

Lakin Correctional Center



Inmate Handbook 2014

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Introduction To Handbook

The purpose of the Lakin Correctional Center's (LCC) Handbook is to provide you information that will help you while making your transition into our facility. It is important that you take the opportunity to ask any questions that you may have during your initial intake into the facility in order to avoid future violations of the rules and procedures within the institution. Often time's people don't feel comfortable speaking in a group setting, especially in a new place with unfamiliar people. The Inmate Request Form should be used in these circumstances.

The LCC Handbook will also serve as a reference for you throughout your stay here at Lakin Correctional Center. LCC Handbooks can be located in every unit and may be checkout from the Officers desk at anytime. It is expected for all inmates to have a general knowledge of the contents of the LCC Handbook as it was designed for you in order to answer questions that you may have regarding procedures, programs, and/or security issues and other helpful information. It is our hope here at Lakin Correctional Center that this Handbook will serve as the first tool of many resources that are made available in order to assist you in making the proper choices on a daily basis and enable you to live a productive lifestyle while housed in this facility. It is our hope that the choices you make will be physically, mentally, and emotionally healthy for you, your family and support group. It is recommended that you take full advantage of the opportunities and resources made available to you and to not only focus on your incarceration. Please, keep an optimistic outlook on your reentry into society and reunification with your family and support group. You should focus on the goals and objectives that you are expected to be working toward while housed at Lakin Correctional Center.

West Virginia Division of Corrections Mission Statement:

The mission of the West Virginia Division of Corrections is to enhance public safety by providing safe, secure, and humane correctional facilities, operating an effective system of offender re-entry and community supervision, reducing offender recidivism, and assisting victims of crime.

Lakin Correctional Center Mission Statement:

It is the mission of Lakin Correctional Center to maintain a safe, secure, humane, and cost-efficient correctional institution for the public, staff, and inmate population and that provides work, education, and other self-improvement opportunities to assist female offenders in becoming law-abiding citizens.

Lakin Correctional Center is the only all-female prison in the State of West Virginia. Lakin Correctional Center currently house 443 minimum to maximum security adult female felons. It is also the only all-female Residential Substance Abuse Treatment (RSAT) in the State of West Virginia. It is a 20 multiple occupancy cells unit housing a total of 80 offenders. The program is an intensive substance abuse treatment program that is cognitive restructuring in nature and designed to address the needs of the female population.

West Virginia Division of Corrections Re-Entry Initiative:

It is the Policy of the West Virginia Division of Corrections to maintain a mechanism that ensures that all inmates have access to a program of release preparation prior to their release to the community and that all staff carry out their responsibly in a manner that is consistent with a human service orientation and is a balanced approach between supervision and programming of offenders' individual risk and needs.

Introduction of Staff

Warden	Lori Nohe
Deputy Warden	J.D. Sallaz
Associate Warden of Operations	Nathan Ball
Associate Warden of Programs	Craig Roberts
Associate Warden of Security	Joe Wood
Correctional Hearing Officer	Angela Roach
Trustee Clerk	Julie Smith
Jobs Coordinator	Kim Jones
Lead Teacher	Lori Loomis
Medical Director of Nursing	Rebecca Moore
State Shop Supervisor	Loretta Smith/Vanessa Queen
Mail Room Supervisor	Courtney Roush/Karen Absten
Laundry Supervisor	Chantell Hoffman
Hair Care Supervisor	Tabitha Stanley
Commissary	Loretta Smith
IPO/IMC	Samantha Rollins
Director of Classification	Jessica Lloyd

Special Housing Unit/A Pod:

Segregation Commander	Captain Dickenson
Case Manager	Tiffany Varian
Counselor I	Trenton Leonard
Office Assistant	Loraine Wright

RSAT(J-Building) Unit Staff:

Unit Manager	Stephen Roush
Case Manager	Philip Putney
Counselor II	Shana Caldwell
Counselor I	Joyce Dugan
Counselor I	Terry Birdsong
Counselor I	Julie Price
Substance Abuse Therapist II	Robert Updegrave
Substance Abuse Therapist I	Lynn Roslinski
Office Assistant	Linda Hill

General Population (A and B Pods/A and B Modular Unit) Unit Staff :

Unit Manager	Shelby Searls
Case Manager	Tammy Larch
Counselor II	Jennifer Cheney
Counselor II	Trina Smith
Counselor I	Dawnjonelle Cochran
Office Assistant	Rebecca Roush

General Population (C and D Pods/C Modular (KIDS Unit) Unit Staff:

Unit Manager	Paul Stump
Case Manager	Paula Ray
Counselor II	Staci Bain
Counselor I	Lora Long
Counselor I	Vacant
Office Assistant	Rebecca Roush

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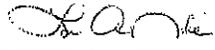
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Lakin Correctional Center

Rules and Regulations

Effective: 15 June 2012

Warden's Signature: 

1. Each inmate will be present in her cell or other assigned place for count. Inmates will not do anything that can confuse or delay a count. Employees are required to count living, breathing flesh and are authorized to awaken an inmate to resolve any doubts during a count.
2. General Population inmates are required to display their ID card at all times. No stickers, pictures, etc... are to be attached to the I.D. When wearing the Khaki Uniform, the I.D. will be clipped to the left shirt pocket with the picture showing. The I.D. will be visible at all times. A \$5 replacement fee is charged for lost or damaged ID cards.
3. No food or beverages are permitted in the following areas:
 - a. Corridors
 - b. Gym
 - c. Visitation Areas (Non-Contact)
 - d. Classrooms
 - e. Libraries
 - f. Attorney/Client Visiting
 - g. Multi-Purpose Rooms
 - h. Chapel
 - i. Medical or Medical Waiting Area
 - j. Segregation/Recreation Area
 - k. Showers
4. Red lines are used to designate restricted areas. Inmates will not cross any restricted area lines without permission.
5. Entering any cell other than your assigned cell will not be permitted.
6. Littering of any type will not be permitted.

7. Inmates will not go beyond any posted sign stating: "No Inmates Beyond This Point", without authorization from a correctional employee.
8. Any item not issued or permitted by LCC Operational Procedures or altered from its original state will be considered contraband.
9. Items will not be hung on cell walls.
10. Inmates will be responsible for keeping a clean and orderly cell at all times.
11. Inmates attending education classes, law library, reading library, church services, or hair care center will not exit these areas unless they are under the escort of a correctional officer, authorized by staff, hall officer, or central control.
12. Items will not be hung over cell windows or cell door glass, nor shall any item be placed in a way as to block cell windows or cell door glass. No items will be placed over vents or under door openings to obstruct air flow.
13. Items will not be hung on light fixtures in cells.
14. Cell doors will not be propped open at any time.
15. Passive Recreation shall take place in the Day Room Area. Loafing on the upper tier is not permitted; however, inmates may go to and from their assigned cells. Every half hour Inmates will be permitted to enter or exit their cell for a five (5) minute period with the exception of returning from the shower.
16. Bunks will be made daily, or anytime the inmate is awake.
17. When walking through a corridor or hallway, inmates will walk in single file lines and as far to the right as possible.
18. No food or drink will be permitted in the Segregation Recreation Area.
19. It will be prohibited for an inmate to enter another housing area other than her own assigned housing area without permission or escorted by staff or as authorized by work contract.
20. Radios, cassette players, televisions, or CD players that are played so loud as to be heard at the Control Panel with the cell door shut will be considered to be creating a disturbance.

21. Inmates will not have their cell open in order to carry on conversations with other inmates.
22. Showers will be taken during passive recreation times. Other times may be approved by staff due to work, medical conditions, or other health reasons. Only one (1) inmate will be permitted in a shower stall at a time. Inmates living on the bottom tier will shower in the bottom tier showers. Inmates living on the top tier will shower in the top tier showers.
23. Inmates will not be allowed in office areas without staff being present, i.e. Unit Manager, Case Manager, Counselors.
24. Loud and/or profane language will be considered creating a disturbance.
25. Inmates will be fully clothed at all times (including bra and panties). This includes meals, pill call, and to and from showers.
26. Inmates will only change clothes in shower stalls. Bathrooms will be used for Modular Unit inmates and C-wing inmates in J-Building.
27. Loafing on the stairs will not be permitted.
28. Inmates will not use blankets and towels, etc., as floor rugs.
29. Only white soled tennis shoes will be permitted on the gym floor.
30. Inmates will be groomed properly daily to include showering. Inmates reporting to school, work, or recreation not groomed properly will be returned to their housing area until they comply. A violation report (VR) may be issued.
31. Inmates are not permitted to have arts and crafts items in their cell.
32. Any inmate disrupting school classes, church services, Law/Reading Libraries, etc. will be removed from the area.
33. Inmates must be appropriately dressed to include Khaki Pant, Khaki Shirt, T-Shirt, Socks and Shoes when departing the Housing Unit with the exception of when going to and from the Recreation Yards and Gymnasium. Inmates will be appropriately attired when in common areas, regardless of whether wearing state issued or personal clothing. Pants will be worn at the natural waistline.

34. No items from the facility Dining Room will be removed from the Dining Room. Only authorized LCC Commissary items will be permitted as part of the in-cell possession limit.
35. Inmates will not be permitted to carry any items into the Dining Room, other than ID Card/Unit Card/Meal Card.
36. Inmates will keep their fingernails clean at all times. An inmate's fingernails will not be longer than her fingertips.
37. Inmates will not be permitted to pass items from one unit to another or pass items through any door.
38. The LCC provides three (3) meals per day for all member of the inmate population, for the purpose of maintaining good health and nutrition. However, an inmate will be charged with a violation of disciplinary rule 2.10, self-mutilation if she failed to eat by the fourth (4) consecutive meal, unless the institutional physician directs otherwise.
39. Common sense and good judgment will be used in the amount of property accumulated in a cell. Anything such as, but not limited to a potential life hazard in event of fire, that attracts pests or vermin, operation of an unauthorized store, etc., is prohibited. An employee may direct an inmate to dispose of excessive property and may contact the Inspector as necessary. See Operational Procedure governing Offender Property Possession/Issue Authorization.
40. Inmates will not cut, alter, or deface any state issued or personal purchase clothing.
41. Alterations or repairs to state issued clothing will only be conducted by the State Shop.
42. Repairs to personal purchase clothing will only be conducted in the Arts and Crafts room by authorization of the Arts and Crafts Instructor.
43. Inmates will immediately report any injury or wound.
44. Inmates will not compromise or attempt to compromise the integrity of any employee.
45. Inmates will not cut, alter or deface cell fixtures.
46. No inmate is permitted to receive anything from staff in regards to gifts/items, etc., nor are they permitted to give staff gifts/items, etc.

47. Inmates will speak to all visitors in a respectful and courteous manner.
48. No inmate is permitted to communicate in any way from one Pod to another or from one Recreation Yard to another. This includes talking, gestures, hand and arm signals, etc.
49. Use of sanitary items and cleaning supplies are not to be abused or used in any manner for which they were not intended.
50. Inmates are not permitted to stand or kneel on the Outdoor Recreation Yard benches.
51. Inmates are permitted to take one (1) drink, one (1) book, six (6) pieces of hard candy, one (1) deck of playing cards and walkman with headphones only to the Outside Recreation Yards.
52. Inmates are only permitted to push call buttons marked in Green. Inmates are not to push Call buttons marked in Red without permission from correctional staff.
53. Inmates are not permitted to question or request from LCC staff that a rule violation/write-up be "kicked-back."
54. Inmates are not permitted to have any hairstyles/haircuts that are faddish in nature or hairstyles/haircuts that are gang related.
55. Inmates are only permitted to wear ball caps or toboggans on the recreation yard or in their assigned cell.
56. Inmates are only permitted to wear a doo rag in their assigned cell.
57. ALL OF THE ABOVE RULES MAY BE SUSPENDED AND/OR CHANGED WITHOUT PRIOR NOTICE BASED ON THE DISCRETION AND AUTHORITY OF THE UNIT MANAGER OR HIGHER AUTHORITY.

THESE RULES WILL BE ENFORCED ON ALL SHIFTS UNTIL CHANGED IN WRITING OR SUPERCEDED.

LAKIN CORRECTIONAL CENTER
DAILY MOVEMENT SCHEDULE

2200 - 0400 hours	Lock Down - All inmate movement other than midnight shift inmate work crew must be escorted and approved by the Shift Commander
0200 hours	Formal count.
0400 hours	Wake up call and showers open for first shift kitchen workers.
0430 hours	Formal count.
0500 hours	Kitchen work call move from housing units to work assignment.
0600 hours	COUNT- Wake-up call in all pods, showers open in all pods after count clears.
0615 - 0620 hours	Breakfast food carts to segregation, receiving, and medical status inmates recreation and showers to begin for segregation status after completion of feeding
0710 hours	Breakfast starts- Work crews and main line inmates called to main dining room by Shift Commander on rotating basis and return to their respective housing units individually as they complete their meal, movement supervised by Central Control.
0759 hours	Breakfast Completed - Inmates returned to cells-all secured. Food carts back to Kitchen.
0800 hours	Mass movement for morning education call.
0810 hours	Mass movement for morning work call.
0815 hours	Inmates to move on passes after mass movement has completed.
0830 hours	Mass movement outside recreation call - Central Control supervises movement from units to recreation yards. Passive recreation begins on Pods after scheduled movement is completed.
0930 hours	Mass Movement to and from the recreation yard every thirty (30) minutes during outside recreation times. Central Control supervises movement to and from units and recreation yards.
1030 hours	Mass movement - recreation Yards Closed, work/education recall, and Central Control supervises movement from recreation yards to housing units.

1045 hours Passive recreation and showers discontinued. Inmates secured in cells.

1100 hours **COUNT – No Inmate Movement unless escorted and authorized by the Shift Commander.**

1115 - 1120 hours Lunch food carts to segregation, receiving, and medical status inmates. When count clears, pass movement may resume.

1130 hours Mass movement lunch – Early outs called to the dining room by a Correctional Staff member assigned by the Shift Commander and return to their respective housing units individually as they complete their meal. Movement supervised by posted Security.

1140 hours Mass movement main line inmates called to dining room by designated staff, (units called on rotating basis), and return to their respective housing units individually as they complete their meal. Movement supervised by Central Control.

1200 hours Mass Movement education call.

1220 hours Lunch feeding complete – Inmates return to units and secured. Food carts back to back to the kitchen. Pod Janitors out to clean.

1230 hours Mass movement for afternoon work, Central Control monitors movement and supervisors post in the hallway to receive inmates.

1300 hours Mass movement outside recreation call – Central Control supervises movement from units to recreation yards. Passive recreation begins on pods after scheduled movement is completed and showers are open.

1330 hours Mass movement to and from the recreation yard every thirty (30) minutes during outside recreation times. Central Control supervises movement to and from units and recreation yards.

1530 hours Mass movement – recreation yards closed, work/education recall, Central Control supervises movement from recreation yards to housing units.

1545 hours Passive recreation and showers discontinued–Inmates secured in cells.

1600 hours **COUNT – No Inmate Movement unless escorted and authorized by the Shift Commander.**

1625- 1630 hours Dinner food starts to segregation, receiving, and medical status inmates. When count clears pass movement may resume.

1630 hours Mass movement dinner – Mainline Inmates called to dining room by designated staff, (units called on rotating basis), and return to their respective housing units individually as they complete their meal. Movement supervised by Central Control. Passive recreation begins and showers are open (after count has cleared).

1715 hours Main line feeding complete. Food carts back to the Kitchen. Vocational classes, programs, religious services, and group counseling classes (as scheduled). Central Control supervises movement. Supervisors post in hallway to and receive inmates whenever programs/services/counseling are announced.

1800 hours Mass movement outside recreation call – Central Control supervises movement from units to recreation yards.

1830 hours Mass movement to and from the recreation yard every thirty (30) minutes during outside recreation times. Central Control supervises movement to and from units and recreation yards.

1845 hours Mass movement recreation yard closed for shift change.

1915 hours Mass movement outside recreation call – Central Control supervises movement from units to recreation yard.

2025 hours Mass movement recreation yard closed for general population inmates.

2030 hours Pill call begins. Recreation yard opened for RSAT inmates.

2130 hours Mass movement recreation yards closed, all classes, programs, church services, and group counseling sessions discontinued –inmates are returned to the housing units. Note: some classes, programs, services, and/or group counseling sessions may end prior to 2100 hours. See below note.

2145 hours Passive recreation and showers discontinued inmates are secured in cells –

2150 hours **COUNT-- No Inmate Movement unless escorted and authorized by the Shift Commander.**

2200 hours Passive recreation and showers open after count clears (Friday and Saturday)

2300 hours Passive recreation and showers discontinued inmates are secured in cells.
(Friday and Saturday)

Notes:

At any time that a program, Service, Group Counseling or other activity is ended prior the scheduled time, the supervisor of the program, Service, Group Counseling or other activity shall post in a location that provides the best angle to supervise movement from their area to the area that Central Control picks up the movement supervision. Furthermore, when it is impractical for the Central Control to pick up supervision of movement in his/her assigned area the Programs/Services/Group Counseling Supervisors shall escort the group of inmates back to their housing units, after notification to control of the movement. This movement schedule is meant as a guideline, all times listed are approximate and may be changed by the Shift Commander in the event of unusual circumstances or incidents. Any necessary permanent changes to this movement schedule must be approved by the Warden or designee. For the purposes of "Posted in the Hallway" as noted above, this shall mean - The supervisor shall post in a location that provides the best visual vantage point to supervise movement to/from/in/out of areas, units and hallways. All inmate movement is to be regulated by LCC Staff

LAKIN CORRECTIONAL CENTER

A- POD DAILY MOVEMENT SCHEDULE

2200 - 0400 hours	Lock Down - All inmate movement other than midnight shift inmate work crew must be escorted and approved by the Shift Commander
0200 hours	Formal count.
0400 hours	Wake up call and showers open for first shift kitchen workers.
0430 hours	Formal count.
0500 hours	Kitchen work call move from housing units to work assignment.
0600 hours	COUNT- Wake-up call in all pods, showers open in all pods after count clears.
0615 - 0620 hours	Breakfast food carts to segregation, receiving, and medical status inmates recreation and showers to begin for segregation status after completion of feeding
0710 hours	Breakfast starts- Work crews and main line inmates called to main dining room by Shift Commander on rotating basis and return to their respective housing units individually as they complete their meal, movement supervised by Central Control.
0710 hours	Lop inmates are permitted to shower and clean their cells.
0755 hours	Lop inmate showers and cell cleaning is discontinued.
0759 hours	Breakfast Completed - Inmates returned to cells-all secured. Food carts back to Kitchen.
0800 hours	Mass movement for morning education call.
0810 hours	Mass movement for morning work call.
0815 hours	Inmates to move on passes after mass movement has completed.
0830 hours	Mass movement outside recreation call - Central Control supervises movement from units to recreation yards. Passive recreation begins for intake inmates.
0930 hours	Mass Movement to and from the recreation yard every thirty (30) minutes during outside recreation times. Central Control supervises movement to and from units and recreation yards.
0935 hours	Passive recreation is discontinued for intake inmates. Passive recreation begins

for general population inmates.

Attachment #2
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- 1030 hours Mass movement – recreation Yards closed, work/education recall, and Central Control supervises movement from recreation yards to housing units.
- 1045 hours Passive recreation and showers discontinued. Inmates secured in cells.
- 1100 hours **COUNT – No Inmate Movement unless escorted and authorized by the Shift Commander.**
- 1115 - 1120 hours Lunch food carts to segregation, receiving, and medical status inmates. When count clears, pass movement may resume.
- 1130 hours Mass movement lunch – Early outs called to the dining room by a Correctional Staff member assigned by the Shift Commander and return to their respective housing units individually as they complete their meal. Movement supervised by posted Security.
- 1140 hours Mass movement main line inmates called to dining room by designated staff, (units called on rotating basis), and return to their respective housing units individually as they complete their meal. Movement supervised by Central Control.
- 1200 hours Mass Movement education call. Intake passive recreation begins.
- 1220 hours Lunch feeding complete -- Inmates return to units and secured. Food carts back to back to the kitchen. Pod Janitors out to clean
- 1230 hours Mass movement for afternoon work, Central Control monitors movement and supervisors post in the hallway to receive inmates.
- 1300 hours Intake passive recreation ends. Mass movement outside recreation call -- Central Control supervises movement from units to recreation yards. General population passive recreation begins on pods after scheduled movement is completed and showers are open.
- 1330 hours Mass movement to and from the recreation yard every thirty (30) minutes during outside recreation times. Central Control supervises movement to and from units and recreation yards.
- 1500 hours Pill call on unit.
- 1530 hours Mass movement – recreation yards closed, work/education recall, Central Control supervises movement from recreation yards to housing units.
- 1545 hours Passive recreation and showers discontinued--Inmates secured in cells.

1600 hours	COUNT – No Inmate Movement unless escorted <u>and</u> authorized by the Shift Commander.
1625- 1630 hours	Dinner food starts to segregation, receiving, and medical status inmates. When count clears pass movement may resume.
1630 hours	Mass movement dinner – Mainline Inmates called to dining room by designated staff, (units called on rotating basis), and return to their respective housing units individually as they complete their meal. Movement supervised by Central Control. Passive recreation begins and showers are open (after count has cleared).
1700 hours	Intake outside recreation begins.
1715 hours	Main line feeding complete. Food carts back to the Kitchen. Vocational classes, programs, religious services, and group counseling classes (as scheduled). Central Control supervises movement. Supervisors post in hallway to and receive inmates whenever programs/services/counseling are announced.
1800 hours	Mass movement outside recreation call – Central Control supervises movement from units to recreation yards. Intake outside recreation is discontinued. LOP outside recreation begins.
1830 hours	Mass movement to and from the recreation yard every thirty (30) minutes during outside recreation times. Central Control supervises movement to and from units and recreation yards.
1845 hours	Mass movement recreation yard closed for shift change.
1900 hours	LOP outside recreation is discontinued.
1915 hours	Mass movement outside recreation call – Central Control supervises movement from units to recreation yard.
2025 hours	Mass movement recreation yard closed for general population inmates.
2030 hours	Pill call begins. Recreation yard opened for RSAT inmates.
2130 hours	Mass movement recreation yards closed, all classes, programs, church services, and group counseling sessions discontinued –inmates are returned to the housing units. Note: some classes, programs, services, and/or group counseling sessions may end prior to 2100 hours. See below note.
2145 hours	Passive recreation and showers discontinued inmates are secured in cells –

- 2150 hours **COUNT-- No Inmate Movement unless escorted and authorized by the Shift Commander.**
- 2200 hours Passive recreation and showers open after count clears (Friday and Saturday)
- 2300 hours Passive recreation and showers discontinued inmates are secured in cells. (Friday and Saturday)

Notes:

At any time that a program, Service, Group Counseling or other activity is ended prior the scheduled time, the supervisor of the program, Service, Group Counseling or other activity shall post in a location that provides the best angle to supervise movement from their area to the area that Central Control picks up the movement supervision. Furthermore, when it is impractical for the Central Control to pick up supervision of movement in his/her assigned area the Programs/Services/Group Counseling Supervisors shall escort the group of inmates back to their housing units, after notification to control of the movement. This movement schedule is meant as a guideline, all times listed are approximate and may be changed by the Shift Commander in the event of unusual circumstances or incidents. Any necessary permanent changes to this movement schedule must be approved by the Warden or designee. For the purposes of "Posted in the Hallway" as noted above, this shall mean - The supervisor shall post in a location that provides the best visual vantage point to supervise movement to/from/in/out of areas, units and hallways. All inmate movement is to be regulated by LCC Staff

Personal Property Distribution

Any personal property that is brought into this institution will be thoroughly searched by both canine unit and intake staff for contraband and any non-allowable property. Non-allowable items will be destroyed or sent home at the expense of the inmate. If you choose to dispose of the property, it will be listed on a destruction of property form and you will be required to sign said form.

Items that you are allowed to keep will be listed on a pink property card and you will sign for each item. At any time, if you wish to destroy any of these items, you will notify the mailroom and bring the property to the mailroom to be destroyed. If you have property in your possession that is not on your property card or you do not have property that is listed, disciplinary action will be taken.

State Shop Services

Lakin Correctional Center provides the inmate population services from the State Shop. The State Shop is the department in which all inmates will be issued their clothing, bedding and linens. Upon arrival at LCC all inmates are issued standard WVDOC clothing. Each of the items of clothing is either stamped or labeled with the inmates Name and/or DOC#. At this time, each inmate will be given a mattress and pillow. These items will also be clearly marked and remain your responsibility throughout your incarceration. Each time you move from cell to cell, these items will be moved with you. **DO NOT FOLD THE MATTRESSES WHEN MOVING,** it causes damage to the outer cover and if it becomes damaged, you will be required to pay for a replacement.

The State Shop hours of operation are Monday through Friday, 8:00 am to 4:00 pm, excluding holidays. Clothing exchanges will be done based on the following schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick Up Folders From:	Control Unit & J-Building	None	Modulars	A & B Pods	C & D Pods
Exchanges For:	A & B Pods	C & D Pods	Control Unit & J-Building	None -- Usually Intakes	Modulars
Drop Off Folders For:	Modulars	A & B Pods	C & D Pods	None	Control Unit & J-Building

Clothing will not be exchanged unless it is no longer serviceable and/or no longer fits properly. No exchanges will be made due to minor stains, color or preference. Any item that is need of repair must be brought to the state shop on your next scheduled exchange day. It is the responsibility of each inmate to maintain proper care of clothing and linens. Any deviation from this could result in disciplinary action.

In order to exchange items, you must submit a completed State Shop Request Form to the State Shop as assigned.

Any inmate who submits a request should not send those requested exchange items to laundry that day. Any inmate who reports to the State Shop for an exchange without the required items will receive a violation report for refusing an order.

Note: The state Shop will be closed the last week of each month for inventory and during parole week. Any other deviation from the normal State Shop schedule will be advised via memos to the units.

Laundry Services

Lakin Correctional Center does provide laundry services for the inmate population. These services are provided on a weekly basis, however due to Holidays, the schedule is subject to change. If for any reason the laundry schedule is changed, the inmate population will be notified. A memo will be given to your Unit Team and they will inform you of the change.

- ❖ All inmate laundry is to be in the Laundry cart by 7:30 am daily to ensure that your clothes will be washed that day.
- ❖ Khakis/Reds and Whites will be washed on different days. You're provided with two laundry bags. Use both bags, **DO NOT OVER STUFF YOUR LAUNDRY BAGS.** Don't fold your clothes before putting them in your laundry bags. If the clothes are folded, this restricts a good flow of water for washing and the air to dry them.
- ❖ **DON'T** put Khakis/Reds and Whites in the same bag. It is procedure for Laundry not to fold any bags containing whites. Therefore, if you put whites in your khaki/reds bag, your clothes **WILL NOT** be folded.
- ❖ Sweats and khaki/reds clothing will be washed on the same day. It is very important for you to use both laundry bags on these days. It will ensure that you're not overstuffing your bag and that you're clothes will be totally dried. When sending your khaki/red clothing, your shirt is to be buttoned and turned the right way (the pocket facing out). By doing this, it makes your clothes easier to fold.
- ❖ On the day that we wash whites, secure your bra in your pillowcase or sock. This means: stuff your bra in the sock or pillowcase and tie a knot on the end. This will keep them from getting tangled with the other laundry. **NO PERSONAL SHOES WILL BE WASHED.**
- ❖ All bags are to be tied **LOOSELY.** If you tie it in a knot, make it loose. If you tie it in a tight knot, this means that your clothes may not get thoroughly dried and/or folded.
- ❖ When you send your sheets and blankets, only send your sheets and pillowcases in the laundry bags. Your blanket is to be folded neatly and placed in the laundry cart. **REMEMBER:** Your bed needs to be made with one blanket for cell inspections.
- ❖ Make sure that all items are out of your pockets before sending them to be washed. This includes sanitary napkins, pens, Chap Stick, etc. If the items you leave in your pocket causes damage to other inmates clothing, you will be responsible for replacing the damaged items.

ANY INMATE NOT FOLLOWING THESE INSTRUCTIONS IS SUBJECT TO DISCIPLINARY ACTION. IT IS YOUR RESPONSIBILITY TO ENSURE THAT THESE RULES ARE FOLLOWED.

SCHEDULE: (This subject to change due to Holidays, etc.)

MONDAY: KHAKI'S/REDS AND SWEATS

TUESDAY: WHITES (panties, bras, socks, thermals, towels, etc.)

WEDNESDAY: SHEETS, BLANKETS, COATS, TOBOGGANS AND GLOVES

THURSDAY: KHAKIS/REDS AND SWEATS

FRIDAY: WHITES (panties, bras, socks, thermals, towels, etc.)

MAILROOM SERVICES

Lakin Correctional Center (LCC) provides mail services for all inmates. LCC has in place Operational Procedures for Inmate Correspondence / Rules and Regulations. This is viewable to inmates by contacting your Unit Team to obtain this Procedure. Mail is distributed to each inmate / housing unit within 48 hours of receiving the mail into the facility, excluding weekends and holidays.

All mail is allowed to be sealed, except for inmate to inmate mail. All mail is to be placed in the Blue mail box, outside of MDR A by 7:30am each morning.

Privileged Mail: Privileged mail shall include written communications and letters to attorneys, the courts, any state agency affiliated with the West Virginia Division of Corrections, other state and local elected and appointed officials, the news media, grand juries, law enforcement agents or agencies, and the West Virginia Parole Board. All incoming legal mail is opened in the presence of the inmate and signature is required upon receiving.

General Correspondence: General Correspondence is written communication, which is not considered privileged mail. Written communications to other inmates does NOT include drawings or Arts and Crafts items.

Inmate to Inmate Correspondence: All inmate to inmate correspondence including WVDOC, federal facilities, regional jails or out of state correctional centers, this requires written permission from the Wardens of both facilities. Inmate to inmate correspondence is written only. Pictures and drawings are not permitted to be sent or received from inmates.

All mail sent out of LCC should have the address as follows:

Inmate Name, DOC # (Housing Unit or Mailbox #)
Lakin Correctional Center
11264 Ohio River Road
West Columbia, WV 25287

Incoming General Correspondence: Incoming mail will be opened outside the presence of the inmate. All mail is subject to inspection.

Money orders: Monetary funds are to be sent in the form of a Money Order. Money orders are not to exceed \$100, but more than one can be sent in the same envelope. Personal checks, cash, etc. will be sent back to the Sender at the expense of the inmate. The envelope will be stamped with the date the money order was received into LCC, a receipt will be written for the money order, the Trustee Clerk will post the money to your Trustee Account and the receipt will be dated with money posted date. The receipts will be sent to the Mailroom and will be delivered with the daily mail. Each money order is required to have the Inmate Name, Doc #, Housing

Unit and the senders' name. This information is to be legible to ensure it is added to the correct Trustee Account.

Packages: "Care" packages are not permitted. All packages received are to be sent from approved distributors and vendors only.

Publications: All newspapers, magazines, puzzle books, etc. are to be sent directly from the distributor / vendor. Inmates ordering publications are required to send full payment (voucher) with the order. The "Bill Me Later" option is not permitted. Only 5 subscriptions are permitted at one time.

Basic Information:

- You are allowed to receive pictures. Pictures are not allowed to be Polaroid or no larger than 5 x 7 in size. Inmate photos or photos showing nudity will not be permitted.
- You are allowed to receive greeting cards. Cards with glued items, excessive glitter, etc. will not be permitted. All greeting cards with layers are also not permitted. All greeting cards are to be signed by the sender.
- Perfume / Cologne / Lipstick: These are not allowed in any form.
- Stationary items: Postage stamps, greeting cards, paper, envelopes, ink pens, etc. are to be purchased through the Commissary. These items are not to be sent in from the outside.

Commissary

Every inmate will be permitted to order on Mondays. You will be allowed a \$75.00 limit each week. The commissary forms will be picked up in the gym only. For general population, no forms will be handed out unless one is turn in. You are only permitted one form in your cell unless it is the week to order property for the unit you're in.

How to fill out your Commissary Order Form:

- ✓ Commissary forms are to be filled out with a pencil.
- ✓ Make sure to fill the bubbles in completely. If your DOC# is incorrect your form will be rejected and you will not receive commissary for that week. Do not skip boxes; start in the left hand side of the box. Do not fill in the empty boxes with 0's.
- ✓ If you make a mistake, please put all (9's) in that box and move on. Do not throw away and get a new form.

Your unit will be called to the gym to pick up commissary: At this time you will bring your completed forms with you. You are required to have your id with you. You are not permitted to bring another inmates form unless arrangements have been made by staff. When turning in an order form you must have the funds on your account at the time you are turning in your order. If you do not have adequate funds to cover all items purchased this will result in disciplinary action. If you ordered a hygiene item and it was not in your bag you will be permitted to fill a form out to replace that hygiene item only.

Keep in mind when making commissary purchases; you have an in-cell possession limit. If you exceed your in-cell possession limit, you will be required to destroy or mail the items home at your expense.

You will not be permitted to fill your form out in the gym also you will not be given your form back once it has been turned in. When your unit is called for commissary you are to report directly to the gym and find a seat, at no time should you talk above a whisper. Once your name is called you will show your id and get the bag, check all items to make sure you have received the entire order. When this is complete you will go to a Commissary staff Member sign the receipt, get your stamps soda and detergents. At this time you will let the staff member know what items you are missing if any, this will be verified and a credit issued. (At no time once you have left the gym will a credit be issue for missing items.) This is when you may ask to reorder the missing item at this time. **MAKE SURE TO KEEP YOUR RECEIPTS.** When you have completed this process you are to return to your seat. Once seated you are to tie your bag shut and wait to be called back to you housing unit. At no time are you to open your bag, show or hand items to another inmate.

If you return to your housing unit and notice an item is molded or bad just take the item and your receipt to the officer, The Officer will dispose of this item and sign your receipt just bring the receipt on you next shopping day for a credit.

Any inmate that chooses to go to outside recreation and not remain in your pod during commissary call will receive a credit for their order and it will be returned.

SEG, Intake, Diagnostic and Medical Unit: The commissary will be delivered to your unit. At this time you are to turn in your order form for the next week. Staff members will not wait on you to fill out your form you must have this done.

If you are in Intake or on SEG, LOP or AD-SEG this is to be written in the Top Right Hand corner of your order form. You will place your order according to your status at the time you turn the order in (not delivery date).

Do not wait until the day of the order to ask for an order form. Commissary will arrive on Monday unless otherwise posted. All forms are to be turned in upon entrance to the gym.

Please make sure to add the correct amount of Taxes to purchases made.

Property Order forms will be collected once a month per unit. The schedule is as follows:

- First Monday A-Pod, Medical and Modular Unit
- Second Monday B and C-Pod
- Third Monday D-Pod and SHU
- Fourth Monday J-Building.

You are permitted to order up to \$200.00 this does not include your regular weekly commissary purchase.

You are also permitted to receive a special package every 90 days if you are write- up free. Make sure you have a signed request giving you permission to order items. The items must be shipped directly from the company. They must be exactly what you have requested on your form. Any items received prior to approval will be contraband – no exceptions.

Inmate Grievance Procedures

Lakin Correctional Center provides the inmate population a way of bringing complaints to the attention of the Administration. The grievance procedure will be explained during the Orientation Program. Inmates are also able to obtain a viewable Policy Directive 335.00 to read more concerning the Inmate Grievance Procedure. An inmate who wishes to make a complaint must fill out an Inmate Grievance Form. This form is accessible in the housing unit as well as in the Law Library. You may also contact your Unit Team to obtain a Grievance Form. There shall be no reprisals against any inmate who files a grievance.

The first step is for an inmate to fill out a Grievance Form and it is to be placed in the gray box marked Inmate Request and Grievance. This form will be given to the Unit Manager or appropriate Staff Supervisor, who will attempt to resolve any issues. The inmate must fill out the Grievance Form in a correct manner. The response time at this level is five (5) days, excluding weekends and holidays.

If the Unit Manager's or appropriate staff's response to the inmates complaint does not resolve the problem, the inmate will then initial the Grievance Form "Appealed to the Warden/Administrator". The LCC Warden has five (5) days to respond excluding weekends and holidays.

Should the inmate feel that the Warden's response is not adequate, she shall have five (5) days after receipt of the Warden's response to initial the Grievance Form "Appealed to the Commissioner". After receiving the letter of appeal, the Commissioner has ten (10) days to respond to the inmate, excluding weekends and holidays. The Commissioner or designee may respond by letter to the inmate.

Religious Services

Lakin Correctional Center has a full time Chaplain who works with religious volunteers to meet the spiritual needs of the facility as well as the inmate population. LCC currently has over one hundred religious volunteers. These volunteers represent the majority of faiths here at LCC. There are monthly religious services that are posted on a calendar which is placed in each of the pods. Several times throughout the year there are special services held. One such service is Kairos, an interdenominational Christian ministry. All inmates will be made aware of any and all special services and/or activities. If at any time you wish to have spiritual counseling/guidance, you may put in an inmate request in order to accomplish this.

Classification

LCC is principally committed to maintaining an inmate in the least restrictive classification level, as appropriate, for the safety of the public, staff, other inmates and the safe, secure and smooth operation of the facility and the WVDOC. An inmate's classification will determine the area of LCC where she will be housed and/or her eligibility for transfer to another WVDOC facility; the conditions under which she will be allowed to leave her cell/room and types of programs, program delivery, work assignments and privileges for which she may be eligible.

Classification Continuum:

Advancement through the classification levels shall be on a continuum. All inmates, whether classified to LCC or inmates transferred to LCC from other WVDOC facilities, shall not advance from one (1) classification level to the next until they have met the eligibility requirements for the next level.

To advance to the next level of the classification system, an inmate must:

- Maintain excellent behavior and demonstrate a positive attitude.
- Perform satisfactorily in available work and educational/vocational assignments.
- Comply with the recommendations set forth in her Individual Reentry Program Plan (IRPP)/ LSCMI Case Management Plan.
- Be able to meet the eligibility criteria established for each classification, as outlined in this procedure.

Inmates may advance more than one level in the classification continuum if the following criteria are met:

- The inmate meets the eligibility requirements set forth by the WVDOC Classification Manual for the given level.

New Commitments and Intra-Agency Transfers:

When a newly committed inmate arrives at LCC, she will be assigned a Case Manager and Counselor, be initially classified as Intake and be housed, as appropriately. Within thirty (30) days of being received at LCC as a new commitment, the inmate will receive an Initial WVDOC classification by a Classification Committee. The month of her intake date will be the month of all future regular annual/semi-annual reviews (e.g. If an inmate is received at LCC in May, her regular annual reclassification reviews will be every May. If the inmate is within five [5] years of discharge/parole eligibility, the months of classification would be May and November).

Classification Levels:

1. **Level V (Maximum)**: Classification wherein an inmate's prior public and institutional records (or, as in the case of inmates in Intake Status, her Public

Risk Score is 5 and the lack of an established institutional record) indicate that she is generally in need of intense supervision due to her extreme risk to the public, staff, inmates and the safe, secure and smooth operation of the facility and the WVDOC. Inmates classified as Level V are generally those in the most severe and restrictive classification relative to housing, rules, movement, programs, program delivery and privileges. Security is the top priority in the management of Level V inmates.

- a. Inmates classified to a Level V classification have demonstrated behavior or a behavior pattern of manipulation, agitation, aggressive or violent behavior, escape/attempted escape and/or are disruptive to normal security operations and smooth functioning of LCC or the WVDOC.
 - b. Level V also applies to inmates who are unclassified and diagnostic inmates.
 - c. There are five (5) classification categories within Level V:
 - 1) Ad-Seg: Inmates classified and assigned to housing in the Control Unit.
 - 2) Punitive Segregation: Inmates serving Punitive Segregation sentences as determined by the Correctional Hearing Officer.
 - 3) Detention: Inmates placed in pre-hearing detention pending a hearing before the Correctional Hearing Officer or Classification Committee.
 - 4) Receiving/Intake: Inmates who have not completed initial classification and diagnostic procedures with a Public Risk Score of 5.
 - 5) Special Management Status: Condition of confinement for inmates requesting or requiring special monitoring or preventative measures that could entail separation from the general population.
2. Level IV: Classification wherein an inmate's prior public and institutional records indicate that she is in need of close supervision due to her risk to the public, staff, inmates and the safe, secure and smooth operation of the facility and the WVDOC. Inmates classified as one of the Level IV classifications are generally those in the next most severe and restrictive custody relative to housing, rules, movement, programs, program delivery and privileges.
- a) In order for an inmate to advance from Level IV to Level III, she must have actively participated in recommended and/or appropriate rehabilitative programming, received good work and/or housing reports and not have an overall institution/behavior history that indicates a threat to the public or the safe and secure operation of the facility.
3. Level III (Medium): Classification wherein an inmate's prior public and institutional records indicate she is in need of general supervision due to her risk to the public, staff, inmates and the safe, secure and smooth operation of the facility and the WVDOC.

- a. In order for an inmate to advance from Level III to Level II, she must have actively participated in recommended and/or appropriate rehabilitative programming, received good work and/or housing reports, and not have an overall institution/behavior history that indicates a threat to the public or the safe and secure operation of the facility.
4. **Level II (Minimum):** Classification wherein an inmate's prior public and institutional records indicate she is in need of less supervision due to her reduced risk to the public, staff, inmates and the safe, secure and smooth operation of the facility and the WVDOC.
 - a. Inmates assigned an Initial WVDOC classification (reception/diagnostic evaluation) of Level II may be assigned for transfer to a less secure WVDOC facility.
 - b. In order for an inmate to advance from Level II to Level I, she must have actively participated in rehabilitative programming, received good work and housing reports and have an overall institution record that indicates that she is not a likely security risk.
 5. **Level I (Community):** Classification wherein an inmate's prior public and institutional records indicate she is in need of minimal supervision due to her reduced risk to the public, staff, inmates and the safe, secure and smooth operation of the facility and the WVDOC. Inmates classified as Level I are generally those in the least restrictive custody level. Inmates classified Level I may be eligible for consideration for placement in all LCC programs.
 - a. Inmates assigned an Initial WVDOC classification (reception/diagnostic evaluation) of Level I may be assigned for transfer to a less secure WVDOC facility.

Classification System: A Classification Committee consists of the Classification Director, Unit Manager, Case Manager, members of the Counselor/Therapist staff, Education, Mental Health or Medical staff, a member of the Security staff and members of an inmate's housing Unit Team; any three (3) of whom constitutes a quorum. The terms Classification Committee and Unit Team may be used interchangeably in this procedure.

1. A Classification Committee has the responsibility and authority to determine classification and programs (Individual Reentry Program Plan). Control of an inmate's movement, privileges, work assignment, and program delivery will be based upon the inmate's classification.
2. Whenever it becomes apparent that an inmate has been misclassified, that inmate's Unit team will immediately notify the Classification Director. Said notification shall be in writing and shall include all relevant facts and

circumstances regarding the inmate's misclassification. If the Classification Director, upon review, determines that the inmate has been misclassified, the Classification Director will direct the inmate's Unit Team to reclassify the inmate.

3. The following guidelines will be used during the classification process:
 - a. Notice of Hearing: The inmate will receive prior written notice of her appearance before a Classification Committee stating the time and place of the meeting, the reason for the inmate's appearance and listing all items and/or written material which will be used in the classification decision making process. This notice will be given to the inmate a minimum of forty-eight (48) hours (excluding weekends and holidays) before her appearance.

Opportunity to Respond: The inmate may waive, in writing and no less than forty-eight (48) hours prior to her scheduled review, her personal appearance before a Classification Committee. If the inmate does not appear, a review will still be conducted and the inmate's absence will be noted by the Classification Committee.

1. The inmate will be permitted to speak for herself and offer other facts and information on her own behalf. She will be permitted to discuss her participation in programming. The inmate will not be permitted to have a representative at any classification hearing or review.
2. The inmate's appearance before a Classification Committee will be documented on the appropriate classification forms and stored in the central file.
3. The Classification Committee will issue a written decision to the inmate within five (5) working days after the hearing date. The decision will indicate the inmate's classification, housing and give specific reasons for the classification decision. The decision may list requirements or recommendations for the inmate to follow (refer to Individual Re-Entry Program Plan/LSCMI Case Management).
5. The inmate may appeal the classification decision. Classification appeals shall be made to the Warden (LCC Form 4-0007). Appeals must be filed within five (5) days of receipt of the Classification Committee decision sheet. Appeals regarding initial placement in Ad-Seg shall be made to the Commissioner of Corrections.
6. An inmate may request (and is encouraged to make) an appointment with her Case Manager/Counselor in order to review her program and progress status between her classification reviews.

Overview of Work Release Selection Process

It is the practice of the LCC that inmates serve their sentence at the lowest possible custody level, keeping in mind the needs of safety for the community, correctional staff, and other inmates. Inmates from LCC, under the custody and control of the Commissioner, shall be eligible for the selection and transfer to a community-based facility or the Beckley Correctional Center Work Release Unit. However, inmates who are eligible for selection and transfer to a community-based facility or the Beckley Correctional Center Work Release Unit must meet the following minimum criteria prior to being considered for placement:

- ❖ Be within eighteen (18) months to possible release (RSAT Graduates can be within 24 months of possible release).
- ❖ Utilizing the Correctional Classification profile, an inmate must be classified as a Level II (Minimum) or Level I (Community).
- ❖ Must have served a minimum of thirty (30) days at LCC and be accurately classified.
- ❖ Must be able to seek employment and retain employment, with physical ability verified by medical personnel prior to transfer to a community-based facility or the Beckley Correctional Center Work Release Unit.
- ❖ **In order to be eligible for review for the Charleston Work Release Center Residential Substance Abuse Treatment Unit, and inmate must successfully graduate the RSAT Unit**

At least once a month, a three (3) member panel shall review the inmate's eligibility for possible placement in a community-based program. This committee shall conduct an in-depth file review and an updated assessment of risk of all eligible offenders. The offender will be notified of the results of the review. Those inmates who are approved for a community-based facility or the Beckley Correctional Center Work Release Unit will be transferred, as space is available.

Program and Treatment Options

At a minimum, level of risk must be recognized as an important factor in determining program recommendations. At the time of the IRPP/LSCMI CASE MANAGEMENT PLAN development and updates, Case Supervisors will utilize the following general guidelines in the recommending of general programs. Offenders who are referred to programs provided by the Department of Education must present their IRPP/LSCMI CASE MANAGEMENT PLAN to enroll. Offenders will be referred to all other programs utilizing the Resource Referral Form.

- A. Identification of Need: Individual needs will be determined through a thorough file review.
- B. Low Risk versus High Risk: Research has consistently shown that high risk offenders are the target population for making significant impacts through intensive programs and services, while low risk offenders have been shown to actually increase in risk if programmed at intensive levels. Therefore, Case Supervisors should provide program recommendations that fit specific level of need of each individual offender.
- C. Rational Thinking Models: The core of criminality is rooted in poor decision making skills which are compounded by anti-social and criminal thinking. Addressing criminogenic need through cognitive-behavioral interventions has shown the most impact in reducing risk within correctional populations, and should be the cornerstone of all correctional programs intended to instill change within offenders.
 - a. Cognitive Skills: A basic cognitive skills Program should be recommended for all offenders within the correctional system. Additional cognitive skills programming beyond an introductory course should be determined by the program team based on the offender's background, their personality and behavior, attitudes and orientation. Cognitive Skills programs should begin an offender's program plan because all other programs build upon this model.
 - b. Managing My Anger: Managing My Anger is designed to address the unique dynamics of female anger. This program is for offenders who have demonstrated a history of difficulty in appropriately managing anger and issues of conflict or a noticeable problem participating in productive activities due to a low frustration tolerance. This may include an offender who has many write-ups for fighting or destructive outbursts and offenders who have a legal history indicative of anger management issues. This program is not designed to address violence within the dynamics of a domestic violence relationship.
- D. Substance Abuse Programs: the majority of men and women within the correctional system are incarcerated for reasons relating to alcohol/drug/drug use/abuse/addiction. Substance abuse programming does not need to be voluntary to be effective. Studies

have consistently shown that offenders with low motivation for change and healthy living relating to their substance use are just as successful in their recovery as those with high motivation for change and healthy living.

- a. Aladrue I: Offenders who have scored a three or greater on the TCU Drug Screen II, who are inappropriate for the Residential Substance Abuse Unit, should complete the Aladrue, The new Beginning, Phase I program.
- b. Aladrue II/A Woman's Way through the Twelve Steps: Offenders who voluntarily enroll in this program and who are not eligible to participate in the Residential Substance Abuse Unit will be the primary participants of Aladrue Phase II. This program is completed on a voluntary basis only. Aladrue, Phase II cannot be recommended on the Inmate's IRPP/LSCMI CASE MANAGEMENT PLAN.
- c. Aladrue III/Helping Women Recover: Offenders who voluntarily enroll in this program and who are not eligible to participate in the residential Substance Abuse Unit will be the primary participants of Aladrue, Phase III. This program is completed on a voluntary basis only. Aladrue, phase III cannot be recommended on the inmate's IRPP/LSCMI CASE MANAGEMENT PLAN.

Note: In the case of an inmate who receives an institutional rule violation and/or a parole/probation violation (based on Substance abuse) that has already completed Aladrue I, it WILL NOT be necessary for the inmate to repeat this course. However, the inmate must successfully complete Aladrue Phase I-Relapse Prevention Sections 22-31.

- d. Residential Substance Abuse Treatment Unit: Offenders whose substance abuse history indicates a need for residential treatment should be referred to RSAT. Additionally, RSAT referrals must meet the following criteria:
 1. Identified need based on thorough file review.
 2. Identified desire for treatment
 3. No identified current predatory behavior
 4. Mental health needs that can be maintained within the general population
 5. Compliant with taking mental health medications
 6. TCU Drug Screen II

If an RSAT Unit is an appropriate referral for an inmate and the inmate refuses participation in the RSAT Unit, the Case Supervisor shall not Change the recommendations to Aladrue.

- E. **Domestic Violence Intervention and Prevention for Women:** Domestic Violence Intervention and Prevention for Women should be recommended for any female offender with a current offense that involves family-based violence or with a history of residing in the environment of family-based violence. This program is designed specifically for the female offender in addressing her criminal behavior at the same time that she is afforded the opportunity to recognize and address her own victimization.
- F. **Victim Empathy programs**
- a. **Crime Victim Awareness:** Case Supervisors should recommend Crime Victim Awareness for ALL offenders based on the philosophy that for every offender there is at least one victim.
- G. **Sex Offender Programs**
- a. **Sex Offender Program Phase I** should be recommended for all offenders with a current offense that involves sexual violence or abuse or with a history, or an offense of sexual violence or abuse. This includes offenders who have "hidden" sex crimes (i.e. dismissed charges, offenses with a sexual component that were pled down to non-sexual crimes, etc.).
- b. **Sex Offender Program Phase II:** Sex Offender Program Phase II cannot be recommended or placed on IRPP/LSCMI CASE MANAGEMENT PLAN.
- c. **Sex Offender Program Phase III:** Sex Offender Program Phase III cannot be recommended or placed on an IRPP/LSCMI CASE MANAGEMENT PLAN. It is designed to be provided to offenders who are near discharge or has made parole.
- H. **Adult Basic Education/GED Preparation:** Case Supervisors should refer each inmate not possessing a GED or high School Diploma to Education for assessment and/or placement in ABE/GED Classes
- I. **Vocational Education Programs:** Almost all offenders could benefit from having a vocational trade before reentering society. While it is generally best for offenders to do vocational programming as close to parole eligibility or discharge date as possible, there are exceptions.
- J. **College Courses:** College courses are provided at most facilities and can be recommended if the inmate shows the ability to be successful and has a high school diploma or a GED.

Administrative Modification of Child Support

Administrative Modification of Child Support is a tool that has been designed by the United States Legislature in order to assist parents whom have been ordered to pay child support while incarcerated.

If you have been ordered to pay child support and are currently incarcerated, the West Virginia Bureau of Child Support Enforcement (WVBCSE) will assist you in establishing paternity of the child the order is for, and attempt to petition a judge to reduce your child support order to an amount that is based on the pay that you receive for your job here at LCC. This process is of no cost to you. All procedures are funded by the U.S. Legislature.

Please be aware that if you are ordered to pay child support, and you are unable to meet these requirements, your child support balance increases by 10% each year, due to interest.

If you are interested in this program, please refer to the *You Are a Parent* handout in the "handout" section of this handbook. If you would like to apply for a modification of your child support order, contact your unit staff or ask the LCC paralegal or inmate legal representative for assistance.

Sexual Assault Awareness

Facts Related to Sexual Assault:

- Anyone, male or female can be sexually assaulted.
- Age is not a factor concerning sexual assault.
- Physical attractiveness is not a factor.
- Sexual orientation is not a factor concerning sexual assault. A rapist may be either heterosexual or homosexual. The victims may be either heterosexual or homosexual.
- Nobody "asks to be raped." The victim of an assault is not at fault. Sexual Assault is a crime of violence and has nothing to do with lust or passion.

Sexual Assault Awareness: Most research regarding inmate on inmate sexual assault has focused on male inmates at risk from other male inmates. However staff and female inmates do report that female inmates can and do sexually assault one another. It is reported that physical force may be used but more often the assaulter will use intimidation and emotional abuse to coerce another inmate into a sexual relationship. As with men in male prisons, it is reported the stronger women will seek out female inmates that appear weaker-physically and/or emotionally. Violence among women in prisons is frequently similar to domestic violence situations.

Sexual Assault Prevention/Intervention:

- Avoid isolated areas when possible.
- When possible stay within eyesight of correctional staff
- Be aware of your body language. Do not walk with your head down and eyes lowered.
- Do not accept food, cigarettes, or other items from inmates. Do not go into debt in any manner. You may be expected to "repay" these debts with sex.
- Be aware of inmates that say they will protect you. Protection frequently has a cost also.
- Do not give out information about your family, friends, or financial support.
- Do not purchase large amounts of commissary or otherwise give the impression of having money available to you.
- Avoid talking about sex and avoid unnecessary nudity.

Reporting Sexual Abuse/Assault:

- If you are being intimidated or are in fear of sexual assault from another inmate immediately report this to a staff member or more than one staff member if necessary. You may also send an Inmate Request directly to the investigator or any other staff member you feel comfortable reporting this to.
- If you are sexually assaulted, immediately report it to institutional staff. The sooner you report the assault the better the chances evidence can be obtained that will help prove the assault.
- When a sexual assault is reported you will be medically checked.

- Any Inmate that feels they have been the victim of Sexual Misconduct by a staff member can call the Sexual Misconduct Hotline. Above each phone there is the phone number to contact in order to report Sexual Assault.
 - Inmates are to use their Inmate ID number as if making a normal call.
 - To report Sexual Misconduct by an employee call *9029#.
 - All calls to this number are at no charge to the inmate or the Facility.
 - All calls are recorded and tracked to the Inmate making the call.
 - Inmates are to use this line as a communication link to the Administration for Sexual Misconduct issues **ONLY**.
 - Any calls received not related to Sexual Misconduct will be subject to Disciplinary Action in accordance with Policy Directive 325.00, 2.01 Refusing an Order.

Treatment and Counseling

- You will be referred to mental health services for assessment. Treatment will be provided as necessary.
- Victims of sexual assault may experience feelings of self-loathing, anger, rage, humiliation, nightmares, depression, and isolation among other things. Physical symptoms may include headaches, stomachaches, sleep disturbances and loss of appetite. Report any concerns to medical or mental health services.

Lakin Correctional Center

ACCESS TO CARE

HEALTH CARE SERVICES

INFORMATION ABOUT YOUR HEALTHCARE

We all want to be taken care of when we are sick. Sometimes this is easy and sometimes it requires a lot of work and cooperation. It may help to know how Wexford Health Sources, Inc. feels about taking care of your health needs.

We Believe You Need To:

- Have the opportunity to be seen by a qualified health care professional.
- Know what the health care staff plans to do for your illness.
- Have the opportunity to ask questions about your illness and treatment.
- Be able to see a specialist when your illness requires it.

General Information

All offenders incarcerated at Lakin Correctional Center will be provided reasonable access to adequate medical care, which includes but is not limited to, care of the chronically ill and emergency situations 24 hours a day. Licensed nursing staff is available in the Health Care Unit around the clock. Dental, Eye, X-ray, and EKG are some of the services provided. Periodic physical exam and annual skin testing for TB are standard services provided by the health care staff.

Treatments by Nursing Staff

- Injuries, such as: lacerations, sprains, possible fractures and burns.
- Indigestion, constipation, diarrhea, and hemorrhoids.
- Cold and flu symptoms, cough, nausea and vomiting.
- Rashes, athlete's foot, jock itch, and blisters.
- Insect bites, poison ivy, muscle strain and urinary tract infection.

Eye Clinic

If you have a problem with your eyes you must submit a Health Services Request form stating your problem. You will be called to the medical unit and your name will be placed on the Eye Doctor list if criteria is met. If the eye problem is an emergency, speak to your Unit Manager or a Correctional Officer so they can contact the Health Care Unit immediately.

Health Education

At Lakin we provide Health Education for residents. The educational topics often coincide with Chronic Care Clinics while others are often seasonal (cold weather, injuries, insect bites, etc.) Please check the bulletin boards frequently for new information. We welcome suggestions on educational topics.

We also provide educational videos for offenders to watch and group classes. We have videos on a wide variety of topics, from HIV/Aids to surviving a heart attach to Hepatitis C.

Any question on offender education can be brought to the attention of any nurse in the Medical Unit by submitting your question on a Health Service Request form.

Conditions Considered an Emergency

- Chest pain that radiates to the arm or jaw.
 - Shortness of breath
 - Heavy bleeding
 - Sudden onset of confusion
 - Any life threatening condition
-

Dental Services

Submit a Health Services Request for an evaluation. If you have an emergency dental problem such as severe tooth pain, recent cracked teeth, any severe or continuous bleeding after dental procedures, contact your Unit Manager or the Correctional Officer on duty in your unit.

Doctor Call

Doctor call is by appointment only. A medical doctor is here 40 hours a week. The doctor/NP will see patients who have initially been evaluated by the nurse and referred for a problem, for medication orders, or for chronic care. You will be called to medical by staff when needed. In order to comply with the State Co-Pay Policy, any resident that missed an appointment may be charged for that appointment.

Dress Code

The dress code in the Medical Unit requires residents to be clothed according to Lakin Correctional Center's Policy.

Evaluation of Daily Request

Residents needing to see a nurse must complete a Health Services Request Form. These are available in your housing and the medical unit. We have an Open Sick Call System. Please bring your completed Health Services Request Form to Open Sick Call on your designated day as follows. If your DOC number ends in an EVEN number, your sick call days are Monday, Wednesday, and Friday at 8:30 a.m. If your DOC number ends in an ODD number, your sick call days are Tuesday, Thursday, and Saturday at 8:30 am. If you are on LOP (Loss of Privileges), your Sick call days are the same as above, but at 1:30 p.m. If you are on the Work Crews, your sick call days are the same as above, but at 7:30 p.m. If you are on Segregation Status, you submit your Health Service Request Form in the appropriate box, and you will be called down accordingly. If you experience an Emergency, let your Officer know.

For any questions regarding the co-pay policy, please refer to the co-pay policy, which is posted on your housing unit. A copy is also available in the Legal Library. The boxes located in each housing unit may still be utilized. Utilizing the boxes within the housing unit will not supersede the Open Sick Call program. The sick call slips placed in the box will be evaluated and addressed by medical staff as deemed by Wexford Health Sources. All offenders will be seen regardless of ability to pay. No medical services will be refused to any offender.

Examples of Treatments by Nursing Staff During Nurse Sick Call

- Joint pain, muscle soreness, and sprains
 - Indigestion, constipation, diarrhea, and hemorrhoids
 - Cold and flu symptoms, coughs, nausea and vomiting.
 - Rashes, athlete's foot, yeast infections, and blisters
 - Insect bites, poison ivy, muscle strain, and urinary tract infections
-

Co-Pay

Nurse Sick Call	\$3.00
Nurse Sick Call (\$3.00) with referral to Dr. (\$2.00) for total of	\$5.00
Non-emergency visit for treatment by the nurse	\$3.00
Self-inflicted/self induced injury/illness requiring nurse	\$3.00
Self-inflicted/self-induced injury/illness requiring doctor	\$3.00
Missed, non-excused scheduled appointment	\$3.00
New complaint presented at appointment and not related to original appointment	\$3.00
Scheduled non-referred Doctor	\$5.00
Non-emergency scheduled Dental Visit	\$5.00
Fee per prescription (excluding chronic care prescriptions for Chronic Care Patients)	\$2.00
Over-the-counter medications-priced as established according to the Standard marketing practices	\$2.00

Remember... Fully Complete the Health Services Request Form

Print your name, your DOC number, your housing unit, date submitted and briefly state your problem. Sign your name and return to any pill line.

Pill Call (MEDICATION PASS) Times

6:00 AM
NOON
4:15 PM
9:00 PM

AS NEEDED MEDICATION WILL BE GIVEN AT REGULAR PILL PASS TIMES.

No medication will be given before or after the designated pill call times unless a verifiable reason can be given by Security.

Self-Administering Medications

This is a program which you may want to participate in while at Lakin. You will need to submit a Health Services Request to be placed on this program. Your compliance and medications will be reviewed and you will be informed of your eligibility for the program. You must be 100% compliant with all medications to be considered as eligible for the program. Self-Administration Medications are dispensed as needed.

Grievances

If you do not agree with the care you have received, believe you have been denied care, believe you have been wronged, or any other problem, please bring it to the attention of the Health Services Administrator. Problems usually can be solved quicker and more easily informally. If resolution is not to your satisfaction, you have the right to Grievance process. For grievance forms, contact your Unit Manager.

Mental Health Therapy and Intervention is Available

If you feel you need to talk to mental health professional speak with your Unit Counselor, Unit Manager or submit a Health Services Request. The mental health staff will review the request and a member of that staff will see you.

Advance Directives / Living Will

Information and help is available in the Medical Unit if you wish to develop advanced directives / living will. These are direction for your care in case of a terminal illness and / or cardiac arrest. For more information- please submit a Health Service Request.

Hepatitis and HIV/AIDS Information

HIV is Human Immunodeficiency Virus

AIDS is Acquired Immuno Deficiency

Hepatitis C is a virus that affects primarily the liver.

Hepatitis C and HIV are viruses that enter a person's body through bodily fluids such as blood, semen, vaginal secretions, needle sharing and nasal cocaine pipes. Do not share your "works". There is no cure yet available for HIV/AIDS disease.

Hepatitis C and HIV are not spread through shaking hands, toilet seats, eating in restaurants, swimming in pools, donating blood, being bitten by a mosquito or any casual contact.

Abstinence or not having sex. Not sharing any body fluids is the only way to prevent getting these diseases. Using latex condoms during all sex situation is not fool proof but it can limit your chances of getting diseases. Do not share needles or drug paraphernalia with anyone. **DO NOT GET TATTOOS OR HAVE SEX WHILE IN PRISON**

Treatment is available to slow down the disease if you test positive for HIV. Antiviral medication can be obtained by prescription. The doctor may also prescribe certain medication to boost the immune system.

Always wear gloves when cleaning up blood spills, report any exchange of bodily fluids to the Medical Unit (for example, a fight where there is a blood splash or sharing needles and tattoo equipment). This is just a brief over view of these diseases.

The medical unit here at St. Mary's will be happy to address any further concerns or questions you may have regarding these diseases.

IF YOU WANT a Hep C or HIV TEST, PLEASE SUBMIT A HEALTH SERVICE REQUEST

Prevent Hepatitis A

Hepatitis A is a liver disease caused by the Hepatitis A virus.

Hepatitis A can affect anyone. Hepatitis A is still a common disease in the United States. Young children can be infected with the virus but not show symptoms. These children often spread the illness to older children and adults.

Good personal hygiene and proper sanitation can help prevent Hepatitis A. Vaccines are also available for long-term prevention of Hepatitis A virus infection in persons 2 years of age and older. Immune globulin is available for short-term prevention of Hepatitis A virus in all ages.

How do you get Hepatitis A?

Hepatitis A virus (HAV) is found in the stool of persons with Hepatitis A. HAV is spread from person to person by putting anything in the mouth that has been contaminated with the stool of a person with Hepatitis A. The virus is easily spread in areas where there is poor sanitation or poor personal hygiene.

Persons with Hepatitis A can spread the virus to household members or to sexual partners. Casual contact as in the usual office, factory or school setting, does not spread the virus.

Who is more likely to get Hepatitis A?

Persons who share a household or have sexual contact with someone who has Hepatitis A.

Men who have sex with men.

Persons who use street drugs.

Children and employees in child care centers (especially centers that have children in diapers) where a child or an employee has Hepatitis A.

Travelers to countries where Hepatitis A is common.

Persons with clotting factor disorders who receive factors concentrates.

Residents and staff of institutions for developmentally disabled persons when a resident or an employee has Hepatitis A.

Workers who handle HAC infected animals or work with HAV in a research laboratory setting (this does not include laboratories doing routine testing).

How do you know if you have Hepatitis A?

Children who are infected often have no symptoms. Three of every four adults who get Hepatitis A have symptoms. Symptoms usually develop over a period of several days.

Symptoms may include:

- | | | | |
|-----------------------------------|------------------------------|--|------------------------------------|
| <input type="radio"/> Yellow Eyes | <input type="radio"/> Nausea | <input type="radio"/> Tiredness | <input type="radio"/> Stomach Ache |
| <input type="radio"/> Dark Urine | <input type="radio"/> Fever | <input type="radio"/> Loss of appetite | <input type="radio"/> Vomiting |

A person can spread HAV about one week before symptoms appear and during the first week of symptoms. Persons with no symptoms can still spread the virus. This often happens with young children who unknowingly spread HAV to older children or adults.

Hepatitis A usually does not cause death. There is no chronic (long-lasting) infection with Hepatitis A. Recovering from the disease produces lifelong immunity from future HAV infection, he/she will never get it again.

How can you prevent Hepatitis A?

You should always wash your hands after using the bathroom, changing a diaper, or before preparing or eating food.

Hepatitis A vaccines provide long-term protection against Hepatitis A and can be given to persons 2 years of age and older.

Children and adults need Hepatitis A vaccine for long-term protection. You will either need two shots of Hepatitis A vaccine or three shots of the combination Hepatitis A and Hepatitis B vaccine. After getting your first shot, your doctor or nurse will tell you when to return for the second shot.

Immune globulin, (IG) might be used for short-term protection in two situations:

For travelers instead of, or in addition to Hepatitis A vaccine

For unvaccinated persons, who have recently been exposed to HAV

Immune globulin must be given within two weeks of exposure to HAV in order to work.

Can you get Hepatitis A from food or water?

In addition to getting Hepatitis A directly from infected people, you can get Hepatitis A by:

Eating fruits, vegetables, or other food that may have become contaminated during handling

Eating raw shellfish harvested from sewage-contaminated water.

Swallowing contaminated water or ice.

Can HAV be killed?

The virus is killed by heating to 185 degrees Fahrenheit (85 degrees Celsius) for 1 minute. However, the virus can still be spread by cooked foods if they are contaminated after cooking. Adequate chlorination of water as recommended in the United States kills HAV.

How great is the risk for Hepatitis B?

About 5% of persons in the United States will get Hepatitis B sometime during their life. If you engage in certain behaviors, your risk for Hepatitis B may be much higher.

You may be at risk for Hepatitis B if you:

Have a job that exposes you to human blood.

Live in the same house with someone who has lifelong Hepatitis B virus infection.

Injects drugs.

Have sex with a person infected with Hepatitis B virus.

Have sex with more than one partner.

Are a child whose parents were born in South-East Asia, Africa, the Amazon Basin in South America, the Pacific Islands, or the Middle East.

Are a patient or work in an institution for the developmentally disabled.

Have hemophilia.

Travel internationally to areas with a high prevalence of Hepatitis B.

How is Hepatitis B virus spread?

Hepatitis B virus is found in the blood and body fluids of persons with Hepatitis B. Contact with even small amounts of infected blood can cause infection. You can get Hepatitis B by direct contact with the blood or body fluids of an infected person, for example, by sharing needles or by having sex with an infected person. A baby can get Hepatitis B from an infected mother during childbirth.

Can Hepatitis B be spread by food?

Unlike Hepatitis A, another form of Hepatitis, Hepatitis B is not spread through food or water. If you had Hepatitis A, it is still possible to get Hepatitis B. If you had Hepatitis C, another form of Hepatitis that can be spread by contact with blood, you can still get Hepatitis B.

What is the Hepatitis B carrier state?

Among adults who have Hepatitis B, 5% to 10% develop a lifelong infection; among children, the risk for lifelong infection is much higher.

Some persons infected with Hepatitis B virus never fully recover and carry the virus for the rest of their lives. These persons are known as carriers, and they can affect other household and secular contacts throughout their lives. In the United States today, an estimated one million persons have lifelong Hepatitis B virus infections.

Why is Hepatitis B so serious in pregnant women?

All pregnant women should be tested early in pregnancy to determine if they are infected with Hepatitis B virus

Pregnant women who are infected with Hepatitis B virus frequently transmit the disease to their babies. Many of these babies develop lifelong infections, cirrhosis of the liver, and liver cancer. If the blood test is positive, the baby should be vaccinated at birth and during the first year of life.

How can Hepatitis B be prevented?

No cure is available for Hepatitis B, so prevention is crucial. Vaccines can provide protection in 90% to 95% of healthy persons. The vaccine can be given safely to infants, children, and adults in three doses over a period of 6 months. For information about Hepatitis B vaccine, visit your public health clinic or see your physician or public health nurse.

Who should be vaccinated?

Preventing Hepatitis B is important because of the high risk of lifelong infection leading to serious liver problems.

The following persons should be vaccinated against Hepatitis B:

All babies, beginning at birth.

Adolescents who have sex or inject drugs.

Persons who engage in any of the high-risk behaviors listed in this pamphlet.

Person whose jobs expose them to human blood.

Why should you be vaccinated?

If you are at risk, every day you delay increases your chances of getting a highly contagious liver disease. The problems caused by Hepatitis B – liver cancer, cirrhosis of the liver, and the danger of infecting loved ones – are too great. Give your future a shot in the arm. Get vaccinated!

If You Have Hepatitis C

Almost 4 Million Americans Have been Infected With Hepatitis C Virus

What is Hepatitis C?

Hepatitis C is a liver disease caused by the Hepatitis C virus (HCV), which is found in the blood of persons who have this disease. The infection is spread by contact with the blood of an infected person.

How Serious is Hepatitis C?

Hepatitis C is serious for some persons, but not for others. Most persons who get Hepatitis C carry the virus for the rest of their lives. Most of these persons have some liver damage, but many do not feel sick from the disease. Some persons with liver damage due to Hepatitis C develop cirrhosis (scarring) of the liver and liver failure, which may take many years to develop. Others have no long-term effects.

What can I do now that my Hepatitis C test is positive?

Contact your doctor. Additional tests may be needed to check your diagnosis and to see if you have liver damage.

What if I don't feel sick?

Many persons with long-term Hepatitis C have no symptoms and feel well, but should still see their doctor. For some persons, the most common symptom is extreme tiredness.

How can I take care of my liver?

See your doctor regularly.
Do not drink alcohol.

Tell your doctor about all medicines that you are taking, even over-the-counter and herbal medicines. If you have liver damage from Hepatitis C, you should get vaccinated against Hepatitis A.

Is there treatment for Hepatitis C?

Drugs are licensed for the treatment of persons with long-term Hepatitis C. About 3-4 out of every 10 patients who are treated gets rid of the virus. You should check with your doctor to see if treatment may help you.

How could I have gotten Hepatitis C?

HCV is spread primarily by exposure to human blood. You may have gotten Hepatitis C if:

- You ever injected street drugs, even if you experimented a few times many years ago.
- You were treated for clotting problems with a blood product made before 1987.
- You received a blood transfusion or solid organ transplant (e.g. kidney, liver, heart) from an infected donor.
- You were ever on long-term kidney dialysis.
- You were ever a health care worker and had frequent contact with blood in the workplace especially accidental needle sticks.
- You mother had Hepatitis C at the time she gave birth to you.
- You ever had sex with a person infected with HCV.
- You lived with someone who was infected with HCV and shared items such as razors or toothbrushes that might have had blood on them.

A person who has Hepatitis C can still get other types of viral Hepatitis such as Hepatitis A or Hepatitis B.

How can I prevent spreading HCV to others?

Do not donate your blood, body organs, other tissue or sperm.

Do not share toothbrushes, razors or other personal care articles that might have your blood on them. Cover your cuts and open sores.

If you have one long-term steady sex partner, you do not need to change your sexual practices. There is a very low chance of giving Hepatitis C to that partner through sexual activity. If you want to lower the small chance of spreading HCV to your sex partner, you may decide to use barrier precautions such as latex condoms. Ask your doctor about having you sex partner tested.

There is no vaccine available to prevent Hepatitis C.

What if I am pregnant?

About five out of every 100 infants born to HCV infected women become infected. This occurs at the time of birth, and there is no treatment that can prevent this from happening. However, infants infected with HCV at the time of birth seem to do very well in the first few years of life. More studies are needed to find out if these infants will have problems from the infection as they grow older.

Persons should not be excluded from work, school, play, child-care, or other settings on the basis of their HCV infection status.

Hepatitis C is NOT spread by:

Breast feeding.
Hugging
Food or water.
Sharing eating utensils or drinking glasses.
Sneezing.
Coughing.
Casual contact.

If you use or inject street drugs:

Stop and get into a drug treatment program.
If you cannot stop, do not reuse or share syringes, water, or drug works.
Get vaccinated against Hepatitis B and Hepatitis A.

If you have having sex, but not with one steady partner:

You and your partners can get diseases spread by having sex (e.g. AIDS, Hepatitis B, gonorrhea or Chlamydia).
Use latex condoms: The efficacy of latex condoms in preventing infection with HCV is unknown, but their proper use may reduce transmission.
The surest way to prevent the spread of any disease by sex is not to have sex at all.
Get vaccinated against Hepatitis B:

For information on viral Hepatitis:

Access our website at

<http://www.cdc.gov/Hepatitis/>

or call the Hepatitis Information Line at

1-888-4HEPCDC, 1-888-443-7232

or write

Centers for Disease Control and Prevention

Division of viral Hepatitis, Mailstop G37

Atlanta GA 30333

Or

Contact your state or local health department

HIV/AIDS

Early in the epidemic, HIV infection and AIDS were diagnosed for relatively few women and female adolescents (in this fact sheet, referred to as women). Today, women account for more than one quarter of all new HIV/AIDS diagnoses. Women of color are especially affected by HIV infection and AIDS. In 2002 (the most recent year for which data are available), HIV infection was:

- the leading cause of death for African American women aged 25–34 years.
- the 3rd leading cause of death for African American women aged 35–44 years.
- the 4th leading cause of death for African American women aged 45–54 years and for Hispanic women aged 35–44.

In the same year, HIV infection was the 5th leading cause of death among all women aged 35–44 years and the 6th leading cause of death among all women aged 25–34 years. The only diseases causing more deaths of women were cancer and heart disease.

Statistics

HIV/AIDS in 2004

Data from 35 areas* with confidential name-based HIV reporting indicate that an estimated 10,410 women were given a diagnosis of HIV/AIDS.

Heterosexual contact was the source of 78% of these new infections.

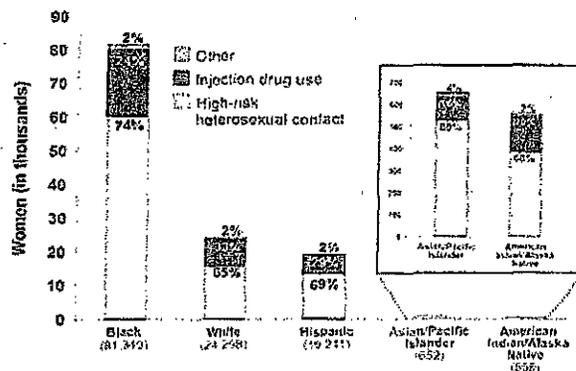
Women accounted for 27% of the estimated 38,730 diagnoses of HIV/AIDS.

Of the 123,405 women living with HIV/AIDS, 64% were African American, 19% were white, 15% were Hispanic, less than 1% were Asians and Pacific Islanders, and less than 1% were American Indians and Alaska Natives.

Of the HIV/AIDS diagnoses for women during 2001–2004, an estimated 15% were for women aged 13–24 years.

According to a recent CDC study of more than 19,500 patients with HIV in 10 US cities, women were less likely than men to receive prescriptions for the most effective treatments for HIV infection.

Transmission categories and race/ethnicity of women with HIV/AIDS diagnosed during 2001–2004



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

AIDS in 2004

Of 42,514 AIDS diagnoses, 11,442 (27%) were for women.

The rate of AIDS diagnoses for African American women (48.2/100,000 women) was approximately 23 times the rate for white women (2.1/100,000) and 4 times the rate for Hispanic women (11.1/100,000).

An estimated 93,566 women were living with AIDS, representing 23% of the estimated 415,193 people living with AIDS.

An estimated 4,138 women AIDS died, representing 26% of the 15,798 persons with AIDS who died.

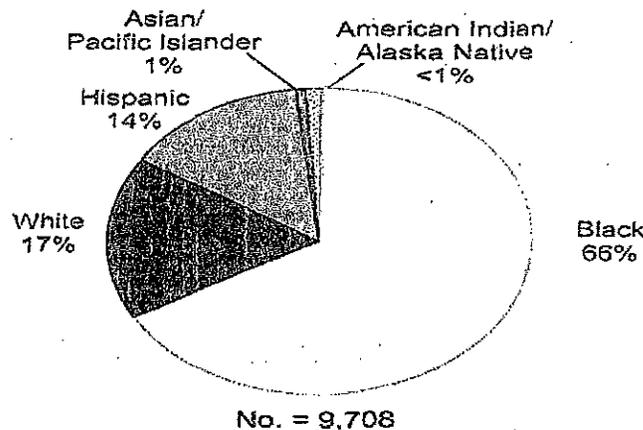
From the beginning of the epidemic through 2004, women accounted for 178,463 diagnoses, a number that represents almost one fifth of the 944,306 AIDS diagnoses during this period.

From the beginning of the epidemic through 2004, an estimated 84,897 women with AIDS died. These women accounted for 16% of the 529,113 persons with AIDS who died.

Women with AIDS made up an increasing part of the epidemic. In 1992, women accounted for an estimated 14% of adults and adolescents living with AIDS. By the end of 2004, this proportion had grown to 23%.

African American and Hispanic women together represented about 25% of all US women, yet they accounted for 81% of the estimated total of AIDS diagnoses for women in 2004.

Race/ethnicity of women with HIV/AIDS diagnosed during 2001-2004



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

Source. CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–1153.

Risk Factors and Barriers to Prevention

Young Age

According to a 1998 CDC study of Job Corps entrants aged 16–21 years, HIV prevalence among young women (2.8/1,000) was higher than among young men (2.0/1,000). African American women in the study were 7 times as likely as white women and 8 times as likely as Hispanic women to be HIV-positive. Although another study found that HIV diagnoses among women decreased slightly from 1984 through 1998, it also found that as the youngest group (aged 15–19) initiated risk behaviors, the number of HIV cases caused by injection drug use increased, and the number acquired through heterosexual contact more than doubled. These data point to possible future increases in HIV cases among women.

Recognition of Partner's Risk

Some women may be unaware of their male partners' risk for HIV infection (such as unprotected sex with multiple partners, sex with men, or injection drug use). Men who engage in sex both with men and women can acquire HIV from a male partner and then transmit the virus to female partners. In a recent study of HIV-infected people (5,156 men and 3,139 women), 34% of African American men who have sex with men (MSM), 26% of Hispanic MSM, and 13% of white MSM reported having had sex with women. However, their female partners may not know of their male partners' bisexual activity: only 14% of white women, 6% of African American women, and 6% of Hispanic women in this study acknowledged having a bisexual partner. In a recent CDC survey, 65% of the men who had ever had sex with men also had sex with women. Women who have sex only with women and who have no other risk factors, such as injection drug use, are at very low risk for HIV infection (CDC, unpublished data 2006).

Sexual Inequality in Relationships with Men

Some women may not insist on condom use because they fear that their partners will physically abuse them or leave them. Such sexual inequality is a major issue in relationships between young women and older men. In a CDC study of urban high schools, more than one third of African American and Hispanic women had their first sexual encounter with a male who was older (3 or more years). These young women, compared with peers whose partners had been roughly their own age, had been younger at first sexual intercourse, less likely to have used a condom during first and most recently reported intercourse, or less likely to have used condoms consistently.

Biologic Vulnerability and Sexually Transmitted Diseases

A woman is approximately twice as likely as a man to contract HIV infection during vaginal intercourse. Additionally, the presence of some sexually transmitted diseases greatly increases the likelihood of acquiring or transmitting HIV infection. The rates of gonorrhea and syphilis are higher among women of color than among white women. These higher rates are especially marked at younger ages (15-24 years).

Substance Use

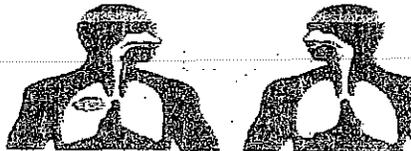
An estimated 1 in 5 new HIV diagnoses for women is related to injection drug use. Sharing injection equipment contaminated with HIV is not the only risk associated with substance use. Women who use crack cocaine or other noninjection drugs may also be at high risk for the sexual transmission of HIV if they sell or trade sex for drugs. Also, both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol.

Socioeconomic Issues

Nearly 1 in 4 African Americans and 1 in 5 Hispanics live in poverty. Socioeconomic problems associated with poverty, including limited access to high-quality health care and higher levels of substance use, can directly or indirectly increase HIV risks.

Tuberculosis

The Connection between TB and HIV
(the AIDS virus)
2005



People infected with HIV (the virus that causes AIDS) are more likely than uninfected people to get sick with other infections and diseases. Tuberculosis (TB) is one of these diseases.

What is tuberculosis TB?

TB is a disease that usually affects the lungs. It sometimes affects other parts of the body, such as the brain, the kidneys, or the spine.

General symptoms of TB may include:

- Weakness.
- Feeling sick.
- Weight loss.
- Fever.
- Night sweats.

Common symptoms of TB of the lungs may include:

- Long term coughing.
- Chest pain.
- Coughing up blood.

Other symptoms depend on the particular part of the body that is affected.

TB infection may be spread to other people who share the same breathing space (such as family members, friends, coworkers, roommates) with someone who has TB disease.

Why is it important to know if I have TB and HIV infections?

HIV infection weakens the immune system. If a person's immune system gets weak, TB infection can activate and become TB disease. Someone with TB infection and HIV infection has a **very high risk** of developing TB disease. Without treatment, these two infections can work together to shorten the life of the person infected with both.

Good News!

The good news is that TB infection can be prevented from developing into TB disease and TB disease can be cured. The first step is to find out if you are infected with the TB germ. You can do this by getting a TB skin test.



What is a TB skin test?

For a TB skin test, a health worker uses a small needle to put some testing material, called tuberculin, just under your skin. This is usually done on the lower inside part of your arm. After you get the test, you must return in 2 to 3 days to see if there is a reaction to the test. If there is a reaction, the size of the reaction is measured.

Some people who are infected with both HIV and TB will not react to the TB skin test. This is because the immune system, which causes the reaction, is not working properly. Anyone who is HIV infected and has a negative skin test should also have other medical tests, especially if they have symptoms of TB disease.

What must I do if I have TB infection?

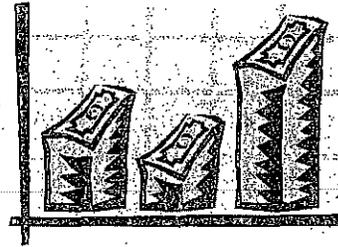
Get the required follow-up tests. Follow your doctor's advice and take the medicine as prescribed. Today, both TB infection and TB disease can be treated and cured with medication.

It is especially important for people with both TB and HIV infections to take their TB medication. The HIV-weakened immune system makes it **much** more likely for them to develop TB disease than people who are not HIV infected. TB is one of the few diseases related to HIV infection that is easily prevented and cured with medication.



STDs Today

Sexually transmitted diseases (STDs) affect men and women of all backgrounds and economic levels. Despite the fact that STDs are extremely widespread and add billions of dollars to the nation's healthcare costs each year, most people in the United States remain unaware of the risk and consequences of all but the most prominent STD—HIV, the virus that causes AIDS.



Common STDs and the Organisms That Cause Them

Many STDs affect millions of men and women each year. Many of these STDs initially cause no symptoms, especially in women. Symptoms, when they do develop, may be confused with those of other diseases that are not transmitted through sexual contact.



STDs can still be transmitted person to person even if they do not show symptoms. Health problems caused by STDs tend to be more severe for women than for men.

What Are Some Health Risks of STD Infection?

STDs can result in irreparable lifetime damage, including blindness, bone deformities, mental retardation, and death for infants infected by their mothers during gestation or birth.



In women, STDs can lead to pelvic inflammatory disease (PID), infertility, potentially fatal ectopic pregnancies, and cancer of the reproductive tract.

Acquired Immune Deficiency Syndrome (AIDS)

AIDS (acquired immunodeficiency syndrome) was first reported in the United States in 1981. It is caused by the human immunodeficiency virus (HIV), a virus that destroys the body's ability to fight off infection. An estimated 900,000 people in the United States are currently infected with HIV.



People who have AIDS are very susceptible to many life-threatening diseases, called **opportunistic infections**, and to certain forms of cancer. Transmission of the virus primarily occurs during sexual activity and by sharing needles used to inject intravenous drugs.

Chlamydia

Chlamydial ("kla-MID-ee-uhl") infection is the most common bacterial sexually transmitted disease (STD) in the United States today. The U.S. Centers for Disease Control and Prevention estimates that more than 4 million new cases occur each year. The highest rates of chlamydial infection are in 15- to 19-year-old adolescents, regardless of demographics or location.

Chlamydial infection is caused by a bacterium, *Chlamydia trachomatis*, and can be transmitted during vaginal, oral, or anal sexual contact with an infected partner. A pregnant woman may pass the infection to her newborn during delivery, with subsequent neonatal eye infection or pneumonia.

Pelvic inflammatory disease (PID), a serious complication of chlamydial infection, has emerged as a major cause of infertility among women of childbearing age. The annual cost of chlamydial infection is estimated to exceed \$2 billion.

Syphilis

The incidence of syphilis has increased and decreased dramatically in recent years, with more than 11,000 cases reported in 1996. Syphilis is caused by *Treponema Pallidum*; the first symptoms of infection may go undetected because they are very mild and disappear spontaneously. The initial symptom is a chancre; it is usually a painless open sore that usually appears on the penis or around or in the vagina. It can also occur near the mouth, anus, or on the hands. If untreated, syphilis may go on to more advanced stages, including a transient rash and, eventually, serious involvement of the heart and central nervous system. The full course of the disease can take years. Penicillin remains the most effective drug to treat people with syphilis.

Genital Warts/HPV

Human papillomavirus (HPV) is one of the most common causes of sexually transmitted disease (STD) in the world. Experts estimate that as many as 24 million Americans are infected with HPV, and the frequency of infection and disease appears to be increasing.

More than 60 types of HPV have been identified by scientists. Some types of the virus cause common skin warts. About one-third of the HPV types is spread through sexual contact and lives only in genital tissue. Low-risk types of HPV cause genital warts, the most recognizable sign of genital HPV infection. Other high-risk types of HPV cause cervical cancer and other genital cancers.

Like many sexually transmitted organisms, HPV usually causes a silent infection—that is, one that does not have visible symptoms. One study sponsored by the National Institute of Allergy and Infectious Diseases (NIAID) reported that almost half of the women infected with HPV had no obvious symptoms. Because the viral infection persists, individuals may not be aware of their infection or the potential risk of transmission to others and of developing complications.

Gonorrhea

Approximately 400,000 cases of gonorrhea are reported to the CDC each year in this country. Gonorrhea is caused by *Neisseria Gonorrhoeae*. The most common symptoms of infection are a discharge from the vagina or penis and painful or difficult urination. The most common and serious complications occur in women and, as with chlamydial infection, these complications include PID, ectopic pregnancy, and infertility. Historically, penicillin has been used to treat gonorrhea, but in the last decade, four types of antibiotic resistance have emerged. New antibiotics or combinations of drugs must be used to treat these resistant strains.

Viral Hepatitis

Hepatitis A is a cause of acute hepatitis. Fewer than 5 percent of infections are transmitted through fecal-oral contact during sexual intercourse, mostly among men who have sex with men.

Hepatitis B virus (HBV) infection is an STD with severe complications, including chronic hepatitis, cirrhosis, and liver carcinoma. Of approximately 200,000 new HBV infections in the United States each year, approximately half are transmitted through sexual intercourse. Preliminary data from a large U.S. multisite study indicate that approximately one third of persons with acute hepatitis B virus infections in 1995 had a history of another STD. In addition to hepatitis B, several other types of viral hepatitis can be transmitted sexually.

Hepatitis C virus, the most common cause of non-A non-B hepatitis, causes chronic liver disease in most infected adults. The efficiency of sexual and perinatal transmission of this virus, however, is much less than that for HBV or HIV.