

STATUS OF IMPLEMENTATION – 18 CAP REMAINING AS OF CREATIVE CORRECTIONS FINAL REPORT

Audit Report Title: Creative Corrections – Correctional Management Review of the Milwaukee County Jail

File Numbers: 24-960 and 25-407

Reports Issued: Initial October 2024/Final May 2025

Status Report Date: May 2026

Department: Office of the Sheriff

Open Recommendations

Recommendation #1 – Restraint Benches	
Recommendation	
<i>Security – Discontinue the practice of handcuffing individuals on suicide watch to benches in both the booking and specialized housing areas. Ensure timely placement in approved suicide watch cells and adherence to established suicide watch protocols.</i>	
Deadlines Established Y/N?	
Y	
Date	Management Comments:
Current - May 2026	<p>Office of the Sheriff Update: Once safe rooms and holding cells are retrofitted the restraint benches will be removed. The status of the related capital projects is as follows:</p> <p>[WC030401 - Mental Health Doors and Glass Replacement] MCJ is working with the Department of Administrative Services (DAS). The project design consultant has been selected. The project team has completed site visits and reviewed existing facility documents to support design development. The consultant has provided initial construction drawings and specifications. The project team has initiated the Job Order Contracting process to engage a contractor for construction. Contractor engagement is anticipated to be completed by the end of May. After the contractor is selected, material procurement is expected to take a few months, concluding around the end of August. Construction will begin thereafter and is expected to take approximately one month, to be completed in three phases by pod.</p> <p>[WC030701 - Holding Cells Retrofit] The project design consultant has been selected. The project team has completed initial site visits and reviewed existing facility documents to support design development. Based on initial findings, a second site visit was conducted to evaluate options for required utility relocations. Design completion is anticipated in early July. Contractor engagement and material procurement are expected to continue through the remainder of 2026. Construction is projected to begin in January 2027 and is anticipated to take approximately six months.</p> <p>[WC030801 – Safe Rooms Retrofit] The project design consultant has been selected. The project team has completed initial site visits and reviewed facility documents to support design development. In March, the design consultant completed initial architectural designs and conceptual scoping materials, allowing the Sheriff’s Office to provide feedback on major scope elements prior to moving into detailed design.</p>

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	Based on preliminary findings and the selected design approach, a second site visit was conducted to further evaluate design options. Additional considerations related to the two safe rooms on the 4 th floor are going to extend the design process for those rooms beyond the 2027 Capital Budget request deadline. Based on this, a phased construction approach is proposed in order to keep the project progressing toward construction completion. The recommended approach is to design the three safe rooms in the 2nd floor Mental Health Unit for a construction funding request in the 2027 Capital Budget cycle, with construction anticipated in 2027, if funded. Designs for the two safe rooms on the 4th floor will be prepared for a construction funding request in the 2028 Capital Budget cycle, with construction anticipated in 2028, if funded.
Nov 2025	Office of the Sheriff: 2026 Capital Projects submitted for safe rooms # WC030401 and holding cells retrofit # WC030701. Once safe rooms and holding cells are retrofitted, the restraint benches will be removed. Audit Service Division: Capital projects are funded in 2026 Adopted Capital Budget but not yet started.
May 2025	Summary of CAP Response: Practice discontinued; intake procedures revised to ensure suicidal individuals are evaluated and moved to suicide-watch cells within 1 hour. MCJ is working with county officials to remove bench restraints and add holding cells, pending funding. No instances of bench restraints were observed during the follow-up visit.

Recommendation #3 – Armory Management

Recommendation

Security – Establishing an inspection system to ensure accountability of all Armory equipment. Provide evidence of the inspection system which includes daily issuance of equipment and monthly/quarterly inspections by supervisory staff.

Deadlines Established Y/N?

N

Date

Management Comments:

Current - May 2026

Office of the Sheriff Update: Purchase Order Number 203004 was processed on 12/31/2025 for 75,975.00. The actual order was placed with Streicher’s on 1/12/2026 for 79,215.00.

- MCJ received 100 Gas masks and filters.
- MCJ received the S-XL sizes of the Riot Suits. The 2X-3X sizes are currently back-ordered with up to a six-month timeframe hope to receive them by the end of June 2026

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	<ul style="list-style-type: none"> • Helmets are on back order with up to a six-month timeframe hope to receive them by the end of June 2026 • Gas mask pouch 1 of 10 received, and the rest are on back order with up to a six-month timeframe hope to receive them by the end of June 2026 • VPU’s (voice projection units) have all been received. <p>Audit Services Division: Procurement of some of the CERT equipment is in process and a written inspection system still needs to be developed.</p>
Nov. 2025	<p>Office of the Sheriff – Fiscal Administrator CERT equipment in the amount of \$76,000 requested for the jail was not included in the Office of the Sheriff’s</p>
May 2025	<p>Summary of CAP Response Armory inventory system established. Daily equipment issuance and regular supervisory inspections are in place, with sign-in sheets for trained staff. All less-lethal munitions are inventoried and expired gear removed. However, new protective gear and munitions need County funding, so the item remains only partially resolved.</p>

Recommendation #5 – Suicide Watch Observations	
Recommendation	
<i>Security – Identify and utilize suicide watch cells that allow for continuous, unobstructed monitoring by staff to ensure the safety of individuals placed on suicide watches.</i>	
Deadlines Established Y/N?	See Recommendation #1
Date	Management Comments:
Current - May 2026	<p>Office of the Sheriff Update: Capital project WC030601 will be resubmitted for 2027. It will be submitted for the Mental Health Unit (19 cells) and housing unit 4D, sub-pod D (12 cells), only for 2027. MCJ will submit light-control renovation capital projects annually until the entire jail is completed. Submitting the projects this way is the most cost-effective option for the county.</p> <p>[WC030401 - Mental Health Doors and Glass Replacement] MCJ is working with the Department of Administrative Services (DAS). The project design consultant has been selected. The project team has completed site visits and reviewed existing facility documents to support design development. The consultant has provided initial construction drawings and specifications. The project team has initiated the Job Order Contracting process to engage a contractor for construction. Contractor engagement is anticipated to be completed by the end of May. After the contractor is selected, material procurement is expected to take a few months, concluding around the end</p>

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	of August. Construction will begin thereafter and is expected to take approximately one month, to be completed in three phases by pod.
Nov. 2025	<p>Office of the Sheriff: 2026 Capital Project submitted for light controls renovation. Project # WC030601 and 2026 Capital Project submitted for mental health doors and glass replacement. Project # WC030401</p> <p>Audit Services Division: Capital project # WC030401 was funded in the 2026 Adopted Capital Budget but not yet started.</p>
May 2025	<p>Summary of CAP Response: Physical improvements to watch cells: MCJ replaced scratched plexiglass in several suicide-watch cell doors to restore clear visibility. Lighting is being enhanced and electrical fixtures (outlets, switches) removed or relocated to prevent tampering. Substantial progress made; full completion requires additional funding for remaining cell upgrades.</p>

Recommendation #7 – Suicide Watch Cell Visibility	
Recommendation	
<i>MCJ Maintenance – Upgrade suicide watch cells with new plexiglass, clean and safe conditions, and functional lighting.</i>	
Deadlines Established Y/N?	Y
Date	Management Comments:
Current - May 2026	<p>Office of the Sheriff Update: [WC030401 - Mental Health Doors and Glass Replacement] MCJ is working with the Department of Administrative Services (DAS). The project design consultant has been selected. The project team has completed site visits and reviewed existing facility documents to support design development. The consultant has provided initial construction drawings and specifications.</p> <p>The project team has initiated the Job Order Contracting process to engage a contractor for construction. Contractor engagement is anticipated to be completed by the end of May. After the contractor is selected, material procurement is expected to take a few months, concluding around the end of August. Construction will begin thereafter and is expected to take approximately one month to complete in three phases by pod.</p>
Nov. 2025	<p>Office of the Sheriff: 2026 Capital Project submitted for mental health doors and glass replacement. Project # WC030401</p> <p>Audit Services Division:</p>

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	Capital project is funded in 2026 Adopted Capital Budget but not yet started.
May 2025	Summary of CAP Response: Plexiglass replacements begun: MCJ replaced most scratched plexiglass panels in suicide-watch cell doors (e.g. in the Mental Health Unit), restoring clear visibility. Cells were observed to be clean, well-lit, and suitable for 1:1 monitoring after these fixes. Full completion requires additional funding to replace all remaining panels.

Recommendation #8 – Light Switches	
Recommendation <i>MCJ Maintenance – Relocate light switches to the exterior of suicide watch cells to prevent occupants from turning lights off, which can hinder staff observation and compromise safety.</i>	
Deadlines Established Y/N? N	
Date	Management Comments:
Current - May 2026	Office of the Sheriff Update: Capital project WC030601 will be resubmitted for 2027. It will be submitted for the Mental Health Unit (19 cells) and housing unit 4D, sub-pod D (12 cells), only for 2027. MCJ will submit light-control renovation capital projects annually until the entire jail is completed. Submitting the projects this way is the most cost-effective option for the county.
Nov. 2025	Office of the Sheriff: 2026 Capital Project submitted for light controls renovation. Project # WC030601 Audit Services Division: Capital project was requested but not included in the 2026 Adopted Capital Budget.
May 2025	Summary of CAP Response: Planned infrastructure change: MCJ developed a proposal to relocate all suicide-cell light switches to outside the cells. A quote for the work was submitted to the County’s Capital Improvement Committee (as of March 28, 2025). <i>This project is awaiting approval and funding; switches have not yet been moved</i> , so the safety risk is acknowledged but not fully eliminated at this time.

Recommendation #9 – Graffiti Removal	
Recommendation <i>MCJ Maintenance – Remove graffiti in affected housing units.</i>	
Deadlines Established Y/N? N	
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<p>Current - May 2026</p>	<p>Office of the Sheriff Update: Due to MCJ’s current staffing levels, the Annex project was delayed until June 1, 2026. The Department of Administrative Services (DAS) assigned a Project Manager who has created a project timeline. MCJ’s Leadership meets monthly with the Project Manager and their team for updates in preparation for the Graffiti Abatement Project. The MOU has been finalized and signed.</p>
<p>Nov. 2025</p>	<p>Office of the Sheriff: During the tour of the Annex on Friday, October 10, 2025, with MCJ, CRC Leadership, and the State Jail Inspector, the Jail Inspector stated that a third toilet must be installed in each housing unit to meet the required occupant-to-toilet ratio. We are waiting for an update on when the toilets will be installed. MCJ Leadership met with Mechanical Service Manager at the Department of Administrative Services on Monday, October 27th, 2025. We are working on narrowing down a date in January that works for MCSO and Facilities Management. A project manager will be assigned to manage and oversee the plan. On Friday, October 31, 2025, MCJ received an email from ICS Solutions Account Manager confirming that the phones, tablets, and video visit stations are all operational and ready for use by occupants. MCJ Leadership submitted a Memorandum of Understanding (MOU) to CRC Leadership in June 2024. CRC's Leadership returned the MOU with some edits. Line #12 on the MOU requires the same classification as the current transfer process. On Friday, November 7, 2025, Deputy Sheriff Director emailed CRC's Assistant Superintendent and Security Director requesting an update on the status of the MOU. He did not receive a response until he followed up again on Wednesday, November 12, 2025. CRC's Security Director responded and stated they would provide an update in a few days. Sheriff Director reached out to CRC's Superintendent via phone and left a message but has not received a call back. At this time, without a signed MOU, we are unable to move forward with the use of the Annex to begin the Graffiti Abatement Project.</p> <p>Community Reintegration Center: On 10-11-2025 the CRC met with the Jail supervisory team and the DOC jail inspector regarding opening the Annex. Maintenance had three units with 30 beds each that were available for opening. So currently the Milwaukee County CRC has currently 90 beds available for use in the Annex. The only issue that needed to be completed was the ICS vendor needed to continue work on the tablets, video visiting, and the phones to be fully functioning. On 10/16/2025 the CJF stated they would be ready to use the Annex in January. (Update from ICS on 10/30/2025 they stated the phones and tablets are currently ready for use in the Annex.)</p>

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	<p>The CRC has been working diligently to prepare the Annex for occupancy by the MCJ. This has included ensuring that it has met all requirements per Administrative Code 350, working with the jail inspector, ensuring communication access through ICS Solutions, working with healthcare vendors and consultants and working with jail leadership. We’ve been told on multiple occasions that the jail was unable to staff the Annex due to their own staffing shortages. This was communicated by Sheriff Director on 11/3 and reiterated again at a stakeholders meeting by Deputy Sheriff Director on 11/4. Additionally, the CRC has requested a short-term variance from the jail inspector to add an additional 60 beds to CRC to assist the jail while they are having staffing shortages. The Annex was noted it was able to be used by the CJF on 10/31/2025. The MOU is a two-party agreement which needs to be updated by both parties with who can be housed here and for how long with new dates as the old dates expired in 2024. By assisting the CJF with the 60 new beds in the interim both parties should have a MOU in place before the CJF is ready to use the space before the January date that the CJF has requested the use to help with their staffing shortages.</p> <p>DAS-Facilities Management: FM has an older plan that was developed over a year ago that would have to be updated with current costs and timelines to get an accurate account of resources needed for total pod rehabilitation & maintenance. O&M plans to assign a project manager to oversee and manage the plan once it's fully developed.</p>
<p>May 2025</p>	<p>Summary of CAP Response: Graffiti abatement efforts ongoing: Maintenance staff have been actively removing graffiti in affected housing units (e.g. Unit 4D) during the follow-up period. Documentation shows a “pod rehabilitation” initiative for graffiti cleanup in multiple units. To prevent future damage, MCJ switched from pencils to easily washable ink pens for inmates. Continued monitoring is recommended to ensure this issue remains under control.</p>

<p>Recommendation #11 – Bulk Stock Medication</p>	
<p>Recommendation <i>Medical – Obtain formal guidance from Wisconsin Board of Nursing regarding the permissibility of nurses administering medications from bulk stock bottles. If approved, revise Wellpath policy to reflect this practice and develop a local formulary specifying which medications may be administered in this manner.</i></p>	
<p>Deadlines Established Y/N?</p>	<p>N</p>
<p>Date</p>	<p>Management Comments:</p>

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<p>Current - May 2026</p>	<p>Office of the Sheriff Update: MCJ supports Wellpath’s decision, as this is not a violation.</p> <p>Audit Services Division: Recommendation remains open pending documentation review by NCCHC.</p>
<p>Nov. 2025</p>	<p>Office of the Sheriff: The initial response was from Wellpath's legal department. MCJ supports this decision as this is not a violation.</p> <p>Wellpath: Bulk stock medications are administered by licensed nursing staff only pursuant to the lawful orders of a provider with prescriptive authority. No Wisconsin Board of Nursing rule, nor any provision of the Wisconsin Nurse Practice Act, prohibits this or requires the prior approval of the Board in order to engage in this practice. Bulk stock medications are delivered to the Milwaukee County jail facilities by Clinical Solutions, in accordance with Board of Pharmacy Rule 13.02(e), which permits the distribution of bulk drugs to practitioners for general dispensing to the practitioner’s patients. While Wellpath is willing to modify its operational practices based on the recommendations of Creative Corrections, the company will not seek an unnecessary regulatory approval for an established, customary, and lawful method of medication administration.</p> <p>NCCHC-NRI: Based upon consultation with the contracted pharmacy, review of the Nursing Practice Act and Pharmacy Practice Act, pharmaceutical operations on site in quarter three, and observation of the medication administration, the NCCHC Resources team finds no concerns in compliance with state guidelines or accreditation standards. During the fourth quarter visit, the team will review documentation that Wellpath has completed their responsibilities to consult to confirm full CAP compliance.</p>
<p>May 2025</p>	<p>Summary of CAP Response: Practice under review: MCJ is reassessing the practice of using bulk stock meds. The HSA has been in discussions with the pharmacy vendor to transition to blister-pack medications (which are safer and labeled). However, formal guidance from the state nursing board is still pending and the policy has not yet been revised. Until a decision is reached and policy updated, the original issue is only partially addressed.</p>

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Recommendation #13 – Language Access	
Recommendation	
<i>Medical – Conduct weekly audits of clinical encounter documentation for individuals with limited English Proficiency (LEP) until 60 consecutive days of consistence compliance with language assistance documentation requirements are achieved.</i>	
Deadlines Established Y/N? Y	
Date	Management Comments:
Current - May 2026	Office of the Sheriff Update: From September 2025 to March 2026, documentation compliance for intake screenings of limited English and hearing-impaired occupants was 92%. Sustained compliance is not yet proven. After speaking with Wellpath’s Health Services Administrator, a target date was set for May 31, 2026; the target compliance is 95%, and the steps to be taken will be staff communication through email, staff meetings, and rounding. Additionally, leadership will conduct weekly audits and follow up with individual staff members on non-compliance.
Nov. 2025	<p>Office of the Sheriff: After speaking with Wellpath's Health Services Administrator, regarding a target date and steps to obtain and sustain compliance in this area. A target date of December 31, 2025, and the steps to be taken include communication to staff through emails, staff meetings, and rounding. Additionally, weekly auditing with individual staff follow-up for non-compliance.</p> <p>Wellpath: From May 2025 to September 2025 documentation compliance for intake screenings of limited English and hearing-impaired occupants was 77%. For other clinical encounters, compliance is at 78%. Sustained compliance is not yet proven, continued audits and training to continue.</p> <p>NCCHC-NRI: NCCHC Resources has conducted an objective study to determine compliance with clinical documentation of services for patients with Limited English Proficiency. Findings conclude compliance remains partial.</p>
May 2025	<p>Summary of CAP Response: Improved LEP communication tracking: MCJ added a dedicated field in the Electronic Health Record to record interpreter usage, achieving 100% documentation compliance for intake screenings of limited-English and hearing-impaired inmates. For other clinical encounters, compliance improved from 14% (Mar 2025) to 100% in Apr 2025 with staff training and EHR updates. Facility-wide sustained compliance is not yet proven, so audits and training continue.</p>

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Recommendation #15 – Transfer to CRC	
Recommendation <i>Communication with External Stakeholders – Engage proactively with CRC Superintendent, through appropriate chain of command, to evaluate the feasibility of transferring 70 female occupants to the Annex.</i>	
Deadlines Established Y/N? N	
Date	Management Comments:
Current - May 2026	Office of the Sheriff Update: Due to MCJ’s current staffing levels, the Annex project was delayed until June 1, 2026. This was due to safety and security concerns, as MCJ will be staffing the Annex.
Nov. 2025	<p>Office of the Sheriff: During the tour of the Annex on Friday, October 10, 2025, with MCJ, CRC Leadership, and the State Jail Inspector. The Jail Inspector stated that a third toilet must be installed in each housing unit to meet the required occupant-to-toilet ratio. We are waiting for an update on when the toilets will be installed. MCJ Leadership met with Mechanical Service Manager at the Department of Administrative Services on Monday, October 27th, 2025. We are working on narrowing down a date in January that works for MCSO and Facilities Management. A project manager will be assigned to manage and oversee the plan. On Friday, October 31, 2025, MCJ received an email from ICS Solutions Account Manager confirming that the phones, tablets, and video visit stations are all operational and ready for use by occupants. MCJ Leadership submitted a Memorandum of Understanding (MOU) to CRC Leadership in June 2024. CRC’s Leadership returned the MOU with some edits. Line #12 on the MOU requires the same classification as the current transfer process. On Friday, November 7, 2025, Deputy Sheriff Director emailed CRC’s Assistant Superintendent and Security Director requesting an update on the status of the MOU. He did not receive a response until he followed up again on Wednesday, November 12, 2025. CRC’s Security Director responded and stated they would provide an update in a few days. Sheriff Director reached out to CRC’s Superintendent via phone and left a message but has not received a call back. At this time, without a signed MOU, we are unable to move forward with the use of the Annex to begin the Graffiti Abatement Project.</p> <p>Community Reintegration Center: The Milwaukee County CRC had to do a lot of maintenance work to get the Annex completed and ready for usage. The facility was not ready for usage in July because it had to have bunks placed in units for usage and the HVAC needed to be checked, along with phones and internet and new computers</p>

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	<p>and updated kiosks. Update from ICS Solutions on 10/30/25 they have the phones and tablets ready. So, at this time the Annex is ready to house occupants/residents.</p> <p>The CRC has been working diligently to prepare the Annex for occupancy by the MCJ. This has included ensuring that it has met all requirements per Administrative Code 350, working with the jail inspector, ensuring communication access through ICS Solutions, working with healthcare vendors and consultants and working with jail leadership. We’ve been told on multiple occasions that the jail was unable to staff the Annex due to their own staffing shortages. This was communicated by Sheriff Director on 11/3 and reiterated again at a stakeholders meeting by Deputy Sheriff Director on 11/4. Additionally, the CRC has requested a short-term variance from the jail inspector to add an additional 60 beds to CRC to assist the jail while they are having staffing shortages. The Annex was noted it was able to be used by the CJF on 10/31/2025. The MOU is a two-party agreement which needs to be updated by both parties with who can be housed here and for how long with new dates as the old dates expired in 2024. By assisting the CJF with the 60 new beds in the interim both parties should have a MOU in place before the CJF is ready to use the space before the January date that the CJF has requested the use to help with their staffing shortages.</p> <p>DAS-Facilities Management: FM has an older plan that was developed over a year ago that would have to be updated with current costs and timelines to get an accurate account of resources needed for total pod rehabilitation & maintenance. O&M plans to assign a project manager to oversee and manage the plan once it's fully developed.</p>
<p>May 2025</p>	<p>Summary of CAP Response: Opened dialogue with CRC: MCSO leadership-initiated communication with the CRC Superintendent to discuss transferring 70 female inmates to the CRC annex. While no transfer has occurred yet, the CRC agreed to reconsider the request in July 2025. Thus far, this item remains in progress (contingent on CRC approval).</p>

<p>Recommendation #16 – Classification for CRC</p>	
<p>Recommendation <i>Communication with External Stakeholders – Initiate communication with CRC leadership to collaborate on enhancing the classification system for occupants transferring to CRC. The goal is to support a more effective and streamlined transition process that aligns with operational and clinical priorities.</i></p>	
<p>Deadlines Established Y/N?</p>	<p>N</p>

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Date	Management Comments:
Current - May 2026	Office of the Sheriff Update: MCJ and CRC communicate daily through county email on the need for transfers. Transfers are granted based on available bed space at the CRC and must meet the CRC's criteria. MCJ and CRC Leadership meet monthly to discuss all transfer needs and concerns.
Nov 2025	<p>Office of the Sheriff: Unsure what prompted this in the audit. MCJ and CRC communicate daily through county email on the need for transfers. Transfers are granted based on the available bed space at the CRC, and the transfers must meet the CRC's criteria.</p> <p>Community Reintegration Center: The CRC and MCJ work on bus lists daily based on available beds and the Northpointe classification system. The Northpointe Classification systems help classify residents who are suitable to be housed at each facility.</p>
May 2025	<p>Summary of CAP Response: Collaboration initiated: MCJ has reached out to the CRC Superintendent to jointly improve the inmate classification process for transfers. This is intended to ensure smoother transitions and appropriate placement for MCJ inmates sent to CRC. Discussions are ongoing; CRC is reviewing MCJ's proposals, but no final plan has been adopted yet.</p>

Recommendation #17 – Female Classification System	
<p>Recommendation <i>Communication with External Stakeholders – Develop and implement a female-specific classification system that accounts for the unique needs and circumstances of female occupants, while maintaining alignment with current jail practices and addressing the distinct differences from male classification standards.</i></p>	
<p>Deadlines Established Y/N? N</p>	
Date	Management Comments:
Current May 2026	Office of the Sheriff Update: MCJ will staff the Annex and collaborate with Wellpath's medical and mental health teams to determine who may be properly housed there. MCJ volunteered to be a part of the Beta rollout. At this time, there is no date available as to when this will be implemented.
Nov. 2025	<p>Office of the Sheriff: MCJ will collaborate with CRC as well as Wellpath's medical and mental health to determine who may be properly housed in the Annex. MCJ volunteered to be a part of the Beta rollout. At this time, there is no date available as to when this will be implemented. MCJ is unaware if CRC plans to participate.</p>

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	<p>Community Reintegration Center: The MCJ and the CRC have both received the north point classification training through Equivant to better assist each other in properly classifying where individuals should best be housed. MCJ would be staffing the annex so they would need to assist making decisions of who they could properly house in the annex.</p>
May 2025	<p>Summary of CAP Response: Developing gender-specific classification: MCJ and CRC leadership are actively working on a female-specific classification system. They participated together in the Equivant Corrections Conference in June 2025 to develop strategies for a gender-responsive classification aligned with current jail standards. This cooperative effort is well underway; however, the new system is still in development and not yet implemented.</p>

Recommendation #18 – Maintenance Support	
Recommendation – January 2025	
<i>Communication with External Stakeholders – Establish ongoing communication with County Maintenance leadership to collaboratively develop and implement a comprehensive plan of action to address and resolve existing maintenance concerns with the jail facility.</i>	
Deadlines Established Y/N?	N
Date	Management Comments:
Current - May 2026	<p>Office of the Sheriff Update: The Department of Administrative Services (DAS) assigned a Project Manager who has created a project timeline. MCJ's Leadership meets monthly with the Project Manager and their team for updates in preparation for the Annex move on June 1, 2026, and the Graffiti Abatement Project.</p>
Nov. 2025	<p>Office of the Sheriff: During the tour of the Annex on Friday, October 10, 2025, with MCJ, CRC Leadership, and the State Jail Inspector. The Jail Inspector stated that a third toilet must be installed in each housing unit to meet the required occupant-to-toilet ratio. We are waiting for an update on when the toilets will be installed. MCJ Leadership met with Mechanical Service Manager at the Department of Administrative Services on Monday, October 27th, 2025. We are working on narrowing down a date in January that works for MCSO and Facilities Management. A project manager will be assigned to manage and oversee the plan. On Friday, October 31, 2025, MCJ received an email from ICS Solutions Account Manager confirming that the phones, tablets, and video visit stations are all operational and ready for use by occupants. MCJ Leadership submitted a Memorandum of Understanding (MOU) to CRC Leadership in June 2024. CRC's Leadership returned the MOU with some edits. Line #12 on the MOU requires the same classification as the current</p>

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	<p>transfer process. On Friday, November 7, 2025, Deputy Sheriff Director emailed CRC's Assistant Superintendent and Security Director requesting an update on the status of the MOU. He did not receive a response until he followed up again on Wednesday, November 12, 2025. CRC's Security Director responded and stated they would provide an update in a few days. Sheriff Director reached out to CRC's Superintendent via phone and left a message but has not received a call back. At this time, without a signed MOU, we are unable to move forward with the use of the Annex to begin the Graffiti Abatement Project.</p> <p>Community Reintegration Center: The Annex currently has 3 dorms that allow 30 residents/occupants per dorm for a total of 90 beds for usage. As of 10/30/25 ICS Solutions has the phones and tablets ready for use. The CRC has been working diligently to prepare the Annex for occupancy by the MCJ. This has included ensuring that it has met all requirements per Administrative Code 350, working with the jail inspector, ensuring communication access through ICS Solutions, working with healthcare vendors and consultants and working with jail leadership. We've been told on multiple occasions that the jail was unable to staff the Annex due to their own staffing shortages. This was communicated by Sheriff Director on 11/3 and reiterated again at a stakeholders meeting by Deputy Sheriff Director on 11/4. Additionally, the CRC has requested a short-term variance from the jail inspector to add an additional 60 beds to CRC to assist the jail while they are having staffing shortages. The Annex was noted it was able to be used by the CJF on 10/31/2025. The MOU is a two-party agreement which needs to be updated by both parties with who can be housed here and for how long with new dates as the old dates expired in 2024. By assisting the CJF with the 60 new beds in the interim both parties should have a MOU in place before the CJF is ready to use the space before the January date that the CJF has requested the use to help with their staffing shortages.</p> <p>DAS-Facilities Management: FM has an older plan that was developed over a year ago that would have to be updated with current costs and timelines to get an accurate account of resources needed for total pod rehabilitation & maintenance. O&M plans to assign a project manager to oversee and manage the plan once it's fully developed.</p>
<p>May 2025</p>	<p>Summary of CAP Response: Joint maintenance planning: MCJ established regular communications with County Maintenance. A collaborative action plan is being formulated, and</p>

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	some maintenance projects have already been completed (e.g. repairs in units MHU and 4D, creation of organized key rings for security). Despite progress, several maintenance issues remain outstanding; continued partnership and project completion are needed for full resolution
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Newly Closed Recommendations

Recommendation #2 – Tool Control	
Recommendation <i>Security – MCJ will develop and implement an enhanced tool control policy to ensure proper security protocols are followed when issuing, storing, and tracking tools within the facility.</i>	
Deadlines Established Y/N? Y	
Date	Management Comments:
Current – May 2026	Office of the Sheriff Update: This project went live on 4/1/2026. MCJ’s Leadership worked with the Facility Management Division and implemented the most cost-effective accountability process. The trades have created an inventory list of their current carts and taken high-resolution photos of them, which remain attached to the carts.
Nov. 2025	Office of the Sheriff: MCJ’s Leadership spoke with Mechanical Service Manager at the Department of Administrative Services on Monday, November 3 rd , 2025, regarding a more cost-effective process. MCJ Leadership requested that all of the trades create an inventory list of their current tool carts. We have a follow-up scheduled for Thursday, November 13 th , 2025, 10 a.m. DAS-Facilities Management: After reviewing potential cost and logistical barriers an alternative plan would be for Facilities to remove an extraneous item from their tool carts to include only what would be needed for work in CJF. Take a high-resolution picture of “standard” tool carts that are accepted into CJT, process those pictures into a laminated form for distribution amongst CJF CO staff. Upon entering CJF to perform maintenance work CJF CO staff would reference the picture and compare to what is actually in the tool cart before Facilities staff can proceed. Upon completion of maintenance duties, a CJF CO would perform the same review before Facilities personnel exit the CJF.
May 2025	Summary of CAP Response: An enhanced tool control policy is underway. MCJ created a tool accountability protocol (roll-call training with officer sign-offs) and identified a secure tool storage area. A digital tracking system (Jail Management System dropdown) is being implemented with go-live May 12, 2025. Full resolution awaits assembly of specialized toolkits by County Maintenance.

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Recommendation #12 – Sharps/Needle Counts	
Recommendation <i>Medical – Ensure accuracy and completeness in sharps and needle count logs across the pharmacy, dental clinic, medical booking, and medication carts by implementing a corrective action plan requiring a weekly review of 10% of log entries until 60 consecutive days of full compliance is achieved.</i>	
Deadlines Established Y/N? Y	
Date	Management Comments:
Current - May 2026	Office of the Sheriff Update: Completed, sustained compliance has been proven since November 2025.
Nov. 2025	<p>Office of the Sheriff: After speaking with Wellpath's Health Services Administrator, regarding a target date and steps to obtain and sustain compliance in this area. A target date of December 31, 2025, and the steps to be taken include communication to staff through emails, staff meetings, and rounding. Additionally, weekly auditing with individual staff follow-up for non-compliance.</p> <p>Wellpath: From May 2025 to September 2025, all bulk and unit-level sharps/needles count documentation was performed at 100%. Documentation for sub-stock carts is currently at 90% compliance. Sustained compliance is not yet proven, continued audits and training to continue.</p> <p>NCCHC-NRI: From observation of count conducted during the August visit, review of the inventory log books NCCHC Resources finds the practices to be fully compliant. The fourth quarter visit will confirm Wellpath documentation of audits, anticipating full compliance.</p>
May 2025	<p>Summary of CAP Response: Inventory verification and ongoing audits: A physical inventory on March 23, 2025, of all bulk and unit-level sharps/needles found no missing items, confirming 100% accuracy in physical counts. However, documentation logs for sub-stock carts were only about 80% complete in April (improving from 14% in March). MCJ has instituted weekly audits of 10% of log entries and will continue until 60 consecutive days of perfect documentation are achieved.</p>

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Previously Closed Recommendations

Recommendation #4 – Key Control (Key Watcher)	
Recommendation 2025 <i>Security – No electronic key management system in use (risk of key loss/unauthorized access).</i>	
Deadlines Established Y/N?	
Date	Management Comments:
Nov. 2025	Office of the Sheriff: Completed. As of July 1, 2025, all Key Watcher cabinets are online and operational.
May 2025	Summary of CAP Response: Key Watcher electronic system in progress: MCJ is organizing key rings and removing obsolete keys in preparation for full Key Watcher deployment in May 2025. One Key Watcher unit is already installed in the supervisor’s office. Staff training on key control will coincide with system go-live. Interim audits showed no key control issues.

Recommendation #6 – Posted Menus	
Recommendation <i>Food Service – Occupants are not provided written menus of meals (limiting transparency and communication).</i>	
Deadlines Established Y/N?	
Date	Management Comments:
Nov. 2025	Office of the Sheriff: Completed. Menus have been posted in the housing units, occupant tablets, and kiosks since May 2025. We received an updated menu in October 2025, and they have been posted.
May 2025	Summary of CAP Response: Plan for posting menus: MCJ intends to post daily menus in housing units and on inmate tablets to improve transparency. However, as of April 28, 2025, this has not yet been implemented due to ongoing renovations at the Community Reintegration Center kitchen (which prepares meals). Menu posting will commence once the renovations are complete and operations normalize.

Recommendation #10 – TB Screening	
Recommendation <i>Medical – Non-compliance with tuberculosis screening guidelines (at-risk inmates missing chest X-rays or annual tests).</i>	
Deadlines Established Y/N?	

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Date	Management Comments:
Nov. 2025	<p>Office of the Sheriff: Completed, the initial response that was provided was from Wellpath.</p> <p>Wellpath: From April 2025 to September 2025, the 14-day chest x-ray completion rate for HIV positive occupants has been at 100% compliance for each month. Our overall compliance has increased from 83% to 98% during this time and we have decreased the average number of days from intake to chest x-ray for this population from 14.8 days to 7.28 days. The sustained 60-day full compliance has been achieved.</p> <p>NCCHC-NRI: The NCCHC Resources team is currently researching to identify the most accurate data source to conduct an objective study for compliance to TB practices. Anticipated to occur in quarter 4 of 2025.</p>
May 2025	<p>Summary of CAP Response: Intensive audit and monitoring: The Infection Control Nurse is conducting 100% chart audits to enforce TB screening per policy. Between January and April 2025, compliance improved to 83%, and average time to chest X-ray for HIV+ inmates dropped to ~14.8 days. Audits will continue until a sustained 60-day full compliance is achieved.</p>

Recommendation #14 – 24/7 Coverage	
Recommendation	
<i>Mental Health – Facility lacks around-the-clock mental health staffing (no comprehensive plan for nights/weekends).</i>	
Deadlines Established Y/N?	
Date	Management Comments:
Nov. 2025	<p>Office of the Sheriff: Completed.</p> <p>Wellpath: 24/7 mental health staffing was achieved as of 7/1/25. The part-time positions were both filled, and we now have a mental health professional who works third shift every weekend. The mental health team is currently fully staffed.</p> <p>NCCHC-NRI: NCCHC Resources conducts staffing analysis monthly and monitors Wellpath vacancy reporting weekly. Findings indicate no current vacancies.</p>

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	<p>It should be noted that Wellpath has established and maintained an on-call practice for any vacant shift where onsite staff can reach a mental health qualified healthcare professional. Partial compliance.</p> <p>Audit Services Division: Schedules of mental health staffing from Wellpath show a 30-minute period of time (6:30-7am) for all days of the week, that is not staffed with a mental health professional. However, according to Wellpath, a charge nurse is present during this window of time and after conferring with jail staff, the 6:30-7am time period is generally not a period of high mental health incident activity.</p>
May 2025	<p>Summary of CAP Response: Staffing plan initiated: MCJ restructured positions by converting one full-time psychologist position into two part-time positions to provide greater coverage (aiming for nights and weekends). The two part-time roles were posted, and recruitment is ongoing. As the new positions are not yet filled, 24/7 coverage is not fully realized; the plan’s success is pending hiring and onboarding of these clinicians.</p>