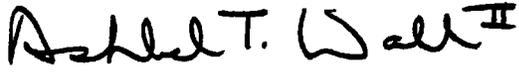


**RHODE ISLAND DEPARTMENT OF CORRECTIONS
POLICY AND PROCEDURE**

	POLICY NUMBER: 12.01-1 DOC	EFFECTIVE DATE: 05/22/06	PAGE 1 OF 7
	SUPERCEDES: 12.01 DOC	DIRECTOR: Please use BLUE ink. 	
SECTION: SPECIAL MANAGEMENT		SUBJECT: PROTECTIVE CUSTODY FOR INMATES	
AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10 (22), Powers of the director; § 12-19-24, Report of sentence and court recommendations			
REFERENCES: N/A			
INMATE / PUBLIC ACCESS?		<input checked="" type="checkbox"/> YES	
AVAILABLE IN SPANISH?		<input checked="" type="checkbox"/> NO	

I. PURPOSE:

To establish uniform procedures for the provision of protective custody for inmates in the custody of the Rhode Island Department of Corrections (RIDOC).

II. POLICY:

An appropriate level of protection (protective custody) is provided to inmates who have been determined to require same.

III. PROCEDURES:

A. Definitions:

1. Protective Services – reasonable measures taken to provide for inmates' safety based upon presumed or substantiated threats of danger.

2. Incompatible Inmates – inmates who pose significant and substantiated potential for physical harm to each other.
 3. Protective Custody – a form of separation from a prison's general population for inmates requiring additional protection from other inmates for reasons of safety. Inmates' statuses are reviewed regularly by the Classification Board.
- B. Request for Investigation
1. Inmates may request protective custody by submitting Request Forms (i.e., "pink slips") (see sample at Attachment 1) to the Warden or the Special Investigations Unit (SIU). Inmates may also contact SIU via the inmate telephone system.
 2. When information is received which indicates that an inmate may be in danger of harm from other inmate(s), or upon a recommendation of protective custody by a judge made pursuant to RIGL § 12-19-24, an immediate investigation of the situation is conducted by the Shift Commander. The staff person to whom the information was provided initiates the Protective Custody Investigation Routing Sheet (Attachment 2).
 3. This information is immediately transmitted to the Shift Commander who:
 - a. reviews the information;
 - b. interviews the inmate;
 - c. makes a determination as to whether the inmate requires immediate protection.
 - (1) Immediate protection may be provided by:
 - (a) housing restriction (to cell or unit), pending investigation;
 - (b) change of housing unit;
 - (c) referral to supervisor assigned (by facility Warden) to protective custody investigations (for initial

investigations) or the Special Investigations Unit (SIU) (for subsequent investigations), if warranted. The results of the investigation are forwarded to the Warden for appropriate action.

(d) the Warden or designee informs the Main Control Center (MCC) and directs the appropriate staff (C/O who controls the Count Board for pre-trial; Associate Director of Classification or designee for sentenced) to add the inmate's name to the protective custody roster.

(2) The Shift Commander may determine immediate protection is not warranted. In such cases, a summary of the information received and interview with the inmate is documented for the record.

C. Investigation

1. Every effort is made to complete the protective custody investigation within seven (7) working days so that the Warden can take appropriate action in a timely manner.
2. The SIU Investigator or the supervisor assigned to protective custody investigations conducts a thorough investigation and fully documents said investigation utilizing the Protective Custody Summary Report (Attachment 3).
3. The SIU Investigator or the supervisor assigned to the protective custody investigation distributes four (4) copies of the Protective Custody Summary Report (Attachment 3) as follows: Special Investigations Unit, facility Warden, Classification Office, and Records and Identification.
4. Any report or written summary containing confidential information, as relates to the investigation, shall be so marked and forwarded to the SIU for retention in their files.

D. Protective Custody Determination

1. Protective custody placement is made only when there is full documentation that such action is warranted, and no reasonable alternatives are available.

2. Approving Authority

a. Awaiting Trial Inmates

Only the Director, Assistant Director of Institutions and Operations, Warden, or Warden's designee may sign as the approving authority for any of the following administrative actions:

- (1) return to housing unit with no further action;
- (2) return to housing unit and advise staff the Awaiting Trial inmate requires close supervision;
- (3) change in housing unit;
- (4) protective custody.

b. Sentenced Inmates

Only the Director or designee may sign as the approving authority for any of the following administrative actions:

- (1) return to general population;
- (2) protective custody;
- (3) classification or transfer to another ACI facility;
- (4) out-of-state placement.

c. When an inmate is placed into protective custody, the Warden of the facility that houses said inmate, or in the case of the High Security Center and the Donald Price Medium Facility, the Warden's designee (i.e., Deputy Warden), receives a copy of all

information and reports pertaining to the protective custody placement. The Warden reviews this material and, at his/her discretion, has the case reviewed by a panel to include the Warden or designee of the sending facility and the Warden or designee of the receiving facility.

E. Protective Custody Review and Assessment

1. Counseling

- a. While an inmate is in protective custody status, s/he is afforded regular counseling services. The Counselor and a facility Correctional Officer conduct a periodic review of the inmate's status following the inmate's placement in protective custody.
- b. The Counselor must always be alert for any change of circumstance which could result in an inmate's being considered for release from protective custody status.

2. Review - The status of RIDOC's protective custody inmate population is periodically reviewed. The review date is established by the Classification Board. If necessary, Counselors provide Wardens and/or the Associate Director of Classification with pertinent information regarding inmates who are on protective custody status. Reviews are conducted by:

- a. Wardens of facilities which house protective custody inmates who are awaiting trial;
- b. Associate Director of Classification or designee for sentenced inmates.
- c. For sentenced inmates, Counselors determine whether the reasons for initial placement still exist and make written recommendations to the Classification Board for:
 - (1) release from protective custody;
 - (2) continuation of protective custody.

3. A Superior Officer is available to each inmate on protective custody status on a daily basis.

F. Release from Protective Custody

1. Awaiting Trial Inmates

- a. Whenever staff are aware of a change in circumstances regarding an Awaiting Trial inmate in protective custody status which may present a reason for release from protective custody, this information is made available to the Assistant Director of Institutions and Operations, Warden or designees, and the SIU.
- b. If it is determined that the Awaiting Trial inmate should be released from protective custody, based on the interview and investigation results, the proper paperwork (Protective Custody – Release, Attachment 4) is signed by the inmate and entered into his/her permanent case file (6-part folder).
- c. The Warden or designee informs the Main Control Center (MCC) and directs the Correctional Officer who controls the Count Board to remove the Awaiting Trial inmate's name from the protective custody roster.

2. Sentenced Inmates

- a. Whenever staff are aware of a change in circumstances regarding a sentenced inmate in protective custody status which may present a reason for release from protective custody, this information is made available to the Warden or designee, who so advises the Associate Director of Classification and the SIU.
- b. If it is determined by the Classification Board, in consultation with affected Counselors and/or mental health staff, that the inmate should be released from protective custody, the proper paperwork (Protective Custody – Release, Attachment 4) is signed by the inmate and entered into his/her permanent case file (6-part folder). Final approval rests with the Director or designee.
- c. The Classification Office enters information relative to the inmate's status on the computerized inmate database (INFACTS) and notifies the Warden of the Board's determination.

G. General Mandates

1. Awaiting Trial Inmates

- a. Only the Director, Assistant Director of Institutions and Operations, Warden, or Warden's designee may sign as the approving authority for protective custody placement or release.
- b. Awaiting Trial inmates in protective custody have access to programs and activities similar to those available to inmates in the general population of the institution, within the limits of available resources and subject to adequate security and protection.

2. Sentenced Inmates

- a. Only the Director or designee may sign as the approving authority for protective custody placement or release.
- b. Sentenced inmates in protective custody have access to programs and activities similar to those available to inmates in the general population within the limits of available resources and subject to adequate security and protection.

H. Review by Assistant Director of Institutions and Operations

1. Quarterly reports of the number and identities of inmates in protective custody are prepared by:
 - a. Wardens of facilities which house awaiting trial protective custody inmates; and
 - b. Associate Director of Classification or designee (sentenced protective custody inmates).
2. These reports are submitted to the Assistant Director for Institutions and Operations. S/he utilizes them to routinely monitor the protective custody inmate population, system-wide.

**RHODE ISLAND DEPARTMENT OF CORRECTIONS
REQUEST FORM**

Date: _____ To: _____

I respectfully request (state problem – be specific): _____

Inmate Name: _____ ID #: _____

Work Assignment: _____ Cell #: _____

- ISC HSC MAX Moran MED Price MED
 MIN WR WOM/GM WOM/DIX COM. CONF.

Wing or Detail Officer's Comments: _____

Officer's Signature: _____

DISPOSITION OF CASE

Response: _____

Signature: _____ Title: _____ Date: _____

***NOTE: YOU WILL NOT BE CALLED IF IT IS POSSIBLE TO DISPOSE OF YOUR REQUEST
PROPERLY WITHOUT AN INTERVIEW.***

<u>Distribution:</u>	<u>Request</u>	<u>Response</u>
	White – Designee	White – Inmate
	Yellow – Designee	Yellow – Associate Director
	Pink – Designee	Pink – Designee
	Salmon – Inmate	

RHODE ISLAND DEPARTMENT OF CORRECTIONS

PROTECTIVE CUSTODY INVESTIGATION ROUTING SHEET

TO: _____ FACILITY: _____
Shift Commander

FROM: _____ DATE / TIME: _____ ; _____ AM / PM
Reporting Officer/Staff

SUBJECT: Inmate _____ ID #: _____

The following information has been provided by _____
and indicates that the above-named inmate may require protective custody.

TO: File DATE: _____
FROM: _____
Shift Commander

I have taken the following action(s) as a result of the above information, pending an investigation by the Department's Special Investigations Unit (SIU) or supervisor assigned to protective custody investigations:

_____ INMATE HAS BEEN RESTRICTED TO CELL AND/OR UNIT;
_____ INMATE'S HOUSING UNIT HAS BEEN CHANGED FROM _____ TO _____
_____ INMATE HAS BEEN SEPARATED FROM THE GENERAL POPULATION PENDING INVESTIGATION.

TO: Special Investigations Unit (SIU) DATE / TIME: _____ ; _____ AM / PM
Supervisor Assigned to PC Investigations
FROM: _____
Shift Commander

I hereby request that a formal investigation be conducted to determine whether the above information can be substantiated.

Multi-page, NCR form
first copy - Warden for retention; route reminder
Special Investigations Unit (SIU) or Supervisor Assigned to PC Investigations
Records and Identification (Inmate Central File)
Warden (to ensure s/he is aware of final disposition)

RHODE ISLAND DEPARTMENT OF CORRECTIONS
PROTECTIVE CUSTODY SUMMARY REPORT

INMATE'S NAME: _____ CELL: _____

ID#: _____ DOB: _____ CHARGE(S): _____

CURRENT FACILITY: _____ CURRENT CLASSIFICATION: _____

PREVIOUS INCARCERATION: _____ PREVIOUS PROTECTIVE CUSTODY: _____

ENEMIES: Y / N EXPLAIN: _____

VERIFIED: _____

THREATENED: Y / N EXPLAIN: _____

DATE(S): _____ PLACE(S): _____ WITNESS(ES): _____

ASSAULTED: Y / N EXPLAIN: _____

INMATE WHO COMMITTED ASSAULT: _____ INJURIES: Y / N

DATE(S): _____ PLACE(S): _____ WITNESS(ES): _____

GANG AFFILIATIONS: Y / N _____

CAN YOU LIVE SAFELY IN ANOTHER FACILITY OR AREA OTHER THAN PC? Y / N

IF YES, WHERE? _____ IF NO, WHY NOT? _____

INVESTIGATOR'S CONCLUSION: _____

REQUEST IS VALID REQUEST IS NOT VALID

ACTION TAKEN: _____

SIGNATURE OF INVESTIGATOR / SUPERVISOR DATE

CC: FACILITY WARDEN/DEPUTY
CLASSIFICATION
SIU
RECORDS AND IDENTIFICATION

