

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 454.12**

**EFFECTIVE DATE: 06 March 2023**

**SUBJECT: OUT-PROCESSING TO  
PAROLE SUPERVISION**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To standardize the procedures for out-processing adult inmates from a Division of Corrections and Rehabilitation (DCR) facility to supervision by DCR Parole Services or through the Interstate Compact for Adult Offender Supervision (ICAOS).

**REFERENCE:**

WV Code §§15A-7-4; 62-11D-2; 62-12-13 and 62-12-17.

**RESPONSIBILITY:**

No additional written instructions on this subject are required.

**CANCELLATION:**

Any previous written instruction on the subject including DCR Policy Directive 454.12, dated 10 January 2023.

**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 is to be made available for inmate review upon the effective date.

**DEFINITIONS:**

**Interstate Compact Offender Tracking System (ICOTS):** A web-based system that facilitates the transfer of supervision for probationers and parolees from one state to another.

**Minimum Discharge Date (MDD):** The inmate's scheduled date of release from his/her sentence provided the inmate remains continuously incarcerated and does not lose any good time.

**POLICY:**

- I. The out-processing for inmates released by the West Virginia Parole Board or to Mandatory Post-Release Supervision; Conditional Release; the Nonviolent Offense Parole Program or to Interstate Compact for Adult Offender Supervision (ICAOS) will be conducted in the following manner by Reentry Coordinators or designees in all Division of Corrections and Rehabilitation (DCR) adult facilities.
  - A. The Reentry Coordinator/designee will notify the receiving Parole Officer of the inmate's name, OID number, date of release and obtain reporting instructions from the Parole Officer prior to the inmate's release. For inmates being released to ICAOS, the Reentry Coordinator/designee will obtain reporting instructions from the Interstate Compact Offender Tracking System (ICOTS) as provided by the receiving state as part of the transfer request approval.
  - B. The reporting instructions will be completed on **Attachment #1** and the Reentry Coordinator/designee will review the Reporting Instructions (**Attachment #1**) and Rules and Regulations Governing Supervision (**Attachment #2**) with the inmate at least twenty-four (24) hours prior to the inmate's release. A copy of both signed documents will be provided to the inmate.
  - C. For inmates granted parole who are given special conditions by the West Virginia Parole Board, the Reentry Coordinator/designee will include those conditions on **Attachment #2**, page 2.
  - D. Inmates convicted of an offense or an attempted offense which requires the inmate to register as a sex offender (**Attachment #3**) will also have the Sex Offender Special Conditions (**Attachment #4**) read and explained to them. A copy of the signed document will be provided to the inmate.
  - E. Signed copies of the Reporting Instructions (**Attachment #1**); Rules and Regulations Governing Supervision (**Attachment #2**); and Sex Offender Special Conditions (if applicable) (**Attachment #4**) will be uploaded to the Offender Information System (OIS) Document Management.
  - F. Inmates will be provided a WVDCR Zero Tolerance pamphlet (**Attachment #5**) and a brief overview of sexual abuse/harassment and how it applies to an offender on parole and sign the Sexual Abuse/Harassment Confirmation for Parolees (**Attachment #6**). Signed confirmation forms will be uploaded to OIS Document Management.
- II. As part of the pre-release process, the inmate shall be field tested for the use of illegal drugs and other intoxicants before being permitted to leave the facility.

- A. If the field test is positive and the positive test result is not due to any type of verified medication, the inmate shall be held in custody until confirmation testing can be completed by an agency designated approved laboratory.
- B. If the sample is confirmed as a positive, the inmate shall be issued a disciplinary violation and the disciplinary process followed.
- C. **Inmates being released to Mandatory Post-Release Supervision with positive test results will still be released upon reaching their calculated Minimum Discharge Date (MDD) and confirmation testing will not be conducted.**
- III. Inmates who have not completed Pre-Parole Orientation class within the previous twelve (12) months will complete the orientation prior to release.
- IV. Inmates will be released in accordance with all guidelines as contained in DCR Policy Directive 457.02 and can be released any day of the week including non-business days.

**ATTACHMENT(S):**

- #1 Reporting Instructions
- #2 Rules and Regulations Governing Supervision (2 pages)
- #3 Offenses Requiring Registration as a Sex Offender (2 pages)
- #4 Sex Offender Special Conditions (2 pages)
- #5 WVDCR Zero Tolerance pamphlet (2 pages - may be printed 2-sided and/or in black & white)
- #6 Sexual Abuse/Harassment Confirmation for Parolees

APPROVED SIGNATURE:



William K. Marshall III, Commissioner



Date

**WV DIVISION OF CORRECTIONS AND REHABILITATION**

**REPORTING INSTRUCTIONS**

INMATE'S NAME: \_\_\_\_\_ OID# \_\_\_\_\_

FACILITY: \_\_\_\_\_

RELEASE PLAN ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF RELEASE: \_\_\_\_\_

YOU ARE INSTRUCTED TO REPORT TO PAROLE OFFICER: \_\_\_\_\_

at \_\_\_\_\_ (*location of parole office*) on  
\_\_\_\_\_ (*date and time*).

**If released to a detainer, which is resolved prior to your Maximum Parole Date of \_\_\_\_\_, you are to contact the \_\_\_\_\_ Parole Office at \_\_\_\_\_ (*phone number*) and report in person within 72 hours of your release by the detaining agency to complete your period of supervision.**

I do hereby declare the above reporting instructions have been explained to me and I fully understand the instructions. I shall report as directed.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

INMATE SIGNATURE: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Signature of Reentry Coordinator/designee



## DIVISION OF CORRECTIONS & REHABILITATION

Name: \_\_\_\_\_

OID # \_\_\_\_\_

- ☐ Parole Supervision                      ☐ ICOTS Supervision                      ☐ Mandatory Supervision  
☐ Conditional Release                      ☐ Non-Violent Offense Parole

### RULES AND REGULATIONS GOVERNING SUPERVISION

**Offenders under supervision by Parole Services are required to abide by the laws governing their release and by the rules and regulations as provided by the Commissioner of the Division of Corrections & Rehabilitation. Probation/Parole Officers are required to ensure offenders abide by the terms, conditions and rules and regulations of their release. Probation/Parole Officers may arrest with or without a warrant or can cause the arrest by law enforcement for just cause.**

Offenders under supervision by Parole Services will be required to execute a statement that they understand the following rules and regulations and agree to abide by them.

- A. When released, I will proceed directly to my approved release plan and report to my officer within 24 hours or the next business day unless otherwise instructed.
- B. I will obtain written permission from my officer before leaving my prescribed area of supervision.
- C. I will receive permission from my officer before changing my residence, phone number or employment.
- D. I will have suitable employment, remain gainfully employed, and support any dependents.
- E. I will maintain behavior that does not threaten the safety of myself or others or that could result in arrest or imprisonment.
- F. I will not own, carry, or possess firearms, ammunition, body armor, explosive devices, or any object or instrument which can be readily adapted or used to inflict bodily harm or serious injury or unlawful weapons of any kind.
- G. I will report within 24 hours to my officer any time I am arrested, detained, questioned by, or have any type of contact with any law enforcement agency.
- H. Between the first (1<sup>st</sup>) and tenth (10<sup>th</sup>) of each month I will make a complete and truthful written report to my officer of the previous month's activities.
- I. I will report in person as directed by my officer and be truthful and cooperative.
- J. I will not possess, use, or distribute any illegal drugs or paraphernalia or possess or consume alcoholic beverages and will only use drugs as prescribed by a licensed practitioner.
- K. I will not violate any municipal ordinances, laws of this state, any other state, or the United States.
- L. I will abide by any special conditions imposed upon me by my officer.
- M. I will pay a supervision fee of \$40 per month beginning the month after my release and by the tenth (10<sup>th</sup>) of each month. If unable to pay I may apply for a waiver or reduction of the fee and may be required to perform community service in lieu of payment.
- N. If being released from an offense against a child as defined in WV Code §§61-8-12, 61-8B-1 *et seq.*, 61-8D-1 *et. al.* or similar convictions from other jurisdictions, you must not live in the same residence as any minor child, visit with any minor child or have contact with the victim of the offense.

- O. If required by provisions of WV Code §15-12-2 "Sex Offender Registration Act," an offender must register with the WV State Police within three (3) business days of release.
- P. I will allow my officer to visit my place of residence or employment without obstruction.
- Q. I will submit to a search without warrant of my person, residence, or motor vehicle by my officer at any time during my supervision.
- R. If required by provisions of WV Code §15-13-2 "Child Abuse and Neglect Registration," an offender must register with the WV State Police within three (3) business days of release.
- S. I will not abscond from supervision by deliberately making my whereabouts unknown to Parole Services or failing to report to my supervising Parole Officer for the purpose to avoid supervision. If my whereabouts are unknown for a minimum of 72 hours and active efforts are made to locate me or parole services have credible information that I have left my area of supervision I will be considered an absconder and a warrant will be issued for my arrest which will result in a referral for parole revocation. And I freely, voluntarily, and intelligently waive any right I have to extradition if arrested outside of West Virginia.
- T. I will obtain permission from my supervising officer and facility approval before visiting any correctional facility. In addition, I will not loiter near any correctional facility while under supervision.

The following special conditions have been imposed by the West Virginia Parole Board:

- ( ) \_\_\_\_\_
- ( ) \_\_\_\_\_
- ( ) \_\_\_\_\_
- ( ) \_\_\_\_\_

I have had the above rules and regulations and conditions of supervision reviewed with me and explained. I was given the opportunity to ask questions and have received clarification to the same. I understand these requirements as they pertain to my supervision and agree to abide by them.

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

\_\_\_\_\_  
Date

## **OFFENSES REQUIRING REGISTRATION AS A SEX OFFENDER**

Any person who has been convicted of an offense or an attempted offense under any of the following provisions or under a statutory provision of another state, the United States Code or the Uniform Code of Military Justice which requires proof of the same essential elements shall register as set forth in this Policy pursuant to the "Sex Offender Registration Act."

### WV Code §61-8A-1 et seq.

Preparation, distribution or exhibition of obscene matter to minors

### WV Code §61-8B-1 et seq.

(Also includes provisions of former §61-8B-6 of this code, relating to the offense of sexual assault of a spouse, which was repealed by an act of the Legislature during the 2000 legislative session.)

Sexual assault, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> degrees

Sexual abuse, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> degrees

Imposition of sexual acts on persons incarcerated or under supervision

### WV Code §61-8C-1 et seq.

Use of minors in filming sexually explicit conduct

Distribution and exhibiting of material depicting minors engaging in sexually explicit conduct

Prohibiting child erotica

Prohibiting juveniles from manufacturing, possessing and distributing nude or partially nude images of minors

### WV Code §61-8D-5

Sexual abuse by a parent, guardian, custodian or person in position of trust to a child; parent, guardian, custodian or person in a position of trust allowing sexual abuse to be inflicted upon a child; displaying of sex organs by a parent, guardian or custodian

### WV Code §61-8D-6

Sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, guardian or custodian, depicting a child engaged in sexually explicit conduct

### WV Code §61-2-14(a)

Kidnapping or concealing child

### WV Code §61-8-6

Detention of person in place of prostitution

### WV Code §61-8-7

Procuring for house of prostitution

### WV Code §§61-8-12 and 61-8-13

Incest

WV Code §61-3C-14b

Soliciting, etc. a minor via computer; soliciting a minor and traveling to engage the minor in prohibited sexual activity

WV Code §61-14-2

Human trafficking of an individual; aiding and abetting human trafficking (provided, only those violations involving human trafficking for purposes of sexual servitude)

WV Code §61-14-5

Sexual servitude

WV Code §61-14-6

Patronizing a victim of sexual servitude

Any person who has been convicted of a criminal offense where the sentencing judge made a written finding that the offense was sexually motivated shall also register. The term “sexually motivated” means that one of the purposes for which a person committed the crime was for any person’s sexual gratification.

## DIVISION OF CORRECTIONS & REHABILITATION

Name: \_\_\_\_\_

OID # \_\_\_\_\_

☐ Parole Supervision                      ☐ ICOTS Supervision                      ☐ Mandatory Supervision  
☐ Conditional Release                      ☐ Non-Violent Offense Parole

### **SEX OFFENDER SPECIAL CONDITIONS**

In compliance with Rule "L" of the Rules and Regulations Governing Supervision, I agree to abide by the following conditions:

- I will attend, actively participate in, not give cause to be terminated from, and successfully complete any counseling and or treatment program(s) as approved by my supervising officer. Said counseling and or treatment program(s) will be at my own expense unless otherwise stated.
- I waive all rights to confidentiality between myself and my treatment provider, and authorize my treatment provider to disclose to my supervising officer, the WV Parole Board, and/or hearing officer, information regarding my attendance and participation in any program I may be enrolled in or required to participate in.
- I will be required to undergo no less than 1 nor more than 5 polygraph examinations per year at my own expense. I understand that any violations of additional parole conditions placed on me as a result of an "incomplete" result on any required polygraph may lead to a request for revocation to the releasing authority. I will be advised before any polygraph what an "incomplete" polygraph result means. I will also be advised that the cost of each polygraph may be waived if I qualify for low-income assistance.
- I will not enter into, loiter or work within 1000 feet of any area or event frequented by people under the age of 18, including but not limited to, schools, daycare centers, children's hospitals, pediatricians, playgrounds, toy stores or places specially designed for the underage consumer such as restaurants with children's themes.
- I will not live in the same residence as any minor child, visit any minor child or have contact with any minor child until authorization is received from my supervising officer.
- I will not visit or socialize with anyone who has children under the age of 18 while those children are present.
- I will not purchase, possess, or use any sexually stimulating or sexually explicit material or device, nor enter into, loiter or work within 1000 feet of any place where such material or device is sold or presented as entertainment. This includes, but is not limited to, sexual toys, nude or sexually explicit photographs, adult magazines or movies, adult bookstores, sexually stimulating internet sites, television and or telephone services, sex shops, topless bars or public or private clubs, or establishments that involve adult entertainment to include, but not limited to nudity.

- I will not possess or have contact with any computer, electronic device, communication device or any device which is enabled with internet access unless granted authorization by Parole Services. I must request authorization for internet access via a computer or other device. Authorization will be given on a case-by-case basis and may be revoked. If Parole Services grants authorization for access to a computer or other device that can access the internet, I must be willing to allow Parole Services to search the computer or device at Parole Services discretion, at any time, and I must provide my username, password or login information for all devices. I may also be required to purchase at my own expense, software that allows tracking of inappropriate sites as directed by Parole Services in order to maintain authorization to have access to the internet.
- I may be subject to electronic monitoring. The cost of electronic monitoring may be at my own expense.

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

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

I have had the above conditions read and explained to me. I understand these conditions as they pertain to my supervision and agree to abide by them. I understand that my signature indicates my understanding and acceptance of the special conditions contained in this document.

\_\_\_\_\_  
Probationer/Parolee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date



## RIGHT TO REPORT

If you, or someone you know, are experiencing sexual abuse or sexual harassment, *West Virginia Division of Corrections and Rehabilitation* wants to know. We want you to report right away! Why?

- We want to keep YOU safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to investigate the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

### How to Report

*West Virginia Division of Corrections and Rehabilitation* offers multiple ways to report sexual abuse and sexual harassment:

- Report to the PREA Compliance Office at **(304) 352-4698 or 1-855-366-0015**
- Report to the National Sexual Assault Hotline 1-800-656-4673
- Report to any staff or law enforcement  
Tell a family member, friend, legal counsel, or anyone else outside the agency. They can report on your behalf by calling **(304) 352-4698 or 1-855-366-0015** or by emailing [DCRPREA@wv.gov](mailto:DCRPREA@wv.gov)
- Written correspondence to  
**DCR PREA Compliance Office**  
**1409 Greenbrier Street**  
**Charleston, WV 25311**
- You also can submit a report on someone's behalf using the ways listed above.

## IF YOU ARE ABUSED

Support services are available.

### What to Do If You Have Been Sexually Abused or are experiencing Abuse

- Tell a staff member/law enforcement as soon as possible.
- Seek medical attention BEFORE you shower, eat, drink, change clothing, brush your teeth, or use the bathroom.
- Share as much information as possible when answering questions to assist with the investigation.

## NOTICE FOR FAILURE TO REPORT

Anyone who engages in, fails to report, or knowingly condones sexual harassment or sexual abuse of an offender shall be subject to disciplinary action and may be subject to criminal prosecution.

# END THE SILENCE

Zero Tolerance for Sexual Abuse and Sexual Harassment



*West Virginia Division of  
Corrections and Rehabilitation*

*Office of PREA Compliance:*

**304-352-4698**

**Or**

**1-855-366-0015**



# ZERO TOLERANCE

West Virginia Division of Corrections and Rehabilitation has a zero-tolerance policy for sexual abuse and sexual harassment. What does this really mean? It means that YOU have the right to be free from sexual abuse and sexual harassment by anyone at the facility, including an offender, staff member, volunteer, or contractor. No one has the right to sexually abuse or sexually harass you. No one.

## What Is Sexual Harassment?

- Repeated and unwelcome comments or gestures of a sexual nature, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- Repeated and unwelcome sexual advances; requests for sexual favors; or verbal comments, gestures, or actions of a derogatory or offensive sexual nature.

## What Is Sexual Abuse?

- Forced or coerced sexual intercourse or sexual contact when the victim does not consent or is unable to consent or refuse. This may include the use of fear or threat of physical violence, psychological intimidation, bullying, and physical force.
- Sexual abuse also can include incidents of penetration by a foreign object.

## What is staff voyeurism?

An invasion of privacy of an offender by a staff member, contractor, or volunteer for reasons unrelated to official duties.

## Examples of Staff Voyeurism

- Watching you use the toilet (outside of normal job duties) or change clothes.
- Requiring you to show your buttocks, genitals, or breasts; when unrelated to job duties.
- Taking pictures of your naked body or toilet use.

## Tips for Avoiding Sexual Abuse and Sexual Harassment

A victim is never to blame for being attacked, but these tips may help you lower your risk of sexual abuse or sexual harassment.

- Pay attention to your surroundings.
- Always carry yourself in a confident manner.
- Do not accept gifts or favors from others. They usually come with “strings attached” or future paybacks, including sexual favors.
- Do not accept an offer from anyone to be your protector or “friend.”
- Find someone with whom you feel comfortable discussing your fears and concerns. Confide in him/her if you feel threatened; or see your Parole Officer for a list of local services.
- Be alert! Do not use contraband such as drugs or alcohol as they will weaken your ability to be alert and make good choices.
- Be direct and firm when others ask you to do things that you do not want to do.
- Do not give mixed messages to others regarding your wishes for sexual activity.
- Choose your acquaintances wisely.

**NO  
MEANS  
NO**

West Virginia Division of Corrections and Rehabilitation does not tolerate any form of sexual abuse or sexual harassment. The goal of this agency is the safety of the offenders. The agency will hold accountable any persons found to have committed any form of sexual abuse or sexual harassment against another person.

If any of the information presented here is confusing, or you have questions about something that may be happening to you, ask a staff person you trust or reach out to the PREA Compliance Office.

**You also can contact the PREA Coordinator:**

**West Virginia Division of Corrections and  
Rehabilitation: PREA Compliance Office**

1409 Greenbrier Street

Charleston, WV 25301

**OR**

[DCRPREA@wv.gov](mailto:DCRPREA@wv.gov)





Office of PREA Compliance  
1409 Greenbrier Street Charleston, WV 25311

### Sexual Abuse/Harassment Confirmation for Parolees

I have received the WVDCR Zero Tolerance pamphlet and a brief overview of the Sexual Abuse/Harassment and how it applies to me as an offender on parole. I understand that my failure to follow such guidelines could result in disciplinary actions and/or prosecution by local authorities and acknowledge that I have been made aware of the following information.

- ✓ I understand that there is ZERO-TOLERANCE policy of sexual abuse between both staff and offenders.
- ✓ I understand that allegations of sexual abuse or harassment will be taken seriously and investigated.
- ✓ I received information about how to report incidents of sexual abuse or harassment and understand that I can report.

\_\_\_\_\_  
Printed Offender Name

\_\_\_\_\_  
OID #

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

**Information provided by:**

\_\_\_\_\_  
Staff Printed Name:

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

\_\_\_\_\_  
Date: