

NOTES




---

WEST VIRGINIA DIVISION OF CORRECTIONS  
ORIENTATION MANUAL





NOTES


3. Signs or red lines designate restricted areas, inmates will not enter a restricted area without staff permission
4. Inmates will immediately report any injury or wound.
5. Inmates will not compromise or attempt to compromise the integrity of any employee.
6. Inmates will be appropriately attired when in common areas.
7. Pants will be worn at the natural waistline.
8. All clothes are to be clean and neat.
9. Place all trash in receptacles provided.
10. Loud and/or profane language, horseplay or other behavior that is disruptive is prohibited
11. No food or utensils will be removed from the multi-purpose room without staff approval.
12. No loitering in the door entrances, windows or any other room other than the room you are assigned to unless approved by staff
13. All storage areas are off limits unless you have prior permission from staff.
14. No inmates are allowed in the control room for any reason.
15. Shoes with open toes are not to be worn in the multi-purpose room.
16. Telephone calls are limited to 15 minutes unless no one is waiting.
17. Shirts are to be worn at all times.
18. Radios and walkmans are not allowed in meetings, classes, etc.
19. Shower shoes are to only be worn to and from the shower.

In parentheses below each heading is the Staff Person you will need to see to discuss that area.

NOTES

**LIVING QUARTERS RESPONSIBILITIES**

**(Ms. Angell)**

Once you have been assigned to a particular room and bed, it is considered your living area and you are not allowed to change your location without permission from the designated staff person. Room changes will not be done unless an emergency or medical reason exists. Requests are to be done through the LOC process to Mr. Hopkins.

The cleaning schedule and room guidelines are posted on the bulletin board. All clothing and property will be stored under your bunk in their locker box. Rooms will be inspected routinely for cleanliness. Every one assigned to a room is responsible for that area. Disciplinary action can be taken for repeated violations. All personal property will be stored unless in use. All electrical appliances will be turned off before being left unattended in a room. Room inspections will be conducted Monday through Friday (excluding holidays and weekends). All inmates are responsible for keeping their rooms clean and sanitary. Everyone using this area is expected to help clean it.

**LAUNDRY**

**(Officer on Duty)**

It is your own responsibility for ensuring that your laundry is done. We have laundry machines that are located in the main hall. The Laundry Room opens at 0500 and closes at lights out. Monitor your laundry and remove it from the machine once done. Inmates will be provided two (2) laundry detergent packs a week by the Officer on Duty. Any needs pertaining to laundry need to be addressed to the Officer on Duty. No one is to be loitering in the laundry room. Dirty laundry must be stored in a net style laundry bag as clothes baskets are not permitted.


NOTES


**HYGIENE**

**(Officers Station)**

Haircuts, grooming and personal hygiene will comply with current Operational Procedures. Inmates will shower and shave daily. New Arrivals can be provided basic Hygiene Items. Each inmate will be issued two rolls of Bathroom Tissue each week by an Officer. If you require more than the allotted amount, you will have to purchase it yourself.

**PROPERTY**

**(To Be Determined)**

Any item not specifically listed on Policy Directive 400.03 is considered contraband. If you are allowed to have an item in your possession per P.D. 400.03 it is your responsibility to not exceed the allotted limit. Inmates are personally accountable for all items carried on their person or in their assigned living area.

Due to limited storage space it is recommended that you keep only necessary items. All personal property should be marked for identification purposes.

You are solely responsible for your personal property. A lock can be issued to you upon request at your expense.

All valuables to include your medication will be secured inside your locker. All locks are to be secured when you are not present inside the room.

Only approved storage containers are permitted.

In the event an individual leaves the center, they will be responsible for notifying persons who are supposed to pick up their property. Any property unclaimed after 30 days will be disposed of or donated to a charitable organization. **No Exceptions.**

**MEDICAL**  
**(Mr. J. Shrewsbury)**

A Nurse Practitioner will be stationed in the unit one day a week for 8 hrs. at a time.

If your medication needs refilled, you will need to notify the Nurse Practitioner 7 days in advance of you running out of your medication.

**MEDICATION SCHEDULE**

All narcotics/controlled substances are kept at the Control Room; they will be distributed at the following times:

Weekdays (Monday-Friday)	Weekends and Holidays
5:45am-6:00am	5:45am-6:00am
11:30am-11:45am	10:45am-11:00am
4:45 pm-5:00pm	4:45pm-5:00pm
9:30pm-9:45pm	9:30pm-9:45pm

**Dental**

All dental appointments will be addressed through the Unit Manager on an emergency basis and may result in a transfer to a facility where dental staff are available.

**KOP**

We have a KOP medication program at BCC, you will be responsible for keeping and taking all non-controlled substances. It is your responsibility to take your medication as scheduled and to inform the Nurse Practitioner when your medication requires a refill. Your medication must be locked in your locker.

**ITEMS TO REMEMBER**

- 1. RESPECT IS A TWO WAY STREET. TO GET RESPECT, YOU MUST ALSO GIVE IT!!**
- 2. IF YOU DON'T KNOW OR ARE NOT SURE, ASK.**
- 3. YOU ARE EXPECTED TO ATTEND ALL ASSIGNED PROGRAMS. FAILURE TO DO SO CAN RESULT IN YOU BEING RETURNED TO YOUR PARENT INSTITUTION.**
- 4. YOU ARE TO DO EXACTLY AS INSTRUCTED BY STAFF.**
- 5. INSUBORDINATION/INSOLENCE TOWARDS STAFF WILL NOT BE TOLERATED.**
- 6. ALL INFORMATION WITHIN THE HANDBOOK IS TO BE FOLLOWED. ANYONE DISREGARDING INFORMATION PROVIDED WITHIN THE HANDBOOK WILL BE CHARGED UNDER POLICY DIRECTIVE 325.00 RULE NUMBER 2.01 REFUSING AN ORDER.**

**Beckley Correctional Center**  
**111 South Eisenhower Drive**  
**Beckley, WV 25801**

This direct reporting line can be reached through any inmate telephone located throughout the facility. To utilize this method of reporting an incident of sexual contact or sexual violence, to include sexual abuse, sexual assault and/or sexual threats, there are three simple steps to follow:

Press 1 for English

Dial \*9029#

At the tone (as directed by pre-recorded message) Leave Your Message

This direct line may also be utilized for reporting other criminal activity or situations in which an inmate may feel threatened or has been victimized.

This direct line **IS NOT** to be utilized for the purpose of general complaints concerning facility operations (to include complaints about the inmate telephone system). Such complaints are to be directed to your Unit Team or through established inmate grievances procedures.

**RELIGION  
(Unit Manager)**

**GED  
(Mr. Haynes)**

There will be a GED class held every Monday thru Thursday from 0900 to 1130 and Friday from 0900-1100. If you do not have a GED/High School Diploma you are required to attend.

**FINANCES/MONIES**

**(Ms. Frazier and Ms. Toler)**

Your money does not arrive from the transferring facility on the same day you arrive. You will be given a receipt when your money arrives and is posted on you account.

All money orders received by an inmate must be turned into Control upon receipt.

**STORE CALL**

Commissary-Keefe list must be turned in no later than Sundays and will be given out on Wednesdays by CCI G. Hopkins.

Phone cards will be obtained by turning in an allotment form no later than Sundays at 2300 and placed in the box located outside of Control and received on Tuesdays.

You and/or your family may also order form Walkinghorst and Secure Pak. Order forms and books are located by the computers outside of control.

**MEALS  
(ARAMARK)**

Mealtimes Sunday through Saturday are:

Breakfast	6:30 A.M. – 7:00 A.M.
Lunch	11:45 A.M. – 12:15 P.M.
Dinner	5:00 P.M. – 5:30 P.M.

All meals will be eaten in the Multi-Purpose Room. No meals will be taken to other rooms or other areas of the unit without approval from staff.

Dishes and silverware will remain in the Multi-Purpose Room. If any of these items are removed from the multi-purpose room will result in disciplinary action. NO ONE will be served or allowed to eat unless they are properly attired, this includes both shirt and shoes, shower shoes will not be allowed in the Multi-Purpose Room.

Proper attire will be worn in the Multi-Purpose Room Monday through Friday until 1600 hours. After 1600 hours Monday through Friday and all day on weekends/holidays, leisure clothing to include sweats and shorts may be worn in the Multi-Purpose Room. Sandals or Tank Tops may never be worn at any time due to Health Department Regulations.

Individual foods will not be stored in the multi-purpose room.

- A history is taken by health care professionals who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With the victim's consent, the examination includes the collection of evidence from the victim, using a kit approved by the appropriate authority.
- Provision is made for testing of sexually transmitted diseases (e.g. HIV, gonorrhea, hepatitis, and other diseases) and counseling, as appropriate.
- Prophylactic treatment and follow-up for sexually transmitted diseases are offered to all victims, as appropriate.
- Following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up.
- A report is made to the BCC Warden to assure separation of the victim from his assailant.

Additional information will be provided during the inmate's orientation program upon arrival at BCC.

Any inmate who feels threatened or has been the victim of a sexual assault or sexual abuse has the option of reporting the incident to any BCC employee.

In addition to the option of reporting any such incident to any BCC employee, GTL, the current provider of the inmate telephone service, has also established a direct line that can be utilized for reporting incidents involving any type of sexual contact or sexual violence, to include sexual abuse, sexual assault and/or sexual threats.



**OVERVIEW OF THE PRISON RAPE ELIMINATION ACT (PREA) AND THE PREVENTION OF SEXUAL MISCONDUCT/ ABUSE/ASSAULTS:**

The WVDOC, and the BCC are all committed to maintaining a safe, humane and secure environment for the inmate population as well as for staff and the general public. This commitment includes the zero tolerance for the sexual assaults, abuse or threat thereof against inmates either by staff or by other inmates.

All inmates will be screened within twenty-four (24) hours of arrival at BCC for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments will be made accordingly.

During your time at BCC there will be certain members of the inmate population you will learn to avoid. The inmates are referred to as predators, inmates who prey on the weak. By learning how to recognize predators and getting them to leave you alone, you will make your time at BCC safer. Some cues for spotting predators are: *Inmates who always stare at you; Inmates who continually try to talk with you; Inmates who try to borrow things; Inmates who try to offer you things; Inmates being over-friendly; Inmates on power trips/being controlling.*

Should an inmate be victimized by an act of sexual misconduct/abuse/assault, BCC shall ensure that the victimized inmate receives appropriate treatment, and counseling, as a result. The treatment and counseling measures shall be referred to the facility's contracted medical health-care and mental health-care professionals and the victimized inmate shall be referred under appropriate security provisions to a community facility for treatment and gathering of evidence or if these procedures are performed "in-house" the following guidelines are used:

**INMATE/STAFF COMMUNICATION**

When communicating with any non-uniform staff member everybody will use the LOC form. Please fill out a LOC addressing your problem. Inmate forms can be found in the boxes located on the wall by the Nurse's Station.

You are not to wait outside the Control Center waiting to see someone so that you may speak to them, This is the purpose of LOC Forms. All paper work to staff will be black or blue ink only, No exceptions.

**TC STAFF**

**UM Melissa Richmond**

**SAT1 Ella Meador**

**CM Richard Hodges**

**CC1 Gary Hopkins**

**CC1 Kathleen Angell**

**ALCOHOL/DRUG TESTING**

All inmates are required to submit to drug and alcohol screening. Refusal/Failure to cooperate with testing or refusal to submit to testing will result in disciplinary action. Testing is done at random, you may be tested several times per month.

**EMERGENCY EVACUATIONS/FIRE DRILLS**

During your stay at the center, you will encounter fire drills during odd times. You are required to participate. Schematic drawings of how to exit during a fire drill are posted throughout the unit. All will assemble at the Basketball Court.

**VISITATION  
(Cpl. Simmons)**

**Visiting Hours:**

Visiting hours are on weekends starting at 12:30 noon and ending at 3:30 P.M.

**Visitor Identification:**

ALL visitors are required to provide positive picture identification and register with the Officer on duty at the Control before being permitted to visit. ALL visitors must be on the inmates approved visiting list prior to being permitted entrance to the unit.

**NO IDENTIFICATION or NOT ON LIST = NO VISIT**

Inmate Visitors are not allowed to bring in any item such as money, clothing, groceries, etc. during regular visits. Visitors may bring in food from restaurants only.

**Approved Visiting List:**

ALL VISITORS must be on the approved visiting list. Your visiting list if listed on the computer system, it will be the same as it was at your sending facility. If you need to add someone to your visiting list it generally takes thirty (30) days to have each visitor approved.

If an approved list is unavailable the inmate is to follow all procedures for submitting someone to be placed on his/her visiting list. You may add a visitor to your list by sending the visitor a Visitor Request Form to be completed and mailed back to The Wardens Office then sent to CCI R. Pauley for processing. They must go through the Wardens Office first.

**Special Visitors:**

Special visits may be granted with special permission from the Warden or designee. Special Visit requests may only be approved within the first 30 days of the inmate arriving at the facility.

**COD mail is prohibited and will not be accepted.**

**Corresponding with Other Inmates:**

Inmates may correspond with an inmate in another DOC facility or a parolee. Mail leaving the institution to another facility or parolee must be checked by staff and stamped with the institutional stamp prior to being placed in the outgoing mail.

**GENERAL INFORMATION**

**Substance Abuse Testing:**

All inmates are subject to urinalysis and Alco sensor testing at any time. Refusal to produce or submit to testing will be cause for a Class I rule violation being written. Everyone is subject to being tested more than one time in a month.

**Responsibility:**

It will be the inmates responsibility to report on time for their medication, meals, and classes. We will not announce meal time or medication distribution. You should be responsible enough to make sure you report on time for each.

**Telephones:**

The time limit on the telephones is 15 minutes if any one else is waiting to use the phones. There is to be no leaning on the phones or walls while you are using the phones.

**MAIL**  
**(Officer On Duty)**

**General Mail Regulations:**

You may receive your mail at the Control Room from 1530—1545 hours on weekdays and 1645—1700 hours on weekends and holidays. You are not permitted to ask staff for the mail at any other time outside the specific time states above unless you were out of the unit when the mail was passed out. Check the Mail List in front of Control Room each day to see if you have mail. Any contraband received in the mail will be confiscated and the appropriate action taken. All outgoing mail is to be left open, it will be searched then sealed by staff.

**Packages**

Whenever Money Orders are contained in incoming mail, they will be credited to the inmate's account. We will not accept cash or checks, only money orders. Any cash or checks received will be mailed back to the person sending it. No inmate will circumvent correspondence regulations by receiving mail at an address other than the Center. No inmate will have mail sent to another person, to be given to said inmate. All outgoing mail will be sent out from the Center through Control.

No packages will be sent in from home.

**Visiting Areas:**

Visitors are permitted only in the Multi-Purpose Room for visiting purposes. The Shift Commander may approve other areas as needed. No visitors will be allowed in the inmate living areas.

**Rules for Visitors**

1. Visitors are not allowed to use tobacco products on DOC property. All tobacco products must remain in their personal vehicle.
2. Visitors are not allowed to eat center meals.
3. All visitors are required to wear proper apparel prior to being admitted to the center for visitation. No visitors with revealing clothing will be permitted in the center.
4. Visitors suspected of being under the influence of alcohol and/or drugs will not be permitted to enter the center.
5. All visitors are subject to search of their person or property. Refusal to be searched will be reason for denial of entrance to the center.
6. Visitors are not allowed to bring cameras or cell phones into BCC for taking pictures.
7. Children must be under the close supervision of an adult at all times. Failure to do so will be cause for termination of visit.
8. Visitors are to depart the premises as soon as visitation is over.

**Denial of Visitation:**

Inmates and/or visitors may appeal the denial of visitation to the Warden in writing.

**POWER OF ATTORNEY  
TO WV DIVISION OF CORRECTIONS**

WARDEN'S TRUST FUND, MAIL PRIVILEGES & PROPERTY RELEASE

NAME: \_\_\_\_\_ DOC#: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

I hereby authorize the West Virginia Division of Corrections to open and examine all mail matters express or other packages which may be directed to my address and to receive all monies for deposit to my credit in the Warden's Trust Fund, as long as I am in the custody of the West Virginia Division of Corrections. Further, in the event of my escape or death, I the undersigned, hereby authorize the West Virginia Division of Corrections to dispose of my personal property in one of the following manners:

**PROPERTY RELEASE STATEMENT**

**A. The following individual will claim my property, in person, within 30 days:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**B. If sufficient money remains in my inmate checking or savings account the items may be mailed to the following person:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**C. If unclaimed or the property cannot be mailed, the items will be disposed of within 30 days.**

I hereby certify that the above and foregoing was read and explained to me and that I fully understand its

**BECKLEY CORRECTIONAL CENTER  
CERTIFICATE OF RECEIPT, UNDERSTANDING AND COMPLIANCE WITH POLICY DIRECTIVE  
400.03 "ISSUANCE OF PROPERTY TO INMATES"**

I \_\_\_\_\_ WVDOC#: \_\_\_\_\_

certify that I have received a copy of Beckley Correctional Center Policy Directive 400.03 "Issuance of Property to Inmates". I understand that I must keep my property within its restrictions and limitations. I understand that I am subject to search and/or inventory of my property at any time and that I will be held personally accountable through disciplinary action if I am outside of its restrictions and limitations.

Inmate Signature: \_\_\_\_\_ DOC#: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Title: \_\_\_\_\_



STATE OF WEST VIRGINIA  
 DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY  
 DIVISION OF CORRECTIONS  
 BECKLEY CORRECTIONAL CENTER



EARL RAY TOMBLIN  
 GOVERNOR

JOSEPH THORNTON  
 CABINET SECRETARY

JIM RUBENSTEIN  
 COMMISSIONER

WILLIAM VEST  
 WARDEN

111 South Eisenhower Drive  
 Beckley, West Virginia 25801  
 Telephone: (304) 256-6780 – Fax: (304) 256-6782

**Authority for Release of Medical Information**

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

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, DOC# \_\_\_\_\_, an inmate in the custody of the West Virginia Division of Corrections request and authorize Beckley Correctional Center to release necessary medical information to Medical Care Providers/Physicians/Hospitals, for the purpose of dental, eye care, or health care screening for me. I also request and authorize agencies I may be assigned to work for while at the Beckley Correctional Center to perform necessary medical tests/inoculations, which are required as a condition of job assignment.

I further authorize persons and/or institutions/facilities/agencies who are providing medical care for me, to release and all information regarding my condition or treatment to Beckley Correctional Center, any other pertinent agency/facility or staff thereof providing treatment or services to or for me. I authorize you to accept a photographic copy of this document for release of information as a valid release of information authorization.

I hereby release Beckley Correctional Center and Division of Corrections or others from any liability regarding this matter.



STATE OF WEST VIRGINIA  
 DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY  
 DIVISION OF CORRECTIONS  
 BECKLEY CORRECTIONAL CENTER



EARL RAY TOMBLIN  
 GOVERNOR

JOSEPH THORNTON  
 CABINET SECRETARY

JIM RUBENSTEIN  
 COMMISSIONER

WILLIAM VEST  
 WARDEN

111 South Eisenhower Drive  
 Beckley, West Virginia 25801  
 Telephone: (304) 256-6780 – Fax: (304) 256-6782

**Notification of Next of Kin**

In the event of serious injury, illness or death, I request the following person be notified:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Inmate Signature: \_\_\_\_\_ DOC#: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Title: \_\_\_\_\_



STATE OF WEST VIRGINIA  
 DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY  
 DIVISION OF CORRECTIONS  
 BECKLEY CORRECTIONAL CENTER



EARL RAY TOMBLIN  
 GOVERNOR

JOSEPH THORNTON  
 CABINET SECRETARY

JIM RUBENSTEIN  
 COMMISSIONER

WILLIAM VEST  
 WARDEN

111 South Eisenhower Drive  
 Beckley, West Virginia 25801  
 Telephone: (304) 256-6780 – Fax: (304) 256-6782

**Acknowledgement of Understanding**

I have been advised that it is a **FELONY** punishable by 1-10 years in prison for causing injury or threatening/attempting to threaten a public official/Parole Board Member for the performance or nonperformance of their duty.

**WVLAW: 61-5-27**

Inmate Signature: \_\_\_\_\_ DOC#: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Title: \_\_\_\_\_





STATE OF WEST VIRGINIA  
 DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY  
 DIVISION OF CORRECTIONS  
 BECKLEY CORRECTIONAL CENTER



EARL RAY TOMBLIN  
 GOVERNOR

JOSEPH THORNTON  
 CABINET SECRETARY

JIM RUBENSTEIN  
 COMMISSIONER

WILLIAM VEST  
 WARDEN

111 South Eisenhower Drive  
 Beckley, West Virginia 25801  
 Telephone: (304) 256-6780 – Fax: (304) 256-6782

**Center Rules/Policy Directive 325.00**

I, the undersigned, understand the rules of Beckley Correctional Center and Policy Directive 325.00. I have been given the opportunity to ask questions during my orientation given to me by a Division of Corrections staff person.

I understand that I have access to Policy Directive 325.00 and have been instructed as to locations of said directives. I received a copy of the Inmate Handbook during orientation.

All of the above information has been explained to me in detail and I understand said information.

Inmate Signature: \_\_\_\_\_ DOC#: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Title: \_\_\_\_\_



STATE OF WEST VIRGINIA  
DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY  
DIVISION OF CORRECTIONS  
BECKLEY CORRECTIONAL CENTER



EARL RAY TOMBLIN  
GOVERNOR

JOSEPH THORNTON  
CABINET SECRETARY

JIM RUBENSTEIN  
COMMISSIONER

WILLIAM VEST  
WARDEN

---

111 South Eisenhower Drive  
Beckley, West Virginia 25801  
Telephone: (304) 256-6780 – Fax: (304) 256-6782

**Certificate of Understanding**  
**Medical Services/Procedures/Co-Payments**

My signature below indicates that I have had the procedures for obtaining medical care explained to me, have had the appropriate request for medical care form explained to me and its locations, and am aware of medical co-payments required by the WVDOC Policy Directive 424.01. I understand BCC Staff are to make and coordinate all appointments and that medical care treatments are not approved or disapproved by BCC staff, but service is coordinated, scheduled, and obtained through community medical facilities through the Nurse Practitioner.

I have had the opportunity to ask questions, and my signature below indicates understanding.

**Chargeable Services and Amount Charged**

1. Self-inflicted or self-induced injury or illness requiring a doctor - \$5.00
2. Missed, scheduled doctor's appointment - \$3.00
3. New complaint presented not related to original appointment - \$3.00
4. Non-emergency scheduled dental visit - \$5.00
5. Prescription fees per prescription - \$2.00
6. Over the counter medications – priced as established according to standard marketing practices



STATE OF WEST VIRGINIA  
 DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY  
 DIVISION OF CORRECTIONS  
 BECKLEY CORRECTIONAL CENTER



EARL RAY TOMBLIN  
 GOVERNOR

JOSEPH THORNTON  
 CABINET SECRETARY

JIM RUBENSTEIN  
 COMMISSIONER

WILLIAM VEST  
 WARDEN

111 South Eisenhower Drive  
 Beckley, West Virginia 25801  
 Telephone: (304) 256-6780 – Fax: (304) 256-6782

**Authorization by Inmate to Release Information**

TO: Whom It May Concern:

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 POB: \_\_\_\_\_  
                         (County)                    (State)                    (Other)

I, \_\_\_\_\_, DOC#: \_\_\_\_\_, an inmate of the Beckley Correctional Center hereby authorize you to release to the requesting agency, potential employer, treatment facility or representative, educational, training facility or representative, medical, psychological, or any other requesting entity such information as is necessary to the development or continuance of my treatment while an inmate of the West Virginia Division of Corrections housed at the Beckley Correctional Center

If you have any questions regarding this Release, please contact a staff person at 304-256-0046.

## ADMINISTRATION OF MEDICATION ORIENTATION

Self-medication will contain a thirty (30) day supply of non-controlled prescribed medication, dosage to be determined by your physician. You are to take this medication as discussed with you by the physician, physician's assistant, or Nurse Practitioner who prescribed it for you as it is printed on your blister pack. The new policy is as follows:

1. Your MD, PA, or NP will write a prescription for your medication.
2. If transported, you will give the prescription to the officer that transports you from your physician's office to be processed.
3. If you are prescribed a controlled medication, you will be instructed when, where, and how it will be administered.
4. Each medication will be in a separate blister pack. If you take three (3) medications, you will have three (3) blister packs each containing up to a thirty (30) day supply.
5. The label on the blister pack will clearly indicate how you are to take the medication. If you have any questions, ask. The label will also indicate the number of refills.
6. If for any reason you are unable to take your medication, you will be responsible for returning it to the Control Center and provide an explanation as to why you cannot take it.
7. You are responsible for the medication. If you lose, tamper with or deface the label you are subject to disciplinary action.
8. When the prescription is filled or refilled, you will be issued up to a thirty (30) day supply of the medication.
9. You will present your I.D. in order to pick up your medication.
10. You will sign a document indicating receipt of medication.
11. If you wish to refuse your medication, you will provide the Control Center a signed waiver.
12. You will not be allowed to have on your person any controlled substance. These will be administered by the Control Center.

Inmate Signature: \_\_\_\_\_ DOC#: \_\_\_\_\_ Date: \_\_\_\_\_



STATE OF WEST VIRGINIA  
 DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY  
 DIVISION OF CORRECTIONS  
 BECKLEY CORRECTIONAL CENTER



EARL RAY TOMBLIN  
GOVERNOR

JOSEPH THORNTON  
CABINET SECRETARY

JIM RUBENSTEIN  
COMMISSIONER

WILLIAM VEST  
WARDEN

111 South Eisenhower Drive  
 Beckley, West Virginia 25801  
 Telephone: (304) 256-6780 – Fax: (304) 256-6782

**Inmate Orientation Certificate of Understanding on Sexual Harassment**

I, \_\_\_\_\_, DOC# \_\_\_\_\_, have had explained to me by the Orientation Officer the following: While housed at the Beckley Correctional Center, I have a Legal Right to be free from Sexual Harassment to include the following: Intimidation, Bullying or Coercion of a sexual nature, or the unwelcome or inappropriate promise of rewards in exchange for sexual favors from any Division of Corrections employee, other individual incarcerated at Beckley Correctional Center and members of the public to include coworkers at you place of employment (if applicable). I do understand that I may speak freely, without any repercussions to the Warden, the Unit Manager or the Chief of Security if there is an issue concerning any type of Sexual Harassment.

Inmate Signature: \_\_\_\_\_ DOC#: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness:

Title:



STATE OF WEST VIRGINIA  
 DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY  
 DIVISION OF CORRECTIONS  
 BECKLEY CORRECTIONAL CENTER



EARL RAY TOMBLIN  
 GOVERNOR

JOSEPH THORNTON  
 CABINET SECRETARY

JIM RUBENSTEIN  
 COMMISSIONER

WILLIAM VEST  
 WARDEN

111 South Eisenhower Drive  
 Beckley, West Virginia 25801  
 Telephone: (304) 256-6780 – Fax: (304) 256-6782

**Inmate Orientation Certificate of Understanding**

I, \_\_\_\_\_, DOC# \_\_\_\_\_, have had explained to me by the Orientation Officer the following: BCC Property Allowance Form, Inmate Designated Receipt and Release, Policy Directive 325.00, Certificate of Understanding – Medical, WV Code 61-5-27, Authority For Release of Information, Power of Attorney Form, and the General Rules and Regulations of Beckley Correctional Center.

I, \_\_\_\_\_, DOC# \_\_\_\_\_, hereby confirm that I have also had a thorough orientation upon my arrival at Beckley Correctional Center. I have also been given the opportunity to ask questions and have my questions and concerns addressed. **I HEREBY CERTIFY THAT I UNDERSTAND THE GENERAL RULES, PROCEDURES, HANDBOOK AND POLICIES OF BCC AND THE WV DOC AND AGREE TO ABIDE BY THEM.**

Inmate Signature: \_\_\_\_\_