

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 331.00

DATE: 12 October 2020

**SUBJECT: INMATE/RESIDENT MEDIA
ACCESS**

POLICY DIRECTIVE

PURPOSE:

To ensure reasonable access for inmates and residents to the communications media, subject to the limitations necessary to maintain facility order and security.

REFERENCE:

None.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject including DCR Policy Directive 331.00, dated 01 November 2018; and DJS Policy 108.00, dated 01 January 2008.

APPLICABILITY:

All facilities and work units within the Division of Corrections and Rehabilitation. This Policy is available for general distribution and is to be made available for inmate/resident review.

DEFINITIONS:

Media: The main means of mass communication (broadcasting, publishing, and the internet) regarded collectively. Members of the media may be an employee of a media organization or can be free-lance.

POLICY:

- I. Inmates/residents may correspond with the media or members of the media through written correspondence, telephone communication or electronic communication in the same manner and subject to the same rules and limitations as they are allowed to communicate with members of the public.
- II. Members of the media may visit with inmates/residents in the same manner as members of the public and shall be subject to the same security precautions.
 - A. If a member of the media desires to have visitation with an inmate/resident, such person shall make a written request to the Superintendent.
 - B. The written request shall include verifiable documentation that such person is a member of the media.
 - C. The Superintendent may exclude any member of the media if he/she determines their contact with the inmate/resident will jeopardize facility order or security.
 - D. Upon receipt of the request, the Superintendent shall inquire of the inmate/resident whether he or she wishes to have contact with the media.
 - E. If the inmate/resident wishes such contact, he/she shall complete a Waiver form (**Attachment #1**).
 - F. Contact between the inmate/resident and the member of the media shall occur in the same times and fashion as regular visitation.
 1. The length of visitation time shall not be extended for these visits.
 2. These visits shall occur in visitation areas with the decision to allow contact or non-contact visitation to be at the discretion of the Superintendent.
 3. No writing materials, cameras, or recording devices shall be permitted during these visits.
 4. All members of the media shall be subject to search and monitoring in the same manner as any other member of the public.
- III. Access to a facility may be denied by the Superintendent when the following conditions exist.
 - A. The security and safety of the media personnel would be jeopardized.
 - B. Visits by the media may cause a disruption to facility harmony.

- C. Media coverage may contribute to increased levels of facility tension.
 - D. Contact by the media may adversely affect an individual inmate's/resident's or victim's physical or emotional stability.
 - E. Continued contact becomes disruptive by virtue of their numbers.
 - F. There is credible information that the visit could further additional crimes.
- IV. When a member of the media has been denied access to a facility, the Superintendent/designee shall provide a verbal explanation to that person and immediately advise the appropriate Assistant Commissioner through his or her chain of command.

ATTACHMENT(S):

#1 Waiver form

APPROVED SIGNATURE: _____


Betsy C. Jividen, Commissioner

9-25-20
Date

WV DIVISION OF CORRECTIONS AND REHABILITATION

WAIVER

I, _____, an inmate/resident at
Name
_____, do hereby consent to:
Name of facility

[Check appropriate statement]

- _____ give personal interview
- _____ give a statement which I have prepared
and which has been received

by _____
(Name of Media Representative)

for _____
(Name of Media Organization)

on the _____ day of _____, 20 _____

I understand that such interview or statement will be used at the discretion of such media organization, newspaper, magazine, television, or radio station, to which I give my full consent.

Date Signature of Inmate/Resident OID#

Date Signature of Superintendent