



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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.

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Name of Individual Certifying this Document/Proposed Document

ADMINISTRATOR, DIVISION OF COMMUNITY CORRECTIONS

Title


[Handwritten Signature]

Signature

6/25/19

Date Signed

Department of Corrections – Wisconsin
Office of the Secretary
Wis. Stat. § 227.112(6)
DOC-2910 (6/2019)

 <p style="text-align: center;">WISCONSIN DEPARTMENT OF CORRECTIONS Division of Community Corrections</p> <p style="text-align: center;">DOC-1356 (Rev. 12-09) Administrative Directive # 12-07 Replaces # 09-02</p>	EFFECTIVE DATE November 1, 2012	PAGE NUMBER 1 of 2
	MANUAL REFERENCE Chapter 7	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revision
	ORIGINATED BY ADMINISTRATOR'S OFFICE Denise Symdon <i>D. Symdon</i>	
DISSEMINATION <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Supervisory Staff Only	PRIORITY <input checked="" type="checkbox"/> Policy/Directive <input type="checkbox"/> Information Discuss at Staff Meeting Read/Route/Post	
SUBJECT: Use of Force Review		

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*

DCC USE OF FORCE REPORT

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
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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 #
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OFFENDER INVOLVED

NAME	DOC NUMBER	NAME	DOC NUMBER
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WITNESSES PRESENT

NAME	Address	Contact Phone Number	NAME	Address	Contact Phone Number
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DETAILED DESCRIPTION OF INCIDENT (Attach reports/statements from staff, offender, and/or witnesses)

PERSONS INJURED

	STAFF	OFFENDER	WITNESS
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIPTION OF INJURY

FORCE OPTIONS UTILIZED (Check All That Apply)

<input type="checkbox"/> PRESENCE <input type="checkbox"/> DIALOG <input type="checkbox"/> CONTROL ALTERNATIVE <input type="checkbox"/> PASSIVE COUNTERMEASURES <input type="checkbox"/> ACTIVE COUNTERMEASURES <input type="checkbox"/> ESCORT HOLDS ADDITIONAL COMMENTS	<input type="checkbox"/> PROTECTIVE ALTERNATIVES <input type="checkbox"/> DEADLY FORCE <input type="checkbox"/> COMPLIANCE HOLDS <input type="checkbox"/> OLEORESIN CAPSICUM (OC) SPRAY
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STAFF SIGNATURE	DATE
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SECTION B-Field Supervisor Responsibilities

QUESTIONS FOR REVIEW BY FIELD SUPERVISOR

Date reviewed Section A of this report.....	DATE
<i>Upon completion, forward this form to Regional Chief/Designee within 3 working days of receipt.</i>	
WAS FIRST AID RENDERED TO STAFF?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS FIRST AID RENDERED TO OFFENDERS INVOLVED?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS STAFF DEBRIEFED AFTER INCIDENT? (Offered EAP and/or Peer Support)	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, WHERE, WHEN (date and time) and WHO completed the debriefing?	
WERE OFFENDERS DEBRIEFED AFTER INCIDENT?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, WHERE, WHEN (date and time) and WHO completed the debriefing?	
WERE WITNESSES DEBRIEFED AFTER INCIDENT?.....	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, WHERE, WHEN (date and time) and WHO completed the debriefing?	

WERE PROPER NOTIFICATIONS MADE?..... YES NO

- LAW ENFORCEMENT
- REGIONAL CHIEF/DESIGNEE
- ADMINISTRATOR/DESIGNEE

ADDITIONAL COMMENTS

FIELD SUPERVISOR SIGNATURE

DATE

SECTION C - Regional Chief/Designee 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/Designee and Regional Chief/Designee 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