

**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**

**13th Public Monthly Monitoring Status Report
April 1 – 30, 2026**

**14th Public Monthly Monitoring Status Report
May 1 – 31, 2026**

**15th Public Monthly Monitoring Status Report
June 1 – 30, 2026**

**Submitted by
Wendy Still
Senior Monitor
U.S. District Court
Northern District Court of California**

September 14, 2026

TABLE OF CONTENTS

Senior Monitor & Team	3
Introduction & Background	4
Assessment & Recommendations	8
A.1.34 Medical Health Care (Part 1), Review of Medical Health Care Alerts	8
A.1.34 Mental Health Care (Part 2), Review of Mental Health Care Alerts	26
B.42 Alerts & Reporting & C.1.44 - 45 Staff Abuse & Retaliation, Placement in Special Housing Units	33
C.1.46 & C.1.49 Staff Abuse & Retaliation, Placement in Special Housing Units	39
C.1.47 Staff Abuse & Retaliation, Placement in Special Housing Units	46
C.1.48 Staff Abuse & Retaliation, Placement in Special Housing Units	49
C.1.51 Staff Abuse & Retaliation, Placement in Special Housing Units	53
C.1.52 - 55 Staff Abuse & Retaliation, Placement in Special Housing Units	56
C.1.56 - 57 Staff Abuse & Retaliation, Placement in Special Housing Units	63
C.2.58 - 61 Staff Abuse & Retaliation, Reports of Staff Retaliation	67
C.3.62 – 63 & 65 Staff Abuse & Retaliation, Reports of Staff Physical or Sexual Abuse	75
C.3.64 Staff Abuse & Retaliation, Reports of Staff Physical or Sexual Abuse	80
D.1.68 - 69 Designation & Release, Designations	83
D.1.70 Designation & Release, Designations	85
D.1.71 - 72 Designation & Release, Designations	87
E.81 - 82 Class Member Access to Counsel and the Monitor	90
Glossary of Acronyms	95
Definitions	96
Relevant Federal Codes	100
Attachments	103

Senior Monitor & Monitoring Team	
Wendy Still	Senior Monitor
Margarita Pereyda, M.D.	Medical Expert
Maria Masotta, Psy.D. Psychologist	Mental Health Expert
Jackie Clark, RN	Medical Expert
Dawn Davison	Operations, Prison Rape Elimination Act & Investigations Expert
Sara Malone	Classification, Communication & Operations Expert
Margarita Perez	Project Manager
Isabel Lynch	Administrative Assistant

Introduction & Background

Introduction: This section serves as an introduction to the Public Monthly Monitoring Status Reports for the months of April, May and June 2026 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 from April 1, 2026 – June 30, 2026. It includes 40 findings and recommendations¹ that refer to *“a course of action that the Monitor believes would assist the BOP in complying with this Consent Decree* Additional recommendations may also be included in subsequent reports as additional information and assessments are conducted by the Monitoring Team. Furthermore, while this report is dated September 14, 2026, only information from April 1, 2026 – June 30, 2026, is included.

The Senior Monitor extends her appreciation to BOP staff for their cooperation and support in providing information and assistance related to the various Paragraphs of this report. Appreciation is also extended to Class Counsel for their support and continued communication regarding concerns raised by Class Members (CMs).

Monitoring Activities: During this monitoring period, the Senior Monitor’s priorities centered on assessing factual findings related to the various Paragraphs of the Consent Decree. Activities conducted 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 28², and other relevant documents;
- Participation in meetings with BOP staff, Class Counsel attorneys, the Assistant United States Attorney (AUSA), and the Court;
- Interviews with BOP staff and CMs;
- Review of Class Counsel Memorandums, dated April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026;
- Review of emails from CMs, BOP staff, Class Counsel, and the AUSA;
- Onsite monitoring tour of FSL Danbury, June 16 – 18, 2026; and
- Interviews with BOP staff and CMs while onsite.

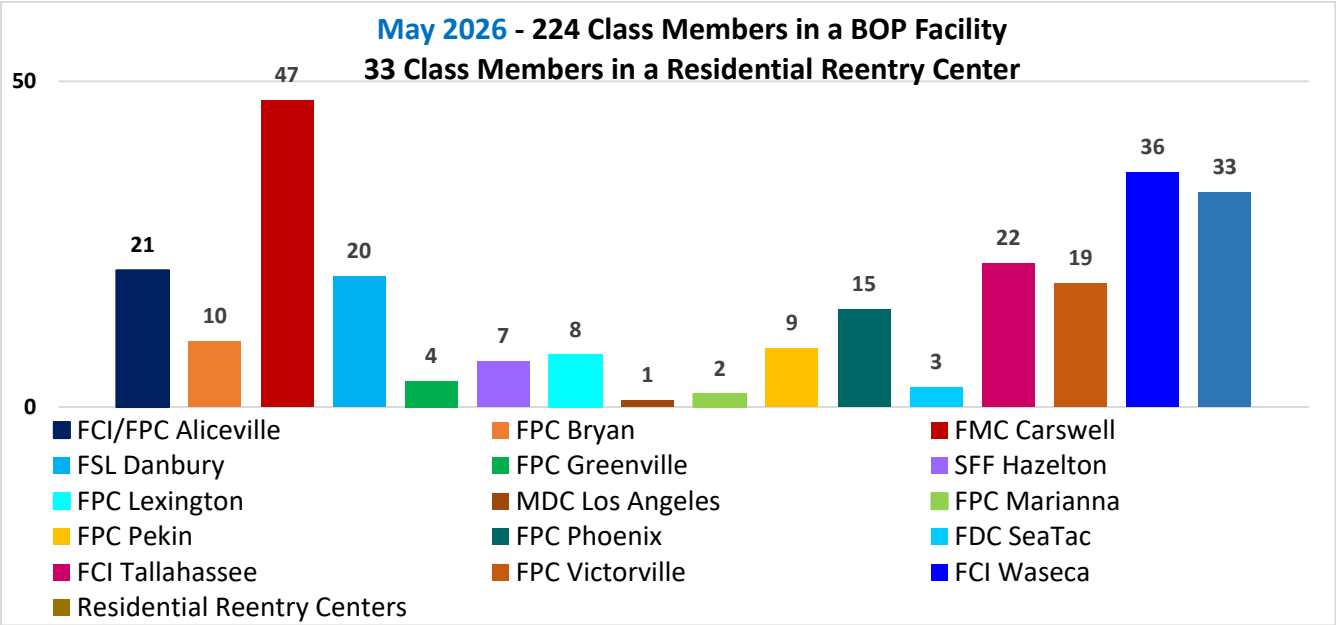
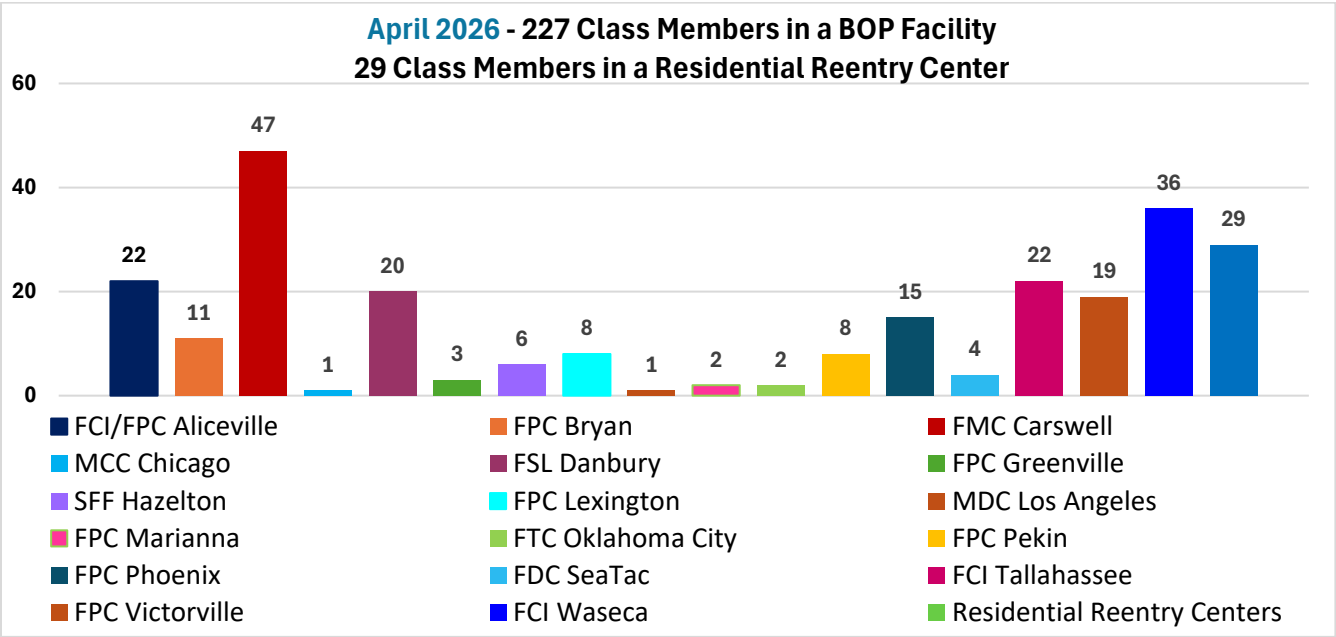
Reporting: The Consent Decree requires a 14-day review period for the quarterly status reports. However, the Senior Monitor has continued to allow for a 7-calendar-day comment period for all draft

¹ The same findings and recommendations apply to three separate sections in Paragraphs 58 – 61, Paragraphs 62, 63 and 65, and Paragraph 64. The finding and recommendation numbers are, respectively, 34, 36 and 38. In summary, this report reflects 42 findings and recommendations, in which one is repeated three times.

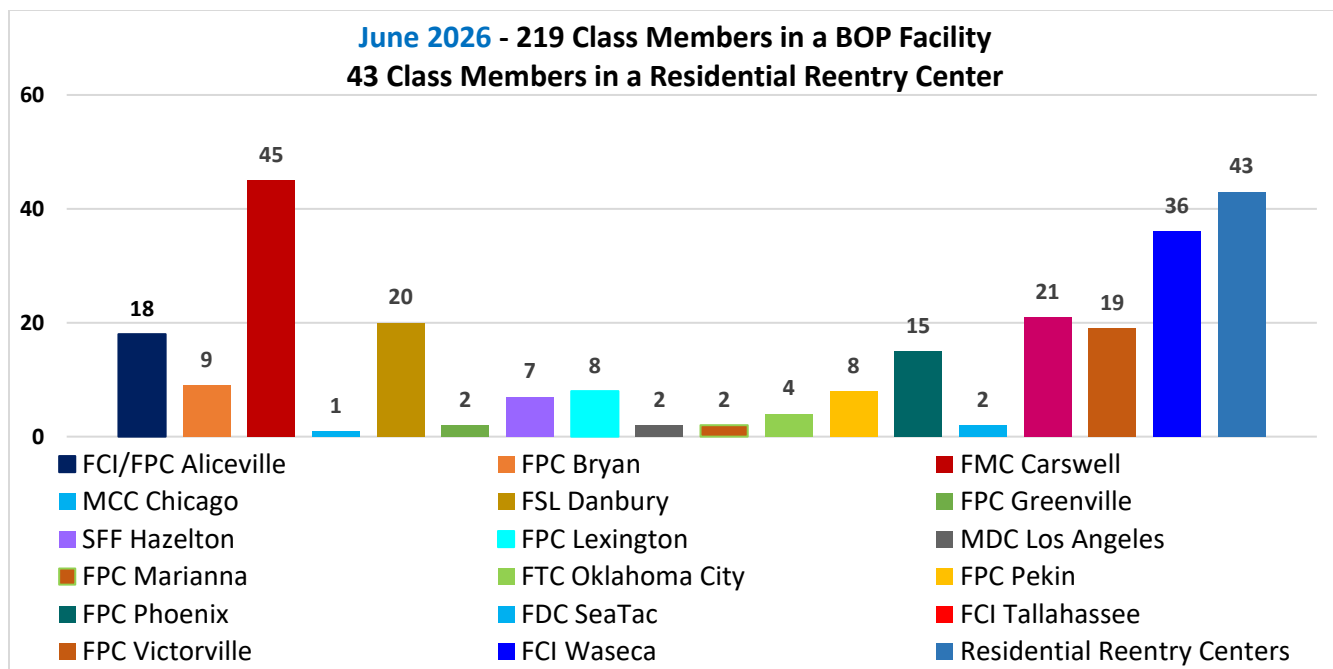
² [elf :: Title 28 of the CFR -- Judicial Administration](#)

monthly monitoring reports since the inception of the Consent Decree. Given the length of this combined report, a 14-calendar-day review period will be granted to All Parties.

Class Members: The charts in this section reflect the number of CMs in BOP custody by facility, to include those housed in a Residential Reentry Center.³



³ Charts reflect CM population rosters generated by BOP, dated April 30, 2026, May 31, 2026, and June 30, 2026, and Residential Reentry Center CM population rosters generated by BOP, dated July 13, 2026. Population rosters are included with this report as a confidential attachment.



**** NOTE:** BOP facilities in the *legends* in this and the previous page are depicted in the order shown in the *bar chart* (from left to right).

Bureau of Prison Facility Acronyms			
FCI	Federal Correctional Institution	FSL	Federal Satellite Low
FDC	Federal Detention Center	FTC	Federal Transfer Center
FMC	Federal Medical Center	MCC	Metropolitan Correctional Center
MDC	Metropolitan Detention Center	FPC	Federal Prison Camp
SFF	Secure Female Facility	RRC	Residential Reentry Center

NOTE:

- The terms “**facility**” and “**institution**” are utilized interchangeably throughout this document.
- Related Paragraphs have been consolidated in this report for clarity; however, several may be reported separately in future reports, as needed.
- The section/subsection letters and numbers referenced in the following sections of this report are based on the structure of the Consent Decree.
- BOP Program Statements, reference documents, and metrics for each of the Paragraphs assessed are noted in the attachment titled, *Program Statements and Reference Documents, April, May, and June 2026*. Some metrics may also be mentioned in the body of this report for emphasis.
- This report includes findings and recommendations. Findings and/or recommendations from previous monitoring reports are denoted by two asterisks. **
- CM charts within Paragraph sections of this report reflect specific numbers of CM categories, and as such, they may not match charts referenced in other Paragraphs. For example, Paragraph

sections 42, 44, 45, 52, 53, 54, and 55 reflect CM “placements” in SHU via ADOs, whereas Paragraphs 46, 47, 48, 49, and 51 reflect CMs “housed” in SHU during the reporting month.

- Complaints received from Class Counsel and CMs after the end of a monitoring period will be reflected in the month/quarter in which the complaints are received by the Senior Monitor. For example, if complaints lodged in February are not received by the Senior Monitor until March, they will be reflected in the March public monthly status report. Furthermore, BOP actions will be reflected in the month in which they occur.
- Program Statements use the term “inmate” to describe individuals in custody under the jurisdiction of BOP. However, the Consent Decree refers to inmates as “Adults in Custody.” For purposes of consistency, this report will use the term inmates to describe non-CMs in federal custody and CMs to describe individuals covered under the Consent Decree.
- References to the “monitoring period” denote the period from April 1, 2026 – June 30, 2026, unless otherwise specified.
- CMs referenced in this report will not appear in numerical order given that the same CM may also be referenced in one or more Consent Decree Paragraph sections within this report. Information identifying the specific CM (i.e., name, register number, location of event, and applicable Consent Decree Paragraph section[s]) is included in the attached *Class Member Confidential Key, April, May and June 2026*. There are two exceptions in which the same CM may appear more than once. The first is when a CM is in a different location at the time of the event than that which is reflected in the three attachments titled: (1) *Paragraphs 68 – 69, Population Monitoring Census – Roster, April 30, 2026, Report Provided by BOP*, (2) *Paragraphs 68 – 69, Population Monitoring Census – Roster, May 31, 2026, Report Provided by BOP*, and (3) *Paragraphs 68 – 69, Population Monitoring Census – Roster, June 30, 2026, Report Provided by BOP*. The second is when a CM who has been assigned a unique Log Number for tracking purposes, for complaints/events related to PREA, allegations against staff, retaliation, etc.

Consent Decree Protections: The Consent Decree offers the following protections:

✓	extensive monitoring and public reporting conducted by the Senior Monitor
✓	access to confidential communications with the Senior Monitor and Class Counsel attorneys to report allegations of abuse and violations of the Consent Decree
✓	limitations on the use of Special Housing Unit (SHU), due process rights for CMs placed in SHU for alleged disciplinary reasons, and expanded privileges for CMs placed in SHU for non-disciplinary reasons
✓	restoration of credits lost during transfer from FCI Dublin and expungement of improper disciplinary write-ups from FCI Dublin
✓	release of eligible CMs under existing laws to halfway houses and home confinement as soon as practicable
✓	public acknowledgment of abuse at FCI Dublin by the BOP Director

Assessment & Recommendations

A. Medical Health Care (Part 1)

1. Review of Medical Health Care Alerts

34. The Monitor shall review, and include in monthly reports, the medical and mental health care status of each individual who is the subject of a Medical and/or Mental Health Alert or Nexus Alert that was not cleared as of the date of the previous monthly report, including but not limited to ongoing provision of care. For any Alert cleared as of the date of the previous monthly report, the Monitor will provide an explanation as to why the Alert was cleared.

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- Review of BOP Electronic Medical Record (BEMR) System
- BOP Open and Closed Alert Report
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment

Assessment: The following table reflects a synopsis of the status of medical alerts as of the end of each reporting month.⁴

Status of Medical Alerts – April 2026	
Open Medical Alerts: 37	Closed (Cleared) Medical Alerts: 11
CM Emails & Complaints Related to Medical Concerns: 78	

Status of Medical Alerts – May 2026	
Open Medical Alerts: 46	Closed (Cleared) Medical Alerts: 3
CM Emails & Complaints Related to Medical Concerns: 67	

Status of Medical Alerts – June 2026	
Open Medical Alerts: 46	Closed (Cleared) Medical Alerts: 0
CM Emails & Complaints Related to Medical Concerns: 79	

⁴ *Open Medical Alerts* refers to the status of alerts still open by the end of the reporting month, and includes combined medical/mental health alerts. *Closed Medical Alerts* refers to the status of combined medical/mental health alerts that were closed by the end of the reporting month.

All medical health care alerts are detailed in the three attachments titled, *Monthly Confidential Monitoring Report, Paragraph 34*, for the months of April, May, and June 2026. A selection of medical health care alerts is discussed in this section, with identifying information removed.

Alerts can be grouped into the following categories:

Dental Care: During this combined reporting period (April, May and June 2026), the Medical Experts continued to receive notifications from Class Counsel and CMs (via email) regarding delays in access to both routine dental care and orthodontic services. At the time of this report, there were seven open alerts related to CMs' dental care needs. The identified needs ranged from routine preventive and restorative services to dentures and other prosthetic dental treatment.

In response to these concerns, BOP has consistently reported that the affected CMs have been placed on the national dental waitlist. While placement on a waitlist documents that a request has been entered into BEMR, it does not address the underlying delays in access to clinically indicated dental treatment. Prolonged delays in obtaining routine and restorative dental care place CMs at risk for worsening oral disease, pain, infection, tooth loss, nutritional compromise, and diminished quality of life. The lack of preventive dental hygiene and care compounds the issue as time spent by dentists addressing urgent and preventable dental issues is time that could otherwise be spent on the management of complex dental care. For example, during interviews with CMs at FSL Danbury in June 2026, two CMs reported they had recently had their teeth cleaned after being in BOP for over five years.

The Medical Experts remain concerned that aspects of *Program Statement 6400.03, Dental Services, June 10, 2016*, are inconsistent with the prevailing community standard of care and may not adequately ensure timely access to clinically necessary dental treatment within a correctional setting. Continued reliance on a national waitlist, in the absence of defined timelines or sufficient resources, does not appear to provide an effective mechanism for addressing the ongoing unmet dental needs of the CMs.

Medication Assisted Treatment (MAT): The Medical Experts remain concerned about CM allegations that correctional staff interfere with access to scheduled MAT, thereby interrupting their prescribed dosage despite their well-documented substance use disorders. These issues raise significant concerns about access to care and continuity of treatment for individuals with opioid use disorder and other substance use disorders. The Medical Experts are also concerned about the weight placed on correctional staff opinions regarding alleged diversion or suspected intoxication when determining a CM's eligibility for MAT services.

While each case requires individualized clinical assessment and appropriate security input, the recurring nature of these concerns—reflected in complaints and documented in some MAT team evaluations—suggests the presence of systemic barriers to accessing this standard-of-care treatment. Clinical needs and harm-reduction considerations (i.e., risk of overdose, withdrawal, and continued illicit use) should carry substantial weight in MAT decision-making. Further, untreated opioid use

disorder is well known to increase the risk of relapse, overdose, withdrawal, illicit substance use, and other serious medical and behavioral outcomes. Given these factors, it is difficult to understand why BOP would not seek to reduce barriers to MAT as much as possible.

The Medical Experts also continue to receive reports indicating ongoing illicit drug use within BOP facilities. The lack of timely, reliable access to evidence-based treatment, including MAT, represents a significant CM safety concern. Although there have been no reported CM deaths from overdose, there have been documented incidents in which CMs were found unresponsive, with clinical or correctional staff noting concern for illicit drug use. This further underscores the risk of serious injury or fatal overdose in the absence of adequate treatment.

When diversion concerns are valid and documented, BOP should ensure that alternative MAT options—such as transitioning from sublingual to injectable formulations—are readily offered. Additionally, the frequently cited rationale for withholding MAT, based on a CM’s proximity to release, overlooks the known availability of illicit substances within BOP facilities, and the substantial physical and psychological challenges faced by individuals with addiction, particularly in environments where drugs remain accessible. The ongoing combination of untreated substance use disorders and documented illicit drug availability creates a foreseeable risk of serious injury or fatal overdose.

BOP reported that on June 22, 2026, they updated *Program Statement 6031.06 Patient Care, June 22, 2026*, to provide additional clinical guidance regarding MAT services. The revised Program Statement is intended to expand access to MAT by providing clearer clinical criteria for patient eligibility and treatment decisions. It also provides guidance regarding concerns about medication diversion and requires providers to clearly document in the patient’s health record the clinical rationale for any decision to modify, reduce, or discontinue MAT. Such decisions should be based primarily on the patient’s clinical needs and response to treatment. Custody-related concerns, including concerns regarding diversion, should be considered only insofar as they are clinically relevant and should not serve as the primary basis for denying, changing, or discontinuing MAT.

Given the concerns the Medical Experts have raised regarding the discordance between policy and operational practice in various clinical areas, including MAT treatment, the Medical Experts will monitor how/if care delivery changes following implementation of the updated Program Statement.

Vision/Glasses: The Medical Experts continue to receive reports indicating persistent delays in access to vision care services. Several CMs have experienced prolonged wait times for subspecialized ophthalmology evaluations; however, the majority of alerts concern delayed access to obtaining prescription eyewear.

At the time of this report, five alerts remain open involving CMs awaiting vision-related services. The Medical Experts note ongoing and substantial delays in the provision of prescription glasses, with some CMs reporting wait periods of up to one year following clinical evaluation and issuance of a prescription. While a number of CMs have obtained their glasses in recent months, the broader pattern

of delayed access continues to pose concerns, and a substantial portion of affected individuals remain without corrective lenses. Prescription glasses constitute a basic medical necessity for CMs with refractive vision impairment, and extended delays in their provision may adversely affect daily functioning, safety, educational and vocational engagement, medication management, mobility, and overall quality of life.

The timeline associated with the receipt of prescription glasses, once a prescription has been issued, remains a primary concern for the Medical Experts. As previously noted, these delays appear to stem from the long-standing requirement that BOP facilities procure prescription eyewear exclusively through UNICOR, the previously mandated sole-source vendor. Recently, BOP has revised *Program Statement 6031.06, Patient Care, June 22, 2026*, to allow for prescription eyeglasses to also be purchased from outside vendors, when appropriate.

Specialty Care: The Medical Experts remain concerned about prolonged delays throughout the specialty care continuum. At the time of this report, there were at least 13 open alerts involving specialty care. These alerts represent CMs at various stages of the referral process. Some specialty consultations have yet to be scheduled, some have been completed, but consultation reports not received by BOP providers, and others are pending additional specialist-recommended follow-up appointments, diagnostic testing, or treatment.

As it pertains to wait times to initial consultation, BOP reports that these wait times are within their standards. However, although these ranges may be within BOP's accepted target range, they still represent wait times that push, and in some cases exceed, the boundaries of community standards. These long wait times are compounded by the issues the Medical Experts have reported regarding access to sick call, delays in implementing specialist recommendations, and poor communication with CMs about specialty care.

Consultations that have been designated as urgent are of particular concern. In one instance, an urgent specialty referral took months to schedule despite the presence of significant clinical symptoms. There is a concern regarding CMs experiencing severe pain or abnormal uterine bleeding, particularly in circumstances where delays in evaluation may prolong suffering, delay diagnosis, and adversely affect clinical outcomes.

The Medical Experts acknowledge that progress has been made during this reporting period, as several CMs have received long-awaited specialty services, including dermatology evaluations, cataract surgery, and rheumatology consultations. However, despite these individual successes, substantial delays continue to affect many CMs, and timely access to specialty evaluation and recommended follow-up care remains an ongoing systemic concern.

As noted in prior monitoring reports, the Medical Experts also acknowledge existing barriers in providing specialty care access outside of BOP control including the availability and willingness of local providers to provide services. It is, therefore, imperative that BOP focus on the issues they can more

readily control in an effort to mitigate delays in care, such as improving the coordination of transportation, appointments, medical records, and authorization for specialty care. Additionally, BOP needs to ensure that facility-based providers are addressing specialist recommendations upon return of CMs from specialty care appointments and ensure that the specialist recommendations are communicated to the CM.

Medication Administration: The Medical Experts continue to receive complaints through Class Counsel and emails from CMs regarding timely access to medications. The issue tends to be more pronounced in specific BOP facilities, i.e., FCI/FPC Aliceville, SFF Hazelton, and FCI Tallahassee. Issues related to medication management, including the inability to transfer prescriptions from one facility to another, have led to:

- delays in the receipt of medications by CMs upon their arrival at a new facility;
- renewal of existing medications without an evaluation of the CM within an acceptable time frame;
- delays in the dispensing of medication to CMs; and
- delays in the processing and/or dispensing of prescription medications due to pharmacy staffing shortages (i.e., FSL Danbury, FCI Tallahassee).

Monitoring Onsite Visit of FSL Danbury, June 16 – 18, 2026:

The Monitoring Team conducted an onsite visit of FSL Danbury from June 16 – 18, 2026. During the visit, the Medical Experts interviewed all CMs, met with various staff, and toured the main facility and adjacent camp. The female population at FSL Danbury is housed at the main facility and at the adjacent camp. It should be noted that FSL Danbury houses over 900 male inmates. Female inmates are housed at a separate facility on the same property. Both facilities share some staffing resources.

During the tour of the camp, the Medical Experts visited the housing dorm, where the Medical and Dental Clinics are located. The Medical Experts observed the administration of medication during medication line. An Emergency Medical Technician (EMT) was administering medications and generally appeared to be adhering to appropriate nursing practices. Although some medications appeared to have been pre-poured, the EMT verified each inmate/CM's identity against the medication administration record and observed each ingest the medication before allowing them to leave the medication window. One CM reported she receives medications twice daily and stated that medication line is conducted in a similar manner each day, although the evening medication line typically moves more slowly.

Health Services Administrator (HSA): The HSA has worked at FSL Danbury for approximately 14 years. She holds a master's degree in nursing, specializing in psychiatric nursing, and has served as the HSA for four years. During interviews, she demonstrated a thorough understanding of the facility's health care operations and appeared to have established effective working relationships with both clinical and custody leadership.

The clinical staffing complement consists of one Clinical Director, two Nurse Practitioners, four EMTs, one Registered Nurse, one Staff Dentist, one Dental Assistant, one Dental Hygienist, and three pharmacy positions. At the time of the site visit, two pharmacy positions were vacant; however, one position was expected to be filled within the next several weeks.

The HSA reported having a collaborative working relationship with the Psychology Services Branch, stating that medical and mental health staff function well as an integrated team. Several specialty services are provided onsite, including orthopedic clinics. A mobile mammography unit visits the facility twice each year. During the week of the site visit, sixteen mammograms and three breast ultrasounds were completed.

The local community hospital in Danbury serves as the primary hospital for acute medical care, while Yale New Haven Hospital is utilized for more complex specialty services. According to the HSA, she and the Clinical Director have developed strong working relationships with both hospitals, which have helped to facilitate timely access to care. She also reported that the facility is actively pursuing contracts that would allow additional specialty services to be provided onsite, thereby reducing reliance on offsite appointments.

The HSA identified staffing as her greatest operational challenge. Although she reported that the department continues to function effectively, she stated that the addition of two Registered Nurses would significantly improve the delivery of clinical services. Despite these staffing limitations, the HSA appeared to be an effective leader who is well respected by both her staff and the incarcerated population. Numerous CMs were familiar with the HSA and consistently described her as professional, accessible, and committed to ensuring they receive timely, quality health care.

Clinical Director: The Medical Experts also met with the Clinical Director, who has served in the position for nearly 20 years. He reported he is scheduled to retire in August 2026 under BOP's policies related to age and years of service. The Clinical Director is currently the facility's only physician for both the female and male inmate population. He reported being trained in obstetrics and gynecology, holding a pharmacy degree, and having completed additional education in psychiatry and psychological studies. In addition to providing primary medical care, he is responsible for prescribing all psychiatric medications at the facility. During an interview with the Medical Experts, the Clinical Director was asked about the process for consulting psychiatry in cases when mental health medications for CMs are ineffective. He indicated that given his education in psychiatry and psychology, he did not feel the need to consult with a psychiatrist regarding medication management. Although community primary care providers are able to manage lower-level mental health cases, BOP has psychiatrists who support medical providers and as such, should be utilized when clinically warranted. As noted in previous reports, this is an excellent case scenario for the use of asynchronous e-Consult for specialty support.

Staff Dentist & Dental Assistant: The Dental Clinic was open at the time of the site visit. The Medical Experts met with the Staff Dentist and a newly hired Dental Assistant. Seven inmates/CMs were scheduled for dental appointments that day. The Staff Dentist reported he has worked at this facility

for more than two years and that the recent addition of a Dental Assistant has significantly improved the clinic's ability to address the backlog of dental appointments. He explained that the Dental Hygienist is now able to focus on preventive services, including routine cleanings and other procedures, within the scope of her practice, while he and the Dental Assistant devote more time to restorative and other dental treatments.

Dental Operatory is located on the second floor alongside the Medical Clinic. The Clinic consists of one examination room equipped with an examination table and a small adjacent room that serves multiple purposes, including medication administration, phlebotomy, wound care, and treatments when not being used for medication line. Both the Dental Clinic and medical examination room appeared clean, organized, and adequately stocked with basic medical supplies. The Medical Experts did not observe any expired supplies during the inspection.

Although the Clinical Director is scheduled to retire due to BOP's mandatory retirement policy, he indicated that he would prefer to continue working beyond his planned retirement date. He has submitted an appeal to BOP's Medical Headquarters requesting permission to remain in his position.

Interviews with CMs: All CMs were interviewed during the onsite visit. Overall, the majority spoke positively about health care staff and the care they receive. The Medical Experts received consistently positive feedback regarding the Registered Nurse assigned to the Camp. Numerous CMs independently described the Registered Nurse as professional, compassionate, and highly responsive to their health care needs. According to the CMs, she routinely goes above and beyond her assigned responsibilities to ensure they receive timely and appropriate medical care.

The Registered Nurse is responsible for reviewing inmate/CM cop-outs, including requests for sick call appointments, medication refills, and other health care concerns. CMs consistently reported that she responds promptly to their requests and, when she schedules an appointment or promises follow-up, she reliably follows through. Several CMs remarked that this level of responsiveness and accountability has not been their experience at other BOP facilities.

The Medical Experts commend the Registered Nurse for her professionalism, compassion, and steadfast dedication to delivering high-quality patient care. Her interactions with CMs consistently reflect a patient-centered approach and exemplify the positive impact that engaged, accountable nursing staff can have on the provision of health services within a correctional environment. However, many CMs commented on the discourteous and abrupt manner in which they are treated by the facility's physician.

Transport to Outside Specialty & Medical Care Appointments: The Medical Experts identified access to specialty care as an area of concern at FSL Danbury. Because the majority of specialty appointments occur offsite, transportation and security resources significantly affect timely access to care. Staff reported that facility policy limits scheduling to two routine offsite medical appointments per day due

to custody staffing constraints. If additional appointments are needed or if emergency medical transportation becomes necessary, significant operational challenges arise.

Health care staff further reported that, on occasion, the facility's nursing staff has been reassigned from direct patient care responsibilities to transport incarcerated individuals to outside medical appointments because custody staff are unavailable. Staff indicated that clinical services have, at times, been interrupted or delayed when Nurses are diverted to perform transportation duties. The practice of utilizing licensed nursing staff to perform routine transportation functions due to custody staffing shortages is concerning. Nursing personnel are essential clinical resources whose primary responsibility is the delivery of patient care. Reassigning Nurses to perform non-clinical custody functions not only reduces the facility's already limited clinical capacity, but has the potential to delay patient assessments, treatments, medication administration, and other essential health care services. Additionally, limiting routine offsite appointments to two per day, while also relying on those same escort resources for emergency transport, creates an unnecessary barrier to timely access to medically necessary specialty care and warrants further evaluation.

The Medical Experts firmly disagree with the practice of assigning health care personnel to perform custody-related duties, such as escorting inmates/CMs to offsite medical appointments. It was reported that Health Care Services are permitted to schedule only two individuals per day for offsite appointments, inclusive of the male population. When more than two appointments are required, health care staff are obligated to conduct the transport. The Medical Experts recommend that BOP leadership reevaluate and revise this process, as the utilization of clinical personnel for custodial tasks may compromise both patient care operations and adherence to appropriate role delineation within the facility.

When discussing this concern with the facility's leadership, they disagreed that a two-trip-per-day medical transportation limitation existed. With this limitation in place, if a need arose requiring more than two transports per day, the medical team would be placed in the position of having to prioritize which patient to transport. Medical staff further described how this limitation has also resulted in the cancellation of appointments with contracted providers within the community. Depending on the frequency with which this happens, repetitive cancellations may impact the willingness of contracted providers to service the BOP inmate/CM population. It should be noted that the Medical Experts found the health care staff who described this limitation to be credible.

Status of Class Member Examples Who are the Subject of Medical Health Care Alerts for the Months of April, May, and June 2026:⁵

CM 1: In April 2026, multiple complaints were received from this CM reporting concerns regarding inconsistent administration of prescribed morning medications. According to the CM, medications

⁵ CM names can be located in the attachment titled, *Class Member Confidential Key, April, May and June 2026*.

intended to be administered in the morning were frequently delayed until the afternoon or in some instances, not administered at all. The CM attributed these delays to ongoing staffing shortages.

The CM also recently underwent a hand procedure for which post-procedure medications were prescribed. A review of available documentation in BEMR indicated that the prescribed medications were not provided in a timely manner following the procedure. The reported delays in medication administration and the failure to provide prescribed post-procedure medications as ordered may have negatively impacted the CM's treatment. These findings suggest potential concerns related to medication management processes, staffing capacity, and adherence to physician orders.

CM 2: In April 2026, the CM submitted multiple complaints regarding her inability to receive medication in a timely manner. She reported that she had properly utilized the established system to request medication refills; however, her medications have not been refilled consistently or on time. The CM further reported that she has attempted to pick up her medication from the medical line, but it is frequently canceled. She also reported attempting to obtain an appointment with a provider to discuss her medication concerns, but those requests have not resulted in a timely appointment. The inability of the facility to maintain consistent medication lines, thereby preventing CMs from reliably receiving their prescribed medications, is deeply concerning. It has resulted in CMs not receiving their medications on time, causing lapses in treatment and interruptions in necessary medication regimens.

CM 3: The CM has consistently reported that she has been requesting MAT since her incarceration at FCI Dublin.⁶ A review of BEMR confirmed that the CM has a long documented history of a substance use disorder, including opioids, and was in the process of beginning MAT immediately prior to the closure of FCI Dublin. According to the CM, approximately one week before the facility's closure, a physician reportedly informed her that MAT would be initiated. However, MAT was not initiated because BOP elected to close FCI Dublin and transfer all incarcerated individuals to other facilities, thereby disrupting continuity of care.

As reflected in the Medical Expert's records, the fragmented nature of the transition from FCI Dublin impeded the CM's ability to begin MAT as planned. More than two years later, the CM still has not been placed on MAT, despite her history of substance use disorder.

On May 1, 2026, BOP medical staff indicated that although the CM has "*substance abuse issues*," medical staff determined that she did not meet the criteria for opioid dependence. This assessment conflicts with the CM's self-reported history and information she provided directly to the Medical Experts. BOP has agreed to request that medical staff conduct a urinalysis and provide clear documentation outlining the clinical rationale for determining whether the CM qualifies for opioid-related MAT services. This clarification is essential to ensure the CM receives appropriate evaluation consistent with evidence-based standards of care.

⁶ The Special Master (now the Senior Monitor) had previously identified the lack of access to MAT as a significant issue at FCI Dublin. [Special-Master-Report-without-Attachments-Unsealed-08-02-24-1.pdf](#)

CM 4: This CM has a seizure disorder dating back to December 11, 2023, and is currently not receiving any medication for seizure control. According to BEMR, an alert was placed on August 7, 2025, in response to concerns about the diversion of Keppra due to a lab result showing low levels of the medication. The CM was last seen on January 22, 2026, for seizures at which time she reported experiencing a seizure the day prior. The provider did not order alternative medication and did not document a plan of action for follow-up or further evaluation. This case reflects a lack of documentation regarding the clinical reasoning for the cessation of medication and a follow-up plan of care. This is especially important if the individual has been on chronic medications and in cases where a diagnosis may have been incorrect and new information has emerged to warrant a change in treatment. Additionally, concerns regarding diversion alone should not supersede clinical decision making and may place CMs at risk.

CM 5: The CM has required prescription glasses since her transfer from FCI Dublin and continues to submit requests regarding their status. The Senior Monitor opened an alert in 2026 in response to this issue. The CM completed an optometry evaluation on March 18, 2026; however, a review of BEMR indicates that as of June 30, 2026, she had not yet received her prescribed glasses. The continued delay in providing prescribed corrective lenses is concerning, as untreated vision impairment can adversely affect daily functioning, safety, and quality of life. Once an optometry evaluation has been completed and corrective lenses have been prescribed, glasses should be provided within a reasonable timeframe to ensure the CM's visual needs are appropriately addressed.

CM 6: The CM has been in need of dental care since her incarceration at FCI Dublin and continues to experience delays in obtaining needed dental services. She was placed on the national dental waitlist on April 29, 2024. The Medical Experts continue to receive complaints and inquiries from the CM regarding the status of her dental treatment and ongoing dental needs.

On August 18, 2025, the CM was evaluated by the Dental Department for complaints of a toothache. At that time, she received limited treatment; however, she has not been seen by the Dental Department for further evaluation or definitive treatment since that visit. A review of BEMR and dental records indicated that no additional dental notes have been entered since her last appointment.

At this time, it remains unclear when the CM will receive additional dental care, as her status on the national dental waitlist and anticipated scheduling timeframe continue to change. The prolonged delay in obtaining definitive dental treatment is concerning, particularly given the CM's ongoing reports of unmet dental needs and the length of time she has remained awaiting care. Timely access to dental evaluation and treatment is necessary to address her ongoing complaints and to prevent further deterioration of her oral health.

CM 7: The CM has been requesting MAT services for several years due to her documented substance use disorder. A review of BEMR indicates the CM was treated with a Naltrexone injection, but it was discontinued in January 2025 after she conveyed side effects from the medication. Despite ongoing

requests for consideration of alternative treatment, the discussion has not taken place. On May 15, 2026, the CM was evaluated for suspected drug use/overdose. On June 8, 2026, a note from CCARE was entered into BEMR.⁷ The CCARE participants included custodial and psychology staff, but not a prescriber. Despite the recent evaluation for drug use/overdose, no MAT recommendation was made by CCARE. This case illustrates the difference between policy and operations and further highlights the lack of appropriate clinical evaluation to determine the appropriate course of treatment.

The CM was seen by a Licensed Clinical Social Worker (LCSW) on March 13, 2026. Although the LCSW determined that the CM has a substance use disorder, she was determined to be ineligible for MAT. Again, on May 15, 2026, the CM was brought to the Medical Department by Officers for evaluation of a possible drug overdose. During the medical evaluation, it was determined that the CM appeared to be under the influence of an unknown substance.

It is concerning that the CM continues to request evidence-based treatment for her substance use disorder while BOP has not provided MAT services based on its current eligibility criteria. Despite a documented substance use disorder and an episode requiring medical evaluation for suspected substance intoxication, the CM remains without access to the treatment she has repeatedly requested. It is unclear what additional criteria or circumstances must be met before the CM can receive clinically indicated treatment for her substance use disorder. In this situation, further evaluation by a prescribing provider with MAT experience is warranted to determine treatment options.

CM 8: The CM has been requesting MAT since her incarceration at FCI Dublin due to her history of substance use disorder. A review of BEMR indicates the CM was screened for MAT eligibility on November 24, 2025, and was determined to be ineligible for MAT treatment.

The CM was reevaluated for MAT eligibility on March 13, 2026, at which time she was again determined to not meet the criteria for MAT treatment. The CM reported that from the discussion during this appointment, she understood that she was not eligible at that time, but could request reconsideration at a later date. The CM subsequently submitted another request for MAT treatment; however, she was again determined not to meet the eligibility criteria despite her documented history of substance use disorder. Clinical reasoning for ineligibility for MAT is documented and related to policy violations and her projected release date, neither of which is a valid clinical reason for denying MAT services.

This case exemplifies the Medical Experts' continued concern with the chasm between existing BOP policy regarding MAT and the actual delivery of services at the facility level. Both BOP and the Medical Experts agree that the evidence supports that the use of MAT mitigates the risk of overdose and in-

⁷ CCARE stands for Care Coordination and Reentry Team. The CCARE Team is a multidisciplinary team that uses a holistic approach to ensure that critical aspects of care for inmates with mental illness are considered and integrated. It is prescribed by *Program Statement 5310.16, CN-1, Treatment and Care of Inmates with Mental Illness, February 18, 2025*, for individuals with advanced mental care levels (2 or above). The CCARE Team is responsible for identifying potential concerns affecting inmates with mental illness in a correctional environment.

custody deaths. It, therefore, remains concerning that the CM continues to request treatment for her substance use disorder, and has not been provided MAT. A continued review of the CM's eligibility and access to evidence-based treatment should occur to ensure her clinical needs are appropriately assessed and that barriers to medically indicated treatment are addressed. If there is clinical reasoning for a denial, it needs to be clearly documented in BEMR.

CM 9: The CM has been in need of dentures for several years and continues to experience significant delays in obtaining necessary dental care. She was placed on the national dental waitlist in 2022. She was last seen by the Dental Department on May 11, 2023, at which time she presented with multiple dental concerns, including issues with her remaining teeth, compromised bone structure, and gum health. The Dental Department performed multiple extractions, and her remaining teeth were noted to be unstable.

Due to her ongoing dental issues, the CM was provided with a special diet consisting of soft foods and fruit in the summer of 2025. She was recently evaluated by the Dental Department on June 26, 2026, due to severe tooth pain, at which time an additional tooth (number four) was extracted. This extraction has left the CM with very few remaining teeth; however, she has still not received dentures or documentation indicating that the denture process has been initiated.

A soft diet was reordered on June 10, 2026, and is approved through June 10, 2027. During the Monitoring Team's onsite visit in February 2026, the CM was interviewed regarding her ongoing dental concerns. She had very few remaining teeth, and her gums appeared visibly affected, with swelling noted. The CM also reported episodes of gum bleeding.

It is concerning that the CM has remained in need of dentures for more than four years without completion of the denture process. Given the CM's limited remaining dentition, ongoing pain, compromised gum health, and continued need for a soft diet, her dental needs should be addressed as an urgent matter to ensure timely evaluation and treatment planning.

CM 10: The CM has been requesting MAT since her incarceration at FCI Dublin. She has a documented history of severe opiate dependency and has sought help from Psychology and Medical. However, she has not been provided treatment for her substance use disorder. The Senior Monitor raised this as a concern and recommended a complex case review and treatment team meeting to enable all stakeholders involved in her care to develop an appropriate treatment plan.

On June 23, 2026, following the Senior Monitor's request, Medical convened a CCARE team meeting. In attendance were the HSA, the facility Captain, the Chief Psychologist, an Advanced Care Specialist, and an Associate HSA. There was very little documentation in BEMR, and no clear plan was identified regarding the treatment that would be provided. Notably absent from the meeting was a physician/medical provider. The CM's request for MAT was subsequently not discussed with a medical provider. She is prescribed Remeron for her mental health needs. During the meeting, she signed an

agreement to participate in the Female Integrated Treatment (FIT) program. No other action has been taken.

It is concerning that the CM's request for MAT has not been meaningfully addressed by Medical or Psychology, and that the CCARE team meeting did not include a physician or other clinician with prescribing authority. Given the CM's multiple documented concerns from behavioral health, medication diversion, and ongoing polysubstance use, follow-up involving the chronic care team is warranted.

Specialty Care Examples:

CM 26: The Medical Experts previously raised concerns regarding delays in specialty gynecologic care for this CM. She has a three-year history of severe abnormal uterine bleeding resulting in significant anemia, multiple hospitalizations, and blood transfusions. On August 20, 2025, the CM was transported to a local emergency department for severe abdominal pain and heavy vaginal bleeding. An urgent magnetic resonance imaging (MRI) was ordered following her return to the facility. The MRI, completed on October 15, 2025, identified a large uterine mass measuring approximately 9.7 × 9.6 centimeters, consistent with an atypical intramural leiomyoma. At a gynecology consultation on November 25, 2025, a hysterectomy was recommended, and the CM agreed to proceed with surgery. The surgery was never completed.

On January 8, 2026, the CM declined placement on a medical hold because of concerns for her personal safety while in protective custody. Following her transfer to FCI Tallahassee, she was hospitalized on March 6, 2026, after the BOP laboratory reported a critically low hemoglobin level of 5.3 grams per deciliter of blood. She was later transferred to FDC SeaTac after being assaulted by another inmate.

An additional urgent gynecology consultation was requested on May 15, 2026, but remained pending as of June 30, 2026. Although the medical record contains several refusals of care, the Medical Experts' review indicated that these refusals were driven by the CM's safety concerns, including threats and assaults by other inmates, rather than a refusal of medically necessary treatment. As a result, and despite severe anemia, repeated trips to the emergency room and hospitalizations, blood transfusions, and a specialist recommendation for a hysterectomy, the CM did not receive the definitive surgical treatment needed to address her condition. While the CM's refusals and transfers also contributed to the delay in care, the urgent gynecology consultation had not been addressed for 45 days and was still pending as of the end of this reporting period.

CM 41: The Medical Expert reviewed this CM's medical record and correspondence. The CM has a history of urinary incontinence, recurrent urinary tract infections, and progressive pelvic organ prolapse dating back to 2022. On January 18, 2024, following worsening symptoms and severe pain, a physician documented a uterine prolapse that had progressed to the point where the CM was unable to get up independently. An urgent gynecology consultation was requested, and she was subsequently evaluated

at Stanford University Medical Center, where a pessary was fitted and surgical repair was recommended.

Despite the recommendation for surgery, the CM continued to experience severe pain and progressive symptoms throughout 2024 and 2025. An alert related to the prolapse was opened on September 19, 2025. On December 1, 2025, she reported months of foul-smelling vaginal discharge and constant pelvic pain rated at a 10 out of 10. Due to the severity of the prolapse, a vaginal examination could not be completed. An MRI, antibiotics, and additional urogynecology follow-up were ordered.

The CM was evaluated by Urogynecology in January 2026, and definitive surgical repair was ultimately performed on April 1, 2026. Postoperatively, a required urology follow-up was delayed approximately two weeks because of insufficient custody staff available for transportation. The Medical Experts also reviewed correspondence indicating the CM was required to ambulate after surgery despite requesting a wheelchair, which was not provided until several days later.

This case demonstrates a prolonged delay of approximately four years from the onset of symptoms until definitive surgical treatment. During that time, the CM experienced progressive deterioration, persistent severe pain, recurrent infections, and repeated specialty evaluations before receiving the recommended surgery. The delayed postoperative follow up, due to custody staffing, further illustrates how operational barriers continue to impede timely access to specialty care.

Findings & Recommendations:

Finding 1: BOP's ongoing failure to ensure consistent and timely access to prescribed medications reflects a serious and systemic deficiency in the delivery of medical care. Numerous complaints have been received from CMs across multiple BOP facilities regarding chronic delays in medication refills, interruptions in treatment, delayed and canceled medication lines, expired prescriptions, and the inability to obtain necessary follow-up appointments with medical providers. In many cases, CMs reported properly submitting refill requests through BOP designated procedures, only to experience prolonged delays that resulted in lapses in medically necessary treatment. Additionally, the repeated cancellation of medication lines and inconsistent medication distribution practices have left CMs without access to essential medications for extended periods of time.

CMs also reported that medications are being prematurely discontinued or withheld based on custody-related issues, including disciplinary or rule violation concerns, rather than legitimate medical judgment. The Medical Experts have reviewed and reported on multiple instances where CMs' seizure and MAT medications have been discontinued without appropriate clinical documentation to support the discontinuation and/or whether alternatives were considered. Although custody/safety concerns should be factored into the decision-making process, these factors should never outweigh clinical necessity or reasoning. Medication decisions should be based on clinical necessity and individualized medical evaluation, not custody considerations. The reported practice of altering, withholding, or

discontinuing prescribed treatment due to non-medical factors is deeply concerning and raises serious questions regarding the adequacy and appropriateness of care provided within BOP facilities. This is of utmost importance when the medications involved are those used to treat opioid use disorders, seizures, or mood stability.

These failures are not isolated incidents, but rather demonstrate a widespread breakdown in medication continuity and health care coordination within the BOP system. The inability to reliably provide prescribed medications places CMs at significant risk of worsening medical conditions, unmanaged pain, withdrawal symptoms, destabilization of chronic illnesses, and unnecessary physical and emotional suffering. The persistent nature of these complaints strongly suggests systemic deficiencies in staffing, communication, pharmacy operations, and medical oversight, resulting in a pattern of inadequate and clinically inappropriate care.

Recommendation 1: BOP facilities should establish procedures to track medication orders from the time they are prescribed through dispensing and administration, including mechanisms to identify and promptly address delays, missed doses, medication renewals, housing transfers, and pharmacy-related interruptions. Routine audits should be conducted to ensure medications are initiated and administered in accordance with provider orders. Identified gaps and opportunities for improvement should also be addressed through corrective action plans that are tracked by central BOP clinical leadership.

Finding 2: CMs are not consistently provided appropriate clinical follow-up after undergoing medical procedures, whether those procedures are performed by outside specialists or within the facility itself. The Medical Experts continue to receive complaints that CMs are not being adequately informed about the procedures they have undergone, including the purpose of the procedures, findings, results, or recommended next steps in treatment. In many cases, CMs report they are left without clear communication regarding their medical condition, the outcome of diagnostic testing and procedures, and/or what the care plan follow-up entails. BOP issued updated *Program Statement 6031.06, Patient Care*, June 22, 2026, requiring notification to the inmate/CM of the outcome of diagnostic testing and procedures.

Recommendation 2: BOP should implement uniform policies requiring timely and appropriate follow-up after all medical procedures, diagnostic testing, and specialist consultations. These policies must ensure that CMs receive clear and understandable explanations of procedure outcomes, diagnostic results, and expected follow-up treatment plans. Oversight mechanisms should be instituted to monitor compliance with these requirements. This would include the adoption of defined timelines for scheduling post-procedure visits and specialty referrals to reduce delays and ensure continuity of care. BOP should also implement oversight and tracking mechanisms to monitor compliance with follow-up care requirements, including documentation of notification to CMs, scheduling of follow-up appointments, completion of recommended treatment plans, and documentation of the information discussed with the CM.

Additionally, BOP facilities, where CMs are housed, should be required to maintain adequate staffing, communication protocols, and care coordination practices to ensure that CMs are not lost to follow up after procedures or specialist evaluations. Noncompliance with these standards should be incorporated into the performance evaluations of facility leadership and clinical providers. These measures are necessary to improve CM safety, continuity of care, and the overall adequacy of medical services provided within BOP facilities.

Program Statement 6031.06, Patient Care, June 22, 2026, should improve the continuity of communication and follow up. As indicated in this policy, physicians and/or Advanced Practice Providers are required to review all laboratory or other diagnostic testing and ensure the inmate/CM is informed of the results. This communication can be accomplished via electronic messaging, intra-institution mail, or through the use of ancillary clinical staff to relay the results. The Program Statement further indicates that if follow-up is warranted (e.g., changes in the treatment plan, interventions, follow-up referrals, etc.), it will be scheduled in an appropriate timeframe.

Ultimately, staff adherence to this revised Program Statement will determine if initial treatment, communication with patients, interventions, referrals, and follow-up treatment occurs as intended. During the course of continued monitoring, the Medical Experts will assess compliance with these provisions and provide updates in future status reports.

Finding 3: Management of MAT services varies significantly across facilities, and in some cases, practices appear punitive rather than grounded in harm-reduction principles or aligned with BOP’s own MAT policies. Diversion concerns, when present, have occasionally resulted in the abrupt cessation of MAT medications without sufficient consideration of clinical risks, such as withdrawal, relapse, or overdose. This is particularly concerning given the ongoing availability of illicit substances within BOP facilities.

Recommendation 3: BOP should expand the use of Interdisciplinary Team-based meetings to support collaborative decision-making and reduce the stigma associated with MAT. These teams must include appropriate stakeholders, including prescribers and correctional staff. The Medical Experts have observed that prescribers are not consistently involved in MAT Interdisciplinary Team meetings, which undermines the clinical integrity of decision making. Facilities should ensure that clinical representation is standard in all MAT-related reviews.

Finding 4: The abrupt discontinuation of both controlled and noncontrolled medications—including seizure medications and psychotropic agents—due to perceived “*noncompliance*” or suspected diversion remains problematic. CMs frequently report being removed from medications without explanation, without assessment of side effects, and without discussion of alternative therapies. Clinical documentation is often incomplete or absent, leaving unclear the reasons behind discontinuation or the plan for ongoing care.

Blood levels used to assess adherence for certain medications may not be interpreted correctly when labs are drawn at inappropriate times relative to dosing schedules. This creates clinically unreliable interpretations and should be approached cautiously within the broader clinical picture.

Additionally, CMs continue to complain that they are not informed of why they are abruptly removed from a medication. Medical notes frequently lack documentation of clinical reasoning or ongoing care plans. Furthermore, laboratory analysis, when conducted to determine levels of medications in the blood system, is not always performed at the appropriate times to ensure accurate readings, given that levels can fluctuate for some medications depending on when the blood sample is taken in relation to when the dose is administered (i.e., the concepts of peak and trough levels). The Medical Experts acknowledge this coordination is complex, especially in carceral settings, which further underscores why these results should be interpreted cautiously and within the context of the broader clinical picture.

Recommendation 4: Before discontinuing seizure, psychotropic, or other essential medications, providers must conduct a thorough clinical evaluation—including discussion of side effects, risks of discontinuation, and available alternatives. Decisions to discontinue medications must be clearly documented, including clinical rationale. Compliance with these standards should be incorporated into peer review processes and provider performance evaluations to ensure accountability.

Finding 5: CMs continue to experience prolonged delays in receiving prescription glasses, primarily due to the long-standing requirement that facilities use UNICOR as the sole source eyewear vendor. These delays significantly affect daily functioning, safety, education, vocational participation, and quality of life. As previously stated, BOP's updated *Program Statement 6031.06, Patient Care, June 22, 2026*, now allows, when appropriate, the use of outside vendors for the procurement of eyeglasses. However, implementation guidance is still pending.

Recommendation 5: BOP should provide clear guidance to facilities of when the use of outside vendors is appropriate, versus UNICOR, to ensure the timely procurement of eyeglasses for CMs.

Finding 6: The reassignment of clinical personnel to provide custodial transport duties compounds staffing shortages and diverts valuable clinical resources away from medical care.

Recommendation 6: The use of health care staff to perform transport is inefficient and further taxes an understaffed and overly burdened health care system. It is, therefore, strongly recommended that BOP leadership reconsider this practice in favor of one that maximizes the use of health care staff within their area of expertise, rather than assigning them to ancillary (but necessary) duties that should be performed by custody staff.

Finding 7: During the month of April 2026, concerns related to continuity of mental health care and medication administration continued to be identified, particularly at FCI Tallahassee. Complaints received from CMs indicated that some individuals experienced disruptions in prescribed mental health

medications and missed doses. Reported issues appeared to be associated with medication availability, staffing limitations impacting timely medication administration, and limited availability of mental health staff to provide one-on-one therapeutic services. CMs reported that mental health staff were not always available to meet their mental health treatment needs in a timely manner. These concerns may affect continuity of care and warrant continued monitoring and corrective action to ensure consistent access to prescribed mental health treatment and services.

Recommendation 7: BOP should review and strengthen procedures related to the continuity of mental health medication administration, particularly at FCI Tallahassee. Efforts should be made to ensure that prescribed medications are consistently available and administered without interruption. Delays or disruptions in access to prescribed psychiatric medication can result in an increase in psychiatric symptoms or impairment(s) in functioning. Impaired functioning may include, but is not limited to, reduced ability to participate in treatment or rehabilitative programming, or disciplinary action stemming from ineffective coping, decreased impulse control, or emotional dysregulation. Disciplinary action can impact access to phone calls with family or placement in segregated housing, which can further increase psychiatric symptoms and further impair functioning, resulting in a vicious cycle. In sum, it can create a potential safety issue for those in custody and staff. Additionally, staffing levels and medication distribution practices should be evaluated to reduce missed doses and disruptions in treatment. Lastly, ongoing monitoring of medication continuity issues is recommended to ensure timely access to prescribed mental health care and to minimize adverse impacts on CMs.

Finding 8: The provision of dental services continues to present significant operational and clinical challenges, with implications that extend beyond administrative inefficiency. While most facilities appear to be compliant with *Program Statement 6400.03, Dental Services, June 10, 2016*, the policy itself is outdated and does not align with contemporary standards of care in correctional dentistry. As a result, technical compliance does not necessarily equate to the provision of necessary or adequate care.

Recommendation 8: In light of concerns related to dental care outlined in this section, it is recommended that BOP undertake a comprehensive review and revision of its dental services policy. Policy updates should incorporate current clinical standards, ensure continuity of care across facility transfers, and restructure the waitlist system to prevent unnecessary delays. Mechanisms should also be implemented to preserve a CM's place in the treatment queue, regardless of transfer, and prioritize care based on clinical need rather than facility assignment.

A. Mental Health Care (Part 2)

1. Review of Mental Health Care Alerts

34. The Monitor shall review, and include in monthly reports, medical and mental health care status of each individual who is the subject of a Medical and/or Mental Health Alert or Nexus Alert that was not cleared as of the date of the previous monthly report, including but not limited to ongoing provision of care. For any Alert cleared as of the date of the previous monthly report, the Monitor will provide an explanation as to why the Alert was cleared.

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- Review of BEMR System
- BOP Open and Closed Alert Report
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment

Assessment & Status of Class Member Examples Who Are the Subject of Mental Health Care Alerts: ⁸

A selection of alerts is discussed in this section for the months of May and June 2026, with identifying information removed. However, no CM cases were highlighted for the monitoring month of April 2026, given that no new mental health care alerts were opened.⁹

April 2026: As noted on the following page, during this period, 195 CMs were designated as Mental Health Care Level 1, 28 at Mental Health Care Level 2,¹⁰ and 3 as Mental Health Care Level 3. No mental health alerts were opened or closed during this time period.¹¹

Class Member Mental Health Care Levels – April 2026		
Care Level 1: 195	Care Level 2: 28	Care Level 3: 3
Mental Health Care Alerts		
Open Mental Health Alerts: 4	Closed (Cleared) Mental Health Alerts: 2	Emails & Complaints Related to Mental Health Concerns: 5

⁸ CM names can be located in the attachment titled, *Class Member Confidential Key, April, May and June 2026*.

⁹ Overlapping medical and mental health alerts are identified within the medical section of Paragraph 34 (Part 1).

¹⁰ Per BOP policy, CMs who are assessed as Mental Health Care Level 2 receive at least monthly contacts. “Monthly” has been interpreted as needing to occur at some point each month.

¹¹ *Open Mental Health Alerts* reflect cases opened in the reporting month. *Closed Mental Health Alerts* reflect cases closed during the reporting month. Alerts (open and closed) in the charts in this section do not include combined medical and mental alerts reflected in Paragraph 34 (Part 1).

A total of five complaints were received, including three from Class Counsel and two from CMs. Additionally, complaints were received from CMs regarding access to mental health staff, mental health medications, and difficulties ensuring continuity of mental health care, particularly at FCI Tallahassee. Medication continuity remains an ongoing concern, with some CMs experiencing disruptions in their prescribed medications or missing doses due to medication availability issues and/or staffing limitations affecting medication administration. Lastly, during the month of April 2026, nine overlapping medical and mental health alerts were identified under the medical section.

May 2026: During this monitoring period, multiple mental health concerns were identified in Class Counsel Memorandums that were outstanding pending the completion of the Mental Health Expert's onboarding process and resolution of computer-related issues. The two cases that were opened and closed (as noted in the chart below) pertained to access to care. Specifically, at the time of the Class Counsel Memorandums, dated January 6, 2026, and January 21, 2026, mental health services were ¹² requested. Psychology contacts in response to the Class Counsel Memorandums were timely; however, they were not clearly responsive to the concerns raised by Class Counsel. A review of clinical documentation between the time the access issue was raised in January 2026 and the time of the review indicated that the issue was resolved and therefore, no further action was needed.

Class Member Mental Health Care Levels – May 2026		
Care Level 1: 193	Care Level 2: 28	Care Level 3: 3
Mental Health Care Alerts		
Open Mental Health Alerts: 4	Closed (Cleared) Mental Health Alerts: 2	Emails & Complaints Related to Mental Health Concerns: 4

During the first joint mental health alert meeting (May 29, 2026) with the Senior Monitor and BOP, four CM cases were discussed, as outlined below. These cases had been submitted in January 2026 at which time the Senior Monitor was awaiting approval of the Mental Health Expert. Consequently, these cases were outstanding for a period of time and as such, were prioritized.

CM 10: A Class Counsel Memorandum, dated April 30, 2026, expressed concern about this CM's delay in accessing the FIT and MAT programs. At the time of the review, she was not in FIT due to declining to participate in the program. MAT was initiated on January 13, 2026, but was discontinued on April 5, 2026, due to medication diversion. In the context of reviewing clinical documentation, there was a disclosure of a previous Prison Rape Elimination Act (PREA) incident in January 2026. In the subsequent months, there were several substance related incidents indicative of risky behavior and poor coping. For example, intoxication resulting in impaired speech and gait on March 11, 2026;

¹² Reflects the number of mental health alerts only (4 total) and NOT joint medical and mental health alerts (3 total) noted in Paragraph 34 (open alerts) of the confidential attachment.

unresponsive on March 12, 2026; and two incidents of medication diversion on March 19, 2026, and March 21, 2026. Furthermore, two suicide risk assessments were completed; the first on March 11, 2026, when she threatened self-harm with a paper clip, and on April 13, 2026, when she reported suicidal ideation due to withdrawal. Given a pattern of instability and high-risk behaviors, an alert was opened by the Senior Monitor on the provision of her mental health care.

This case highlights the ongoing concerns of substance use and is another example of the need for close, ongoing multidisciplinary collaboration that exceeds the requirements of the CCARE monthly meeting, a long-time concern raised by the Medical Experts. This CM was provided medication for substance use which was discontinued when she used it inappropriately. There was no documentation of communication with or intervention by mental health staff despite documented observations of intoxication or unresponsiveness by medical staff. This pattern of high-risk behavior warranted frequent follow-up by mental health staff to address the CM's ineffective coping skills and underlying mental health factors. Further, modification of the CM's level of care from Mental Health Level 1 to Mental Health Level 2 is warranted and was discussed with BOP leadership. This change subsequently occurred.

CM 11: The CM was referred for review due to multiple Incident Reports in which the description of the incident indicated that the CM had poor coping skills, impulsivity, and emotional dysregulation which were not clearly targeted in treatment planning. She has a lifetime history of mental health treatment. Additionally, she has had 21 suicide risk assessments within BOP, of which five occurred as of March 2025. The most recent suicide watch occurred in January 2026, and lasted three days due to poor distress tolerance and impulsivity. Although clinically indicated, a safety plan was not created until April 24, 2026. Lastly, there was a 30-day delay between when the CM asked Psychology for a psychiatric referral on February 4, 2026, and when the psychiatric contact occurred on March 6, 2026.

While the BOP has completed training related to safety planning, this case highlights the need for clear guidance surrounding safety planning. Safety plans are created to help an individual manage an emotional crisis and minimize the risk of self-harm and are a recommended component of any correctional suicide prevention program per the National Commission on Correctional Health Care (NCCHC) standards.¹³ NCCHC standards are referenced within this report as they are nationally recognized guidelines in the delivery of mental health care in correctional settings. The Senior Monitor recognizes that BOP is not accredited by NCCHC.

Discussion with BOP and a review of relevant BOP Program Statements indicated that there is no requirement to complete safety plans, also known as crisis response plans.

This case also illustrates the need for improved continuity of care between psychology and psychiatric providers. At present, there is no policy or clinical guidance regarding the submission of psychology referrals to psychiatric providers. There are several mechanisms that psychology staff can use to refer

¹³ National Commission on Correctional Health Care, 2025, Standards for Mental Health Services in Correctional Facilities.

CMs to medical providers, including email, a BEMR request, and documentation of the referral in clinical documentation. Tracking referrals can also be accomplished through BEMR.

In both instances (CMs 10 and 11), there were discrepancies in diagnoses between psychology and psychiatric providers. At the time of the meeting, there was no documentation of attempts to reconcile differences, as required by policy, which illustrates a need for multidisciplinary collaboration regarding diagnostic discrepancies between psychology and psychiatric providers, and in accordance with *Program Statement 5310.16 CN-1, Treatment and Care of Inmates with Mental Illness, February 18, 2025*. Both incidents of diagnostic discrepancies have been resolved as of June 29, 2026.

June 2026: During this period, 185 CMs were designated as Mental Health Care Level 1, 30 at Mental Health Care Level 2, and 3 at Mental Health Care Level 3. Ten mental health alerts were opened and none closed during this reporting period.

Class Member Mental Health Care Levels – June 2026		
Care Level 1: 185	Care Level 2: 30	Care Level 3: 3
Mental Health Care Alerts		
Open Mental Health Alerts: 10	Closed (Cleared) Mental Health Alerts: 0	Emails & Complaints Related to Mental Health Concerns: 6

Between January and March 2026, issues were identified via Class Counsel Memorandums and CM emails. On May 29, 2026, one outlier case from August 2025 was the focus of a June 12, 2026, joint mental health alert meeting with the Senior Monitor and BOP. The need for improved coordination of care between psychology and psychiatric providers remains evident. Diagnostic reconciliation between psychology and psychiatric providers remains an area in need of attention. This was observed in six of eight cases reviewed (CMs 7, 13, 14, 15, 16, 29).

Additional coordination issues and suicide prevention concerns are illustrated by cases involving CMs 12 and 13, as noted below.

CM 12: Four suicide risk assessments have been completed since November 2024, two of which were completed since January 30, 2026. Despite a lifetime history of suicidal ideation/attempts and mental health issues, no safety plan had been developed. Further, BOP assessed that chronic risk did not exist; however, there was no documented clinical rationale to support this reasoning and no consideration of lifetime suicidal ideation or suicide attempts. BOP policy defines chronic risk as two or more suicide attempts. During the first quarter of 2026, this transgender CM experienced emotional distress, in part attributed to hormone treatment. Consultation between psychology and medical staff was evident in January 2026. However, given the ongoing emotional impact of hormone medication through April 2026, regular consultation was needed, including participation by the hormone prescriber in quarterly CCARE meetings.

Of note, timely contacts occurred with Psychology; however, given the CM's ongoing distress, it was not clear why contacts did not occur more frequently or why consideration for a level of care increase did not occur.

CM 13: The CM was identified as being at chronic risk of suicide; however, a safety plan had not been completed since 2024. During a psychology contact on February 9, 2026, this transgender CM, with a long history of mental illness, reported increased paranoia and expressed concerns about medications. Instead of submitting a referral for this CM, who at the time was decompensating in the SHU, the CM was reportedly told by the Psychologist to submit a request for psychiatric care, a process that delays care. The psychiatric contact did not occur until February 19, 2026, ten days later. Relatedly, there was also a lack of communication between custody and mental health care staff in this serious incident. The Senior Monitor raised this concern as an alert and discussed this case with BOP on June 12, 2026. In response, a safety plan was subsequently completed on June 23, 2026.

CM 7: This CM has a long history of substance use and mental health treatment. She had a suspected overdose that was well documented in a custody memorandum that was accessible to the Mental Health Expert, but not shared with psychology staff to allow them to incorporate it into the CM's treatment planning.

During discussions with BOP clinical leadership at the June 12, 2026, alert meeting and during the FSL Danbury site visit in June 2026, it was reported that psychology appointments are posted in a non-confidential area in various BOP facilities, including FSL Danbury, where they are visible to peers. This practice raises concerns regarding the CM's confidentiality. Concerns regarding this practice and alternatives to rectify this issue were discussed with BOP mental health staff during the June 12, 2026, alert meeting and during the FSL Danbury site visit. BOP counsel indicated that following this discussion, FSL Danbury staff will verbally communicate appointments to CMs.

Observations: Several observations warrant closer monitoring by the Mental Health Expert moving forward. First, clinical documentation demonstrated a need for greater specificity in the clinical rationale supporting level-of-care determinations in two of the eight reviewed cases (CMs 14 and 15). BOP Counsel has indicated that this issue will be discussed with the appropriate staff. Clear rationale helps clinicians determine if a CM is at the appropriate level of care and can help determine whether a level of care should be increased or decreased. Clear rationale is also important for when CMs are transferred to another facility. Second, in the case of CM 16, clinical documentation from more than six months prior (October 9, 2025) was not completed and has since been resolved as of June 2026.

Findings & Recommendations:

Finding 9: BOP Program Statements and clinical practice indicate that safety plans are not used as clinically indicated.

Recommendation 9: It is recommended that safety planning be incorporated into BOP Program Statement(s) related to suicide prevention. Pending incorporation, any mental health staff responsible for CM care should be trained on the development and implementation of safety plans. At a minimum, safety plans should be developed when the CM's pattern of communication or behavior indicates that the CM poses a risk of harm to themselves. This should include any self-injurious behavior or reports of suicidal ideation.

Finding 10: Consistent with previous findings by the Medical Experts and the Mental Health Expert, there is a need for improved continuity of care and multidisciplinary communication between psychology and psychiatric providers. Identified areas include timely completion of psychiatric referrals, tracking of psychiatric referrals, communication of significant behaviors related to substance use, and reconciliation of diagnostic discrepancies. During a subsequent contact with the Administrator of the Psychology Services Branch, it was reported that a proactive project has been implemented to ensure resolution of diagnostic discrepancies with the goal of reconciling identified discrepancies by July 1, 2026. Further, information regarding the importance of diagnostic reconciliation has also been distributed to the field. This is a positive development.

Recommendation 10: It is recommended that, in accordance with *Program Statement 5310.16 CN-1, Treatment and Care of Inmates with Mental Illness, February 18, 2025*: (1) referrals to psychiatric staff from psychology staff occur via BEMR; (2) diagnostic discrepancies between psychology and psychiatric providers be reconciled; and (3) psychiatric referrals be tracked on a weekly basis with the goal of treating CMs in accordance with industry standards for emergent, urgent, and routine care.

Finding 11: Staffing shortages impact timely documentation. It was reported by BOP that staff currently have three calendar days to complete documentation. This will be increased to five days pending an increase in staffing. The intent behind this change is to allow staff to focus on clinical responsibilities and patient care. While the Mental Health Expert agrees with the importance of CM care, clinical documentation is a critical component to verify that CM care has occurred and to ensure continuity of care.

Recommendation 11: It is recommended that clinical documentation occur contemporaneously with any clinical contact. Documentation completed afterward should be identified as late entry.

Finding 12: Per discussion with the Branch Administrator of the Psychology Services Branch and FSL Danbury mental health staff, psychology appointments are posted in a non-confidential area that is visible to peers, thereby compromising CM confidentiality.

Recommendation 12: As previously discussed with BOP, it is recommended that this practice be discontinued within 30 days of the release of this report.

Finding 13: When CMs require at least monthly contacts, “*monthly*” has been interpreted as needing to occur at some point each month. Consequently, a CM can be seen on the first day of one month and then at the end of the subsequent month, which results in two months between contacts.

Recommendation 13: It is recommended that if a CM requires monthly contact, the contact occur at least every 30 days and more often as clinically indicated.

B. Alerts & Reporting

42. The Monitor shall review, and include in monthly reports, the status of Class Member issues and Alerts described in subsections below. BOP will provide any records, documentation, communication, or information the Monitor deems necessary for such assessment and reporting. The Monitor will add, resolve, and update Alerts accordingly.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Unit

44. To the extent feasible, within twenty-four (24) hours of placement in Administrative Detention Status, the Class Member and the Monitor shall be provided a copy of the Administrative Detention Order (ADO), which shall articulate the specific reason for placement in SHU, supported by objective evidence. Also, within twenty-four (24) hours of such placement, a supervisor not involved in the initial placement shall review and make a determination regarding the placement decision and forward to the BOP Liaison for review. Within two (2) workdays following the supervisors' review of the placement, the BOP Liaison shall review and make a recommendation regarding the placement. In the event the BOP Liaison disagrees with the receiving facility's determination of placement, the Regional Director shall make a determination on the placement decision.

45. Class Members shall be provided with one set of administrative remedy forms upon placement in the SHU and, per existing policy, Class Members shall also be provided such forms whenever they request them and such forms shall be maintained in sufficient supplies in the SHU to allow for staff to promptly provide them to Class Members upon request and maintained in areas Class Members can access when out-of-cell.

Metrics:

- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment
- Number of CM Placements in SHU by Reporting Month

ADOs by BOP Facility – April 2026			
FMC Carswell: 3	SFF Hazelton: 1	FCI Waseca: 2	FCI Tallahassee: 1
Total: 7			

ADOs by BOP Facility – May 2026				
FCI Aliceville: 3	FMC Carswell: 1	SFF Hazelton: 1	FCI Tallahassee: 2	FCI Waseca: 3
Total: 10				

ADOs by BOP Facility – June 2026				
FCI Aliceville: 3	FMC Carswell: 4	SFF Hazelton: 1	FCI Tallahassee: 2	FCI Waseca: 2
Total: 12				

Assessment: During this reporting period, CMs were placed in SHU for the following reasons:

April 2026:

- One CM was placed in the SHU twice. The first was for refusing general population housing. The CM was subsequently released six days later. Nine days after her release, she was again placed in SHU in response to the CM's request for protection.
- One CM was pending an investigation for possession of drugs.
- One CM was pending medical holdover.
- One CM was "*Pending SIS investigation*" pursuant to the ADO.
- One CM was "*Pending investigation for a violation of bureau regulations,*" with no specificity pursuant to the ADO.
- One CM was sanctioned to 10 days disciplinary segregation at her Disciplinary Hearing Officer (DHO) hearing. This CM was in general population housing prior to her DHO hearing.

May 2026:

- One CM was placed in SHU twice. The first was for a pending investigation with no specific reason documented. The CM was subsequently released two days later. The second placement in SHU was in response to a pending investigation for a possible fight.
- One CM was placed in SHU in response to an NPO order.¹⁴
- Six CMs were placed in SHU pending investigation for various code charges: two for violation of Code 199, most likely 112 (i.e., disruption to the orderly processing of the institution, most likely use of narcotics); one for assault with minor injuries; possession of drugs or alcohol; one for separation after a fight; one for disruption to the orderly processing of the institution, most likely indecent exposure; and one refusing work or program.
- One CM was serving 21 days disciplinary segregation for a prior Incident Report.

June 2026:

- One CM was placed in SHU twice. The first for violation of Codes 199 and 112. She spent 10 days in SHU. The second was for the use of narcotics, Code 112.
- One CM was placed in SHU on an Immigration and Customs Enforcement transfer.
- One CM was placed in SHU for violation of Codes 199 and 112.
- One CM was placed in SHU on disciplinary segregation status from a previous incident.
- One CM was placed in SHU for possession of narcotics or alcohol.
- One CM was placed in SHU pending an investigation into the use of narcotics.
- Four CMs were placed in SHU pending an investigation for unwitnessed fights.

¹⁴ NPO stands for "nil per os," a Latin phrase meaning "nothing by mouth," indicating that the CM should not eat, drink, or take oral medications for a specified period.

- One CM was transferred and placed in SHU pending investigation from an incident that occurred at another BOP facility.

Receipt of ADOs:

- Number of CMs in SHU who received ADOs within the required time frames:
 - **April 2026: 7**
 - **May 2026: 10**
 - **June 2026: 12**
- Number of CMs who received ADOs, but outside the required time frames:
 - **April 2026: None.**
 - **May 2026: None.**
 - **June 2026: None.**
- Of the CMs who received ADO reports:
 - **April 2026:**
 - 5 articulated the specific reason for placement in SHU, supported by objective evidence.
 - 2 did not specify the reason for placement in SHU or were deficient for other reasons.
 - **May 2026:**
 - 9 articulated the specific reason for placement in SHU, supported by objective evidence.
 - 1 stated pending SIS investigation, with no additional specificity.
 - **June 2026:**
 - 12 articulated the specific reasons for placement in SHU, supported by objective evidence.

Review of Placements:

- Did all CMs placed in SHU for the reporting month have their placement reviewed by a supervisor not involved in the initial placement and forwarded to the BOP Liaison with a determination regarding the placement decision within 24 hours?
 - **April 2026: Yes. The BOP Liaison agreed with all 7 placements and, as a result, no case decisions were reversed.**
 - **May 2026: Yes. The BOP Liaison agreed with all 10 placements and, as a result, no case decisions were reversed.**
 - **June 2026: Yes. The BOP Liaison agreed with all 12 placements and, as a result, no case decisions were reversed.**

Provision of Administrative Remedy Forms:

- Were all CMs provided with one set of administrative remedy forms upon placement in the SHU?
 - **April 2026: No. CMs 17 and 18 were listed on the BOP SHU privilege list as “Unit Team will provide BP-9 forms.” As a result, it is unknown if the Unit Team was present to provide CMs**

with administrative remedy forms when they were placed in SHU. Additionally, CM 19 was missing from the SHU privilege list.

- **May 2026:** According to the BOP SHU privilege list, all CMs, except for CM 20 who was housed at FCI Waseca overnight as a result of an NPO, received administrative remedy forms upon their placement into SHU.
- **June 2026:** CMs 21, 22, and 23 did not receive administrative remedy forms upon their placement in SHU.

- Are CMs provided additional forms upon request?

- **April 2026:** Unable to Determine. A complaint was received from CM 17 indicating that forms were not made available to her upon request. BOP subsequently provided the forms to CM 17.
- **May 2026:** CM complaints related to this issue were not received during this reporting period. BOP provided the following in response to this question:

“FCI Aliceville: The institution maintains a wall organizer with SHU A&O packets which are handed to CMs during intake into SHU and have additional packets assembled at the front of each range which include inmate request forms, administrative remedy forms, and commissary sheets. The institution further maintains a binder with extra remedies available for CMs to be issued by staff next to the Law Library. Last, there are extra forms in the staff supply closet which staff can access in SHU if more forms are needed.

FMC Carswell: Additional remedy forms are maintained in SHU and staff are instructed to issue these forms to CMs upon their request. Unit Team will also provide remedy forms when conducting rounds in SHU.

SFF Hazelton: The institution maintains administrative remedy forms in SHU. SHU staff will supply CMs forms, and/or Unit Team will take the remedy forms to the CMs upon request. The Unit Manager and the SFF Administrator also bring copies of remedy forms for CMs on Thursdays during their rounds.

FCI Tallahassee: The institution maintains a wall organizer containing SHU A&O packets which are provided to CMs during intake into SHU. Additional preassembled packets are also available at the front of the Officer's Station and include inmate request forms, administrative remedy forms, and commissary sheets. Further, a binder containing extra administrative remedy forms is located next to the Law Library for staff to issue to CMs as needed. Extra forms are also maintained in the staff supply closet within SHU, allowing staff access to additional supplies when necessary.

FCI Waseca: Additional remedy forms in SHU are maintained on a shelf and are provided upon request (after the initial dissemination of remedy forms during intake).”

- **June 2026:** No CM complaints were received during this reporting period.
- Do facilities housing CMs in SHU maintain sufficient forms to provide to CMs upon request?
 - **April 2026:** Unable to Determine. One complaint was received this reporting period.
 - **May 2026:** Yes. See response from BOP on page 41 to the question “Are CMs provided additional forms upon request?” No complaints were received during this reporting period.
 - **June 2026:** Yes. See response from BOP on page 41 to the question “Are CMs provided additional forms upon request?” No complaints were received during this reporting period.

Findings & Recommendations:

Finding 14: Administrative remedy forms were not always provided to CMs upon their placement in SHU.

Recommendation 14: Per Paragraph 45 of the Consent Decree, administrative remedy forms should be provided to CMs upon placement in the SHU. The Lieutenant who is on duty at the time of the CM’s placement in SHU is responsible for completing the ADO and ensuring CMs have a supply of administrative remedy forms available upon placement. **

Finding 15: During the month of April 2026, the Monitoring Team was unable to determine if administrative remedy forms were made available to CMs in the SHU upon request or whether a sufficient supply is consistently maintained in the SHU. None of the facilities where CMs are housed in the SHU were consistent in documenting whether CMs asked for or received administrative remedy forms. This includes FCI Waseca, which previously had and/or has a system in place that the Monitoring Team has recommended be replicated among BOP facilities that house CMs. **

Recommendation 15: BOP should document, for verification, when a CM requests and receives an administrative remedy form. This verification could be added to the privilege sheet currently utilized by staff, similar to the process that is or has previously been utilized by FCI Waseca. **

Finding 16: With respect to the month of April 2026, and specifically at FMC Carswell, the SHU privilege list specifically documented that the Unit Team would supply administrative remedies to CMs housed in SHU.

Recommendation 16: As discussed in prior monitoring reports, Unit Teams are not physically at the facility 24 hours per day, including at times when CMs may be placed in SHU or request an administrative remedy form. As a result, SHU staff should maintain a sufficient quantity of forms to enable them to provide the forms to a CM upon request. **

Finding 17: In April and May 2026, three ADOs were deficient and did not articulate a specific reason for the CMs’ placements in SHU.

Recommendation 17: Per *Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025*, “The specific reason for placement in SHU must be supported by objective evidence and clearly articulated in the narrative section of the ADO.” However, “pending SIS investigation” or “pending investigation for failure to follow Bureau regulations” are not specific reasons defined in the Program Statement. Frequently, the CM receives an Incident Report with their charge, or SIS interviews the CM regarding their case shortly after they are placed in SHU. As such, informing the CM, upon entry into SHU, as articulated in the Program Statement, should not pose a safety concern. Examples include pending SIS investigations for assault, phone abuse, or fighting. **

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

46. In support of ongoing mental health care of Class Members, and consistent with existing BOP Policy, which allows discretion based on safety, security, the orderly operation of the facility, and public safety, Class Members placed in SHU in Administrative Detention status will be provided:

- In addition to **one social phone call** per month provided under existing policy, Class Members can request additional phone calls, with such requests presumptively approved at up to 1.5 hours per week in one session plus one additional phone call per week, unless the Warden concludes that such additional calls would present a specific risk to the safety and security of the facility or the Class Member, in which case the Warden shall articulate in writing the specific reason for the denial and provide the Class Member with a written denial of their request. Class Members may request that a call session is offered during a particular time or day. Class Members may also choose to call Class Counsel during these times.
- Access to open general **correspondence** in accordance with the same rules and regulations that apply to general population. Class Members' phone and email contacts shall not be deleted. Indigent Class Members shall have access to postage to mail legal mail or Administrative Remedy forms, pursuant to existing BOP policy.
- **Visitation** in accordance with the same rules and regulations that apply to general population.
- Opportunity to **exercise** outside their quarters to the extent feasible at least seven hours per week, and staff shall make best efforts to offer individuals exercise outside their quarters one hour per day.
- Access to **programming** activities. Class Members in Administrative Detention shall not be placed in non-earning status, and, if they meet other eligibility requirements consistent with BOP policy, will continue earning FTCs.
- Reasonable amount of **Personal Property** (as defined below).
- The ability to purchase and receive items from the commissary with the same frequency as the general population. Class Members who believe their funds have been improperly encumbered may raise the issue with the BOP Liaison at any time. The Facility will provide an explanation for the encumbrance in writing. If the Class Member is not satisfied with the explanation, they can raise the issue with the Monitor and the Monitor may make a recommendation regarding the encumbrance.

C. Staff Abuse & Retaliation (continued)

1. Placement in Special Housing Units

49. A “reasonable amount of Personal Property” for purposes of this agreements includes, at a minimum: Bible, Quran, or other religious scriptures (1) books, paperback (5) eyeglasses, prescription (2) legal material (see the Program Statement Legal Activities, Inmate) magazines (3) mail (10) newspaper (1) personal hygiene items (1 of each type) (no dental floss or razors) photographs (25) authorized religious medals/headgear (e.g., kufi) shoes, shower (1) shoes, other (1) snack foods without aluminum foil wrappers (5 individual packs) powdered soft drinks (1 container) stationery and stamps (20 each) wedding band (1) radio with ear plugs (1) watch (must not have metal backing) (1) over-the-counter (OTC) medications (2, unless more are medically necessary). Female AICs will be allowed a choice of a sufficient number (at minimum 4 per day) of menstrual products to include: tampons, regular and super-size; maxi pads with wings, regular and super-size; and panty liners (regular). Transgender AICs will be allowed to retain gender-affirming clothing and other accommodations (e.g., boxers, binders, and other undergarments; stand-to-pee cups).

Metrics:

- CM Email Complaints
- Paragraph 46, 49, 81 & 82, SHU Privileges, April 2026, May 2026 and June 2026, Three Separate Attachments
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment
- Number of CMs Housed in SHU by Reporting Month

Class Members in SHU by BOP Facility – April 2026

FMC Carswell: 7	SFF Hazelton: 2	FCI Tallahassee: 1	FCI Waseca: 1
Total: 11			

Class Members in SHU by BOP Facility – May 2026

FCI/FPC Aliceville: 3	FMC Carswell: 3	FCI Tallahassee: 2	SFF Hazelton: 1	FCI Waseca: 4
Total: 13				

Class Members in SHU by BOP Facility – June 2026

FCI/FPC Aliceville: 5	FMC Carswell: 6	SFF Hazelton: 2	FCI Tallahassee: 3	FCI Waseca: 3
Total: 19				

Assessment: As reported in previous monitoring reports, the BOP SHU privilege roster contained incomplete and inconsistent information regarding SHU privilege practices and documentation. The Senior Monitor has repeatedly recommended that BOP implement a weekly quality assurance review

of the roster to identify and correct practice and documentation-related errors before it is submitted to the Monitoring Team.

In BOP's June 2, 2026, feedback to the draft February 2026 public monthly status report, BOP stated, *"Given the importance of documentation, the Regional Directors will be asked to assist in oversight of the SHU list."* With this additional level of review, there is an opportunity to improve practices and accuracy in the completion of documentation.

Paragraph 46:

- Were CMs in SHU provided with one social phone call per month?
 - **April 2026:** With the exception of CM 19, for whom supporting documentation was not provided, the records reviewed indicate that all CMs housed in the SHU who were not on phone restriction were provided with multiple social calls during the reporting period. The Senior Monitor did not receive any CM complaints related to social calls.
 - **May 2026:** The records reviewed indicate that all CMs housed in the SHU who were not on phone restriction were provided with multiple social calls during the reporting period. CM 17 reported she was unable to access social calls for three weeks; however, she was on phone restriction during that period of time.
 - **June 2026:** The records reviewed indicate that all CMs housed in the SHU who were not on phone restriction were provided with multiple social calls during the reporting period. The Senior Monitor did not receive any CM complaints related to social calls.
- Were CMs in SHU provided with additional phone calls upon request, with such requests presumptively approved at up to 1.5 hours per week in one session plus one additional phone call per week, unless the Warden provided a written denial of the request?
 - **April 2026:** This manner in which the information is documented in the BOP Roster makes it difficult to discern if the CM requested and received an additional call, up to 1.5 hours per week. Also, it is difficult to discern if the CM requested and received a second additional phone call per week. As such, there is no practical way to accurately respond to this question unless a complaint is received. However, during this reporting period, the Senior Monitor did not receive complaints from CMs related to the lack of access to additional calls.
 - **May 2026:** Same as above.
 - **June 2026:** Same as above.
- Were CMs in the SHU able to call Class Counsel?
 - **April 2026:** CMs 18, 24, 25, and 26 reported the lack of access to legal calls while housed in SHU. (Refer to Paragraphs 47, 81, and 82 in the confidential attachments.) The BOP SHU Privilege Roster indicates CM 26 had legal calls on April 2nd, 6th, and 14th.
 - **May 2026:** CMs 17 and 27 reported the lack of access to confidential legal calls while housed in SHU. However, the SHU Privilege Roster, provided by BOP, documents that both CMs completed a legal call; one in April 2026 and the other in May 2026. (Refer to Paragraphs 47,

81, and 82 in the confidential attachments.) Without proper documentation, it is difficult to know when a CM requests a legal call and when calls are denied. It cannot be assumed that because one legal call was provided for CMs 17 and 27 that they did not request other which were not provided. Proper documentation would include that a call was offered, but declined by the CM.

- **June 2026:** The BOP Roster for the June 2026 reporting period contained information not previously provided. One facility indicated that a CM had a call on a Saturday, yet on Sunday it indicated there were no calls offered on weekends. BOP responded that they have never indicated that calls were not offered on weekends. Another facility indicated, *“Telephone use not offered on M/W shift.”* CMs 7 and 18 reported they were only allowed two legal calls despite requesting additional calls. CM 7 was on detention status; however, this was not documented in the BOP SHU Privilege Roster similar to documentation for other CMs. The lines in this column were left blank. CM 18 reported receiving two legal calls; however, the BOP SHU Privilege Roster does not indicate that these calls were provided.

- Did CMs in the SHU have access to open general correspondence in accordance with the same rules that apply to the general population, including not deleting contacts?
 - **April 2026:** BOP policy indicates that open general correspondence pertains to incoming and outgoing written correspondence, not emails. There were no complaints received from CMs related to email access to Class Counsel.
 - **May 2026:** Same as above.
 - **June 2026:** Same as above.

- Did indigent CMs in the SHU have access to postage to mail legal mail and administrative remedy forms?
 - **April 2026:** Yes. However, CM 24 reported not being provided with additional administrative remedy forms upon request.
 - **May 2026:** Yes.
 - **June 2026:** No. CM 28 reported they had been requesting administrative remedy forms and were told by staff they had been instructed not to provide them. BOP responded that the facility’s SHU maintains a sufficient quantity of administrative remedy forms and issues them to CMs upon request.

- Were CMs in the SHU provided with visitation in accordance with the same rules and regulations that apply to the general population?
 - **April 2026:** FCI/FPC Aliceville is currently the only facility that houses CMs and offers video visitation in the SHU. BOP reported that the remaining SHU facilities, where CMs are housed, are in the process of installing equipment to facilitate video visits.
 - **May 2026:** Same as above.
 - **June 2026:** BOP provided the following update on the status of video visiting implementation for the SHU facilities that house CMs:

FMC Carswell: Through testing, staff determined the institution's current equipment does not allow for long-distance visitation from SHU. CRW confirmed they require an additional network drop and TVS equipment. The institution will advise Central Office Trust Fund how soon facilities can complete the installation.

FCI Waseca: Through testing, staff determined the institution's current equipment does not allow for long distance visitation from SHU. The facility requires an additional network drop for the TVS station. They will provide an install date. The facility also needs TVS equipment. Staff are considering the possibility of installing a network switch in the area to save time, but network staff subject matter efforts will need to be consulted.

FCI Tallahassee and SFF Hazelton: Verifying equipment needed for installation. After a meeting held with SFF Hazelton on July 14, 2026, they stated the institution will survey the area in their SHU for the TVS installation and provide a quote for the required wiring. FCI Tallahassee relayed they will need a cage built for the TVS furniture to ensure there is no destruction. There is a tentative timeline of two weeks for the cage to be built. The facility will work to install a data line, which may be completed as early as next week."

- Were CMs in the SHU provided with an opportunity to exercise outside their quarters, to the extent feasible, at least seven hours per week, and did staff make best efforts to offer individuals this exercise one hour per day?
 - **April 2026:** CM 24 reported being offered recreation two times per week. The documentation provided by BOP raises questions regarding the accuracy and completeness of the records for this CM. Unlike other CMs at the facility, whose recreation opportunities were documented on a daily basis, all recreation entries for this CM were entered on April 2, 2026. Additionally, the BOP Roster contains documentation for only four of the seven days reviewed and indicated the CM declined recreation on two of those days. The CM disputed this account and reported recreation was not offered. Additionally, CMs were not provided with access to recreation on weekends. BOP informed the Senior Monitor that staff are not available to provide weekend recreation to CMs because of a lack of available staffing. This does not align with Paragraph 46, which states BOP should make *"best efforts to offer individuals exercise outside their quarters one hour per day."*
 - **May 2026:** CMs were not provided with access to recreation on weekends. BOP informed the Senior Monitor that staff are not available to provide weekend recreation to CMs because of a lack of available staffing. This does not align with Paragraph 46 which states that BOP should make *"best efforts to offer individuals exercise outside their quarters one hour per day."*
 - **June 2026:** Same as above (May 2026).
- Were CMs in the SHU provided with access to programming activities?
 - **April 2026:** Yes.
 - **May 2026:** Same as above.
 - **June 2026:** Same as above.

- Did all eligible CMs remain in earning status of their Federal Time Credits (FTCs)?
 - **April 2026: Yes.**
 - **May 2026: Yes.**
 - **June 2026: Yes.**
- Were CMs in the SHU able to purchase and receive commissary items with the same frequency as general population?
 - **April 2026: Yes.**
 - **May 2026: Yes.**
 - **June 2026: No. CM 42 reported not having the ability to purchase items from commissary. BOP responded via email that the CM had not turned in a commissary slip. Subsequently, BOP provided documentation that the CM had shopped twice in June 2026. This information conflicts with the previously provided email response.**
- Were any CMs improperly encumbered?
 - **April 2026: No.**
 - **May 2026: No.**
 - **June 2026: No.**

Paragraph 49:

- Number of CMs in SHU for the reporting month:
 - **April 2026: 11**
 - **May 2026: 13**
 - **June 2026: 19**
- Were CMs in the SHU permitted a reasonable amount of personal property, as described in Paragraph 49 as applicable?
 - **April 2026: No. Ten CMs, who requested and received or did not receive specific property, are included in the confidential attachment under Paragraphs 46 and 49.**
 - **May 2026: No. Two CMs, who requested and received or did not receive specific property, are included in the confidential attachment under Paragraphs 46 and 49.**
 - **June 2026: No. Three CMs, who requested and received or did not receive specific property, are included in the confidential attachment under Paragraphs 46 and 49.**

Findings & Recommendations:

Finding 18: Documentation continues to be unclear as it pertains to phone access, emails, property, recreation, and visiting. **

Recommendation 18: Staff should be held accountable for improper documentation related to CM phone access, emails, property, recreation, and visiting while housed in SHU, and in accordance with

the Consent Decree. A weekly review should be conducted to ensure accuracy and to allow remedial on-the-spot corrective action to occur. **

Finding 19: Property in SHU continues to be a significant concern for CMs. The documentation provided by BOP does not enable the Monitoring Team to determine whether a CM was given the opportunity to review and inventory their property or request personal items while housed in SHU. Without clear documentation demonstrating these steps, the Monitoring Team cannot verify that property procedures were followed or that CMs had meaningful access to their personal belongings. **

Recommendation 19: BOP should revise the SHU property roster to improve documentation and accountability by using the following three fields:

1. date property is received in the SHU;
2. date property was inventoried in the presence of the CM; and
3. date authorized personal items were provided to the CM.

Including these fields will provide staff with clear documentation requirements and enable the Monitoring Team to verify that property is received and inventoried, and that authorized personal items are provided in a timely manner. **

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

47. Consistent with Security, Class Members shall be provided access to two-way confidential communication with the Monitor. Access, for purposes of this term, shall mean that the Class Member is using the BOP's electronic mail system upon their request and at least once per day on weekdays. Class Members shall also be provided access to confidential calls, legal mail, and legal visitation with Class Counsel.

Metrics:

- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment
- Number of CMs Housed in SHU by Reporting Month

Class Members in SHU by BOP Facility – April 2026

FMC Carswell: 7

SFF Hazelton: 2

FCI Tallahassee: 1

FCI Waseca: 1

Total: 11

Class Members in SHU by BOP Facility – May 2026

FCI/FPC Aliceville: 3

FMC Carswell: 3

FCI Tallahassee: 2

SFF Hazelton: 1

FCI Waseca: 4

Total: 13

Class Members in SHU by BOP Facility – June 2026

FMC Carswell: 6

FCI Waseca: 3

SFF Hazelton: 2

FCI Tallahassee: 3

FCI Aliceville: 5

Total: 19

Assessment: During the month of April 2026, CMs 18, 24, and 25 reported a lack of access to legal calls with Class Counsel. Inconsistencies in the information provided by BOP on the SHU Privilege Roster made it difficult to assess CM complaints concerning access to legal calls and whether this communication was conducted in a confidential manner.

During the month of May 2026, there were two reports regarding the lack of access to confidential legal calls. Both incidents occurred in April 2026, but were reported in May 2026. The BOP documentation indicated that CM 27 made a legal call lasting 27 minutes. The CM had already been released from SHU when she reported the issue.

Multiple CMs at FPC Victorville reported that mail was discovered in the trash, to include legal mail. On May 7, 2026, the Senior Monitor conveyed this information to the BOP Liaison and requested that she

inquire into this allegation and provide feedback. BOP responded that this incident was under investigation.

Access to the Senior Monitor:

- Does BOP's electronic mail system allow CMs in SHU access to two-way confidential communication with the Senior Monitor?
 - **April 2026: Yes.**
 - **May 2026: Yes.**
 - **June 2026: Yes.**
- If yes, are CMs in SHU provided access to BOP's electronic mail system upon request and at least once per day on weekdays?
 - **April 2026: Yes.**
 - **May 2026: Yes.**
 - **June 2026: No. CM 28 reported that on June 13, 2026, she was refused access to the Law library, where email access is provided.**

Access to Class Counsel:

- Are CMs in SHU provided access to confidential calls with Class Counsel?
 - **April 2026: CM 10 reported the lack of access to a confidential legal call while housed in SHU. She further reported she believed her legal call was not confidential because the call was on a speakerphone and a staff member lingered outside the office window for the duration of the call. The CM indicated she was handcuffed behind her back during the call and as a result, the Officer stated the call should be expedited which made the CM reluctant to speak freely. When this issue was raised with BOP, they indicated that staff cannot hear through the glass window and due to security concerns, they must remain in the hallway. BOP reported they counseled the Officer relative to advising the CM about the length of a call. CMs 18, 24, and 25 reported lack of access to confidential legal calls.**
 - **May 2026: CMs 17 and 27 reported the lack of access to confidential legal calls while housed in SHU. the SHU Privilege Roster, provided by BOP, documents that both of these CMs completed a legal call. The first in May 2026 and the other in April 2026. (Refer to Paragraphs 47, 81 and 82 in the confidential attachments.) Without proper documentation, it is difficult to know when a CM requests a legal call and when calls are denied. It cannot be assumed that because one legal call was provided for CMs 17 and 27, that they did not request others which were not provided. Proper documentation would include that a call was offered, but declined by the CM.**
 - **June 2026: CM 7 reported requesting and being denied legal calls multiple times. BOP responded that CM 7 did not request a legal call while in SHU. CM 18 reported being allowed only two legal calls despite requesting additional calls.**

- Are CMs in SHU provided access to legal mail with Class Counsel?
 - April 2026: Yes.
 - May 2026: Yes.
 - June 2026: Yes.

- Are CMs in SHU provided access to legal visitation with Class Counsel?
 - April 2026: Yes.
 - May 2026: Yes.
 - June 2026: Yes.

Findings & Recommendations:

Finding 20: Although improving, the SHU Privilege Roster provided by BOP for these reporting periods was still incomplete and contained inaccuracies in some sections, thereby preventing the Senior Monitor from fully assessing conformance with Paragraph 47. **

Recommendation 20: BOP should establish weekly supervisory and BOP Liaison review procedures to verify entries for accuracy and completeness before submission to the Senior Monitor. ** BOP informed the Senior Monitor that in a communication to regional leadership, the Headquarters Consent Decree Team asked for assistance on SHU list documentation and left discretion to the regional leadership to determine how to approach the request. Given the errors found in the June 2026 Privilege Roster, the Senior Monitor is unsure what review assistance is being provided.

Finding 21: For the months of April and May 2026, BOP’s SHU Privilege Roster did not consistently differentiate whether a call provided cell front is social or legal. Some facilities clearly indicate whether a call is legal, while others continue to note “*social/legal*.” ** It should be noted that June’s 2026 Privilege Roster clearly defined where a legal call took place.

Recommendation 21: BOP should discern if the CM is making a legal call and if so, a confidential setting should be made available. Additionally, the BOP Privilege Roster should indicate “*legal*” rather than “*legal/social*.” BOP informed the Senior Monitor that, beginning in June 2026, the portion of the roster pertaining to calls would differentiate clearly between legal and social calls. There are six entries in the BOP Privilege Roster provided for June 2026 that continue to document calls as social/legal rather than distinguishing between social and legal calls. **

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

48. Class Members shall be provided all medication devices and prescription medications within 24 hours of placement in SHU.

Metrics:

- Interviews with Staff and CMs
- Incident Reports for the Monitoring Period
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment
- Number of CMs Housed in SHU by Reporting Month

Class Members in SHU by BOP Facility – April 2026

FMC Carswell: 7	SFF Hazelton: 2	FCI Tallahassee: 1	FCI Waseca: 1
Total: 11			

Class Members in SHU by BOP Facility – May 2026

FCI/FPC Aliceville: 3	FMC Carswell: 3	FCI Tallahassee: 2	SFF Hazelton: 1	FCI Waseca: 4
Total: 13				

Class Members in SHU by BOP Facility – June 2026

FMC Carswell: 6	FCI Waseca: 3	SFF Hazelton: 2	FCI Tallahassee: 3	FCI Aliceville: 5
Total: 19				

Assessment: The following tables reflect the number of CMs in SHU, by month, with a mental health diagnosis.

Mental Health – April 2026

Level	Diagnosis	# of CMs	%
1	Anxiety, Narcissistic Personality Disorder, Borderline Personality Disorder, Major Depression, Post Traumatic Stress Disorder (PTSD), Opioid Use Disorder (OUD), Trauma-Stressor, Ethyl Alcohol or Ethanol Abuse Disorder	8	73%
2	Anxiety, PTSD, Substance Use Disorder (SUD), Major Depression	3	27%

Mental Health – May 2026			
Level	Diagnosis	# of CMs	%
1	Anxiety, PTSD, SUD, Major Depression, Bi-Polar, Antisocial Personality Disorder, Insomnia, Adjustment Disorder	7	70%
2	PTSD, SUD, Major Depression, Alcohol Disorder, Antisocial Personality Disorder	2	20%
3	PTSD, Borderline Personality Disorder	1	10%

Mental Health – June 2026			
Level	Diagnosis	# of CMs	%
1	Mood Affective Disorder, PTSD, Anxiety, SUD, Narcissistic Personality Disorder, Trauma and Stress	12	63%
2	SUD, PTSD, Depression, Alcoholism, Borderline Personality and Antisocial Personality Disorder	6	32%
3	PTSD, Personality Disorder	1	5%

Provision of Medications Devices and/or Prescription Medications:

- Number of CMs in SHU who had prescription medications and/or medication devices prior to entering SHU:
 - **April 2026: 15**
 - **May 2026: 9**
 - **June 2026: 17**
- Of the total number of CMs who had existing prescription medications and/or medical devices, were all provided their prescription medications and/or medical devices within 24 hours of placement in SHU?
 - **April 2026: No. CM 14 reported to the Medical Experts that she was not provided with access to the CPAP machine issued to her during her placement in SHU. She further reported she did not receive her authorized keep on person (KOP) medications in a timely manner.**
 - **May 2026: No. CM 18 reported to the Medical Experts that she did not receive her medications when she was placed in SHU. Additionally, CM 44 reported that her authorized knee brace was not made available to her, with BOP citing it as a security issue given that it contains metal. CM 44 also has an authorized ankle brace. BOP indicated the SHU List reflects she was issued her ankle brace (not her knee brace) on May 22, 2026. However, there is no record of the issuance of the knee brace to CM 44 while she was in SHU during this reporting period.**
 - **June 2026: No complaints were received during this reporting period.**

Findings & Recommendations:

Finding 22: BOP continues to experience significant issues in providing CMs housed in SHU with timely access to prescribed medical devices and KOP medications. Additionally, during this monitoring period, the Medical Experts received multiple complaints from CMs regarding delays and interruptions in access to medically-necessary treatment while housed in SHU. Failure to provide access to prescribed medical devices and medications for individuals housed in SHU raises serious concerns regarding continuity of care and patient safety, particularly for CMs with chronic medical conditions that require ongoing treatment and monitoring.

The Medical Experts have had multiple discussions with the BOP regarding their ongoing failure to ensure timely access to medications and medical devices for CMs in SHU. While BOP continues to assert that medications are being provided in a timely manner, BOP representatives have acknowledged that there is currently no reliable or consistent process in place to adequately document when CMs actually receive their KOP medications or medical devices while housed in SHU.

Approximately six months ago, BOP represented that it was developing a process to clearly document the distribution and receipt of KOP medications and medical devices in SHU settings. However, to date no such process has been provided or implemented. The continued absence of an adequate tracking and documentation system significantly undermines accountability and raises ongoing concerns regarding BOP's ability to ensure consistent access to medically necessary treatment for CMs housed in restrictive settings.

Access to healthcare for CMs housed in the SHU continues to be a concern. The Medical Experts continue to receive complaints from CMs who report that, despite submitting sick call requests, they are not being seen in a timely manner. For example, one CM reported experiencing a severe ear infection while housed in SHU. She reported submitting approximately four requests to be evaluated by medical staff, but was not seen until intervention by the Senior Monitor prompted the BOP to arrange an evaluation. The delay in evaluating a CM reporting a potentially significant infection is concerning and raises questions regarding the reliability of the sick call process for patients housed in SHU.

This incident is not viewed as an isolated occurrence. Similar complaints regarding delayed or lack of access to sick call while housed in SHU have continued throughout this three-month monitoring period. The recurring nature of these complaints suggests a systemic problem with ensuring that CMs housed in SHU have timely and consistent access to health care services. BOP facilities should evaluate their processes for receiving, triaging, and responding to sick call requests from SHU and ensure that housing status does not create a barrier to timely access to necessary medical care.

Recommendation 22: BOP should develop and issue a standardized, auditable system for the timely delivery and verification of receipt of all prescribed KOP medications and medically necessary devices for CMs housed in SHU. The system should require staff to document, for each dose or device delivery,

the date and time of dispensing, the name and title of the responsible staff member, the medication or device provided, and the CM's acknowledgment of receipt or, if applicable, the reason the item was not delivered, including refusal, unavailability, or a documented security or clinical restriction. Facility Wardens and HSAs should ensure that staff comply with these documentation requirements and retain these records for audit review.

BOP should establish and implement SHU-specific protocols to maintain continuity of care for CMs with chronic medical conditions requiring ongoing treatment, including Continuous Positive Airway Pressure (CPAP) therapy. These protocols should prohibit interruption of essential medications and medical devices during SHU placement, unless a licensed medical provider determines, in writing, that the interruption is clinically necessary. When a device or medication cannot be provided, the responsible medical provider should document the clinical basis for the decision and the alternative treatment plan. SHU staff should also ensure the alternative plan is carried out without delay.

BOP should also complete and implement the previously proposed tracking and documentation system and designate a high-level responsible official to oversee implementation. Facility Wardens should conduct regular audits, at least monthly, of KOP medication and medical device distribution in SHU settings and promptly correct any deficiencies identified. Additionally, BOP should report audit results, corrective actions, and any unresolved compliance issues to the appropriate oversight officials on a quarterly basis. These requirements are necessary to ensure accountability, continuity of care, and CM safety in restrictive housing environments.

BOP should also establish and implement a reliable process to ensure that CMs housed in SHU have timely and equitable access to health care services. Sick call requests submitted by CMs in SHU should be promptly received, documented, clinically triaged, and addressed within established timeframes. Housing in SHU should not delay or otherwise restrict a CM's ability to obtain a medical evaluation or necessary treatment.

BOP should also conduct routine audits of sick call requests submitted by CMs in SHU to ensure requests are being appropriately processed and CMs seen within required timeframes. Any identified delays should be investigated, corrected, and monitored for sustained compliance.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

51. BOP shall notify all Class Members of the following process for complaints of denial of the access to privileges outlined here:

To best ensure a prompt resolution, Class Members should submit their complaint to the Receiving Facility's SHU Lieutenant or the Captain using the electronic Request to Staff Service. In exceptional circumstances where there is an emergent issue that directly impacts the health and safety of the Class Member, the Class Member may also raise the issue directly with the Monitor.

If the SHU Lieutenant or Captain does not provide a written response within forty eight (48) hours or by the following day if the end of the 48-hour period falls on a weekend or holiday, or if the Class Member is unsatisfied with BOP's response, the Class Member shall submit their Complaint to the BOP Liaison who shall respond within forty eight (48) hours, or the next workday if the forty eight (48) hours covers a weekend or holiday.

In situations where the Class Member faces obstacles to initiating the Complaint with staff, such Complaints may be raised through Class Counsel to BOP Counsel. If BOP Counsel does not respond within forty-eight (48) hours or the next workday if the forty-eight (48) hours covers a weekend or holiday, or the Class Member or Class Counsel are not satisfied with BOP's Counsel's response the Complaint may be raised with the Monitor.

The Monitor shall review these Complaints, including BOP's response, and shall assess whether BOP compliant with the Consent Decree. If the Monitor determines that BOP is not in compliance, they shall make recommendations for corrective action and allow BOP five (5) workdays to respond or undertake corrective action. At that point, if the Monitor determines the issue is still not resolved, Parties can engage in the Dispute Resolution Process outlined below.

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment
- Number of CMs Housed in SHU by Reporting Month

Class Members in SHU by BOP Facility – April 2026

FMC Carswell: 7	SFF Hazelton: 2	FCI Tallahassee: 1	FCI Waseca: 1
Total: 11			

Wendy Still, MAS, Senior Monitor

53 | Page

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, 13th Public Monthly Monitoring Status Report, April 1 – 30, 2026; 14th Public Monthly Monitoring Status Report, May 1 – 31, 2026; 15th Public Monthly Monitoring Status Report, June 1 – 30, 2026.

Class Members in SHU by BOP Facility – May 2026				
FCI/FPC Aliceville: 3	FMC Carswell: 3	FCI Tallahassee: 2	SFF Hazelton: 1	FCI Waseca: 4
Total: 13				

Class Members in SHU by BOP Facility – June 2026				
FMC Carswell: 6	FCI Waseca: 3	SFF Hazelton: 2	FCI Tallahassee: 3	FCI Aliceville: 5
Total: 19				

Assessment: The alternative remedy process is underutilized by CMs housed in SHU. For example, during the reporting periods of April, May, and June 2026, 11 CMs housed in SHU during the combined three-month reporting periods utilized the alternative remedy process.

The reason for its limited use is unclear and warrants further evaluation. Additional assessment is needed to determine whether the low utilization can be attributed to a lack of awareness of the process, a lack of confidence in its effectiveness, or an overreliance on the BOP Liaison and the Monitoring Team to resolve concerns on behalf of CMs. Understanding the factors that contribute to the underutilization of this process will help identify opportunities to improve its effectiveness and encourage its appropriate use.

Access to Privileges:

- Did BOP notify all CMs of the process for complaints of denial of access to privileges as outlined in Paragraph 51?
 - **April 2026: Yes. This process is described in the Consent Decree and posted in the Trust Fund Limited Inmate Computer System, also known as TRULINCS.**
 - **May 2026: Same as above.**
 - **June 2026: Same as above.**
- Number of complaints received:
 - **April 2026: CMs 17, 26, and 29 utilized the alternative remedy process while housed in SHU. Copies of these complaints were forwarded to the Senior Monitor by BOP. (Noted in confidential attachment, Paragraph 51).**
 - **May 2026: CMs 17 and 18 utilized the alternative remedy process while housed in SHU. Copies of these complaints were forwarded to the Senior Monitor by BOP. (Noted in confidential attachment, Paragraph 51).**
 - **June 2026: CMs 17, 22, 28, and 30 utilized the alternative remedy process while housed in SHU. Copies of these complaints were forwarded to the Senior Monitor by BOP. (Noted in confidential attachment, Paragraph 51).**

Findings & Recommendations:

Finding 23: During the months of April through June 2026, 11 CMs housed in SHU utilized the alternative remedy process. However, Class Counsel and the Senior Monitor receive many complaints directly from CMs in SHU regarding issues that may have been appropriate for resolution through the alternative remedy process. It is unclear why CMs are not utilizing this process more frequently.

To better assess the effectiveness of the alternative remedy process and encourage its use, the Senior Monitor responds to CM complaints by reminding them of the availability of this process and encouraging them to use it to address SHU-related concerns. The Senior Monitor has also continued to encourage CMs to notify the Monitoring Team if they do not receive a timely response or if their concerns remain unresolved.

Recommendation 23: SHU staff should encourage CMs to utilize the alternative remedy process to assist in resolving SHU-related concerns, particularly when the issue requires review or resolution at a level beyond what line staff are authorized to address. Reinforcing the availability and purpose of this process may improve its utilization and facilitate the timely resolution of CM concerns.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

52. Review of SHU placement for disciplinary segregation follows the same three-, seven-, and thirty-day review process outlined in 28 C.F.R. § 541.26.

53. Consistent with Security, if a Class Member is placed in SHU pending a Unit Disciplinary Committee (UDC) or Discipline Hearing before the Disciplinary Hearing Officer (DHO), BOP shall provide the Class Member, Class Counsel, and the Monitor a copy of the underlying incident report “within 24 hours of staff becoming aware of [the Class Member’s] involvement in the incident,” as required by Program Statement 5270.09 at page 18 and 28 C.F.R. § 541.5. If BOP does not provide the incident report “within 24 hours of staff becoming aware of the [Class Member’s] Involvement in the incident,” the BOP Liaison shall inform the Monitor and Class Counsel of the reason for the delay in writing.

54. Class Members shall be provided with a UDC hearing within five (5) workdays of placement of SHU. This provision replaces the UDC timeframe of “ordinarily” within “five workdays” set forth in Program Statement 5270.09 at page 24. BOP shall provide the Class Member, Class Counsel, and Monitor all documentation related to the UDC hearing within twenty-four (24) hours of the conclusion of the hearing.

55. If the UDC refers the Class Member to a DHO hearing, that hearing shall be held within ten (10) workdays of referral, absent exceptional circumstances and unless the DHO certifies that additional time is needed and what exceptional circumstances necessitate additional time, and provides that written notice to the Class Member, Class Counsel, and the Monitor. This provision sets out a time frame not provided for in Program Statement 5270.09. BOP shall provide the Class Member, Class Counsel, and the Monitor all documentation related to the DHO hearing within twenty-four (24) hours of the conclusion of the hearing.

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Review of CM Electronic Inmate Central Files (EICFs)
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment
- Number of CM Placements in SHU by Reporting Month

ADOs by BOP Facility – April 2026

FMC Carswell: 3	SFF Hazelton: 1	FCI Waseca: 2	FCI Tallahassee: 1
-----------------	-----------------	---------------	--------------------

Total: 7

ADOs by BOP Facility – May 2026

FCI Aliceville: 3	FMC Carswell: 1	SFF Hazelton: 1	FCI Tallahassee: 2	FCI Waseca: 3
-------------------	-----------------	-----------------	--------------------	---------------

Total: 10

Wendy Still, MAS, Senior Monitor

56 | Page

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, 13th Public Monthly Monitoring Status Report, April 1 – 30, 2026; 14th Public Monthly Monitoring Status Report, May 1 – 31, 2026; 15th Public Monthly Monitoring Status Report, June 1 – 30, 2026.

ADOs by BOP Facility – June 2026				
FCI Aliceville: 3	FMC Carswell: 4	SFF Hazelton: 1	FCI Tallahassee: 2	FCI Waseca: 2
Total: 12				

Assessment: During the months of April, May and June 2026, BOP provided the Monitoring Team with monthly reviews for CMs placed in the Enhanced Security Monitoring Unit and Administrative Unit.

Paragraph 52:

- Did BOP review SHU placements for disciplinary segregation following the process in 28 C.F.R. § 541.26?
 - **April 2026:** Overall, the process was followed and demonstrated improvement across all facilities housing CMs. However, there still appears to be some confusion regarding completion of the forms. For example, on some 3-Day Review forms, the box was not checked indicating that medical staff saw the CM daily. Additionally, on some 7-Day Review forms, none of the boxes were checked, although the bottom of the form was signed, as required. This appears to be an issue involving specific staff members.
 - **May 2026:** Same as above.
 - **June 2026:** Same as above.

Paragraph 53:

- Did BOP provide the CM, Class Counsel, and the Senior Monitor a copy of the underlying Incident Report within 24 hours of staff becoming aware of the CM's involvement in the incident?
 - **April 2026:** Yes.
 - **May 2026:** No. The receipt of one Incident Report was delayed due to an investigation, and another was delayed while waiting for the results of medical testing.
 - **June 2026:** No. One Incident Report was delayed due to an investigation.

Paragraph 54:

- Were CMs provided with a UDC hearing within five workdays of Incident Report being issued? **Yes**
- Did BOP provide the CM, Class Counsel, and the Senior Monitor all documentation related to the UDC hearing within twenty-four (24) hours of the conclusion of the hearing?
 - **April 2026:** No. CM 31 was placed in SHU and had a UDC hearing on April 29, 2026. As of the end of this reporting period, the UDC documentation had not been received.
 - **May 2026:** No. CM 19 had a UDC hearing on May 13, 2026. The Senior Monitor did not receive the documentation until May 20, 2026.
 - **June 2026:** Yes.

Paragraph 55:

- If the UDC referred the CM to a DHO hearing, was that hearing held within 10 workdays of referral?
 - **April 2026: Yes.**
 - **May 2026: Yes.**
 - **June 2026: No.** A hearing for CM 31 was held 16 calendar days after the UDC hearing because the DHO returned it with a request that it be rewritten and reheard. The DHO subsequently expunged this case. A second Incident Report, involving CM 23, resulted in a DHO hearing on the 11th business day after the UDC hearing. The Senior Monitor recommended that the Incident Report for CM 23 be expunged. A response from BOP is pending.
- Did BOP provide the CM, Class Counsel, and the Senior Monitor with all documentation related to the DHO hearing within 24 hours of the conclusion of the hearing?
 - **April 2026: Yes.** However, CM 31's DHO hearing is still pending as of the end of this reporting period.
 - **May 2026: Yes.**
 - **June 2026: Yes.** However, CM 31's DHO hearing is still pending as of the end of this reporting period.

Examples of SHU Placements in April 2026:

CM 15: The CM had a DHO hearing and is documented as having an English as a Second Language need. The CM indicated that as the hearing commenced, the DHO, who was not Spanish speaking, searched for language line interpretation capability and found there was none. The DHO was able to communicate with the CM and asked her if she wanted to postpone the hearing to allow for an interpreter to be obtained. The CM indicated she did not wish to postpone the hearing as she understood English sufficiently to allow the hearing to proceed. She further stated that she did not want to remain in SHU pending the rescheduling of the hearing to accommodate access to an interpreter.

CM 25: The CM was placed in SHU on March 24, 2026, and an Incident Report for violation of Code 112, Use of Drugs or Alcohol, was received by the CM on April 1, 2026. The CM was sanctioned five days disciplinary segregation time, disallowance of 41 days of good time credit, and 120 days loss of the use of her MPlayer, tablet and visiting.

Typically, the number of days a CM spends in administrative detention status, while waiting for the disciplinary process to occur, are deducted from the total number of days sanctioned. This did not occur in this CM's case. The CM was in SHU from March 24, 2026, and released on April 6, 2026. This equates to a total of 13 days in SHU in response to a five-day sanction.

CM 29: The CM was placed in SHU on November 9, 2025, and reportedly told there was nowhere else to place the CM because there were multiple separatees in other facilities. Due to the CM's level, the

other alternative was the Administrative Unit at FMC Carswell. The CM reported that, without explanation, on April 30, 2026, she was transferred to FSL Danbury.

Examples of SHU Placements in May 2026:

CM 28: The CM was placed in SHU on May 17, 2026. The ADO indicated “*pending SIS investigation.*” In response to a Senior Monitor Inquiry, the BOP Liaison, via an email, supplied the Senior Monitor with additional information regarding the possible reason for the placement. The Senior Monitor replied indicating that the information should be placed on the ADO because the CM is supposed to know the reason they are placed in SHU with as much specificity as possible. The CM was released from SHU on May 19, 2026, and later filed a retaliation complaint stating “*everyone refused*” to tell her why she was placed in SHU. She felt this was in response to “*mass retaliation punishment.*” See log #2026-125-R in the confidential attachment for May 2026.

CM 32: On March 21, 2026, the CM was searched in the visiting room and contraband was found in her underwear. In response, the CM was trans-segged to MCC Chicago and placed on close observation in a dry cell from March 22 – 27, 2026. The dry cell logs were received and reviewed by the Senior Monitor in May 2026.

Program Statement 5521.06 CN-1, Searches of Housing Units, Inmates and Inmate Work Areas, March 6, 2025, Section 552.12, Close Observation, incorporates language from other program statements that are pertinent to this process. In this CM’s case, this Program Statement applies, along with Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025, and 5514.01 Narcotic Identification, Inmate Urine and Alcohol Surveillance and Testing Program, May 7, 2026.

Subsequently, there were several sections of *Program Statement 5521.06 CN-1, Section 552.12* that staff did not follow while this CM was on close observation status. They are as follows:

- *“Section 541.22 (c) refers to Section 4 of the Program Statement Special Housing Units. That section, which applies to review of inmates housed in administrative detention, requires that the SRO conduct a record review within three work days; however, for an inmate in dry cell status, a formal in-person hearing is required.*
- *(6) The inmate is to be given a visual search prior to placement in the room and issued a jump suit (or other suitable loose-fitting clothing). The inmate is to be given a visual search and the inmate’s living area must be thoroughly searched at least once each shift, being careful not to set a pattern. Prior to each search, the Operations Lieutenant must be notified and a second person provided for inmate supervision.*
- *c. The supervisor responsible for initiating the close observation watch shall advise the inmate of the conditions and of what is expected. Documentation of this notification is to be made through the Administrative Detention Order form (BP-A0308).*

- *(5) When the inmate is lying on a bed, the inmate shall be required to lie on top of the mattress in full view, weather and room temperature permitting. When necessary for the inmate to use cover, hands must remain visible at all times so that staff can observe any attempt to move contraband.*
- *All meals are to be inspected for contraband prior to delivery to the inmate. Any food remaining after the meal, as well as the utensils and tray, are to be thoroughly inspected before being sent back to Food Service.*
- *(8) No medications may be given to the inmate except for those prescribed and given by hospital personnel. No laxatives may be given except natural laxatives, i.e., coffee, prune juice, etc.*
- *(9) When the inmate needs to urinate and/or defecate, the inmate will be furnished an empty hospital bed pan.*
- *(10) When the inmate requests to shave, to brush teeth, or other such request, a wash pan and container of water is to be provided for use in the cell."*

Additionally, the logs were inconsistent, not maintained in a uniform or standardized format, and dependent on the staff member who was responsible for maintaining the logs. On May 26, 2026, the Senior Monitor recommended training for staff responsible for CMs on close observation, dry cell status. The BOP Liaison responded by indicating that in the future, Correctional Services will include a section on dry cell status requirements in the training for Lieutenants.

Examples of SHU Placements in June 2026:

CM 40: The CM was placed in SHU on June 14, 2026, for a violation of Code 199, Conduct Which Disrupts the Orderly Running of the Institution, Most Like Code 112, Use of Drugs or Alcohol. The DHO hearing took place on June 23, 2026, at which point the DHO expunged the Incident Report due to a lack of required evidence to support the charge.

Although no additional rationale was provided on the expunged Incident Report, the Senior Monitor requested information regarding the specific evidence that was missing from the Incident Report. In a subsequent email from the BOP Liaison, the DHO reported the following:

- No medical testing was done (urinalysis or breathalyzer).
- No reason was given why medical testing was not performed.
- *"Burnt fingertips"* were used as potential evidence of drug use, yet no photographs were taken.
- There was nothing written in the appropriate section of the Incident Report letting the CM know what medical evidence was taken into consideration and/or ruled out.
- The medical assessment did not give the DHO the information necessary via the CM's prescription review and medical history to determine whether this contributed to the CM's behavior.

The Senior Monitor agreed with the thoroughness of the DHO's review of the evidence and subsequent hearing.

Findings & Recommendations:

Finding 24: In April 2026, CM 15 was documented as having an English as a Second Language need meaning that translation services would be required during the CM's disciplinary hearing in SHU. However, translation services were not available at the time of the hearing, which meant it would need to be postponed and could potentially result in an extension of the CM's time in SHU. As a result, the CM subsequently indicated she did not wish to postpone the hearing as she understood English sufficiently to allow the hearing to proceed. The CM further stated that she did not want to remain in SHU pending the rescheduling of the hearing to accommodate access to an interpreter.

Recommendation 24: In advance of conducting a hearing, DHOs should always determine if an accommodation is needed for a CM, to include interpretation services. In such circumstances, the hearing should be held where there is a telephone to allow interpretation services to be accessed. To avoid a delay in a CM's hearing and possibly an extended stay in SHU, a CM could opt to indicate they understand English sufficiently enough to proceed with the hearing (without translation services). A CM should not have to choose between understanding the proceedings of their hearing or potentially having their time in SHU extended until interpretation services can be obtained.

Finding 25: The delivery of the DHO sanction of disciplinary segregation, among BOP facilities that house CMs, has been inconsistent. For example, some DHOs grant the CM credit for time served while others do not.

Recommendation 25: The DHO's report in "*Section VI. Sanction or Action Taken*" states the following:

"When imposing a sanction of Disciplinary Segregation (DS), The Discipline Hearing Officer considered the time served as a primary means when calculating your sanction of (DS). This may not always be a viable option, due to concerns related to the safety of staff, safety of inmates or safety and security of the institution."

Based on this verbiage, whenever time served is NOT granted, BOP should automatically provide the Senior Monitor with documentation outlining the specific safety and security concerns for why this did not occur. This will enable the Senior Monitor to complete a full assessment of the disciplinary action taken.

Finding 26: There was one instance where the ADO was deficient and did not articulate a specific reason for the CM's placement in SHU. This instance resulted in the CM filing a complaint of retaliation.

Recommendation 26: Per *Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025*, "*The specific reason for placement in SHU must be supported by objective evidence and clearly articulated in the narrative section of the ADO.*" However, "pending SIS investigation" or "pending investigation for failure to follow Bureau regulations" are not specific reasons defined in the Program Statement. Frequently, the CM receives an Incident Report with their charge, or SIS interviews the CM

regarding their case shortly after they are placed in SHU. As such, informing the CM, upon entry into SHU, as articulated in the Program Statement, should not pose a safety concern. Examples include pending SIS investigations for assault, phone abuse, or fighting, etc. **

Finding 27: A CM was placed on close observation, dry cell status for five days, with numerous policy violations occurring, as outlined in this section.

Recommendation 27: The Senior Monitor suggested training for overseeing CMs placed on close observation, dry cell status. The BOP Liaison indicated that Correctional Services would be including the topic of dry cell status in the Lieutenant's training. However, before this can occur, approval from Learning and Career Development needs to be obtained before it can be incorporated into the quarterly and/or annual training for Lieutenants. Given that this is a lengthy process, a memorandum should be disseminated to the appropriate BOP facilities housing CMs in close observation, dry cell status, to ensure practices are aligned with *Program Statement 5521.06 CN-1, Searches of Housing Units, Inmates and Inmate Work Areas, March 6, 2025, Section 552.12, Close Observation*.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

56. Class Members and Class Counsel may raise issues regarding due process and ultimate decision for disciplinary segregation with the Monitor at any time through confidential reporting mechanisms outlined above. The Monitor shall have access to the necessary disciplinary documents or other related documentation to investigate Class Members' placement and disciplinary process. If the Monitor determines this placement or process was incorrect, the Monitor may provide a recommendation that BOP take corrective action.

57. Consistent with Security, Class Members shall not be placed in SHU in administrative detention status pending UDC or DHO hearing solely for a violation of any alleged prohibited acts in the Low (400 series) or Moderate (300 series) Severity Levels. To place a Class Member in SHU in Administrative Detention status under these circumstances, BOP must provide a written explanation of why this placement is necessary for security reasons to the Class Member, Class Counsel, and the Monitor.

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Review of CM EICFs
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment

Assessment:

Due Process & Disciplinary Segregation:

- Does the Monitoring Team have access to necessary disciplinary documents or other related documentation to investigate CMs' placement and disciplinary process?
 - **April 2026: No. Video evidence is currently not made available to the Monitoring Team.**
 - **May 2026: Same as above.**
 - **June 2026: Same as above.**
- During the reporting month, were any CMs placed in SHU in administrative detention status for a violation of any alleged prohibited actions in the Low (400 series) or Moderate (300 series) security levels?
 - **April 2026: Yes. CM 18 was placed in SHU for a violation of Code 306, Refusing General Population Housing; however, the Incident Report was not adjudicated. In this circumstance,**

staff should have inquired further in an effort to learn of the reason for the CM's refusal rather than immediately placing her in SHU.

- **May 2026:** Yes. CM 21 was placed in SHU for violation of Code 316, Being in an Unauthorized Area.
 - **June 2026:** No.
- For each, did BOP provide a written explanation of why this placement is necessary for security reasons to the CM, Class Counsel, and the Senior Monitor?
 - **April 2026:** Yes. A follow-up email was received by the Monitoring Team from the BOP Liaison indicating that CM 18 may have refused her housing for protective custody reasons. No additional information was received regarding the reason(s) why she was subsequently released since she was re-housed in SHU later in the month pending an investigation.
 - **May 2026:** Yes. A follow-up email was received by the Monitoring Team from the BOP Liaison indicating that CM 21 was being placed in the SHU for violation of Code 316, Being in an Unauthorized Area. The basis behind this action is because when staff called the CM over the loudspeaker, she did not report where directed, and as such, it became necessary for an all-inmate recall to occur. The CM finally showed up to the Lieutenant's bench after being missing for approximately five hours. She was placed in SHU by the shift Lieutenant due to the disruption of the orderly running of the facility. However, the CM was released from SHU less than 24 hours later. When the Monitoring Team inquired as to the reason for the release, facility staff indicated there was a "*need for space*" in the SHU. It should be noted that only 28 of the 43 beds were occupied at the time thereby leaving 15 available beds to accommodate a potential large-scale incident.
 - **June 2026:** N/A

In April 2026, the Senior Monitor recommended that BOP modify actions related to the Incident Reports outlined below:

CMs 33 and 34: On February 12, 2026, CMs 33 and 34 allegedly cornered other inmates in a cell, then blocked the doorway, so that CM 35 could enter the cell and assault two inmates. There is no video footage available as there are no cameras in the area. Findings of guilt by the DHO were based on the SIS investigation, a review of inmate messages, witness statements, inmate photographs, and medical assessments. CMs 33 and 34 were subsequently found guilty of violating Code 224, Assault, and sanctioned to a disallowance of 27 days of good conduct time and the loss of 30 days of commissary privileges.

After reviewing the Incident Reports, the Senior Monitor recommended that they be expunged based on several significant concerns identified. Specifically, the Senior Monitor found that the testimony provided by the CMs, as well as the statements of their witnesses, were not adequately considered. The Senior Monitor also expressed concern that the SIS investigation relied heavily on communications from other inmates, rather than on a more balanced assessment of all available evidence.

All three CMs who had been living at a Camp at the time of the incident were transferred to MCC San Diego pending the results of the disciplinary process. The request for expungements was denied by BOP

CM 36: On February 12, 2025, and as a part of her work assignment while housed at the Camp, the CM was cleaning the front lobby. The CM did not appear for work, and as a result, the front desk Officer called over the loudspeaker in an effort to locate the CM. The Unit Officer allegedly stated that the CM was refusing to report to her work assignment. As a result, the CM was issued an Incident Report for violation of Codes 306, Refusing Work/Program Assignment; 307, Refusing to Obey an Order; 310, Being Absent from Assignment; and 311, Failing to Work as Instructed.

The CM was found guilty by the DHO of violating Code 306. The remaining code violations were dismissed. The evidence that was relied upon was the reporting Officer's report, the investigation, and the UDC section of the disciplinary process. The CM was sanctioned to a disallowance of 14 days of good conduct time, and the loss of 6 months of commissary and video visits.

The Senior Monitor recommended that this Incident Report be expunged based on errors found in the Investigation Section of the Incident Report. The Investigator is considered the *"quality control staff"* of the inmate discipline system. The Investigation Section is authored by a supervisory staff member, usually a Lieutenant. After the Investigator completes their part, the Incident Report package (including the appropriate charges) is forwarded to the UDC, and possibly to the DHO for a hearing. Several bodies have the responsibility of reviewing the Incident Report package to ensure it meets the due process and quality control requirements.

In this case, *Section 24, Inmate Statement and Attitude*, the Investigator's written statement indicates he erroneously read the CM's Incident Report to a different inmate, not the CM. The Investigator's next statement, using the CM's correct name, *"claimed the report was TRUE as written"* and provided no further statement.

In *Section 25, Other Facts About the Incident*, the Investigator wrote, *"The inmate did not request witnesses, and he did not provide documentation to support a defense. She was advised of her rights and acknowledged her understood her rights."*

Due to the errors found in the Investigation Section of the Incident Report, to include the wrong CM name used, contradictory statements, and other errors that made the Incident Report illegible, the Senior Monitor recommended that it be expunged.

On April 13, 2026, the Senior Monitor received an email from the BOP Liaison indicating that the CM had already filed an Administrative Remedy on the Incident Report, and that it had been denied on the basis that all aspects of due process time frames had been met.

Findings & Recommendations:

Finding 28: The Senior Monitor found issues or errors with specific Incident Reports, as outlined above, and as such, requested that they be expunged.

Recommendation 28: Errors of this nature, to include incorrect names, register numbers, and pronouns, should be corrected by the Investigative Lieutenant prior to reaching UDC and DHO staff. If the Incident Report makes it to the UDC or DHO, these errors should be corrected by the UDC or the DHO. Additionally, expungements should be utilized by BOP as a tool in Incident Report training and review for staff.

Finding 29: An ADO was received by the Senior Monitor for a CM that stated, “*pending investigation for refusing program.*” After she was released, another ADO was received indicating that she was pending investigation, but a statement was attached from the CM stating she was in fear of assault by another CM.

Recommendation 29: Although the CM may not have been asking for SHU placement for protection at the time of placement, as soon as her safety concerns were verified, a new ADO should be completed in accordance with *Program Statement 5270.12 CN-1, Special Housing Unit, March 6, 2025, Section 541.27*. Additionally, the appropriate reason for admission into administrative detention status should be verified and the CM given the opportunity to sign their name in the space provided on the form.

C. Staff Abuse & Retaliation

2. Reports of Staff Retaliation

58. BOP Staff shall not retaliate against Class Members for reporting staff misconduct or other similar acts.

59. Class Members or Class Counsel may submit any Complaint of staff retaliation, which shall include a description of what happened and how it may be retaliatory, to the BOP Liaison or to the Monitor directly. The BOP Liaison shall report any allegations of staff misconduct to the Office of Internal Affairs (OIA), the DOJ's Office of the Inspector General (OIG), and, to the extent the Monitor and/or Class Counsel did not make the report to the BOP Liaison in the first instance, to the Monitor and/or Class Counsel within forty-eight (48) hours unless the forty-eight (48) hours covers a weekend or holiday, in which case the report shall be made on the next workday. To the extent the Class Member reports to the Monitor directly, the Monitor shall report to the BOP Liaison within forty-eight (48) hours unless the forty-eight (48) hours covers a weekend or holiday, in which case the report shall be made on the next workday. The Monitor may limit such reports to the DOJ OIG alone if the Monitor determines that extraordinary circumstances justify such a limitation.

60. The BOP Liaison will also report to the Monitor any disciplinary action imposed on Class Members after reporting staff misconduct. The Monitor will be provided with and review these reports and any disciplinary actions taken against Class Members. The Monitor will provide monthly reports regarding staff retaliation toward Class Members.

61. The Monitor may recommend that the appropriate Regional Discipline Hearing Administrator reconsider any disciplinary action taken against Class Members after reporting staff misconduct. In instances of retaliation outside the disciplinary process and/or retaliation based on immigration status, the Monitor may recommend that BOP take corrective action to address the retaliation.

Metrics:

- Telephone Calls with CMs
- CMs Email Complaints and Letters
- Review of CM EICFs
- Emails from BOP Liaison
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment
- CM Complaints by Type

Class Member Complaints Received by Type – April 2026

Complaint Type	FMC Carswell	FSL Danbury	FPC Greenville	SFF Hazelton	FDC Houston	FCI Tallah.	FCI Waseca
General Retal.	6	1	1	1	1	1	1
Staff Complaint	2	0	1	1	0	2	1
Total	8	1	2	2	1	3	2

Wendy Still, MAS, Senior Monitor

67 | Page

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, 13th Public Monthly Monitoring Status Report, April 1 – 30, 2026; 14th Public Monthly Monitoring Status Report, May 1 – 31, 2026; 15th Public Monthly Monitoring Status Report, June 1 – 30, 2026.

Class Member Complaints Received by Type – May 2026									
Complaint Type	FCI/FPC Alice.	FPC Bryan	FMC Cars.	FSL Dan.	FPC Green.	SFF Hazel.	FCI Talla.	FPC Vict.	FCI Was.
General Retal.	1	2	5	0	2	1	1	3	1
Staff Complaint	0	1	1	1	0	1	1	0	2
Total	1	3	6	1	2	2	2	3	3

Class Member Complaints Received by Type – June 2026							
Complaint Type	FCI/FPC Aliceville	FMC Carswell	FSL Danbury	FPC Greenville	FTC Oklahoma	FCI Tallahassee	FCI Waseca
General Retal.	1	2	0	2	1	0	3
Staff Complaint	0	0	1	0	0	2	3
Total	1	2	1	2	1	2	6

Assessment:

April 2026: During this reporting period, 12 CMs submitted complaints reporting retaliatory behavior. An additional seven complaints were received alleging staff misconduct. These complaints were received through telephone calls, emails, and letters from CMs, and emails from the BOP Liaison and Class Counsel Memorandums.

CMs continue to report they feel they are treated differently by both staff and other CMS because of their status as FCI Dublin CMs. For the same reason, they also feel they are not believed by staff when they report issues, submit complaints and/or while testifying in hearings.

May 2026: During this reporting period, 16 CMs submitted complaints reporting retaliatory behavior. An additional seven complaints were received alleging staff misconduct. These complaints were received through telephone calls, emails, and letters from CMs, and emails from the BOP Liaison and Class Counsel Memorandums.

CMs continue to report they feel they are treated differently by both staff and other CMS because of their status as FCI Dublin CMs. Multiple complaints were received regarding MAT and the medication line, along with allegations that medical treatment is being withheld or manipulated in retaliation because they are FCI Dublin CMs.

June 2026: During this reporting period, nine CMs submitted complaints reporting retaliatory behavior. An additional six complaints were received alleging staff misconduct. These complaints were received through video interviews with CMs at FSL Danbury, telephone calls, emails, and letters from CMs, and emails from the BOP Liaison and Class Counsel Memorandums.

CMs continue to report that they feel they are treated differently by both staff and other CMs because of their status as FCI Dublin CMs. CMs reported having their cells searched and items confiscated without being provided confiscation slips, and in retaliation for contacting the Monitoring Team about issues. They also reported retaliation for filing administrative remedies.

Examples of Retaliation and Staff Complaints in April 2026:

Log #2026-081-SC-P: CM stated she is fearful of retaliation from staff if she reports issues. She further alleged that if one CM/inmate “*gets in trouble*,” the entire facility is placed on lockdown. The CM also stated the SHU is full, staff do not want to work at this facility, and PREA violations are rampant. She also alleged that because she is an FCI Dublin CM, “*all eyes*” are on her.

BOP’s Response: “*All allegations of staff misconduct have been appropriately referred and the institution confirmed that staff continue to be advised to act with professionalism and respect to all CMs/inmates.*”

Log #2026-083-R: On April 16, 2026, during a telephone call with the Senior Monitor, the CM indicated she felt she was the only person who received a disciplinary violation for talking during count because she is an FCI Dublin CM. She further stated that her cellmate was a witness during her hearing. During the hearing, the cellmate admitted she (the cellmate) was talking during count, but was not issued an Incident Report. BOP ultimately declined the Senior Monitor’s request for an expungement of the CM’s Incident Report.

Log #2026-089-SC: The CM alleged that the SHU Lieutenant called her a snitch “*out loud*” and in front of “*everyone*” when she was placed in SHU for her own protection.

BOP’s Response: “*All allegations of staff misconduct have been appropriately referred and the institution confirmed that staff continue to be advised to act with professionalism and respect to all CMs/inmates.*”

Log #2026-090-SC: The CM stated a staff member in medical “*looked at her*” and said she was a “*gangster*.” The staff member then “*corrected himself*” when the CM was in the medication line, and said, “*Your tattoos make you look like a gangster.*” The CM alleged this staff member does not make similar statements to other inmates with face tattoos. The CM feels she is treated in this manner because staff know she is an FCI Dublin CM.

BOP’s Response: “*All allegations of staff misconduct have been appropriately referred and the institution confirmed that staff continue to be advised to act with professionalism and respect to all CMs/inmates.*”

Log #2026-116-R: The CM received multiple Incident Reports over the course of a few months that she would like to appeal, but fears retaliation because she is an FCI Dublin CM. She further alleged that staff search her cell three to four times per day.

BOP's Response: *"All allegations of staff misconduct have been appropriately referred and the institution confirmed that staff continue to be advised to act with professionalism and respect to all CMs/inmates."*

Log #2026-117-R: The CM alleged that an Officer uses abusive language and exhibits retaliatory behavior while working in the SHU. The CM further alleged that the Officer searched "everyone's cell and threw out everyone's clothes" when one person complained about him.

BOP's Response: *"All allegations of staff misconduct have been appropriately referred and the institution confirmed that staff continue to be advised to act with professionalism and respect to all CMs/inmates."*

Examples of Retaliation and Staff Complaints in May 2026:

Log #2026-119-R: The CM alleged that a SHU Officer told her he keeps "crackheads and prostitutes" in corner cells and that is where the CMs are housed when they are placed in the SHU. After making this statement, the Officer reportedly subjected the CM to a urinalysis and conducted a search of her cell. He then removed the stuffing from the mattress, resulting in the CM having to sleep on a thin mattress for several nights before it was replaced.

BOP's Response: *"All allegations of staff misconduct have been appropriately referred and the institution confirmed that staff continue to be advised to act with professionalism and respect to all CMs/inmates."*

Log #2026-123-R: The CM indicated that an Officer exhibited retaliatory behavior towards her by pulling her out of the MAT line and making her wait at the end of the line, which almost caused her to miss obtaining her medication. The CM indicated evidence of these actions may have been captured on video because a camera is located nearby.

BOP's Response: *"All allegations of staff misconduct have been appropriately referred and the institution confirmed that staff continue to be advised to act with professionalism and respect to all CMs/inmates."*

Log #2026-127-R: The CM reported that a staff member in the Medical Department refused to provide her medical services for her ear, and said, "You complain to your lawyers, and I can't do anything for you." The CM indicated she has submitted cop-outs regarding this issue because she does not wish to lose more of her hearing as she did while incarcerated at FCI Dublin.

BOP's Response: *"All allegations of staff misconduct have been appropriately referred and the institution confirmed that staff continue to be advised to act with professionalism and respect to all CMs/inmates."*

Log #2026-128-R: The CM alleged she was told by members of her Unit Team that they were upset with her because she contacted the BOP Liaison about her medical treatment, when she should have contacted them first. The CM further indicated that the Unit Team was going to place her on *"medical idle"* status for months, which she indicated she could not afford because she has no source of outside income. The CM further indicated the Unit Team told her to obtain her foot cream from the commissary even though she did not know which cream to purchase. She further alleged she was told to refrain from contacting the BOP Liaison.

BOP's Response: This allegation was appropriately referred. In addition, the facility was contacted. The CM's Unit Manager advised her the foot cream was not available via prescription because it was over the counter, and since she was not indigent, it was not free to her. The Unit Manager offered her the option to be placed on medical idle status, but she feared she would lose her job even though the Unit Manager told her she would not. Finally, the Unit Manager allegedly told her if she had future concerns, she could come to her (Unit Manager) for resolution. The Unit Manager denied discouraging the CM from contacting the BOP Liaison for assistance.

Examples of Retaliation and Staff Complaints in June 2026:

Log #2026-135-SC: The CM filed an administrative remedy. She was not satisfied with the response from the Regional Administrator, and as a result submitted a copy to the Senior Monitor. The administrative remedy was regarding a complaint against an Officer whom she believes went out of her way to harass the CM by staring at her in the dark, making her roommate submit a urinalysis in the middle of the night, and antagonizing her by flashing her light in the CM's face in an effort to disturb her sleep.

BOP's Response: This allegation was appropriately referred.

Log #2026-138-R: The CM reported that her cell was searched, and personal items were confiscated, a confiscation slip was not provided, and the confiscated items were destroyed, including clothing, photographs, and commissary items. She feels these actions are retaliatory in nature.

BOP's Response: This allegation has been appropriately referred. However, there is no documentation/knowledge of property being destroyed. According to the Inmate Property Record form, the CM's property was found unsecured in the unit. CMs/inmates are responsible for securing their own property.

Log #2026-141-SC-R: The CM reported she was trying to avoid being placed in a cell with another inmate because she knew she would end up in a fight. While in the process of being physically forced

into the cell, the CM denied attempting to kick staff, but rather, she indicated she braced her legs against the doorframe to avoid being physically forced into the cell. The CM indicated the Lieutenant was aware of her concern involving the other inmate, but allowed staff to continue to force her into the cell anyway. She also said that during this process, staff took her legal documents, perused them, and did not return them to her.

BOP's Response: This allegation was appropriately referred. Upon review of the allegations and documentation. The CM and her cellmate had no documented history of conflict. Additionally, the CM refused staff and supervisory orders during the incident. The CM did not mention any missing documents and her property remained in her possession.

Log #2026-143-R: The CM reported she was not allowed a religious accommodation that was previously granted by the Regional Administrator. She indicated she has filed grievances regarding several issues, to include her program at the facility where she is housed, and against other inmates and the Warden. The CM was transferred from the facility pending an SIS investigation. She feels this is in retaliation for being truthful about specific events.

BOP's Response: *"All allegations of staff misconduct have been appropriately referred and the institution confirmed that staff continue to be advised to act with professionalism and respect to all CMs/inmates."*

Findings & Recommendations:

Finding 30: One of the most serious precursors to the issues at FCI Dublin was the fear of retaliation among the incarcerated population. This fear created an environment where CMs reportedly refrained from speaking out about the conditions they were experiencing until they became unbearable. CMs continue to report that BOP staff treat them disparately because of their status as former FCI Dublin inmates and as a result of the protections afforded to them under the Consent Decree.

Recommendation 30: During the month of April 2026, 19 CM complaints were received by the Monitoring Team related to retaliation and staff misconduct, with an additional 23 in May 2026 and 15 in June 2026. BOP should review these complaints and existing training, and provide additional refresher training to staff at the facilities from which the complaints were generated. It should be noted that this is the fourth, fifth, and sixth consecutive monthly monitoring reports in which training has been recommended to address this issue. **

Refresher training should focus on *Program Statement 3420.12 CN-1 Standards of Employee Conduct, February 18, 2025. Section 5, Personal Conduct, Section e* states in part, *"Additional Conduct Issues. An employee may not show favoritism or give preferential treatment to one inmate, or a group of inmates, over another..."* Consistent with Program Statements and regulations, *"An employee may not use brutality, physical violence, or intimidation toward inmates, or use any force beyond what is reasonably necessary to subdue or control an inmate. In their official capacity, employees must act professionally*

in all interactions and communications and may not use profane, obscene, or abusive language when communicating with inmates, fellow employees, or others... Employees shall conduct themselves in a manner that will not be demeaning to inmates, fellow employees, or others. This requirement extends to the employees off-duty conduct, if there is a nexus between the employee's conduct and their position... Employees shall not participate in conduct that would lead a reasonable person to question their impartiality." **

Finding 31: With respect to Paragraph 58, some supervisors and managers do not appear to be holding employees accountable to the requirements of *Program Statement 3420.12 CN-1 Standards of Employee Conduct, February 18, 2025. Section 5, Personal Conduct, Section e.*

Recommendation 31: Training and/or remedial training should be provided to supervisors and managers who oversee staff who have received multiple complaints of the same nature. The focus should be the requirements outlined in *Program Statement 3420.12 CN-1, Standards of Employee Conduct, February 18, 2025, Section 5e.* **

Finding 32: Copies of Incident Reports related to CM retaliation complaints have been provided by BOP to the Monitoring Team. However, BOP provides this documentation without first determining whether there is a possible nexus between the complaint and the disciplinary action.

Recommendation 32: With respect to Paragraph 60, BOP should establish a tracking system that captures the date and nature of the original retaliation complaint, and any subsequent Incident Reports that are issued close in time, to include those involving the same staff member(s) or which may relate back to the original complaint. If there appears to be a nexus to the original complaint, those Incident Reports should be forwarded to the Senior Monitor and identified as relating to Paragraph 60. ** This information should also be forwarded to OIA for their review and any necessary action(s).

Finding 33: Retaliation complaints from CMs are not always investigated in a timely manner. Furthermore, the process involving the referral of cases from OIA to OIG can be complicated, depending on the nature of the investigation. This alone can prolong the investigative process. Category 1 and 2 violations that constitute serious misconduct (if substantiated) are forwarded to the OIG for an assessment and for determination of their severity level. This process can normally take 30 to 60 calendar days. These cases may be investigated by the OIG or deferred to OIA. Category 3 violations, which typically consist of unprofessional conduct, are usually investigated by OIA, with notifications normally sent to the OIG within 30 calendar days after the investigation begins. **

Recommendation 33: Investigations of reported allegations of retaliation should be completed in a timely manner. When CM retaliation complaints are not investigated timely, it has the potential to place the CMs at risk for an extended period of time. This practice also discourages CMs from reporting retaliation as they may fear or experience ongoing retaliation from the staff who are the subject of their

complaints. Untimely investigations may also send the unintended message that there are no consequences for retaliatory behavior. **

Finding 34: Retaliation investigations often hinge on the information and/or facts obtained through interviews with CMs, victims, inmate witnesses, staff being accused, and/or staff witnesses. One of the investigator's primary functions is to assess and determine the credibility of all witnesses. Credibility assessments are a critical component of any investigation, particularly in cases involving conflicting accounts, such as allegations of misconduct or harassment towards staff and/or other inmates/CMs. By assessing credibility, investigators can avoid premature conclusions based solely on conflicting statements, ensuring that all relevant information is considered. This may also alleviate the appearance that OIA and/or OIG investigators find staff to be more credible than inmates or CMs. These conclusions may or may not be accurate in the absence of more reliable forms of evidence.

Recommendation 34: To allow OIA or OIG investigators to more quickly draw accurate conclusions, video footage should be utilized to reduce ambiguity in incidents in which there are significantly different accounts of events. As such, BOP should adopt the use of body worn cameras (BWCs) for staff who interact with inmates/CMs. BWCs offer a neutral perspective that the OIA, OIG, and/or any oversight bodies, or the courts can review. The use of BWCs by staff would help build confidence in the investigative process and deter misconduct by staff and inmates/CMs alike. In general, the use of BWCs offers an opportunity to improve the documentation of events, leading to greater transparency, more accountability and fairer conclusions during hearings. Although there are stationary cameras throughout BOP facilities, they are not everywhere, nor do they have the potential to always capture nuances and events as accurately as BWCs. The use of both systems can help BOP improve the overall safety and security of the facility for both staff and inmates, reduce incidents, and allow OIA/OIG to more quickly and accurately bring closure to investigations.^{15 16}

¹⁵ [A Randomized Controlled Trial of the Impact of Body-Worn Cameras in the Loudoun County, VA Adult Detention Center, June 2023](#)

¹⁶ This finding and recommendation applies to Paragraphs 58 – 65, which covers three separate reporting sections in this report, i.e., 58 – 61; 62, 63 and 64; and 65.

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

62. To report allegations of staff physical or sexual abuse, Class Members can send confidential internal Emails to DOJ OIG. These confidential messages to DOJ OIG will not be read, viewed, or monitored in any way by any BOP staff. Class Members can also write to the BOP OIA, DOJ OIG, or the Monitor using post mail, which shall be marked “special mail” and will not be read by any BOP staff.

63. If a Class Member reports an allegation of physical or sexual abuse to the Monitor, the Monitor shall report the allegation(s) to the BOP Liaison and DOJ OIG within forty-eight (48) hours unless the forty-eight (48) hours covers a weekend or holiday, in which case the report shall be made on the next workday. The Monitor may limit such reports to DOJ OIG alone if the Monitor determines that extraordinary circumstances justify such a limitation. If a report of staff physical or sexual abuse against a Class Member is reported to BOP, the BOP Liaison shall alert the Monitor within forty-eight (48) hours of becoming aware of the report unless the forty-eight (48) hours covers a weekend or holiday, in which case the report shall be made the next workday. Sexual abuse includes sexual abuse, harassment, and voyeurism as defined by 28 C.F.R. § 115.6.

65. The Monitor will review, and provide in monthly reports, all reports of staff physical or sexual abuse toward Class Members.

Metrics:

- Telephone Calls with CMs
- CMs Email Complaints and Letters
- Review of CM EICFs
- Review of CM records in BEMR
- Emails from BOP Liaison
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment
- CM Complaints Received by Type and PREA Retaliation Monitoring

Class Member Complaints by Type & PREA Retaliation Monitoring

Monitoring Month	BOP Facility	Sexual Abuse	Physical Abuse	PREA Retaliation Monitoring
April 2026	FMC Carswell	1	0	1
May 2026	FCI Waseca	1	1	1
	FTC Oklahoma City	1	0	1
	FMC Carswell	1	0	1
June 2026	FCI Waseca	1	1	1
Total	N/A	5	2	5

Wendy Still, MAS, Senior Monitor

75 | Page

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, 13th Public Monthly Monitoring Status Report, April 1 – 30, 2026; 14th Public Monthly Monitoring Status Report, May 1 – 31, 2026; 15th Public Monthly Monitoring Status Report, June 1 – 30, 2026.

Assessment:

Sexual Abuse & PREA:

- Number of CM reports of physical or sexual abuse during the reporting period:
 - April 2026: 1
 - May 2026: 4
 - June 2026: 2
- Number of new CMs who were under PREA retaliation monitoring during the reporting period:
 - April 2026: 1
 - May 2026: 3
 - June 2026: 1

Paragraph 62:

- Is BOP ensuring that CMs can send confidential internal electronic messages to DOJ OIG, and ensuring that BOP staff do not read, view, or monitor those messages in any way?
 - April 2026: Unable to determine. CMs have electronic access to DOJ and the OIG. The Senior Monitor does not have the capability to determine if these messages remain confidential. BOP advises these messages remain confidential unless access is warranted in response to future litigation. No related CM complaints were received during this monitoring period.
 - May 2026: Same as above.
 - June 2026: Same as above.
- Is BOP ensuring that CMs can write to the BOP OIA, DOJ OIG, and Senior Monitor using post mail, marked “special mail,” and ensuring that BOP staff do not read that mail?
 - April 2026: Unable to determine. CMs have electronic access to DOJ and the OIG. The Senior Monitor does not have the capability to determine if these messages remain confidential. BOP advises these messages remain confidential unless access is warranted in response to future litigation. No related CM complaints were received during this monitoring period.
 - May 2026: Same as above.
 - June 2026: Same as above.

Paragraph 63:

- Of the reports received, how many were reported to the DOJ OIG, either by the Senior Monitor or the BOP Liaison, within 48 hours, unless the 48 hours covers a weekend or holiday in which case the report shall be made on the next workday.
 - April 2026: 1
 - May 2026: 2
 - June 2026: 2

- Were any reports received by the Senior Monitor or the BOP Liaison not reported to the other within 48 hours?
 - **April 2026:** No.
 - **May 2026:** No.
 - **June 2026:** No.

Paragraph 65:¹⁷

April 2026: The Senior Monitor received one report of staff sexual abuse toward a CM and no reports of staff physical abuse, as outlined below:

Log #2026-100-P: CM reported that two Officers “leered” at her while she was in her cell naked and at different times; once while she was coming out of the shower and again while she was on the toilet.

May 2026: The Senior Monitor received three reports of sexual abuse toward CMs and one report of physical abuse.

Log #2026-108-P: The CM had his pants down while standing to urinate, and the wicket (small window in cell door) was partially covered. The Officer allegedly “flung” the cell door open and demanded that he pick up his pants. The CM indicated this made him feel very uncomfortable.

Log #2026-126-P: The CM reported she was given an overly invasive strip search and urinalysis by an Officer.

Log #2026-103-PA-R: The CM alleged that her Counselor has been physically and verbally abusive towards her since she filed an administrative remedy against him complaining that he had not given her resource paperwork the Rape Crisis Advocate had given to him to provide to her. The CM alleged the Counselor withheld the paperwork despite repeated requests by the CM over a course of a number of days.

June 2026: The Senior Monitor received one report of sexual abuse and one report of physical abuse toward CMs, as outlined below:

Log #2026-139-P: The CM reported that a staff in the Medical Department would double a dose of Benadryl injection to get her (CM) “feeling high,” and then sexually assault her when she returned for her vitamin injections.

¹⁷ Additional details are contained within the attached *Monthly Confidential Monitoring Reports for the months of April, May and June 2026*.

Log #2026-140-PA: The CM alleged she was taken to SHU by an Officer who used his entire body to force her forward during the escort, thereby slamming her head and body to the ground. The CM indicated she resisted only because she was scared and panicked. She indicated she asked staff in the Medical Department to take photographs of her bruises, but they refused, indicating that the bruises were old. The CM also reported she is assigned to a cell in the SHU with a plugged toilet and a shower that leaks and is moldy. She also indicated that she was only given one sanitary napkin at a time when she asks for supplies.

Findings & Recommendations:

Finding 35: Similar to retaliation complaint investigations, sexual abuse and physical abuse, investigations take a considerable amount of time, leaving CMs feeling vulnerable during the prolonged periods in which they may continue to encounter the person they have accused.

Recommendation 35: Sexual abuse and physical abuse investigations fall within the most serious categories. It is, therefore, important for facilities to create an environment where CMs feel safe and heard. Investigations should be completed timely, and staff should be held accountable for inappropriate behavior. **

Finding 36: Sexual abuse and physical abuse investigations often hinge on the information and/or facts obtained through interviews with CMs, victims, inmate witnesses, staff being accused, and/or staff witnesses. One of the investigator's primary functions is to assess and determine the credibility of all witnesses. Credibility assessments are a critical component of any investigation, particularly in cases involving conflicting accounts, such as allegations of sexual or physical abuse towards staff and/or other inmates/CMs. By assessing credibility, investigators can avoid premature conclusions based solely on conflicting statements, ensuring that all relevant information is considered. This may also alleviate the appearance that OIA and/or OIG investigators find staff are more credible than inmates or CMs. These conclusions may or may not be accurate in the absence of more reliable forms of evidence.

Recommendation 36: To allow OIA or OIG investigators to more quickly draw accurate conclusions, video footage should be utilized to reduce ambiguity in incidents in which there are significantly different accounts of events. As such, BOP should adopt the use of body worn cameras (BWCs) for staff who interact with inmates/CMs. BWCs offer a neutral perspective that the OIA, OIG and/or any oversight body or the courts can review. The use of BWCs by staff would help build confidence in the investigative process and deter misconduct by staff and inmates/CMs alike. In general, the use of BWCs offers an opportunity to improve the documentation of events, leading to greater transparency, more accountability and fairer conclusions during hearings. Although there are stationary cameras throughout BOP facilities, they are not everywhere, they do not capture audio, nor do they have the potential to always capture nuances and events as accurately as BWCs. The use of both systems can

help BOP improve the overall safety and security of the facility for both staff and inmates, reduce incidents, and allow OIA/OIG to more quickly and accurately bring closure to investigations.^{18 19}

¹⁸ [A Randomized Controlled Trial of the Impact of Body-Worn Cameras in the Loudoun County, VA Adult Detention Center, June 2023](#)

¹⁹ This finding and recommendation applies to Paragraphs 58 – 65, which covers three separate reporting sections in this report, i.e., 58 – 61; 62, 63 and 64; and 65.

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

64. Upon request, BOP shall provide Class Members who report staff abuse with documentation of their report and a written final determination. BOP shall also inform the Class Member whenever: the staff member is no longer posted within the Class Member's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse at a BOP facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse at a BOP facility. Following the filing of a PREA report, BOP shall provide the Class Member with requisite follow up medical and psychological evaluations and care, and information about how to contact a Rape Crisis Center.

Metrics:

- CM Email Complaints
- Review of CM EICFs
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment

Assessment:

Requests for Documentation:

- Number of CM requests for documentation of their report of staff abuse and a final written determination:
 - **April 2026: None.**
 - **May 2026: None.**
 - **June 2026: CM 37 was provided the results of her investigation in writing. However, the results of the investigation were listed as "unsubstantiated" and the results in the letter she was provided indicated "unfounded." When the Senior Monitor brought this to the attention of the BOP Liaison, she consulted with the National PREA Coordinator who agreed that there was a discrepancy in the documents. An updated and correct letter to the CM is pending.**

Updates to Class Members:

- During the reporting period, were there any staff members that were the subject of CM reports who were re-assigned units, left the facility, were indicted on a charge related to sexual abuse in BOP, or convicted of a charge related to sexual abuse in BOP?
 - **April 2026: None.**
 - **May 2026: None.**
 - **June 2026: None.**

Wendy Still, MAS, Senior Monitor

80 | Page

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, 13th Public Monthly Monitoring Status Report, April 1 – 30, 2026; 14th Public Monthly Monitoring Status Report, May 1 – 31, 2026; 15th Public Monthly Monitoring Status Report, June 1 – 30, 2026.

Provision of Care and Information Following Filing of PREA Reports:

- Of the CMs who reported physical or sexual abuse by staff during the reporting period, how many were provided requisite follow-up medical and psychological evaluations and care?
 - April 2026: 1
 - May 2026: 2
 - June 2026: 2
- How many were provided information about how to contact a Rape Crisis Center?
 - April 2026: 1
 - May 2026: 2
 - June 2026: 2

Findings & Recommendations:

Finding 37: Similar to retaliation complaint investigations, physical and sexual abuse investigations take a considerable amount of time, leaving CMs feeling vulnerable during the long periods of time they may have to consistently face the person they have accused.

Recommendation 37: Physical and sexual abuse investigations are the most serious categories. It is, therefore, important for facilities to create an environment where CMs feel safe and heard. Investigations should be completed timely, and staff should be held accountable for inappropriate behavior. ** To reduce lapses in time before an OIG determination, OIA should communicate with OIG on any cases that have been in the queue for an extended period of time for a determination of whether OIG is going to defer the case for investigation.

Finding 38: Sexual abuse and physical abuse investigations often hinge on the information and/or facts obtained through interviews with CMs, victims, inmate witnesses, staff being accused, and/or staff witnesses. One of the investigator's primary functions is to assess and determine the credibility of all witnesses. Credibility assessments are a critical component of any investigation, particularly in cases involving conflicting accounts, such as allegations of sexual or physical abuse towards staff and/or other inmates/CMs. By assessing credibility, investigators can avoid premature conclusions based solely on conflicting statements, ensuring that all relevant information is considered. This may also alleviate the appearance that OIA and/or OIG investigators find staff are more credible than inmates or CMs. These conclusions may or may not be accurate in the absence of more reliable forms of evidence.

Recommendation 38: To allow OIA or OIG investigators to more quickly draw accurate conclusions, video footage should be utilized to reduce ambiguity in incidents in which there are significantly different accounts of events. As such, BOP should adopt the use of body worn cameras (BWCs) for staff who interact with inmates/CMs. BWCs offer a neutral perspective that the OIA, OIG and/or any

oversight body or the courts can review. The use of BWCs by staff would help build confidence in the investigative process and deter misconduct by staff and inmates/CMs alike. In general, the use of BWCs offers an opportunity to improve the documentation of events, leading to greater transparency, more accountability and fairer conclusions during hearings. Although there are stationary cameras throughout BOP facilities, they are not everywhere, they do not capture audio, nor do they have the potential to always capture nuances and events as accurately as BWCs. The use of both systems can help BOP improve the overall safety and security of the facility for both staff and inmates, reduce incidents, and allow OIA/OIG to more quickly and accurately bring closure to investigations.^{20 21}

²⁰ [A Randomized Controlled Trial of the Impact of Body-Worn Cameras in the Loudoun County, VA Adult Detention Center, June 2023](#)

²¹ This finding and recommendation applies to Paragraphs 58 – 65, which covers three separate reporting sections in this report, i.e., 58 – 61; 62, 63 and 64; and 65.

D. Designation & Release

1. Designations

68. The Monitor shall review and report on Class Member designations. Monthly reports will include information about where Class Members are designated, and quarterly reports will include whether Class Members are designated to facilities with adequate programming, and educational and vocational opportunities.

69. BOP shall designate the place of the Class Member's imprisonment and shall, subject to bed availability, the Class Member's security designation, the Class Member's programmatic needs, the Class Member's mental and medical health needs, any request made by the Class Member related to faith-based needs, recommendations of the sentencing court, and other security concerns of the BOP, place the Class Member in a facility as close as practicable to the Class Member's primary residence, and to the extent practicable, in a facility within 500 driving miles of that residence. BOP shall also endeavor to designate Class Members in the lowest security level facility possible.

Metrics:

- CM Email Complaints
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment
- SENTRY Rosters

Assessment: BOP conducts Unit Team reviews for each CM every six months. If the CM becomes eligible for transfer prior to the scheduled review, the CM may request a transfer from their Unit Team. If the applicable criteria are met, the Unit Team will recommend the individual for designation to a facility closer to their primary residence. A similar review process is applied when assessing and determining appropriate security and custody level classifications for CMs.

Designation to Facility within 500 Driving Miles of Class Member's Primary Residence – April 2026	
Number of CMs within 500 driving miles of their primary residence	59
Number of CMs NOT within 500 driving miles of their primary residence	168

Designation to Facility within 500 Driving Miles of Class Member's Primary Residence – May 2026	
Number of CMs within 500 driving miles of their primary residence	58
Number of CMs NOT within 500 driving miles of their primary residence	166

Designation to Facility within 500 Driving Miles of Class Member's Primary Residence – June 2026	
Number of CMs within 500 driving miles of their primary residence	54
Number of CMs NOT within 500 driving miles of their primary residence	165

NOTE: The number of CMs NOT within 500 miles of their primary residence (as noted in the tables above) includes CMs serving a life sentence and/or whose designated residence is not within the United States.

Designations:

- Is BOP taking measurable steps to place CMs in a facility as close as practicable to the CM's primary residence?
 - **April 2026:** Yes. Six-month SENTRY updates and reviews occur, followed by a Unit Team review with the CM. CMs who are over 500 miles from home are designated as such due to programming needs, a more appropriate security level, medical or mental health needs, special housing or management needs, or limited bed space at other facilities that may be closer to their primary residence.
 - **May 2026:** Same as above.
 - **June 2026:** Same as above.
- Is the BOP taking measurable steps to ensure that all CMs are designated to the lowest security level facility possible?
 - **April 2026:** Yes. Six-month SENTRY updates and reviews occur, followed by a Unit Team review with the CM. Additionally, the First Step Act (FSA) worksheet is produced monthly, alerting staff of any CMs that are out of level. When an error is found by the Monitoring Team, the Senior Monitor notifies BOP, and they make the appropriate corrections.
 - **May 2026:** Same as above.
 - **June 2026:** Same as above.
- During the reporting period, how many complaints did the Monitoring Team receive from CMs or Class Counsel regarding issues with designation and release?
 - **April 2026:** 21
 - **May 2026:** 22
 - **June 2026:** 12

Findings & Recommendations:

Finding 39: BOP works cooperatively with the Monitoring Team when recommending designations closer to a CM's primary residence and if appropriate, BOP facilitates the transfer.

Recommendation 39: Continue to assess CMs for transfers closer to family support, when eligible. **

Finding 40: The majority of complaints reported by CMs for this reporting period consisted of those which could have been addressed by Unit Team staff. Complaints received indicate Unit Team staff are either unavailable or do not have the time to provide responses to questions and/or explanations to CMs.

Recommendation 40: To reduce reliance on the BOP Liaison and Monitoring Team for answers, Unit Team staff must be consistently available to engage with CMs, and to provide clear explanations of the information provided to them. **

Wendy Still, MAS, Senior Monitor

84 | Page

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, 13th Public Monthly Monitoring Status Report, April 1 – 30, 2026; 14th Public Monthly Monitoring Status Report, May 1 – 31, 2026; 15th Public Monthly Monitoring Status Report, June 1 – 30, 2026.

D. Designation & Release

1. Designations

70. No Class Member with longer than nine (9) months remaining on their sentence shall be housed in an Administrative Detention Facility for any period longer than six (6) months, or at a Federal Transfer Center for any period longer than one month. Time housed at FCI Dublin or at Administrative Detention Facilities following transfer from FCI Dublin shall count towards the 18-month waiting period to apply for transfer to a new facility.

Metrics:

- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May and June 2026, Attachment

Assessment: BOP reported there were no CMs held in an Administrative Detention Facility or a Federal Transfer Center, during this reporting period, beyond the timeframes noted in Paragraph 70.

Designations:

- Number of CMs in an Administrative Detention Facility:
 - April 2026: None.
 - May 2026: None.
 - June 2026: None.
- Number of CMs in an Administrative Detention Facility with more than nine months remaining on their sentence:
 - April 2026: None.
 - May 2026: None.
 - June 2026: None.
- Number of CMs in an Administrative Detention Facility with more than nine months remaining on their sentence who have been in an Administrative Detention Facility for more than six months as of the end of the monitoring period:
 - April 2026: None.
 - May 2026: None.
 - June 2026: None.

- Is any CM with longer than nine (9) months remaining on their sentence currently housed at a Federal Transfer Center?
 - **April 2026: No.**
 - **May 2026: No.**
 - **June 2026: No.**

Findings & Recommendations: N/A

D. Designation & Release

1. Designations

71. The Monitor shall review and provide in monthly reports Class Members' release dates, FTCs, and eligibility for release to community placements (i.e. home confinement or Residential Reentry Centers). Reports will include any changes to Class Member's eligibility for FTCs or release to community placements, and any issues receiving or applying credits, or being released when eligible.

72. BOP shall release to community placement any Class Member eligible for community placement under the FSA or the SCA as soon as practicable after the Class Member becomes eligible. When consistent with the FSA and 18 U.S.C. § 3621(b), BOP will not deny FTCs or release to community placement under the FSA to any Class Member on the basis of immigration status or the existence of a detainer alone.

Metrics:

- CM Interviews and Email Complaints
- Review of CM EICFs
- SENTRY Inmate Management System Rosters
- Paragraph 71, Confidential Release Rosters, April 30, 2026, May 31, 2026, and June 30, 2026
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May, and June 2026, Attachment

Assessment: A list of CMs' release dates, FTCs, and eligibility for release to community placements (i.e., home confinement or RRCs), and other data is included in the three separate attachments titled *Monthly Confidential Monitoring Report, D. Designation & Release, 1. Designations, Paragraphs 71 – 72*, dated April, May and June 2026.

Designation of Class Members to Lowest Security Level Possible – April 2026

Number of CMs eligible for referral to Residential Reentry Manager for designation to a halfway house	33
Number of CMs designated to halfway house	30
Number of CMs eligible for a halfway house, but NOT in a halfway house	0

Designation of Class Members to Lowest Security Level Possible – May 2026

Number of CMs eligible for referral to Residential Reentry Manager for designation to a halfway house	34
Number of CMs designated to halfway house	33
Number of CMs eligible for a halfway house, but NOT in a halfway house	0

Designation of Class Members to Lowest Security Level Possible – June 2026	
Number of CMs eligible for referral to Residential Reentry Manager for designation to a halfway house	31
Number of CMs designated to halfway house	25
Number of CMs eligible for a halfway house, but NOT in a halfway house	0

Eligibility for Release to Community Placement:

- Number of CMs eligible for placement in Residential Reentry Centers:
 - **April 2026: 33**
 - **May 2026: 34**
 - **June 2026: 31**
- Number of CMs eligible for placement in home confinement:
 - **April 2026: Unknown. Still in discussion with BOP.**
 - **May 2026: Same as above.**
 - **June 2026: Same as above.**
- Number of CMs with a “*Maximum Statutory Home Confinement Placement Date*” that has passed:
 - **April 2026: None.**
 - **May 2026: None.**
 - **June 2026: None.**
- Number of CMs with a “*FSA Conditional Placement Date*” that is less than six months from the date of this report:
 - **April 2026: 10**
 - **May 2026: 4**
 - **June 2026: 9**
- Number of CMs with a “*Conditional Transition to Community Date*” that is less than six months from the date of this report:
 - **April 2026: 26**
 - **May 2026: 23**
 - **June 2026: 20**
- Are any CMs being denied FTCs under the FSA on the basis of immigration status or on the basis of an immigration detainer alone?
 - **April 2026: Yes, as it relates to immigration status. Consistent with the FSA and 18 U.S.C. § 3621(b), CMs with final deportation orders cannot earn FTCs under the FSA.**
 - **May 2026: Same as above.**
 - **June 2026: Same as above.**

- Are any CMs being denied release to community placement on the basis of immigration status or on the basis of an immigration detainer alone?
 - **April 2026: Yes, as it relates to immigration status. Consistent with the FSA and 18 U.S.C. § 3621(b), CMs with final deportation orders cannot be placed in an RRC or home confinement.**
 - **May 2026: Same as above.**
 - **June 2026: Same as above.**

Findings & Recommendations:

Finding 41: With respect to CMs who may be eligible for home confinement, BOP has taken the position that this information is located in each CM's EICF. While the eligibility date can be identified through a file review, the file does not indicate whether a CM has been referred for home confinement or the status of a referral. Requiring the Monitoring Team to review each individual file to identify home confinement eligibility dates is overly burdensome and an inefficient use of monitoring resources, especially since it only results in partial information. The Senior Monitor continues to work with BOP to identify the most feasible and efficient method to obtain this information to enable the Monitoring Team to fully assess these Paragraphs.

Recommendation 41: BOP should provide the Monitoring Team with a monthly roster identifying CMs eligible for home confinement, their referral status, and where applicable, the reason a referral has not been made.

E. Class Member Access to Counsel & the Monitor

81. BOP shall ensure that every Class Member has the opportunity to initiate a confidential legal call with Class Counsel at least once per week. Calls will generally take place during pre-scheduled, weekly blocks of time that are at least three (3) hours long and scheduled Monday through Friday between 8 am and 5 pm Pacific Time. To the extent feasible, BOP shall work with facilities to stagger blocks of time such that facilities' blocks of time do not overlap. If there is insufficient time for all Class Members who requested a call to speak to Class Counsel during the allotted block of time, BOP shall facilitate a confidential legal call with Class Counsel within two (2) workdays. These calls shall be provided absent exceptional circumstances. A Class Member's placement in SHU, individual restrictions on phone access or staffing considerations alone (including lockdowns or restrictions on movement due to understaffing) do not constitute exceptional circumstances. If BOP is unable to facilitate calls on a given week due to exceptional circumstances, they shall notify the Monitor and Class Counsel and provide an explanation in writing. BOP Staff shall not prevent calls as a form of retaliation, and any allegations of retaliation may be reported to the Monitor and Class Counsel as provided in § III.C.2. Class Members in SHU shall receive at least one legal call per week if requested.

82. Class Counsel shall submit a list of attorney names and phone numbers to be approved for the pre-scheduled blocks of time referenced in ¶ 81. These confidential legal calls will not count against minutes and will be at no cost to the Class Member. At least monthly, BOP Counsel will provide Class Counsel and the Monitor with each respective designated facility's availability and will amend the list as needed to accommodate the facility's ongoing operations.

Metrics:

- CM Email Complaints
- Paragraphs 81 & 82, Legal Call Block Schedule, Verified on April 30, 2026, May 27, 2026, and June 25, 2026, Attachment
- Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026
- Program Statements and Reference Documents, April, May, and June 2026, Attachment

Assessment: BOP's inconsistent application of the confidential legal-call provision indicates that the requirement is not being implemented in a uniform or reliable manner across facilities. This provision establishes a clear expectation that CMs must be given the opportunity to initiate a confidential legal call with Class Counsel at least once each week and specifically extends this protection to CMs housed in SHU. Although the provision recognizes that exceptional circumstances may occasionally prevent a call from occurring, it expressly limits the circumstances that may be relied upon to excuse access.

The inconsistent manner in which BOP applies the provision creates uncertainty regarding CMs' ability to exercise their right to confidential legal communication. Variations of how facilities address scheduling, staffing, telephone access, SHU placement, and missed calls may suggest that

implementation might depend, in part, on facility-specific practices, rather than a consistently applied BOP-wide process.

The Consent Decree distinguishes between legitimate is the provision's distinction between legitimate exceptional circumstances and operational challenges that do not, standing alone, excuse the weekly call requirement. Staffing considerations, lockdowns, restrictions on movement due to understaffing, individual telephone restrictions, and SHU placement are expressly identified as insufficient, by themselves, to constitute exceptional circumstances.

Paragraphs 81 and 82 also establish an obligation to address situations in which a CM cannot be accommodated during the scheduled call block by facilitating a confidential legal call within two workdays. BOP does not notice the Monitoring Team when a call is missed and if a makeup call is provided within two workdays. Inconsistent application of this make-up requirement could further increase the risk that a missed call, during the scheduled block, becomes a missed weekly call altogether.

Overall, BOP's inconsistent application reflects an implementation deficiency rather than simply an isolated scheduling issue. While operational circumstances may affect the ability to facilitate individual calls at a particular time, BOP should have a consistent mechanism to distinguish permissible exceptions from routine operational barriers, ensure timely rescheduling, and document and report instances in which exceptional circumstances prevent compliance. Until such time a mechanism is consistently implemented and monitored, BOP cannot reliably demonstrate that all CMs are receiving the weekly opportunity for confidential legal communication contemplated by the provision.

Paragraph 81:

- During the reporting period, did CMs in general population have the opportunity to initiate confidential legal calls with Class Counsel at least once per week during pre-scheduled three-hour time blocks?
 - **April 2026: No. During the reporting period, two CMs reported they were unable to access confidential legal calls with Class Counsel.**
 - **CM 38 reported lack of access to legal calls while housed in both Otay Mesa and FMC Carswell.**
 - **CM 39 reported no access to legal calls for four days while housed in Otay Mesa.**
 - **May 2026: No. CM 17 reported not being able to access a legal call while housed in SHU.**
 - **June 2026: No. CMs 7 and 18 reported not having access to legal calls while housed in the SHU.**
- If any facilities had insufficient time for CMs who requested calls to speak to Class Counsel, were CMs provided with legal calls within two workdays?
 - **April 2026: Unknown as BOP does not provide this information.**
 - **May 2026: Same as above.**

- **June 2026:** No. CM 43 reported that on June 30, 2026, she could not complete her legal call during the legal call block time. The facility communicated with Class Counsel who confirmed her availability to make up the call on July 6, 2026. The makeup call did not take place within two workdays.
- During the reporting period, did BOP notify, in writing, the Senior Monitor and Class Counsel whenever it was unable to facilitate legal calls on a given week due to exceptional circumstances?
 - **April 2026:** No.
 - **May 2026:** No.
 - **June 2026:** Yes. An email was received from BOP notifying the Senior Monitor of equipment issues at FCI Tallahassee. New equipment was ordered and received by the facility for installation.
- During the reporting period, did the Senior Monitor receive reports that BOP staff were preventing legal calls in retaliation?
 - **April 2026:** No.
 - **May 2026:** No.
 - **June 2026:** No.
- During the reporting period, did all CMs in SHU receive at least one legal call per week if requested?
 - **April 2026:** As noted below, four CMs in SHU reported a lack of access to legal calls. These complaints were received either through emails submitted to the Senior Monitor or directly to Class Counsel.
 - CM 17 reported a lack of access to legal calls while housed in SHU. The BOP Roster does not indicate a legal call was placed.
 - CM 18 reported a lack of access to legal calls while housed in SHU. The BOP Roster does not indicate a legal call was provided. BOP's email response, dated April 30, 2026, indicated she did have a legal call.
 - CM 24 reported being told by staff there are no legal calls while housed in SHU. The BOP Roster does not indicate a legal call was placed.
 - CM 26 reported a lack of access to legal calls while housed in SHU. The BOP Roster indicated the CM had legal calls on April 2nd, 6th and 14th and declined legal calls on April 13th and 23rd.
 - **May 2026:** No. CM 17 reported a lack of access to a legal call for three weeks while housed in SHU. The Senior Monitor notified the BOP Liaison, and a call was provided the same day.
 - **June 2026:** CM 7 reported she was unable to access a legal call despite multiple requests. BOP responded that the CM did not request any legal calls. Additionally, CM 18 reported she was only allowed two legal calls despite requesting additional calls.

Paragraph 82:

- During the reporting period, did BOP Counsel provide Class Counsel and the Senior Monitor with each respective designated facility's availability and amend the list, as needed, to accommodate the facility's ongoing operations?
 - April 2026: Yes.
 - May 2026: Yes.
 - June 2026: Yes.

- During the reporting period, did any confidential legal calls count against CM minutes or cost money?
 - April 2026: No.
 - May 2026: No.
 - June 2026: No.

Findings & Recommendations:

Finding 42: The inability of even a single CM to access confidential legal calls is a significant concern. It undermines due process protections outlined within the Consent Decree. Requirements make it clear that restrictions on general phone access do not apply to legal calls. Lack of access increases the likelihood of complaints and allegations of retaliation or unfair treatment, particularly when CMs perceive that they are being treated differently because of their status as former FCI Dublin inmates.

Recommendation 42: BOP should ensure all staff are trained and required to promptly facilitate confidential legal calls for all CMs, with clear procedures, proper documentation, and routine oversight in place to confirm adherence. **

Signature

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



Wendy Still, MAS
Senior Monitor

September 14, 2026

Date

Glossary of Acronyms

ADO	Administrative Detention Order
BOP	Bureau of Prisons
BEMR	BOP Electronic Medical Record
C.F.R.	Code of Federal Regulations
CPAP	Continuous Positive Airway Pressure
DHO	Disciplinary Hearing Officer
EICF	Electronic Inmate Central File
EMT	Emergency Medical Technician
FDC	Federal Detention Center
FCI	Federal Correctional Institution
FIT	Female Integrated Treatment
FMC	Federal Medical Facility
FSA	First Step Act
FTC	Federal Time Credits
HSA	Health Services Administrator
KOP	Keep on Person
LCSW	Licensed Clinical Social Worker
MAT	Medication Assisted Treatment
MRI	Magnetic Resonance Imaging
OIA	Office of Internal Affairs
OIG	Office of Inspector General
PREA	Prison Rape Elimination Act
RRC	Residential Reentry Center
SHU	Special Housing Unit
TRULINCS	Trust Fund Limited Inmate Computer System
UDC	Unit Discipline Committee

Definitions

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

Administrative Detention refers to an administrative status which removes an inmate 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).²²

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 CM'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 inmate 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 inmate 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 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

²² eCFR :: 28 CFR 541.22 -- Status when placed in the SHU.

necessary to enable the BOP Liaison to access necessary records and other information. The BOP Liaison shall not share any information related to a CM 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 CM 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 inmate.

Disciplinary Segregation refers to a punitive status wherein an inmate 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 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.

Inmate 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.

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 CM 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 CM, BOP personnel or third-party contractors, Class Counsel or BOP Counsel.

Protective Status Protective Status refers to an administrative status where an inmate placed in SHU for their own protection. 28 C.F.R. § 541.23(c)(3). For any inmate who is placed in SHU as a protection case, whether requested by the inmate 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 inmates are separated from the general population, and may be housed either alone or with another inmate. When placed in the SHU, an inmate 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 inmates 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 workdays 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 Attachments

- Program Statements and Reference Documents, April, May and June 2026
- Paragraphs 81 & 82, Legal Call Block Schedule, Verified on April 30, 2026, May 27, 2026, and June 25, 2026, Attachment

Confidential Attachments (provided under separate cover)

For Use with this Combined Public Monthly Status Report

Class Member Confidential Key, April, May and June 2026

April 2026

- Monthly Confidential Monitoring Report, April 2026
- Paragraphs 46, 49, 81 & 82, SHU Privileges, April 2026, Report Provided by BOP
- Paragraphs 68 - 69, Population Monitoring Census – Roster, April 30, 2026, Report Provided by BOP, July 13, 2026
- Class Members in Regional Reentry Centers, April 2026, Report Provided by BOP
- Paragraph 71, Confidential Release Roster, April 30, 2026, Report Provided by BOP

May 2026

- Monthly Confidential Monitoring Report, May 2026
- Paragraphs 46, 49, 81 & 82, SHU Privileges, May 2026, Report Provided by BOP
- Paragraphs 68 - 69, Population Monitoring Census – Roster, May 31, 2026, Report Provided by BOP
- Class Members in Regional Reentry Centers, May 2026, Report Provided by BOP
- Paragraph 71, Confidential Release Roster, May 31, 2026, Report Provided by BOP

June 2026

- Monthly Confidential Monitoring Report, June 2026
- Paragraphs 46, 49, 81 & 82, SHU Privileges, June 2026, Report Provided by BOP
- Paragraphs 68 - 69, Population Monitoring Census – Roster, June 30, 2026, Report Provided by BOP
- Class Members in Regional Reentry Centers, June 2026, Report Provided by BOP
- Paragraph 71, Confidential Release Roster, June 30, 2026, Report Provided by BOP

Program Statement References - April, May and June 2026	CD Paragraph(s)
Program Statements	
5310.17 Psychology Services Manual, August 25, 2016	34, 58 -65
6010.05 Health Services Administration, June 26, 2014	34
6013.01 Health Services Quality Improvement, January 15, 2005	34
6031.02 Inmate Copayment Program, August 15, 2005	34
6090.04 Health Information Management, March 2, 2015	34
6340.04 Psychiatric Services, January 15, 2005	34
6370.01 Laboratory Services, January 15, 2005	34
6400.03 Dental Services, June 10, 2016	34
5310.16 CN-1, Treatment and Care of Inmates with Mental Illness, February 18, 2025	34, 48, 52 - 55
6190.04 Infectious Disease Management, June 3, 2014	34, 48
6360.02 Pharmacy Services, October 24, 2022	34, 48
6541.02 Over-the-Counter Medications, November 17, 2004	34, 48
6010.03 Psychiatric Evaluation and Treatment, July 13, 2011	
6031.06 Patient Care, June 22, 2026	34, 48, 64
5240.01 Female Integrated Treatment (FIT), August 11, 2022	34, 68 - 69, 71
5514.01 Narcotic Identification, Inmate Urine and Alcohol Surveillance and Testing Program, May 7, 2026	42, 44 - 45, 52 - 55
5270.09 CN-1 Inmate Discipline Program, November 18, 2020	42, 44 - 45, 52 - 55
1330.18 Administrative Remedy Program, January 6, 2014	42, 44 - 45, 52 - 55, 58 - 61, 62, 63 - 65
5270.12 CN-1 Special Housing Units, March 6, 2025	42, 44, 45, 46 - 49, 51- 55, 58 - 65
5265.14 Correspondence, April 5, 2011	46 - 47, 49, 51
4500.12 CN-1 Trust Fund/Deposit Fund Manual, March 6, 2025	46, 49, 51
5360.10 Religious Beliefs and Practices, October 24, 2022	68, 69
5580.08 Inmate Personal Property, August 22, 2011	46, 49, 51 - 55
5200.09 CN-1 Female Offender Manual, July 31, 2025	46, 49, 51 - 55, 58 - 65, 68 - 69, 71
5264.08 Inmate Telephone Regulations, January 24, 2008	46 - 47, 49, 51 - 55, 81 - 82
5200.06 Management of Inmates with Disabilities, November 22, 2019	52 - 55
5324.08 Suicide Prevention Program, April 5, 2007	52 - 55
5333.01 Sexually Abusive Behavior Prevention and Intervention Program Manual, March 19, 2026	52 - 55, 58 - 61, 62 - 65
5514.01, Narcotic Identification, Inmate Urine and Alcohol Surveillance and Testing Program, May 7, 2026	52 - 55
5521.06 CN-1 Searches of Housing Units, Inmates, and Inmate Work Areas, March 6, 2025	52 - 55, 58 - 61, 61 - 65
1210.25 Internal Affairs, Office of, August 1, 2023	58 - 65
1350.01 Criminal Matter Referrals, January 11, 1996	58 - 65

Program Statement References	CD Paragraph(s)
Program Statements	
1351.05 CN-2 Release of Information, March 9, 2016	58 - 65
3420.12 CN-1 Standards of Employee Conduct, February 18, 2025	58 - 65
3000.03 Human Resource Management Manual, December 19, 2007	62 - 65
5538.08 Escorted Trips, April 8, 2024	62 - 65
7300.09 CN-4 Community Corrections Manual, March 27, 2025	68 - 69
5566.07 Use of Force, Application of Restraints and Firearms, July 17, 2024	62 - 65
5220.01 First Step Act Program Incentives, July 14, 2021	68 - 69, 71
5300.21 Education, Training and Leisure Time Program Standards, February 18, 2002	68 - 69, 71
5321.09 CN-1 Unit Management and Inmate Program Review, February 27, 2025	68 - 69, 71
5400.01 First Step Act Needs Assessment, June 25, 2021	68 - 69, 71
5140.36 Release of Inmates Prior to a Weekend or Legal Holiday, November 23, 2001	68 - 69, 70 - 71
5331.02 CN-2 Early Release Procedures Under 18 U.S.C § 3621(e), September 27, 2017	68 - 69, 71 - 72
5410.01 CN-2 First Step Act f 2018 - Time Credits: Procedures for Implementation of 18 U.S.C. § 3632(d)(4), March 10, 2023	68 - 69, 71 - 72
5100.08 CN-2 Inmate Security Designation and Custody Classification, March 6, 2025	68 - 69, 70 - 72
5800.17 Inmate Central File, Privacy Folder, and Parole Mini-Files, April 3, 2015	68 - 69, 70 - 72
5162.05 Categorization of Offenses, March 16, 2009	71 - 72
7320.01 CN-2 Home Confinement, December 15, 2017	71 - 72
Additional Reference Documents	
Medical Alert Meetings with Senior Monitor and Medical Experts	34
Excel Spreadsheet Related to Alert Closures	34
Class Member Health Records, Bureau Electronic Medical Record System	34
Class Member Data in Power Business Intelligence System (Historical)	34
BOP Open and Closed Alert Reports	34
Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026 and June 30, 2026;	34, 42, 42, 44 - 49, 51 - 55, 58 - 65 68 - 72, 81 - 82
Electronic Inmate Central File Disciplinary Reports	42, 44 - 45
Technical Reference Manual 5802.04 SENTRY Discipline, September 25, 2000	42, 44 - 45, 52 - 55
Individual Class Member Electronic Inmate Central Files	42, 44 - 46, 49, 52 - 55, 58 - 65, 71 - 72
BOP Report of Class Members in the Special Housing Unit	44-45, 46 - 47, 49, 55-57
Incident Reports for the Monitoring Period	48, 52-61

Additional Reference Documents	CD Paragraph(s)
Durable Medical Equipment, Clinical Guidance, June 2018	48
Office of Inspector General Contraband Report, June 2016	52 - 55
American Correctional Association Accreditation Report, FCI Tallahassee, 2024	52 - 55
Program Review Guidelines G5500I Correctional Services, February 20, 2024 (Suspended per BOP)	52 - 55
Special Housing Unit, Program Review Report Questions	52 - 55
Western Region Correctional Services Special Housing Unit Resources Website	52 - 55
Special Housing Unit Tracking System Report, March 31, 2025	52 - 55
Emails from BOP Liaison	58 - 63, 65
Telephone Calls with Class Members	59 - 61, 62 - 63, 65
Incarcerated Women Annual Report 2024 Women and Special Populations Branch Reentry Services Division Bureau of Prisons	52 - 55, 58 - 65
Prison Rape Elimination Act of 2003	58 - 65
BOP PREA Website/Home Page	58 - 65
Assistant Director Memorandum, PREA Retaliation Monitoring Codes, November 21, 2024	58 - 65
Assistant Director Memorandum PREA Retaliation Monitoring and Reporting, October 29, 2024	58 - 65
28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012	58 - 65
BOP Women and Special Populations Branch Website/Home Page	58 - 65
Monthly PREA Retaliation Monitoring Report	62 - 63, 65
SENTRY Rosters (Monitor Generated)	68 - 69, 71 - 72
Technical Reference Manuals 5801.03, 1, 2, 3 SENTRY Sentence Monitoring, October 7, 2001(1, 2), November 8, 2024 (3)	68 - 69, 71 - 72
Technical Reference Manual 5802.03 SENTRY General Use Code Tables, July 28, 2000	68 - 69, 71 - 72
Paragraphs 68 - 69, Population Monitoring Census - Rosters, April 30, 2026, May 31, 2026, June 30, 2026 (BOP Generated)	68 - 69
Paragraph 71, Confidential Release Rosters, April 30, 2026, May 31, 2026, June 30, 2026 (BOP Generated)	71 - 72
Paragraphs 81 and 82, Legal Call Block Schedule, April 30, 2026, May 27, 2026, June 25, 2026	81 - 82
Training & Other Learning Resources	
Central Office Chief Disciplinary Hearing Administrator Website for Chief Disciplinary Hearing Officer (DHO) Guidance and Learning Resources	42, 44 - 45, 52 - 55
Being Responsive to the Needs of Women Staff Training PowerPoint, May 21, 2025	58 - 65
Trauma Informed Communication Training PowerPoint, May 21, 2025	58 - 65
Managing Female Offenders Annual Training PowerPoint, May 21, 2025	58 - 65
Continuous Training on SENTRY and EICF by BOP Liaison	71

Paragraphs 81 & 82, Legal Call Block Schedule, Veirfied on April 30, 2026, May 27, 2026 & June 25, 2026							
Institution	Day	Zone	Time Block in PST	Class Counsel	Method	Note Cards	Notes
Aliceville	Wednesday	12:00 pm to 3:00 pm CST	10:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Yes	
Bryan - B Unit	Thursday	1:00 pm to 4:00 pm CST	11:00 am to 2:00 pm	RBGG 415-907-0603	Open Door	No	
Bryan - M Unit	Tuesday	1:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	No	
Carswell	Wednesday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Yes	
Chicago	Thursday	12:45pm to 3:45pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603			
Danbury	Thursday	12:30 pm to 3:30 pm EST	9:30 am to 12:30 pm	RBB 202-505-1051	Open Door	Yes	RBB auto forwarding calls to A&P
Greenville	Thursday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	No	
Hazelton	Thursday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBGG 415-907-0603	Open Door	Yes	RBB will resume calls in June
Houston	Tuesday	12:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	Legal Phone Booth	No	
Lexington	Monday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBGG 415-907-0603	Open Door	No	
Los Angeles	Wednesday	9:00 am to 12:00 pm PST	9:00 am to 12:00 p	CCIJ 510-679-3674	Open Door	No	
Marianna	Monday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Yes	
Miami	Tuesday	12:00 pm to 3:00 pm EST	9:00 am to 12:00 pm	CCIJ 510-679-3674	Open Door	Yes	
Oklahoma City	Thursday	10:00 am to 1:00 pm CST	8:00 am to 11:00 am	RBB 202-505-1051	Open Door	No	RBB auto forwarding calls to A&P
Pekin	Monday	11:00 am to 2:00 pm CST	9:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	No	
Philadelphia	Thursday	12:30 pm to 3:30 pm EST	9:30 am to 12:30 pm	RBB 202-505-1051	Open Door	No	RBB auto forwarding calls to A&P
Phoenix	Thursday	12:45 pm to 3:45 pm MST	11:45 am to 2:45 pm	A&P 650-319-4500	Open Door	Yes	
San Diego	Tuesday	12:45 pm to 3:45 pm PST	12:45 pm to 3:45 pm	CCIJ 510-679-3674	Legal Phone Booth	No	
SeaTac	Tuesday	10:00 am to 1:00 pm PST	10:00 am to 1:00 pm	CCIJ 510-679-3674	Open Door	Yes	
Tallahassee	Monday	11:00 am to 2:00 pm EST	8:00 am to 11:00 am	A&P 650-319-4500	Open Door	Yes	
Tucson	Thursday	10:00 am to 1:00 pm PST	10:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Yes	During DST on MST
Victorville	Wednesday	9:45 am to 12:45 pm PST	9:45 am to 12:45 pm	A&P 650-319-4500	Open Door	Yes	
Waseca	Thursday	12:00 pm to 2:00 pm CST	10:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Yes	
Waseca	Tuesday	12:00 pm to 2:00 pm CST	10:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Yes	

Date Verified:
3/31/2025

4/15/2025

4/29/2025

6/2/2025

8/11/2025

9/29/2025

10/27/2025

12/1/2025

12/23/2025

1/29/2026

3/2/2026

3/18/2026

4/30/2026

5/27/2026

6/25/2026