## POLICY
Facilities under the Division of Adult Institutions shall complete an annual report containing standard statistics and information about their areas.

## REFERENCES
Wisconsin Statutes s. 301.11(2) – Biennial Report

## DEFINITIONS, ACRONYMS, AND FORMS
- **ADA** – Americans with Disabilities Act
- **Annual Report** – Report produced each fiscal year by a facility or bureau
- **BCE** – Bureau of Correctional Enterprises
- **BHS** – Bureau of Health Services
- **BOCM** – Bureau of Offender Classification and Movement
- **COMPAS** – Correctional Offender Management Profiling for Alternative Sanctions
- **DAI** – Division of Adult Institutions
- **Division Profile** – Report produced annually by DAI Administrator’s Office, with division level information as well as summary facility and bureau information.
- **DOC** – Department of Corrections
- **DOC-1927** – Inmate Media Consent and Liability Waiver
- **DOC-1927B** – Staff Media Consent and Liability Waiver
- **Fiscal Year** – July 1 through June 30
- **Friday Report** – Document updated weekly which includes numbers of offenders under the control of the DOC.
- **HR** – Human Resources
HSU – Health Services Unit

LEP – Limited English Proficiency

PREA – Prison Rape Elimination Act

WCCS – Wisconsin Correctional Center System

WWCS – Wisconsin Women’s Correctional System

PROCEDURE

I. Reporting Guidelines
   A. All facilities and BCE shall complete an Annual Report by October 1 each year for the previous fiscal year. Facilities shall:
      1. Submit the report electronically to the DAI Administrator’s Office with a copy to the Public Information Office for posting on the DOC public website.
      2. Post a PDF version of the report to myDOC page in the respective facility area.

   B. WCCS/WWCS shall produce individual reports which include all respective centers.

   C. BHS and BOCM shall provide information for the Division Profile and may complete an annual report.

II. Format for Annual Reports and the Division Profile
   A. Annual Reports and Division Profiles shall contain the following information:
      1. Cover page.
      2. Table of contents.
      3. Message from the Warden.
      4. Facility mission and goals.
      5. Fast Facts, to include:
         a. Date facility was opened.
         b. Security level.
         c. Operating capacity – Taken from Friday Report on the last Friday in June for the fiscal year being reported on.
         d. Current population – Taken from Friday Report on the last Friday in June for the fiscal year being reported on.
         e. Staff – Taken from the staffing analysis report.
         f. Inmate to staff ratio – Use current population number and total staff number.
         g. Number of acres.
         h. Operating budget
         i. Amount of money collected from inmates for obligations, child support, victim/witness and medical co-pay.
j. Inmate participation and completion information for education, work and treatment programs.

k. Bullet point list of facility accomplishments for the last fiscal year.

6. Information on Community Relations Boards.

7. Information on restorative justice efforts.

8. Information on volunteers.

9. Narrative information on the programs offered.

10. Total number of:
   a. Inmate complaints.
   b. Conduct reports – report total major and minors.
   c. Appeals – report total major and minors.

11. The name and phone number of the primary and backup coordinators for major initiatives (e.g., ADA, LEP, COMPAS, PREA).

12. Acronyms page with a list of all acronyms included in the Annual Report defining each acronym.

B. Facilities may also include additional information in their annual reports.
   1. Information on each department (e.g., Business Office, HR, HSU, Housing Units).
   2. Organizational charts.
   3. Historical information.
   4. Employee awards.
   5. Additional items a facility may wish to include.

C. The Annual Report may be up to 12 pages and may be done in color or black and white.

III. Distribution
Facilities may email or print .pdf versions of their Annual Reports and distribute to visitors, community stakeholders, legislators and whomever else deemed appropriate.

Administrator’s Approval: ___________________________ Date Signed: ____________
Jim Schwochert, Administrator
REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE
I.

   A.

   B.

      1.

      2.

         a.

         b.

         c.

      3.

   C.

II.

III.

RESPONSIBILITY
I. Staff

II. Inmate

III. Other