been given two days per week to perform this assignment (Wednesdays and Fridays). We have increased her hours working this assignment and she will be fulfilling this role three days per week (Monday, Wednesday, and Friday). Additionally, a second officer (Matthew Johnston) is being trained and will fulfill this role on Tuesdays and Thursdays, thereby giving us coverage five days a week.

7. Review the inmate grievance system and update the policy, procedure, and practices as appropriate. Develop a weekly and/or monthly statistical report to identify trends. Take appropriate action.

**Response 7:** Captain Scott Sobek has been recently assigned as the supervisor leading the grievance section. He has reviewed all 2018 grievances and will be the lead investigator ensuring that all grievances are appropriately investigated and responded to. He has rewritten the procedures for the policy update as it relates to grievances, and has developed a plan to identify trends through the review of weekly and monthly reports (see attachment Rec.7&15). Additionally, we have met with our commissary provider and are in the initial stages of negotiations to install computer kiosks in all pods for electronic grievances, commissary ordering, and law library materials.

8. Review all contracts. Identify areas of non-compliance and correct. As part of new contract development, ensure the interests of the jail are addressed. Make use of the County's Procurement Department. In our experience, these departments have valuable expertise and should be relied upon to conduct RFI and RFP processes for jails. They tend to have the best knowledge information to evaluate potential contractors and the best language to use in contracts to hold vendors accountable. A good working relationship with your county procurement department and good representation on the selection team by Sheriff's Office members will yield the best contract. Facility leadership should also schedule regular audits of contractor performance to ensure compliance.

**Response 8:** Captain Debra Burmeister has been assigned to review all contracts for compliance. She has experience in this area as she previously served as a jail administrator. She will be working with the procurement department to ensure that we have appropriate language in all jail contracts so that we can hold the vendors accountable when contractual obligations are not met. Milwaukee County is in the process of putting out a Request for Proposal (RFP) for inmate medical services starting in 2019. We are working with procurement to hire a consultant affiliated with the National Commission on Correctional Health Care (NCCHC) to assist with the RFP process.

9. Post the inmate meal menu in all housing areas. Develop a formal process of menu substitution and notification of security staff as well as the jail command staff. Develop and implement a detailed housekeeping plan of the kitchen.

**Response 9:** Following the operational assessment of the jail we began posting the meal menu in all housing units within the jail. Additionally, we have informed the vendor that they must notify us of any menu changes. We will ensure that we hold the vendor accountable for appropriate communication and ensuring that they provide nutritious meals daily. Lt. Kevin Johnson has been assigned to monitor the daily meals and will be notified of any menu substitutions. Additionally, we are working with the vendor to ensure that detailed kitchen cleaning is conducted on a regular basis (see attachment Rec.9). It should also be noted that the kitchen hallway flooring that was referenced on page 16 of



the report has been completely replaced with kitchen appropriate epoxy flooring (see attached picture Rec.9-2).

10. Consider asking for help with Direct Supervision or Strategic Inmate Management training. There are proven methods of managing inmate behavior that can reduce force incidents and improve inmate compliance with rules and directives of officers. The National Institute of Corrections has programs that address these management strategies.

**Response 10:** I am very interested in additional training as it relates to the Direct Supervision model and Strategic Inmate Management. I have reached out to the National Institute of Corrections and am hoping that we are chosen for a pilot training program that is being rolled out soon that will help develop our officers and enable them to run their housing units more effectively and efficiently.

11. Develop inmate orientations for booking and housing areas. Sharing as much information as possible with inmates about how to have a successful stay in the facility starts with a detailed orientation of each step in the process. Electronic orientation is one good option. Consistent in person orientation for each inmate when they go to a different location is critical to the safety and good order of the facility, staff, and inmates.

**Response 11:** We have developed a new inmate orientation video. This new video will play on a regular loop in the booking room. It advises all inmates in the jail of inmate rules and provides them with the knowledge needed for a successful stay in our facility (see attachment Rec.11).

12. Develop an inventory and secure storage system for security equipment including, handcuffs, leg irons, transport belts, and keys. Items in this category can be used as weapons or for escape purposes. A good system of accountability and security can prevent a tragedy.

**Response 12:** We have recently inventoried all of the referenced items and have implemented a storage system where these items are kept out of inmate reach (see attachment Rec.12).

13. Consider evaluating medications that inmates come to the jail in possession of.

**Response 13:** We have changed our process for storing medication that is brought in by inmates. We will no longer store any medication in the property room. We will not accept medication into the jail that the medical staff does not want. If medication is found on an inmate for any reason, a report will be written and the medication will be taken as evidence and sent to the MCSO property room for appropriate storage (see attachment – Rec.13).

14. Review the facility housekeeping plan. Ensure that the plan includes all areas of the facility (offices, storage areas, libraries).

**Response 14:** The facility housekeeping plan has been updated to include a more rigorous deep cleaning of the kitchen. Additionally, pod libraries and other storage areas that were previously ignored will be added to the cleaning list. Shelving units for the books are being added to the libraries for appropriate book storage (see picture attachment – Rec.14).

15. Develop a system for investigating and responding to grievances including who should investigate and respond and a reasonable time frame that inmates can expect a response within. Audit the grievances that are responded to by contractors for appropriateness.

**Response 15:** Captain Scott Sobek has been recently assigned as the supervisor leading the grievance section. He has reviewed all 2018 grievances and will be the lead investigator ensuring that all grievances are appropriately investigated and responded to. He has rewritten the procedures for a policy update as it relates to grievances, and is developing a plan to identify trends through the review of weekly and monthly reports. Additionally, we have met with our commissary provider and are in the initial stages of negotiations to install computer kiosks in all pods for electronic grievances, commissary ordering, and law library materials.

16. Review current post orders for all posts on all shifts. Update them as appropriate. Ensure that they are detailed and provide for all timelines and activities that should be occurring on a daily basis on each post.

**Response 16:** The post orders have been updated and distributed to all of the appropriate work locations (see post order attachment).

17. Develop a quality control process for the booking and intake area. This may include a supervisory review of an inmate's record to ensure all functions have been accomplished prior to moving the inmate up to a housing pod. Further, implement a process of inmate identification at each station during the booking process. This can be as basic as checking their armband.

**Response 17:** We have reworked our existing processes to ensure that all necessary work is completed in booking prior to inmates being sent to housing units. Officers are now performing wristband checks and communicating with medical prior to the inmates being housed to ensure that their complete medical screening has been completed.



County of Milwaukee  
**Office of the Sheriff**

Richard R. Schmidt  
Acting Sheriff

**Date:** Monday March 19, 2018  
**To:** Deputy Inspector Aaron Dobson  
**From:** Lt. Kevin Johnson  
**Subject:** N.I.C. Report/ Time Analysis

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Effective immediately, I have been assigned as the commander in charge of assessing inmate locked down times to ensure that we optimize our times and ensure our inmates are afforded as much time out of their cells as possible. The goal is to ensure the inmates have a quality of life while following the role of a direct supervision model facility:

After carefully reviewing our video system and speaking with some of the Lieutenants and Officers, it has been determined that the housing units were "locking in" the inmate's unnecessarily early on first and second shifts. The way things were previously conducted and the changes that were implemented are detailed below.

<b>FIRST SHIFT</b>
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Time out prior NIC	Lock-in prior NIC	Total Time
0700hrs	1045hrs	3hrs 45 mins.
1200hrs	1345hrs	1hr 45 mins.
Total time out of cell-		5hrs 30 mins.

Previously on first shift, the inmates were let out at 0700hrs and remained out until approximately 1045hrs. The inmates were locked in from 1045hrs until 1145hrs for the officers unpaid lunch break which was from 1115hrs until 1145 hrs. The officer let the inmates out at 1200hrs for their lunch service. The inmates remained out of their cells and were locked in at 1345hrs for the officers to prepare for shift change.

On first shift some changes were implemented to maximize the time for the inmates to be out of their cells. The inmates are currently out from 0700 until 1055hrs. The inmates are locked in for shift change at 1400hrs now. On average, the inmates have gained twenty five additional minutes out of their cells on first shift.

### FIRST SHIFT

Time out post NIC	Lock-in post NIC	Total Time
0700hrs	1100hrs	4hrs
1200hrs	1400hrs	2hrs
<b>Total time out of cell-</b>		<b>6hrs</b>

Previously on second shift, the inmates were let out from their cells at 1500hrs and were locked in at approximately 1745hrs for preparation of the officers unpaid dinner break from 1815hrs until 1845hrs. The inmates were let out from their cells at 1900hrs and were locked in at 2045hrs for the rest of the night. The reason for this was for the officers to complete the reconciliation report that had to be turned into the Lieutenants office nightly. The reconciliation report is no longer necessary and changes have been made effective immediately.

### SECOND SHIFT

Time out prior NIC	Lock-in prior NIC	Total Time
1500hrs	1745hrs	2hrs 45 mins
1900hrs	2045hrs	1hr 45 mins
<b>Total time out-</b>		<b>4hrs 30 mins</b>

The inmates now lock in their cells at 1800hrs for the officers unpaid dinner break and lock in for the night at 2145hrs. **The inmates have now gained one hour and fifteen minutes of additional time out of their cells on second shift.**

### SECOND SHIFT

Time out post NIC	Lock-in post NIC	Total Time
1500hrs	1800hrs	3hrs
1900hrs	2145hrs	2hrs 45mins
<b>Total time out of cell-</b>		<b>5hrs 45mins</b>

All Officers on both shifts have been advised to strictly adhere to a ***thirty minute break only.***

These times do not reflect unforeseen circumstances that do occur on both shifts. For instance, an inmate in another location in the Jail who pulls a sprinkler head or purposely sets off the smoke/fire alarm system may cause all housing units to lock in until the emergency has been cleared by a supervisor. **C.E.R.T. (Correctional Emergency Response Team)** calls require us to pull six officers and this may necessitate the closure of some housing units for a short period of time. Inmates are locked-in for a short period of time two times per week for linen exchange on second shift. It has been relayed to all Lieutenants and Lead Officers that once linen exchange is completed, the inmates are to be let back out for the duration of the evening.

Once a month, there is a facility wide shakedown conducted. This shakedown previously consisted of locking in all housing units on average of three days on both shifts. The inmates were allowed out of their cells for all three meals on average of one hour per meal. The building went into third shift mode with security rounds being

conducted every half hour. During this time, medical emergencies increased as well as unnecessary stress placed onto the inmates which created more problems for the officers.

Changes were implemented as of the last facility wide shakedown in February prior to the N.I.C. performing their audit. We now begin our facility wide shakedowns on a Wednesday and only keep the inmates for the duration of one shift (*alternating 1<sup>st</sup> and 2<sup>nd</sup> shift*) affording them the opportunity to make phone calls, watch television, shower and utilize the gym. Performing the shakedown this particular way may take a little longer but it prevents the inmates from being locked in their cells all day.

In conclusion, we will continue to study and evaluate the times the inmates are out of their cells and come up with a plan to better ourselves as a model direct supervision facility.





County of Milwaukee  
**Office of the Sheriff**

Richard R. Schmidt  
Acting Sheriff

**Date:** Monday March 19, 2018  
**To:** Deputy Inspector Aaron Dobson  
**From:** Capt. Joshua Briggs  
**Subject:** Overtime Tracking

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Effective immediately, I will generate an overtime tracking spreadsheet (see attached spreadsheet) that will show the exact amount of overtime each officer has generated per month. This will also require assistance from the Operations Lieutenant to ensure accuracy when completing the tracker. The type of overtime will have to be detailed mandatory/voluntary and the amount of hours. If the overtime generated was excessive due to being mandated then a supervisor will speak to the officer about how this adversely effected them. I then will look to see if this information correlates with officer's incidents on the job by looking to see if the officers working extensive amounts of overtime are also the officers having incidents on the job. If the scheduling is a reason for the excessive overtime we will have to look into possibly altering schedules or looking for alternate ways to reduce the overtime.

**Step 1** – Scheduling lieutenants will enter all overtime into the overtime tracker.

**Step 2** – I will receive a printout from county payroll following each pay period which details the amount of overtime worked by each correctional officer.

**Step 3** – I will enter the officers with the most overtime worked (top 10%) into the newly created Employee Overtime Tracker, which will show the amount of hours worked for each day of the month.

**Step 4** – I will then query the RMS Reports for those individual officers to determine if they were involved in any incidents. If they were involved in an incident, I will write notes in the appropriate box for that day giving a brief description of the incident.

**Step 5** – All officers in the spreadsheet will be counseled to determine their level ability to maintain their current level of overtime work hours.

**Step 6** - Identify trends of incidents involving officers working long stretches of consecutive days, or working an excessive amount of hours in a day.

**Step 7** – Identify possible work schedule changes to ensure appropriate amount of time off for officers working an excessive amount of overtime.

**OVERTIME Type Key**

2018

Employee Name

[illegible]

Total Hours

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

January Total



MILWAUKEE COUNTY  
**OFFICE OF THE SHERIFF**  
*Detention Services Bureau*



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**Date:** Monday March 19, 2018

**Directive No.** J2018 – 01

**Prescribed Medication Storage Version #1**

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Effective immediately, the Milwaukee County Jail will no longer store prescribed medications in the property rooms locked cabinet. Additionally, we will not allow inmates or arresting agencies to bring in prescribed medication not accepted by the medical staff. If our medical provider chooses to allow it to care for and treat the inmate, the medication will be stored in the pharmacy on the second floor of the jail with the other prescribed medications.

If for any reason prescribed medications, pills, or other drugs are found in the facility, an RMS report will be written, and the contraband will be placed in an evidence bag and stored in a locked evidence locker. Once the RMS report is approved and the evidence is appropriately packaged, the contraband will be turned over to the Milwaukee County Sheriff's Office evidence custodian in the Criminal Investigation Division (CID) for storage in the evidence vault.

DI [Signature] #7

Aaron Dobson, Deputy Inspector

Detention Services Bureau

Attachment 6