

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 456.00**

**EFFECTIVE DATE: 01 April 2026**

**SUBJECT: HUMANITARIAN VISITS**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To provide policy and procedure ensuring adult inmates and juvenile residents are informed in a timely manner of the verifiable death or critical illness of an immediate family member and provide for escorted leaves into the community from facilities to visit a critically ill family member or attend a private viewing of the remains of a family member. Also to provide a way to facilitate virtual viewing of a funeral service of a family member.

**REFERENCE:**

WV Code §15A-4-2; and ACA Expected Practices 5-ACI-5F-04, 5-ACI-7D-18, 5-JCF-3A-18, 5-JCF-6I-05, 3-JDF-5G-14-1, and 3-JDF-5H-07.

**RESPONSIBILITY:**

No additional written instructions on this subject are required.

**CANCELLATION:**

Any previous written instruction on the subject including DCR Policy Directive 456.00, dated 15 July 2022.

**APPLICABILITY:**

All facilities within the Division of Corrections and Rehabilitation (DCR), except work release units. This Policy is available for general distribution.

**DEFINITIONS:**

**Humanitarian Visit:** An approved escorted leave of absence from a facility in order to either make a deathbed visit to a critically ill family member or a private viewing of a deceased family member.

**Immediate Family:** For the purpose of this Policy, consists of father, mother, brother, sister, spouse, children, grandchildren or grandparents.

**POLICY:**

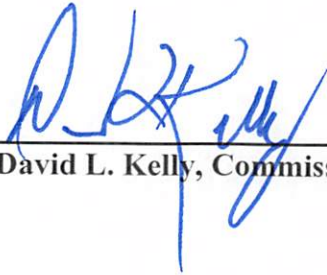
- I. Inmates and residents shall be informed in a timely manner of the verifiable death or critical illness of an immediate family member. Where available, Peer Mentors may be used for crisis-related services such as family death notifications and grief counseling.
- II. An inmate or resident sentenced or committed to the Division of Corrections and Rehabilitation (DCR) may be permitted an approved escorted leave of absence from a facility in order to either make a deathbed visit to a critically ill family member or a private viewing of a deceased family member.
  - A. Humanitarian visits for inmates/residents not sentenced or committed to the DCR (e.g., pre-trial) will continue to be decided by Judicial order.
  - B. Judicial orders for humanitarian visits by inmates/residents sentenced or committed to the DCR will also be followed, with the provision the court system is notified the inmate/resident is serving a sentence and therefore is covered under DCR policy.
- III. A private viewing or a deathbed visit is a privilege, not a right.
  - A. The DCR Director of Security Services/designee, upon receiving a recommendation (**Attachment #1**) from a Superintendent that a private viewing or deathbed visit be approved, will approve or deny such a visit in advance of the scheduled trip.
    1. Such visits may only be requested for immediate family members.
    2. Discretionary consideration may be given in cases where a person outside the immediate family raised the inmate/resident.
  - B. A deathbed visit will take place in a hospital, extended care facility, hospice center, nursing home, or at another appropriately arranged visit site in a similar setting under appropriate control and security as approved. An inmate/resident **will not** be permitted a deathbed visit at a private residence.
  - C. The private viewing will take place at a funeral home, mortuary, or church. An inmate/resident **will not** be permitted a private viewing at a private residence or at a gravesite.
  - D. A deathbed visit or a private viewing will not exceed one (1) hour and will only take place in the State of West Virginia.

- E. All humanitarian visits are considered private; other family members or friends should not be in attendance at the same time. Discretionary consideration by the Commissioner or Superintendent may be given in this regard.
- IV. All such visits will be conducted in accordance with all procedures for secure transports.
- A. The inmate/resident will be dressed out in blaze orange clothing, as with other transports.
- B. Should the family object to the officers' uniforms, the inmate's/resident's blaze orange clothing, or the mechanical restraints, the visit may be canceled or terminated.
- C. Correctional Officers will maintain visual and physical control of the inmate/resident at all times. Officers will take special care to avoid being distracted by the persons or events at the visit.
- D. The law enforcement agency with jurisdiction of the visit site will be notified of the visit in advance by the Chief of Security/Chief Correctional Officer/designee, and an offer of assistance may be accepted or requested.
- V. Completed deathbed visit/private viewing documents will be uploaded to the Offender Information System (OIS).
- VI. Upon approval by the Superintendent or designee, Chaplains or other designated staff may arrange for an inmate or resident to view the funeral of an immediate family member virtually online (live or recorded) if this service is provided by the funeral home. (This cannot be a recording provided by family or friends.) The viewing will be supervised by staff in a private location on a state computer.

**ATTACHMENT(S):**

- #1 Deathbed Visit/Private Viewing Report and Request (3 pages)

APPROVED SIGNATURE:

  
David L. Kelly, Commissioner03/03/2026  
Date

**DIVISION OF CORRECTIONS AND REHABILITATION  
DEATHBED VISIT/PRIVATE VIEWING REPORT**

**PAGE ONE: INMATE/RESIDENT INFORMATION**

INMATE'S/RESIDENT'S NAME: \_\_\_\_\_ OID # \_\_\_\_\_ DOB: \_\_\_\_\_

FACILITY & HOUSING ASSIGNMENT: \_\_\_\_\_

CHARGE(S); SENTENCE(S); SENTENCE EFFECTIVE DATE(S):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DETAINDER(S); PENDING CHARGE(S); PRE-TRIAL CHARGE(S):  
\_\_\_\_\_  
\_\_\_\_\_

PAROLE ELIGIBILITY DATE(if applicable): \_\_\_\_\_

ANTICIPATED RELEASE or DISCHARGE DATE(S): \_\_\_\_\_

ESCAPE HISTORY: \_\_\_\_\_  
\_\_\_\_\_

INSTITUTIONAL DISCIPLINARY RECORD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL NOTES/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ PREPARED BY: \_\_\_\_\_

Signature of Employee

**PAGE TWO: FAMILY MEMBER INFORMATION**

NAME OF CRITICALLY ILL OR DECEASED FAMILY MEMBER: \_\_\_\_\_

RELATIONSHIP TO INMATE/RESIDENT: \_\_\_\_\_

INFORMATION PROVIDED BY: \_\_\_\_\_

**DEATHBED VISIT:**

TYPE OF ILLNESS/PROGNOSIS: \_\_\_\_\_

DEATHBED VISIT TO TAKE PLACE AT - NAME OF HOSPITAL, EXTENDED CARE FACILITY,  
HOSPICE CENTER, OR NURSING HOME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF STAFF MEMBER AT LOCATION CONTACTED TO VERIFY INFORMATION:  
\_\_\_\_\_

**PRIVATE VIEWING:**

PRIVATE VIEWING TO TAKE PLACE AT – NAME OF FUNERAL HOME, MORTUARY, OR CHURCH:  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF STAFF MEMBER AT LOCATION CONTACTED TO VERIFY INFORMATION:  
\_\_\_\_\_

DATE OF FUNERAL: \_\_\_\_\_ TIME: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

LOCATION AT TIME OF DEATH (HOSPITAL, ETC.): \_\_\_\_\_

ADDITIONAL NOTES/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ PREPARED BY: \_\_\_\_\_

Signature of Employee

**DEATHBED OR PRIVATE VIEWING REQUEST**

\_\_\_\_\_  
NAME OF INMATE/RESIDENT OID #

currently incarcerated at the \_\_\_\_\_  
NAME OF FACILITY

is hereby requesting a deathbed visit or private viewing (circle one) with his/her \_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_ on \_\_\_\_\_  
NAME DATE

If approval is granted by the DCR Director of Security Services/Designee,  
Correctional Officer \_\_\_\_\_ and Correctional Officer \_\_\_\_\_  
are directed to escort the above-named inmate/resident to the \_\_\_\_\_  
LOCATION  
for visitation at \_\_\_\_\_ . Estimated time of departure from the facility is \_\_\_\_\_ .  
TIME TIME

**Recommendation of Superintendent/Designee:**

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

\_\_\_\_\_  
Signature of Superintendent/Designee

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**APPROVED**

**DENIED**

Approval/denial received on \_\_\_\_\_ at \_\_\_\_\_ .  
DATE TIME

\_\_\_\_\_  
Signature of Director of Security Services/Designee

- cc:      Transportation  
         Chief of Security/Chief Correctional Officer  
         Central Control  
         Chaplaincy  
         OIS