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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
|  <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p> | <b>DAI Policy #:</b> 300.00.29                                                                                                                            | <b>Page</b> 1 of 3                     |
|                                                                                                                                                                                                                            | <b>Original Effective Date:</b><br>11/19/08                                                                                                               | <b>New Effective Date:</b><br>10/15/24 |
|                                                                                                                                                                                                                            | <b>Supersedes:</b> 300.00.29                                                                                                                              | <b>Dated:</b> 12/13/21                 |
|                                                                                                                                                                                                                            | <b>Administrator's Approval:</b> Sarah Cooper,<br>Administrator – 09/27/24                                                                                |                                        |
|                                                                                                                                                                                                                            | <b>Required Posting or Restricted:</b><br><input type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted |                                        |
| <b>Chapter:</b> 300 Administrative                                                                                                                                                                                         |                                                                                                                                                           |                                        |
| <b>Subject:</b> WICS Change Management                                                                                                                                                                                     |                                                                                                                                                           |                                        |

**POLICY**

The Division of Adult Institutions shall establish uniform guidelines for the management of change requests to the Wisconsin Integrated Corrections System (WICS).

**DEFINITIONS, ACRONYMS AND FORMS**

**BTM** – Bureau of Technology Management

**DAI** – Division of Adult Institutions

**DOC** – Department of Corrections

**DOC-2451** – WICS Change Request

**PIOC** – Persons in Our Care

**WICS** – Wisconsin Integrated Corrections System

**PROCEDURE****I. WICS Change Requests**

Requests to make changes to the WICS program due to program defect or improvement of business process shall be completed as follows:

- A. The user shall identify the change and document the request by completing DOC-2451.
- B. The DOC-2451 shall be reviewed by site coordinators at the facility before submission to the Warden/designee or Bureau Director/designee for approval.
- C. The completed DOC-2451 shall be sent to the DOC WICS Change Management Council email distribution list as indicated on the form.

**II. WICS Change Management Council**

- A. The WICS Change Management Council shall review the completed DOC-2451 and determine the need for additional information or review by subject matter experts.
- B. After evaluation has been completed, the WICS Change Management Council shall approve/deny the DOC-2451 and assign priority levels.

|                                        |                                     |                    |
|----------------------------------------|-------------------------------------|--------------------|
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| <b>Chapter:</b> 300 Administrative     |                                     |                    |
| <b>Subject:</b> WICS Change Management |                                     |                    |

- C. The WICS Change Management Council shall notify the requesting site if the request has been denied or if further information is required.
  
- D. BTM shall work with the original requester to complete the approved requests.

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

|                                                                                                                                      |                                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------|
| <b>Facility:</b> Name                                                                                                                |                                     |                    |
| <b>Original Effective Date:</b>                                                                                                      | <b>DAI Policy Number:</b> 300.00.29 | <b>Page</b> 3 of 3 |
| <b>New Effective Date:</b> 00/00/00                                                                                                  | <b>Supersedes Number:</b>           | <b>Dated:</b>      |
| <b>Chapter:</b> 300 Administrative                                                                                                   |                                     |                    |
| <b>Subject:</b> WICS Change Management                                                                                               |                                     |                    |
| <b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation |                                     |                    |
| <b>Warden's/Center Superintendent's Approval:</b>                                                                                    |                                     |                    |

**REFERENCES**

**DEFINITIONS, ACRONYMS AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
  - B.
    - 1.
    - 2.
      - a.
      - b.
      - c.
    - 3.
  - C.

II.

III.

**RESPONSIBILITY**

I. Staff

II. PIOC

III. Other