

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 456.00

EFFECTIVE DATE: 15 July 2022

SUBJECT: HUMANITARIAN VISITS

POLICY DIRECTIVE

PURPOSE:

To ensure appropriate written guidelines and procedures for approved humanitarian visits away from the facility for members of the inmate and resident populations.

REFERENCE:

WV Code §15A-4-2.

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 January 2020; and DOC Policy Directive 505.04, dated 01 November 2005.

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:

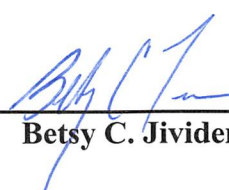
- I. Inmates and residents shall be informed in a timely manner of the verifiable death or critical illness of an immediate family member. Where available, Peer Mentors may be used for crisis-related services such as family death notifications and grief counseling.
- II. An inmate or resident sentenced 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 residency.
 - 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 residency 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).

ATTACHMENT(S):

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

APPROVED SIGNATURE: _____


Betsy C. Jividen, Commissioner


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):

DETAINER(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

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