CRIVELLO CARLSON S.C.
ATTORNEYS

2022 Correctional Health Care Conference

Legal Update

Attorney Sara C. Mills-Flood
Crivello Carlson, S.C.
smills@crivellocarlson.com

MILWAUKEE, WI (414) 271-7722 | MADISON, WI (608) 819-8490 | EAU CLAIRE, WI (715) 598-1730 | DELAFIELD, WI (414) 271-7722 | MUKWONAGO, WI (262) 363-7720 | CHICAGO, IL (312) 523-2111 | PEORIA, IL (309) 839-1946 | EDWARDSVILLE, IL (618) 655-0006

Refresher/Reminder

- Deliberate indifference requires **something more than negligence or even medical malpractice**; "[m]edical malpractice does not become a constitutional violation merely because the victim is a prisoner." *Estelle v. Gamble*, 429 U.S. 97, 106 (1976).
- Reasonableness is key: "Evidence that the defendant responded reasonably to the risk, even if he was ultimately unsuccessful in preventing the harm, negates an assertion of deliberate indifference." *Rasho v. Jeffreys*, 22 F.4th 703, 710 (7th Cir. 2022).

Refresher: 8th versus 14th Amendment

- For many years, courts analyzed pre-conviction Fourteenth Amendment (pretrial detainee) and post-conviction Eighth Amendment claims under the same standard: that of the Eighth Amendment, which has both a subjective and an objective component.
- Recent line of cases has halted this practice and applied objective reasonableness standard to almost all § 1983 claims of pretrial detainees. *See Miranda v. County of Lake*, 900 F.3d 335 (7th Cir. 2018)

Eighth Amendment

- Objective and subjective components:
  - Objective: Inmate must demonstrate that his medical condition is objectively, sufficiently serious: generally, one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would perceive the need for a doctor's attention.
  - Subjective: Inmate must demonstrate that the defendant acted with a sufficiently culpable state of mind: the defendant knew of and disregarded an excessive risk to the inmate's health
    - The defendant must both be aware of facts from which the inference could be drawn that a substantial risk of serious harm exists **and** must also draw the inference;
    - Inmate need not establish that the defendant intended or desired the harm that transpired, but the inmate must show that the defendant knew of a substantial risk of harm to the inmate and disregarded the risk.

Fourteenth Amendment

- Objective Reasonableness
- In medical care claims, the jury must decide 1) whether the defendant acted purposefully, knowingly, or recklessly; and 2) whether the defendant's actions were objectively reasonable.

  Pittman v. County of Madison, Illinois, 970 F.3d 823 (7th Cir. 2020)
  - if the defendants "were aware" that their actions would be harmful, then they acted "purposefully" or "knowingly"; if they were not necessarily "aware" but nevertheless "strongly suspected" that their actions would lead to harmful results, then they acted "recklessly."
- The standard cannot be applied "mechanically" but instead must turn on the totality of the facts and circumstances of each particular case, without regard to any subjective belief held by the provider as to whether the response was reasonable.

Example: covid precautions

- *Mays v. Dart*, 974 F.3d 810 (7th Cir. 2020)

The district court erred by narrowly focusing its objective reasonableness analysis almost exclusively on social distancing instead of considering the totality of facts and circumstances, including all of the Sheriff's conduct in responding to and managing COVID-19. The district court emphasized social distancing and the Sheriff's efforts to implement social distancing to the exclusion of the Sheriff's other actions. This analysis incorrectly ignored the totality of the circumstances. It may very well be the case that a particular aspect of an action is so lacking that the failing on this one factor will lead a court to correctly conclude the entire course of challenged conduct was objectively unreasonable. It may also be that some actions or inactions are more consequential than others. But that does not mean that the court should evaluate each aspect of the disputed actions in a vacuum. Rather, the court must consider the total of the circumstances surrounding the challenged action.

The role of the nurse:

- "[I]t is important to take into account the role that the nurse plays in the care of a patient. As a general matter, a nurse can, and indeed must, defer to a treating physician's instructions. However, that deference cannot be 'blind or unthinking.'" *Reck v. Wexford Health Sources, Inc.*, 27 F.4th 473 (7th Cir. 2022)
- Under some circumstances when a nurse is aware of an inmate's pain and the ineffectiveness of the medications, a delay in advising the attending physician or in initiating treatment may support a claim of deliberate indifference.

Berry v. Peterman, 604 F.3d 435 (7th Cir. 2010)

- In *Berry*, the nurse responded to the inmate's complaints of dental pain and ineffective medication for six weeks between the last time the doctor saw the inmate and the inmate being transferred to a new facility.
- The nurse was aware of the inmate's ongoing pain and the ineffectiveness of the recommended pain meds, but he never consulted with the jail doc to see if a dental exam would be necessary.
- That six-week period was a "substantial passage of time" that could allow a jury to "conclude that [the nurse] acted independently rather than on [the doctor's] instructions and was therefore personally responsible for delaying" the inmate's treatment.
- Nurses "have an independent duty to ensure that inmates receive constitutionally adequate care." *Perez v. Fenoglio*, 792 F.3d 768, 779 (7th Cir. 2015).

Claim: Pursuing Ineffective Treatment

- Doggedly persisting in an ineffective treatment can establish deliberate indifference. *Greeno v. Daley*, 414 F.3d 645 (7th Cir. 2005).
- "When a doctor is aware of the need to undertake a specific task and fails to do so, the case for deliberate indifference is particularly strong." *Goodloe v. Sood*, 947 F.3d 1026, 1031 (7th Cir. 2020).

Claim: delay, delay, delay…

- "A delay in treating non-life-threatening but painful conditions may constitute deliberate indifference if the delay exacerbated the injury or unnecessarily prolonged an inmate's pain." *Arnett v. Webster*, 658 3d 742, 753 (7th Cir. 2011).
- Whether delay rises to the level of deliberate indifference depends on how serious the condition is and the ease of treatment.
  - Fact-intensive, case-by-case inquiry:
  - A three-month delay in referring an inmate to an outside specialist could establish deliberate indifference where the inmate was in substantial pain
  - But a court affirmed dismissal of a claim where inmate waited six days to see a doctor for an infected cyst.

Hildreth v. Butler, 960 F.3d 420 (7th Cir. 2020)

- Plaintiff suffered from Parkinson's disease, and the prison doctor prescribed Mirapex.
- As a specialty prescription, Mirapex was not kept in stock at the prison; instead, it was filled by an outside pharmacy. The prison allowed Plaintiff to keep a monthly supply of 90 pills in his cell.
- To refill his prescription, Plaintiff had to submit a refill sticker within seven days of the end of the prescription to a nurse, who took it to an outside pharmacy. Plaintiff usually received his refill when he had three to five days of medication left.
- On three occasions, Plaintiff received his medication refill a few days late, causing him to experience withdrawal symptoms. Each time, he informed an officer who told him to tell the nurse. The nurse told him to wait to see if the medication arrived on time. In two instances, Plaintiff's medication came within "a few days" of his prescription lapsing.
- The third lapse occurred because Plaintiff failed to attend a "chronic clinic" where a jail provider evaluates chronically ill inmates to assess their condition and whether prescriptions should be continued.

Hildreth continued…

- Plaintiff only brought a claim against the healthcare company, not any individual provider
- To prevail on such a claim, a plaintiff must show(1) defendants' practice in refilling prescriptions violated his constitutional rights; and (2) that practice was "so pervasive that acquiescence on the part of policymakers was apparent and amounted to a policy decision."
  - To establish the practice, the plaintiff must show more than "one or two missteps." There must be "systemic and gross deficiencies."

- The plaintiff's claim was dismissed because his allegations of delays were not sufficiently widespread—they only involved him.
- His claim also failed because he did not identify enough instances of delays.
  - There is no bright-line rule, but courts have held that 4 incidents over 11 months is not sufficient; 3 instances over 19 months is not sufficient.

Claim: You lost my request slip!

- In *Reck v. Wexford Health Sources, Inc.*, 27 F.4th 473 (7th Cir. 2022), inmates could submit written requests for medical care by 1) putting them into a designated locked box in each pod; 2) leaving them in the cell bars for jail officers to collect; and 3) handing the request directly to medical staff.
- The administrator frankly testified that there was a greater chance that these requests would be lost if the inmate chose to place it in the bars, as opposed to employing one of the other available methods.
- However, there was no evidence regarding the frequency of loss with the "through the bars" method. Nor was there any other evidence that the administrator was aware that the frequency of loss was so high as to make this method of submission unacceptable absent substantial reform through her intervention.
- Under these circumstances, a reasonable trier of fact could not conclude that the administrator recklessly failed to improve or discontinue an ineffective notification system.

Request Procedures

- Evidence of a widespread practice of failing to review inmates' timely filed medical requests can support a deliberate indifference charge **against the entity responsible for reviewing the requests**. *Thomas v. Cook Cnty. Sheriff's Dep't*, 604 F.3d 293, 303 (7th Cir. 2010).
- BUT, where there is no evidence that the medical provider or any of its employees had responsibility "for the design, monitoring, or maintenance of the system" of transmitting prisoners' medical requests, they cannot be held liable for the system's alleged malfunction. *Reck*, 27 F.4th 473.

Claims based on understaffing

- Deficiencies in staffing and delays in treatment can give rise to a deliberate indifference claim. *Wellman v. Faulkner*, 715 F.2d 269, 274 (7th Cir. 1983).
- Deliberate indifference can be demonstrated by proving there are such systemic and **gross deficiencies in staffing, facilities, equipment, or procedures** that the inmate population is effectively denied access to adequate medical care.
- However, if you have no authority to hire more staff, you cannot be liable for deliberate indifference based on understaffing.

Understaffing, continued…

- Prison officials exhibited "deliberate indifference to serious medical needs" in violation of Eighth Amendment where two of three physicians at the prison were recent immigrants from Vietnam whose English language skills were such that they could not communicate effectively with patients; psychiatric care component of the medical care system was not adequately staffed; the position of staff psychiatrist had been unfilled for over two years and there seemed to be no prospect of filling it; and there were many individual instances of medical maltreatment.
  - *Wellman v. Faulkner*, 715 F.2d 269 (7th Cir. 1983)

- Even if deficiencies in inmate care are attributable to a chronic, severe shortage of health care staff, it does not always result in a finding of deliberate indifference.
- Where officials make reasonable efforts to address the shortage, they are not deliberately indifferent even if it persists.
  - E.g. increasing the number of providers, authorizing unlimited overtime for providers, paying travel stipends and "supercompetitive salaries," and increasing the use of telemedicine. *See Rasho v. Jeffreys*, 22 F.4th 703 (7th Cir. 2022).
  - These steps "demonstrated a commitment to addressing the problem—the antithesis of the callous disregard required to make out an 8th Amendment claim."
  - "It is always possible to do more or move faster, but the existence of policies that may have been more effective does not mean an official recklessly disregarded the risk of harm." *Rasho* at 711.

Claim: drug withdrawal

- *Jones v. Mathews*, 2 F.4th 607 (7th Cir. 2021)
- To satisfy the subjective element of an Eighth Amendment claim of deliberate indifference to prisoner's serious medical condition, a plaintiff must demonstrate that the defendant was both aware of facts from which the inference could be drawn that a substantial risk of serious harm to the prisoner exists, and that s/he actually drew the inference.
- In *Jones*, the inmate was booked into the facility, was strip searched, and no contraband was found. She said she last took heroin the night before and as of 4:00 p.m. when she was booked, she and did not appear to be withdrawing and did not report any symptoms that would suggest withdrawal.
- Inmate smuggled diphenhydramine pills into the jail and ingested them hours after being booked. She later died from diphenhydramine toxicity.
- Even if staff was aware that the plaintiff had taken heroin somewhat recently, there was no evidence that anyone recognized or should have known that the plaintiff would die from diphenhydramine toxicity from ingesting smuggled pills.
- The inmate did not tell anyone about her symptoms other than to say that she had some stomach pain that might be related to heroin. This prompted medical personnel to assess the inmate has having "mild withdrawal" from heroin.
- They began administering heroin withdrawal medication, but within four hours the inmate ingested smuggled diphenhydramine.

Claim: disagreement with treatment

- That reasonable medical providers would have differing opinions as to the best treatment for an inmate's medical condition do not establish deliberate indifference. *Estate of Cole by Pardue v. Fromm*, 94 F.3d 254, 261 (7th Cir. 1996).
- To infer deliberate indifference on the basis of a provider's treatment decision, the decision must be "so far afield of accepted professional standards as to raise an inference that it was not actually based on medical judgment." *Norfleet v. Webster*, 439 F.3d 392, 397 (7th Cir. 2006).

Reminders from the front lines

- DOCUMENT, DOCUMENT, DOCUMENT!
- The more details, the better
- If you have contact with an inmate, find a way to document it even if all you say is that you only saw the inmate for a few seconds
- If you take some action or reach some conclusion, include information as to why you did what you did
- If responding to an emergency, try to include any details you observe about the surroundings that could be relevant

should have a reason noted in the comments by the staff member conducting the check.

Time	Staff #	Code	Comments	Time	Staff #	Code	Comments
2138	2329	—	PLACED IN CHAIR	0348	2277	17	Removed from chair
2154	2351	8		0400	2214	3	IN JULIET J 202
2209	2277	8		0415	2214	1	
2222	2351	3	looked at by HSU	0430	2214	1	
2237	2351	3	(R)	0445	2214	2	
2251	2324	11	Loud	0500	2214	2	
2305	2324	11		0515	2214	2	REFUSED BREAKFAST
2328	2277	11/19	(R)	0530	2214	3	TALKING W/ NURSE
2332	2351	8		0545	2214	2	
2347	2324	11		0600	2101	2	
0001	2351	8	Awake and Crying	0615	2101	2	
0015	2351	9	(R)	0630	2101	2	
0029	2277	8/17	Refused medical treatment (R)	0645	2101	2+3	WOKE HER UP HSU IN TO DISTRIBUTE MEDS - REFUSED
0044	2324	8		0700	2101	2	
0058	2324	8/19	(R)	0715	2101	2	
0112	2351	8		0730	2101	2	
0127	2324	8		0745	2101	2	
0140	2351	3		0800	2101	2	
0155	2343	1		0815	2101	3	ASKING QUESTIONS
0210	2343	3		0830	2101	17	CONSTANTLY PUSHING BUTTON WANTS TO TALK TO OFFICER
0225	2343	3		0845	2101	17	CONTINUOUSLY HITTING EMERGENCY INTERCOM
0250	2343	3		0900	2101	3	

Dental Health History

What is the general condition of teeth? Very Poor

What is the general condition of the gums? OK

Inflammation present? NO

Last dental exam? Unknown

Vitals: BP 138/84 P 80 R 16 T 97.1 Wt 179 98%

MD Assessment: Toothache

Plan: T.O. [redacted]
Tylenol 1000 mg BID x3 days

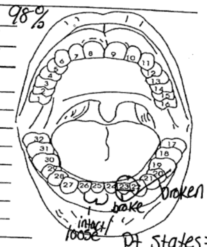
Follow-Up: RTC PRN

Patient Education: Good oral hygiene, Avoid hard foods

[redacted]
Physician Reviewed:

[redacted]
Nurse Signature:

013
Revised: 8/2010



broken
broke
intact/loose
pt states #23 is broken from "Cutting board" + #24 loose from it.
unable to determine if is acute or chronic condition.

Patient sitting on bunk when writer arrived to cell door to assess patient after officer contacted HSU, patient c/o abd pain. Patient currently on detox TID monitoring by nursing; patient states "I'm not detoxing" writer educated patient on the importance of allowing medical staff monitor 3xdaily with vitals. Patient c/o lower abd pain that started when arriving to the pod at approx. 0400am, HSU notified at approx. 1351. Patient did not request medical attention until now as the pain was not as bad, score 6 out of 10 on pain scale. Patient states being worked up for ulcerative colitis vs crohns was is suppose to set up an appointment for a colonoscopy. Improves when laying rolled up in a ball; denies drinking fluids or eating at this time. Educated patient on the importance of fluid intake with water fountain in the cell to drink throughout the day. Vitals obtained: R 16, BP 99/63 P 85 O2sat 99% on RA T 98.9. Denies SOB, Denies coughing or difficulty breathing. Denies difficulty with voiding, last BM 7/22/2020 AM after drinking coffee. Patient states overdue for infusion that is received every 8weeks. Patient states over due approx. 3months due to being on an ATB for vaginal bacterial infection for 2 months. Last ER visit for abd pain 1 month ago at Aurora, patient unable to sign release to obtain records due to suicide watch. Writer educated patient once removed from suicide watch release is able to be filled out and signed to obtain outside records for further review with the site provider.

Patient belted, 2 female officers in cell with writer during exam.

Patient lays flat on the bunk; patient states lower abd pain from naval down.

Bowel sounds present and active x4 quadrants

Writer educated patient on the importance of relaxation techniques, court today, and follow up with mental health regarding suicide watch. Patient visibly upset stating she is worried about her children. MH to follow up with patient, court scheduled, and writer to review with MD.

Added 07/09/2016 10:04 PM CST by [redacted] LPN

Patient seen by HSU per request of pod officer d/t pt having multiple emesis. Officer did wiltness patient having emesis.

Patien was given a 1x dose of meclazine 25 mg. Patient was instructed to increase water intake and to rest. Patient verbalized understanding. Patient also instructed to notify officer if symptoms should worsen.

HSU to monitor for further interventions.

Added 07/18/2016 10:07 AM CST by [redacted] RN

Late entry for 7/17/16 on behalf of [redacted] RN as written in statement:

On 7/17/2016 at 2213 a possible suicide was called. Writer was located in intake assessing an alcoholic for withdrawal symptoms. Writer headed to Hotel pod as soon as radio transmission of attempted suicide was called. While en route to Hotel pod, writer heard over the radio rescue was called and CPR was in progress. AED was then requested over the radio. At approximately 2217, writer entered shower area in Hotel pod to find officers performing CPR on patient. Also during this initial interaction writerheard officer state breaths were not going in. Writer informed officers to only do chest compressions. Writer noticed an upside down garage can and two orange sandals by garbage can. Sandals were facing the wall. Ligature marks were present on patient's neck. Writer informed another officer to retrieve the oxygen bag from HSU. When AED advised officers to stop CPR for rhythm check, no shock was indicated. No shock was indicated each time AED checked for a rhythm. Officers switched roles as person doing chest compressions approximately every 2 minutes. High quality chest compressions were being donein sync with AED telling officers to push. Oxygen bag arrived and connected to BVM at 15 lpm. Oral airway was measured and inserted into patient. No gag reflex was present. Breaths were continued by writer once oral airway was inserted. According to watch commander, rescue arrived at 2239 then entered pod shortly after. Patient care transferred to GBMFD.

Monell v. respondeat superior liability

- Current precedents under 1983 focus primarily on individual liability of prison officials and medical staff and set a high bar for corporate liability under *Monell*.
- Monell requires the plaintiff to establish a "policy, practice, or widespread custom" that can be evidenced by repeated examples of negligent acts that disclose a pattern of conduct by jail medical staff.
- Isolated acts of individual employees, however, are not actionable; something more is required to establish a "widespread custom or practice" for *Monell* liability.
- You cannot be liable for the actions of your coworkers

Respondeat superior/supervisor liability

- Respondeat superior liability makes employers liable for their employees' actions taken within the scope of their employment.
- The doctrine of respondeat superior does not apply to § 1983 actions.
- A private corporation that contracts to provide essential government services cannot be held liable under § 1983 unless the constitutional violation **was caused by an unconstitutional policy or custom of the corporation itself**. *Shields v. Illinois Dep't of Corr.*, 746 F.3d 782 (7th Cir. 2014).

Will this change?

- Judge David Hamilton's concurrence in the 2022 *Reck* decision (and many other similar cases):
- "But we should not lose sight of the larger picture. Existing precedents encourage private companies that provide health care in prisons to set up labyrinthine procedures and organizational structures that save money by delaying and denying needed medical care for prisoners while also diffusing responsibility so widely that no individual can be held legally responsible for avoidable suffering."
- Per Hamilton, "private corporations should not benefit from the *Monell* policy, custom, or practice standard and should instead be subject to respondeat superior in § 1983 cases."

Qualified Immunity: the end is nigh?

- We are seeing more articles in major news outlets geared toward the general public explaining the concept of QI and the role it plays in limiting or eliminating civil liability for many actions of law enforcement officers
- With recent events (George Floyd and Jacob Blake), members of the public are more frequently asking why the officers involved are not being held accountable
- While QI does not affect criminal liability, we often raise it as an affirmative defense in civil rights lawsuits
  - Increasing attention and backlash may result in narrowing or abolishment of this affirmative defense at some point in the future

Qualified Immunity in a nutshell

- Under the qualified immunity doctrine, "government officials performing discretionary functions are immune from suit if their conduct 'could reasonably have been thought consistent with the rights they are alleged to have violated.'" *Borello v. Allison*, 446 F.3d 742 (7th Cir. 2006)
- An official is entitled to immunity if, when he acted, "he reasonably could have believed that his action did not violate a clearly established law." *Cham v. Wodnick*, 123 F.3d 1005, 1008 (7th Cir. 1997)
- Intended to shield officers who are acting in good faith.

Affords room for reasonable mistakes

- If the conduct in question *DID* violate the inmate's constitutional rights, the court must determine whether the right was "clearly established" at the time of the alleged conduct.
  - If the right was not clearly established, there can be no liability for the violation
- This defense does not condone ignorance of the law; rather, it accounts for discrepancies in legal standards and the fact-specific context of any given case
- A defendant government official is entitled to qualified immunity for unconstitutional conduct so long as there could be a reasonable, albeit mistaken, belief about the legality of his or her conduct.

Basis for Criticism of QI

- If there has not been another case that is "on point" explaining that the right was clearly established, QI applies
  - The other case does not need to be identical—there is not actually any requirement that the previous case's facts be fundamentally or materially similar
- The question is whether the state of the law at the time gave the officers "fair warning" that their alleged treatment of the inmate was unconstitutional.
  - Courts should not define "clearly established law" at a "high level of generality." Rather, the existing precedent must have "placed the statutory or constitutional question beyond debate." Specificity is important.
  - "In other words, immunity protects all but the plainly incompetent or those who knowingly violate the law."
  - *Kisela v. Hughes*, 138 S.Ct. 1148 (2018)

- The problem: courts apply QI instead of issuing a ruling that clearly establishes the right or that broadens the jurisprudence that would otherwise be analyzed to determine whether the right was clearly established for purposes of future cases
- Example: an officer uses OC spray on an inmate who did not have any weapons but who failed to comply with a single verbal order to hand over a contraband book
  - Case A: The inmate sues for excessive force and the officer raises QI, arguing that any right to be free from this amount of force under these circumstances was not "clearly established," because there are no other cases in which a court has held that this force, under these circumstances, was excessive under the constitution. The court grants QI and dismisses the case.
  - Case B: The following year, a different inmate at a different jail brings a similar lawsuit based on a similar series of events. The officer in this case also raises QI, arguing there are no cases showing that the right was clearly established. Because the court in Case A did not actually issue a ruling on whether the right was clearly established and/or the contours of that right, Case B also ends in QI. And so on…

Many judges are not a fan…

- There are wide regional disparities in granting motions for summary judgment based on QI, and courts may become even more reluctant to apply the doctrine now that it is coming under fire from the public
  - For example, according to a study conducted by Reuters using cases involving claims of excessive force, federal courts in the Sixth Circuit (includes Michigan, Ohio, Kentucky, and Tennessee) only grant QI 35%-40% of the time
  - Federal courts in the Fifth Circuit (includes Mississippi, Texas, and Louisiana) grant QI 60%-65% of the time
  - In the Seventh Circuit (Wisconsin, Illinois, and Indiana), QI is granted 45% - 50% of the time

Examples of disparity

- From Reuters study:
- An officer was denied immunity in California after fatally shooting a man three times in the back during a foot chase at a shopping plaza, even though police recovered a gun from the scene.
- An officer was denied immunity in Colorado after shooting a man in the back, severely injuring him, though the officer himself had been shot during the preceding car chase.
- In Texas, an officer was granted immunity after fatally shooting a man in the back while the man crouched in a closet holding a cordless phone. The man was unarmed.
- In Arkansas, an officer was granted immunity after shooting a man in the back, partially paralyzing him, even though he had already been patted down for weapons and was unarmed.

- After George Floyd's death, many QI critics hoped the Supreme Court would accept review of one or more of several cases seeking to challenge and end QI, but the Court rejected all of the petitions in June
  - Each year, several cases involving QI petition for SCOTUS review. Although the Court did not accept any during this term, it may do so in the future
- Congress drafted police reform measures, some of which included an end to QI, but those measures stalled as Democrats and Republicans deadlocked on several issues
- Depending on shifting public opinion and/or changes in the political landscape, pressure may continue to mount against QI

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