

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 455.02**

**EFFECTIVE DATE: 18 October 2024**

**SUBJECT: WORK RELEASE UNIT  
CRITERIA**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To provide policy and procedure detailing the eligibility and selection criteria for the placement of inmates in a work release unit that provides graduated release through a systematic decrease in supervision and a corresponding increase in inmate responsibility.

**REFERENCE:**

WV Code §15A-4A-1 *et seq.*; and ACA Expected Practices 5-ACI-5F-03 and 2-CO-4G-01.

**RESPONSIBILITY:**

No additional written instructions on this subject are required.

**CANCELLATION:**

Any previous written instruction on the subject, including DCR Policy Directive 455.02, dated 30 September 2021.

**APPLICABILITY:**

All adult facilities within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution and is to be made available for inmate review.

**DEFINITIONS:**

**Work Release Units:** Those facilities designated by the Commissioner to operate units for the management of work release status inmates.

**POLICY:**

- I. Participating in work release may reduce the likelihood of recidivism by gradually reintroducing an offender to the community while providing security, structure, and supervision and providing necessary services.
  
- II. Inmates from appropriate Division of Corrections and Rehabilitation (DCR) units, placed in the custody of the Commissioner pursuant to a term of court-ordered incarceration for a felony, who have not refused Residential Substance Abuse Treatment (RSAT), shall be eligible for selection and transfer to a work release unit. However, inmates who are eligible for selection and transfer to a work release unit must meet the following minimum criteria prior to being considered for placement.
  - A. Utilizing the Correctional Classification profile, an inmate must be classified Level 2 (Minimum) or Level 1 (Community) with Outside Clearance.
  - B. Must have served a minimum of thirty (30) days at the appropriate DCR facility unless the Commissioner/designee waives this time frame.
  - C. Must have a minimum of sixty (60) days without a finding of guilty by a Correctional Hearing Officer of a Class I rule violation and no findings of guilty by a Correctional Hearing Officer of Class II or III rule violations within thirty (30) days preceding the date of transfer to the work release unit. The Director of Classification and Movement may waive this requirement when appropriate. Inmates with clear conduct records may be given priority.
  - D. Must have no outstanding felony detainers for High-Risk offenses or Moderate-Risk offenses involving child/adult abuse, sexual offenses, causing death/injury offenses, and escape offenses on the Severity of Felony Offense Scale. This includes outstanding warrants or federal detainers of any kind, including Immigration and Customs Enforcement (ICE) detainers.
  - E. Work release status inmates must be able to seek and retain employment with physical ability verified by medical personnel prior to transfer to a work release unit.
  - F. Inmates returned from a work release unit for disciplinary reasons must serve a minimum of sixty (60) days with no findings of guilty by a Correctional Hearing Officer of Class I or II rule violations before becoming eligible for consideration for transfer to a work release unit. The Director of Classification and Movement may waive this requirement when appropriate.
  - G. Technical parole violators are eligible for work release unit consideration upon completion of appropriate classification paperwork and once they have served at least thirty (30) days in a DCR facility.

- H. Some Bureau of Community Corrections facilities are designated to operate two (2) components consisting of a work release unit and a Residential Substance Abuse Treatment (RSAT) Unit.
  - 1. Inmates in RSAT Units at Community Corrections facilities may become eligible for work release status after completion of all programming requirements for the RSAT Unit. Upon RSAT program completion, the inmate will be reviewed for work release placement. These inmates must be able to seek and retain employment, with physical ability verified by medical personnel prior to transfer from the RSAT Unit to the work release unit. If an inmate is not verified as able to seek and retain employment after completion of RSAT Unit, they cannot be transferred to the work release unit. They will be returned to a more secure facility appropriate for their needs and custody level. This move will be coordinated with the Director of Classification and Movement or designee.
  - 2. Work release status inmates with a verified history/record of substance use/abuse may be assigned to participate in the RSAT unit. Inmates so assigned will actively participate in all programs and abide by all rules and regulations of the program. Failure to do so may result disciplinary action, or reclassification and transfer to a more secure facility.
  
- III. A minimum of once per month, a three (3) member panel shall communicate/coordinate (by telephone, video, fax, email, etc.) the review of eligible inmates for their possible placement in a work release unit. The committee shall be composed of two (2) members from the appropriate correctional unit (one from security and one from programs), approved by the Superintendent, and a member of the work release unit, must be at the minimum rank of Lieutenant/Unit Manager and approved by the Superintendent. If an inmate is approved for a work release unit, it is understood they are also approved for a Work Camp or Pruntytown Correctional Center & Jail placement. A separate placement evaluation is not necessary.
  - A. This panel shall conduct an in-depth review and an updated placement evaluation of inmates who have been identified as acceptable for work release placement. Such review shall be prior to the candidate's transfer to those facilities designated as feeder units by Director of Classification and Movement.
  
  - B. Utilizing the placement evaluation, the panel shall assess each candidate.
    - 1. The evaluation shall include a thorough review of the inmate under consideration.
    - 2. A staff person, designated by the Superintendent, shall track each candidate, and ensure that:
      - a. The information on the application is accurate, and the inmate is in fact, eligible for consideration for work release placement.

- b. Upon approval for work release placement, letters of notification will be sent to the Court of original jurisdiction and the office of the Prosecuting Attorney (**Attachment #1**).
        - c. If a negative response is received, the facility Movement Coordinator will notify the Director of Classification and Movement/designee for final determination.
  - C. Following the evaluation, the panel shall prepare a list of eligible inmates with recommendations for approval or denial for transfer according to the placement evaluation and forward to the Director of Classification and Movement/designee for review.
  - D. Following review by the Director of Classification and Movement/designee, he/she shall approve or disapprove transfers from the appropriate facility to a work release unit. Each facility Movement Coordinator is responsible for sending an up-to-date list of inmates approved for work release status to the Director of Classification and Movement/designee on the first (1<sup>st</sup>) and fifteenth (15<sup>th</sup>) of every month. Actual transfers occur as space becomes available at the work release unit.
- IV. Inmates selected for transfer are required to enter into a contractual agreement (**Attachment #2**) that clearly states the expectations of inmates assigned to work release status, prior to transfer. They must also complete orientation prior to and upon arrival at a work release unit.
  - A. Work release status inmates are subject to electronic monitoring as a condition of assignment to a work release unit.
  - B. Work release status inmates violating any facility rules and regulations, refusing to work and/or refusing to participate in the programs may either be charged with an appropriate rule violation or transferred to an appropriate DCR facility as determined by the Director of Classification and Movement/designee.
  - C. Any work release status inmate who fails to actively seek employment, is dismissed from his/her job, or is found guilty by a Correctional Hearing Officer of two (2) or more Class II rule violations within a sixty (60) day period of time may be transferred to an appropriate DCR facility as determined by the Director of Classification and Movement/designee.
- V. Prior to transferring to a work release unit, each inmate must obtain medical clearance from the transferring facility's medical department. Inmates transferring to a work release unit will have the Work Release Placement Medical Clearance (**Attachment #3**) form completed by appropriate medical staff.
  - A. After transfer to a work release unit, inmates in need of medical evaluation and/or treatment may be returned to an appropriate DCR facility upon recommendation of the Superintendent and approval from the Director of Correctional Healthcare and Director

of Classification and Movement. Upon completion of this evaluation and/or treatment, if necessary, the inmate may be eligible to return to the work release unit when medically cleared.

- B. Work release status inmates that seek medical attention and/or treatment in the community shall make every effort to request medications that are not controlled substances or substances with abuse potential from the prescribing medical practitioner.
  - C. Inmates transferred to work release units are required to wait thirty (30) days before requesting routine dental appointment or eye examination. Inmates that received an eye examination within the past year are not eligible for another examination until one (1) year from their last examination.
- VI. If it appears an inmate's status needs reviewed, the Superintendent of the work release unit shall appoint a three (3) member Administrative Review Committee from the facility who will review the inmate's information, document behavior, and conduct an Administrative Review.
- A. The inmate shall have an opportunity to personally appear before the Administrative Review Committee and offer an explanation and reasons why his/her present status should not be changed.
  - B. The inmate does not have the right to a full due process hearing.
  - C. The Administrative Review Committee will then make a recommendation to the Superintendent/designee.
  - D. The Administrative Review Committee may recommend:
    - 1. No change in status.
    - 2. Change in status from work release to facility maintenance.
    - 3. Return to a more secure facility (including movement to a Work Camp).
  - E. The Administrative Review Committee can only recommend an inmate's return to a more secure facility, as appropriate, for specific program failure, which must be contained in the Administrative Review Recommendation/notification to the inmate (**Attachment #4**). Examples of program failure which would warrant return to a more secure facility are:
    - 1. Program failure, being dismissed from employment, refusal to work, failing to actively seek employment, or refusal to attend treatment programs.
    - 2. Dismissed from an educational or mandatory treatment program.

3. Need for extensive medical treatment.
  4. Repetitive disruptive behavior incompatible with community corrections goals.
  5. Negative community sentiment.
  6. Waived parole hearing or release to parole supervision without good cause.
  7. Denial of parole by the Parole Board for twelve (12) months or more.
  8. Additional or pending charges.
  9. Active detainer.
  10. Exhibiting signs of mental illness or making threats of suicide. (As work release units do not have a mental health unit, these inmates will be returned to and screened at an appropriate DCR facility).
  11. Obvious escape risk or threat to the community.
- F. The Administrative Review Committee forwards their recommendation (**Attachment #4**) with the Administrative Review Memo (**Attachment #5**) to the Superintendent/designee. The Superintendent/designee forwards the recommendations of the Committee, along with his/her recommendation, to the Director of Classification and Movement/designee, who may approve, deny, or alter the recommendations of the Administrative Review Committee and/or the Superintendent.
- VII. All documents will be uploaded to the Offender Information System (OIS) Document Management.

**ATTACHMENT(S):**

- #1 Letter of Notification to the Court (printed on facility or agency letterhead)
- #2 Contract for Placement in a Work Release Unit
- #3 Work Release Placement Medical Clearance
- #4 Administrative Review Recommendation
- #5 Administrative Review Memo (2 pages)

APPROVED SIGNATURE: William K. Marshall III Oct. 18, 2024  
William K. Marshall III, Commissioner Date

*(Facility or Agency Letterhead)*

Date

The Honorable Judge \_\_\_\_\_  
\_\_\_\_\_ County Courthouse

Street Address

City, ST ZIP Code

Re: INMATE \_\_\_\_\_ OID# \_\_\_\_\_  
SENTENCED IN \_\_\_\_\_ COUNTY

Dear Judge \_\_\_\_\_:

This letter is to inform you that the above-referenced inmate has met the minimum eligibility requirements for assignment to a work release unit within the Division of Corrections and Rehabilitation. Eligibility does not ensure that the inmate will be transferred. If approved, transfers occur as space becomes available.

Inmate \_\_\_\_\_ is currently assigned to the \_\_\_\_\_ [facility name].

Please direct any comments concerning this inmate's placement in a work release unit to:

\_\_\_\_\_, Superintendent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ [facility name]  
\_\_\_\_\_ [facility address]  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Superintendent

cc: Prosecuting Attorney  
File

**CONTRACT FOR PLACEMENT IN A WORK RELEASE UNIT**

I, \_\_\_\_\_, OID# \_\_\_\_\_, understand that I have been considered for placement in a work release unit. I understand and agree to the following conditions:

1. My status for the first thirty (30) days is probationary and I may be returned to the sending facility at any time. Additionally, any violations of the terms of this contract or Division of Corrections and Rehabilitation and/or the work release unit policies and procedures may result in my transfer to a more secure facility.
2. I will be placed on an electronic monitoring device upon arrival at a work release unit to monitor my movement and may be subject to electronic monitoring after this as a sanction for rule violations, as a means of continued intensive supervision, or for similar reasons.
3. My initial work assignment shall be either in the kitchen or general labor pool for an indefinite period of time and advancement to other work opportunities will be gradual and is dependant upon my adjustment at the work release unit, in the community and program participation/compliance.
4. I am expected to conduct myself in a manner which will not draw adverse attention to or bring discredit upon myself, the work release program, and/or the Division of Corrections and Rehabilitation.
5. I will attend and actively participate in all programs assigned and abide by all rules and regulations of the programs.
6. The use of alcohol or drugs of any kind not prescribed by a healthcare provider for my use will cause an Administrative Review for possible removal from the program.
7. I will be required to wait a minimum of thirty (30) days before I am permitted to request a routine dental appointment or eye examination.
8. All requests for medical services will be considered on a case-by case basis and that requests for medical examinations will not be routinely approved.
9. I will perform a minimum of eighty (80) hours of community service as directed, without compensation.
10. I will be required to pay a rent fee as established by DCR Policy Directive 117.01 *Inmate Rent Collection*.
11. The facility shall perform random checks on me when I am out of the facility and that I am expected to be at my approved location.
12. I am not to be in or near establishments that primarily serve alcoholic beverages or loiter in areas where drug transactions are reputed to take place.
13. I am to immediately report to the Superintendent/designee if I am arrested or questioned by any law enforcement officer for any reason.
14. The Superintendent/designee may place on me any special conditions to my remaining at a work release unit that he/she deems is in the best interest of the facility, the community, or myself.

By signing this contract, I acknowledge that I have read and understand the conditions of my transfer to a work release unit. I understand that I may appeal any special conditions to the Assistant Commissioner of the Bureau of Community Corrections and if I am not satisfied with the response, I may then appeal to the Commissioner.

\_\_\_\_\_  
Inmate's Signature and OID#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



**Work Release Placement Medical Clearance**

**Inmate's Name:** \_\_\_\_\_ **OID#** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- 1.) Is PPD current? If yes, clear. If no, schedule for PPD. Cleared? Y\_\_\_ N\_\_\_
- 2.) Is physical exam current? If yes, clear. If no, schedule exam. Y\_\_\_ N\_\_\_
- 3.) Is chronic care visit current? If yes, clear. If no, schedule clinic. Y\_\_\_ N\_\_\_
- 4.) Are there pending offsite appointments? If yes, do not clear. Y\_\_\_ N\_\_\_
- 5.) Are there work restrictions? Specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6.) Are there pending follow-up tests in response to an abnormal test result? If yes, do not clear until test has been completed.

Y\_\_\_ N\_\_\_

- 7.) Dental: Any complaint of toothache, scheduled extraction, or dentures pending? If yes, move to top of dental list and do not clear until complete, unless inmate signs refusal.

Y\_\_\_ N\_\_\_

- 8.) Is the inmate currently prescribed any controlled substances (opiates, benzodiazepines, etc.)? If yes, do not clear unless the medication will be discontinued prior to transfer.

Y\_\_\_ N\_\_\_

- 9.) Is the inmate participating in the Medications for Opioid Use Disorder (MOUD) program?

Y\_\_\_ N\_\_\_

Medical Staff's Signature \_\_\_\_\_

Approved: Yes\_\_\_ No\_\_\_

Pending: \_\_\_\_\_

I certify that I have no medical issues that will prevent me from gaining employment. I also certify that I have no dental, optical, medical, or mental health issues that would prevent me from being transferred to a work release unit.

Inmate's Signature \_\_\_\_\_

Date \_\_\_\_\_

WV Division of Corrections and Rehabilitation  
Administrative Review Recommendation

Inmate Name: \_\_\_\_\_ OID# \_\_\_\_\_

An Administrative Review was conducted on the above inmate on \_\_\_\_\_ and the Administrative Review Committee is recommending: \_\_\_\_\_ (date)

- No Change in Status
- Change in Status from Work Release to Facility Maintenance
- Return to a More Secure Facility

This recommendation is made for the following reasons:

- Program failure, dismissed from employment, refusal to work, failing to actively seek employment, refusal to attend treatment programs.
- Dismissed from an educational or mandatory treatment program.
- Need for extensive medical treatment.
- Repetitive disruptive behavior incompatible with community corrections goals.
- Negative community sentiment.
- Waived parole hearing or release to parole supervision without good cause.
- Denial by the Parole Board for 12 months or more.
- Additional or pending charges.
- Active detainer.
- Exhibiting signs of mental illness or making threats of suicide.
- Obvious escape risk or a threat to the community.

*The above information and all information regarding this Administrative Review will be forwarded to the Superintendent/Designee for review and recommendation. The Superintendent/Designee will forward his/her recommendation to the Director of Classification and Movement for review and final disposition.*

Committee Signatures: \_\_\_\_\_ Inmate's Signature: \_\_\_\_\_

.....  
**Superintendent's/Designee's Recommendation:**

- Approve the recommendation of the Administrative Review Committee
- Alter the recommendation of the Administrative Review Committee to: \_\_\_\_\_

Superintendent's/Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Director of Classification and Movement's Decision:**

- Approve the recommendation of the Superintendent/Designee
- Deny the recommendation of the Superintendent/Designee
- Alter the recommendation of the Superintendent/Designee to: \_\_\_\_\_

Director of Classification & Movement's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADMINISTRATIVE REVIEW MEMO

To: Superintendent/Designee

From: Administrative Review Committee

Date:

Re:

.....  
Inmate Name:  OID#  PED:  MDD:

Administrative Review Committee:

Arrival at Work Release:  Community Service Completed:

Programming:

Employment:

Disciplinary:

Medical/Mental Health Concern:

Security Concerns: