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

# 11th Public Monthly Status Report
# February 1 - 28, 2026


**Submitted by**

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


**June 28, 2026**

# TABLE OF CONTENTS

| Senior Monitor & 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 11th monthly monitoring report on the status of the United States (U.S.) Federal Bureau of Prisons (BOP) implementation of the California Coalition for Women Prisoners v. U.S. BOP Consent Decree. This report addresses related Paragraphs assigned to Senior Monitor Wendy Still, MAS, for monitoring during the month of February 2026. This report includes 35 findings and recommendations that refer to "*a course of action that the Monitor believes would assist the BOP in complying with this Consent Decree*."[1] Additional recommendations may be included in subsequent reports as additional information is obtained and assessments are conducted by the Monitoring Team. Furthermore, while this report is dated June 28, 2026, only information from February 1 – 28, 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 28[2], and other relevant documents;
- Participation in meetings with BOP staff, Class Counsel attorneys, and the Assistant United States Attorney (AUSA), and the Court;
- Interviews with BOP staff and CMs;
- Review of Class Counsel Memorandums, February 2, February 17, 2026 and February 20, 2026;
- Review of emails from CMs, BOP staff, Class Counsel, and the AUSA;
- Onsite monitoring tour of FMC Carswell, February 23 – 25, 2026; and
- Interviews of BOP staff and CMs while onsite.

**Reporting:** The release of this report was delayed, in part, as the Senior Monitor focused her attention on BOP's 28-page and Class Counsel's 14-page written response to the *9th Public Monthly Status Report, December 1 – 31, 2025 (final)*, and the *10th Public Monthly Status Report, January 1 – 31, 2026 (draft)*, not including additional comments to the confidential attachments.[3]

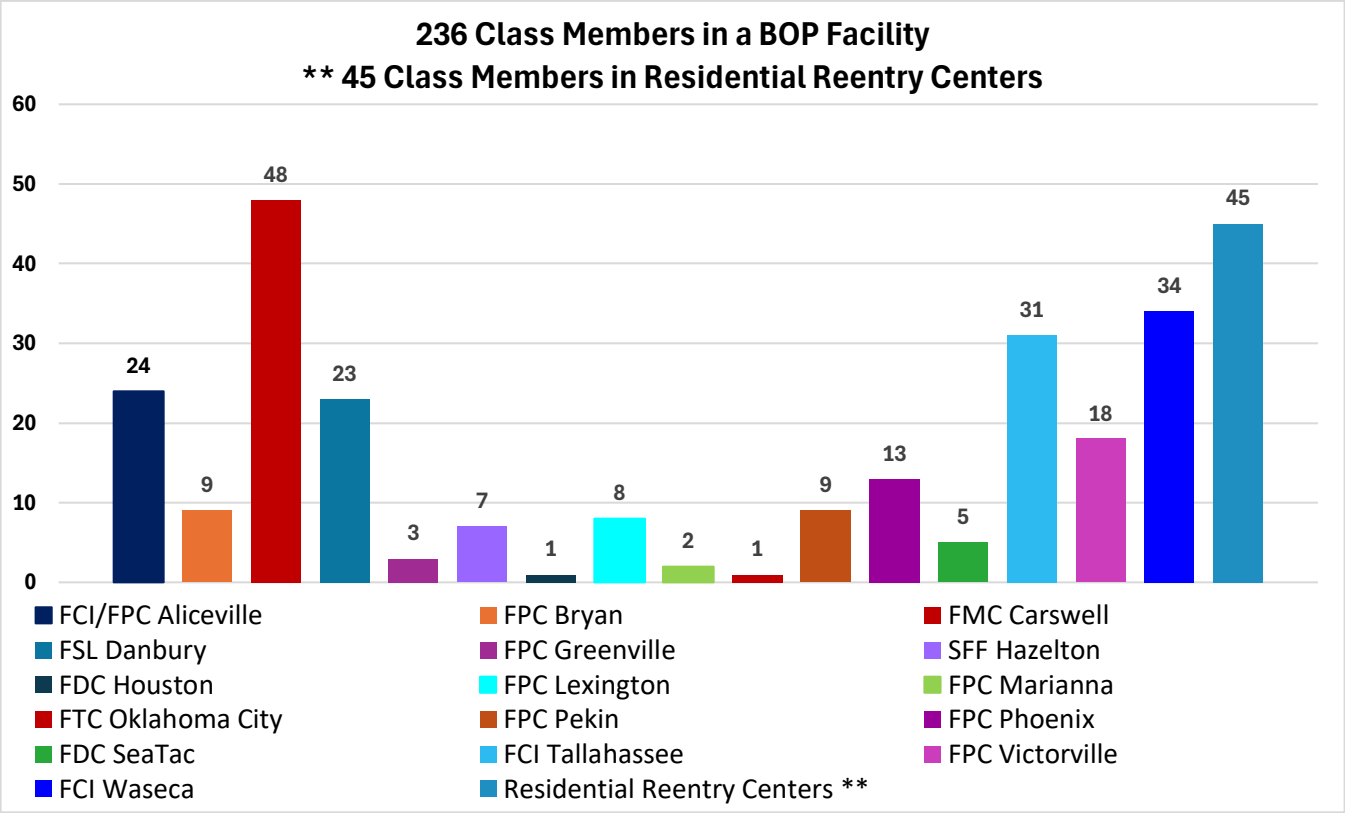
---

[1] Paragraph 99, Consent Decree
[2] eCFR :: Title 28 of the CFR -- Judicial Administration
[3] BOP offered additional edits to the final 9th Public Monthly Status Report, December 2025.

Additionally, subsequent follow-up discussions (meetings) with BOP and Class Counsel on both draft reports also caused delays in the release of *all* reports. Although these meetings contribute to the Monitoring Team's workload, this collaboration has helped to improve communication and report content.

**NOTE:** The Consent Decree expressly requires a 14-day review period for the quarterly public status reports. However, the Senior Monitor has continued to allow for a 7-calendar day comment period for all draft monthly monitoring reports since the inception of the Consent Decree.

**Class Members:** The chart below reflects the number of CMs in BOP custody by facility, to include CMs in Residential Reentry Centers (RRCs).[4]




** **NOTE:** BOP facilities in the *legend* above are depicted in the order shown in the *bar chart* (from left to right).

[4] Chart reflects population roster generated by BOP and provided to the Senior Monitor on March 3, 2026.

| 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 | FPC | Federal Prison Camp |
| SFF | Secure Female Facility | | |

**NOTE:**

- The term "**facility**" and "**institution**" are utilized interchangeably throughout this document.
- Related Paragraphs have been consolidated in this status report for clarity; however, several may be reported separately in future reports, as needed.
- The section and subsection letters and numbers referenced in the following sections of this report are based on the structure of the Consent Decree.
- The reference to *Monitors* refers to two or more members of the Monitoring Team, including the Senior Monitor.
- BOP Program Statements, reference documents, and metrics for each of the Paragraphs assessed, are noted in the attachment titled, *Program Statements and Reference Documents, February 2026.* Some metrics may also be mentioned in the body of this report for emphasis.
- This report includes findings and recommendations. 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.
- 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 January are not received by the Senior Monitor until February, they will be reflected in the February public monthly status report. Furthermore, BOP actions will be reflected in the month in which they occur.
- Paragraph sections 42, 44, 45, 52, 53, 54, and 55 reflect 5 CM "*placements*" in SHU, whereas Paragraphs 46, 47, 48, 49 and 51 reflect 11 CMs "*housed"* in SHU during the reporting month.

**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 |

## 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
- BOP Open and Closed Alert Report
- Class Counsel Memorandums, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026, Attachment

**Assessment:** During this reporting period, an onsite monitoring tour of FMC Carswell was conducted on February 23 – 25, 2026. During the visit, 48 CMs were interviewed by the Medical Experts. BOP health care staff were interviewed, including the Health Services Administrator (HSA), the Clinical Director, and the Senior Dentist.

**Health Care Operations, FMC Carswell**: During the onsite visit, the HSA escorted the Medical Experts through the Health Services building and provided an overview of clinical operations. The HSA is relatively new to the facility; he had not yet started at the time of the previous onsite visit conducted in May 2025. In his brief tenure at FMC Carswell, the HSA has begun taking steps to address several longstanding clinical concerns, to include the following.

The HSA has recently implemented a new sick call process. Under this new system, CMs submit a "*cop-out*" request through the electronic messaging system. These requests are reviewed daily and triaged by a mid-level provider who determines the appropriate timeframe for evaluation. The provider then communicates with the CM via email regarding the status of their request. This communication demonstrates improvement, as a longstanding concern among CMs has been the lack of acknowledgment or follow-up after submitting a cop-out or presenting to sick call. This new process should provide needed confirmation that requests have been received and offer greater transparency regarding when care will be provided. Although this process was recently implemented and will require further refinement, it represents a positive step toward improving access to care. The HSA should be commended for initiating this change.

**NOTE:** For future reports, the Senior Monitor has requested that BOP provide data generated from this electronic process regarding CM requests.

Additionally, the HSA prioritized onboarding a Clinical Director who was in the process of completing orientation at the time of the onsite visit. Prior to this hire, the Clinical Director position had been vacant for over three years. This vacancy created a vacuum in clinical leadership and oversight. Since then, the HSA and Clinical Director have begun implementing changes to address some of FMC Carswell's systemic clinical issues.

Spanish speakers interviewed during the onsite visit universally commented that they feel pressured by staff (including medical staff) to not use interpreters, and are allegedly told, "*you understand, right*?" and "*your visit will be much quicker.*" When they request an interpreter, they are reportedly frequently seen last – after English-speaking inmates/CMs.

**Dental Care:** Dental care has been a longstanding area of concern, with CMs reportedly waiting over a year to receive routine dental services. During the onsite visit, the team interviewed the Senior Dentist and observed interactions with dental staff. The dental team appeared professional, engaged, and committed to providing care to CMs. It was evident that staff have been making efforts to deliver appropriate services despite facing resource constraints, which continue to result in delays to dental care access.

During an interview with a CM, it was reported that delays in the receipt of dental care were due, in part, to a lack of functioning equipment. When this concern was raised with dental staff, they acknowledged that a dental compressor was in need of repair. Although the compressor remained operational, staff indicated that it did not provide sufficient capacity to support the full range of dental procedures, thereby limiting productivity and contributing to delays in care. Both the Senior Dentist and the HSA reported that a request had been submitted to replace the compressor that had been partially functional for approximately nine months. At the time of the visit, funding for a new unit had been approved by the Regional Administrator. It is anticipated that replacement of the dental compressor will improve the efficiency of dental operations and reduce wait times for routine dental care. Procurement of the dental compressor was still pending at the time of this report.

**Specialty Services**: The Medical Experts followed up on written concerns regarding delays in receiving post appointment care after offsite specialty visits, and were informed that providers at the facility had a practice of taking up to 30 days to review paperwork and documentation from outside specialists. When the Medical Experts raised concerns about this practice, the HSA acknowledged this issue and indicated he had only recently been made aware of it. He stated he would work with the newly hired Clinical Director to correct this process. This practice is concerning, as it explains why significant delays have occurred for CMs returning from offsite appointments, emergency room visits, and specialty procedures. The Medical Experts previously reported issues with initial entry into specialty care as a

concern due to the lack of timeliness and coordination. These concerns include the lack of proactive sharing of laboratory and diagnostic results – thereby contributing to non-productive specialty visits where a specialist treats the CM, but is unable to advise on care due to the lack of information. In response, laboratory or diagnostic tests are subsequently requested by the specialist, which frequently have already been ordered, but not performed or provided to the specialist at the time of the appointment. Timely access to specialty care and the timely review of documentation and initiation of follow-up care are both critical to ensuring CM health and safety.

**Medication Continuity**: During the onsite visit, the Medical Experts received fewer complaints from CMs regarding breaks or gaps in medication administration, including access to "*keep on person*" (KOP) medications. It appears the HSA and pharmacy staff have made improvements in this area and continue to address concerns. CMs reported fewer issues and expressed less concern regarding medication continuity, suggesting that these efforts are having a positive impact.

**Public Health/Environmental Health**: Prior to the onsite visit, the Medical Experts received numerous complaints from CMs regarding rashes, lesions, and lumps that had persisted for months. This information was shared with the BOP Liaison as complaints were received. Additionally, while onsite at FMC Carswell, the Senior Monitor and Medical Experts conveyed this information to staff at the facility, the BOP Liaison, and Class Counsel (who was offsite).

During interviews with CMs, many presented with rashes and lesions. Some had been treated with topical creams, while others had not been evaluated, and yet others had been referred to Dermatology or undergone biopsies of affected areas. CMs experiencing these issues were not limited to one or two housing units, but rather, represented the majority of housing units. This led to concerns that whatever the cause of the rashes/dermatologic issues, it was not limited to a physical space and appeared to be widespread. The Medical Experts brought this issue to the attention of the BOP Liaison and BOP Counsel immediately given the potential public health/communicable disease repercussions, and suggested that in addition to communicable etiology, FMC Carswell's leadership should consider other environmental factors that could have led to such widespread impact (e.g., detergents or chemicals used to clean clothes). The HSA reported steps that had been taken to address this issue, including collaboration with the Infectious Disease Department from BOP's Central Office to review possible etiologies, and the implementation of processes to manage and mitigate this public health concern.

**Other Medical Monitoring Activities:** The Medical Experts held an informative meeting with the Chief of Addiction Services as a result of concerns regarding the variability in delivery of Medication Assisted Treatment (MAT) Services. During this meeting, BOP reiterated that they expect practitioners to adhere to community standards of treatment and are against the removal of CMs from MAT solely in response to the issuance of an Incident Report.

In the case of suspected diversion or intoxication, the provider has the discretion to remove the CM from the MAT program. The expectation is that when removing a CM from MAT, clinical reasoning, communication with the CM, and a plan for future treatment and care, including consideration of alternate medication (if appropriate), is documented.

The Chief also updated the Medical Experts on key programmatic improvements underway, to include: (1) the use of Clinical Pharmacists to assist with prescribing, (2) training medical service providers to increase comfort with prescribing MAT medications, and (3) implementing a resource line for providers. There was also acknowledgement of a stigma amongst both health care and custodial staff, and the implementation of an anti-stigma campaign currently underway within BOP to mitigate these perceptions.

The following table represents the status of medical alerts as of the end of February 2026. Additionally, during this monitoring period, the Medical Experts received and reviewed 62 complaints via CM emails and Class Counsel Memorandums.

| **Status of Medical Alerts** | |
|---|---|
| Open Medical Alerts: **39** | Closed (Cleared) Medical Alerts: **9** |
| **CM Emails & Complaints Related to Medical Concerns: 62** | |

**Assistive Devices:** The significant delay in obtaining assistive devices, including hearing aids, dentures, and prescription eyeglasses, continues to be a cause for concern. The Medical Experts have highlighted these issues repeatedly in prior reports. In the fall of 2025, the Medical Experts provided BOP with a consolidated list of alerts related to prescription glasses and dentures to help facilitate management. Although the Medical Experts have seen improvements in the provision of optometry evaluations and the provision of prescription glasses to CMs, the actual receipt of glasses remains problematic. In discussions with BOP's clinical leadership and as highlighted in prior reports, this is mostly due to existing BOP policy requiring the use of UNICOR as the sole source vendor. BOP advised the Medical Experts that the existing policy is currently under review. The goal of any revisions will be to provide local facilities more flexibility in contracting for these services.

The expeditious receipt of hearing aids is an additional concern and complicated in part because determination of need requires both formal audiology testing and an evaluation by an Ear, Nose and Throat (ENT) physician. The coordination of these visits in carceral settings is more complex as a result of multiple interdepartmental processes, including transportation, health services, and medical records. However, once the hearing aids are prescribed, the internal BOP authorization process can delay final approval. Although review for medical necessity and authorization of devices is common in community settings, the time it takes for BOP approval falls outside of community standards.

Lastly, as mentioned in prior reports, the existing BOP policy on dental prosthetics (dentures) is not serving the needs of CMs who may be aging seniors or individuals with significant dental needs due to long-standing drug use and poor access to dental hygiene. The added problem of not being able to eat a variety of foods can compound existing health issues, and for aging seniors–contribute to malnutrition**.**

The inability to provide timely access to these types of assistive devices is not only a health access issue, but it also poses a personal safety risk for incarcerated individuals as they may not be able to hear or see a potential threat, or it may lead to disciplinary actions due to correctional staff assuming a CM is ignoring a written or verbal directive/order.

## Status of Class Members Who Are the Subject of Medical Alerts:[5]

**CM 1:** This is an elderly CM with multiple medical issues. CM has been awaiting cataract surgery since March 2025. A nexus alert was opened in March 2025 as a result of the significant impact of visual loss (related to cataracts) on her daily living activities, and as identified at FCI Dublin in April 2024. Repeat optometry evaluations at different BOP facilities confirmed this diagnosis in November 2024. CM had an ophthalmology consult completed on May 19, 2025. At that time, removal of a cataract from her right eye was recommended, along with continued close observation of the cataract. Surgery was performed on February 9, 2026. Additionally, the CM also has an alert for dentures which she has been waiting for since January 31, 2023. She was added to the national dental waitlist in January 2023. A review of BEMR indicates she has not yet been evaluated for dentures, and does not currently have a pending dental appointment. The delay in providing the appropriate care to this CM has impacted her vision and ability to eat.

**CM 2:** CM has been awaiting follow-up breast imaging since April 23, 2024. She underwent a breast ultrasound and mammogram on January 29, 2025. Following these studies, a six-month follow-up appointment was ordered. The follow-up appointment took place in July 2025, at which time an additional six-month follow-up was recommended. Although the follow-up imaging was reportedly scheduled for mid-November 2025, the appointment was not completed. CM has been on federal writ status since November 4, 2025. It is the Senior Monitor's expectation that BOP communicate ongoing medical needs with facility medical staff, where the CM is currently housed, even when the CM is out on a federal writ. The continued delays in obtaining the recommended follow-up imaging raises concerns regarding continuity of care and timely evaluation.

Additionally, the CM has had a medical alert for short-term memory loss since March 2025. She was evaluated on April 10, 2025, at which time a neurology consultation was requested. Recommendations included completion of magnetic imaging, laboratory studies, and a follow-up evaluation. The Medical

[5] CM names can be located in the attachment titled, *Class Member Confidential Key, February 2026.*

Experts were unable to review BEMR to confirm whether these recommendations have been completed because the CM is out on a federal writ and therefore, access to her medical records was not available. The delay in diagnostic workup and follow-up care may jeopardize the CM's health and well-being. Although the CM was removed from BOP custody on November 4, 2025, it remains the responsibility of BOP to ensure continuity of care and that appropriate follow-up occurs. The Medical Experts respectfully request that BOP follow up on the CM's medical care and provide an update regarding the status of the recommended evaluations and treatment.

**CM 3:** CM has two outstanding medical alerts requiring follow-up care. The first alert dates back to April 18, 2024, for rheumatologic care. The rheumatology consultation was originally scheduled for April 30, 2025, but canceled due to transport staffing issues. The consultation was eventually completed on September 11, 2025, at which time medication was recommended and subsequently ordered. The physician did not review the consultation recommendations until nearly one month later. A follow-up appointment was recommended and is reportedly pending for early May 2026. The continued delays in completing the consultation process and follow-up care raises concerns regarding timely access to appropriate medical treatment.

Additionally, the CM reportedly complained of hearing issues while incarcerated at FCI Dublin. However, she did not receive a hearing test until November 2024 which returned abnormal. She was seen by ENT in April 2025, and hearing aids were recommended at that time. The appointment with Audiology was rescheduled twice. As of the end of February 2026, the CM is awaiting hearing aids. This represents a greater than one year wait for hearing aids since the abnormal hearing test was first identified. This raises concerns regarding the unreasonable delay in BOP's ability to provide necessary medical services.

**CM 4:** CM had glasses at FCI Dublin, but they were lost during transport. Since then, the CM has reportedly been requesting a replacement. She was last seen by nursing on May 8, 2025, at which time a Snellen Test (vision screening) was administered. The plan was to place a consult with Optometry with a target date of August 31, 2025, but this appointment had not occurred as of the end of this monitoring period. In response, an alert was opened by the Senior Monitor. The CM was evaluated by Optometry in December 2025, and the receipt of glasses are pending as of the end of February 2026.

**CM 5:** CM reported she has had a prescription for glasses since she was at FCI Dublin, but it has not been filled at the facility where she is currently housed. She reportedly submitted cop-outs to renew her prescription and receive new glasses, but has not heard back from staff in the Medical Department. The Senior Monitor opened an alert on September 19, 2025. The CM was seen by Optometry on October 15, 2025, and a new prescription was written. Glasses were ordered on November 7, 2025. CM transferred to another facility on February 2, 2026, and has been pending the receipt of glasses as of the end of February 2026.

**CM 6:** CM has had a documented need for prescription glasses since her incarceration at FCI Dublin where it was noted at intake that she did not have glasses in her property when it was inventoried. CM required an optometry referral, but it was not provided at FCI Dublin. A nexus alert was opened in 2025. The CM was seen by an advanced practice provider in April 2025, and an optometry referral was entered into BEMR. She was seen by Optometry in January 2026, and as of the end of February 2026, CM is still awaiting glasses. The need for glasses was initially identified on September 29, 2023, while at FCI Dublin. The CM has been awaiting prescription glasses for over two years.

**CM 7:** This is an elderly CM who stated she had been complaining about hearing problems since her incarceration at FCI Dublin, but did not receive a hearing test until she was transferred to another facility in June 2024. CM has continued to have hearing issues. She received an audiogram in March 2025. CM was seen by ENT in January 2026, at which time she was diagnosed with sensorineural hearing loss and in response, hearing aids were recommended. As of the end of February 2026, CM has been awaiting receipt/approval for hearing aids.

## Findings & Recommendations:

**Finding 1 (FMC Carswell):** CMs have reported feeling pressured to not use formal interpretive services.

**Recommendation 1:** Staff must cease pressuring CMs to not use interpretative services, and if requested, must comply with the request. Staff should not be allowed to assess if a CM "*speaks English well enough.*" Furthermore, although it is understandable that BOP staff work towards managing an efficient clinic, staff should be aware of a CM's language preference ahead of time and plan accordingly for interpretive services. This is a community standard.

**Finding 2:** Provision of prescription glasses to CMs is not timely and falls significantly outside community standards.

**Recommendation 2:** BOP should move forward with changing their existing policy which limits local facilities from contracting for services outside of UNICOR.

**Finding 3:** Provision of hearing aids is not timely and falls significantly outside community standards.

**Recommendation 3:** BOP should evaluate the authorization and procurement process, and focus on decreasing the amount of time it takes for approval and receipt of devices, including hearing aids. BOP should consider giving local facilities more autonomy to approve medical devices based on established criteria. This may decrease the burden on central teams and decrease turnaround times.

**Finding 4:** The lack of timely outside specialty appointments for CMs have led to delays in diagnostics and/or the prompt initiation of medication(s).

**Recommendation 4:** BOP should institute a process, with expected timelines, for providers to review specialist recommendations. These timelines should be audited for compliance as standard components of ongoing professional evaluations and peer review.

**Finding 5:** Delays in replacing/repairing non-functioning equipment is critical to dental operations, to include the dental compressor at FMC Carswell.

**Recommendation 5:** BOP should assist FMC Carswell in expediting the procurement of a dental compressor.

## 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
- BOP Open and Closed Alert Report
- Class Counsel Memorandums, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026, Attachment

**Assessment:**[6] During this reporting period, an onsite monitoring visit of FMC Carswell was conducted, during which 48 CMs were interviewed by the Medical Experts. During the visit, the Medical Experts requested to meet with the facility's mental health staff. According to the Regional Mental Health Liaison, local mental health staff declined to meet with the Medical Experts. Although BOP is not required to engage with the Medical Experts as part of the Consent Decree, this was the second visit to this facility in which local mental health staff refused to participate in interviews. This is a concerning pattern, particularly given reports from CMs who complain of difficulty accessing mental health services, despite multiple requests.

Regional mental health staff were present and made efforts to respond to questions and provide an overview of the program. While their participation is appreciated, it would have been more appropriate and informative for local facility staff to engage directly with the Medical Experts to address site-specific practices and concerns.

The Medical Experts continue to receive emails from CMs requesting access to mental health services. Complaints include requests for individual therapy and concerns regarding the effectiveness of prescribed medications. Although BOP maintains an artificial separation between prescribers of mental health medications and psychology staff who provide therapy, the Medical Experts find that this separation is detrimental to CM well-being. Psychology staff often inform CMs that they are not responsible for medication management, requiring CMs to submit a cop-out or sick call request to see a psychiatrist or medical provider. While it is important to set boundaries and clarify roles, a fully functioning mental health system requires collaboration between psychology and medical providers.

[6] Mental health alerts are detailed in the attachment titled, *Monthly Confidential Monitoring Report, February 1 – 28, 2026*.

Responsibility for coordinating care should not fall solely on the CM. Rather, psychology and medical providers should work closely to ensure integrated, patient-centered mental health care.

| Class Member Mental Health Care Levels | | |
|---|---|---|
| Care Level 1 : **207** | Care Level 2: **27** | Care Level 3 or Higher: **2** |
| **Mental Health Alerts** | | |
| Open Mental Health Alerts: **0** | Closed (Cleared) Mental Health Alerts: **0** | Emails & Complaints Related to Mental Health Concerns: **4** |

**Status of Mental Health Provision of Care:** The artificial separation of psychology and medical services continues to be of concern to the Medical Experts. BOP has indicated they are in the process of unifying these two service lines under one umbrella. This is a welcome policy and operational change.

A Mental Health Expert was identified in October 2025 by the Senior Monitor, and her curriculum vitae (CV) was first provided to BOP on October 7, 2025. After discussions with All Parties, her CV was again provided to BOP on December 19, 2025. BOP then began the security clearance process to enable the Mental Health Expert access to BOP's data system. As of February 28, 2026, the Mental Health Expert did not have access to BOP's data system, and as a result, no mental health alerts were identified during this monitoring period. However, three open medical alerts overlapped with mental health.

The Medical Experts continue to receive complaints regarding the adequacy of mental health care services. Specifically, during the onsite visit to FMC Carswell, CMs continued to voice concerns regarding limited access to psychology services. CMs reported they are unable to consistently receive one-on-one therapy, and expressed concerns regarding the availability and continuity of mental health treatment.

CMs housed in the Administrative Housing Unit also reported that their interactions with mental health staff are limited, brief, and lack meaningful engagement. Several CMs expressed the belief that psychology staff tend to minimize their concerns and often appear rushed during encounters. Additionally, CMs continue to report concerns related to psychiatric medication management. During the onsite visit, one CM reported ongoing issues related to her psychiatric medications and expressed concerns regarding the adequacy of follow-up and treatment oversight.

In reviewing the mental health care levels assigned to CMs, the majority are currently designated as Mental Health Care Level 1. Based on conversations with several CMs, it is the Medical Experts' impression that some assigned care levels may not accurately reflect the CM's actual mental health presentation and treatment needs.

CMs also voiced concerns that group counseling is the primary modality of mental health treatment offered. Several CMs consistently reported a need for individual therapy, noting that certain topics are

not appropriate or comfortable to discuss in a group setting. These concerns raise questions regarding whether current mental health services are sufficiently individualized to meet CMs' clinical needs.

**Clinical Concerns:** There continue to be gaps in the timeliness, coordination, and individualization of mental health care. It does not appear that the mental health needs of CMs, with a documented history of mental illness and who have reportedly made repeated requests for an evaluation and adjustment in their treatment, have been met. There is also a significant concern regarding failure to provide timely psychiatric follow-up after an acute presentation of psychosis, including a missed or undocumented psychiatric visit following a nurse practitioner encounter.

## Findings & Recommendations:

**Finding 6:** CMs, who are prescribed medications for mental health, are not receiving appropriate and timely follow-up when doses are adjusted or new medications are started. As noted in previous reports, the use of pharmacists and other staff can be leveraged to assist prescribers with medication management.

**Recommendation 6:** BOP should establish expected practice guidelines for the management of changes that set standards for follow-up when initiating or adjusting medications. This should also include the use of standardized tools to gauge the response to treatment, monitor performance, and provide timely feedback to both prescribers and mental health teams.

**Finding 7:** There appears to exist continued uncoordinated care between psychology and medical services that leaves CMs without appropriate advocacy and follow-up of issues despite BOP having stated that there is a policy requiring interdisciplinary communication to ensure coordinated care for individuals at care level 2 and greater.

**Recommendation 7:** BOP should proceed with the planned unification of psychology and medical services. In the meantime, BOP should consider developing a process that facilitates interdisciplinary communication for all care levels, particularly when CMs are prescribed psychotropic medications.

| 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, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026, Attachment
- Number of CM Placements in SHU for Reporting Month**:**

| ADO's by BOP Facility | | |
|---|---|---|
| FCI/FPC Aliceville: **1** | FMC Carswell: **3**[7] | FCI Waseca: **1** |

**Assessment:** CMs were interviewed by the Monitoring Team during the onsite tour of FMC Carswell on February 23 – 25, 2026.

[7] The three placements reflect two separate CMs.

**Receipt of ADOs:**

- Number of CMs in SHU for reporting month who received ADOs within the required time frames: **5**
- Number of CMs who received ADOs, but outside the required time frames: **None**
- Number of ADOs received by the Senior Monitor within the required time frames: **2**
- Of the 5 CMs who received ADO's:
    - **Four articulated the specific reason for placement in SHU, supported by objective evidence.**
    - **One was deficient by stating "*pending investigation*" without 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? **No. One ADO was missing the second signature. The BOP Liaison disagreed with one CM placement and as a result, the initial decision was reversed**.

**Provision of Administrative Remedy Forms:**

- Were all CMs provided with one set of administrative remedy forms upon placement in the SHU? **No. CMs at FCI/FPC Aliceville and FCI Waseca were provided forms upon entry into SHU, while three CMs at FMC Carswell were not. No explanation was given as to the reason(s).**
- Are CMs provided additional forms upon request? **FCI Waseca maintains daily records which indicate CMs did not request administrative remedy forms during placement in SHU. No other facilities where CMs are housed provided this information. One complaint was received from a CM.**
- Do facilities housing CMs in SHU maintain sufficient forms to provide to CMs upon request? **Unable to determine. One complaint was received from a CM.**

**BOP's Implementation of an Enhanced Security Monitoring Unit (ESMU):** The onsite visit to FMC Carswell is the second visit to this facility by the Monitoring Team, with the first occurring in June 2025. The onsite visit was precipitated by numerous CM complaints. CMs indicated that a "*disciplinary unit*" (subsequently known as the ESMU) was being activated. Unit 2 South was subsequently converted into the ESMU, and includes enhanced programming opportunities for those housed within this area. The Senior Monitor was not provided advance notice of the implementation of this new unit. This lack of knowledge made it extremely difficult for the Monitoring Team to respond to the increase in email complaints from CMs. CM inquiries included questions related to eligibility criteria for housing in the ESMU, along with claims of retaliation.

During the Monitoring Team's discussion with the Warden, he conveyed his plan for the ESMU and described it as an eight-month specialized program for those with a propensity toward fighting and drug related activities. The Warden admitted he "*jumped the gun*" in opening the ESMU, and could have done

a better job in preparing not only the inmate population, but his staff as well. Ultimately, his goal was to create a specialized unit that had programs designed to address these specific repeated behaviors.

The information outlined below is an excerpt from a Memorandum to T. Rule, Warden, FMC Carswell, from L. Smith, Captain, FMC Carswell titled *Enhanced Security Monitoring Plan (ESMP) and Programming Needs Plan*, dated February 12, 2026.

The ESMU is for inmates/CMs that present "*unique security and management concerns.*" It includes:

- enhanced monitoring of their phone calls, email, incoming and outgoing mail;
- targeted cell searches;
- removal from sensitive job assignments to jobs with more visual supervision;
- monthly financial reviews by the Special Investigative Supervisor (SIS);
- encumbrances to prevent the purchase of contraband;
- reduced commissary spending by half; and
- as determined by the Captain, the possibility of being placed on a two-hour watch.[8]

Within the ESMU, a review of an inmate/CM's progress is conducted by a discipline review committee consisting of the Captain and SIS staff, with input from custody, psychology, and education staff, the unit team and others, as appropriate. The review focuses on determining the CM's readiness for release to the general population based on compliance and overall behavior.

**ESMU Selection Criteria:** The inmate/CM criteria for placement in the ESMU program consists of the following:

- history of possession or introduction of contraband into a BOP facility;
- found guilty of any 100 or 200 level offense;
- participation in, organized, or facilitated any misconduct that adversely affected the orderly operation of a correctional facility; and
- participated in or was associated with activity such that greater management of the inmate's interaction with other persons is necessary to ensure the safety, security, or orderly operation of Bureau facilities, or for the protection of the public.

Since an entire unit was reserved for the creation of the ESMU, the Warden's staff needed to ensure that a sufficient number of inmates fit the established criteria. The initial plan was to only take into

[8] Staff who have two-hour watches are expected to observe inmates/CMs within their area and physically account for them. An inmate on the two-hour watch program is required to display their identification card to staff whenever they enter another area of the facility (i.e., work assignment, recreation). Inmates/CMs are required to check in with staff every two hours (i.e., 6 a.m., 8 a.m., I0 a.m., 12 a.m., 2 p.m., 4 p.m., 6 p.m., 8 p.m., and I0 p.m.).

consideration inmates/CMs with more recent disciplinaries, and those with disciplinaries for the most violent offenses and drug-related codes. Initially there were insufficient inmates/CMs who met the criteria during the prior six-month timeframe. As a result, the timeframe was extended to those who met the criteria during the past 24 months. This meant CMs that had incurred a 100 or 200 level code offense within the past 24 months, but had otherwise behaved appropriately, were placed in the ESMU. The CMs viewed these actions as punishment for "*doing the right thing*."

After the Monitoring Team interviewed several CMs housed in the ESMU, and provided them with additional explanation about the program, their anxiety was alleviated. A few CMs were removed from the program after a discussion between the Senior Monitor and BOP staff because of concerns raised about the CM's positive behavior and the length of time that had transpired since the CM's last infraction. It should be noted that the Regional Director toured the ESMU a week prior to the Monitoring Team's visit and directed that some changes be made to the program's design.

**Monitoring Visit of Special Housing Unit:** The Monitoring Team also toured the SHU at FMC Carswell and interviewed two CMs and the SHU Lieutenant. One of the CMs had been in the SHU since November 2025, waiting to be redesignated to another BOP facility. The CM had previously displayed difficult behavioral issues, but was now doing well and did not convey complaints regarding BOP staff or her treatment while in SHU.

A second CM, who had been in the SHU since December 2025, was also waiting to be redesignated. She conveyed she was displeased with her treatment by two specific staff members. The CM reported that to control her behavior, the two staff members had threatened to withhold law library and phone privileges. The CM further conveyed that it was difficult to get staff from psychology services to report to the SHU – even when CMs are in crisis.

When interviewed, the SHU Lieutenant stated he had been in this post since July 2025 and had been focusing on training his staff on SHU procedures and the requirements of the Consent Decree. When the two staff members' names were brought to his attention, he acknowledged he knew they (staff members) were problematic. The Lieutenant agreed that getting psychology staff to report to the SHU was difficult; however, he noted that they usually report to the SHU when contacted by a Lieutenant.

**Administrative Unit:** The Monitoring Team also visited the Administrative Unit (AU). The AU is an eleven-bed Unit that is the most restrictive housing assignment at FMC Carswell. The AU houses inmates who have been sentenced to death, or due to the serious nature of their crimes – cannot be housed in the general population. It also houses inmates who have a history of assaultive and predatory behavior, and who have continued their assaultive and predatory behavior during their incarceration.

The Monitoring Team also received numerous complaints from CMs about the incorporation of levels within the AU, and the restrictions and privileges associated with each level. Inmates in the AU are

assigned to Level One, Two or Three status. A general summary of the levels is outlined below and taken from the Memorandum to All Staff from Warden T. Rule, FMC Carswell, titled *Administrative Unit Operational Memorandum,* dated January 16, 2026:

**Level One**

Per BOP, CMs held in Level One status receive AD privileges set forth in the Consent Decree. Level One CMs are also allowed property and calls.

**Inmate Interaction:** At this level, interaction between inmates is minimal (i.e., showers, recreation, programming). Inmates are normally restricted to their assigned cells.

**Level Progression:** Progression through Level One is based upon the inmate's compliance with behavioral expectations, as established by the Unit Manager. Privileges are similar to those afforded to CMs on Administrative Detention status in the SHU.

**Level Two**

**Inmate Interaction:** At this level, interaction between inmates is expanded (i.e., shower, recreation, programming). Inmates are normally restricted to their assigned cells, but out-of-cell activities/programming can be increased on a case-by-case basis.

**Level Progression:** Most new arrivals are ordinarily assigned to Level Two. Progression through Level Two is based on the inmate's compliance with behavioral expectations, as established by the Unit Manager. Privilege increases include:

- three cubic feet of property that may be kept inside of the cell, in addition to up to three cubic feet of legal material;
- phone calls are permitted; and
- outside recreation is permitted, but must be requested.

**Level Three**

**Inmate Interaction:** Inmates at this level begin to interact in an open, but supervised setting, with individuals from various groups, including open movement in the Unit, and frequent group counseling sessions commensurate with the inmate's demonstrated ability to effectively coexist with other inmates. Staff monitor which inmates can be housed or participate in activities together, and as necessary to protect the safety, security, and good order of the facility. Level Three also includes increased privileges, i.e., open movement, programs, television, access to unit-based incentives, laundry, job assignments, and treatment that includes interaction with others.

**Level Progression:** Progression through Level Three is based upon the inmate's compliance with behavioral expectations, as established by the Unit Manager. During administrative review, staff expectations are discussed, with special emphasis provided to inmates regarding conduct, respect towards staff and inmates, successfully living with other inmates, and their need to demonstrate their ability to cohabitate successfully. Inmates are individually assessed every 30 days by the Administrative Review Committee and through their behavior, can earn additional privileges, to include but not limited to, additional commissary spending, visits or phone calls.

**Eligibility Criteria**

To receive additional privileges, inmates must demonstrate positive programming for at least 90 days by meeting the following eligibility criteria:

- Maintaining clear disciplinary conduct;
- Actively participating in and satisfactorily completing all programs recommended by the Administrative Review Committee;
- Attending all Program Reviews;
- Making satisfactory progress towards paying all disciplinary fines and restitution; and
- Participating in an Inmate Financial Responsibility Program.

On a monthly basis, the Administrative Review Committee, with input from psychology, correctional staff, education, etc., determines if the CM has earned time off of their initially assessed length of stay in the AU. The Committee considers the following factors in their assessment:

- Quarters sanitation,
- Personal grooming and cleanliness,
- Interpersonal relationship with other inmates and staff (communication),
- Work involvement,
- Self-improvement,
- Participation in recommended programs and the Inmate Financial Responsibility Program, and
- Adherence to Bureau and facility policy.

During the Monitoring Team's visit, CMs 8 and 9, who were housed in the AU, were interviewed. The CMs conveyed they were unclear about the new levels and the parameters surrounding how progression was determined. CM 8 had been in the AU since June 2025 and had recently assaulted a staff member. In response, the CM was placed back on Level One, although she conveyed she did not understand the reason for this action. CM 9 had been in the AU since December 2025. The CM's primary complaints were related to medical and psychology services. Since the CM has been in the AU, she has progressed

to Level Three, and appears to be doing very well in comparison to the behavior she last displayed prior to her placement in the AU.

The Unit Manager was also interviewed by the Monitoring Team. He had recently been assigned to the AU and had been focusing on streamlining and clarifying the AU's procedures, to include the Levels. He conveyed that the AU includes an Administrative Review Committee that individually assesses each inmate every 30 days to determine their progress through the assigned Levels.

## Findings & Recommendations:

**Finding 8:** Of the five ADOs, one from FCI Waseca was deficient and did not articulate a specific reason for the CM's placement in SHU.

**Recommendation 8:** 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, fighting, etc. **

**Finding 9:** Two CMs at FMC Carswell were not provided administrative remedy forms upon placement into SHU.

**Recommendation 9:** The on-duty SHU Lieutenant should be responsible for ensuring administrative remedy forms are provided to CMs upon entry and documented as proof of practice. **NOTE:** In January 2026 and the beginning of February 2026, BOP provided training to staff, at all facilities that house CMs, on this requirement.

**Finding 10:** The Monitoring Team is unable to determine if administrative remedy forms are available to CMs in the SHU upon request or whether a sufficient supply is consistently maintained in the SHU.

**Recommendation 10:** 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 used by FCI Waseca. On a daily basis, FCI Waseca inquires with CMs to determine if they need an administrative remedy form and records this action on the SHU privilege log. The log is then sent to the Monitoring Team as proof of practice. **

**Finding 11:** Three ADOs were not submitted to the Senior Monitor within the required 24 hours of a CM's placement in SHU.

**Recommendation 11:** BOP should submit all CM ADOs to the Senior Monitor within the required 24 hours of the CM's placement in SHU as indicated in Paragraph 44. Paragraph 44 states *"To the extent feasible, within 24 hours of a Class Members's placement in Administrative Detention status, the CM and the Monitor shall be provided a copy of the ADO…" ** On weekends and holidays, BOP should explore an option to ensure facilities, where CM's are housed, provide the Senior Monitor with a copy of the ADO within the required 24 hours of a CM's placement in SHU.

**Finding 12:** Two CMs at FMC Carswell remained in the SHU for an extended period of time after adjudication of their Incident Report and after subsequent investigations were completed. The investigation and adjudication of the Incident Reports resulted in separatees being identified. One CM's Incident Report was expunged with no disciplinary segregation sanction. Both CMs remain in SHU as of the end of this monitoring period, awaiting transfer designations.

**Recommendation 12:** Redesignation to the appropriate BOP facility, commensurate with the CMs' level and programmatic needs, should occur promptly in an effort to facilitate the placement of the CM in the least restrictive housing.

**Finding 13:** Some staff assigned to the SHU at FMC Carswell conveyed to the Monitoring Team that it is difficult to get staff from psychology to provide services to CMs in the SHU.

**Recommendation 13:** During the weekly SHU management meetings, the Warden and Chief of Psychology Services should discuss options to resolve this issue, and ensure appropriate and timely psychological services are available to CMs in the SHU.

## 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 the 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
- Class Counsel Memorandums, February 2, 2026, February 17, 2026 and February 20, 2026
- Paragraphs 46, 49, 81 & 82, SHU Privileges, February 2026, Report Provided by BOP
- Program Statement and Reference Documents, February 2026, Attachment
- Number of CMs Housed in SHU for the reporting month: **11**

| Class Members in SHU by BOP Facility | | | |
|---|---|---|---|
| FCI/FPC Aliceville | FMC Carswell | FCI Tallahassee | FCI Waseca |
| **3** | **5** | **1** | **2** |

**Assessment:** During this reporting period, BOP demonstrated a setback in their documentation of privileges outlined in Paragraphs 46 and 49. This decline is particularly concerning since refresher training was provided at the end of January 2026 for all SHU Staff. Training topics (based on an email submitted by BOP to the Senior Monitor on March 15, 2026) included the following:

**Medical and Mental Health Reminders:**

- Providing care in the CM's primary language and notating its use in BEMR;
- Ensuring the RCC's phone number is provided at intake and documented in BEMR;
- Ensuring RCC calls take place on unmonitored lines and do not count against CM minutes;
- Explaining the importance of MAT and reminding staff to monitor CMs who are on MAT and scheduled for release to an RRC; and
- Reminding staff of the importance of providing medications and medical devices within 24 hours of SHU placement, to include documenting these actions in BEMR.

**Placement in SHU Reminders:**

- ADO 24-hour timeframes:
  - Reminder to provide CM and the BOP Liaison a copy;
  - Reminder to send ADO with two signatures;
  - Reminder of necessity for a functional terminal in SHU; and
  - Reminder to send timely SIS investigation memorandums if an extension is necessary.

**SHU Reminders:**

- Reminded staff of the remedy process and to send the BOP Liaison all complaints/responses sent to the SHU Lieutenant/Captain's email box;
- Reminded facilities without SHU that BOP must trans seg CMs to BOP facilities;
- Reminded staff to use the Captain's memorandum for trans seg purposes; and
- Reminded staff to send the SHU reviews and guidance provided on best practices. This included specific notation to "*take care in filling these out*." BOP noted the 30-day psychological evaluation as an example. **NOTE:** FCI/FPC Aliceville provided additional guidance related to SHU reviews.

**SHU List – in-depth explanation/discussion of expectations going forward:**

- Reminded staff of the privileges outlined in the Consent Decree for CMs placed in SHU; and
- Reminded staff to use the SHU list program to document when privileges are provided or offered to CMs.

**Incident Reports Reminders:**

- Reminded staff that when a CM is placed in SHU, the Incident Report must be provided to the CM and BOP Liaison within 24 hours;
- Reminded staff of the timelines that must be met for UDC and DHO hearings for CMs placed in SHU;
- Reminded staff that no SHU placement should occur solely for 300/400 series, absent safety/security reasons that must include a memorandum; and
- Reminded staff to pay greater attention to detail when writing Incident Reports.

**Access to Senior Monitor and Class Counsel Reminders:**

- Reminded staff of the importance of providing CMs with access to the Senior Monitor and Class Counsel. Specifically:

  - Calls must be unmonitored and conducted in a location that allows privacy for the CM;
  - The required timelines that must be met when a call or visit request is submitted; and

- Weekly Legal Call Blocks must be accommodated. In the event there is an extenuating circumstance preventing the call, the BOP Liaison must be informed.

**Prison Rape Elimination Act (PREA) Reminders:**

- Reminded staff of the importance of notifying the BOP Liaison as soon as staff become aware of a PREA allegation against staff;
- Reminded staff of the required paperwork that must be provided to the BOP Liaison;
- Reminded staff of the required notifications that must be provided to CMs upon request, and the required notification that must be provided to the BOP Liaison regarding the alleged staff member's working status; and
- Reminded staff of the PREA Retaliation Monitoring procedures (including third party allegations).

**Institution Programming Reminders:**

- Reminded staff to document the programs offered/available to CMs each quarter, to include wait times and program cancellations.

**Compassionate Releases Reminders:**

- Reminded staff that if a CM submits a Reduction in Sentence/Compassionate Release request at the facility, they are required to provide a copy of the request and the Warden's response to the BOP Liaison.

**Designations Reminders:**

- Reminded staff of the Consent Decree requirements for designations:
  - No detention facility for more than six months if the CM has more than nine months remaining on their sentence;
  - Cannot be at a transfer facility longer than 30 days;
  - Cannot be denied placement in an RRC on the grounds of an immigration status or detainer alone; and
  - Must have a five-factor review completed pursuant to the Second Chance Act regardless of the detainer.

Despite this training, the decline in access to privileges experienced by CMs during this monitoring period suggests that refresher training has not yet translated into consistent staff compliance or operational practice. This decline in documentation raises concerns about whether staff fully understand the requirements, are receiving adequate supervision, and being held accountable for accurate and timely

reporting. It may also suggest systemic issues, such as unclear procedures, insufficient oversight, or competing operational demands may be interfering with compliance.

Given the prior months progress in documentation, this setback is particularly notable and warrants closer scrutiny. Without reliable documentation, it is difficult to assess whether CMs are receiving the required privileges. This undermines both transparency and the ability of the Monitoring Team to assess adherence with the Consent Decree.

As referenced in Paragraphs 44 and 45, the Monitoring Team conducted a site visit of FMC Carswell in February 2026, and based on complaints received by CMs, the Monitoring Team toured the Administrative Unit and the newly created ESMU. The complaints received were related to eligibility criteria, allowable property, access to phones, programming and recreation opportunities, and access to Unit Team staff. As previously discussed, the eligibility criteria for both Units have not been consistently implemented or clearly communicated to CMs or the Monitoring Team. This lack of transparency and consistency has created significant confusion regarding placement decisions and the restrictions associated with each Unit.

**Paragraph 46:**

- Were CMs in SHU provided with one social phone call per month? **Although the Senior Monitor was advised that BOP documentation would distinguish between social and legal calls, the February 2026 roster indicates that this distinction is applied inconsistently. The fact that some entries properly differentiate between call types confirms that staff are capable of meeting this requirement, but are not doing so reliably. Without a clear distinction between the two types of calls, it is difficult to assess if CMs are provided with social or legal 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? **This information is not provided in the BOP roster. However, during this reporting period, the Senior Monitor did not receive complaints from CMs related to the lack of access to additional calls.**
- Were CMs in the SHU able to call Class Counsel? **As a result of inconsistent documentation, wherein some facilities are not delineating between social and legal calls, an accurate assessment cannot be conducted. The complaints received from CMs are discussed in Paragraphs 81 and 82 of this report.**
- 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? **BOP interprets open general correspondence as incoming or outgoing mail, not emails. CMs in SHU can email specific staff and the Senior Monitor; Class Counsel is excluded. This interpretation is consistent with BOP's SHU policy for all inmates housed in SHU. For this privilege, documentation was provided for 9 of the**

**11 CMs housed in SHU during this reporting period. No documentation was provided for the two remaining CMs housed in SHU.**

- Did indigent CMs in the SHU have access to postage to mail legal mail and administrative remedy forms? **There were no complaints received regarding postage stamps while CMs were housed in SHU. Administrative remedy form access is described in Paragraphs 44 and 45 of this report**.
- Were CMs in the SHU provided with visitation in accordance with the same rules and regulations that apply to general population? **Documentation in BOP's roster contained information for only 5 out of the 11 CMs housed in SHU. CM 10 reported to Class Counsel that in December 2025, she did not have access to video visits while in SHU. The information related to this complaint is included in this monitoring period's confidential report because it was received from Class Counsel in February 2026.**
- 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? **Yes. A total of seven hours weekly were provided. However, access to recreation was not provided for any CM on weekends. CM 11 reported no access to recreation on the weekends. BOP informed the Senior Monitor that staff are not available for weekend recreation opportunities. 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.*"**
- Were CMs in the SHU provided with access to programming activities? **This information is not available; however, BOP has committed to providing it for inclusion in the January – March 2026 quarterly public status report. No complaints were received from CMs related to programming.**
- Did all eligible CMs remain in earning status of their Federal Time Credits (FTCs)? **BOP does not currently provide this information. BOP indicated that the Monitoring Team can assess this information by reviewing the CM's FTC worksheet No complaints were received from CMs related to the loss of FTCs while housed in SHU.**
- Were CMs in the SHU able to purchase and receive commissary items with the same frequency as general population? **Documentation in the BOP roster includes information for 6 of the 11 CMs housed in SHU for this reporting period. This deficiency in reporting undermines the Senior Monitor's ability to assess adherence to this Paragraph. With respect to the 6 CMs, BOP provided documentation indicating that 5 were able to purchase commissary items.**
    - **CM 12 reported she did not have access to the commissary. No commissary activity was documented by BOP for this CM on the SHU privilege roster.**
    - **CM 13 reported no access to the commissary. The BOP SHU privilege roster does not list this CM in the property/commissary section.**
- Were any CMs improperly encumbered? **BOP states that no CMs were improperly encumbered. No complaints were received from CMs related to encumbrances.**

**Paragraph 49:**

- Were CMs in the SHU permitted a reasonable amount of personal property, as described in Paragraph 49 as applicable? **Documentation in the BOP roster included information for only 6 of the 11 CMs housed in SHU for this reporting period. This deficiency in reporting undermines the Senior Monitor's ability to assess adherence to Paragraph 49.**
    - **CM 12 emailed the Senior Monitor (after release from SHU) indicating she did not receive her personal property timely. To obtain access to her property, she subsequently submitted an administrative remedy form. The BOP privilege roster indicated the CM did not request her personal property.**
    - **CM 14 was placed in SHU February 12, 2026, and was not offered the opportunity to review and retain personal property items until February 20, 2026. This delay is unreasonable and negatively impacts the CM's ability to access necessary personal belongings in a timely manner.**
    - **CM 15 reported she was forced to sign the property inventory sheet without having viewed the property, and that a majority of her property was lost or confiscated. No confiscation slip was provided.**

## Findings & Recommendations:

**Finding 14:** Inconsistent and incomplete documentation was provided for this reporting period's SHU privilege roster in every category. Refresher training was provided to all SHU staff at the end of January 2026, which should have resulted in improvements in documentation.

**Recommendation 14:** Given the inconsistency and shortfalls in documentation, BOP should enhance supervisory reviews and corrective action, where necessary, to ensure documentation practices align with established requirements. These actions should occur prior to submission of documentation to the Senior Monitor for monthly reporting purposes.

**Finding 15:** During this reporting period, there was a notable increase in complaints related to SHU privileges following refresher training provided by BOP. One CM reported that to control her behavior, two staff members threatened to withhold Law Library and phone privileges.

**Recommendation 15:** BOP should assess the effectiveness of the refresher training provided, and ensure staff consistently provide and document SHU privileges afforded to CMs. Staff should be held accountable for any actions violating the Consent Decree.

**Finding 16:** Based on inconsistent and incomplete documentation provided by BOP, it is difficult to ascertain if CMs were permitted a reasonable amount of property during this reporting period.

**Recommendation 16:** When staff bring the CMs' property for them to view cell front, proper procedure should be followed by allowing the CM to view the contents of the property bag or box prior to the CM being required to sign for it. **

| 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, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statement and Reference Documents, February 2026, Attachment
- Number of CMs Housed in SHU for the Reporting Month: **11**

| Class Members in SHU by BOP Facility | | | |
|---|---|---|---|
| FCI/FPC Aliceville | FMC Carswell | FCI Tallahassee | FCI Waseca |
| **3** | **5** | **1** | **2** |

**Assessment:** During this reporting period issues were identified regarding CMs' access to two-way confidential communication with Class Counsel. In addition, 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.

**Access to Senior Monitor:**

- Does BOP's electronic mail system allow CMs in SHU access to two-way confidential communication with the Senior Monitor? **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? **Unknown due to inconsistencies in the SHU roster provided by BOP.**

**Access to Class Counsel:**

- Are CMs in SHU provided access to confidential calls with Class Counsel? **Based on the information provided by BOP, the Senior Monitor is unable to determine if all legal calls took place in a confidential setting. Information was provided for 6 of the 11 CMs housed in SHU. Additionally, the SHU roster provided by BOP indicates some facilities provided social and legal calls at cell front. All legal calls should be provided in a confidential setting. Additionally, all facilities need to distinguish whether a phone call is for social or legal purposes.**
- Are CMs in SHU provided access to legal mail with Class Counsel? **Yes**
- Are CMs in SHU provided access to legal visitation with Class Counsel? **Yes**

## Findings & Recommendations:

**Finding 17:** The privilege roster, provided by BOP for this reporting period, was incomplete and contained inaccuracies in all sections, thereby preventing the Senior Monitor from accurately assessing conformance with Paragraph 47.

**Recommendation 17:** BOP should establish supervisory review procedures to verify entries for accuracy and completeness before submission to the Senior Monitor.

**Finding 18**: BOP's SHU roster does not consistently differentiate if a call provided cell front is social or legal.

**Recommendation 18:** BOP should discern if a CM is making a legal call and if so, a confidential setting should be made available**.**

## C. Staff Abuse & Retaliation

### 1. Placement in Special Housing Units

**48.** Class Members to be provided all medical devices and prescription medications within twenty-four (24) hours of placement in SHU.

### Metrics:

- Interviews with Staff and CMs
- Incident Reports for the Monitoring Period
- Class Counsel Memorandums, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statement and Reference Documents, February 2026, Attachment
- Number of CMs Housed in SHU for the reporting month: **11**

| Class Members in SHU by BOP Facility | | | |
|---|---|---|---|
| FCI/FPC Aliceville | FMC Carswell | FCI Tallahassee | FCI Waseca |
| **3** | **5** | **1** | **2** |

**Assessment:** All 11 CMs housed in SHU had a mental health diagnosis, as outlined below:

| Mental Health | | | |
|---|---|---|---|
| **Level** | **Diagnosis** | **# of Class Members** | **%** |
| 1 | Substance Use Disorder, Post Traumatic Stress Disorder (PTSD), Major Depression, Gender Dysphoria, Anxiety, Schizoaffective Disorder, Bipolar Disorder | 6 | 54.5% |
| 2 | Substance Use Disorder, Antisocial Personality Disorder, Stimulant Related Disorder, PTSD, Major Depression | 5 | 45.5% |

**Provision of Medications Devices and/or Prescription Medications:**

- Number of CMs in SHU who had prescription medications and/or medical devices prior to entering SHU: **11**
- 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? **CM 16 reported she did not receive her medication and glasses within 24 hours of placement in SHU. CM 17 reported she did not receive her medications within 24 hours after placement in SHU. However, it is unknown if other CMs in SHU received their medication and/or medical devices because BOP does not have an existing process that documents when a CM receives their KOP medications and/or medical devices. In general, when a CM is placed in SHU, their property, including KOP medications and medical devices, are retrieved by custody staff and placed in a**

**secure location. BOP reported they are currently working on a process that will clearly document when a CM receives their KOP medications and devices while in SHU.**

## Findings & Recommendations:

**Finding 19:** BOP staff are not consistently providing CMs with their medication and medical devices in a timely manner after placement in SHU. BOP reports they are working on a process to address this issue.

**Recommendation 19:** BOP should re-enforce with facility staff that when a CM is placed in SHU, they must be provided their medical devices and medications timely and within 24 hours of placement.

## 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, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026, Attachment

- Number of CMs Housed in SHU for the Reporting Month: **11**

| Class Members in SHU by BOP Facility | | | |
|---|---|---|---|
| FCI/FPC Aliceville | FMC Carswell | FCI Tallahassee | FCI Waseca |
| **3** | **5** | **1** | **2** |

**Assessment:** BOP committed to providing the Monitoring Team with alternate remedy process information related to Paragraph 51 as a part of the monthly reporting data. One complaint was received by BOP, via the alternate remedy process, and forwarded to the Senior Monitor. BOP also committed to providing an informational bulletin to all CMs related to the alternate remedy process for those housed in SHU.

**Access to Privileges:**

- Did BOP notify all CMs of the process for complaints of denial of the access to privileges outlined in Paragraph 51? **Yes. This process is described in the Consent Decree and posted on the Trust Fund Limited Inmate Computer System. Additionally, an informational bulletin is being developed by BOP, in both English and Spanish, for distribution to all CMs. This should be finalized and distributed by March 2026.**
- Number of complaints received: **1**

## Findings & Recommendations:

**Finding 20:** At the end of January 2026, refresher training was provided to staff in an effort to improve adherence with the requirement that BOP report complaints received through the alternate remedy process.

**Recommendation 20:** BOP should ensure that all complaints received through the alternate remedy process are consistently documented and reported in accordance with established Consent Decree requirements.

| 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, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026, Attachment
- Number of CM Placements in SHU for Reporting Month: **5**

| ADO's by BOP Facility | | |
|---|---|---|
| FCI/FPC Aliceville: **1** | FMC Carswell: **3** | FCI Waseca: **1** |

**Assessment:** There were five placements into the SHU during this reporting period. All CMs were pending investigations for violation of different offense codes. Two placements were for CMs refusing their general population housing, one for engaging in a sexual act, and the fifth for assault. Furthermore, despite recent training for staff, most BOP facilities that house CMs continue to conduct improper SHU reviews.

**Paragraph 52:**

- Did BOP review SHU placements for disciplinary segregation following the process in 28 C.F.R. § 541.26? **No. FCI/FPC Aliceville and FCI Tallahassee are complying. However, FMC Carswell continues to make errors in the completion of their SHU review forms. Examples include, but are not limited to, the following: (1) check boxes related to when a CM has been housed in SHU for 30 days are "checked off" at the 7-day review rather than at the 30-day mark or are left blank; (2) wet signatures are missing; (3) some review sheets include blanks, except for the CM's name, number, facility, date of entrance into the SHU, and (4) the reason for placement in the SHU.**

**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? **No. There were two circumstances in which there were delays in the issuance of Incident Reports within the 24-hour time period. One Incident Report was pending an FBI referral, and the other was pending the conclusion of an investigation.**

**Paragraph 54:**

- Were CMs provided with a UDC hearing within five workdays of placement in SHU? **CMs were provided with a UDC hearing within five workdays of placement or within five workdays of when the Incident Report was submitted for administrative review. Two administrative reviews were delayed (as indicated above) pending an FBI referral and the conclusion of an investigation.**
- Did BOP provide the CM, Class Counsel, and the Senior Monitor all documentation related to the UDC hearing within 24 hours of the conclusion of the hearing? **No. UDC documents are not always received or sent to the Monitoring Team at the same time as the DHO hearing documentation.**

**Paragraph 55:**

- If the UDC referred the CM to a DHO hearing, was that hearing held withing 10 workdays of referral? **Yes. UDC hearings are appropriately referred to DHOs who then hold hearings within the required 10 workday timeframe. During this reporting period, DHO hearings were held within the required timeframes. Documentation was also distributed to the CMs, Class Counsel and Senior Monitor**

**within the 24-hour timeframe, with the exception of video footage. Video footage has been requested by the Senior Monitor, but to date, not provided by BOP.**

- 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? **No. Videotaped evidence was not provided by BOP. The Senior Monitor has made multiple requests for videotaped evidence. This request continues to be under review by BOP.**

Specific information regarding CM SHU placements is included in the *Monthly Confidential Monitoring Report, February 1 – 28, 2026.*

## Findings & Recommendations:

**Finding 21:** SHU reviews are not being conducted in a thorough and consistent manner by all facilities and in accordance with 28 C.F.R. § 541.26.

**Recommendation 21:** Training has been provided to all staff in facilities housing CMs; however, in spite of the training, FMC Carswell continues to make the same errors. A more intensive level of review should be conducted to ensure the forms are filled out correctly, and SHU reviews conducted in accordance with 28 C.F.R. Section 541.26 for the CMs in SHU.

**Finding 22:** UDC documentation is not consistently forwarded to the Senior Monitor within 24 hours after the conclusion of a hearing.

**Recommendation 22:** BOP should forward all UDC documentation within 24 hours after the conclusion of a hearing and as required by the Consent Decree.

**Finding 23:** BOP has not provided videotaped evidence to the Senior Monitor from hearings or incidents involving use of force against CMs.

**Recommendation 23:** Videotaped evidence, when utilized by an investigator in evaluating compliance with policy related to the use of force, is critical to assessing whether staff complied with BOP's Program Statements. Since the inception of monitoring (March 31, 2025), there have been five incidents involving the use of force that the Senior Monitor has been made aware of. Additionally, when videotaped evidence is relied upon by the DHO during the hearing, it should be provided to the Senior Monitor, when requested, to enable an accurate assessment to be conducted. **NOTE:** BOP is actively exploring the most secure manner in which to share video with the Monitoring Team. **

**NOTE:** This has been an identified and open issue for the past several months.

## 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 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, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026, Attachment

**Assessment:** Three CM placements (CMs 17 and 18) occurred, in which one CM was placed in SHU twice during the reporting period, for 300 level offenses. CMs 17 and 18 refused to be housed in their assigned general population unit assignments. They were then re-housed in SHU for violation of Code 306. CM 17 also sustained violations for Codes 205, 300, 399, and 409. After the DHO hearing, they were reduced to a Code 399/300 offense.

**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? **No. When requested by the Senior Monitor, videotapes related to the use of force against CMs are not being provided by BOP nor evidence used in DHO hearings.**
- 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? **Yes. CMs 18 and 19 were placed in SHU for violation of Code 306, refusing to work or to accept a program assignment. CM 19's Incident Report was expunged at the UDC hearing.**
- 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? **Yes. BOP indicated that the CMs refused general population housing.**

## Examples of SHU Placements:[9]

**CM 18:** On February 14, 2026, an Officer found the CM in a partially covered bunk with a non-CM in a state of undress. The Officer observed them engaging in sexual acts, and in response, issued loud commands to get them to stop. The Officer later learned that the CM was not housed in that particular unit and was out of bounds. The CM was placed in SHU and issued an Incident Report for violation of Code 205, engaging in sexual acts, Code 300, indecent expert, Code 316, being in an unauthorized area and Code 409, unauthorized physical contact. The investigation revealed a consensual sexual act took place between the CM and the other inmate, despite the fact that both denied that the encounter occurred. The investigation concluded on February 23, 2026. In the meantime, the CM was held in the SHU for nine days during the course of the investigation., This does not align with the requirements outlined in *Program Statement 5324.12, CN-1, Sexually Abusive Behavior Intervention and Prevention Program, Section 115.43.* The results of the DHO hearing were pending as of the end of this reporting period.

The BOP Liaison and facility staff advised the Senior Monitor that guidance had been provided to the field by the National PREA Coordinator on how to handle potential sexual abuse situations between inmates. This guidance differed from how prior similar situations had been handled. An email from the National PREA Coordinator stated the following:

"*I provided guidance to the field beginning last October/November to bolster our PREA responses nationwide. I met with the regions and female institutions first and I am now meeting with all male institutions. The guidance was to investigate all allegations of PREA behaviors, to include if inmates are witnessed engaging in a sex act and immediately claim it was consensual (not coerced). The reason for this is to ensure an inmate was not victimized, since many victims will initially deny anything wrong is occurring. Once they are seen individually, and after time has passed, they may be more willing to discuss a coerced incident.*

*If at the outset of an investigation, it is unclear what is happening, there may be a need to place all inmates in SHU for everyone's safety. This should be time-limited; as soon as the institution has a better understanding of who is a victim AND if there is not any danger to safety and security of the unit or institution, they should release the victim back to the compound. The Warden makes the ultimate decision, using the BP-A1002 form to show the safeguarding rationale (see pg. 37 of policy, section 115.43 (d).*"

[9] Specific information regarding CM SHU placements is included in the *Monthly Confidential Monitoring Report, February 1 – 28, 2026.*

**CM 18:** On February 27, 2026, the CM reported to an Officer that she was refusing her housing. She was subsequently placed in SHU for refusal and issued an Incident Report for violation of Code 306. CM remains in SHU as of the end of this reporting period.

**CM 19:** On February 18, 2026, the CM reported to the Lieutenant's Office and stated she would not be accepting her new housing assignment. CM was given a direct order to report to her new housing assignment, to which she refused. She was placed in SHU for refusal and issued an Incident Report for violation of Code 306.

## Findings & Recommendations:

**Finding 24:** In the case of CM 17, guidance on PREA investigations changed in October/November 2025; however, the Senior Monitor was not notified by BOP of this change. As a result of the difference between the guidance related to PREA investigations and BOP's Program Statement (*5324.12, CN-1, Sexually Abusive Behavior Intervention and Prevention Program, Section 115.43),* the CM was placed in SHU for a period beyond that outlined in the Program Statement.

**Recommendation 24:** Whenever BOP releases updated Program Statements or guidance, with the potential to impact CMs, a copy should be shared with the Senior Monitor in a timely manner.

**Finding 25**: CM 19 spent five days in SHU before her UDC hearing. Commensurate with the BOP memorandum titled, *Role of the Investigator During the Inmate Discipline Process, March 17, 2021*, the investigator did not have the authority to expunge a poorly written report but, rather, should have recommended that it be informally resolved. This could have occurred the same day the Incident Report was written, allowing the CM to be released from SHU that day.

**Recommendation 25:** Remedial training should be provided to investigators or to this specific investigator, regarding the parameters of their authority as it relates to expungements and the specific circumstances under which an informal resolution would be authorized.

| 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, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026, Attachment

- CM Complaints by Type

| Class Member Complaints Received by Type | | |
|---|---|---|
| **BOP Facility** | **General Retaliation** | **Staff Complaints** |
| FMC Carswell | 7 | 1 |
| FDC Houston | 2 | 0 |
| FCI Pekin | 1 | 0 |
| FTC Oklahoma City | 0 | 1 |
| FCI Tallahassee | 5 | 1 |
| Victorville | 1 | 0 |
| FCI Waseca | 3 | 0 |
| **Total** | **19** | **3** |

**Assessment:** During this monitoring period, 19 CMs submitted complaints reporting retaliatory behavior. Three complaints alleged staff misconduct. These complaints were received through in-person interviews, telephone calls, emails and letters from CMs, emails from the BOP Liaison and a Class Counsel memorandum.

### Examples of General Retaliation and Staff Complaints, to include Responses from BOP:[10]

**Log# 2026-018-R**: CM reported a PREA complaint related to her counselor and job change to the kitchen. On February 19, 2026, she complained about continued retaliation, to include denial of a legal call. **NOTE:** This case is related to the same CM noted in Log #2025-218-P.

**BOP Response:** "*There is an established prescheduled weekly block of time during which Class Members may initiate confidential legal calls with Class Counsel. These calls are unmonitored and confidential.*"

**Log# 2026-031-R:** CM reported she placed a sheet around her bed because she was "*hiding from other inmates.*" The sheet was subsequently confiscated by staff. When the CM asked for the sheet to be returned because, according to the unit rules, she is authorized two sheets and two blankets, staff reportedly declined her request. CM advised staff she would tell her "*FCI Dublin lawyers*." In response, staff allegedly said, "*Go ahead, we're not scared*." The CM indicated that the Lieutenant told her she

[10] Additional details are contained within the attached *Monthly Confidential Monitoring Report, February 1 – 28, 2026.*

would be issued a disciplinary report. When the CM allegedly asked if the only reason she was receiving a "*shot*" was because she was going to call her lawyers, the Lieutenant reportedly responded, "*Yup*."

**BOP Response***: "The Acting Captain will conduct training for all staff, emphasizing professionalism, communication and respect when interacting with CMs and the whole inmate population."*

**Log# 2026-034-R**: CM was placed in the ESMU where drug offenders are housed, despite not having been issued an Incident Report since 2024. CM feels this action was in retaliation for her status as an FCI Dublin CM.

**BOP Response:** "*This CM's last Incident Report was in 2024 and did meet the eligibility criteria for the ESMU. The CM will receive an individualized review of her progress to determine if she still requires the placement."*

**Log# 2026-044-SC:** CM states that the CM's Unit Manager, Counselor and Officer do not like her. The CM feels they are racist. She also indicated she fears for her safety because of the trans-women that hang around the bathroom, and leer at other inmates as they go in and out of the bathrooms. When the CM talked to her Unit Manager, she replied, "*I don't give a f**k how you feel.*"

**BOP Response:** The CM was interviewed by SIS and an investigation was referred to OIA.

**Log# 2026-047-R**: After requesting entry into her housing unit to obtain a feminine hygiene pad and to change her underwear, CM reported she was left outside in the rain for 1.5 hours with bloody underwear. The CM indicated that other inmates/CMs were allowed entry into the housing unit during this same time period, yet she was not. The CM named three Officers and a Lieutenant who were responsible for this action. **NOTE:** The Senior Monitor requested video related to this complaint and was advised by BOP that it was not available.

**BOP Response:** "*SIS reviewed all camera footage for the date and time in question and could not find any showing the CM standing outside the Unit. However, the Acting Captain will do training for all staff, emphasizing communication, professionalism and respect when interacting with CMs and the entire inmate population."*

## Findings & Recommendations:

**Finding 26:** One of the most serious precursors to the issues at FCI Dublin was the fear of retaliation by the incarcerated population. This fear created an environment where inmates refrained from speaking out about the conditions they were experiencing until they became unbearable. However, CMs continue to report that BOP staff treat CMs disparately because of their status as former FCI Dublin inmates and the protections afforded to them under the Consent Decree. For example, 19 reports of retaliation were

reported in the month of February 2026 alone even though refresher training on the Consent Decree was provided to staff at all facilities housing CMs on February 2 - 3, 2026.

**Recommendation 26:** During this monitoring period, the Monitoring Team received 28 CM complaints related to retaliation, staff conduct and sexual abuse issues.[11] BOP should review the complaints and existing training to determine if targeted training should be provided at the facilities from which the complaints were generated.

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 27:** 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.*

**Recommendation 27:** Training and/or remedial training should be provided to staff who are the recipients of multiple complaints of the same nature. The training should focus on *Program Statement 3420.12 CN 1, Standards of Employee Conduct, February 18, 2025, Section 5e,* to include an emphasis on a supervisor or manager's responsibility to hold employees accountable. **

**Finding 28:** Retaliation complaints from CMs are not always investigated timely. Furthermore, the process involving the referral of cases from the OIA to the 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.

[11] The 28 CM complaints include 5 related to sexual abuse. Those cases are discussed in the next section (Paragraphs 62, 63 and 65).

**Recommendation 28:** Investigations of reported allegations of retaliation should be completed timely. 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. **

## 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 week 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 e on.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
- Emails from BOP Liaison
- Class Counsel Memorandums, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026, Attachment
- CM Complaints Received by Type and PREA Retaliation Monitoring

**Class Member Complaints by Type & PREA Retaliation Monitoring**

| BOP Facility | Sexual Abuse | Physical Abuse | PREA Retaliation Monitoring |
|---|---|---|---|
| FMC Carswell | 1 | 0 | 2 |
| FSL Danbury | 1 | 0 | 1 |
| FPC Phoenix | 3 [12] | 0 | 0 |
| **Total** | **5** | **0** | **3** |

[12] Three sexual abuse complaints were generated by the same CM.

**Assessment:** During this reporting period, five complaints of sexual abuse and no complaints related to physical abuse were received.

- **CMs 20, 21, and 22:** Three CM names were added to the PREA Retaliation Monitoring Report. However, CM 20 should not have been on the list, as she denied having a PREA complaint. The SIS investigation into this case determined that no abuse had occurred. As a result, CM 20 did not meet the criteria for PREA retaliation monitoring and therefore, not included in the total number of CMs with sexual abuse complaints at FMC Carswell.
- **Log #2026-048-P:** CM is housed at FPC Phoenix. She filed three separate complaints and should have been included on the PREA Retaliation Monitoring Report.

**Sexual Abuse & Prison Rape Elimination Act:**

- Number of CM reports of physical or sexual abuse during the reporting period: **5**
- Number of CMs who were added to PREA retaliation monitoring during the reporting period: **2**[13]

**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? **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 litigation. No related CM complaints were received.**
- 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? **Unable to determine. BOP has an established policy, but the Senior Monitor is unable to verify BOP's conformance. No CM-related complaints were received.**

**Paragraph 63:**

- Of the 7 reports, how many were reported to 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. **7**
- Were any reports received by the Senior Monitor or the BOP Liaison not reported to the other within 48 hours? **No**

[13] CM 20 should not have been added to the PREA Retaliation Report by BOP.

**Paragraph 65:**

As previously noted, the Senior Monitor received five reports of staff sexual abuse toward CMs and no reports of staff physical abuse. A brief synopsis of these reports is outlined below.

**Log# 2026-029-P (CM 21):** CM stated that during various times in August 2025 she was summoned by a medical staff member who subsequently sexually attacked her. She reported he scared her and allegedly said he would keep "*doing those things,*" and if she told anyone, she would not get her "*immigration issues fixed*" and would end up in SHU.

**Log# 2026-043-P (CM 22):** A third-party anonymous complaint was sent to the Warden, by OIA, stating the CM was having an affair with a Spanish-speaking Officer. The staff was moved to a new assignment, and the CM was placed on retaliation monitoring despite the fact that she later denied the affair.

**Log# 2026-048-P, 2026-049-P, 2026-050-P**: While the CM was in the process of being returned to RRC custody via the U.S. Marshals' Service, CM reported that three incidents occurred.

- While in the computer lab at the U.S. Marshals' Day Reporting Center, a male and female Officer entered and reportedly directed the CM to stand up. The female Officer allegedly searched the CM by grabbing her sports bra and pinching her right breast.
- On January 20, 2026, in another Day Reporting Center, an improper search reportedly took place in which it is alleged that a staff member "*jiggled*" the CM's breasts. This was the first time the CM reportedly shared this information with BOP staff.
  On May 5, 2022, the CM was in a holding cell inside of a court. Twenty minutes after her placement in the cell, two male U.S. Marshals' Officers pat searched the CM. The CM reported that one Officer held the CM's arms while the other rubbed her body up and down. This allegedly included her arms, shoulders, breasts, stomach, thighs and legs. This was the first time the CM reported this information to BOP staff.

## Findings & Recommendations:

**Finding 29:** FMC Carswell placed one CM on PREA retaliation monitoring despite the fact that the CM denied that the PREA action that led to her placement on monitoring had occurred. A subsequent investigation concluded the encounter was consensual. As such, this CM should not have been placed on the PREA Retaliation Monitoring Report.

**Recommendation 29:** BOP should ensure that only complaints of sexual abuse that meet PREA standards have an accompanying entry on the PREA Retaliation Monitoring Report for the month and that accurate monitoring occurs.

**Finding 30:** Similar to retaliation complaint investigations, sexual abuse investigations take a considerable amount of time, leaving the CM feeling vulnerable. BOP has not always agreed with the Monitoring Team on conduct which constitutes a PREA allegation pursuant to the statute. In such circumstances, retaliation monitoring, or medical and psychological follow-up by BOP may not occur.

**Recommendation 30:** Sexual abuse investigations are one of the most serious categories. It is, therefore, important for the facility to create an environment where CMs feel safe, and where they feel they are heard. Furthermore, investigations should be completed timely, and staff held accountable for inappropriate behavior.

## 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 with 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, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026, Attachment

### Assessment:

**Requests for Documentation:**

- Number of CM requests for documentation of their report of staff abuse: **4**
- Of those requests, did BOP provide the report and written final determination? **No. BOP provided verbal reports to the four CMs who requested updates, i.e., CMs 23, 24, 25, and 26. The four investigations are ongoing. As a result, no final written determinations could be provided to the CMs.**

**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 were convicted of a charge related to sexual abuse in BOP? **Yes. Two staff members were reassigned to a different facility pending an investigation and two CMs were notified of the reassignment. Updates will be provided upon receipt from BOP.**

**Provision of Care and Information Following Filing of PREA Reports:**

- Of the 4 CMs who reported sexual abuse by staff during the reporting period, how many were provided a requisite follow-up medical and psychological evaluations and care? **CMs (represented**

**by log# 2026-029-P, 2026-043-P, 2026-048-P, and 2026-050-P) were provided with requisite follow-up medical and psychological evaluations and care.**

- How many were provided information about how to contact a Rape Crisis Center? **3**

**Findings & Recommendations:** N/A

## 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, February 2, 2026, February 17, 2026 and February 20, 2026
- SENTRY Rosters
- BOP
- Program Statements and Reference Documents, February 2026, Attachment

**Assessment:** Per *Program Statement 5100.08 CN-2, Inmate Security Designation and Custody Classification, March 6, 2025,* BOP conducts a Unit Team review for each CM every six months. Additionally, the FSA worksheet is produced monthly, alerting staff of any CMs out of level. 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 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 level classifications for CMs

| Designation to Facility within 500 Driving Miles of Class Member's Primary Residence | |
|---|---|
| Number of CMs within 500 driving miles of their primary residence | **52** |
| Number of CMs NOT within 500 driving miles of their primary residence[14] | **144** |

[14] Includes CMs that are lifers and excludes CMs whose designated residence is not within the United States.

**Designations:**

- Is the BOP taking measurable steps to place CMs in a facility as close as practicable to the CM's primary residence? **Yes**
- If yes, what are the steps BOP is taking? **A comprehensive review was completed in January 2026. BOP has committed to ensuring CMs are designated within 500 miles whenever practicable; however, 144 are not designated within 500 miles of their primary residence due to appropriate documented reasons.**
- Is the BOP taking measurable steps to ensure that all CMs are designated to the lowest security level facility possible? **Yes**
- If yes, what are the steps BOP is taking? **A review of each CM's level is completed at each Unit Team meeting every six months. Additionally, FSA worksheets are calculated monthly and if a CM's level drops, the points are automatically adjusted and a transfer referred, if appropriate.**
- During the reporting period, how many complaints did the Monitoring Team receive from CMs or Class Counsel regarding issues with designation and release? **41**

## Findings & Recommendations:

**Finding 31:** Pursuant to Paragraph 69, BOP completed a review of all CMs to determine if they could be housed within proximity to their primary residences. This review resulted in the identification of six CMs who were eligible for transfer closer to family. Three of the six CMs have since been moved and the remaining three are pending transfer.

**Recommendation 31:** BOP has committed to and should continue to assess and recommend designations closer to a CM's primary residence, when practicable.

**Finding 32:** The increase in CM emails related to designations and releases is concerning. This trend suggests a growing reliance on the Senior Monitor to address routine casework questions. This should not be interpreted as an effort by the CM to circumvent established processes, but rather, as a result of the Unit Team's inconsistent availability or unwillingness to provide necessary support. During the onsite visit to FMC Carswell, the Monitoring Team, with the assistance of the Regional Correctional Programs Administrator, spent a significant amount of time addressing CM questions related to their casework, further underscoring the gap in direct staff engagement.

**Recommendation 32:** Unit Team supervisory staff should ensure Unit Team staff are accessible and proactively engage with CMs to ensure timely, clear explanations of casework matters, and a reduced reliance on the Senior Monitor for routine inquiries.

## 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, February 2, 2026, February 17, 2026 and February 20, 2026
- Program Statements and Reference Documents, February 2026 Attachment

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

**Designation to the Lowest Level Possible:**

- Number of CMs in an Administrative Detention Facility: **None**
- Number of CMs in an Administrative Detention Facility with more than nine months remaining on their sentence: **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: **None**
- Is any CM with longer than nine (9) months remaining on their sentence currently housed at a Federal Transfer Center? **No**

**Findings & Recommendations:** N/A

## D. Designations & 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
- Class Counsel Memorandums, February 2, 2026, February 17, 2026 and February 20, 2026
- SENTRY Inmate Management System Rosters
- Paragraph 71, Confidential Release Roster, Confidential, March 3, 2026
- Program Statements and Reference Documents, February 2026, Attachment

**Assessment:** A list of CMs' release dates, FTCs, and eligibility for release to community placements (i.e., home confinement or RRCs) is included in the attached *Monthly Confidential Monitoring Report, February 1 – 28, 2026.* Additionally, the worksheet titled *D. Designation & Release, 1. Designations, Paragraphs 71 – 72* contains the data reviewed for this section.

| Designation of Class Members to Lowest Security Level Possible | |
|---|---|
| Number of CMs eligible for referral to Residential Reentry Manager for designation to a halfway house | **30** |
| Number of CMs designated to halfway house | **29** |
| Number of CMs eligible for a halfway house, but NOT in a halfway house[15] | **29** |

[15] One CM is ineligible for placement in a halfway house as a result of an existing warrant and until such time as the warrant is cleared.

**Eligibility for Release to Community Placement:**

- Number of CMs eligible for placement in Residential Reentry Centers: **30**
- Number of CMs eligible for placement in home confinement: **Unknown as this information is not provided by BOP.**
- Number of CMs with a "*Maximum Statutory Home Confinement Placement Date*" that has passed: **Unknown, as this information is not provided by BOP.**
- Number of CMs with a "*FSA Conditional Placement Date*" that is less than six months from the date of this report: **None**
- Number of CMs with a "*Conditional Transition to Community Date*" that is less than six months from the date of this report: **14**
- Were any CMs being denied FTCs under the FSA on the basis of immigration status or on the basis of an immigration detainer alone? **No**
- Were any CMs being denied release to community placement on the basis of immigration status or on the basis of an immigration detainer alone? **Yes, as it relates to immigration status. CMs with final deportation orders cannot be placed in an RRC or home confinement. This is consistent with the FSA and 18 U.S.C. § 3621(b).**

**Finding 33:** With respect to CMs who may be eligible for home confinement, BOP initially took the position that this information is located in each CM's EICF. However, it would be overly burdensome for the Monitoring Team to extract this information individually from each CM's EICF. In response, the Monitoring Team and BOP agreed that to facilitate the home confinement eligibility query, the Senior Monitor would create a list and provide it to BOP monthly. In return, BOP would (moving forward) review this list and return it to the Senior Monitor with a response confirming if the CMs are eligible for home confinement.

**Recommendation 33:** On a monthly basis, BOP should consistently review the list provided by the Monitoring Team with information related to the home confinement eligibility of CMs. BOP should respond monthly in a timely manner.

| 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
- Class Counsel Memorandums, February 2, 2026, February 17, 2026 and February 20, 2026
- Paragraphs 46, 49, 81 and 82, SHU Privileges, February 2026, Report Provided by BOP, Attachment
- Paragraphs 81 and 82, Legal Call Block Schedule, Verified on March 2, 2026, Attachment
- Program Statement and Reference Documents, February 2026, Attachment

**Assessment:** As noted below, three CMs housed in the general population reported issues with access to legal calls. Additionally, five CMs housed in SHU reported no access to legal calls. Three CMs placed in SHU, two in December 2025 and one in January 2026, are included in this report based on information provided by Class Counsel in February 2026. All CMs reported they were not afforded access to legal calls in a timely manner, if at all.

**CM 27:** CM was placed in SHU on December 24, 2025 and released on December 31, 2025. BOP's roster reports the CM had social calls on December 27th and 30th. However, no legal calls were documented by BOP for this CM.

**CM 28:** CM was placed in SHU on December 29, 2025, and released on January 17, 2026. She reported not having access to legal calls on the weekend. No legal calls were provided to CMs on weekends per BOP's January 2026 privilege roster. Per the Consent Decree, legal calls are not mandatory on the weekend. A weekday legal call block schedule was agreed upon by all parties.

Paragraph 81 of the Consent Decree states, "*BOP shall ensure that every Class Member has the opportunity to initiate a confidential legal call with Class Counsel at least once per week*." As previously discussed in Paragraph 46, based on the information provided by BOP, the Senior Monitor is unable to determine if the calls occurred, and if so, did they take place in a confidential setting. BOP informed the Senior Monitor that staff are unclear when presenting a phone cell front, whether the call is for social or legal purposes. This is problematic, as the Consent Decree mandates confidentiality as it relates to legal calls with Class Counsel. As a result, staff need to identify if a call is legal or social in nature.

If BOP is unable to facilitate calls on a given week due to exceptional circumstances, they should notify the Senior Monitor and Class Counsel, and provide an explanation in writing. The Senior Monitor did not receive any reports indicating staff were unable to provide access to legal calls. Failure to provide legal call access, even for a small number of CMs, is concerning given the fundamental importance of attorney access.

**Paragraph 81:**

- During the reporting period, did CMs have the opportunity to initiate confidential legal calls with Class Counsel at least once per week during pre-scheduled three-hour time blocks? **The establishment of the legal call block schedule provides CMs with the opportunity to initiate confidential legal calls. However, three CMs housed in the general population reported issues with access to legal calls. CM 29 reported she was not afforded access to legal calls; CM 30 reported a staff member denied her access to legal calls two weeks in a row; and CM 31 reported it can take up to two weeks to access a legal call.**
- If any facilities had insufficient time for all CM who requested calls to speak to Class Counsel, were CMs provided with legal calls within two workdays? **None reported.**
- 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? **None reported.**
- During the reporting period, did the Senior Monitor receive reports that BOP staff prevented legal calls in retaliation? **No**
- During the reporting period, did all CMs in SHU receive at least one legal call per week if requested? **No. CMs 27, 32, and 33 reported no access to legal calls while housed in SHU. A review of the SHU privilege roster for February 2026 indicates these CMs did not make legal calls. Documentation in the BOP privilege roster is confusing and further complicates this issue, as entries labeled calls as "*social/legal,*" while simultaneously noting that the CM is on phone restrictions and the calls take**

**place cell front. If the call is indeed a legal call, this suggests a misunderstanding of Paragraph 81 of the Consent Decree which states that CM restrictions on phone access do not preclude a CM from a confidential legal call with Class Counsel.**

**Paragraph 82:**

- During the reporting period, did BOP Counsel provide Class Counsel and the Senior Monitor with each respective designated facility's availability and amended the list as needed to accommodate the facility's ongoing operations? **Yes**
- During the reporting period, did any confidential legal calls count against CM minutes or cost money? **Legal calls are provided on unmonitored lines at no cost to the CMs. CMs did not report issues related to this Paragraph.**

## Findings & Recommendations:

**Finding 34:** Staff are unclear if a CM in SHU is requesting a legal or social call.

**Recommendation 34:** When presenting a phone cell front in SHU, staff should first inquire whether it is a legal call. If the CM indicates it is, staff should then ask the CM if they would like the call to take place in a confidential setting. Regardless of whether the CM accepts or declines a confidential setting, this process allows staff to clearly distinguish and appropriately document whether the call is legal or social.

**Finding 35:** During this monitoring period, CMs 29 and 30 reported that they did not have access to legal calls. CM 31 reported it can take up to two weeks to be provided access to a legal call in general population.

**Recommendation 35:** BOP should ensure staff are documenting and providing CMs with legal calls within a reasonable period of time when requested or during the scheduled legal call bock times, and in accordance with Paragraph 81.

## 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

June 28, 2026

Date

# Glossary of Acronyms

| | |
|---|---|
| ADO | Administrative Detention Order |
| AU | Administrative Unit |
| AICs | Adults in Custody |
| BOP | Bureau of Prisons |
| BEMR | BOP's Electronic Medical Record |
| C.F.R. | Code of Federal Regulations |
| DHO | Disciplinary Hearing Officer |
| EICF | Electronic Inmate Central File |
| ENT | Ear, Nose and Throat |
| ESMU | Enhanced Security Monitoring Unit |
| FDC | Federal Detention Center |
| FCI | Federal Correctional Institution |
| FIT | Female Integrated Treatment |
| FMC | Federal Medical Facility |
| FSA | First Step Act |
| FTC | Federal Time Credit |
| GTC | Good Time Credits |
| HSA | Health Services Administrator |
| KOP | Keep on Person |
| MAT | Medication Assisted Treatment |
| OIA | Office of Internal Affairs |
| OIG | Office of Inspector General |
| PCM | PREA Compliance Manager |
| RRC | Residential Reentry Center |
| PREA | Prison Rape Elimination Act |
| SHU | Special Housing Unit |
| SIS | Special Investigative Supervisor |
| UDC | Unit Disciplinary Committee |

# Definitions

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

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

**Administrative Detention** refers to an administrative status which removes an AIC from the general population. Administrative detention status is non-punitive, and can occur for a variety of reasons. 28 C.F.R. § 541.22(a).[16]

**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 AIC provides proof that the Senior Monitor deems sufficient that the alert should not have been closed. Such requests shall be submitted to the Senior Monitor no later than December 1, 2024, unless the AIC shows by clear and convincing evidence that the evidence submitted in support of reopening could not have been submitted before December 1, 2024. This Paragraph does not limit the ability of the Senior Monitor to reopen an alert closed prior to the Effective Date if the Senior Monitor determines, based on sufficient proof, that the alert should not have been closed.

**BOP Counsel** means both BOP in-house counsel and litigation counsel assigned by the Department of Justice. In the event that any individual BOP Counsel separates from his or her employment or if the case

[16] eCFR :: 28 CFR 541.22 -- Status when placed in the SHU.

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 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 Plantiffs' counsel.

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

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

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

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

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

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

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

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

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

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

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

**Medical and/or Mental Health Nexus Case** refers to a medical or mental health issue that (i) was first raised, identified, or documented at FCI Dublin (whether by the 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 AIC placed in SHU for their own protection. 28 C.F.R. § 541.23(c)(3). For any AIC who is placed in SHU as a protection case, whether requested by the AIC or staff, an investigation occurs to verify the reasons for placement. 28 C.F.R. § 541.28.

**Rape Crisis Centers** refers to community-based organizations that help survivors of rape, sexual abuse,

and sexual violence who have an active Memorandum of Understanding (MOU) with BOP.

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

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

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

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

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

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

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

**§ 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, February 2026
- Paragraphs 81 and 82, Legal Call Block Schedule, Verified March 2, 2026

## Confidential Attachments (provided under separate cover)

- Monthly Confidential Monitoring Report, February 1 - 28 2026
- Class Member Confidential Key, February 2026
- Paragraphs 46, 49, 81 & 82, SHU Privileges, February 2026, Report Provided by BOP
- Paragraphs 68 - 69, Population Monitoring Census – Roster, March 3, 2026, Report Provided by BOP
- Paragraph 71, Confidential Release Roster, March 3, 2026, Report Provided by BOP

| Program Statements & Reference Documents, February 2026 | |
|---|---|
| **Program Statement References** | **CD Para.** |
| 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 | 34, 48, 64 |
| 6031.05 CN-2 Patient Care, March 14, 2025 | 34, 48, 64 |
| 5240.01 Female Integrated Treatment (FIT), August 11, 2022 | 34, 68 - 69, 71 |
| 6590.07 Alcohol Surveillance and Testing Program, December 31, 1996 | 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 |
| 6060.08 Urine Surveillance and Narcotic Identification, March 8, 2001 | 52 - 55 |
| 5111.04 CN-1 Institution Hearing Program, May 23, 2017 | 52 - 55 |
| 5200.06 Management of Inmates with Disabilities, November 22, 2019 | 52 - 55 |
| 5324.08 Suicide Prevention Program, April 5, 2007 | 52 - 55 |
| 5324.12 CN-1 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025 | 52 - 55, 58 - 61, 62 - 65 |
| 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 Statements & Reference Documents, February 2026 | |
|---|---|
| **Program Statement References** | **CD Para.** |
| 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** | **CD Para** |
| 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 Memorandum, February 2, 2026, February 17, 2026 and February 20, 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 | 46 - 47, 49 |
| Incident Reports for the Monitoring Period | 48 |

| Program Statements & Reference Documents, February 2026 | |
|---|---|
| **Additional Reference Documents** | **CD Para** |
| 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, Designation Monitoring Census - BOP Roster, March 3, 2026 | 68 - 69 |
| Paragraph 71, Confidential Release Roster, March 3, 2026, BOP Report | 71 - 72 |
| Paragraphs 81 and 82, Legal Call Block Schedule, Verified March 2, 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, Verified March 2, 2026 | | | | | | |
|---|---|---|---|---|---|---|
| **Institution** | **Day** | **Time Block in Current Time Zone** | **Time Block in PST** | **Class Counsel** | **Method** | **Note Cards** |
| 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 | Thursday - B Unit | 1:00 pm to 4:00 pm CST | 11:00 am to 2:00 pm | RBGG 415-907-0603 | Open Door | No |
| Bryan | Tuesday - M Unit | 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 |
| Danbury | Thursday | 12:30 pm to 3:30 pm EST | 9:30 am to 12:30 pm | RBB 202-505-1051 | Open Door | Yes |
| 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 | RBB 202-505-1051 | Open Door | Yes |
| 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 |
| 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 |
| 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 |
| 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 | Tuesday | 12:00 pm to 2:00 pm CST | 10:00 am to 12:00 pm | RBGG 415-907-0603 | 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 |

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