

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF RHODE ISLAND**

IN RE:

DONALD W. WYATT DETENTION  
FACILITY

20-mc-00004

**STATUS REPORT (May 11, 2020)**

|                                                                                                      |                                |            |
|------------------------------------------------------------------------------------------------------|--------------------------------|------------|
| Detainees at the Facility                                                                            | <b>TOTAL:<br/>(% capacity)</b> | 554<br>72% |
|                                                                                                      | USMS                           | 469        |
|                                                                                                      | ICE                            | 75         |
|                                                                                                      | Navy, Tribal, BOP              | 10         |
| Cumulative number of detainees tested <sup>1</sup>                                                   | <b>TOTAL:</b>                  | 164        |
|                                                                                                      | Negative tests                 | 148        |
|                                                                                                      | Pending tests                  | 1          |
|                                                                                                      | Positive tests                 | 15         |
| Cumulative number of staff tested (as self-reported by staff)                                        | <b>TOTAL:</b>                  | 191        |
|                                                                                                      | Negative tests                 | 145        |
|                                                                                                      | Pending tests                  | 40         |
|                                                                                                      | Positive tests                 | 6          |
| All efforts undertaken to mitigate the spread of COVID-19                                            | See Attachment                 | A          |
| All efforts undertaken to mitigate the spread of COVID-19 in light of a positive test                | See Attachments                | A & C      |
| Protocols for screening and testing of detainees, staff, and others entering or leaving the Facility | See Attachments                | A & B      |
| Changes from Attachment A on prior Status Report, if any                                             | See Attachment                 | C          |

Respectfully Submitted,

/s/ Daniel W. Martin

Daniel W. Martin, Warden, Donald W. Wyatt  
Detention Facility

<sup>1</sup> As of the week of May 4, 2020, and per the advice of the Rhode Island Department of Health, the Facility will be re-testing detainees who previously tested positive for COVID-19 before transferring them to the general population. Therefore, the cumulative total above will include those re-tests.

**ATTACHMENT A**  
(Facility's Mitigation Efforts and Plan)

**EFFORTS BY THE DONALD W. WYATT DETENTION FACILITY TO  
MITIGATE AND ADDRESS THE EFFECTS OF THE  
CORONAVIRUS PANDEMIC**

***Introduction***

1. With the onset of the current pandemic, the Facility and its staff have been working around-the-clock to ensure that any threats posed by the coronavirus/COVID-19 pandemic are mitigated to the maximum extent possible.

2. The Facility relies on and routinely refers to the guidelines issued by the Centers for Disease Control and Prevention (CDC) for correctional and detention facilities.

3. The Facility communicates daily with representatives from the Rhode Island Department of Health (RIDOH) regarding testing and mitigation strategies.

***The Facility's Medical Staff***

4. The Facility's Medical Director is Edward Blanchette, M.D. Dr. Blanchette is Board Certified in Infectious Diseases and has over 40 years of medical experience, especially in the correctional setting. He has been Medical Director at the Facility since 2010. Prior to this, he was the Director of Health Services for the Connecticut Department of Corrections for over 20 years. That system had approximately 18,000 inmates throughout Dr. Blanchette's tenure there.

5. The Facility's Health Services Administrator and Certified Correctional Health Professional (CCHP) is Ronald LaBonte. He has over 25 years of service experience in health care within the correctional environment.

6. The Facility's Advanced Practice Registered Nurse is Holly Fernandes. Ms. Fernandes has been at the Facility for approximately 15 years.

7. Finally, the Facility has at least two registered nurses on site during first and second shifts, and at least one registered nurse on site during third shift.

***Specific Steps***

8. The Facility has implemented strict protocols and undertaken extensive steps to minimize the threat of the coronavirus within the Facility, including, but not limited to:

- a. Directing detainees to socially distance themselves by, among other things, sitting one to two detainees at a four-person table during any non-lockdown mealtimes, providing guidance to avoid congregating in groups, permitting detainees to access the recreation yard attached to their unit on non-lockdown times, and reassigning detainees to available cells so as to further increase social distancing within the cells;
- b. Communicating with the United States Marshals Service, ICE, and Bureau of Prisons to minimize sending potential detainees who exhibit COVID-19 symptoms;
- c. Increasing mental health rounds throughout the Facility;
- d. Ensuring 24/7 on-site presence of nursing staff;
- e. Ensuring that our transportation staff communicates in real time with the Facility regarding the detainees' conditions who are arriving at the Facility and to isolate any incoming symptomatic detainees as much as possible;
- f. Medically screening new detainees for COVID-19 symptoms;
- g. Establishing a quarantine plan (described below) under the supervision and guidance of the Facility's medical director and in consultation with RIDOH;

- h. Prohibiting staff from working who are experiencing any COVID-19 related symptoms, and to report any such symptoms immediately before self-isolating themselves and seeking medical attention;
- i. Requiring staff who have COVID-19 related symptoms to self-quarantine for 14 days and obtain clearance from their medical provider before returning to the Facility;
- j. Encouraging staff to follow the Governor's executive orders by minimizing their time outside of their homes so as to reduce their risks of exposure to the coronavirus;
- k. Encouraging staff to cease unnecessary physical contact such as handshakes, hugs, etc.;
- l. Implementing an enhanced cleaning protocol throughout the Facility;
- m. Providing additional soap, cleaning materials, and sanitizers throughout the Facility for use by detainees and staff;
- n. Cleaning frequently throughout the day and disinfecting tables, chairs, handrails, phone handsets, and other high-touch areas;
- o. Creating an additional night-time cleaning detail to clean and disinfect showers and other common areas with a bleach and water solution;
- p. Temporarily suspending physical visitation to the Facility by family members, attorneys, and other visitors to protect the detainees and their family members during this phase of the pandemic;

- q. Screening and limiting vendors and contractors to only those personnel and visits necessary to ensure continuity of operations, such as HVAC vendors and essential deliveries (i.e., medical, food, cleaning supplies, commissary, etc.);
- r. Screening vendors and contractors who must enter the Facility for COVID-19 related symptoms and denying entry to any individuals who exhibit such symptoms. This screening consists of a temperature check and answering screening questions regarding potential exposure and risks to the Facility;
- s. Increasing the use of audio and video conferencing services for court appearances and other visits traditionally held in-person, such as between detainees and their attorneys;
- t. Increasing the number of free phone calls that detainees may make each week;
- u. Restricting and minimizing staff members' physical contact with each other and interactions to the maximum extent possible;
- v. Providing bilingual instruction and guidance to detainees and staff regarding the critical needs to observe strict personal hygiene such as frequent hand-washing, avoiding touching facial areas, maintaining social distancing as much as possible, and promptly reporting any symptoms consistent with COVID-19;
- w. Suspending Facility programs until further notice and working to replace those programs with alternative activities;
- x. Holding town hall-style meetings led by the Warden and the Facility's medical director with the detainees to explain the Facility's efforts, plans, and to assure them that the Facility is working diligently to reduce COVID-19 related risks. At these meetings, detainees requested more soap and personal hygiene products

(which were provided), a reduced rate for paid phone calls (which was provided for domestic calls), and more access to Personal Protection Equipment (PPE) such as gloves and procedural masks (which the Facility has provided);

- y. Suspending the Facility's dental program and barber shop until further notice;
- z. Creating negative-pressure isolation and quarantine units;
- aa. Obtaining COVID-19 testing kits from RIDOH on an as-needed basis;
- and
- bb. Replacing the currently-suspended in-person religious services with weekly rounds by the Facility's religious coordinator.

#### ***Quarantine and Testing Procedures***

9. After consultation with RIDOH, on April 22, 2020, the Facility implemented a 16-day quarantine process for new detainees. This process is described in detail below. In addition, beginning on May 6, 2020, in consultation and coordination with RIDOH, the Facility will test all newly arriving detainees for COVID-19 (SARS-CoV-2). Even if a detainee tests negative for COVID-19, the detainee will nonetheless be quarantined for the first 16 days. The Facility's current quarantine procedures are as follows:

- a. The Facility uses J-1 Pod ("J-1") and F-Pod as the intake pods for all new detainees from the United States Marshals Service, ICE, the Federal Bureau of Prisons, and the United States Navy;
- b. J-1 is the Facility's primary quarantine pod and can house up to 48 detainees. The Facility intends to use F-Pod (16 beds) as supplemental location for new detainees if J-1 is full or the Facility needs to use F-Pod to maintain its cohorting arrangements within J-1;

- c. J-1 and F-Pods are separate and smaller units within the Facility;;
- d. The Facility selected J-1 and F-Pod as the most appropriate spaces for quarantine given their size, layout, and location within the Facility;
- e. The Facility uses J-1 and F-Pod as initial intake holding pods to assess and clear detainees before releasing them into the general population;
- f. Although the Facility currently has two medical isolation units which are negatively pressured, the Facility's HVAC contractor has successfully completed work to turn the entire J-1 pod (48 beds) into a negative pressure isolation unit and as of May 8, 2020, the entire I-Pod (female detainees, 40 beds), and the entire K-Pod (special purpose/protective custody, 70 beds) are negatively-pressured;
- g. The Facility screens new detainees by asking them questions regarding their travel history, contact with potential COVID-19 positive individuals, and other risk and exposure factors;
- h. All detainees arriving to the Facility are medically screened and tested for COVID-19 upon their arrival and locked down for sixteen days;
- i. This lockdown consists of being isolated into a single-person cell and separated from all other interaction with detainees in their pods. Quarantined detainees are permitted to leave their quarantine cells alone up to one hour per day to shower, recreate, and to make one phone call;
- j. Detainees in J-1 and F-Pod are monitored and medically screened daily, and mental health unit staff check in with the J-1 and F-Pod detainees every day the staff are onsite;



- k. During this sixteen-day period, detainees are instructed to self-report any symptoms;
- l. Then, after sixteen days in J-1 or F-Pod, detainees are once again medically screened for COVID-19 related symptoms and if they are medically cleared, then they are assigned to another housing unit in the Facility's general population;
- m. Any detainee who refuses medical screening is not moved to general population but is instead issued a disciplinary ticket and placed into segregation; and
- n. To date, no detainee has refused COVID-19 related medical screening.

***Protocols in the event of a confirmed COVID-19 case***

10. Every day, the Facility reports via email to the governmental entities who entrust their detainees to the Facility's care the status of COVID-19 within its population.

11. If a detainee tests positive for COVID-19, the Facility has a plan in place to address that situation using all precautions necessary throughout this process. The Facility will:<sup>2</sup>

- a. Isolate the detainee in the medical isolation/negative pressure unit,<sup>3</sup> ensure that the detainee has a mask to wear, and further medically evaluate the detainee;
- b. Interview the detainee to determine the nature and extent of their symptoms, the date of their onset, who they recently came into close contact with (i.e., contact tracing, as defined by the CDC), what areas they may have touched, and other

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<sup>2</sup> It is difficult to lay out every single step the Facility will take if it has a positive case because of the number of action items that will be required, the exigencies of the situation, and the need to be flexible and adapt to every situation's unique needs. But, nonetheless, this document provides the framework and parameters that will guide the Facility's action.

<sup>3</sup> A negative pressure environment reduces air pressure so that outside air can be brought into the segregated environment. The goal of this environment is to trap and keep potentially harmful particles within the negative pressure room by preventing internal air from leaving that space.

specific facts to assess the detainee's condition and their potential impact on staff and other detainees within the Facility;

- c. Clean and sanitize any areas identified as part of this interview that need to be addressed;
- d. Interview other detainees who were identified during the contact tracing process;
- e. Secure and isolate the detainee's unit and limit access by staff to those staff necessary and with appropriate protections (masks, gloves, etc.), inform other detainees in the affected unit of the positive case, instruct them to wear masks when outside their cells, remind them to report any symptoms immediately, remind them of the importance of personal hygiene and social distancing, and medically screen them twice per day;
- f. Order a COVID-19 test for any detainee who presents with symptoms necessitating such a test and any detainee whom RIDOH believes based upon contact tracing and exposure should be tested; and
- g. Notify all necessary parties and agencies, including, but not limited to, RIDOH, the Facility's staff, and its user agencies.

The Facility has several contingency plans in place if it experiences multiple COVID-19 cases. For example, the Facility can handle up to two cases within its health services unit. But, if the number of cases increases, the Facility uses J-1 (48 beds) and, if necessary, F-pod which has 16 cells. The Facility would then assess the situation to determine the most appropriate cohorting and living arrangements depending on the specifics of each detainee's situation (i.e., comorbidities, age, risk factors, etc.)

***General Facility cleaning, sanitizing, and prevention measures***

12. The Facility has placed COVID-19 related signage from the CDC regarding symptoms, hygiene, and best practices throughout the Facility in English and Spanish. When the Facility holds its town-hall style meetings (including the one it recently held regarding COVID-19), translators are available to assist with any detainee needing translation to ensure the messages are received and understood by all detainees.

13. Every cell has its own sink and soap is provided to the detainees.

14. Hand sanitizing is available to the detainees upon request from staff when detainees are out of their cells.

15. The Facility recently received a full pallet (120 gallons) of hand sanitizer and touch-free hand sanitizer dispensers for detainees to access as they wish;

16. Cleaning chemicals in spray bottles and paper towels are available on the units throughout the day and are consistently monitored and refilled by staff when needed. When detainee workers are out of their cells and working in the pods, they are consistently spraying, wiping, and cleaning high-touch areas such as handles, railings, chairs, tables, screens, microwaves, etc. In addition, the third-shift cleaning crew (while other detainees are in their cells) performs a thorough bleach-based cleaning of each unit which takes an average of several hours each night.

17. Procedural face masks have been distributed to staff and detainees. The Facility recently obtained 2,000 additional masks and is continually in the process of obtaining more masks to have on hand.

18. Although the Facility cannot control the ingress and egress of detainees because such decisions are made by its user agencies, the Facility medically screens every detainee before release and also communicates regularly with user agencies who are sending new detainees for

intake to ensure as much as possible that no COVID-19 suspected or positive detainees are introduced into the Facility.

**ATTACHMENT B**  
(Screening Protocols)

**DETAINEES**

Place Label Here

**DONALD W. WYATT DETENTION FACILITY**  
**Detainee COVID-19 SCREEN**

|                               |                                                                                                                                      |     |                 |     |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------|-----|
| Detainee Name (Print)         |                                                                                                                                      |     | ID#             | DOB |
| <b>DETAINEE QUESTIONNAIRE</b> |                                                                                                                                      |     | <b>COMMENTS</b> |     |
| 1.                            | Fever: Onset date (   /   /   ) Measured, highest temp: _____ Current Temp: _____                                                    | Yes | No              |     |
| 2.                            | Dry cough Onset date (   /   /   )                                                                                                   | Yes | No              |     |
| 3.                            | Shortness of breath/dyspnea Onset date (   /   /   )                                                                                 | Yes | No              |     |
| 4.                            | Productive Cough Onset date (   /   /   )                                                                                            | Yes | No              |     |
|                               |                                                                                                                                      |     |                 |     |
| 5.                            | Sore throat Onset date (   /   /   )                                                                                                 | Yes | No              |     |
| 6.                            | Headache Onset date (   /   /   )                                                                                                    | Yes | No              |     |
|                               |                                                                                                                                      |     |                 |     |
| 7.                            | Chills Onset date (   /   /   )                                                                                                      | Yes | No              |     |
| 8.                            | Muscle aches Onset date (   /   /   )                                                                                                | Yes | No              |     |
| 9.                            | Nausea/vomiting Onset date (   /   /   )                                                                                             | Yes | No              |     |
| 10.                           | Abdominal pain Onset date (   /   /   )                                                                                              | Yes | No              |     |
| 11.                           | Diarrhea Onset date (   /   /   )                                                                                                    | Yes | No              |     |
| 12.                           | Runny nose/rhinorrhea Onset date (   /   /   )                                                                                       | Yes | No              |     |
| <b>TRAVEL HISTORY</b>         |                                                                                                                                      |     |                 |     |
| 13 *                          | Have you been out of the continental United States (CONUS) (Lower 48) in the past 14 days?<br>If yes: Last date outside CONUS: _____ | Yes | No              |     |

|     |                                                                                                                                                                                    |     |    |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--|
| 14* | Have you been in close contact with a person with laboratory-confirmed 2019-novel coronavirus in the past 14 days?<br>Last date you had contact with that person: (    /    /    ) | Yes | No |  |
| 15  | <b>YES To #1-4, # 13 or 14: Call HSA/Designee Immediately</b><br><b>Clinical impression patient has ILI: Call HSA/Designee Immediately</b>                                         | Yes | No |  |

DRAFT VERSION 20 April 2020

Staff Name (Print)\_\_\_\_\_ Signature\_\_\_\_\_

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

**STAFF AND VISITORS****CENTRAL FALLS  
DETENTION FACILITY CORPORATION****STAFF AND VISITOR  
COVID-19 SCREENING TOOL**

|                                                |                                                                                                                                                                   |            |                                                                   |  |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------|--|
| Name<br>(Print)                                |                                                                                                                                                                   |            | DOB                                                               |  |
| <b>PART 1</b>                                  |                                                                                                                                                                   |            | <b>COMMENTS</b>                                                   |  |
|                                                | <b>PERSON REFUSES TEMPERATURE CHECK</b>                                                                                                                           |            | <b>Person does not enter and call Shift Commander Immediately</b> |  |
| 1.                                             | Fever: Onset date (   /   /   ) Measured, highest temp: ____ <b>Current Temp:</b> _____                                                                           | <b>Yes</b> | No                                                                |  |
| 2.                                             | Do you feel feverish? (Chills, sweats etc.)                                                                                                                       | <b>Yes</b> | No                                                                |  |
| 3.                                             | Do you have a dry cough?                                                                                                                                          | <b>Yes</b> | No                                                                |  |
| 4.                                             | Are you feeling short of breath?                                                                                                                                  | <b>Yes</b> | No                                                                |  |
| 5.                                             | Do you feel like you are ill?                                                                                                                                     | <b>Yes</b> | No                                                                |  |
| <b>PART 2/COMPLETE IF YES TO ANY 1-5 ABOVE</b> |                                                                                                                                                                   |            | <b>COMMENTS</b>                                                   |  |
| 6                                              | Cough Onset date (   /   /   )                                                                                                                                    | Yes        | No                                                                |  |
| 7.                                             | Shortness of breath/dyspnea Onset date (   /   /   )                                                                                                              | Yes        | No                                                                |  |
| 8.                                             | Sore throat Onset date (   /   /   )                                                                                                                              | Yes        | No                                                                |  |
| 9.                                             | Headache Onset date (   /   /   )                                                                                                                                 | Yes        | No                                                                |  |
| 10.                                            | Chills Onset date (   /   /   )                                                                                                                                   | Yes        | No                                                                |  |
| 11.                                            | Muscle aches Onset date (   /   /   )                                                                                                                             | Yes        | No                                                                |  |
| 12.                                            | Diarrhea/Nausea/vomiting Onset date (   /   /   )                                                                                                                 | Yes        | No                                                                |  |
| 13.                                            | Runny nose/rhinorrhea Onset date (   /   /   )                                                                                                                    | Yes        | No                                                                |  |
| <b>TRAVEL HISTORY</b>                          |                                                                                                                                                                   |            |                                                                   |  |
| 14.<br>*                                       | Have you been out of the continental United States (CONUS) (Lower 48) in the past 14 days?<br>If yes: Last date outside CONUS: _____                              | <b>Yes</b> | No                                                                |  |
| 15.<br>*                                       | Have you been in close contact with a person with laboratory-confirmed COVID-19 in the past 14 days?<br>Last date you had contact with that person: (   /   /   ) | <b>Yes</b> | No                                                                |  |

|  |                                                                                                                                                                                                                                                                             |  |  |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|  | <b>Body temperature at or above 99.6 degrees, and/or<br/>                 YES To # 1-5, 14 or 15, and/or<br/>                 Clinical impression patient has ILI:<br/>                 Person does not enter and call Shift Commander<br/>                 Immediately</b> |  |  |  |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

DRAFT VERSION 2 APRIL 2020

Staff Name (Print)\_\_\_\_\_ Signature\_\_\_\_\_

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



**ATTACHMENT C**  
(Changes from last Status Report)

The following paragraph(s) identify and highlight any key changes made to Attachment A from the last Status Report and provides additional current information.

1. ***Additional Negative Pressure Units Created*** – As explained in Paragraph 9(f), the entire I-Pod and the entire K-Pod are now negatively-pressured (in addition to the health services unit and entire J-1 Pod). Therefore, the Facility now has 160 beds available in negative pressure environments as follows: Health Services Unit (2 beds); I-pod (40 beds/female); J-1 pod (48 beds/male); and K-pod (70 beds/special-purpose/protective custody).