	DEPARTMENT OF CORRECTIONS AND REHABILITATION CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: January 01, 2024	POLICY NO.: COR.23.15
		SUPERSEDES (Policy No. & Date): COR.23.15 of August 04, 2009	
	SUBJECT: INMATE POPULATION REPORTS	Page 1 of 2	

1.0 PURPOSE

To define a standard procedure to ensure accurate and complete reporting of inmate counts for planning control purposes.

2.0 SCOPE

This policy shall apply to all correctional facilities of the Department of Corrections and Rehabilitation (DCR).

3.0 REFERENCES, DEFINITIONS & FORMS

.1 Definitions

- a. Inmate Population Report: A weekly summary of the inmate population by facility, assigned and headcount, legal status, and gender.
- b. End of the Month Inmate Population Report: An end-of-month summary of the inmate population by facility, assigned and headcount, legal status, and gender.

.2 Forms

- a. DCR 1501, Monday and End of Month Inmate Counts.

4.0 POLICY

Population counts shall be documented and reported on a weekly and end-of-month basis. Documentation shall be in the form of a report which shall be prepared in accordance with the attached instructions. DCR Form 1501, Monday and End of Month Inmate Counts.


5.0 PROCEDURES

The Monday and End of Month Inmate Counts (DCR Form 1501) shall be sent weekly and monthly by FAX (587-1244) or by email to the Administrative Services Office, Program Planning and Evaluation Unit (ASO/PPE). The Monday Inmate Counts should be sent no later than 1200 hours by the next working day. The End of Month Counts should be sent to the ASO/PPE no later than 1200 hours by the next working day.

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DCR P & P M	SUBJECT: INMATE POPULATION REPORTS	POLICY NO.: COR.23.15
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APPROVAL RECOMMENDED:




Deputy Director for Corrections

JAN 0 1 2024

Date

APPROVED:



DIRECTOR

JAN 0 1 2024

Date

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Fax Transmittal Cover Sheet

To: RESEARCH AND STATISTICS
 Company: Hawaii Dept. of Corrections and Rehabilitation
 Phone: (808) 587-1237
 Fax: (808) 587-1244

From: _____
 Company: _____
 Phone: _____
 Fax: _____

Date: _____ (mm/dd/yy)

Number of pages including this cover sheet: 1

MONDAY AND END OF THE MONTH INMATE COUNTS

ASSIGNED AND HEAD COUNTS AS OF: _____ (mm/dd/yy)

	Total Population			SF		SFP		SM		PTF		PTM		OJ		PARV		PRBV	
	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Assigned Count	0	0	0																
Head Count	0	0	0																

Completed By: _____

Reviewed By: _____