

**California Coalition for Women Prisoners, et al.,
v.
U.S Federal Bureau of Prisons, et al., Consent Decree
Case No. 4:23-cv-04155-YGR**

**1st Quarterly Status Report
March 31 – June 30, 2025**

**Submitted by
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Senior Monitor
U.S. District Court
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August 20, 2025

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Senior Monitor & Team

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Introduction & Background

Introduction: This document serves as an introduction to the first quarterly report (March 31 – June 2025) on the status of the United States (U.S.) Federal Bureau of Prisons (BOP) implementation of the California Coalition for Women Prisoners v. U.S. BOP, Consent Decree. This report addresses related Paragraphs assigned to Senior Monitor Wendy Still, MAS, for monitoring during this reporting period. It outlines areas where policies, processes, documentation, forms, and training will need to be developed, revised, or modified to meet the requirements of the Consent Decree.

The Senior Monitor would like to express appreciation to BOP staff for their assistance in facilitating and providing information related to the various paragraphs of this report. The Senior Monitor would also like to thank Class Counsel for communicating Class concerns as they arise.

Monitoring Activities: During this quarterly monitoring period, the Senior Monitor's priorities centered on assessing factual findings related to the various Paragraphs of the Consent Decree. An onsite monitoring tour of FMC Carswell and FCI Waseca were conducted during the first quarterly reporting period. The activities conducted during this period include, but are not limited to, the following:

- Review of BOP program statements, records, audits, reports, tracking logs, formal and informal training materials, online training content, the Code of Federal Regulations (C.F.R.), Title 28¹ and other relevant documents;
- Participation in meetings with BOP staff, Class Counsel, and the Assistant United States Attorney (AUSA);
- Interviews with BOP and contract staff, and Class Members;
- Class Counsel Memorandums March 13, 2025, May 13, 2025, and June 3, 2025
- Review of emails from Class Members, BOP staff, Class Counsel and the AUSA;
- Tour of FCI Waseca and interviews of BOP staff and Class Members while onsite;
- Review of BOP Director's Memorandum *Use of Home Confinement as Pre-Release Option*, May 28, 2025; and
- Review of BOP Director's Memorandum, *Use of Home Confinement as Release Option*, June 17, 2025.

Observations Related to Complaints Received, April – June 2025: The chart on the following page is a synopsis of the number of complaints received, by type, during the first quarterly reporting period, to include the following observations:

- Complaints related to the Prison Rape Elimination Act (PREA) declined from 13 to 5 and credit issues from 22 to 18 between April and June 2025.
- Retaliation complaints increased by about 47%.
- Complaints related to medical more than doubled (235%) between April and May 2025. They subsequently reduced by approximately 62% between May and June 2025.
- Staff complaints increased from 7 to 13 between April and June 2025.

¹ [eCFR :: Title 28 of the CFR -- Judicial Administration](#)

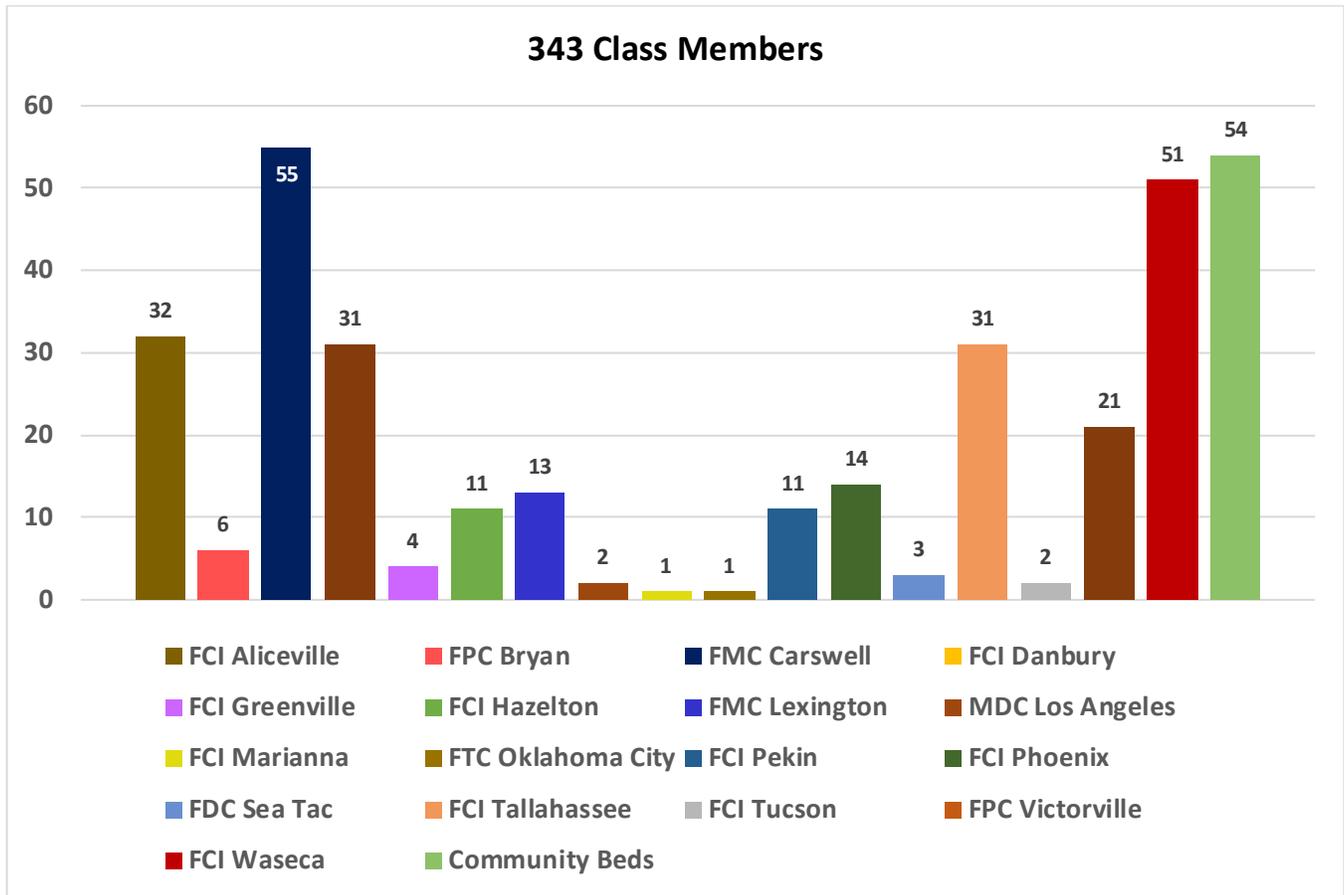
Total Complaints Received During 1st Quarter 2025 Reporting Period				
Category	April	May	June	Totals
Medical	20	47	18	85
Retaliation	15	23	23	61
PREA	13	12	5	30
Staff Complaints	7	8	13	28
Credit Issues	22	19	18	59

It should be noted that Class Member complaints and inquiries were received via email, written correspondence and Class Counsel correspondence. This chart does not include complaints received during onsite monitoring tours of BOP facilities.

Paragraphs Not Subject to Continued Monitoring: The following Paragraphs are no longer subject to monitoring given BOP’s compliance with the requirements outlined in the Consent Decree. Details related to the paragraphs will no longer be included in future monthly or quarterly monitoring reports with the exception of the final report.

- **D. Designation and Release, 2. Credit Loss Due to Transfer, Paragraphs 73 and 74:** BOP and the Senior Monitor conducted a review and assessment of Class Member Federal Time Credits (FTCs) resulting in BOP taking corrective action to ensure credits were restored.
- **D. Designation and Release, 3. Disciplinary Review, Disciplinary Review, Paragraphs 75 and 76:** BOP conducted a complete reconciliation of Class Member FTCs, adjustments in security and recidivism classifications, and release dates pursuant to these Paragraphs.
- **H. Additional Relief, Paragraph 88:** Although not subject to monitoring, this Paragraph directs the BOP Director to issue a formal, public acknowledgement to victims of staff sexual abuse at FCI Dublin. On February 26, 2025, Acting Director William W. Lothrop issued the required formal acknowledgement.

Class Members: The following chart reflects the number of Class Members in BOP custody, by facility, as of June 30, 2025.²



Bureau of Prison Facility Acronyms	
FCI	Federal Correctional Institution
FDC	Federal Detention Center
FMC	Federal Medical Center
FPC	Federal Prison Camp
FTC	Federal Transfer Center
MDC	Metropolitan Detention Center

² Population obtained from BOP Roster, *Population Monitoring Census/Roster*, generated on July 1, 2025, 9:06 a.m.

NOTE:

- The term “**facility**” and “**institution**” are utilized interchangeably throughout this document.
- Related paragraphs have been consolidated in this status report for clarity; however, several may be reported separately in future reports, as needed.
- The section and subsection letters and numbers referenced in the chart on the following page are based on the structure of the Consent Decree.
- The reference to *Monitors* refers to two or more members of the Monitoring Team, including the Senior Monitor.
- The reference to *Monitors* refers to two or more members of the Monitoring Team, including the Senior Monitor.
- A reference to Class Members, Adults in Custody (AICs), inmates and patients all refer to individuals in the custody of the BOP, whether in a BOP facility or community placement.

Assessment & Recommendations

A. Medical Health Care (Part 1)

2. Monitoring of Staffing Capacity

36. As a daylight provision only, BOP shall provide the Monitor and Class Counsel with monthly reports on the medical health care staffing levels at all BOP facilities where Class Members are designated. The Monitor shall review this information and make quarterly reports on the subject of medical health care staffing levels at all BOP facilities where class members are designated. If requested by BOP, the report will include recommendations for addressing low staffing levels.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Staffing Report from BOP
- **Reports, Written Correspondence, Emails, Websites & Other Sources:** N/A
- **Training:** N/A

Metrics: Class Members Emails, Interviews with BOP Staffs

Assessment: BOP is experiencing significant challenges in maintaining adequate staffing levels for health care personnel across its facilities. Persistent vacancies among physicians, nurses, mental health professionals and support staff negatively impact the quality of Class Member healthcare and staff morale.

This staffing assessment outlines the primary factors driving high vacancies within the BOP system. Of the 15 facilities reviewed, 11 had more than 20% of their health care positions vacant. The reported vacancy rate may also be understated as the information does not include how many employees, in a given classification, may have been redirected to another BOP facility or on long-term sick leave.

The Senior Monitor requested vacancy detail by medical classifications to facilitate a more accurate assessment of the actual vacancy rate in the various healthcare classifications at each facility. It is the Senior Monitors' understanding, based upon discussions with BOP staff, that this information is available via a standard monthly report. However, BOP declined a request for additional medical and mental health vacancy data by classification and facility where Class Members are housed in that there is a difference of opinion with BOP as to the level of detailed information that should be provided to the Senior Monitor. The Consent Decree requires the Senior Monitor to review monthly medical and mental health care staffing levels at all facilities where Class Members are housed and to produce quarterly reports. As such, the Senior Monitor will continue to request this information and/or pursue its receipt through the dispute resolution process.

Medical Staff Vacancies by BOP Facility				
BOP Facilities	Authorized Positions	Total Filled	Total Vacant	Vacancy Rate
FCI Aliceville	30	17	13	43.0%
**Public Health Service	2	2	0	0%
FPC Bryan	16	13	3	18.7%
Public Health Nurse	3	3	0	0%
FMC Carswell	125	96	29	23.2%
Public Health Service	16	14	2	12.5%
FCI Danbury	16	12	4	25.0%
Public Health Nurse	9	7	2	22.0%
FCI Greenville	27	25	2	7.4%
Public Health Service	2	1	1	50%
FCI Hazelton	52	40	12	23.0%
Public Health Nurse	6	4	2	33.3%
FMC Lexington	98	70	28	28.5%
Public Health Service	20	17	3	15.0%
FCI Marianna	21	17	4	19.05%
Public Health Service	3	3	0	0.0%
FDC Miami	22	19	3	13.6%
Public Health Service	3	3	0	0%
FTC Oklahoma City	28	26	2	7.1%
Public Health Service	3	3	0	0%
FCI Pekin	23	17	6	26.1%
Public Health Service	0	0	0	0.0%
FCI Phoenix	18	15	3	16.7%
Public Health Service	3	3	0	0.0%
FCI Tallahassee	19	14	5	26.3%
Public Health Service	8	4	4	50%
FCI Victorville	64	41	23	35.9%
Public Health Service	5	3	2	40%
FCI Waseca	25	19	6	24%
Public Health Service	1	0	1	100%

** Public Health Service is part of a federal government branch that funds positions in designated correctional facilities in an effort to augment staffing in specific areas, to include, pharmaceutical, infectious diseases, nurses, dieticians, etc.

BOP staff conveyed challenges in recruiting and hiring professional clinical staff, to include the following:

- BOP correctional healthcare staff appear to be tasked with excessive workloads as a result of chronic understaffing and high patient acuity. This contributes to emotional exhaustion that is compounded by the bureaucratic rigidity of the federal employment process and correctional rules.
- Staffing augmentation contributes to workload concerns and staff dissatisfaction.
- Despite strict protocols, the perception of risk continues to discourage potential applicants.
- Healthcare personnel often express concerns about personal safety, particularly in higher-security facilities. For example, the systemwide shortage within the BOP contributes to the unavailability of Officers to conduct escorts. This is further exacerbated by the unpredictable behavior of Class Members, which leads to apprehension among potential applicants.
- Stigma and limited professional exposure is concerning to young professionals entering the healthcare field as correctional settings historically have had stigma associated with the quality of healthcare provided and by default, have not been viewed as positive places to practice.
- Very few healthcare professionals have exposure to correctional medicine.
- There are limited clinical rotation opportunities for medical, mental health and nursing schools which leads to low awareness of the field's scope and importance.

Evaluation of Issues:

- Compensation and general hiring constraints have impacted BOP's ability to fill vacant positions. Compared to the private sector, academic institutions, Veteran's Administration Health System and even other public sector health systems, BOP's compensation is mostly noncompetitive.
- Given the slow and lengthy hiring process, many qualified candidates oftentimes accept other job offers while waiting for the BOP's hiring process to be completed.
- The location of BOP facilities and the infrastructure are deterrents as several facilities are in rural and remote areas. This naturally impacts the recruitment and hiring of licensed professionals. Incentives should be considered to attract highly trained individuals.
- Recent federal changes, including removal of bonuses and other incentives, have led to early retirements, transfers to other departments or moves to the private sector due to insecurity of future employment or loss of income.
- Inflexible work hours and schedules are not competitive, particularly for Psychiatrists due to the popularity of virtual care.
- Using healthcare staff to augment correctional staff creates a conflict of interest for healthcare staff who are traditionally trained to advocate for Class Members. Mixing disciplinary and provider roles leads to job dissatisfaction and more dangerously, to a dismantling of the provider/patient relationship.

Recommendations: BOP did not request medical staffing related recommendations. As a result, and in compliance with Paragraph 36 of the Consent Decree, none are provided.

A. Mental Health Care (Part 2)

2. Monitoring of Staffing Capacity

36. As a daylight provision only, BOP shall provide the Monitor and Class Counsel with monthly reports on the mental health care staffing levels at all BOP facilities where Class Members are designated. The Monitor shall review this information and make quarterly reports on the subject of mental health care staffing levels at all BOP facilities where class members are designated. If requested by BOP, the report will include recommendations for addressing low staffing levels.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Staffing Report from BOP
- **Reports, Written Correspondence, Emails, Websites & Other Sources:** N/A
- **Training:** N/A

Metrics: Review of Staffing Data Provided by BOP

Assessment: A review of mental health staffing levels for 15 BOP facilities was conducted. The review indicated that BOP lacks adequate mental health staffing to provide the appropriate level of mental healthcare to Class Members. For example, there are key vacancies in psychology classifications among all facilities where Class Members are housed.

The Senior Monitor requested vacancy detail by mental health classifications to facilitate a more accurate assessment of the actual vacancy rate in the various healthcare classifications at each facility housing Class Members. It is the Senior Monitors' understanding, based upon discussions with BOP staff, that this information is available via a standard monthly report. However, BOP denied the request by the Senior Monitor for additional mental health vacancy data detail by classification and facility. BOP's denial of this request is based on a difference of opinion as to the level of detailed information that they are required to provide to the Senior Monitor. The Consent Decree requires the Senior Monitor to review monthly medical and mental health care staffing levels at all facilities where Class Members are housed and to produce quarterly reports. As such, the Senior Monitor will continue to request this information and/or pursue its receipt through the dispute resolution process.

The recruitment and hiring of mental health professionals is as challenging as it is for medical providers. There are less individuals entering the mental health profession, and even fewer desire to treat incarcerated Class Members. Similar to the compensation for medical personnel within BOP, the compensation is less than in the private sector. Compounding this issue is the challenging work environment and the co-morbidity (the presence of two or more medical conditions in a patient) and extreme illness among many incarcerated Class Members.

Additionally, recent changes in benefits, including removal of bonuses, stipends, alternate salaries, telework options, and push for early retirement, have had catastrophic effects, with a reported loss of over 25 mental health providers in one month. This level of strain, to an already struggling system, poses serious risks for both the Class Members and the staff left to care for them.

Mental Health Vacancy Rates at BOP Facilities Where Class Members are Housed				
BOP Facility	Authorized Position	Total Filled	Vacant	Vacancy Rate %
FCI Aliceville	13	10	3	23.08%
FPC Bryan	13	13	0	0 %
FMC Carswell	35	26	9	25.7%
FCI Danbury	25	21	4	16.0%
FCI Greenville	16	13	3	18.7%
FCI Hazelton	34	17	17	50%
FMC Lexington	28	21	7	25.0%
FCI Marianna	16	14	2	12.5%
FDC Miami	9	7	2	22.0%
FTC Oklahoma City	8	6	2	25.0%
FCI Pekin	11	8	3	27.27%
FCI Phoenix	15	12	3	20.0%
FCI Tallahassee	18	17	1	5.5%
FCI Victorville	29	22	7	24,1%
FCI Waseca	15	8	7	46.6%

Evaluation of Issues:

- Class Members have limited access to mental health providers and Spanish-speaking providers.
- BOP facilities have a limited number of staff to provide mental health related groups to provide support to Class Members.
- Staff limitations provide even less opportunity for 1:1 therapy.
- Provision of mental health care for Class Members in SHU needs to be re-evaluated to ensure it is conducted safely, adheres to privacy rules, and ensures Class Members receive medications in a timely manner.

Recommendations: BOP did not request mental health staffing related recommendations. As a result, and in compliance with Paragraph 36 of the Consent Decree, none are provided.

A. Medical and Mental Health Care

3. Third Party Care

37. As a daylight provision only, BOP shall provide the Monitor with monthly reports about the wait times for outside provider care for Class Members after May 1, 2024. The Monitor shall review this information and make quarterly reports on wait times for care. The Monitor may comment regarding whether BOP is managing Outside Provider relationships to promote timeliness of care for Class Members after May 1, 2024. The Monitor shall review BOP's notice posted in English and Spanish regarding the process for securing Outside Provider care. At a Class Member's or at Class Counsel's written request, BOP shall, Consistent with Security, communicate with Class Members regarding the status of their request or referral for Outside Provider Care, including the estimated wait time.

Documents reviewed and utilized in the preparation of this report:

BOP Policies & Forms: N/A

- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Paragraph 37, Confidential Third-Party Wait Times Report, March 31 - June 2025, Attachment
 - BOP's Electronic Medical Records System
- **Training:** N/A

Metrics: Paragraph 37, Confidential Third Party Wait Times Report Provided by BOP, June 2025

Assessment: Since the effective date of the Consent Decree, the Monitoring Team has conducted monitoring tours at two BOP facilities: FMC Caswell and FCI Waseca. During the tours, the Monitoring Team received many complaints regarding wait times associated with the time it takes to obtain appointments from third party providers or the wait times associated with obtaining approval for a referral for third party care.

The wait time report received from BOP indicates there were 30 Class Members waiting for third party appointments. Of the 30 appointments, 6 Class Members waited over 7 months, with the longest dating back to November 4, 2024. The number of Class Members denied third party care appointments is unknown as this information was not been provided by BOP. Information received from Class Members and a review of BOP's Electronic Medical Records (BEMR) system indicates the number of consults denied by the local Utilization Review committees or BOP's Central Office is not insubstantial.

Local facility leadership are trying various interventions to improve access to outside specialty appointments. For example, during the onsite visit to FMC Carswell, the Medical Experts uncovered a new process begun by the Associate Warden of Healthcare who had recently begun and leads a weekly meeting with the scheduler, and representatives from nursing and transportation. The purpose of these meetings is to maximize the number of patients scheduled and treated through third party providers by ensuring advance preparatory work was being appropriately conducted. During the meeting, the mode

of transportation was discussed, to include the patient's mobility, and the need for a wheelchair van or other special considerations. Nursing staff were tasked with ensuring the patient's needs were accounted for prior to the appointment. No data was shared, but the Associate Warden reported this process has improved the number of patients seen by third party providers as fewer appointments have been cancelled as a result of staffing shortages, inadequate preparation, or the lack of an appropriate and available transportation vehicle.

Evaluation of Issues:

- Class Members are waiting months for third party care appointments. The limited appointment slots dedicated for BOP patients may be a contributing factor. Depending on the type of specialty appointment, it is common for patients, whether in the community or those incarcerated, to experience long wait times. This is outside of the control of BOP.
- However, factors that are within BOP's control is the approval process and transportation to medical appointments. Having lengthy and bureaucratic utilization review processes may hinder efficient delivery of care.
- In reviewing Class Member health records, it has been noted that appointments are sometimes cancelled due to staff shortages associated with transportation issues.
- Appointments have also had to be cancelled due to a lack of coordination between clinicians leading to inadequate advance preparation for specialty visits (appropriate preps before diagnostic studies, lack of suggested labs etc.
- System wide, Class Members are experiencing significant delays in receiving prescription eyeglasses and dentures.

Recommendations:

- BOP should initiate a third party care process similar to FMC Carswell as it relates to ensuring preparatory work is conducted and coordinated in advance of an appointment with a third party provider.
- Telemedicine should be considered as an option, where appropriate.
- BOP should consider increasing the number of third party care providers for those specialty areas associated with long wait times.
- BOP should consider increasing the throughput of the existing prescription eyeglass vendors or adding an additional vendor.

A. Medical & Mental Health Care

3. Provision of Care in Primary Language

38. To the extent feasible, BOP shall provide medical and mental health care to Class Members in their primary language at all medical and mental health encounters. This may be accomplished using Language Line Services (LLS) for on-demand, over-the-phone language interpretation services. To the maximum extent feasible, the use of interpreters shall comply with confidentiality requirements, including minimizing the use of AICs as translators and AICs shall only be used as translators for Spanish in emergency situations. The Monitor shall review, and include in quarterly reports, any reports of Class Members being denied access to care in their primary language.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - P6031.05 Patient Care, March 14, 2025
 - P6270.01 Medical Designation and Referral Services, January 15, 2005
 - P6010.05 Health Service Administration Services, June 26, 2014
- **Reports, Written Correspondence, Emails, Websites & Other Sources:** N/A
- **Training:** N/A

Metrics: Provision of Primary Language Care Memorandum Posted at FMC Carswell and FCI Waseca

Assessment: Clinical encounters are not consistently conducted in the patient's primary language, unless the Class Member's primary language is English. Many Spanish-speaking Class Members are not provided adequate translation services, and the language line is not consistently being used. Reports indicate that medical staff often rely on other inmates for translation. This poses a significant risk for breaching privacy and safety protocols. Class Members have relayed stories of peers spreading rumors regarding sensitive medical issues that place them at risk for violence (e.g., being infected with a communicable disease, learning about prior trauma).

As a result, many non-native English-speaking Class Members forego translation support and interact with clinical staff as best they can. This has led to serious gaps in understanding what is occurring medically, why diagnostic tests or labs are ordered, or what to expect from a prescribed medication. This can seriously comprise the ability to communicate needs and the validity of informed consent and treatment refusal.

Evaluation of Issues:

- Providers are inconsistent in utilizing the interpreter line.
- Other inmates are used to provide translation services creating the potential for inadequate translation and/or potentially compromising the Class Member's confidential mental health information.
- Health education materials are not made available in native language.
- Explanations of treatments and consequences of refusing treatment are not conducted in native language or in layman's terms.

Recommendations:

- BOP should consistently utilize the BOP translation line for clinical contacts.
- BOP should consider increasing the number of bilingual staff at their disposal.
- Health education materials and consent/refusal of care discussions need to be provided in a language and literacy level that is appropriate

A. Medical & Mental Health Care

5. Access to Rape Crisis Centers

40. The Monitor shall review, and include in quarterly reports, any reports of Class Members being unable to access services from Rape Crisis Centers.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Program Statement 5324.12, CN-1 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
 - Gratuitous Services Agreement Template (Memorandum of Understanding) between BOP and Local Rape Crisis Centers, April 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Class Member Emails
 - Sexual Assault Prevention and Intervention Booklet, February 2025
 - BOP PREA Homepage Website
- **Training:** Sexually Abusive Behavior Prevention and Intervention Program Admission and Orientation Lesson Plan, February 10, 2025

Metrics: Class Member Interviews and Emails

Assessment: There was one Class Member who reported she was unable to access the Rape Crisis Center's (RCC) counseling services this quarter. BOP's Memorandum of Understanding with service providers requires RCC services to be provided either by telephone, video conferencing or in-person. In both facilities visited by the Monitoring Team this quarter, interviews were arranged through the Psychology Department, resulting in telephone or in-person interviews.

One Class Member stated she was referred to Psychology where telephone calls were arranged with personnel from the RCC. A storage room with a telephone was utilized for the call. When the Class Member made the telephone call, the individual who answered was unaware of who she was. In response, the Class Member indicated she hung up the telephone and felt embarrassed. She left the office and did not return to Psychology to let them know what had occurred. She further stated she no longer trusted them and was not interested in any additional services.

During the onsite monitoring tours of FMC Carswell and FCI Waseca, 13 Class Member names were given to facility staff by the Monitoring Team to facilitate referrals to the respective RCC. Some of the Class Members interviewed by the Monitoring Team did not have a full understanding of the relationship between the RCCs and the facilities. Some Class Members were afraid of the possible loss of confidentiality if they spoke to someone at the RCCs, and required reassurance that their information was not going to be relayed to anyone at the facility. After the referrals were made by the Monitoring

Team, some Class Members conveyed they had decided against using the services. However, the services were offered and appeared accessible.

Admissions & Orientation Lesson Plan: The current Admissions and Orientation Lesson Plan, which all Class Members are required to attend when they are new to a BOP facility, states the following information:

“When you report being the victim of sexual abuse or sexual harassment, you will be assessed by a Psychologist. Available supportive services will be discussed in detail at that time. Additionally, if you prefer to contact outside sexual abuse emotional support services, you can call (Includes local RCC address/phone number or National Sexual Assault Hotline 800 656-4673). However, be aware that communication is monitored in a manner consistent with agency security practices.”

The Sexual Assault Prevention and Intervention Booklet, dated February 2025, provided to Class Members when they attend Admissions and Orientation, contains slightly different information:

“You may also contact your local Rape Crisis Center (RCC). Rape Crisis Centers are community-based organizations that help victims of sexual violence. Your institution may have a Memo of Understanding (MOU) with a local RCC. If so, Psychology Services can provide you with the contact information. If no MOU exists, you may seek services through Psychology Services.

*Your Local Rape Crisis Center:
Center's Name: XXX-XXXXXX
Contact Information: XXXXX”*

It should be noted that the local RCC telephone number was posted at both FMC Carswell and FCI Waseca.

Evaluation of Issues:

- One Class Member reported she had not received services through the RCC despite her request.
- Not all Class Members were aware that counseling is available to them through the RCC. However, it is difficult to ascertain the extent of this issue as BOP does not have a system in place to capture this information on a consistent basis.
- Unless a Class Member takes the first step and reports to Psychology, they may not be aware that an external counseling service exists, although the local RCC telephone number is suppose to be provided during admissions and orientation. This may be the reason the Monitoring Team made 13 referrals during their onsite interviews at FMC Carswell and FCI Waseca.

Recommendations: N/A

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

65. The Monitor shall include in quarterly reports an assessment of BOP's responses to reports of staff physical and sexual abuse towards Class Members and recommendations for corrective action, including changes to designations, changes to housing and job placements, provision of medical and/or mental health treatment, and other measures necessary to protect Class Members. The Monitor may make these recommendations prior to issuing a quarterly report on an emergency basis.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Program Statement 5324.12, CN-1 Sexually Abusive Behavior Prevention and Intervention Program, dated February 18, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - C.F.R. § 115.61 Staff and Agency Reporting Duties
 - Impact Justice, Just Detention International and National PREA Resource Center.
 - PREA Compliance Manager Orientation Guide, prearesourcecenter.org
- **Training:** 2025 Annual Training Core Topics Table, Attachment (excerpt)

Metrics: Quarterly Reports of Sexual and Physical Abuse

Assessment: To assess BOP's response to reports of sexual abuse toward Class Members, the documents noted above were reviewed, to include staff training related to Program Statement 5324.12 and the role of the PCM.

Program Statement: The BOP maintains Program Statement 5324.12 which appears to have recently been updated. The substantive change noted in the February 18, 2025 update was the replacement of words related to "gender" and "sex." The most recent substantive changes to the Program Statement were made on June 4, 2015.

The Program Statement follows the PREA Standards and lays out a general plan for facilities to follow when establishing their own individualized PREA protocols. It states each BOP facility is required to have a current Institution Supplement, using negotiated procedures at the local level, which reflect that facility's unique characteristics. It also states it should specify how each facility will comply with the Program Statement, to include:

- Staff members responsible for staff training and inmate education.
- Providing security to any inmate who says they are a victim.
- Providing personnel responsible for conducting medical assessments of the victims.
- Managing the perpetrator.

- Ensuring there is a system in place to identify those inmates who are at risk of engaging in sexually abusive behavior while in custody.

The Program Statement also includes language which describes required PREA training for all staff, how a PREA claim should be handled, the duties of the PCM, data collection, etc.

Training: As mentioned in previous monthly reports, training continues to be a concern in this area. The Program Statement states:

- **For New Employees:** *...A discussion of the Sexually Abusive Behavior Prevention and Intervention Program must be a part of Introduction to Correctional Techniques Phase I and Phase II...* It should be noted that the specifics of the discussion are not delineated in the Program Statement.
- **For Current Employees:** *...Information about the program is included in the annual training by a local trainer...* It consists of a 30-minute presentation on Sexual Abuse Prevention, PREA and Administrative Remedies (according to the 2025 Annual Training Core Topics Table [excerpt]).

Specialized training is also conducted for staff who are most likely to be involved with the management and treatment of sexually abused victims and perpetrators. The Program Statement includes in parentheses *“health services staff, psychologists, lieutenants.”* However, this training should be provided to all staff since facility staff have the potential to encounter victims of sexual abuse in every aspect of their duties as a result of the extremely high percentage of women who have been traumatized prior to their incarceration. Providing specialized training has the potential to teach staff more effective means by which to interact with Class Members with this type of trauma, thereby possibly reducing the number of complaints.

As outlined in the 2025 Annual Training Core Topics table excerpt, approximately 30 minutes is allocated to provide staff training on three topics related to sexual abuse and sexual harassment. This is inadequate and has the potential to contribute to the perception among staff that BOP’s policy of zero tolerance of sexual abuse and sexual harassment is not a priority.

Another portion of the Program Statement that appears to be problematic and creates confusion is the section on the *Official Response Following a Class Member Sexual Abuse or Harassment Complaint*. C.F.R. § 115.61 Staff and Agency Reporting Duties states *“the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility....* The BOP added language stating, *“All staff must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the Operations Lieutenant...who notifies the PCM... Once reported, an evaluation by the Institution PCM on whether or not a full response protocol is needed will be made.”*

This section of the Program Statement has caused misunderstanding by at least one PCM at a facility visited by the Monitoring Team. The *“full response protocol”* is often interpreted as taking the victim to the hospital for a sexual assault exam, accompanied by a victim advocate. This is not always necessary,

especially if the complaint is dated, or is not a physical assault. Unfortunately, given the language in the Program Statement, some sexual abuse and/or harassment complaints by Class Members were never documented as PREA complaints by staff or the PCM. When this occurs, the Class Member does not receive the services due to them, and their complaint is not appropriately investigated.

When the Senior Monitor interviewed the National PREA Coordinator, she acknowledged this was an issue that BOP is working to resolve through labor negotiations. In the meantime, she works individually with each new PCM when they are on boarded. She also maintains a webpage with available resource materials for PCMs, as well as staff involved in the PREA program. The National PREA Coordinator resource page contains materials that are suggested for use by PCMs, but not mandated. Additionally, the National PREA Coordinator also makes herself available for assistance or consultations as needed by BOP facilities.

Of the two facilities the Monitoring Team has visited thus far (FMC Carswell, FCI Waseca), only one was using the forms from the National PREA Resource Coordinator's webpage. It is understandable that due to geographical location and culture, there will be differences between facilities. However, not creating and mandating the utilization of set forms for a uniform response protocol contributes to inconsistencies in practices. This not only weakens the ability to maintain proper documentation for audit purposes, but weakens the Class Members' faith in the system, which in turn leads to distrust in reporting.

The National PREA Coordinator acknowledges the Program Statement is problematic and is prone to being misunderstood. She also acknowledges that updating the Program Statement will likely be delayed as a result of the need to engage in labor negotiations. She indicated she spends a lot of her time on the telephone orienting new PCMs and answering questions. However, she is only one person and as such, is limited on what she can accomplish.

Although the Program Statement includes the role of the Regional PREA Coordinators, this is an "extra duty" assigned to the existing classification of the Regional Director. As a result, many questions are diverted back to her from the Regional Director's assigned this extra duty. This is a very difficult situation and over the long run, not sustainable. With the turnover in PCMs, the National PREA Coordinator spends a lot of her time training others and answering questions, rather than monitoring PREA audits, and/or tracking and collecting data.

General Role of the PCM and the PCM's Orientation Guide:³ The PCM is responsible for ensuring that vulnerable Class Members are protected. Government research shows that individuals with a history of prior sexual victimization are at an elevated risk for sexual abuse within a confined setting. PREA Standards state that new arrivals who disclose that they have been sexually abused at any point in their lives must be offered a follow-up meeting with medical/mental health staff within 14 days. The PCM should confirm these referrals and follow up to ensure a treatment plan is created and implemented.

³ Impact Justice, Just Detention International and National PREA Resource Center. The PREA Compliance Manager Orientation Guide, prearesourcecenter.org

An essential part of running a safe facility, and the cornerstone of the PREA Standards is ensuring that Class Members can report sexual abuse and sexual harassment confidentially, anonymously, and without risk of retaliation. PCMs are responsible for ensuring the facility's reporting options work and that every report received receives immediate attention. The PCM's role is to ensure there are no barriers facing Class Members who wish to speak out. The PCM should walk through the facility, with an eye towards ensuring that reporting options are clearly posted, including methods for filing/reporting third party complaints on behalf of Class Members.

The PCM is responsible for ensuring that staff understand how to respond to a PREA complaint, even if a report is not made immediately. The PCM should review each report for thoroughness and accuracy. If the report is incomplete, the PCM must ask whoever completed the report to include additional information.

PCM's Role within BOP and the PCM's Orientation Guide: Program Statement 5324.12, CN-1 Sexually Abusive Behavior Prevention and Intervention Program, contains language regarding the PCM and their role in the PREA process. It specifically states, *"The Institution PREA Compliance Manager maintains responsibility for the Sexually Abusive Behavior Prevention and Intervention Program. He/she must provide supervisory oversight to ensure the coordination of institution departments in prevention, detection, intervention, and response..."*

A review of the PREA Compliance Manager's Orientation Guide, an authoritative booklet written by groups who were instrumental in authoring and facilitating the passage of the PREA legislation 20 plus years ago, provides a look at the duties of the PCM in a prison. These duties appear to be inconsistent with what the Monitoring Team has learned after conducting onsite visits of two BOP facilities in that the PCMs appear to lack the full scope of training and knowledge the Orientation Guide mentions. These deficiencies appear to contribute to the lack of a safe environment for Class Members at these facilities.

Furthermore, PCMs assume this role on a rotation basis, with little training provided by BOP. The PCM at FCI Waseca was a Psychologist prior to becoming the Associate Warden in charge of the PREA program. This meant she was privy to the extra specialized training previously mentioned in this report. The program at FCI Waseca had its own issues as referenced in the June 2025 monitoring report. It should be noted that PREA files reviewed at FCI Waseca were much better organized than those reviewed at FMC Carswell.

The PCM Orientation Guide is readily available at the PREA Resource Center website. The PREA Resource Center is federally funded clearing house of information on the implementation of the PREA Standards in confinement facilities. The Center recently had its funding severely reduced. However, the information is still available and should continue to be utilized by the BOP. The PREA Resource Center is also a resource recognized on the BOP National PREA Coordinator's website. Additionally, when the Monitoring Team conducted their onsite visit of FMC Carswell, a copy of the Orientation Guide was left with the Warden during the exit interview for the newly assigned PCM.

While the PCM is responsible for ensuring that vulnerable Class Members are protected, implementation of the PREA Standards is not the responsibility of the PCM alone. It is a group effort led by the PCM. The most important aspect of this responsibility is for the PCM to ensure that facility practices, procedures and post orders are implemented and documented according to PREA. The PCM should reinforce the message that preventing sexual abuse and sexual harassment is an integral part of the responsibilities of all BOP staff. When all staff embrace these rules, it not only lightens the PCM's workload - freeing them to take on more of a monitoring role - but also makes the implementation of PREA smoother and more effective, while ensuring sustainability. Furthermore, the PCM is the face of PREA at the facility. The attitude of the PCM, on this subject, has the potential to influence the importance that other staff attribute to PREA.

PREA Compliance Team: To further reinforce the importance of PREA, a PREA Compliance Team, led by the PCM, should be established. The team should, minimally, consist of the following:

- head of the facility,
- a second representative from the facility's leadership, and
- representatives from each facility department, to include Investigations, Medical, and Mental Health.

The PREA Compliance Team should be responsible for:

- developing and maintaining a coordinated response plan,
- holding quarterly meetings, minimally, to discuss challenges, review PREA allegations, update open PREA investigations, etc., and
- conducting quarterly walking rounds to check facility safety, blind spots, and unlocked doors. These walking rounds should include line staff as a way to facilitate "*buy in*" and enhance their knowledge regarding the PREA Standards.

PREA Investigations: The PREA Standards require that all reports of sexual harassment and sexual abuse must be investigated by trained investigators, whether an internal or external Investigative Unit. Throughout the investigation, the PCM should work with the investigators to assist as needed. The PCM is also responsible for ensuring that there is no retaliation taken against the victims, third party reporters and anyone who cooperated with the investigation, including staff. Ninety days is the minimum number of days the PCM should monitor the case if the investigation is determined to be substantiated or unsubstantiated. The PCM may need to monitor the victim/s for a longer period if necessary.

At the conclusion of an investigation, the PCM notifies the victim of the outcome. If the investigation is found to be either unsubstantiated or substantiated, the notice should contain the abuser's information. If the complaint was committed by staff, the victim should be notified about the staff member's status, including if they remain employed. Victims must also be notified by the PCM, if the facility learns the abuser has been indicted and convicted of charges related to the reported sexual abuse.

Any time a sexual abuse report is filed, even if the allegation is found to be unsubstantiated, an incident review should occur after the investigation concludes. The PCM should work with a team that has representation from the Unit team, Medical/Mental health, Investigations, and someone in charge of the physical plant of the facility. The PCM's role on this team is to follow up with the stated recommendations, including action plans and next steps. This individual is also the point person for the auditing team.

The PCM is the repository for the PREA file that contains all the documentation pertaining to sexual harassment and sexual abuse. The files should be updated on a quarterly basis for review and completion. This also makes it easier for the PREA audit when it comes time for it.

The ultimate goal of PREA implementation is not to prepare for an audit, but to keep Class Members safe from sexual abuse and sexual harassment. Committed PCMs that work daily on PREA implementation and have achieved widespread buy-in from their facility peers should be confident in the facility's PREA compliance by the time of the audit.

Evaluation of Issues:

- PCMs are not receiving adequate training to perform their full range of duties, as described in the PCM's Orientation Manual. Consequently, an environment of safety is not created for Class Members to enable them to feel safe reporting sexual abuse, sexual harassment or physical abuse complaints without fear of retaliation. This also includes Class Member's confidence that the appropriate medical and mental health follow up will occur, and that allegations of this nature will be investigated fairly.
- Some PREA cases reviewed during this monitoring period were poorly worded and confusing.
- Staff and PCMs should be provided more intensive and specialized training to enhance their knowledge and overall implementation.

Recommendations:

- Revise staff training with an emphasis on sexual assault and trauma survivors. Training on PREA alone should be one hour, annually, rather than 30 minutes.
- Obtain technical assistance for new and existing PCMs through a third party contractor who specializes in PREA training. Training should be provided remotely to minimize cost.
- Mandate that all PCMs utilize the same forms to ensure consistency in PREA reporting for all facilities where Class Members are housed.
- Revise Program Statement 5324.12 and related forms for clarity and consistency.

C. Staff Abuse & Retaliation

3. Reports of Staff Abuse or Sexual Abuse

66. The Monitor shall also review and include in quarterly reports the status of PREA reports made by Class Members regarding abuse that took place at FCI Dublin.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms:** N/A
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Office of Internal Affairs Dublin Report, June 18, 2025
- **Training:** N/A

Metrics: 358 Cases Referred to the Office of Internal Affairs (OIA) and Office of the Inspector General (OIG) between January 19, 2021 and June 17, 2025

Assessment: Of the 358 cases referred to OIA/OIG, 96 were opened in January 2025 and were related specifically to allegations involving Class Members while they were housed at FCI Dublin. The status breakdown is as follows:

- 38 cases have been closed with an outcome of “*sustained*” of which 7 were from the OIG and 31 by OIA in collaboration with local facility OIA staff;
- 26 cases have been closed with an outcome of “*not sustained*” by OIA in collaboration with local facility OIA staff;
- 294 cases remain open, of which:
 - 213 are being examined by the OIG for a determination of whether their office will investigate or whether referral to OIA for investigation is appropriate;
 - 31 cases are in the process of being investigated by the OIG; and
 - 50 cases have been handled by OIA staff from headquarters or at the local level, with most cases closed.

Evaluation of Issues:

- OIA, in collaboration with local institution investigators, process and close investigations more promptly than the OIG.
- The longer a case remains without an active investigation, the more difficult it becomes to gather the necessary information as victim and witness recollections fade with the passage of time, or Class Members become unavailable as a result of releases to the community. As such, the OIG should review their processes and staffing, and strive to decrease these timeframes.

Recommendations: N/A

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California Coalition for Women Prisoners, et al., v. U.S. Federal Bureau of Prisons, et al., Consent Decree

Case No. 4:23-cv-04155-YGR

1st Quarterly Status Report, March 31 – June 30, 2025

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

67. The Monitor shall also review and include in quarterly reports reported injuries and mistreatment suffered by Class Members during transport between BOP facilities, including the status of investigation into transport issues.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms:** N/A
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Office of Internal Affairs/Office of the Inspector General Investigative Report, July 7, 2025
- **Training:** N/A

Metrics: Number of Transports from FCI Dublin to the Receiving BOP Facility

Assessment: Twenty one Class Member cases were opened as a result of allegations of mistreatment during transports from FCI Dublin to the receiving facilities, involving sixty seven BOP staff. All 21 Class Members and 25 staff have been interviewed by OIA. An update on the outcome of these investigations will be provided in a future report.

A report of injuries and mistreatment during the transports was requested by the Senior Monitor. However, a report was not provided by BOP staff.

Evaluation of Issues: N/A

Recommendations: N/A

D. Designation & Release

1. Designations

68. ...quarterly reports will include whether Class Members are designated to facilities with adequate programming, and educational and vocational opportunities.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5100.08 CN 2 Inmate Security Designation and Custody Classification, March 6, 2025
 - 5200.09 Female Offender Manual, February 19, 2025
 - 5220.01 First Step Act Program Incentives, July 14, 2021
 - 5240.01 Female Integrated Treatment, August 11, 2022
 - 5300.21 Education, Training and Leisure Program Standards, February 18, 2022
 - 5321.09 CN-1 Unit Management and Inmate Program Review, February 27, 2025
 - 5400.01 First Step Act Needs Assessment, June 25, 2021
 - 5410.01 CN-2 First Step Act of 2018-Time Credits: Procedures for Implementation of 18 U.S.C. Section 3632 (d)(4), March 10, 2023
 - 5800.17 Inmate Central File, Privacy Folder, and Parole Mini-files, April 13, 2015
 - 7300.09 Community Corrections Manual, March 27, 2025
 - 7320.01 CN-2 Home Confinement, December 15, 2007
 - 5801.03 1,2,3 Sentry Sentencing Monitoring File, October 7, 2001
 - 5802.04 Sentry General Use Code Tables, July 28, 2000
 - Female Integrated Treatment Program Statement, August 11, 2022
 - Spanish Female Integrated Treatment Program Statement, August 11, 2022
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Paragraph 68, Non Confidential FCI Dublin Consent Decree Quarterly Monitoring Report, Programming, Educational and Vocational Opportunities (BOP Report), Attachment

Metrics: Class Member Emails, Class Counsel Memorandum, June 3, 2025, BOP Roster

Assessment: During this monitoring period, the BOP provided a document outlining all programming, educational, and vocational opportunities available at all facilities that house Class Members.

FCI Tallahassee: Based on the information provided, FCI Tallahassee offers the fewest programming opportunities among facilities housing female inmates and has some of the longest associated wait times. The waitlist for General Educational Development programming is one year or longer, and there are no English as a Second Language classes currently offered. The wait time for enrollment in the Academic Success program is approximately six months, while the majority of psychology programs have waitlists ranging from seven to fourteen weeks, with the exception of Medication Assisted Treatment (MAT) which is considerably longer. The Senior Monitor received reports indicating that the wait time for the Female Integrated Treatment (FIT) program exceeds one year. However, the data provided by BOP

lists the wait time only as “*variable*,” without specifying the actual duration. As a result, there is no reliable means to determine the precise length of the current wait time. These extended delays pose a significant barrier for Class Members in need of timely access to rehabilitative and educational services.

FCI Phoenix: FCI Phoenix follows closely behind, with similar limited program availability and extended wait times. While some educational and vocational opportunities are offered, access remains restricted due to limited staffing, space and scheduling. As with FCI Tallahassee, the delays in accessing critical programs—particularly academic—may hinder Class Members’ progress toward rehabilitation and timely release preparation.

FMC Carswell: FMC Carswell is the only women's facility to offer a Spanish FIT program. The document provided to the Senior Monitor lists the approximate wait time at FMC Carswell as “*varies on treatment needs and/or PRD/FSCD*.” This does not provide clear enough data for the Senior Monitor to assess whether FMC Carswell is providing adequate programming relative to Spanish FIT for Class Members.

FMC Lexington: This facility offers a wide range of psychology programs and reports that participation is based on individual interest. However, the documentation does not specify whether formal waitlists exist, making it difficult to determine the actual accessibility of these programs or whether delays are present for those seeking enrollment.

FCI Hazelton: FCI Hazelton has a Class Member population of 12, with wait lists totaling 1,342. This data does not distinguish how many of these individuals are Class Members. As such, the Senior Monitor was unable to determine the extent of Class Member access or need for programs based on this data.

Initially the Senior Monitor received numerous complaints concerning access to programming. However, those concerns have decreased after Class Members were designated to their final destination facilities where access to programming has somewhat improved.

Medication Assisted Treatment: An exception is the MAT program. Of the 17 facilities housing female Class Members, only 6 offer MAT services, which may contribute to extended wait times for access. FCI Pekin reported that prioritization for MAT is based on release dates, with individuals scheduled for earlier release receiving treatment as a priority. Additionally, those with identified needs, under the FSA, are given priority consideration for MAT services.

The MAT program is critical for individuals in need of substance use treatment. The Senior Monitor received several complaints from Class Members regarding the lack of access to MAT. Class Members who are unable to access this essential treatment have, in some cases, resorted to meeting their substance use needs through negative or harmful behaviors. As a result, many have received numerous disciplinary infractions for various violations, including repeated positive drug tests. The absence of timely access to MAT not only undermines rehabilitative goals, but contributes to a cycle of disciplinary action that may further impact release planning and program eligibility.

Evaluation of Issues:

- If more complete data was provided by BOP, the Senior Monitor would be able to provide a more thorough and complete analysis.

Recommendation:

- Improve the data provided to the Senior Monitor in the spreadsheet provided, to include wait lists and times for Class Members only.

D. Designation & Release

4. Compassion Release Requests

77. The Monitor shall review and report on all compassionate release requests submitted by Class Members. Reports will be quarterly and include an update on the status of the request.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Program Statement 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g)
 - Inmate Request or Compassionate Release/RIS Consideration Form
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Reduction in Sentence Requests Alleging Sexual Abuse, July 31, 2025, Attachment
- **Training:** N/A

Metrics: Reduction in Sentence Requests Alleging Sexual Abuse, July 31, 2025

Assessment: The following table reflects requests for reductions in sentence (RIS) cases under the review of the Office of the General Counsel and/or resolved as of July 31, 2025. This information was provided by BOP.

Reduction in Sentence Requests Status as of July 31, 2025	
Under Office of General Counsel Review (last action)	9 Total
Released on RIS Motion	1
Originally Denied on RIS Motion	2
Motion Filed	1
No RIS Motion Filed	5
Total Resolved Cases - Actions Taken by BOP as Reported by BOP	27 Total
RIS Denied by FCI Danbury	1
RIS Denied by FCI Hazelton	1
No Sexual Abuse Alleged. Returned to Warden at FCI Aliceville for Resolution	1
RIS Denied by the Office of General Counsel	24

Evaluation of Issues: BOP provided the above information related to RIS requests filed by Class Members. One Class Member has been released on an RIS motion. Two RIS requests have been denied at the facility level, one was returned to the facility for resolution, and 24 have been denied at the Office of General Counsel. The Senior Monitor will request copies of all documentation related to requests and denials, and conduct an analysis of the information for the next quarterly report.

Recommendation: N/A

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California Coalition for Women Prisoners, et al., v. U.S. Federal Bureau of Prisons, et al., Consent Decree

Case No. 4:23-cv-04155-YGR

1st Quarterly Status Report, March 31 – June 30, 2025

E. Member Access to Counsel & the Monitor

83. The Monitor will review, and include in quarterly reports, complaints from Class Members regarding confidential communication with the Monitor or Class Counsel and may provide recommendations for improved confidential communication.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5265.14 Correspondence, April 5, 2011
 - P5264.08 Inmate Telephone Regulations, February 11, 2008
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Class Counsel Memorandum, June 3, 2025
 - Quarterly Access to Counsel
- **Training:** N/A

Metrics: Emails from Class Members and BOP Liaison, Class Counsel Memorandum, June 3, 2025

Assessment: Since March 31, 2025, the Monitoring Team has received 15 contacts from Class Members regarding issues related to confidential access to Class Counsel via legal calls. With the exception of two, all the contacts were provided to the Monitoring Team in the BOP document titled *Quarterly Access to Counsel*. These contacts reflect ongoing concerns about the ability of Class Members to meaningfully participate in the legal process established under the Consent Decree. While the nature of the reported barriers varies—ranging from scheduling conflicts and staff availability to equipment issues—the volume and consistency of these complaints could suggest a broader systemic issue rather than isolated incidents.

Access to legal calls is a critical component of confidential access and is particularly significant for Class Members whose rights under the Consent Decree may be at stake. When legal communication is delayed, restricted, or inconsistently facilitated, it may inhibit Class Members from reporting violations, receiving timely updates about their status, or seeking redress for grievances. The impact is further compounded in restrictive housing settings, such as the SHU, where other avenues of communication are already limited.

These reports raise concerns about whether BOP is meeting its obligations under the Consent Decree to ensure confidential and timely legal access for all Class Members. Without consistent and equitable access to legal calls, the integrity of the monitoring process itself may be undermined. Continued monitoring and timely corrective action are warranted to ensure that all facilities are complying with the requirements for legal access and that Class Members are fully informed of their rights and afforded meaningful opportunities to exercise them.

Evaluation of Issues:

- Access to confidential legal calls continues to be an issue at varying institutions for different reasons. As such, additional training should be provided to staff.

Recommendation:

- Continue to educate staff on the importance of timely access to Class Counsel legal calls for Class Members.

F. Processing of Damages related to Closure due to Property Loss

84. The Monitor shall also review and report on loss and damage to Class member property as a result of transfer from FCI Dublin, including the status of Class Members' claims for compensation. Nothing in this section shall prejudice the right of the Class Members to make unreleased claims within the normal one-year time frame from the incident.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Program Statement 5580.08 Inmate Personal Property
 - Program Statement 5580.09 Inmate Property Claims
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - BOP Property Claim Files Provided by BOP Western Regional Office
 - Federal Bureau of Prisons, Western Regional Counsel's Office
 - Quarterly Property Roster
 - Confidential Roster, Paragraph 84

Metrics: Class Member Emails, Class Counsel Memorandum, June 3, 2025

Assessment: From March 15, 2024 through the closure of FCI Dublin, Class Members were notified of their transfers with minimal notice—sometimes as little as a few hours—and instructed to pack their belongings into a single green duffel bag. Items that could not fit were mailed to their residence addresses at BOP expense. Following the facility's closure and the subsequent transfer of all Class Members to locations across the country, numerous individuals reported the loss of personal property, to include boxes that were packed, but not mailed to some of the Class Members' residences.

Class Members have encountered substantial barriers in submitting property claims and appeals for reconsideration. In cases where claims have been processed, Class Members report BOP has frequently denied or rejected the claims or offered disproportionately low compensation relative to the value of property lost. Additionally, the claims were reviewed by several different BOP staff members and the criteria they used for settlement varied by individual.

The Senior Monitor has worked collaboratively with BOP staff to facilitate the processing of property claims. To accommodate Class Members who were unable to provide receipts to substantiate the value of their lost property, the BOP offered an alternative option allowing individuals to submit a signed affidavit in lieu of receipts. However, many Class Members were unaware of this option and refrained from filing claims due to their inability to access or retain the necessary documentation. In response and at the request of Class Counsel and the Senior Monitor, the BOP extended the filing deadline to allow those individuals an opportunity to submit claims using the affidavit in place of receipts.

Two significant consequences of the property claims process were not communicated to Class Members prior to the submission of their claims. First, the maximum allowable reimbursement for any individual claim was limited to \$1,000 per 31 U.S.C. Section 3723. Second, any approved claim payments could be subject to offset by the U.S. Department of the Treasury to satisfy outstanding debts owed by the Class Member. These offsets could include, but were not limited to, obligations such as unpaid child support, taxes, or overpayments of public assistance benefits.

The BOP may or may not receive notification from the U.S. Department of the Treasury when a payment has been diverted to satisfy an offset. In instances where notification is received, it does not include information specifying the nature of the offset. As a result, the Class Member is not notified, yet the responsibility falls to the Class Member to investigate the reason for the offset. However, to date, no reliable contact information for the Treasury Offset Program has been made available to Class Members.

Additionally, BOP's data reflects a claim as "PAID" even in instances where the payment was redirected to satisfy a Treasury offset, rather than disbursed directly to the Class Member. As a result, there is no mechanism within the BOP to distinguish between claims that were paid to the individual and those that were applied toward an offset, creating confusion and lack of clarity regarding the final disposition of the claim. The Senior Monitor continues to work towards identifying and providing a viable point of contact to assist Class Members in obtaining information related to offset actions.

To date, there are 287 documented property claims (see attachment within Confidential Monitoring Report, March 31, - June 30, 2025, titled *F. Processing of Damages due to Property Loss, Paragraph 84*) that have been formally submitted to the BOP. In addition, 26 additional claims—lacking supporting documentation—have been referred to the BOP for investigation. No data has been provided by the BOP to the Senior Monitor to document how many claims were offset.

The Senior Monitor will continue to oversee the processing of Class Member property claims through to their final resolution, including the completion of all required documentation by the BOP.

Evaluation of Issues:

- Property claims remain an outstanding issue between Class Members and BOP.

Recommendation:

- Conduct a thorough analysis of every property claim submitted by Class Members and provide the Senior Monitor with all relevant documentation pertaining to each claim to enable an appropriate and informed assessment.

Signature

Submitted to: (1) United States District Court, Northern District of California, Oakland Division, (2) U.S. Federal Bureau of Prisons Counsel & (3) Class Counsel.



Wendy Still, MAS
Senior Monitor

August 20, 2025

Date

Glossary of Acronyms

AA	Associate of Arts
ADO	Administrative Detention Officer
AHSA	Assistant Health Services Administrator
AICs	Adults in Custody
AW	Associate Warden
BOP	Board of Prisons
BEMR	BOP Electronic Medical Record
C.F.R.	Code of Federal Regulations
CCC	Chronic Care Clinic
DHO	Disciplinary Hearing Officer
DOJ	Department of Justice
DST	Destination
DSTD	Destination Date
EICF	Electronic Inmate Central File
FDC	Federal Detention Center
FCI	Federal Correctional Institution
FCLB	Facility Location of Body
FCPD	First Step Act Community Placement Date
FIT	Female Integrated Treatment
FMC	Federal Medical Facility
FSA	First Step Act
FTC	Federal Time Credit
GTC	Good Time Credits
H&S	History and Physical
HSR	Health Service Request
KOP	Keep on Person
LEP	Limited English Proficiency
MAP	Management Analysis Portal
MAT	Medication Assisted Treatment
OIA	Office of Internal Affairs
OIG	Office of Inspector General
ORE	Office of Research and Evaluation
PCM	PREA Compliance Manager
PHS	Public Health Service
PREA	Prison Rape Elimination Act
RCC	Rape Crisis Center
RIS	Reduction in Sentence
SCA	Second Chance Act
SFIT	Spanish Female Integrated Treatment
SGT	Statutory Good Time
SHU	Special Housing Unit
SIS	Special Investigative Supervisor
STI	Sexually Transmitted Illnesses

SUD	Substance Use Disorder
TIC	Trauma Informed Care
TCPD	Transitional Community Placement Date
UDC	Unit Disciplinary Committee
WASPB	Women and Special Populations Branch

Definitions

The following definitions apply to the terms of the Consent Decree.

Adult in Custody (AIC) refers to any person in BOP custody who is designated at a penal or correctional institution, or in a halfway house, contract facility, or in limited cases, on supervision on home confinement, or designated to some other setting outside a BOP penal or correctional facility. BOP states that it is not responsible for care for persons held in a halfway house, contract facility, or, in limited cases, on supervision on home confinement, or designated to some other setting outside a BOP penal or correctional facility.

Administrative Detention refers to an administrative status which removes an AIC from the general population. Administrative detention status is non-punitive, and can occur for a variety of reasons. 28 C.F.R. § 541.22(a).⁴

Administrative Detention Facility for the purposes of this agreement refers to BOP institutions that house people in pretrial detention, including Metropolitan Correctional Centers (MCCs), Metropolitan Detention Centers (MDCs), and Federal Detention Centers (FDCs).

Alert[s] refers to instances where Senior Monitor, identified a concern arising from a Class Member's treatment or lack thereof at FCI Dublin or during transfer from FCI Dublin, including concerns related to: medical and/or mental healthcare (including Medication Assisted Treatment and Medical and/or Mental Health Nexus Cases, as defined below), PREA reports and advocacy services, compassionate release requests, release dates and application of Federal Time Credits, disciplinary incidents and impacts on security and recidivism classifications (including Good Credit Time, Forfeited Non-Vested Good Time Credit, Administrative Detention Time and Disciplinary Segregation Time), property claims, and transport issues. The Senior Monitor's decision to clear or place an Alert shall be final subject to reconsideration by the Senior Monitor at the Senior Monitor's discretion. Alerts closed prior to the Effective Date may be reopened if the AIC provides proof that the Senior Monitor deems sufficient that the alert should not have been closed. Such requests shall be submitted to the Senior Monitor no later than December 1, 2024, unless the AIC shows by clear and convincing evidence that the evidence submitted in support of reopening could not have been submitted before December 1, 2024. This paragraph does not limit the ability of the Senior Monitor to reopen an alert closed prior to the Effective Date if the Senior Monitor determines, based on sufficient proof, that the alert should not have been closed.

BOP Counsel means both BOP in-house counsel and litigation counsel assigned by the Department of Justice. In the event that any individual BOP Counsel separates from his or her employment or if the case is reassigned to different counsel, BOP Counsel will designate successor counsel and notify the Senior Monitor and Class Counsel of the change.

BOP Liaison means an employee from BOP's Central Office who is a direct report to the BOP's Deputy Director who is designated to and whose sole duties are to facilitate BOP's compliance with the terms of this Consent Decree. The BOP Liaison will have access to BOP subject matter experts at the regional and

⁴ [eCFR :: 28 CFR 541.22 -- Status when placed in the SHU.](#)

Central Office level, and should assist the Senior Monitor to gather information, help track alerts, and if necessary, should raise concerns with the Deputy Director directly. The BOP Liaison will share only minimal information with other BOP employees, and will share such information only to the extent necessary to enable the BOP Liaison to access necessary records and other information. The BOP Liaison shall not share any information related to a Class Member complaint with any official who is the subject of that complaint. The BOP Liaison does not have independent authority to direct any BOP employee to take a particular action but should make recommendations after consulting with BOP's Deputy Director, subject matter expert, or the Senior Monitor.

Class Member refers to all people who were incarcerated at FCI Dublin between March 15, 2024 and May 1, 2024, and all named Plaintiffs.

Class Counsel refers to Arnold & Porter, California Collaborative for Immigrant Justice, Rights Behind Bars, Rosen Bien Galvan & Grunfeld including Ernest Galvan, Kara Janssen, Luma Khabbaz, Adrienne Spiegel, Susan Beaty, and Amaris Montes. In the event that any individual Class Counsel separates from his or her employment, Class Counsel will designate successor counsel and notify the Senior Monitor and BOP Counsel of the change.

Code of Federal Regulations (C.F.R.) The C.F.R. is the official legal print publication containing the codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

Complaint refers to any notification to the Senior Monitor in any form by a Class Member or Plaintiffs' counsel.

Consistent with Security means subject to exceptions including, but not limited to, major disturbances that require staffing to be re-directed to other areas of the facility on an emergency and temporary basis or natural disasters, and similar other emergencies that restrict movement to preserve safety.

Daylight Provision means no attendant obligation shall be imposed upon the BOP other than the collection and provision of data.

Designation or designated refers to an order from the BOP's Designation and Sentence Computation Center indicating the facility of confinement for an AIC.

Disciplinary Segregation refers to a punitive status wherein an AIC is placed in SHU, only as a sanction imposed by a Discipline Hearing Officer (DHO) for committing a prohibited act(s). 28 C.F.R. § 541.22(b), 541.24.

Effective Date refers to the date on which this Consent Decree is approved by the Court.

Federal Correctional Institution (FCI) Dublin refers to both the low security Federal Correctional Institution located in Dublin, California and the adjacent satellite Camp.

Federal Detention Center (FDC) refers to an administrative security federal detention center that houses pretrial detainees and sentenced inmates.

Federal Medical Institution (FMC) referrals to a Board of Prisons medical institution.

First Step Act (FSA) refers to the First Step Act (FSA) of 2018 (P.L.115- 391) and any subsequent amendments to the law.

Federal Time Credit (FTC) refers to time credits towards prerelease custody or early transfer to supervised relief, authorized by procedures for earning and application of time credits that are outlined within the FSA.

Grievance refers to any BOP cop-out, administrative remedy, or similar written form.

Medical and/or Mental Health Nexus Case refers to a medical or mental health issue that (i) was first raised, identified, or documented at FCI Dublin (whether by the Class Member themselves, BOP staff or contractors, the then-Special Master, and/or a member of her team, or the Court); or (ii) the Senior Monitor and/or a member of her team, based on a review of a more recently filed grievance or complaint or other communication, determines (ii) category, this definition is limited to Grievances or Complaints submitted to the Senior Monitor no later than December 1, 2024, unless the Senior Monitor determines there is clear and convincing evidence establishing that the grievance or complaint could not have been submitted by December 1, 2024. In making this determination, the Senior Monitor shall review any relevant information available to the Senior Monitor, including any information provided by the Class Member, BOP personnel or third-party contractors, Class Counsel or BOP Counsel.

Protective Status Protective Status refers to an administrative status where an AIC placed in SHU for their own protection. 28 C.F.R. § 541.23(c)(3). For any AIC who is placed in SHU as a protection case, whether requested by the AIC or staff, an investigation occurs to verify the reasons for placement. 28 C.F.R. § 541.28.

Rape Crisis Centers refers to community-based organizations that help survivors of rape, sexual abuse, and sexual violence who have an active Memorandum of Understanding (MOU) with BOP.

Second Chance Act (SCA) refers to the Second Chance Act of 2007 (P.L. 110-199) or any subsequent amendments to the law.

Security Sensitive Information refers to information whose disclosure without the benefit of a protective order would jeopardize the safety and security of any person, or would jeopardize an ongoing investigation of crime or misconduct.

Senior Monitor (or Monitor) refers to Wendy Still while serving under the order of May 20, 2024, ECF No. 308 in the instant action, or any successor Monitor appointed in this action.

Special Housing Unit(s) (SHU[s]) refers to housing units in BOP facilities where AICs are separated from the general population, and may be housed either alone or with another AIC. When placed in the SHU, an AIC is either in disciplinary segregation status or administrative detention status. 28 C.F.R. § 541.22.

Special Master refers to Wendy Still during the period between April 4, 2024, and May 20, 2024, when she served as the Special Master in the instant action.

Third Party Care or Outside Provider Care refers to medical, mental health, or dental care that the BOP provides to AICs using non-BOP employees.

Term of the Consent Decree runs two years from the Effective Date, unless terminated pursuant to § VIII.

Relevant Federal Codes

§ 541.22 Status when placed in the SHU.

When placed in the SHU, you are either in administrative detention status or disciplinary segregation status.

- (a) Administrative detention status. Administrative detention status is an administrative status which removes you from the general population when necessary to ensure the safety, security, and orderly operation of correctional facilities, or protect the public. Administrative detention status is non-punitive, and can occur for a variety of reasons.
- (b) Disciplinary segregation status. Disciplinary segregation status is a punitive status imposed only by a Discipline Hearing Officer (DHO) as a sanction for committing a prohibited act(s).

§ 541.23 Administrative detention status.

You may be placed in administrative detention status for the following reasons:

- (a) Pending Classification or Reclassification. You are a new commitment pending classification or under review for Reclassification.
- (b) Holdover Status. You are in holdover status during transfer to a designated institution or other destination.
- (c) Removal from general population. Your presence in the general population poses a threat to life, property, self, staff, other inmates, the public, or to the security or orderly running of the institution and:
 - (1) Investigation. You are under investigation or awaiting a hearing for possibly violating a Bureau regulation or criminal law;
 - (2) Transfer. You are pending transfer to another institution or location;
 - (3) Protection cases. You requested, or staff determined you need, administrative detention status for your own protection; or
 - (4) Post-disciplinary detention. You are ending confinement in disciplinary segregation status, and your return to the general population would threaten the safety, security, and orderly operation of a correctional facility, or public safety.

§ 541.24 Disciplinary segregation status.

You may be placed in disciplinary segregation status only by the DHO as a disciplinary sanction.

§ 541.25 Notice received when placed in the SHU.

You will be notified of the reason(s) you are placed in the SHU as follows:

- (a) Administrative detention status. When placed in administrative detention status, you will receive a copy of the administrative detention order, ordinarily within 24 hours, detailing the reason(s) for your placement. However, when placed in administrative detention status pending classification or while in holdover status, you will not receive an administrative detention order.
- (b) Disciplinary segregation status. When you are to be placed in disciplinary segregation status as a sanction for violating Bureau regulations, you will be informed by the DHO at the end of your discipline hearing.

§ 541.26 Review of Placement in the SHU.

Your placement in the SHU will be reviewed by the Segregation Review Official (SRO) as follows:

- (a) Three day review. Within three work days of your placement in administrative detention status, not counting the day you were admitted, weekends, and holidays, the SRO will review the supporting records. If you are in disciplinary segregation status, this review will not occur.
- (b) Seven day reviews. Within seven continuous calendar days of your placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend. Subsequent reviews of your records will be performed in your absence by the SRO every seven continuous calendar days thereafter.
- (c) Thirty day reviews. After every 30 calendar days of continuous placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend.
- (d) Administrative remedy program. You can submit a formal grievance challenging your placement in the SHU through the Administrative Remedy Program, 28 CFR part 542, subpart B.

§ 541.28 Protection case—review of placement in the SHU.

- (a) Staff investigation. Whenever you are placed in the SHU as a protection case, whether requested by you or staff, an investigation will occur to verify the reasons for your placement.
- (b) Hearing. You will receive a hearing according to the procedural requirements of § 541.26(b) within seven calendar days of your placement. Additionally, if you feel at any time your placement in the SHU as a protection case is unnecessary, you may request a hearing under this section.

(c) Periodic review. If you remain in administrative detention status following such a hearing, you will be periodically reviewed as an ordinary administrative detention case under § 541.26.

Attachments

Non Confidential BOP Memorandums, Reports and Other Documents

- Non Confidential 2025 Annual Training Topics Table (excerpt)
- Paragraph 68, Programming, Educational and Vocational Opportunities - BOP Report

Confidential Documents (provided under separate cover)

- Confidential Monitoring Report, March 31 – June 30, 2025
- Paragraph 37, Confidential Third Party Wait Times Report, March 31 – June 30, 2025
- Reduction in Sentence Requests Alleging Sexual Abuse, July 31, 2025