

**FIRST CORRECTIVE ACTION PLAN
ASSESSMENT**

of

MADISON CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted August 12-13, 2025

CMA STAFF

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Distributed on March 12, 2026

I. Overview

On August 12-13, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Madison Correctional Institution (MADCI). The survey report was distributed on September 12, 2025. In October 2025, MADCI submitted, and the CMA approved the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the MADCI survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. Items II and III below describe the outcome of the CMA’s evaluation of the institution’s efforts to address the survey findings.

Summary of CAP Assessments for Madison Correctional Institution

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	2/26/26	10	3	7

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 5 of the 6 physical health findings were corrected. One physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u>Inpatient Infirmary Care:</u> Screen 2: All orders are received and implemented	X				
<u>Confinement Medical Review:</u> Screen 3: All active medications continue as ordered while inmates are held in special housing	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Consultations:</u> Screen 3: Consultations are completed in a timely manner as dictated by the clinical needs of the inmate</p>	X				
<p>Screen 4: The provider monitors the inmates weekly to determine deterioration or status change</p>	X				
<p><u>Periodic Screenings:</u> Screen 3: Screenings are completed in their entirety</p>	X				
<p>Screen 4: All diagnostic tests are completed within 28 days prior to the periodic screening encounter</p>		X			

III. Mental Health Assessment Summary

A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 2 of the 4 mental health findings were corrected. Two mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<p><u>Self-Injury and Suicide Prevention Review:</u> Screen 3: A medical provider completes a history and physical for every SHOS/Mental Health Observation Status (MHOS) admission</p>		X			
<p>Screen 5: SHOS infirmary orders contain required components, and were received and implemented accordingly</p>		X			
<p>Screen 10: There is evidence of face-to-face evaluation by the clinician prior to discharge</p>	X				
<p>Screen 13: Individualized Services Plans (ISP) are revised within 14 days of discharge</p>	X				

IV. Conclusion

Until appropriate corrective actions are undertaken by MADCI staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site evaluation.