GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

__________________________
LANCE WIERZMA
Name of Individual Certifying this Document/Proposed Document

__________________________
ADMINISTRATOR, DIVISION OF COMMUNITY CORRECTIONS
Title

__________________________
Signature

6/25/19
Date Signed
Policy Statement:

All situations requiring the Use of Force beyond dialogue are required to be reviewed using the attached outline in order to:

- Provide a method for reviewing Use of Force incidents;
- Minimize DCC liability by maximizing the level of agency professionalism in an effort to reduce/eliminate the root causes of liability, while simultaneously providing a higher level of probation, parole and extended supervision services to the community served; and
- Implement competent risk control by identifying the organization’s risk exposures, examining the various alternatives available to either eliminate those risks or mitigate the effects of those that can not be eliminated, selecting the best alternative or combination of alternatives to deal with each risk exposure, implementing the chosen techniques, and monitoring the process for the purpose of improving the program based on the observed results.

The Administrator/designee and/or Regional Chief/designee may refer other unusual related incidents to the Use of Force committee for review even though it may not be an actual Use of Force incident. The procedures outlined below will be followed in these incidents.

Reference:

DCC Operations Manual, Chapter 7
Use of Oleoresin Capsicum (OC) Aerosol Spray, AD #12-08
Wisconsin Administrative Code 328

Definitions, Acronyms and Forms:

DCC – Division of Community Corrections
MTC – Madison Training Center
POSC – Principles of Subject Control
WICS – Wisconsin Integrated Corrections System
DOC 1960B – Use of Force Report

Procedure:

I. Staff (Probation/Parole Agent, LTE Probation/Parole Agent, OOA, Correctional Officer-3/Transport/Sergeant – who have been trained in POSC) Responsibilities

A. Complete WICS Incident Report for all Use of Force incidents within 1 working day of the incident.
B. Complete Section A of the Use of Force Report (DOC-1960B) within 1 working day of the incident.
C. Forward completed above reports to Corrections Field Supervisor within 1 working day of the incident.

II. **Corrections Field Supervisor Responsibilities**
A. Review and complete WICS incident report within 3 working days of the incident.
B. Review and complete Section B of the Use of Force Report (DOC-1960B) within 3 working days of the incident.
C. Forward completed above reports to Regional Chief/designee within 3 working days of the incident.

III. **Regional Chief/Designee Responsibilities**
A. Review and complete WICS Incident Report within 5 working days of receipt.
B. Review and complete Section C of the Use of Force Report (DOC-1960B) within 5 working days of receipt.
C. Forward completed above reports to the POSC Staff Development Specialist/Use of Force Committee within 5 working days of receipt.

IV. **POSC Staff Development Specialist/Use of Force Committee Responsibilities**
A. Review WICS Incident Report within 10 working days of receipt.
B. Review and complete Section D of the Use of Force Report (DOC-1960B) within 10 working days of receipt.
C. Forward completed above reports to the Administrator/Designee and Regional Chief/Designee within 10 working days of receipt.

V. **Administrator/Designee Responsibilities**
A. Review completed reports and take appropriate action, if necessary, and advise the Regional Chief/designee on the recommendations submitted by the POSC Staff Development Specialist/Use of Force Committee.

**Distribution List (Other than Noted Dissemination):**
- Agent Basic Training Director
- Office of Diversity and Employee Service Director
- Employee Health and Wellness Director
- Others as Noted by the Administrator
SECTION A-Staff Responsibilities (Probation/Parole Agent, LTE Agent, OOA, Correctional Officer 3-Transport Sergeant-who have been trained in POSC)

UNIT NUMBER/OFFICE LOCATION | DATE OF INCIDENT | TIME OF INCIDENT | PLACE OF INCIDENT

TYPE OF INCIDENT (Check All That Apply)
☐ STAFF INJURY
☐ OFFENDER INJURY
☐ DEPLOYMENT OF OLEORESIN CAPSICUM (OC) SPRAY
☐ ANY USE OF FORCE BEYOND DIALOGUE
☐ THREATS
☐ PROPERTY DAMAGE

*Check up to three types from above*

STAFF INVOLVED

NAME | CLASSIFICATION/AGENT # | NAME | CLASSIFICATION/AGENT #

OFFENDER INVOLVED

NAME | DOC NUMBER | NAME | DOC NUMBER

WITNESSES PRESENT

NAME | Address | Contact Phone Number | NAME | Address | Contact Phone Number

DETAILS DESCRIPTION OF INCIDENT (Attach reports/statements from staff, offender, and/or witnesses)

PERSONS INJURED

STAFF | OFFENDER | WITNESS

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

DESCRIPTION OF INJURY

FORCE OPTIONS UTILIZED (Check All That Apply)
☐ PRESENCE
☐ DIALOG
☐ CONTROL ALTERNATIVE
☐ PASSIVE COUNTERMEASURES
☐ ACTIVE COUNTERMEASURES
☐ ESCORT HOLDS
☐ PROTECTIVE ALTERNATIVES
☐ DEADLY FORCE
☐ COMPLIANCE HOLDS
☐ OLEORESIN CAPSICUM (OC) SPRAY

ADDITIONAL COMMENTS

STAFF SIGNATURE | DATE

SECTION B-Field Supervisor Responsibilities

QUESTIONS FOR REVIEW BY FIELD SUPERVISOR

Date reviewed Section A of this report................................................................. DATE

Upon completion, forward this form to Regional Chief/Designee within 3 working days of receipt.

WAS FIRST AID RENDERED TO STAFF?.............................................................. ☐ YES ☐ NO

WAS FIRST AID RENDERED TO OFFENDERS INVOLVED?.................................. ☐ YES ☐ NO

WAS STAFF DEBRIEFED AFTER INCIDENT? (Offered EAP and/or Peer Support)..... ☐ YES ☐ NO

IF SO, WHERE, WHEN (date and time) and WHO completed the debriefing?

WERE OFFENDERS DEBRIEFED AFTER INCIDENT?............................................. ☐ YES ☐ NO

IF SO, WHERE, WHEN (date and time) and WHO completed the debriefing?

WERE WITNESSES DEBRIEFED AFTER INCIDENT?............................................. ☐ YES ☐ NO

IF SO, WHERE, WHEN (date and time) and WHO completed the debriefing?
<table>
<thead>
<tr>
<th>WERE PROPER NOTIFICATIONS MADE? .................................................................</th>
<th>□ YES □ NO</th>
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<tr>
<td>□ LAW ENFORCEMENT</td>
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<td>□ ADMINISTRATOR/DESIGNEE</td>
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<td>ADDITIONAL COMMENTS</td>
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<td>FIELD SUPERVISOR SIGNATURE</td>
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**SECTION C - Regional Chief/Desigee Responsibilities**

Date reviewed Section A & B of this report .................................................. DATE

Upon completion, forward this form to POSC Staff Development Specialist/Use of Force Committee within 5 working days or receipt.

REGIONAL CHIEF/DESIGNEE SIGNATURE DATE

**SECTION D - POSC Staff Development Specialist/Use of Force Committee at MTC.**

Upon completion, forward findings/conclusions/recommendations to Administrator/Desigee and Regional Chief/Desigee for finalization of process within 10 working days of receipt.

**QUESTIONS FOR REVIEW BY USE OF FORCE COMMITTEE**

Date reviewed this report.................................................................

DID STAFF JUSTIFY THE USE OF FORCE IN THE REPORTS FILED? .................. □ YES □ NO

WERE THE PROPER FORCE OPTIONS UTILIZED UNDER THE CIRCUMSTANCES AND THE EMPLOYEE’S PERCEPTION OF THREAT? □ YES □ NO

WHAT ARE THE FINDINGS OF COMMITTEE’S REVIEW?

IS ADDITIONAL TRAINING RECOMMENDED? .................................................. □ YES □ NO

ADDITIONAL COMMENTS

SIGNATURE OF STAFF COMPLETING/REVIEWING DATE

Distribution: DCC Regional Chief or designee; Staff Development Specialist-POSC/ Use of Force Committee, DCC Administrator CC: FILE