

AN INDEX
TO THE REPORTS
FROM LOCAL UNITS OF
GOVERNMENT REQUIRED BY
STATE AGENCIES IN WISCONSIN

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AN INDEX TO THE REPORTS FROM LOCAL UNITS OF GOVERNMENT
REQUIRED BY STATE AGENCIES IN WISCONSIN

INTRODUCTION

The full utilization of the resources of state government requires that those who would use such information and facilities be aware of the materials which exist. The state accumulates a mass of information from a variety of sources through the reporting process. Many of these reports are required of subordinate levels of government. In many cases the data thus obtained forms the basis for over-all reports by the state agency involved. In other cases the data, after serving its special purpose, remains as a dormant source of valuable information on the scope and nature of some governmental operation. The constantly increasing demand for information regarding the governmental process suggests the desirability of using existing resources whenever available. This emphasizes the need for knowing what is available.

It is the purpose of this study to compile a list of the reports required of subordinate levels of government by the agencies of the state. These are the reports which come to state agencies automatically at particular times or if particular events occur, as opposed to many reports which the state agency may specifically ask for covering a special subject. In Part I each report received is analyzed briefly to indicate the state agency receiving it, the information contained in it, the units required to make the report, the frequency of the report and the statutory citation for it from the 1953 statutes. The list of state agencies reflects the organization as it existed after the 1955 legislative session. In Part II the reports are indexed by subject matter to facilitate discovery of all reports involving a particular activity or subject. The index refers back to the agency receiving the report.

It is assumed that a form is involved in each report. If no form is involved, a note to that effect is included after the description of the report. Copies of the forms are on file in the Legislative Reference Library.

No effort is made to indicate the accessibility of these reports. Wisconsin state government has a tradition of public access to its operations, and there is every reason to believe that legitimate requests for access to these reports will be honored. Much of the material is probably available in compiled form, and those desiring information not so compiled should not expect the limited staffs of state agencies to make such compilations.

PART I.

<u>State Agency Requiring Report</u>	<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
Accountancy Board	No reports required by this board from any governmental unit.			
Advertising Committee to Review Expenditures for	No reports required by this committee from any governmental unit.			
Aeronautics Commission	No reports required by this commission from any governmental unit.			
Agriculture Dept.	<u>Dog license statistics</u>	County	Annually	
	1. information as to total number and amount of claims paid for dog damage by the type of animal damaged;			
	2. total number of dogs and kennels licensed;			
	3. receipts from dog licenses;			
	4. amount paid to state treasurer;			
	5. number of dog and kennel tags needed for next year;			
	6. county clerk makes the returns for the entire county.			
	<u>Bee disease control, county appropriation</u>	County	Annually	
	1. amount of county appropriation for bee disease eradication and control			
	<u>Farm statistics</u>	City, village, town (assessor)	Annually	68.07
	The following data on each farm is given:			
	1. operator of farm;			
	2. acres of each crop planted;			
	3. acres or bushels of crops harvested;			
	4. acres of corn and hay for silage;			
	5. acres irrigated;			
	6. milk cows;			
	7. brood sows;			
	8. tons of fertilizer used;			
	9. capacity of silos;			
	10. no. of persons living on farm.			
	The following totals for assessment district are given:			
	1. cows;			

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State Agency Requir-
ing Report

Agriculture Dept.
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Farm statistics (cont.)</u>			
2. fur-bearing animals;			
3. fur farms (contents vary with year)			
<u>Weights and measures; Wis. quarterly report of city sealer</u>	City	Quarterly	98.04(5)
1. summary of tests made and types of scales, measures and weights checked;			
2. kinds and no. of tests made in various establishments such as food stores, bakeries, etc;			
3. kind of containers tested for capacity and no. found correct and incorrect.			
<u>Noxious weed law enforcement report</u>	City, village or town	Annually	94.21
1. no. of weed commissioners:			
a. who were appointed;			
b. who qualified;			
c. who faithfully performed work.			
2. success of weed program:			
a. was program planned;			
b. reason for no weed commissioner if none;			
c. did land owner cooperate;			
d. did public agencies cooperate;			
e. sufficiency of control equipment;			
f. other factors helping or hindering.			
Architects and Profes- sional Engineers Regis- tration Board	No reports required by this board from any governmental unit.		
Armory Board	No reports required by this board from any governmental unit.		
Athletic Commission	No reports required by this commission from any governmental unit.		
Attorney General	<u>Gambling report</u>	County district attorney	Intermittently 176.90(2)
	1. report as to reasons why revocation of liquor license hasn't been instituted in compliance with antigambling law.		
	No form provided.		

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State Agency Requir-
ing Report
Audit Dept.

Name and Brief Description of the Report
Clerks report, town, village, city and county
schedule
 1. report of receipts by source;
 2. disbursements by dept. and purpose;
 3. payments on indebtedness and amts. of
 indebtedness;
 4. agency and trust receipts and payments;
 5. investments;
 6. cities must include reconciliation of tax
 roll with collections and distribution of
 general property collections and unpaid
 taxes;
 7. counties must include reconciliation of
 county tax apportionment with collections.
Copy of budget for next year

Units Required
to Report
Town,
village,
city,
county

Frequency
of Report
Annually

Statutory
Citation
15.22(12)(a)

County

Annually

65.90(6)

Banking Dept.

No reports are required by this department from any governmental units.

Bar Commissioners

No reports are required by this board from any governmental units.

Basic Sciences, Bd. of
Examiners in

No reports are required by this board from any governmental units.

Bonds, Committee on
Official State

No reports are required by this committee from any governmental unit.

Boundary Survey Commis-
sion, Joint

No reports are required by this commission from any governmental unit.

Budget and Accounts,
Dept. of

No reports are required by this department from any governmental unit.

Building Commission, State

No reports are required by this commission from any governmental unit.

Canvassers Board

No reports received as such. The board utilizes the statements of County Board of Canvassers for all elections involving districts larger than a single county. These include presidential preference and convention delegates, congressional, state-wide officers, state senatorial and assembly districts larger than a single county, and state-wide referenda

State Agency Requir-
ing ReportChiropractic Bd. of
Examiners in

Civil Defense Office

Claims Commission

Conservation Dept.

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
No reports are required by this board from any governmental unit.			
<u>Personnel report, civil defense</u> 1. total no. of persons enrolled and assigned to civil defense duties and the breakdown of persons by type of duty, trained or in training; 2. estimated no. of persons required for each type of duty.	Civil defense organization	Semiannual	None
No reports are required by this commission from any governmental unit.			
<u>Forest crop lands, claim for payment of state contribution on privately owned</u> 1. list of owner, acreage and description of privately owned forest crop land together with amount and date of tax paid.	County	Annually	77.05 (1)
<u>Forest crop law, application for entry</u> 1. application for entry of county land under the forest crop law with acreage, description, amt. of last assessment, topography, soil, and forest cover of such area.	County	Intermittently	77.02 (1)
<u>Forest crop law, transfer of ownership</u> 1. report of transfer of land which is under the forest crop law, when county is owner of the land.	County	Intermittently	77.10 (1) (b)
<u>Forest crop law, acceptance of transfer</u> 1. report of acquisition of land which is under the forest crop law and the intention to continue the practice of forestry on such land, when the counties are involved in the transferal.	County	Intermittently	77.10 (1) (b)
<u>Forest crop law, county declaration of withdrawal</u> 1. report of intention to withdraw county-owned land from under the forest crop law.	County	Intermittently	77.10 (2) 28.12
<u>Forest crop lands, cutting report of wood products from</u> 1. report of wood products cut and removed	County	Intermittently	77.06 (4)

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 State Agency Requir-
ing Report
 Conservation Dept.
 (cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
from forest crop lands; 2. name and address of purchaser; 3. must be filed within 30 days after cutting but not more than 1 year after filing notice of intention to cut.			
<u>Forest crop lands, cutting notice of wood products from</u> 1. notice of intention to cut wood products from forest crop lands; 2. estimated value of products to be cut; name and address of purchaser. (No wood products can be cut until 30 days after notice is filed)	County	Intermittently	77.06 (1)
<u>Bounty, intention to pay on designated animals</u> 1. notification that proper action has been taken and that bounty will be paid on designated animals.	County board	Intermittently	29.60 (6)
No reports are required by this department from any governmental unit. They do, however, receive confidential reports from sheriffs, district attorneys, police departments and law enforcement agencies of other states on a voluntary basis which is incorporated into the Law Enforcement bulletin published by the State Crime Laboratory and because of its confidential nature has restricted circulation.			
This department is obsolete.			
No reports are required by this board from any governmental unit.			
<u>School. Application for approval</u> Application for approval of school for training of vets under Public Law 550: 1. name and address of school; 2. administrative head; 3. location of branches in Wisconsin; information about accrediting agency; 4. list of non-accredited courses for which approval is desired; 5. credit given for previous training;	Municipality, county or school district maintaining school	Intermittently	15.98

Crime Laboratory

Damage Award Commission

Dental Examiners Bd.

Educational Advisory Committee

State Agency Requir-
ing Report
Educational Advisory
Committee (cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
6. information as to how attendance, progress and conduct records are kept; 7. list of courses started less than 2 years ago; 8. copy of school catalog.			
<u>Courses, application for approval</u>			
Application for approval of courses for veterans' training under Public Law 550:	Municipality, county or school district	Intermit- tently	15.98
1. name and address of school;			
2. name and title of school's chief officers;			
3. names of teachers and subjects taught;			
4. school calendar; vacation periods;			
5. policy and regulation as to enrollment date and entrance requirements for each course;			
6. school's policy and regulations relating to leave, absences, class units, make-up work, teachers, and interruptions for unsatisfactory attendance;			
7. school's grading system, minimum grade considered satisfactory, description of probationary period, conditions for re-entrance;			
8. charges for fees, tuition, books, supplies, tools, student activities, lab fees, service charges, rentals and deposits;			
9. policy as to refunds of unused tuition and fees; school facilities as to number, size and capacity of each and dates of erection; courses offered and total students enrolled in each; credit given for previous education and training; type of certificate given on completion.			
<u>Curricular change:</u>			
1. Changes in curricula and current catalogs when issued;	Municipality, county or school district	Intermit- tently	15.98
2. This is for schools approved for training vets under Public Law 550.			
No form provided.			
<u>Teachers, information blank</u>			
Name, % of time employed, experience and training of each teacher in school approved for training under GI bill.	Municipal, county or school district	Once and whenever any change	15.98

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<u>State Agency Requiring Report</u>	<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
Emergency Board	No reports are required by this board from any governmental unit.			
Employment Relations Board	No reports are required by this board from any governmental unit.			
Engineering Bureau	No reports are required by this bureau from any governmental unit.			
Fine Arts Commission	No reports are required by this commission from any governmental unit.			
Geographic Board	<u>Name change</u> 1. request for approval to change names of lakes, streams, places and other geographical features.	County boards	Intermittently	23.25(2)(c)
Governor	No reports required by this office.			
Grain and Warehouse Commission	No reports are required by this commission from any governmental unit.			
Great Lakes Compact Commission	No reports are required by this commission from any governmental unit.			
Health, Board of	<u>Health questionnaire, county</u> A comprehensive questionnaire on the organization and operation of a county health unit 1. report on appropriation for next year by local, state, federal and other units; 2. list of each employee and his salary; 3. travel allowances; 4. allowances for other personal services; 5. allowance for office supplies, materials and equipment; 6. allowance for library books and film; 7. allowance for preventative programs; other allowances; 8. inquiry as to representation of county medical and dental societies on health committee and frequency of meetings of health committee; 9. number of autos furnished for nurses and travel expenses; 10. number of work hours per day and number of work days per week; 11. length of vacation and sick leave with pay;	County	Annually	Fed. Grants Manual Pt. 13-3

State Agency Requir-
ing Report
Health, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
12. retirement plan;			
13. frequency and requirement of physical examinations for employees and requirements for chest X rays;			
14. names, addresses and county offices held by members of county health committee;			
15. inquiry as to existence of a health council, health division of a community council, or school health committee with list of officers and members with their addresses.			
<u>Expenditures for public health, report of</u>			
1. report of expenditures from funds provided by county, state and fed. govt. broken down by: a. salaries; b. personal services; c. nurses travel; d. printing; e. binding and advertising; f. office supplies; g. postage; h. telephone; i. rentals; j. utilities; k. repairs; l. freight and express; m. drugs; n. biologicals; o. TB control; p. child welfare and capital outlay.	County	Quarterly	Fed. Grants Manual Part 13-3
2. Each expenditure must be broken down into amount expended from each fund, e.g. \$90 for office supplies, \$30 from county fund, \$30 from state fund and \$30 from federal fund.			
<u>Expenditures from local funds for health purposes, report of</u>			
1. itemization of expenditures by division and item;	City	Quarterly	Fed. Grants Manual Part 13-3
2. total amount budgeted for the year for that division and items.			
<u>Financial statement - county TB institutions</u>			
1. value of general sanatorium properties;	County	Annually	50.06 (7)
2. value of new additions to sanatorium;			
3. value of farm properties;			
4. value of new additions to farm properties;			
5. accts. rec. balance;			
6. cash accts. balances;			
7. value of inventories;			
8. prepayments;			

State Agency Requir-
ing Report
Health, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
9. accts., notes and mtgs. payable;			
10. due county treas. from county, state and pay patients;			
11. proprietary interest;			
12. This form is completed by the superintendent of the county TB institutions.			
<u>Collection report - county TB institutions</u>	County	Annually	50.06 (7)
1. name and date of admission of each patient;			
2. rate charged per week and total cash received;			
3. superintendent of county TB institutions submits this form.			
<u>Deductible revenues report - county TB institutions</u>	County	Annually	50.06 (7)
1. sources and amounts of cash received of deductible revenues;			
2. superintendent of county TB institution completes this form.			
<u>Inventories report, county TB institutions</u>	County	Annually	50.06 (7)
1. value of consumable materials and supplies such as food, medical supplies, fuel, bedding, etc.			
2. superintendent of county TB institution completes this form.			
<u>TB patients from county TB sanatoria cared for at county or local hospital</u>	County	Annually	50.07 (3)(c)
1. name of patient and county of legal settlement;			
2. name of hospital and date of transfer to and return to institution;			
3. days at hospital;			
4. cost borne by sanatorium;			
5. This form is completed by superintendent of county TB sanatorium and may include patients at Wisconsin general hospital after May 24, 1955.			
<u>Building, structure and attached fixture values of items erected prior to Jan. 1, 1937, county TB institutions</u>	County	Annually	50.07 (1)
1. date of acquisition and original net cost of each building erected before Jan. 1, 1937;			
2. certification of resolution fixing depreciation rates on such structures;			
3. detailed listing and cost of attached fixtures which were not included in the original report;			

State Agency Requir-
ing Report
Health, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
4. county clerk must complete this form. <u>Collections statement - county TB institutions</u>	County	Annually	50.06 (7)
1. name and total cost of each patient committed; 2. distribution of maintenance cost between state and county; 3. payments received for each patient; 4. collection credit from state and county; 5. county TB institutions to complete this form.			
<u>Full and part pay time report - county TB institutions</u>	County	Annually	50.06 (7)
1. names of patients and amount of time they were full or part pay. 2. county TB institutions complete this form.			
<u>Tuberculous bill, county TB institutions</u>	County	Annually	50.06 (7)
1. name, date of admission and discharge of each patient; 2. time in weeks and days each patient was cared for; 3. amount due for care rendered; 4. length of time patients were part pay; 5. trustees of county TB institutions complete this form. It is for patients whose legal settlement is in the institution's own county.			
<u>Tuberculous bill for care - county TB institutions</u>	County	Annually	50.06 (7)
1. Same as above except it is for patients whose legal settlements are not of the same county in which the institution is located.			
<u>New structures, additions and attached fixtures report, county TB institutions</u>	County	Annually	50.07 (4)
1. Description and total cost of new construction; 2. Net cost of structures to county 3. Description and total cost of attached fixtures; 4. Superintendent of county TB institution completes this form.			
<u>Matching, report of expenditures for public health</u>	City of Milwaukee only	Quarterly	Fed. Grants Manual Part 13-3
1. Statement of budget for the year and the amount of expenditures; 2. Per cent of time and money in programs with which the federal government will match the funds expended. Report required for providing matching funds.			

State Agency Requir-
ing ReportHealth, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Out-patients, summary of care treatment and collection - county TB institutions</u> 1. number of out-patients treated; 2. amount collected from out-patients; 3. board of trustees of county TB institution completes this form.	County	Annually	50.08 (3)
<u>Bill for tuberculous - county TB institutions (out-patients)</u> 1. name and county of patient treated; 2. dates and total number of treatments and amount collected; 3. board of trustees of county TB institution complete this form for every patient who has received care in the out-patient department for a period of less than 12 hours in duration for each period of service rendered at public charge or at a fee of <u>less than one-seventh</u> of the applicable weekly per capita cost.	County	Annually	50.08 (3)
<u>Bill for tuberculous - county TB institutions (out patients)</u> 1. Same as above except for out-patients treated for a period of less than 12 hours in duration for each period of service rendered at public charge or at a fee of <u>more than one-seventh</u> of the applicable weekly per capita cost.	County	Annually	50.08 (3)
<u>Capital items, report - county TB institutions</u> 1. description, date of purchase and cost of each capital item; 2. how item was charged when purchased: as an expense or as a capital outlay; 3. value of gifts of capital items; 4. This report is made by county TB institutions for the 10% depreciation allowance.	County	Annually	50.07 (5) (a)
<u>Operation expenditures statement - county TB institutions</u> 1. amount of administration expense; 2. retirement and unemployment compensation expense; 3. amount of expenses in care of patients including amounts for: a. food service; b. medical and	County	Annually	50.06 (7)

State Agency Requir-
ing Report
Health, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
dental treatment laboratory; c. surgical and hos- pital treatment; d. optical expense; e. personal expense; f. educational and amusement expense; g. out patient department expense; h. occupational therapy expense. 4. household and laundry expense; 5. utilities and care of grounds, gardens and farm expense; 6. maintenance expenditures on sanatorium and farm properties; 7. depreciation expense; 8. amortization; 9. deductible revenues; 10. number of weeks and day patients cared for by own county, other counties, state at large and full pay; 11. per capita cost own county, other counties and state at large; 12. This form is completed by the county TB insti- tutions.			
<u>Sanatorium trustees, superintendent, and medical director, county TB institutions</u>	County	Annually	
1. name, address and city of superintendent, assistant superintendent medical director, trustees; 2. offices held by trustees; 3. This report is completed by county TB insti- tutions.			
<u>Collections for tuberculous sanatorium care, county TB institutions</u>	County	Annually	50.06 (7)
1. patients name, address; 2. date and amount of payments received from patients; 3. sanatorium which furnished treatment; 4. This report is completed by superintendent of county TB institutions.			
<u>Adoption order</u>	County	Once in each case	322.05
1. name and date and place of child adopted; 2. name, residence, color or race, birth date, birthplace, occupation of foster parents;			

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ing Report
 Health, Board of
 (cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
3. number of children of foster mother; 4. new name of child; 5. address of foster parents; 6. This form is completed by the clerk of county court.			
<u>Cosmetology attendance report</u> 1. name of student with hours of attendance each week in the month; 2. previous total hours in attendance and grand total of hours attendance; 3. instructors; 4. This report is filed for all the students in cosmetology.	Milwaukee vocational school	Monthly	Rule H 12.09
<u>Cosmetology, daily record, acceptable patron assignment, service period</u> 1. dates and grade for all courses; 2. This report is filed for all students in cosmetology.	Milwaukee vocational school	Once for each student	Rule H 12.09
<u>Cosmetology, daily report, freshman and junior hours</u> 1. name and class hours broken down by courses; 2. number and date of patron practical hours; 3. This report is filed for each student in cosmetology.			
<u>Cosmetology, grades, hours, and acceptable patron assignment report</u> 1. name of student, date of graduation, and name and address of school; 2. examination grades in theory for freshman, junior and senior years; 3. final grades in theory courses; 4. class hours, number and grades of acceptable patron assignments completed, senior period; 5. This report is filed upon graduation of each student in cosmetology.	Milwaukee vocational school	Once for each student upon graduation	Rule H 12.09
<u>Preapprenticeship barbering, report on attendance</u> 1. name of students and total hours of school attended in all subjects; 2. total accumulated hours of attendance.	Cities teaching barbering in vocational schools	Monthly	158.09 Ch. 106 and rules of Ind. Commission

State Agency Requir-
ing Report
Health, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Preapprenticeship barbering, hours worked in shops</u>	Cities teaching barbering in vocational schools	Monthly	158.09 Ch. 106 and rules of Ind. Commission
1. names of students, place of employment, name and address of employer and hours worked for month.			
2. total accumulated hours of work.			
<u>Restaurants, inspection sheet</u>	Cities appointed as agents under 160.03(5)	Intermittently on opening of new restaurant	160.03(5)
1. name and type of establishment and operator and address;			
2. date of inspection and results of inspection of: a. kitchen; b. serving room; c. rest rooms; d. basement; e. employees; f. management; g. misc. items;			
3. comments on unsatisfactory items and recommendations;			
4. type of service, e.g. meals and short orders, sandwiches, etc.;			
5. water temperature and chemical used;			
6. rules and regulations posted;			
7. recommendation on issuance of permit.			
<u>Certification form, restaurant</u>	Cities appointed as agents under 160.03(5)	Annually	160.03(5)
1. address of establishment, name of operator and validation number of all restaurants in city.			
<u>Certification; restaurant</u>	"	"	"
1. certification that the department has inspected all establishments on the certification form and that all establishments are within legal boundaries and that they have been granted permit by Board of Health.			
<u>TB wards in general hospitals or tuberculous sanatoriums</u>	County tuberculous sanatoriums	Annually	140.15
1. name, location and administrative head;			
2. type of organization owning and controlling hosp.			
3. type of hospital;			
4. normal bed capacity;			
5. summary of patient services rendered;			
6. no. of patients at beginning of year; no. admitted during year; number of patients discharged or died;			
7. average daily census;			
8. percentage of occupancy.			

State Agency Requir-
ing ReportHealth, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Mental hospital facilities</u> 1. name, address, administrative head; 2. type of organization owning and controlling hosp.; 3. type of hospital; 4. bed capacity; 5. year of construction of buildings and additions and bed capacity of each; 6. summary of patient services rendered; 7. no. of patients at beginning of year; no. admitted during year; no. of patients discharged or died; average daily census and percentage of occupancy; 8. bed occupancy by type of patient.	County mental hospital	Annually	140.15
<u>General and allied special hospitals and related facilities</u> 1. name, address and administrative head; 2. name of corp. or individual having control; 3. type of hospital and proposed expansion or changes in service; 4. bed and bassinet capacity and assignment of beds by type of service; 5. summary of patient services rendered by type; 6. total no. of patient days and average length of stay; 7. type and organization of out patient services; 8. type of services available and volume.	City and county general hospitals	Annually	140.15
<u>Amebic dysentery, history card</u> 1. name, age, sex, occupation and address; 2. date reported, physician reporting; 3. microscopic findings	City, village or township health officer or city or county nurse	Once for each case	141.01(9)
<u>Morbidity, weekly report</u> 1. weekly report listing no. of disease cases by type.	Town and city health officers	Weekly	143.03 (1)
<u>Case report card</u> 1. name of disease, patient's name and address, and attending physician's name and address. 2. This is used in supplying additional information when reporting a case of Brucellosis, Diphtheria, Polio, acute Rheumatic Fever, Smallpox, Tularemia and Typhoid Fever.	Town and city health officers	Once for each case	143.04 (6)

State Agency Requir-
ing ReportHealth, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>History blank, tuberculosis hospital survey</u> 1. name, address, age, sex, color or race, family physician; 2. results of X-rays and recommendations.	Certain county and city hospitals	Once for each case	140.05
<u>Photo-fluoroscopic program report</u> 1. no. of individuals examined; 2. no. and stage of reinfection of tuberculosis.	Certain counties and cities-nursing or public health services, co. tuberculosis institutions	Quarterly	140.05
<u>Sanatoria, monthly report</u> 1. name, date, age, county and diagnosis on: a. 1st admissions; b. readmissions; c. discharges; d. patients leaving against medical advice; e. conditional releases; 2. names, dates served and county of outpatients; 3. summary of patient days; 4. names, date left, date returned and county of leaves of absences.	County tuberculosis institutions	Monthly	50.095(2)
<u>Register and history - sanatorium patients</u> 1. a comprehensive history of each patient admitted to sanatorium, includes family and medical history.	County tuberculosis institutions	Once for each case	50.095(2)
<u>Approval of admission, sanatoria</u> 1. approval by the county judge for admission of a patient in the county sanatorium setting forth details of his legal settlement and amounts, if any, he shall have to pay.	County judge	Once for each case	140.05
<u>Diphtheria questionnaire</u> 1. additional information of disease reported on morbidity report including: a. name, age, sex and address of patient; b. clinical or carrier case; c. information as to immunization.	City, village or township health officer; or city or county nurse	Once for each case	141.01(9)
<u>Malaria questionnaire</u> 1. name, address, age, sex and occupation of patient; 2. type of dwelling patient resides in and types of screens; 3. distance to nearest body of water; 4. date of first attack;	City, village or township health officer; or city or county nurse	Once for each case	141.01(9)

State Agency Requir-
ing ReportHealth, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
5. periodicity of chills; 6. blood test: type of malaria; 7. where patient was before attack; 8. inquiry as to neighbors suffering from malaria; 9. inquiry as to visitors from southern states; 10. treatment and duration			
<u>Poliomyelitis case investigation</u> A comprehensive report on each polio victim which includes among other things: 1. name, sex, age, race, address and occupation or school of victim; 2. description of illness and extent of paralysis; 3. diagnosis, dates and places of any vaccinations and gamma globulin administered; 4. attending physician, family physician of clinic; 5. laboratory reports; 6. family contacts and nature of illness in family contacts and dates of vaccination of family contacts.	City, village or township health officer; or city or county nurse	Once for each case	141.01 (9)
<u>Smallpox questionnaire</u> 1. additional information of disease reported on weekly morbidity report including: a. age and sex of patient; b. dates of vaccination if any.	City, village or township health officer, or city or county nurse	Once for each case	141.01 (9)
<u>Tularemia questionnaire</u> 1. name, sex and address of patient; 2. month of first symptoms and results of blood test; 3. type and source of disease; 4. physician; 5. part of state patient was infected by insect if known.	City, village or township health officer, or city or county nurse	Once for each case	141.01 (9)
<u>Brucellosis case report</u> A comprehensive report which includes among other items: 1. name, age, sex, occupation residence, class of residence of patient; 2. date of onset of disease, and physician 3. diagnosis, lab. reports, clinical findings; 4. transmission of disease, nature of contact; milk, cheese, cream consumption and source; visits to	City, village or township health officer, or city or county nurse	Once for each case	141.01 (9)

State Agency Requir-
ing Report
Health, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
farm of nonrural patients; 5. dates and places of vacations in past year; 6. household information; names and ages of members with known brucellosis or those with suggestive symptoms.			
<u>Typhoid fever and paratyphoid case card</u> 1. name, address, age, sex, color, occupation, place of employment, name and address of physician, date of onset of disease of the patient; 2. lab. reports; 3. residential data; 4. food and water supply within 30 days prior to the disease and the source of the food and water; 5. contacts with cases of typhoid and names and dates of contacts; 6. other data such as anti-typhoid inoculations; sanitation of the home; distance of sewer, cess-pool or privy from the well.	City, village or township health officer; or city or county nurse	Once for each case	141.01 (9)
<u>Salmonellosis case card</u> Same data required as typhoid case card.	City, village or township health officer; or city or county nurse	Once for each case	141.01 (9)
<u>Shigellosis case card</u> Same data required as typhoid case card.	"	"	"
<u>Venereal disease, epidemiological report</u> 1. name and address of contact; 2. relation of contact to patient; 3. diagnosis and previous treatment; 4. place of encounter, exposure and employment; 5. disposition of contact.	"	"	"
<u>Water treatment report</u> 1. dates, pumpage in 1,000's of gallons; 2. dates and pounds of chemicals used per 1,000's of gallons; 3. dates and results of residual tests.	City, village or town water utility	Monthly	144.03
<u>Water purification report</u> 1. average, maximum and minimum number of filters used per million gallons; 2. average, maximum and minimum grains per gallon of coagulants;	"	"	"

State Agency Requir-
ing Report
Health, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
3. average, maximum and minimum pounds per million gallons of chlorine, ammonia and activated carbon;			
4. average, maximum and minimum temperature of raw water;			
5. bacteriological data, alkalinity, turbidity, color and threshold odor number of water;			
6. gallons of water treated, gallons of wash water used, coagulants, chlorine, ammonia, activated carbon used, bacteriological examinations, chemical and physical tests daily.			
<u>Water softening report</u>	City, village or town water utility	Monthly	144.03
1. average, maximum and minimum number of filters or beds used per million gallons;			
2. average maximum and minimum parts of hardness per million gallons of raw and tap water;			
3. average maximum and minimum parts of alkalinity per million gallons of raw and tap water;			
4. lime, zeolite process, and coli tests;			
5. daily data as to water treated, wash water, chemical pounds, carbonation, hardness, alkalinity and coli tests.			
<u>Cross connections report</u>	City, village or town water utility	Monthly	144.03
1. monthly reports on leakage in cross connection and gage pressure readings.			
<u>Sanitary district petition</u>	Towns	Once	60.303(5)
1. facts which set forth the public interest and necessity demanding the creation and maintenance of a sanitary district;			
2. boundaries of the area of the new proposed district;			
3. list of petitions which must be at least 60% of owners of land or land area in proposed district;			
4. affidavit of sureties.			
<u>Sanitary district, order creating</u>	Towns	Once	60.303(5)
1. notification that hearing was held and all interested parties heard and sanitary district created.			
<u>Swimming pool, report</u>	Counties, cities, vil- lages, towns and school dis- tricts having swimming pools	Monthly	140.05 (3)
1. name and place of pool;			
2. summary of month's operations including: a. total time filters operated; b. total amt. of water treated; c. amt. of wash water; d. dates of complete change of pool water; e. chemicals applied; f. bathing load;			

State Agency Requir-
ing Report
Health, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
g. control tests; 3. daily report as to bathing load, control tests, purification system and chemicals applied.			
<u>Water sample</u> 1. form completed and sent in with each water sample and includes: a. date collected; b. owner and location of supply; c. source of water; d. if a well or spring: date of construction, type, size, depth, casing, pump mounting, seal or cap, drain; number of feet to privy, sewer, septic tank, cess-pool, barn, silo, or gas storage tank.	Cities	As per- formed (can be daily)	143.15
<u>Plumbing ordinance</u> 1. copy of the city or village plumbing ordinance.	Cities and villages	Once	145.02(1)(3) 145.04(1) 145.13(2)
<u>Report of hours of plumbing apprentices in vocational school</u>	City voc. schools	Quarterly	145.03(2) Rule H 61.04(1)
<u>Nursing, public health activity report</u> 1. summary of month's activity including: a. visits and care to patients having communicable diseases; b. number of immunizations by age group and type of immunization; c. visit and care of tuberculosis and maternity cases; d. visits and care of infant, preschool, school and handicapped children; e. visits and care of adults; f. enrollment, attendance and number of classes held; g. administrative activities.	County, city and school nursing services	Monthly	141.045 (3)
<u>Organization blank, local board of health</u> 1. name, address and occupation of the health officer; chairman and clerk of the board; 2. annual salary of the health officer and total budget of board of health.	Towns, vil- lages and cities	Biennially	141.01 (3)
<u>Health dept. questionnaire, local</u> 1. monthly salary, number of positions in each salary range, part-time positions, annual salary and bonus of each health officer and staff; 2. amt. of revenue and budget by class and population of area; 3. basis of travel expense;	Cities, vil- lages, towns which employ public health nurses	Annually	140.05 (3) 141.01 (9)

State Agency Requir-
ing Report
Health, Board of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<ol style="list-style-type: none"> 4. autos furnished to staff; 5. data on nurses employed: a. months and work days employed; b. length of vacation and sick leave with pay; c. physical and X-rays required for employment; 6. name, address and occupation of members of the local board of health; 7. inquiring as to existence of a health council, health division of a community council or school health committee and their names and address. 			
<u>School health service questionnaire</u>	Schools which employ public health nurses	Annually	40.30(10)
<ol style="list-style-type: none"> 1. total amt. of school health budget by source; 2. list of persons employed, full or part-time, months employed, annual salary and bonus; 3. transportation, number of autos and travel expense; 4. number of hours per day and days per week, length of vacation and sick leave with pay, retirement plan; physical exams and X-rays required of staff; 5. name and address of employing body and officers' names and address; 6. names, addresses and agency represented of advisory school health committee. 			
<u>Dental health activity report</u>	Counties, cit-ies and schools which employ a dental hygien-ist	Monthly	141.07
<ol style="list-style-type: none"> 1. number of children having dental exams prior to entering school; 2. number of children entering school free from dental defects; 3. field visits and dental conference visits; 4. number of children inspected by school grades and number referred to family dentist and number of children who had dental examinations by family dentist; 5. conferences, demonstrations, field visits and counseling; 6. number of children referred to school dental hygienist and number referred by school dental hygienist; 7. educational and administrative activities. 			
<u>Food and sanitation report</u>	Cities and counties which employ sanita-tion personnel	Monthly	160.03(5) 141.01(9) 141.01(7)(a) and (b)
<ol style="list-style-type: none"> 1. report on: a. environmental sanitation; b. food handling establishments; c. communicable disease control; d. milk inspection; e. educational and administration activities; 			

State Agency Requir-
ing Report
Health, Board of
(cont.)

	<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
	f. time analysis.			140.07 (2), (4) (a),(c) 146.18 (1)
	<u>Maternal and child health services provided or paid for by state or local official public health agencies</u>	Milwaukee only	Annually	146.18 (1)
	1. a comprehensive report as to : a. selected maternity services; b. selected child health services; c. school health examinations and screening; d. immunization; e. midwife services; f. education services; g. other maternal and child health services.			
Higher Education, Coordinating Committee of	No reports are required by this agency of any governmental unit.			
Highway Commission	<u>County highway commissioner's report</u>	County	Annually	83.01(7)(d)
	1. itemized statement of all expenditures made from the county road and bridge fund;			
	2. itemized estimate of amt. needed to properly maintain the county trunk highways in his county;			
	3. recommendations.			
	No form provided.			
	<u>School zones - certification marking of</u>	All units	Annually	83.10(3) 86.31(2)
	1. certification stating that there has been compliance in marking school zones as follows:			
	a. black and yellow "school" warning signs on any street or highway which passes along the grounds of any public or private school;			
	b. sign "Drive carefully in school zones" near the corporate limits on every highway entering unit.			
	No form provided.			
	<u>Highway improvements determined for county aid</u>	County	Annually	83.14 (8)
	1. list of improvements determined; the location, character and contemplated cost of each improvement;			
	2. amt. to be paid by the county and town or village for making each improvement.			
	No form required.			
	<u>Bonds for county highway</u>	County	Intermit- tently as necessary	67.13 (2)
	Copy of bonds authorized to be issued specifying:			

State Agency Requir-
ing ReportHighway Commission
(cont.)

Name and Brief Description of the Report	Units Required to Report	Frequency of Report	Statutory Citation
1. dates of payments of principal and interest and manner of negotiation of bonds; 2. interest rate and place of payment of interest. No form required.			
<u>Highway finance report</u>			
1. receipts and disbursements for highway, road and street purposes. No form required.	County, town, city and village	Annually	86.26 84.01 (7a)
<u>Connecting street expenditures</u>			
1. certified statement as to expenditures for: a. maintenance and repair of streets; b. construction of streets; c. snow and ice removal and control; d. cleaning and drainage of streets; e. traffic regulation. No form required.	Cities and vil- lages over 2,500 population	Annually	86.32
<u>Bridge expenditures, swing or lift</u>			
1. itemization of expenditures for maintenance and operation of such bridges. No form required.	1st, 2nd and 3rd class cities	Annually	86.33
<u>Plat - miles of roads and streets open to travel</u>			
1. correct copy of plat showing mileage of roads and streets open and used for travel; 2. one-half of the mileage of roads and streets on boundary lines shall be considered as lying in each town, village or city. No form required.	Cities, vil- lages and towns	Annually	86.31 (1)(e)
Historical Markers Commission	No reports are required by this commission from any governmental unit.		
<u>Records - Historical Society</u>			
1. prior to destruction official shall notify Society of any records of permanent historical value to the Historical Society including: a. original papers, resolutions and reports connected with county board proceedings; b. tax rolls; c. original minutes of county board; d. records of any court which have been photographed or microphotographed. No form used.	County and local officers	Intermit- tently	59.716

State Agency Requir-
ing ReportHuman Rights, Gov.
Commission on

Hygiene, State Lab.

Industrial Commission

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
No reports are required by this commission from any	governmental unit.		
No reports are required by this commission from any	governmental unit.		
<u>Wage rate form, county highway</u>	County highway commission	Annually	103.50
1. wage rates most commonly paid to construction work in county highway department;			
2. copy of present wage rates and new wage rates if available for construction workers in county highway department;			
3. number of present construction workers;			
4. number of construction projects let by contract to private contractors.			
<u>Payroll and employment report: state and local units</u>	Selected sample of state and local governmental units	Monthly	
1. number of total persons employed;			
2. number of women employed;			
3. total payroll for month.			
<u>Payroll and employment report: schools</u>	Selected schools	Monthly	
1. number of total persons employed including faculty;			
2. number of women employed;			
3. total payroll for month.			
<u>Employment - institutions and organizations</u>	Selected institutions and organizations	Monthly	
1. number of total persons employed;			
2. number of women employed			
<u>Fire department inspection report</u>	City, village and town fire department	Quarterly	101.29
1. total number of premises inspected within fire limits, and number of defects found and corrected;			
2. total number of premises inspected outside fire limits, and number of defects found and corrected.			
<u>Fire department 2½ dues - application for eligibility for</u>	City, vil- lage and town fire dept.	Once	201.59
1. details as to the organization of the unit's fire department;			
2. details as to the organization equipment and station;			
3. name of fire inspector and inspection work done to date.			

State Agency Requir-
ing Report

State Agency Requir- ing Report	<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
Industrial Commission (cont.)	<u>Fire department affidavit</u> 1. affidavit that the fire department still main- tains the standards to be eligible for the 2% dues.	City, village and town fire dept. and clerk	Annually	201.59
	<u>Unemployment compensation reports</u> 1. number on payroll during each month of the quarter; 2. amt. of quarterly payroll by months.	Milwaukee and any other unit electing to become employer	Quarterly	108.15 (8)
Innocent Persons, Com. for Relief of	No reports are required by this committee from any governmental unit.			
Insurance Department	<u>Fire protection contract</u> 1. copies of the fire protection contracts with communities furnished fire protection service; 2. This is for determining eligibility for re- ceiving the 2% fire department dues. (See also Industrial Commission) No form provided.	City, village and town fire dept.	Once	201.59
Interstate Cooperation, Commission on	No reports are required by this commission from any governmental unit.			
Investment Board	<u>Public depository designation</u> 1. name and location of the depository for moneys received by that unit. No form provided.	County, city vil- Once lage, town, drain- age dist., school dist. dist. or any sewer commission, committee, board or officer of any govt. subdivision or any court which de- posits any moneys in a public depository	Once	34.05
Judgment Debtor Re- lief Commission	No reports are required by this commission from any governmental unit.			
Judicial Council	<u>Justice of peace report</u> 1. number of preliminary examinations or bind-overs to other courts;	Justices of peace	Annually	251.181(3)(e)

State Agency Requir-
ing ReportJudicial Council
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
2. number of criminal or local ordinance violation cases;			
3. number of other cases;			
4. number of warrants issued.			
<u>Judicial statistics - judge</u>	All judges except supreme ct.	Monthly	251.181 (3) (e)
1. number of pretrial conferences conducted during month;			
2. name of counties in circuit and days worked during month in each circuit;			
3. total number of matters under advisement broken down into time under advisement, into those over 1 yr., 6 mos. to 1 yr., 3 to 6 mos., and less than 3 months.			
<u>Judicial statistics - civil</u>	Circuit courts and other courts having civil jurisdiction	Monthly	251.181 (3) (e)
1. number of cases broken down by type and a breakdown on how each type of case was disposed of (includes divorce, auto accidents, other injury, real estate, contracts, administrative review, others);			
2. number of pretrial conferences held, cases referred to referee and new trials granted;			
3. status of the calendar;			
4. number of pending cases ready for trial broken down by length of time pending.			
<u>Judicial statistics - criminal</u>	Circuit courts and other courts having criminal jurisdiction	Monthly	251.181 (3) (e)
1. number of cases broken down by type and a breakdown or how each type of case was disposed of;			
2. number of cases pending at beginning of month; number of new cases during the month; number of cases disposed of during the month;			
3. number of cases pending at end of month broken down by length of time pending.			
<u>Judicial statistics - probate</u>	County courts	Monthly	251.181 (3) (e)
1. number of proceedings broken down by type and a breakdown on each type of case on how it was disposed of - whether petitions were uncontested, contested or denied;			

State Agency Requir-
ing Report
Judicial Council
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
2. number of administration and guardianship cases broken down and how they were disposed of;			
3. number of petitions at beginning of month where no final judgment has been entered; new petition filed during month; number of final judgments entered during month;			
4. number of estates pending over 3 years.			
<u>Salary and court jurisdiction report. judges</u>	All judges except supreme ct. justices	Annually	
1. breakdown of salaries of the judge and staff.			

Library Commission,
Free

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Public library statistical report</u>	County, city, village, town, school dist., library bds.	Annually	43.34 (2)
A comprehensive report which includes among other things:			
1. a. library hours; b. source of support; c. population served; d. personnel sheet on library staff; e. book stock broken down by adult and juvenile; f. no. of registered borrowers; g. circulation of books, pamphlets and magazines broken down into adult fiction and nonfiction and juvenile fiction and nonfiction; h. inquiring as to circulation or availability of recordings, films and film strips; i. story hours, discussion groups and other services; j. meetings attended by staff; k. policy on book selection and amount spent for books; l. retirement system and civil service questionnaire; m. breakdown on income and expenditures; n. name, position and salary of staff; o. name and address of library board members.			
2. every fifth year the report is also furnished to the U.S. Health, Education and Welfare Dept. for use in compiling national library statistics.			

Library, State -
See State Library

Medical Examiners
Board

No reports are required by this board from any governmental unit.

Medical Grievance Com-
mittee, State

No reports are required by this committee from any governmental unit.

State Agency Requiring Report

Mental Health, Interdepartmental Commission on

Motor Vehicle Department

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
No reports are required by this commission from any governmental unit.			
<u>Conviction, court report of</u> 1. name, address, date of birth and driver's license number of the defendant; 2. section number of statute or ordinance number violated; 3. if there was an accident: a. date of accident; b. number of persons killed and injured; c. total combined property damage; d. name and address of other driver involved.	Courts	Intermittent	85.08(24)(b)
<u>Stolen or recovered vehicles report</u> 1. list of all vehicles recovered and reported stolen. No form provided.	Sheriffs and police depts.	Intermittent	85.01 (8a)
<u>Axle overloads, conviction report</u> 1. name, address, make and serial number of vehicle of defendant; 2. section number of Wis. statute or ordinance violated; 3. type of violation; amt. of fine and costs and arresting officer.	Courts	Intermittent	85.90 (1)
<u>Fatal motor vehicle accidents report</u> 1. name, address, age, sex, date, place and cause of death; 2. date and place of accident; 3. name and address of drivers.	Coroners	Intermittent	85.141 (9)
<u>Arrests report</u> 1. name, address and driver license number of offender; 2. date of arrest, date of trial, disposition of case; 3. type of offense committed; 4. if there was an accident: a. date of accident; b. number of persons killed and injured; c. total combined property damage; d. name and address of other driver involved in accident. No reports are required by this agency from any governmental unit.	Justices of peace, judges, dist. attorneys and law enforcement officer	Intermittent	110.07 (1)

National Guard

State Agency Requir-
ing ReportNatural Resources
CommitteeNurses, Department
of

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
No reports are required by this committee from any governmental unit.			
<u>Application for accreditation of school of nursing</u> 1. name and address of institution desiring to establish an accredited school of practical nursing.	Institution desiring to establish accredited school, including municipal, county or state hosp. or school	Once	149.01 (3) Wis.Adm. Code N 1.02
<u>Agreement to conduct an accredited school of nursing</u> 1. Agreement that the governing board will meet the requirements for an accredited school of nursing or school of practical nursing.	Institution desiring to establish accredited school	Once	149.01 (3) Wis.Adm. Code N 1.02 (3)
<u>Basic nursing program, preliminary report for accreditation</u> 1. name and address of agency or hospital planning to offer educational program; 2. jurisdiction in charge; 3. educational program for which approval is requested; 4. name, address, bed capacity and type of hospital in which clinical experience will be offered. 5. faculty and nursing service; 6. housing provisions for students.	"	"	149.01 (3) Wis.Adm. Code N 1.02 (1)
<u>Practical nursing, preliminary report for the accrediting of schools of</u> 1. name and address of organization planning to offer course; 2. jurisdiction in charge; 3. length of educational program planned; 4. source of funds to finance program; 5. teaching staff and their major subject; 6. number of students; 7. physical facilities; 8. name and address of hospitals or agencies participating in training program.	"	"	"

State Agency Requir-
ing ReportNurses, Department
of (cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Public health agency, preliminary report for the accrediting of schools of</u> This is submitted with the above report: 1. name and address of hospital or agency planning to participate in the training; 2. length of operation of such hospital or agency and ownership of such hospital or agency; 3. type of hospital and services rendered; 4. personnel of hospital.	Institution de- siring to estab- lish accredited school	Once	149.01 (3) Wis.Adm. Code N 1.02 (1)
<u>Faculty qualification record, nursing schools</u> The following data is required for each faculty member: 1. name, address, position and date of birth; 2. education and courses taken; 3. courses applicant will teach, will assist in teaching and courses taught previously; 4. functions and services expected to perform; 5. membership in nurses associations and experience since graduation.	Accredited schools	Once	149.01 (3)
<u>Nursing, report of Wisconsin accredited schools of</u> 1. name and date of birth of all students admitted during the month.	"	Monthly	149.01 (3) N 2.11
<u>Nursing, report of Wisconsin accredited agencies participating in educational programs in</u> 1. name of school sending students and number sent; 2. date of admission of such students and courses and length of courses taken; 3. changes made in faculty during month.	Accredited agencies	Monthly	149.01 (3)
<u>Withdrawal form, nursing schools</u> This form accompanies monthly report. 1. students name and home address; 2. school and location of school; 3. date of admission and date of leaving school; 4. total days in school and reason for withdrawal.	Accredited schools	Monthly	149.01 (3)
<u>Annual report of professional schools of nursing</u> A comprehensive report required from professional schools of nursing and affiliated agencies which includes: 1. name, address, governing body and university or college affiliation of the hospital or agency;	Accredited schools and agencies	Annually	149.01 (3) Wis.Adm. Code N 2.11

State Agency Requir-
ing Report
Nurses, Department
of (cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
2. student census broken down by years; 3. student hours in class and laboratory, and clinical practice broken down by quarters; 4. hospital statistics, in terms of bed capacity, distribution of beds, and types of services offered; 5. curriculum and instructors' names; 6. instructional staff and professional status; 7. title, author and copyright date of textbooks students are required to purchase; 8. affiliations; 9. library status: number of titles in library, number of titles added during the year and number of reference books added during year; 10. name, group represented and length of term of nursing school committee and dates of meetings during the year; 11. list of improvements made in school during past year; 12. number and hours per week of all full and part-time personnel.			
<u>Annual report of schools of practical nursing</u> A comprehensive report required from schools of practical nursing.	Accredited agencies	Annually	149.01 (3) W.A.C. N 3.09
1. contains almost identical information as the annual report of the professional schools of nursing and affiliated agencies.			
<u>Practical nurse training agency, report to Wis. State Board of Nursing</u>	"	"	"
A comprehensive report required from agencies which give some practical nurses training.			
1. bed capacity and distribution of beds; 2. types of services rendered by total patient days; 3. total number of visits made; 4. number and hours per week of all full and part-time personnel.			
<u>Public health agency, preliminary report for the accrediting of a</u>	Units desir-	Once	149.01 (3)
1. name and address and date of organization planning to provide field instruction;	ing to estab- lish accredited pub.health agencies		

State Agency Requir-
ing ReportNurses, Department
of (cont.)

- | <u>Name and Brief Description of the Report</u> | <u>Units Required to Report</u> | <u>Frequency of Report</u> | <u>Statutory Citation</u> |
|--|---------------------------------|----------------------------|---------------------------|
| 2. type of service offered; | | | |
| 3. educational program and length of program; | | | |
| 4. details as to the administration; | | | |
| 5. details as to the staff and their qualifications; | | | |
| 6. annual report for the preceding year; | | | |
| 7. organization of nursing inter-relationship; | | | |
| 8. plan for supervision and guidance of students. | | | |

Optometry, Board of
Examiners in

No reports are required by this board from any governmental unit.

Personnel, Bureau of

- | | | | |
|--|--------|----------|--------|
| <u>Salary questionnaire - municipal positions</u> | City | Annually | 16.055 |
| 1. starting and maximum salary or wage of selected city officials and all trade and labor positions. | | | |
| <u>Salary questionnaire - police personnel</u> | " | " | " |
| 1. starting and maximum salary of all police positions; | | | |
| 2. number of employes in each position and hours per week that they work. | | | |
| <u>Salary questionnaire - fire department</u> | " | " | " |
| 1. starting and maximum salary of selected fire positions; | | | |
| 2. number of employes in each position and hours per week that they work. | | | |
| <u>Salary questionnaire - county highway positions</u> | County | " | " |
| 1. hourly or monthly wage or salary rate of selected county highway positions. | | | |
| <u>Salary questionnaire - county elective positions</u> | " | " | " |
| 1. starting and maximum salary of elected and appointed officers and employes. | | | |

Pharmacy, Board of

No reports are required by this board from any governmental unit.

Portage Levee Commis-
sion

No reports are required by this commission from any governmental unit.

Public Instruction,
Department of

- | | | | |
|---|-------------------------|----------|-------|
| <u>Rural and graded districts, annual report</u> | Rural and graded dists. | Annually | 40.74 |
| 1. name, address of school; | | | |
| 2. name, address, term and amt. of bond of treasurer; | | | |
| 3. names and address of director and clerk of school board; | | | |

State Agency Requir-
ing ReportPublic Instruction,
Department of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
4. school census, broken down by age group and sex; 5. total enrollment of residents and nonresidents; 6. computation of state aid for transportation; 7. receipts classified by character and source; 8. disbursements classified by purpose; 9. names, grades taught, salary, number of days taught, school graduated from of each teacher; 10. amount of outstanding long term indebtedness.			
<u>County superintendent, annual report</u>	County super- intendent	Annually	39.14 (1)
1. names of graded schools offering work beyond 8th grade; 2. number of schools classified according to number of teachers employed; 3. number of schools classified according to average daily attendance; 4. school census by age and sex; 5. salaries of teachers classified by amount; 6. number and types of teaching certificates held by the teachers employed; 7. number of one-room schools classified according to the number of children enrolled; 8. enrollment by grades and sex; 9. temure and years of experience of teachers; 10. receipts classified by character and source; 11. disbursements classified by purpose; 12. amount of school dist. outstanding long term indebtedness;			
13. county personnel and expenditures for education.			
<u>High school districts, annual report</u>	High school district	Annually	40.74
1. school census by age and sex; 2. enrollment and attendance by resident and nonresident; 3. names of teachers, number of months employed, total salary, per cent of time teaching kindergarten to 8th grade, and 9th-12th grades; 4. receipts classified by character and source; 5. disbursements classified by purpose; 6. computation of state aid for transportation; 7. amount of disbursement for board and lodging;			

State Agency Requir-
ing ReportPublic Instruction,
Department of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
8. enrollment by grades and sex;			
9. analysis of teaching force which includes the number and types of teaching certificates; number of full and part-time teachers in special fields; tenure and experience of teachers;			
10. salaries of teachers by amounts;			
11. salaries of nonteaching administrators;			
12. high school graduates classified by ages;			
13. amount of outstanding long term indebtedness.			
<u>Budget review, school districts</u>	School district	Annually	40.71 (4)
1. a copy of the school district budget classifying receipts and disbursements by purpose. This includes the last 2 years with an estimate of coming year.			
<u>School census tabulation report</u>	County superintendent	Annually	43.19
1. total school census ages 4-20 for districts operating school at least 3 months;			
2. total school census ages 4-20 for nonoperating districts.			
<u>School census</u>	School district	Annually	40.74
1. name of children less than 20 years of age, age, date of birth and sex;			
2. name and address of parents or other persons with whom children live;			
3. query as to previous school attendance by children.			
<u>Bonding of school treasurers, annual report</u>	County superintendent	Annually	
1. name of municipality and school district number;			
2. name and address of treasurer;			
3. type, amount and date of expiration of the treasurer's bond.			
<u>Handicapped children, application for transportation, board and lodging</u>	Superintendent	Annually	40.53 (2)
1. name, age, handicap and grade of pupil receiving transportation;			
2. school attended, name of carrier, days transported and amount paid;			
3. name, age and grade of pupil receiving board and lodging;			
4. school attended, name of boarding home, number of days			

State Agency Requir-
ing ReportPublic Instruction,
Department of
(Cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
boarded, amount of board paid and to whom paid. <u>Mentally handicapped children, annual report of public school classes for</u>	School district	Annually	41.01
1. total number of children enrolled classified by full and part time and by resident and nonresident; 2. report of receipts and expenditures classified by character and purpose; 3. name, title, number of months taught, and amount paid to personnel employed.			
<u>Deaf and hard of hearing or partially seeing, annual report of public school classes for</u>	"	"	"
1. total number of children enrolled classified by full and part time and by resident and nonresident; 2. name, title, number of months taught and amount paid to personnel employed; 3. report of receipts and expenditures classified by character and purpose.			
<u>Speech correction, annual report for</u>	"	"	"
1. enrollment classified by number of days per week taught, and by type of speech impediment; 2. names of teachers, number of months taught, amount paid and percentage of time in speech correction, audiometer testing and mental testing; 3. report of receipts and expenditures classified by character and purpose.			
<u>Crippled children, annual report of public school classes for</u>	"	"	"
1. total number of children enrolled classified by full and part time and by resident and nonresident; 2. name, title, number of months taught and amount paid to personnel employed; 3. report of receipts and expenditures classified by character and purpose.			
<u>Homebound education, reimbursement claim and cost report for</u>	School district and bd. of education	"	41.01 (9)
1. name of pupil, number of days homebound, number of days regular classroom, grade placement, credits earned, type of disability; 2. name of qualified teacher, teacher salary per			

State Agency Requir-
ing Report
Public Instruction,
Department of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
pupil, teacher's travel expense; 3. cost of telephone or teachaphone, cost of correspondence course and total cost per pupil.			
<u>Orthopedic school</u> 1. name of person receiving board and lodging; 2. amount claimed for board and lodging; 3. number of days board and lodging furnished.	Party giving lodging	Periodically	41.03
<u>Orthopedic, application for payment of transportation costs</u> 1. name of child receiving transportation; 2. name and address and legal settlement of parent or guardian; 3. method of transportation and estimate of cost involved.	County judge	Monthly	41.03
<u>Crippled children statement</u> 1. name of child transported, method of transportation and cost of transportation.	County judge	Monthly	41.03
<u>Crippled children, annual report of services for</u> 1. total amount of expenditures and receipts; 2. expenses applicable to crippled children; 3. receipts applicable to crippled children.	Bd. of education or school bd.	Annually	41.03
<u>Handicapped children, annual report regarding</u> 1. name, address, date of birth, grade and school attended of child; 2. father's name; 3. nature of handicap.	County and city superintendent	Annually	41.04
<u>Indian children, periodic report of school attendance</u> 1. enrollment classified by elementary and high school; 2. name of child, grade, number of days attendance, number of days transported, number of meals and district or municipality of residence; 3. name and address of parent or guardian.	School district	Biennially	20.650(41)
<u>High school, preliminary report</u> 1. school calendar and organization of the district; 2. high school enrollment by sex and grade; 3. type of records and reports; 4. daily schedule; 5. report on finances; 6. report on buildings and grounds;	Dist. operating 9-12	Annually	40.74

State Agency Requir-
ing ReportPublic Instruction,
Department of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
7. transportation, lunch program and medical services; 8. library and textbooks; 9. last year's accomplishments; 10. names of teachers, teachers salary, training beyond high school, teaching experience, type of teaching certificate and subjects of instruction.			
<u>Elementary grades, preliminary report</u> This form is almost identical to the preliminary report required by high schools. The only exception is that this report requires: 1. information on the program of supervision.	District operating elementary grades	Annually	40.74
<u>Recitations, school program of</u> 1. classes which require recitation and number of students in class; 2. days of week recitation required; 3. class period recitation required; 4. teacher of class requiring recitation.	Dist. operating 9-12	Annually	40.74
<u>Appeal, detachment of school district territory</u> An appeal to the state superintendent on the refusal or denial of the municipal board to detach territory from one school district and attach it to another school district. The appeal includes: 1. signature and mailing address of the appellant.	Individual	Annually	40.06 (5)
<u>Consolidation, order of school districts</u> 1. report of the votes for and against consolidation by school districts; 2. name of new consolidated school district.	School district	Annually	40.07 (1)
<u>Annexation of territory to common school district operating a high school, order of</u> 1. total number of yes and no votes on annexation; 2. description of territory to be detached from one school district and attached to another school district; 3. effective date of order.	School district	Annually	40.075
<u>Certification of attachment to a union high school district</u> 1. legal description of territory attached to union high school district; 2. number of votes for and against attachment.	School district	Annually	40.14

State Agency Requir-
ing ReportPublic Instruction,
Department of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Attachment of school district, order of</u> 1. legal names of school districts affected; 2. number and location of the school district to which territory is to be attached.	School district	Annually	40.03
<u>Attachment order; school district</u> 1. legal names of school districts dissolved; 2. number and location of the school district to which territory is to be attached; 3. effective date of order.	Town, village or city	Annually	40.06
<u>School lunch program agreement</u> Agreement between the Department of Public Instruction and the sponsoring agency on the conduct of the school lunch program. 1. types of lunches to be served; 2. name and location of schools where the lunch program will operate and maximum reimbursement per lunch.	Sponsoring agency	Annually	20.21 (10)
<u>School lunch program agreement, amendment</u> Amendment to item 2 in school lunch program agreement above.	"	"	"
<u>School lunch program application</u> 1. name and address of school board; 2. amount appropriated for lunch program by school board; 3. rate of reimbursement required; 4. milk supply; 5. purchase price of foods now on hand; 6. name of authorized representative to carry on negotiation concerning lunch program; 7. name and address of schools participating in lunch program, their enrollment and estimated number of pupils who will participate in lunch program; charge to pupils per lunch, date of opening and closing of lunch program and place of preparation of lunches.	School board	"	"
<u>School lunch and milk program, claim for reimbursement</u> Application for reimbursement for school lunch and milk program. No form provided.	School district board	Monthly	20.21 (10)
<u>Statement whether school is operating lunch program</u> 1. name and address of school; 2. number of children participating in lunch program;	School district	When necessary	20.21 (10)

State Agency Requir-
ing ReportPublic Instruction,
Department of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
3. date lunch program to begin and end. <u>School lunch program, commodity list</u>	School district or institution	When necessary	20.21 (10)
1. type of commodity, amount, weight and handling charge of desired donated commodities; 2. average number of pupils served per day. <u>School lunch program commodities, application to receive donated</u>	School district board	"	"
1. names and address of schools; 2. number of children participating in lunch program; 3. date lunch service will begin and end; 4. types of foods which can be used in lunch program; 5. agreement that children will not be charged for foods which are donated. <u>School lunch program commodities, handling charges</u>	Schools or institutions	"	"
1. statement of amount due for handling charges on donated commodities. <u>Needy persons, statement of</u>	Hospitals and institutions	"	"
1. average number of meals served to needy persons per day. <u>Commodities for use in summer camps, application for</u>	Sponsoring agency	Annually	"
1. opening and closing dates of each camping period; 2. number of meals per day and number of children fed per meal; 3. cooking and refrigeration facilities. <u>Special school milk program application - agreement</u>	School district board	Annually	"
1. name and address of each participating school; 2. average daily school attendance; 3. price paid per half pint of milk and price children will be charged; 4. opening and closing date of program; 5. approved reimbursement rate. <u>Special school milk program, claim for reimbursement</u>	"	"	"
1. report of milk consumption; 2. price paid dairy and price charged children; 3. number of days during month that milk was served in each school; 4. number of children consuming milk daily in each school; 5. rate of reimbursement and amount claimed; 6. cash income and cash expenditures.			

State Agency Requir-
ing ReportPublic Instruction,
Department of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>School lunch program equipment record card</u> 1. cooking and baking equipment available; 2. dishwashing and refrigeration equipment available; 3. information on commodity storeroom; 4. other equipment available.	Schools	Annually	20.21 (10)
<u>Self evaluation data, basic and integrated</u> A comprehensive report which includes: 1. name of school and type of school district; 2. administrative head and his experience; 3. teachers qualifications and type of inservice training program for the staff; 4. pupil-teacher ratio by grade; 5. available classrooms at present time and number needed in the future; 6. present buildings and plans for additional ones; 7. equalized and assessed values of buildings, their present indebtedness; 8. educational program; 9. additional services; 10. plans for improvement.	Supervising principals	Annually	40.71 (2)
<u>Self evaluation data, elementary schools</u> This report is almost identical to the self evaluation data, basic and integrated.	Principals	Annually	40.71 (2)
<u>County teachers college, preliminary report of</u> 1. school calendar; 2. enrollment classified by year and sex; 3. daily schedule; 4. condition of buildings and grounds; 5. library facilities; 6. health provisions; 7. extra curricular activities of last year; 8. cooperation with county superintendent; 9. student teaching program; 10. names of principals and assistants, their yearly salary, experience and type of teaching certificates.	Counties maintaining county colleges	Annually	41.44
<u>Supervising teacher, report of</u> Report of the qualifications, services, salary and expenses of the supervising teacher:	County superintendent	Annually	39.20 (6)

State Agency Requir-
ing ReportPublic Instruction,
Department of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
1. number of days employed by month; 2. days lost by sickness, number of visits, miles traveled, total expenses and salary.			
<u>Expense voucher, supervising teacher</u>	County superintendent	Annually	39.14
1. number of miles traveled; 2. expenses for railroad fare, hotel and meals; 3. statement of official business performed on trip.			
<u>Supervising teacher, preliminary report</u>	County superintendent	Annually	39.20
1. names of colleges and professional schools attended, dates attended, credit hours, degrees; 2. teaching experience; 3. nature of supervisory program; 4. plan of time to be allotted to various activities; 5. specialized services performed last year; 6. needs of county supervisory program.			
<u>Enrollment from districts with suspended schools, annual report of</u>	School district	Annually	40.30 (11)
1. number of suspended district; 2. town and county of the suspended district; 3. total enrollment of each suspended district; 4. average daily attendance from each suspended district.			
<u>One room school, annual report of teacher or principal of graded school</u>	Rural and graded schools	Annually	40.44 (3)
1. number of children enrolled in one room school and graded schools classified by resident and nonresident; 2. certificates by type held by teachers employed; 3. enrollment by grades classified by sex; 4. tenure and experience of teachers.			
<u>Transportation of nonresident high school students, application for county reimbursement</u>	High school dist. providing transportation	Annually	40.56 (2)
1. number of pupils transported; 2. amount of county reimbursement for transportation; 3. number of pupil weeks of board and lodging; 4. amount of county reimbursement for board and lodging.			
<u>Transportation, application for state aid for</u>	All school dists. and	Annually	40.56
1. name of pupil, age and grade;			

State Agency Requir-
ing ReportPublic Instruction,
Department of
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<ol style="list-style-type: none"> 2. distance in miles from home to nearest public school; 3. the district which operates the school attended; 4. number of days transported, and amount paid by parent or guardian; 5. type of handicap of handicapped children transported; 6. receipts and expenditures; 7. computation of state aid; 8. name, age, grade, distance in miles from home to nearest school district operating the school attended, number of weeks boarded, amount paid for board and lodging and to whom paid for each student for whom board and lodging was provided in lieu of transportation. 	municipalities furnishing transportation		
<u>Transportation, school accident report</u>	Principal or superintendent	When necessary	40.53 (9)
<ol style="list-style-type: none"> 1. school, owner of bus, name of bus, capacity of bus and driver's name and experience; 2. description of the accident; 3. injuries and property damage; 4. recommendations. 			
<u>Bus route, application for approval of high school</u>	County school committee and state supt. of schools	Annually	40.53 (8)
<ol style="list-style-type: none"> 1. estimate of number of private and public buses to be used; 2. estimated number of resident and nonresident students to be transported. 			
<u>Transportation reports</u>	County school committee and state supt. of schools	Annually	39.02 (19), (20)
<ol style="list-style-type: none"> 1. trip and mileage data; 2. total number of pupils transported classified by distance transported; 3. ownership of bus; 4. estimated cost of transportation for next fiscal year; 5. average cost per bus mile and per pupil for bus transportation. 			
<u>Tuition, application for</u>	Districts claiming tuition from the state	Annually	40.655 (1) (a),(b) &(c)
<ol style="list-style-type: none"> 1. name and age of pupil; 2. residence of parents; 3. name and address of institution; 			

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State Agency Requir-
ing Report

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Department of
(cont.)

Name and Brief Description of the Report

Units Required
to Report

Frequency
of Report

Statutory
Citation

4. rate of tuition per week, total number of weeks attended by each pupil and amount of tuition due for each pupil.

Application for state aid for out of state school attendance

County clerk

Annually

40.71 (10)

1. name of town or village;
2. name of out of state high school attended;
3. total amount of tuition paid for school year;
4. name of children enrolled, number of days of actual attendance, grade attended and tuition charge for each pupil.

Tuition claim, high school

Officer of
school district

Annually

40.91 (4)

1. number of tuition pupils enrolled by town;
2. total number of weeks in attendance of all nonresident high school pupils by town;
3. total current cost per week for pupils by town;
4. total tuition charge for pupils by town.

Public Lands
Commission

No reports are required by this commission from any governmental unit.

Public Service
Commission

Municipal electric, water and sewer utility financial report

Municipality

Annually

196.06
196.07

A comprehensive 24-page report on the financial and physical condition of the utility.

Public Welfare
Department

County claims, statement of, mental hospitals

Trustees,
county
mental
hospital

Annually

46.106 (3)

1. claim for amount due for care and maintenance of inmates;
2. name of each inmate, his legal settlement, number of weeks of support;
3. itemization of each inmate's board, clothing, dental, burial and surgical expense.

Mental patients, freedom of movement restricted

County
mental
hospital

Monthly

46.16

1. name of patient;
2. restriction used and reason for restriction;
3. dates restricted and hours per day restricted.

Child welfare social data

County
child welfare
agencies

Monthly

46.22 (5)(g)
48.30
49.51(2)(a)5

A comprehensive data card on each child which includes:

1. name, address, birthdate, county of legal settlement,

State Agency Requir-
ing ReportPublic Welfare
Department
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
sex, birth status, religion, guardianship or custody of the child; 2. living arrangement of the child and source of financial support; 3. source and reason for referral; 4. marital status of parents; 5. new and changed information not previously reported; 6. reason for replacement of child; 7. reason for suspending or resuming casework service; 8. reason for closing case.			59.08 (9a)
<u>Statistical report - child welfare</u> 1. number of children under care during quarter; 2. number of active casework services; 3. number of cases casework service suspended; 4. number of child cases; 5. number of casework services for children in insitutions; 6. number of foster home applications; 7. number of active foster homes.	County child welfare agencies	Quarterly	48.59 (2) 46.22(5)(g) 48.30 49.51(2)(a)5 59.08(9a)
<u>Juvenile court social data</u> A comprehensive data card which includes: 1. name, address, county of residence, sex, race, type of case of each child; 2. major reason for referral and source of referral; 3. date and method of disposition; 4. living arrangement at time of disposition; 5. marital status of parents.	Juvenile courts	Monthly	54.06 (1) 48.79 (1)
<u>Population report - county mental hospitals</u> 1. breakdown on males and females at institutions; 2. number of population at institution on leaves broken down male and female; 3. number of beds available for male and female; 4. name, address, sex, date of birth, type of admission and county of legal settlement of each patient admitted and those on leave during the month; 5. name and reason for termination of leave of each patient whose authorized leave was terminated.	County	Monthly	46.18 (8) 46.16 (10)

State Agency Requir-
ing ReportPublic Welfare
Department
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Admission report - each person admitted to county mental hospital</u>	County	Monthly	46.18 (8) 46.16 (10)
1. type of admission of each patient;			
2. institution transferred from;			
3. record of any prior stay in Wis. state or county mental institution;			
4. record of any prior stay in any other public or private mental institution;			
5. date of admission, date of birth, sex, race and diagnosis.			
<u>Release report, each person released from county mental hospital</u>	"	"	"
1. same information as for patients admitted except the type of releases and number of months in institution;			
2. if release was by death, then cause of death.			
<u>Personnel report - county mental hospitals</u>	"	Annually	"
1. breakdown of all full-time and part-time positions of employes that are filled and vacant.			
<u>Psychiatric clinic services to patients report</u>	"	Monthly	46.50
1. breakdown on number of persons interviewed, movement of patients and source of referral of new patients admitted during the month.			
<u>Psychiatric clinic report on patients for whom services were terminated</u>	"	"	"
1. patient's number, county of residence, month and year of last admission, month and year of current termination, date of birth, age, sex;			
2. type of service since last admission;			
3. condition on termination;			
4. total number of interviews since last admission;			
5. diagnosis of primary mental disorder.			
<u>Psychiatric clinic report</u>	"	Annually	"
1. general information on clinic which includes:			
a. name and location of clinic; b. name of director;			
c. clinic organization and geographic areas served;			
d. age limits for service and clinic schedule; total clinic hours per week or hours per session;			
2. financial data on income and expenditures;			

State Agency Requiring Report

Public Welfare
Department
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
3. hours of community service broken down by types of service;			
4. name, position, monthly salary, hours per week of regular staff and trainees;			
5. number of unfilled positions, their monthly salary and hours per week.			
<u>Statistical report of social security aids</u>	County dept. of public welfare	Monthly	46.22 (1) 49.50 (2)
1. number of requests broken down by types of assistance requested;			
2. number of cases approved broken down by types of requests approved;			
3. supplementary analysis of cases receiving money payments for month broken down by types of assistance;			
4. analysis of vendor medical payments in behalf of medical care only, all cases during month with a breakdown of amount paid and period covered by payment.			
<u>Compulsory support - report to district attorney for</u>	"	"	"
1. name and relationship of responsible relative of person receiving aid; date and nature of referral;			
2. disposition of cases previously referred to district attorney.			
<u>Inspection of social security aid rolls, persons or agencies signing request for</u>	"	Annually	"
1. date of request, person signing request and whom he represents, reason for request, type of aid and date of payroll.			
<u>Social security aid cases closed and requests withdrawn because of open inspection of payrolls</u>	"	"	"
1. name of person whose request was withdrawn, date of withdrawal, date of request and type of aid received.			
<u>Closing case, social data sheet reason for</u>	"	Monthly	"
1. name of recipient, date of closing, place of residence and reason for closing case.			
<u>Opening case, social data sheet reason for</u>	"	"	"
1. name of recipient, date of opening, date of request, place of residence and reason for opening case,			
2. Status of household with respect to other public assistance;			

State Agency Requir-
ing ReportPublic Welfare
Department
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
3. date of birth, race, sex and employability of recipient;			
4. status of parents.			
<u>Claim for reimbursement, old age assistance</u>	County dept. of public welfare	Monthly	46.22 (7) 49.38
1. report of expenditures;			
2. computation of state reimbursement;			
3. computation of federal reimbursement;			
4. county share;			
5. total aid, burial and medical refunds;			
6. amount, date of checks and date paid and/or mailed of checks for aid.			
<u>Claim for reimbursement - aid to dependent children</u>	"	"	46.22 (7) 49.18 (8)(a)
1. same information as is required on claim for reimbursement for old age assistance except foster home refunds and maternity aid refunds are added.			
<u>Claim for reimbursement, aid to blind</u>	"	"	46.22 (7) 49.18 (10)
1. same information as is required on claim for reimbursement for old age assistance.			
<u>Claim for reimbursement, permanently disabled persons</u>	"	"	46.22 (7) 49.61 (9)
1. same information as is required on claim for reimbursement for old age assistance.			
<u>Administrative actions summary</u>	"	"	46.22 (7) 49.50 (2)
This form accompanies claim for reimbursement form on old age assistance, aid to blind and permanently disabled persons.			
1. name of grantee, awards, federal disallowance, payments.			
<u>Administrative actions summary</u>	"	"	"
This form accompanies claim for reimbursement form on aid to dependent children.			
1. name of grantee, legal guardian if any, names and birthdate;			
2. awards granted last month and this month;			
3. federal disallowance last month and this month;			
4. change in recipient count last month and this month.			
<u>Assistance roll - old age assistance, aid for dependent children, aid to blind and aid to disabled persons</u>	"	"	"
This form accompanies claims for reimbursement.			
1. name and address of each payee;			

State Agency Requir-
ing ReportPublic Welfare
Department
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
2. matching limitations; 3. amount of award, check number and recipient count. <u>Refund roll for aid to dependent children</u> This form accompanies claim for reimbursement. 1. name of beneficiary, cash or check number, amount of refund and federal share of each beneficiary.	County dept. of public welfare	Monthly	46.22 (7) 49.50 (2)
<u>Refund roll for old age assistance, aid to blind and aid to disabled persons</u> Same as required on refund roll for aid to dependent children.	"	"	"
<u>Indians relief to needy - request for advance of state funds</u> 1. actual expenditures and refunds for previous month; 2. estimated expenditures for current and next months.	"	"	46.22 (7) 49.046
<u>Statistical report, general relief</u> 1. number of cases under care for relief; 2. employable status of cases receiving general relief; 3. family status of cases receiving general relief; 4. additional data concerning cases receiving general relief; 5. financial summary; 6. breakdown of amounts extended to general relief recipients; 7. other money expended.	County welfare dept. or county relief dept.	"	46.22 (7)
<u>General relief cases and commitments summary</u> This form is for other than those reported on the statistical report, general relief. 1. number of cases receiving general relief; 2. breakdown of amounts extended to relief recipients; 3. other money expended.	"	"	"
<u>Administrative expenditures for welfare activities</u> 1. breakdown of monthly expenditures into: a. payee and total amount; b. amount for wages and salaries, employee benefit plans, travel, supplies, equipment, rentals and maintenance, repairs and others.	County welfare dept.	"	46.22 (7) 49.50 (2)
<u>Payroll report</u> 1. employee, monthly rate, salary paid, matchable	County welfare dept. or		

State Agency Requir-
ing ReportPublic Welfare
Department
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
salary, matchable retirement, accumulated yearly salary.	county relief dept.	Monthly	46.22 (7)
<u>Travel report</u>			
1. employee, number of miles travel paid, number of miles matchable travel.	County welfare dept. or county relief dept.	"	46.22 (7)
<u>Indians. relief to needy - claim for reimbursement</u>	County welfare dept.	"	46.22 (7) 49.046
1. breakdown of expenditures;	"	"	"
2. computation of state reimbursement.	"	"	"
<u>Indians. relief to needy</u>			
This form to accompany claim for reimbursement.			
1. monthly list of cases and breakdown of expenditures by case.	County welfare dept. or county relief dept.	"	46.22 (7)
<u>Relief costs and commitments estimate</u>			
1. actual amount expended previous month, estimates of expenditures for current and next month for general relief, hospitalization and burial costs and administrative costs.	County welfare dept.	"	46.22 (7) 49.50 (2)
<u>State funds, estimated need of for general relief</u>			
1. cash balance at beginning of month;			
2. current month's receipts and disbursements;			
3. additional amount needed.			
<u>State funds, estimated need of for social security aids</u>			
1. receipts and expenditures for current month and estimates for next month.	"	"	"
<u>Statistical report on concurrent receipts, old age assistance and O.A.S.I.</u>	"	Annually	"
1. report on concurrent receipts of old age assistance and old age survivors insurance including name and amounts received by each recipient.	"	Semi-annually	"
<u>Statistical report on concurrent receipts for aid to dependent children and O.A.S.I.</u>	"		
1. report on concurrent receipts of aid to dependent children and old age survivors insurance including name and amounts of payments in each case and number of children in whose behalf money is paid.	"	Intermittently (as collections are made)	"
<u>Collection report. aid to the blind</u>			
1. dates and amounts of aid paid;			
2. amount of aid recovered.			

State Agency Requir-
ing Report
Public Welfare
Department
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Collection report, old age assistance</u> 1. dates and amounts of aid paid; 2. amount of aid recovered.	County welfare dept.	Intermit- tently(as collections are made)	46.22 (7) 49.50 (2)
<u>Budgetary allowances</u> 1. changes made in the amount given for aid.	"	Intermit- tently	"
<u>Old age assistance, aid to dependent children, aid to totally and permanently disabled persons, aid to blind, county funds made available for</u> 1. county funds actually made available and source; 2. county funds expected to be made available and source.	"	Annually	"
<u>Service rating form, county workers</u> 1. name, classification and rating of each employee; 2. areas of improvement; 3. areas where improvement needed.	"	At end of probationary period and annually thereafter	"
<u>Service rating form, director</u> 1. rating of director on following points: a. adminis- trative ability; b. relationship with general public; c. effectiveness on keeping proper authorities informed; d. personal characteristics.	"	"	"
<u>Statistical report, distribution of payments for each categorical aid</u> 1. distribution of payments broken down into dollar classes; 2. number of payments to families with specified num- ber of children broken down into dollar classes.	"	Annually	"
<u>Claim for reimbursement, aid to state dependents</u> 1. report of expenditures classified by amounts spent for each type of item; 2. computation of state reimbursement.	County treasurer	Intermit- tently	46.22 (7) 49.04 (2)
<u>Nonresident notice</u> This form accompanies claim for reimbursement, aid to state dependents. 1. sworn statement as to legal settlement; 2. name, date of birth, relationship of all members of household receiving assistance.	Dependent person or any person having knowledge of the facts	Intermit- tently	46.22 (7) 49.04

State Agency Requir-
ing Report
Public Welfare
Department
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Affidavit, aid to state dependents</u> This affidavit accompanies claim for reimbursement, aid to state dependents. 1. affidavit as to the legal settlement as disclosed by investigation of persons signing sworn statement as to their place of legal settlement.	County clerk	Intermittently	46.22 (7) 49.04
<u>Individual statement of account</u> This form accompanies claim for reimbursement, aid to state dependents. 1. name and address of recipient; 2. name of vendor to whom payment was made classified by what it was for.	County welfare dept. or county relief dept.	Intermittently	"
<u>Job description, county welfare department</u> 1. name and position title; 2. monthly salary and description of duties; 3. name of superiors and subordinates; 4. nature and frequency of contacts with the public; 5. list of all positions held in agency, length of time held, salary and title; 6. length of time duties have been approximately the same.	County welfare dept.	"	46.22 (7) 49.50 (2)
<u>Personnel action report</u> This form is prepared as personnel changes are made. 1. reason, type, duration and salary of appointment; 2. reason for separation; 3. other action such as promotion, demotion or reclassification and salary of such new position.	"	"	"
<u>Employee service record</u> This form is prepared as personnel changes are made. 1. name, address, birthplace, birthdate, marital status, number of dependents, height and weight of employee; 2. school attended, degrees and major subjects; 3. previous employers, position or nature of work, monthly salary, reason for leaving; 4. service record, formal training courses completed and community activities; 5. personnel actions and leave record.	"	"	"

State Agency Requir-
ing ReportPublic Welfare
Department
(cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
<u>Certification request</u> This form is prepared as personnel changes are made. 1. certification of persons eligible for appointment to positions; 2. title, salary and type of position to be filled; 3. name of person, present class title and salary of persons promoted, transferred or reinstated.	County welfare dept.	Intermittently	46.22 (7) 49.50 (2)
<u>County merit system, appointing officer report</u> This form is prepared as personnel changes are made. 1. name, address, telephone number and average of each person eligible; 2. action taken on each person eligible.	"	"	"
<u>Salary, request for change of minimum salary</u> This form is prepared as personnel changes are made. 1. class title, present and proposed entrance salary and date proposed salary effective; 2. conditions making it necessary for requesting change.	"	"	"
<u>Incapacitation, physician's report of for aids to dependent children</u> 1. social data on person incapacitated; 2. comments regarding vocational training, aptitude and work experience; 3. observations regarding personal capacities, attitudes toward illness, self efforts toward partial rehabilitation and/or full self-sufficiency; 4. medical information.	"	"	"
<u>Statistical report, characteristics of families receiving aid to dependent children</u> 1. name and county of payee; 2. total amount of grant; 3. race of payee and number of eligible children of specified ages; 4. with whom children are living; 5. age of natural or adoptive mother and status of most recent father; 6. number of eligible children with O.A.S.I. benefits and amount of benefits; 7. other income and other cash available.	"	Biennially	"
<u>Statistical report: county or city home or hospital</u>	County or city homes	Monthly	46.22(7) 46.16(3),(10)

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State Agency Requir-
ing Report

Public Welfare
Department
(cont.)

Name and Brief Description of the Report

Units Required
to Report

Frequency
of Report

Statutory
Citation

1. number of residents at beginning of month, number admitted during month, number discharged during month and reason for discharge, number in institution at end of month;

2. number of days care given during the month.

Statistical report, characteristics of residents in city or county home or hospital

County or city homes

Annually

46.22(7)
46.16(3),(10)

1. name, age, sex and race of each resident;

2. physical condition and special problems;

3. amount of contribution for care of each patient.

Time record, employee daily

County welfare dept.

Biennially

46.22(7)
49.50(2)

1. time allocated by each employee broken down by time per program.

Purchases Bureau of

No reports are required by this bureau from any governmental unit.

54
Radio Council, State

No reports are required by this council from any governmental unit.

Real Estate Brokers Board of

No reports are required by this board from any governmental unit.

Retirement Fund

Payroll report

Participating municipalities

Monthly

This form is prepared by all municipalities who voluntarily participate under the Wisconsin retirement fund.

1. name of employee, net participating earnings, amount of retirement deduction from employee.

Payroll report, summary of

"

"

This form accompanies the payroll report of municipalities participating under the Wisconsin retirement fund.

1. summary of payroll sheets of those having 3% deductions;

2. summary of payroll sheets of those having 5% deductions.

Revisor of Statutes

No reports are required by this department from any governmental unit.

Savings and Loan Department

No reports are required by this department from any governmental unit.

<u>State Agency Requiring Report</u>	<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
Scientific Areas, Board for Preservation of	No reports are required by this board from any governmental unit.			
Securities, Department of	No reports are required by this department from any governmental unit.			
Social Security Fund, Public Employees	No reports as such are required. However, this agency acts as intermediaries for the quarterly O.A.S.I. reports submitted pursuant to federal regulations. They simply re-capitulate these reports and transmit them to the Bureau of Old Age and Survivors Insurance in Baltimore.			
Soil Conservation Committee	No reports are required by this committee from any governmental units.			
State, Secretary of	<u>Certified list of justice of peace</u> 1. municipality from which selected; 2. name of justice of peace; 3. date of selection; 4. date of qualification; 5. date of expiration of term.	Clerk of circuit court	Annually	59.39(10)
	<u>Directory of local and county officers</u>	County clerk	Annually	59.17 (20)
	<u>Statement of board of county canvassers</u>	"	After each state-wide election	6.67(2)
	<u>Signatures and seals of county clerks</u>	"	Biennially	59.17(14)(b)
	<u>Signatures and seals of county judges</u>	County judge	Intermit- tently	253.09
	<u>Change of names of towns and villages</u> No form provided.	County	Intermit- tently	59.17(12)
	<u>Organization of towns</u> No form provided.	County clerk	Intermit- tently	59.17(12)
	<u>Incorporation of village</u> No form provided.	- - - -	Intermit- tently	61.11
	<u>Incorporation of city</u> No form provided.	Village	Intermit- tently	61.189 62.06(6)
	<u>Territorial changes for towns, villages and cities</u> No form provided.	Municipality	Intermit- tently	62.07(3)

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State Agency Requiring Report

State, Secretary of (cont.)

Name and Brief Description of the Report

Units Required to Report

Frequency of Report

Statutory Citation

Annexation for villages and cities

Municipality

Intermittently

66.025

No form provided.

Registration of electors of municipalities under 5,000.

"

"

6.14 (5)

No form provided.

State Colleges

No reports are required by this department from any governmental unit.

State Library

No reports are required by this department from any governmental unit.

Tax Appeals, Board of

No reports are required by this board from any governmental unit.

Taxation, Department of

Assessments, statement of

Town, village and city

Annually

70.53

1. assessment statement showing value of real estate and improvements and value of personal property;

2. value and acreage of forest crop and other omitted land and certain public land;

3. occupational taxes.

Taxes and indebtedness statement

town, village, city and school district

Annually

68.02

1. statement of all taxes and indebtedness of the municipality.

Apportionment, state and county tax

County

Annually

70.63

1. statement in detail of all state and county taxes and charges to be raised in the county for the next year.

Assessment and taxes, abstract of

County

Annually

68.03

1. statement in detail of the assessment rolls and statement of taxes of the several towns, cities and villages of the county, and the county tax.

Annexation certificate and plat

Village or city

Once

66.025

1. copy of the annexation certificate and plat of areas annexed.

No form provided.

Teachers Retirement Board, State

Employment report, schools

School system

Annually

42.39

1. name, address, salary for term, number of payments, date of birth of each teacher.

Payroll report, schools

School district or city

Monthly

42.41

1. name of teacher, number of days taught, compensation due, required deposit and other retirement

42.43

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State Agency Requir-
ing Report

Teachers Retirement
Bd., State (cont.)

Name and Brief Description of the Report

deductions.

Units Required
to Report

Frequency
of Report

Statutory
Citation

32nd Infantry Division
History Commission

No reports are required by this commission from any governmental unit.

Treasurer, State

Fines

County

Annually

Ch. 85

1. date of case, received from, offender, section of statutes violated and amount of fine indicating per cent due state.

Judicial fees

County

Quarterly

253.29(2)
(a) to (f)

1. amount of fees received itemized as to amounts received under each subsection indicating amount due the state.

Suit tax and other taxes

County

Quarterly

59.20(5),
(11)

1. itemization of source of all fines, penalties, etc. received during quarter which are payable to the State Treasurer;
2. list of remittances made to State Treasurer during quarter.

Turnpike Commission,
Wisconsin

No reports are required by this commission from any governmental unit.

University of Wisconsin

No reports are required by the university from any governmental unit.

Veterans' Affairs
Department

No reports are required by this department from any governmental unit.

Vocational and Adult
Education, State
Board of

Statistical report. Board of Vocational and Adult
Education

Local board of
vocational and
adult education

Annually

41.21(1)(a)

- A comprehensive report on the enrollment and activities of the vocational and adult education school which includes:
1. names, term, business or occupation of members of board;
 2. general information on day and evening school and the program schedule;
 3. school membership broken down by male and female and their educational attainment;

State Agency Requir-
ing ReportVocational and Adult
Education, State
Board of (cont.)

<u>Name and Brief Description of the Report</u>	<u>Units Required to Report</u>	<u>Frequency of Report</u>	<u>Statutory Citation</u>
4. data on students from outside the city;			
5. enrollment broken down by number of male and female and the program they are taking and whether they are part, half, or full time;			
6. subjects taught in various programs, hours per week per subject taught and teachers' names teaching subjects and names of individuals in each subject;			
7. special educational activities, names of leaders and financial records;			
8. supplementary programs, teachers, subject, enrollment, hours of teaching for each teacher and his salary;			
9. salaries for instructional services, names of teachers, hours of teaching and program taught;			
10. financial report;			
11. detail on receipts and disbursements.			
<u>Final report on young farmer classes</u>	School district	Annually	41.21(2)(a)
<u>Final report on adult farmer classes</u>	"	"	"
<u>Financial report for federal aid for vocational agriculture and homemaking</u>	"	"	20.33(8)

Watchmaking, Board
of Examiners

No reports are required by this board from any governmental unit.

Water Pollution
Committee

No reports are required by this commission from any governmental unit.

Water Regulatory
Board

No reports are required by this board from any governmental unit.

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The State of Wisconsin
STATE DEPARTMENT OF PUBLIC WELFARE

MADISON (2)

IN REPLY PLEASE REFER TO:

August 14, 1956

Mr. M. G. Toepel, Chief
Legislative Reference Library
201 North - Capitol Building

Dear Mr. Toepel:

We appreciate your courtesy in supplying us with a copy of the Index prepared by the Legislative Reference Library to the Reports from Local Units of Government Required by State Agencies in Wisconsin, published as Research Bulletin 122, June 1956.

We have again checked the material relating to the State Department of Public Welfare. We have the following corrections to offer at this time, some of which involve renumbering resulting from recodification of Chapter 48, known as the Children's Code which was repealed and re-enacted in 1955:

Page 44 - Change 48.30 to 48.59 (2)

Page 45 - Delete 48.30 and 54.06 (1)

Page 48 - Under heading "Claim for reimbursement - aid to dependent children", strike "except foster home refunds and maternity aid refunds are added" and strike 49.18 (8) (a) and substitute 49.19 (8) (a);

Under "Administrative actions summary", strike "name of grantee, awards, federal disallowance, payments", and substitute "case numbers, name of grantee, awards, federal disallowance, FV payments (over \$50), and changes in recipient counts";

Under "Administrative actions summary" relating to aid to dependent children, for Item 1, add "case number" before "name of grantee".

Page 49 - Under "Refund roll for aid to dependent children", after "number" insert "month applicable" and strike the words "of each beneficiary" and the end of the sentence.

Under "Refund roll for old age assistance, aid to blind and aid to disabled persons" after the word "children" strike the period and add "but also includes State share".

Under "Administrative expenditures for welfare activities" under Statutory Citation add 49.51 (3);

Under "Payroll Report", under Units Required to Report (last line of the page) strike the word "or".

Mr. M. G. Toepel, Chief
Legislative Reference Library

Page 50 - Under "Units Required to Report" strike "county relief dept." in lines 1 and 2;

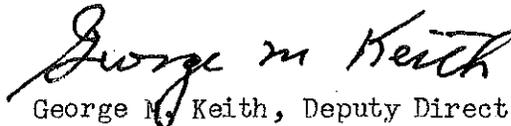
Under "Travel report", under Units Required to Report strike "or county relief dept."

Under "Collection report, aid to the blind", in column for Statutory Citation, at bottom of the page add 49.18 (1);

Top of
Page 51 - In the Statutory Citation column for "Collection report, old age assistance", strike 49.50 (2) and add 49.25 and 49.26;

In the Statutory Citation column for "Budgetary allowances" add 46.22 (7) and 49.50 (2).

Sincerely yours,



George M. Keith, Deputy Director
STATE DEPARTMENT OF PUBLIC WELFARE



The State of Wisconsin

HIGHWAY COMMISSION

STATE OFFICE BUILDING

MADISON 2

September 6, 1956

Mr. M. G. Toepel, Chief
Wisconsin Legislative Reference Library
State Capitol
Madison 2, Wisconsin

Dear Mr. Toepel:

The copy of An Index to the Reports from Local Units of Government Required by State Agencies in Wisconsin submitted for review on July 5 has been so reviewed.

On page 23, under School Zones, last line - change no form provided to Form provided.

Bonds for county highway - eliminate this entire entry and its carry-over to page 24.

On page 24 - Highway Finance Report - eliminate this entire entry. Statutory provisions repealed.

Connecting Street expenditures - last line - change no form required to Form provided.

Plat - last line - change no form required to Plat provided.

Then, in the subject matter index on page 63 under highways, eliminate copy of county bonds and expenditures and receipts by governing unit.

Very truly yours

STATE HIGHWAY COMMISSION OF WISCONSIN

A handwritten signature in cursive script that reads 'William F. Steuber'.

William F. Steuber
Chief of Public Information

WFS:FG