

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 505.00**

**EFFECTIVE DATE: 18 April 2022**

**SUBJECT: VISITATION PROCEDURES  
FOR ADULT FACILITIES**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To ensure appropriate guidelines and procedures concerning inmate visitation.

**REFERENCE:**

None.

**RESPONSIBILITY:**

Superintendents shall be responsible for enacting Operational Procedures and Post Orders to ensure compliance with this Policy Directive.

**CANCELLATION:**

Any previous written instruction on the subject including DCR Policy Directive 505.00, dated 01 April 2022.

**APPLICABILITY:**

All facilities within the Division of Corrections and Rehabilitation (DCR) that have custody of adult inmates. This Policy is available for general distribution and shall be made available for inmate and visitor review upon the effective date.

**DEFINITIONS:**

**Immediate Family:** For the purposes of this Policy, shall include father, mother, sister, brother, spouse, children, grandchildren or grandparents. These shall be interpreted to include "step" relations and legal guardianships.

**POLICY:**

- I. The Division of Corrections and Rehabilitation (DCR) ensures that its inmate visitation program is designed to enhance public safety and order; provide for the security and safety of the inmate population, employees, and visitors; and ensure that inmate family ties and contact with friends are maintained within the operation and security parameters that are necessary and appropriate throughout the various DCR facilities. The visitation program at all facilities shall be placed under the Chief of Security/Chief Correctional Officer in the organizational chart. The following safety and security measures shall be utilized by all adult facilities.
  - A. The Superintendent shall ensure the posting of the following notice in the lobby or other entrance area used by inmate visitors, "*ALL INMATE VISITORS ARE SUBJECT TO SEARCH PRIOR TO BEING ALLOWED TO VISIT ANY INMATE,*" or similar notice.
  - B. All visitors along with hand carried items shall be subject to successfully pass canine searches (if available), magnetometer scan, x-ray machines, and pat-down searches.
    1. Allowable items for inmate visitors to bring into a facility will be detailed by the Superintendent in the Operational Procedure for inmate visitation.
    2. The visitor's property shall also be subject to a search.
    3. No visitor shall be strip-searched, nor shall there be any search of body cavities by facility staff.
    4. Any prospective visitor may be denied the privilege of visiting, in the judgment of the employee in charge of supervising visitation at the time, there exists sufficient facts to believe that the prospective visitor intends to transfer a contraband item to an inmate. The employee shall immediately report the denied visit to the Superintendent/designee in charge of the facility.
    5. Should, at any time, contraband be found in the possession of a visitor, staff shall contact the Shift Commander and depending on the severity of the contraband item, the Shift Commander shall secure the contraband and contact the appropriate law enforcement agency.
    6. It shall be the policy of the DCR to seek full prosecution of any person attempting to introduce contraband into a correctional facility.
  - C. Correctional staff are authorized to strip search inmates immediately before and after any visitation. No inmate shall be searched by any staff member other than a correctional employee of the same sex.
  - D. Upon entering the facility, all adult visitors shall be required to sign a logbook and present a valid government issued photo-identification.

1. Acceptable examples of such identification include, but are not necessarily limited to:
    - a. driver's/operator's license
    - b. non-driving identification card
    - c. U.S. Passport Book or U.S. Passport Card
    - d. U.S. Military ID
  2. Unacceptable forms of identification include, but are not necessarily limited to:
    - a. Social Security cards
    - b. credit cards
    - c. insurance cards
    - d. identification which is or can be self-generated (including certain forms of identification which can be downloaded and printed from the internet)
  3. Birth certificates will only be an acceptable primary form of identification for minor children who are visiting an inmate while in the company of a parent, other adult member of the immediate family, or legal guardian.
- E. Minor children shall only be permitted to visit when in the company of a parent, other adult member of the immediate family, or legal guardian. Other adult members of the immediate family must present a notarized Juvenile Visitation Form (**Attachment #1**) from the non-incarcerated parent or legal guardian verifying that they have issued permission for the minor child to be in that adult's company on facility grounds for the purpose of visiting the inmate. **Note: The notaries at the facilities cannot notarize the visitation form. It has to be notarized outside of the facility.**
- F. Employees and ex-employees, volunteers and ex-volunteers are not permitted to visit with inmates with the exception of immediate family members. However, separate criteria shall be used to screen and approve program volunteers and crime victims in support of rehabilitative programming and restorative justice reentry activities.
- G. Communications between inmates and visitors are subject to monitoring or recording.
- H. Visitors must be fully and appropriately dressed. Female visitors must wear bras and are not allowed to wear provocative clothing. Male visitors must wear shirts. Appropriateness of dress shall be determined by the Shift Commander.

- I. Visitors may be denied entry or have their visitation terminated upon any alleged violation of this Policy or the following situations. Upon denial or termination of a visit, facility staff shall file a report. Inmates shall be given written notification whenever a visitor is excluded from visitation and shall be given reasons for the action. Denial or termination of visitation may be appealed to the facility Superintendent by the visitor or the inmate.
    1. Those prohibited by a court order;
    2. Those appearing to be under the influence of drugs, alcohol, or other intoxicants;  
or
    3. Those whose behavior is disruptive to the safe, orderly operation of the facility, by past or current conduct.
  - J. Visitors with physical disabilities will be provided appropriate consideration to ensure visitation is not denied.
- II. Each facility shall ensure that written information regarding procedures governing visitation be made available to inmates within twenty-four (24) hours after their arrival at the facility. At a minimum, the information will include, but not be limited to, the following:
- A. Facility's telephone number, directions to the facility, and information about local transportation.
  - B. Days and hours of visitation.
  - C. Approved dress code and identification requirements for visitors.
  - D. Items authorized in visitation rooms or visitation areas.
  - E. Special rules for minor children.
  - F. Authorized items that visitors may bring to give to inmates.
  - G. Special visits (e.g., family emergencies)
- III. Special visits, other than those in accordance with regular visitation procedures, may be approved by the Chief of Security/Chief Correctional Officer or higher authority based on extenuating circumstances. Special visits may include those related to family emergencies, persons traveling long distances, visits to hospitalized inmates, inmates in disciplinary status and visits with an inmate's clergy.
- IV. The following procedures shall be followed for inmate visitation at jail facilities.

- A. Visitation schedules and visitation rules shall be posted within the facility so as to be visible to both visitors and inmates.
  - B. All visitation is non-contact and conducted in the non-contact visiting rooms/booths.
  - C. Visits are one half hour (30 minutes) in length and must be scheduled in advance of the visitation day. Each visit is limited to one (1) adult and two (2) minor children or two (2) adults. Each inmate is permitted one (1) visit per month.
  - D. Superintendents have the authority to approve extra visitation time if the inmate's behavior warrants.
  - E. Superintendents will designate whether visits are scheduled in advance by the visitor calling the facility or by having the inmate submit a written visitation request.
  - F. Each jail facility is responsible for setting standard visitation hours that work within the schedule of their facility. Visitation hours shall be provided at least three (3) days each week for five (5) hour intervals with one (1) day providing afternoon/evening hours, one (1) day on a weekend day, and one (1) day providing morning hours.
  - G. The consumption of food or drinks in the visitation area shall be prohibited.
  - H. No articles shall be passed between inmates and visitors. Articles normally permissible shall be given to a correctional employee upon entry to the facility and may be provided to the inmate after visitation.
  - I. All personal items should be secured in the visitor's vehicle. If this is not possible, all personal items including purses, containers, hand-carried personal items, pocket items, outerwear, etc. will be secured in lockers provided in the public lobby area prior to entering the visitation area. Any clothing worn when entering the visitation area must not be removed while in the visitation area.
- V. The following procedures shall be followed for the approval of inmate visitors in prison or community corrections facilities.
- A. Inmates will be provided an Application to Visit (**Attachment #2**) upon request. The inmate shall be responsible for sending the application to eligible persons interested in applying to visit him/her. It shall be the applicant's responsibility to complete the application and return it by U.S. Mail to the address listed on the application.
  - B. All applications to visit inmates shall be subject to a background check and review by the Chief of Security/Chief Correctional Officer prior to being permitted to visit an inmate. This includes an NCIC check prior to initial approval and an updated NCIC check every three (3) years or as otherwise directed by the Chief of Security/Chief Correctional Officer. Applicants providing false information on the application shall be cause for denial.

1. After reaching a decision, the Chief of Security/Chief Correctional Officer will forward the documents to the designated employee to enter the information, including the approval or denial, in the appropriate field in the Offender Information System (OIS). The applicant will then be considered as approved or denied for all facilities to which the inmate may be transferred. If a prospective visitor's application is denied, they will not be eligible to re-apply for one (1) year.
  2. The Chief of Security/Chief Correctional Officer shall ensure that the inmate is notified of the approval/denial of the prospective visitor. It shall be the inmate's responsibility to notify the applicant of this decision.
- C. Applicants must be able to substantiate a relationship with the inmate that pre-dates incarceration.
- D. Applicants can only be approved as a visitor on one (1) inmate's visiting list at a time, except in those cases where they can verify they are an immediate family member of more than one (1) inmate.
- E. Ex-inmates and other convicted felons shall not be approved as visitors unless they are:
1. the immediate family member of the inmate they are applying to visit;
  2. not a crime victim of said inmate; and
  3. arrest and incarceration free for at least two (2) years.
- F. Any person with a pending criminal charge, warrant, or detainer shall not be eligible to visit.
- G. Any person who has a criminal conviction or pending charge for any felony or misdemeanor that was committed on the grounds of, or in relation to the operation of, any correctional facility shall not be eligible to visit an inmate.
- H. If a visitor is removed, whether voluntarily or involuntarily, from an inmate's approved visitor list, he/she must wait one (1) year before being eligible to apply for approval to visit. If the visitor is removed at the request of the inmate, it shall be the inmate's responsibility to notify the person of the removal from the approved visiting list.
- I. Inmates are permitted to have a total of six (6) approved adult visitors. Inmates with more than six (6) total approved visitors on the effective date of this policy shall designate in writing which six (6) they want to remain on their approved list. Changes to approved lists may only be made once per quarter (every 3 months). Minor children are not considered in that number.
- VI. The following procedures shall be followed for inmate visitation at prison and community corrections facilities.

- A. Visits are one hour (60 minutes) in length and must be scheduled in advance of the visitation day by the inmate through the established procedure within each prison or community corrections facility. Each visit is limited to one (1) adult and two (2) minor children or two (2) adults. Each inmate is permitted one (1) visit per month.
- B. Superintendents have the authority to approve extra visitation time if the inmate's behavior warrants.
- C. Visitation hours for all prison and community corrections facilities are:

Saturdays and Sundays 8:00 a.m. – 4:00 p.m.

- VII. The following measures will be in place for all visitation in response to the COVID-19 pandemic and shall remain in effect until further written instructions are issued.
  - A. Bureau specific protocols regarding symptom screening and temperature checks of visitors shall be followed. If symptomatic or temperature is greater than 99.5° Fahrenheit, the individual will not be permitted access to the facility.
  - B. Contact visitation rooms/areas in prison and community corrections facilities will be arranged in compliance with social distancing measures with no physical contact between the inmate and visitor(s) permitted before, during or after the visit. Each visitation room/area will be sanitized between visits.
  - C. Non-contact visitation rooms/booths in jail facilities will be sanitized between each visit.
  - D. All inmates shall wear a mask or face covering.
  - E. All visitors (2 years and older) shall wear a disposable mask provided to them upon arrival at no cost.

**ATTACHMENT(S):**

- #1 Juvenile Visitation Form (blank form available on the DCR website)
- #2 Application to Visit (for prison and community corrections facilities) (3 pages)

APPROVED SIGNATURE: \_\_\_\_\_

  
Betsy C. Jividen, Commissioner

4-18-22  
Date

**ONE (1) FORM PER CHILD**

**WV Division of Corrections and Rehabilitation  
Juvenile Visitation Form**

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

Facility: \_\_\_\_\_

Relationship To Child: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number : \_\_\_\_\_

The above-named child has my permission to visit inmate \_\_\_\_\_

at \_\_\_\_\_.

(Facility name)

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Adult Authorized to Accompany Child

Acknowledged and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

My Commission Expires on \_\_\_\_\_



**WV Division of Corrections and Rehabilitation**  
**APPLICATION TO VISIT PRISONS & COMMUNITY CORRECTIONS FACILITIES**

**Information and Instructions**

1. The following information and instructions are subject to change. Please refer any questions to the Chief of Security/Chief Correctional Officer.
2. Fill out the form truthfully and completely. All information is subject to verification. Incomplete information will result in delays in processing.
3. All applications to visit inmates shall be subject to a background check and review by the Chief of Security/Chief Correctional Officer prior to being permitted to visit an inmate. This includes an NCIC check prior to initial approval and an updated NCIC check every three years or as otherwise directed by the Chief of Security/Chief Correctional Officer. **Providing false information on the application shall be cause for denial.**
4. It is your responsibility to return this application to the address listed on the Application to Visit.
5. **Immediate Family**: shall be defined as father, mother, sister, brother, spouse, children, grandchildren or grandparents. These shall be interpreted to include "step" relations and legal guardianships.
6. Eligibility criteria:
  - a. Applicants must be able to substantiate a relationship with the inmate that pre-dates incarceration.
  - b. Applicants can only be approved as a visitor on one inmate's visiting list at a time, except in those cases they can verify they are an immediate family member of more than one inmate.
  - c. Ex-inmates and other convicted felons shall not be approved as visitors unless they are:
    - i. the immediate family member of the inmate they are applying to visit;
    - ii. not a crime victim of said inmate; and
    - iii. arrest and incarceration free for at least two years.
  - d. Any person with a pending criminal charge, warrant or detainer shall not be eligible.
  - e. Any person who has a criminal conviction or pending charge for any felony or misdemeanor that was committed on the grounds of, or in relation to the operation of, any correctional facility shall not be eligible to visit an inmate.
  - f. Employees and ex-employees, volunteers and ex-volunteers are not permitted to visit with inmates with the exception of immediate family members. However, separate criteria shall be used to screen and approve program volunteers and crime victims in support of rehabilitative programming and restorative justice reentry activities.
  - g. Minor children shall only be permitted to visit when in the company of a parent, other adult member of the immediate family or legal guardian. Other adult members of the immediate family must present a notarized statement (blank form available on the WVDCR website) from the non-incarcerated parent or legal guardian verifying that they have issued permission for the minor child to be in that adult's company on facility grounds for the purpose of visiting the inmate.
  - h. If a visitor is removed, whether voluntarily or involuntarily, from an inmate's approved visitor list he or she must wait one year before being eligible to apply for approval to visit. If the visitor is removed at the request of the inmate, it shall be the inmate's responsibility to notify the person of the removal from the approved visiting list.
7. The inmate will be notified of the result of this request. It shall be the inmate's responsibility to notify you.

Thank you for your cooperation.

**WV Division of Corrections and Rehabilitation**  
**APPLICATION TO VISIT PRISONS & COMMUNITY CORRECTIONS FACILITIES**  
Return to:

*Please fill out the form truthfully and completely. All information is subject to verification. Incomplete information will result in delays in processing. Providing false information on the application shall be cause for denial.*

INMATE NAME: \_\_\_\_\_ OID NUMBER \_\_\_\_\_

VISITOR'S FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(First) (Middle) (Last)

MAILING ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHYSICAL ADDRESS IF DIFFERENT FROM MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_  
(Area Code)

DATE OF BIRTH: (Month/Day/Year) \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MAIDEN NAME (If Applicable): \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

**RELATIONSHIP TO INMATE (IF NOT IMMEDIATE FAMILY, DESCRIBE WHEN, WHERE AND HOW YOU MET THIS INMATE):**

**ARE YOU RELATED TO ANY OTHER INMATE(S) AT ANY CORRECTIONAL FACILITY? \_\_\_\_ YES  
NO \_\_\_\_ IF YES, LIST:**

INMATE'S NAME: \_\_\_\_\_ OID NO.: \_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ OID NO.: \_\_\_\_\_

**ARE YOU VISITING ANY OTHER INMATE(S) AT ANY OTHER CORRECTIONAL FACILITY AT THE  
PRESENT TIME? \_\_\_\_ YES \_\_\_\_ NO IF YES, LIST:**

INMATE'S NAME: \_\_\_\_\_ OID NO.: \_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ OID NO.: \_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ OID NO.: \_\_\_\_\_

**HAVE YOU EVER VISITED WITH ANY INMATE(S) AT ANY CORRECTIONAL FACILITY? \_\_\_\_ YES  
\_\_\_\_ NO IF YES, LIST:**

INMATE'S NAME: \_\_\_\_\_ OID NO.: \_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ OID NO.: \_\_\_\_\_

INMATE'S NAME: \_\_\_\_\_ OID NO.: \_\_\_\_\_

**DO YOU HAVE ANY PENDING CRIMINAL CHARGE, WARRANT OR DETAINER OR ARE YOU CURRENTLY UNDER INDICTMENT FOR A CRIME? \_\_\_\_ YES \_\_\_\_ NO**  
**IF YES PLEASE EXPLAIN THE CIRCUMSTANCES:**

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**HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING MINOR TRAFFIC OFFENSES)?  
\_\_\_\_ YES \_\_\_\_ NO**  
**IF YES, PLEASE LIST THE CRIME(S), DATE OF CONVICTION, AND SENTENCE. IF INCARCERATED, LIST THE FACILITY OR FACILITIES YOUR WERE COMMITTED TO AND RELEASED FROM.**

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**WERE YOU OR ANY CHILDREN UNDER THE AGE OF 18 YEARS OF AGE A VICTIM OF THIS INMATE'S CRIME? \_\_\_\_ YES \_\_\_\_ NO**  
**IF YES PLEASE STATE THE CIRCUMSTANCES:**

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**ARE YOU NOW ON PROBATION OR PAROLE? \_\_\_\_ YES \_\_\_\_ NO. IF YES, STATE WHY YOU ARE ON PROBATION/PAROLE; WHEN YOU WILL DISCHARGE FROM PROBATION/PAROLE AND THE NAME AND TELEPHONE NUMBER OF YOUR PROBATION/PAROLE OFFICER:**

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**ARE YOU OR HAVE YOU EVER PARTICIPATED IN ANY PROGRAM AS A VOLUNTEER AT ANY WVDCR CORRECTIONAL FACILITY? \_\_\_\_ YES \_\_\_\_ NO. IF YES LIST THE FACILITIES AND PROGRAMS YOU ARE/WERE PARTICIPATING IN:**

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**CHILDREN UNDER THE AGE OF 18: YOU MAY ONLY APPLY FOR CHILDREN IF YOU ARE ABLE TO PROVIDE PROOF THAT YOU ARE THEIR PARENT OR LEGAL GUARDIAN. IF ANYONE OTHER THAN THE PARENT OR LEGAL GUARDIAN WISHES TO BRING A CHILD INTO THE FACILITY, THEY MUST HAVE A NOTARIZED PERMISSION SLIP FROM THE NON-INCARCERATED PARENT OR LEGAL GUARDIAN. IN ADDITION, ANY ADULT ESCORTING A CHILD FOR VISITATION MUST ALSO BE ON THE INMATE'S APPROVED VISITING LIST.**

<u>NAME</u>	<u>BIRTHDAY</u>	<u>AGE</u>	<u>RELATIONSHIP TO VISITOR:</u>	<u>RELATIONSHIP TO INMATE:</u>

**Certification and Release:** I hereby affirm that all answers to the above questions are true and correct. I hereby request and authorize the WV Division of Corrections and Rehabilitation or its agent(s) to conduct a background check as part of this visitor application process and authorize all persons and entities to release information requested by them to them.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)