

**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**

**4<sup>th</sup> Public Monthly Status Report  
July 1 - 31, 2025**

**Submitted by**

**Wendy Still**

**Senior Monitor**

**U.S. District Court**

**Northern District Court of California**

**October 15, 2025**

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California Coalition for Women Prisoners, et al., v. U.S. Federal Bureau of Prisons, et al., Consent Decree  
 Case No. 4:23-cv-04155-YGR  
 4th Public Monthly Status Report, July 1 – 31, 2025

## Introduction & Background

**Introduction:** This section serves as an introduction to the 4th monthly 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 July 2025. Recommendations, including policies, processes, documentation, forms, practices, and training if developed, revised or modified “refer to a course of action that the Monitor believes would assist the BOP in complying with this Consent Decree.”<sup>1</sup>

**Reporting:** The release of the July 2025 Monitoring Report was postponed in August to allow the Senior Monitor and her team to focus on reviewing BOP’s 62-page written response to the draft June Monitoring Report and additional BOP comments to the confidential attachments. While the Consent Decree expressly only requires a review period for the Quarterly Monitoring Reports, based on BOP’s request the Senior Monitor has consistently extended a comment period for all draft Monthly Monitoring Reports since the inception of the Consent Decree. However, the volume of feedback and follow-up discussions related to BOP’s comments have continued to cause delays in the release of reports.

Additionally, BOP’s 28-page response to the 1<sup>st</sup> Quarterly Monitoring Report (March 31 – June 30, 2025) also contributed to additional delays in the release of the June, July and 1<sup>st</sup> Quarterly Monitoring Reports.

There remains a significant difference in the interpretation of the Consent Decree requirements related to monitoring, rating, and reporting between the BOP and the Senior Monitor. Discussions with All Parties are ongoing to seek clarification. It is anticipated the mediation process, as outlined in Section V, Paragraph 106 of the Consent Decree, will need to be utilized to address BOP’s concerns and resolve outstanding disputes.

The Senior Monitor encourages All Parties to utilize this process to reconcile differing interpretations of the Consent Decree. Achieving clarification will help reduce time and costs associated with recurring issues that result from a lack of agreement on the various requirements. One of the primary areas of disagreement among BOP, Class Counsel, and the Senior Monitor concerns the criteria for initiating new or reopening previously closed Health Alerts (Medical, Mental Health and Medication Assisted Treatment [MAT]). A meeting with All Parties was held on July 31, 2025, to discuss the scope of the Consent Decree, matters related to the Monitoring Team’s invoices, and the medical alert process. Discussions continue towards a resolution.

**Compliance Ratings:** There continues to be disagreement between All Parties with respect to which Paragraphs should be rated and/or whether ratings are required. This difference of opinion substantially impacts the format and content of this report. As a result, an assessment of Consent Decree requirements, findings and recommendations related to the various Paragraphs are provided in this

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<sup>1</sup> Paragraph 99, Consent Decree

report. However, a rating will not be applied to the various Paragraphs until there is agreement with All Parties, and the Senior Monitor provided concrete direction. Another alternative is to not rate the paragraphs just report on the assessment and findings.

The Senior Monitor extends her appreciation to BOP staff for their cooperation and support in providing information 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.

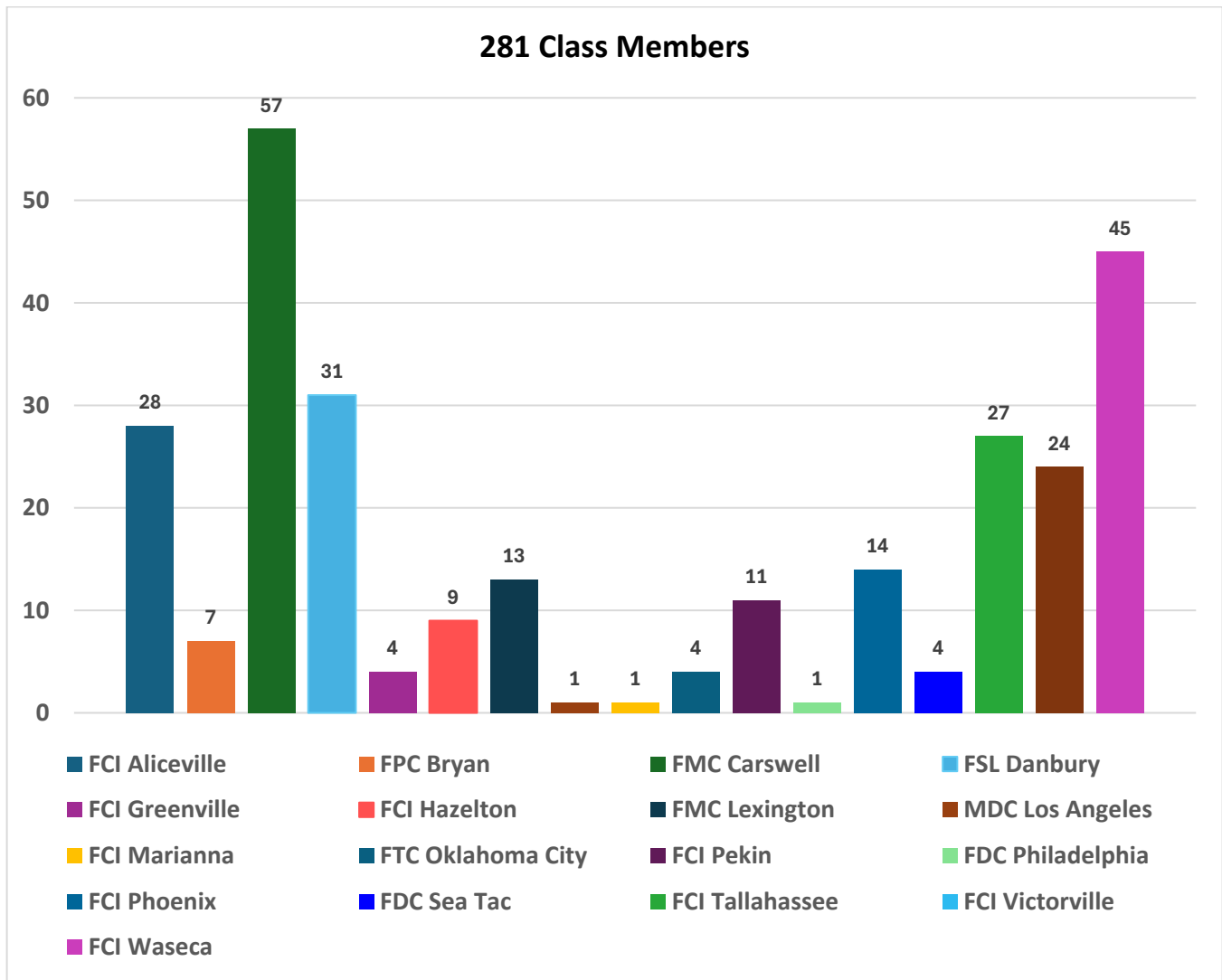
**Monitoring Activities:** During this monitoring period, the Senior Monitor’s priorities centered on assessing complaints and factual findings related to the various Paragraphs of the Consent Decree. An onsite monitoring tour of FCI Tallahassee was also conducted from July 24 – 25, 2025. The activities conducted during this reporting period include, but are not limited to, the following:

- Review of BOP program statements, records, audits, reports, tracking logs, formal and informal training materials, online training content, the Code of Federal Regulations (C.F.R.), Title 28<sup>2</sup> and other relevant documents;
- Participation in meetings with BOP, Class Counsel, and the Assistant United States Attorney (AUSA);
- Interviews with BOP, public health staff and Class Members;
- Review of Class Counsel Memorandum, dated July 2, 2025;
- Review of emails from Class Members, BOP staff, Class Counsel, AUSA, and the Office of the Inspector General (OIG); and
- Onsite monitoring tour of FCI Tallahassee, and interviews of BOP Staff and Class Members while onsite.

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<sup>2</sup> [eCFR :: Title 28 of the CFR -- Judicial Administration](#)

**Class Members:** The chart below reflects the number of Class Members in BOP custody by facility.<sup>3</sup> This number does not include Class Members in community beds or at an in-transit facility.



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

<sup>3</sup> Reflects population roster generated by BOP and provided to the Senior Monitor on August 1, 2025.

Bureau of Prison Facility Acronyms	
FCI	Federal Correctional Institution
FDC	Federal Detention Center
FMC	Federal Medical Center
FPC	Federal Prison Camp
FSL	Federal Satellite Low
FTC	Federal Transfer Center

**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.

**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 abuse and violations of the Consent Decree;
✓ limitations on the use of Security Housing Unit (SHU), due process rights for people placed in SHU for alleged disciplinary reasons, and expanded privileges for people 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 Class Members under existing laws to halfway houses and home confinement as soon as practicable
✓ public acknowledgment of abuse at FCI Dublin by the BOP Director

# Assessment & Recommendations

## A. Medical Healthcare (Part 1)

### 1. Review of Medical Healthcare 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.

#### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 6010.05 Health Services Administration, June 26, 2014
  - Program Statement 6013.01 Health Services Quality Improvement, January 15, 2005
  - Program Statement 6031.05 CN-2 Patient Care, March 14, 2025
  - Program Statement 6090.04 Health Information Management, March 2, 2015
  - Program Statement 6190.04 Infectious Disease Management, June 3, 2014
  - Program Statement 6360.02 Pharmacy Services, October 24, 2022
  - Program Statement 6370.01 Laboratory Services, January 15, 2005
  - Program Statement 6400.03 Dental Services, June 10, 2016
  - Program Statement 6541.02 Over-the-Counter Medications, November 17, 2004
  - Program Statement 6031.02 Inmate Copayment Program, August 15, 2005
  
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
  - Class Member Health Records, Bureau Electronic Medical Records (BEMR) System
  - Class Members Data in Power Business Intelligence (BI) System (Historical)
  - Medical Alert Meetings with Senior Monitor and Medical Experts
  - Excel Spreadsheet Related to Alert Closures
  - Class Counsel Memorandum, July 2, 2025
  
- **Training:** N/A

**Metrics:** 25 Class Member Interviews, BOP Staff Interviews, Class Member Email Complaints, Onsite Observations, Open and Closed Alerts, Class Counsel Memorandum, July 2, 2025

**Assessment:** At the end of July 2025, 45 Medical alerts remained open, and 5 were closed. During this reporting period, the Monitoring Team’s Medical Experts received 27 email complaints related to medical concerns, of which the majority focused on the lack of access to care and medications. In addition, six complaints regarding dentures were received via Class Member emails, interviews, and/or a Class

Counsel memorandum. Another 15 complaints were received concerning eyeglasses, with 1 regarding both dentures and eyeglasses.

Access to sick call remains a standing issue at all facilities housing Class Members. BOP contends and has quoted existing BOP policy regarding their sick call process (triage and appointment system) as evidence that an appropriate workflow is in place for Class Members to request care. However, the Program Statement does not stipulate the need to log or track all sick call requests in a standardized manner that facilitates operational and quality reviews. As such, the Medical Experts do not have a complete view of the sick call process and a manner to independently verify complaints about the request process, wait times, and service delivery.

National bodies like the National Commission on Correctional Healthcare (NCCHC) provide clear standards for sick call requests for jails (Standard P-E-07: Nonemergency Health Care Requests and services). Of particular importance, NCCHC has clear requirements for documentation and tracking of health services requests including a log or tracking system that must show:

- Date received,
- Triage category,
- Date and provider name, and
- Disposition and follow-up plan.

During this reporting period, an onsite tour of FCI Tallahassee took place between July 24 – 25, 2025 during which 25 Class Members were interviewed by the Medical Expert on July 25, 2025.

**FCI Tallahassee:** The onsite review of healthcare areas was limited due to time constraints, as only one of two Medical Experts was present at FCI Tallahassee. As a result, most of the onsite review time was dedicated to interviewing Class Members. Despite these constraints, the Medical Expert conducted walk throughs of the dental and medical clinic areas. The Dental Program was of particular interest because six Class Members reported that the Dentist frequently comments he is unable to provide some services because of expired materials, dated equipment, or the lack of support staff. The Medical Expert was unable to verify reports of outdated supplies, as the equipment and materials were locked in a cabinet, and the Health Services representative did not have keys to access the cabinet. Prior to the scheduled onsite visit, the Senior Monitor requested virtual interviews be arranged after the onsite visit given the Medical Monitor would only be onsite for one day. The BOP Liaison was provided with a list of healthcare and regional leadership positions. However, when the Senior Monitor contacted the BOP Liaison to schedule the interviews, she was advised that the Regional Director and Warden indicated staff had declined to be interviewed. Regional and facility healthcare staff declining to engage with the Medical Experts is problematic in that it leaves no room for direct dialogue to discuss concerns raised by Class Members. This lack of participation also hinders transparency and hampers the Medical Experts' ability to report more thoroughly on concerns raised by Class Members.

All interviewees additionally complained that the National Food Menu guidelines are not followed at the facility and that food portions were small, particularly the protein portions. Class Members also stated

that meals improved the weeks prior to the Monitoring Team's visit. BOP contends the facility follows the National Food Menu guidelines and that on occasion staff may need to make unplanned menu changes due to extenuating circumstances. However, the description by Class Members is of chronic deviation from the guidelines.

Another central issue reported by Class Members was the widespread perception of racial bias toward non-black Class Members and concerns regarding the many related individuals allegedly working at the facility. Class Members expressed fear of retribution if they raised concerns or complained about retaliation from a family member or someone that had a personal relationship with the individual who is the subject of a retaliation complaint. For example, multiple Class Members reported that after voicing issues related to programming or staff conduct, they were told by a food server or manager that because they got their "relative" in trouble, they were "gonna get it." Even if related individuals are not in direct line of supervision, having multiple family members working at a facility can lend itself to abuses of power as described universally by the interviewed Class Members.

### **Class Member Complaints Related to Medical & Mental Health Issues:**

During this monitoring period, multiple Class Members submitted complaints regarding access to medical and mental healthcare. This is a common theme among all facilities housing Class Members. The following are examples:<sup>4</sup>

**Class Member 1, FCI Tallahassee:** The Class Member was involved in an altercation at FCI Dublin and since then, has been having visual problems. She indicated she submitted multiple "cop outs" for Optometry and has been on a wait list since October 2024 due to visual changes. She subsequently had another traumatic event that further complicated her visual disturbance. Around February 2025, the Class Member stated another inmate punched her in the Class Member face while in the shower, causing her to fall. Since then, the Class Member indicated she has been seeing "black spots" out of her left eye. She reported she has been asking to see a medical provider since the incident and was finally treated on June 18, 2025. Medical staff allegedly told the Class Member she had a "floater" and that it would eventually resolve itself, but may take up to ten years. She stated her vision is blurry. An eye exam resulted in a reading of 20/40 in her right eye and 20/60 in her left eye. No eyeglasses were ordered. The electronic medical record (BEMR) contains an evaluation of the injury. The Class Member indicated she has requested to be seen by an Optometrist multiple times to address the need for glasses.

**Class Member 2, FCI Tallahassee:** Class Member reported she is starving and that food portions are very small. On May 1, 2025, she weighed 140 pounds and by July 25, 2025, she weighed 120 pounds. While in the Medication Assisted Treatment (MAT) program she was taken off of Suboxone because she was accused of cheating. This incident has been expunged, yet the Class Member's medication has not been restarted. BOP relayed that the Class Member has documented history of diversion and has refused

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<sup>4</sup> Specific information regarding Class Members can be located in the attachment titled, *Medical and Mental Health Confidential Class Member Key, July 2025*.

counseling or any other treatment option. It is not clear what the behavior plan is for this Class Member given that she is at risk for continued illicit use and its associated sequela, including overdose. She additionally reported she has been waiting for seizure medication for three weeks and was told the pharmacy does not have enough staff to fill the medication. Levetiracetam was last dispensed on May 8, 2025. Class Member reported that receiving seizure medications timely is always a problem.

**Class Member 3, FCI Tallahassee:** Class Member indicated she submitted electronic requests as a result of medical issues she was experiencing. She reported she has had issues with the consistent dispensing of Oxybutynin. She asked for a lower bunk in May 2024, and would like this accommodation to be renewed as she has a rod in her left leg that makes climbing very difficult. Class Member has not had a medical visit since her 14-day physical at FCI Tallahassee on May 22, 2024, despite repeated attempts.

**Class Member 4, FMC Carswell:** Class Member has hearing issues dating back to 2021, which were brought up multiple times to medical personnel while at FCI Dublin. The lack of adequate hearing places the Class Member at risk of getting in trouble with BOP staff, who have already “*called her out*” for ignoring directions and at risk for altercations with other inmates who misconstrue her lack of response with ignoring questions or comments. She was eventually seen by an ENT (Ear, Nose and Throat) Specialist on December 4, 2024, and hearing aids were recommended. As of the end of July 2025, she has not received hearing aids.

**Class Member 5, FCI Tallahassee:** Class Member has been seeking to obtain substance use disorder treatment through MAT. At the end of July 2025, she met with a representative from the Psychology Department who deemed she was qualified to receive services. She is still not prescribed MAT medications. Class Member states illicit drugs are rampant in the facility. BOP conveyed that due to repeated occurrences of intoxication, a multi-disciplinary team, consisting of representatives from psychology, pharmacology, medical corrections and administration, made a collaborative decision on April 23, 2025, to remove the Class Member from the MAT program due to continued non-compliance and self-polysubstance abuse and concern for substantial increase in morbidity and mortality. Given that the Class Member has been diagnosed with severe opioid use disorder and the risk of a lethal overdose is much greater with opioids BOP should develop a behavioral and alternate treatment plan if the Class Member does not otherwise meet the MAT requirements. The Class Member further reported that a majority of Officers are black and there are significant racial tensions and retaliation between White and Latino inmates. Class Member states food portions are very small and the menu does not follow national guidelines. On May 22, 2024, she weighed 171 pounds and as of May 1, 2025, she weighs 158 pounds. Class Member is not actively trying to lose weight, and is not on weight loss medications.

**Class Member 6, FCI Tallahassee:** Class Member has suffered from depression for years and stated she reported this information to a Physician at FCI Dublin. She stated the medication that worked well for her is Wellbutrin, but has been told by prescribers that it is not available as it is non-formulary. BOP contends she has never been prescribed this medication while in BOP custody and therefore, no non-formulary request has been processed. This is a case in which prescribers may not be attempting to request a non-formulary medication despite it being an appropriate option that worked well, in the past,

for the Class Member. If the reason for not prescribing Wellbutrin is due to concerns of diversion, this should be clearly explained to the Class Member. The Class Member also stated it is incredibly difficult to obtain an appointment to see a Physician, and when she did see one, he was responsive and prescribed Abilify for her mental health symptoms. She discontinued use due to feelings of extreme sadness as she was advised (appropriately) by the prescribing Physician to do so if she experienced this side effect. Class Member does not have a follow-up visit scheduled for an adjustment to her medication or general follow up. This lack of close follow up when adjusting psychotropic medications continues to be a concern, especially as Class Members complain of difficulty accessing sick call. As of the end of July 2025, the Class Member has not been seen by a medical provider for follow up. She was seen by a representative from the Psychology Department on June 13, 2025, for care-level formulation and has remained at mental health level 1.

**Class Member 7, FCI Tallahassee:** Class Member looked unwell during the onsite visit. She has a diagnosis of Rheumatoid Arthritis (RA) dating back to when she was incarcerated at FCI Dublin. She reported increased joint pain, severe fatigue, and chills. She noted the sun affects her skin, especially her face (may be the result of RA). When she asked for a waiver to refrain from having to be outdoors, it was allegedly denied. Class Member was seen recently by a Physician who had increased her RA medication and added a non-inflammatory pain reliever. No laboratory tests were ordered to gauge disease activity. On July 25, 2025, the Class Member was evaluated by a provider and given a medical idle. According to the Class Member, she has been told she was referred to a Rheumatologist multiple times. As of the end of July, the Class Member has not been seen by a Rheumatologist and a referral in BEMR was entered on July 25, 2025.

**Class Member 8, FCI Tallahassee:** Class Member has been experiencing upper molar pain and was seen by Dental on March 27, 25. The exam was remarkable for defective amalgam restoration with open margins and recurrent decay, no signs of infection, and percussion sensitivity. No dental x-rays were administered due to no dental auxiliary. Per dental note, the Class Member will be “placed on call out when dental auxiliary returns, x-rays are needed to determine diagnosis and treatment options.” Class Member was seen again on April 1, 2025, by the Dental Department for pain and discomfort in same area. Her pain is now rated at 9 out of 10.

**Staffing:** As indicated in the 1<sup>st</sup> Quarterly Monitoring Report for the reporting period of March 31 – June 30, 2025, the Senior Monitor requested vacancy detail by medical and mental health classifications to facilitate a more accurate assessment of the actual vacancy rate in the various health and mental healthcare classifications at each facility. It is the Senior Monitors’ understanding, based upon discussions with BOP staff, that this information is available via a standard monthly report. However, BOP declined a request for additional medical and mental health vacancy data by classification and facility where Class Members are housed. There is a difference of opinion with BOP as to the level of detailed information that should be provided to the Senior Monitor. Paragraph 36 of the Consent Decree requires the Senior Monitor to review monthly medical and mental health care staffing levels at all facilities where Class Members are housed and to produce quarterly reports. As such, the Senior Monitor will continue to request this information and/or pursue its receipt through the dispute resolution process.

**Medical Staffing, FCI Tallahassee:** BOP provided the following information regarding the status of medical staffing as of July 2025. Of the 21 positions at FCI Tallahassee, 11 are filled (1 is on medical leave) and 10 are vacant. This equates to a 48% vacancy rate in addition to the staff on medical leave.

FCI Tallahassee Medical Staff			
Position Title	Status	Position Title	Status
2 Physicians (full-time)	1 filled, 1 vacant	2 Pharmacists (temporary position)	1 filled, 1 vacant
1 Dentist (full-time)	1 filled	No Licensed Vocational Nurse	N/A
1 Dental Assistant (contract position)	1 vacant	2 Medical Assistants (contract positions)	1 filled, 1 on medical leave
1 Dental Hygienist	1 vacant	1 X-ray Technologist (full-time contract position)	1 filled
4 Nurse Practitioners (Advanced Practice Practitioners)	2 filled, 2 vacant	1 Optometry (contract position)	1 filled
5 Registered Nurses	1 filled, 4 vacant	1 Phlebotomist (contract position)	1 filled

**Access to Care:** During the FCI Tallahassee onsite visit, Class Members reported persistent barriers to timely medical care. Many described waiting weeks or even months to be evaluated by a medical provider after submitting sick call requests. Class Members commented there are days that staffing levels were so minimal that staff were unable to respond to emergencies in a timely manner. Such delays result in worsening medical conditions and unnecessary suffering. While onsite the Medical Expert requested that a Class Member she was interviewing be seen by a medical provider as the Class Member did not look well. Despite being taken to the medical clinic within the hours of operation, the provider had to be called back as they had left without seeing the Class Member. This incident aligns with complaints from Class Members who reiterate how difficult it is to access care and how they may wait to be seen only to be turned away. As indicated earlier, facility and regional healthcare leadership declined to be interviewed virtually post the onsite visit, despite the fact that the original schedule had been provided to BOP in advance. This clearly impacted the Monitoring Team’s ability to report on measures the facility’s leadership has been taking to address or provide feedback on how they are addressing significant healthcare issues.

**Medication Access & Continuity:** Class Members consistently reported frequent lapses in access to prescribed medications. Multiple individuals described going without critical medication for extended periods, including routine medications for chronic conditions. These lapses are not isolated incidents, but rather, appear to reflect a pattern of systemic deficiencies in FCI Tallahassee’s medication management processes.

Staffing shortages further exacerbate this problem. Medical staffing at FCI Tallahassee is operating at only approximately 50% of necessary levels, and this lack of coverage has directly impacted the administration

of medications. Class Members reported that at times there were no nurses available to administer medications as scheduled, resulting in missed doses or complete interruptions in therapy. Such failures place Class Members at a heightened risk of serious medical consequences, particularly those with conditions requiring consistent medication adherence, such as those with seizure disorders, diabetes, etc. While onsite, the Medical Expert identified and escalated a case involving a Class Member who had gone weeks without her prescribed anti-seizure medications.

**Dental Care:** Class Members consistently reported serious concerns regarding Dental Services. Many stated that the Dentist tried to be helpful, but frequently expressed frustration regarding expired dental materials and/or outdated equipment or lack of support staff, and in some cases, encouraged Class Member to raise these issues directly to the Warden. Some reported attempting to do so; however, they indicated the information was not well received by Officers, leading them to doubt whether the concerns were ultimately communicated to the Warden and making them fear this would pose a risk for retaliatory actions toward the Dentist.

Numerous Class Members reported waiting months for dental appointments and, when eventually seen, receiving care with outdated supplies, including materials expired for more than two years. Class Members also reported that even when seen by the Dentist, services are limited due to lack of ancillary staff. In at least two cases the Medical Experts were able to view documentation from the Dentist stating he is unable to provide a service due to lack of ancillary support. As previously mentioned, the Medical Expert was not able to adequately inspect the dental materials and equipment because the staff leading the tour did not have a key to the area where these items are stored. As a result, the Medical Expert was unable to independently verify the status of the equipment and supplies. The inability to allow an inspection, citing lack of access to keys, only heightens concerns about the accuracy of Class Member reports and the willingness of the leadership to conceal deficiencies or the lack of redundant processes and coverage (i.e., access to materials and equipment should not be solely held by one staff member). It is the Medical Experts understanding that due to security procedures, only Dental staff have keys. On future visits, the Monitoring Team will expect BOP staff leading tours to have appropriate and timely access to the respective areas.

**Leadership Accountability:** The overarching concerns at FCI Tallahassee are the serious gaps in access to care, medication continuity, and dental services. Regional and facility leadership are responsible for ensuring Class Members have access to safe, adequate, and timely healthcare. This has not been occurring. Prior to the FCI Tallahassee onsite monitoring tour and given that the Medical Expert would only be onsite for one day, the Senior Monitor requested that virtual interviews of the Healthcare Management team be set at a date to be determined *after* the tour. As reported, these interviews subsequently did not take place due to staff declining to be interviewed. These interviews would have provided the Senior Monitor with information/details on measures taken by the facility's leadership to address healthcare deficiencies.

### **Evaluation of Issues (FCI Tallahassee):**

- Organizational failures in healthcare delivery, most notably, severe medical staffing shortages that directly compromise patient care and that, without immediate intervention, will continue to compromise the health and safety of the Class Member population.
- Failures identified in this report are not the result of isolated incidents; they reflect a broader pattern of neglect and inaction.
- Alleged frustration from front line provider who recommended that Class Members speak directly to the Warden about the lack of support staff and inadequate supplies in the dental practice.
- Significant delays and issues with accessing sick call.
- Frequent lapses in medication availability and administration due to staffing shortages.
- Universal complaints about not having enough to eat and failure to follow the National Food Menu guidelines.
- Alleged unprofessional and racial targeting behavior from Officers and non-medical staff. White and Latina Class Members universally expressed fear of backlash if they persisted voicing issues, such as not having access to sick call, not receiving their prescribed medication timely, keeping more commissary food items in their cells due to the lack of food, or an inability to obtain passes when they are not feeling well.
- Concerns regarding retaliation from staff, who have close relationships or are related, when they raise complaints involving staff members.

### **Recommendations (FCI Tallahassee):**

Leadership should take immediate action to bolster medical staffing and ensure timely and appropriate access to care for Class Members, decrease risk of retaliation, and ensure that basic needs are met. Key areas of focus should include:

- **Medical Staffing and Care Delivery:** Increased medical staffing levels need to be pursued to meet Class Member needs and ensure timely access to care. Temporary redirection of staff from other facilities should continue to be pursued. During the onsite monitoring tour, the Regional Director reported he would be pursuing this avenue while more permanent/stable solutions are implemented.

- **Pharmacy Operations:** Review of pharmacy staffing and processes should be conducted, to include adding staff and moving medications to *keep on person* (KOP) status, when appropriate, to mitigate workload on staff.
- **Dental Services:** Dental supplies and equipment should be audited, to include ensuring dental materials are not expired and equipment operable. Solicitation of input from dental providers should be sought. Ancillary and support staff should be adequate to support the Dentist in the provision of timely and appropriate care.
- **Food Services:** Food service operations should be audited to ensure compliance with the National Food Menu. Processes should be implemented to confirm Class Members, in general, consistently receive adequate portions, including protein.
- **Nepotism:** BOP should ensure that staff's personal relationships are not negatively impacting Class Members.

## A. Mental Healthcare (Part 2)

### 1. Review of Mental Healthcare 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.

#### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 6010.03 Psychiatric Evaluation and Treatment, July 13, 2011
  - Program Statement 6090.04 Health Information Management, March 2, 2015
  - Program Statement 6031.05 CN-2 Patient Care, March 14, 2025
  - Program Statement 6340.04 Psychiatric Services, January 15, 2005
  - Program Statement 6360.02 Pharmacy Services, October 24, 2022
  - Program Statement 6370.01 Laboratory Services, January 15, 2005
  - Program Statement 6541.02 Over-the-Counter Medications, November 17, 2004
  - Program Statement 5240.01 Female Integrated Treatment (FIT), August 11, 2022
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
  - Class Member Health Records, BEMR System
  - Class Members Data in Power BI System (Historical)
  - Medical Alert Meetings with Senior Monitor and Medical Experts
  - Excel Spreadsheet Related to Alert Closures
  - Class Counsel Memorandum, July 2, 2025
- **Training:** N/A

**Metrics:** Class Member and BOP Staff Interviews, Class Member Email Complaints, Onsite Observations, Open and Closed Alerts, Class Counsel Memorandum, July 2, 2025

**Assessment:** During the onsite monitoring tour of FCI Tallahassee, a review of the provision of mental healthcare was conducted. Post the onsite tour, the Senior Monitor was advised by the BOP Liaison that regional and FCI Tallahassee staff refused to be interviewed.

The Clinical Director was one of the positions on the original list provided to BOP to be interviewed virtually. However, the limited amount of time at the facility was insufficient to allow the Medical Expert to interview the Clinical Director. When the Senior Monitor requested follow-up interviews, the Regional Director and Warden indicated that staff had declined to be interviewed. As a result, the staff on the original schedule, including the Clinical Director, were not interviewed. During the onsite tour, two

mental health staff were interviewed; however, the interviews were specifically related to the acting role of the PREA Compliance Manager (PCM) and MAT, but not the provision of mental healthcare.

**Staffing:** The Mental Health Department at FCI Tallahassee was nearly fully staffed, with 18 authorized positions and 17 filled, leaving only one vacancy (5.56%). While staffing levels are strong compared to other BOP facilities, the presence of adequate personnel has not translated into effective or accessible mental health services for Class Members.

**Access to Care:** Despite nearly full staffing, Class Members consistently reported difficulty accessing mental health services. Multiple individuals stated they have requested 1:1 therapy sessions, but their requests have not been granted. The program at this facility is structured primarily around group-based interventions, which, while beneficial for some, does not adequately meet the needs of Class Members who require individualized therapy. The lack of flexibility in the program design leaves a subset of Class Members underserved, despite their expressed clinical needs.

**Medication Access and Continuity:** Although Psychology Services Clinicians do not prescribe medication, they co-manage Class Members with mental health disorders who are prescribed medications (anti-depressants, anti-anxiety, and other mood stabilizers). As such, they play a critical role in ensuring that as a team, care for Class Members is seamless and meets clinical needs.

Class Members on mental health medications expressed concerns with the lack of access, not only to 1:1 therapy, but to medications and timely follow up when medications are started or adjusted. These issues are reportedly conveyed to staff from the Psychology Department who allegedly tell Class Members their hands are tied as they are not prescribers.

Medication access issues, affecting the quality of mental health treatment identified, at FCI Tallahassee include:

- Pill line delays, often attributed to staffing shortages;
- Inability to access KOP medications when the pharmacy is closed or when medications are out of stock;
- Class Members were allegedly told that medications, that previously worked and were prescribed by another facility or in the community, are not available at FCI Tallahassee (Wellbutrin was mentioned frequently) due to it being a non-formulary medication. BOP contends there are diversion concerns for some of these medications, but this is not clear to either the Class Members or prescribers.

These issues place Class Members at risk of destabilization, particularly those with more chronic or serious mental illnesses who depend on consistent medication adherence for stability and safety. These factors can lead to behavioral issues that result in disciplinary actions.

**Leadership Accountability:** Refusal to be interviewed by the Monitoring Team creates a barrier to meaningful monitoring. Even with adequate staffing, the program’s design flaws and operational barriers reportedly prevent Class Members from receiving the care they need.

### **Evaluation of Issues:**

- Lack of access to adequate 1:1 therapy and treatment when appropriate. Class Members reported and clinical notes revealed interactions with mental health providers, but many resulted in short interactions or screening to determine if a potential Class Member qualifies for a program.
- Lack of coordination between Psychology Health Services and Medical Services, leading to discrepancy in treatment plans for Class Members on MAT, psychotropic medications, or behavioral issues complicating treatment.

### **Recommendations (FCI Tallahassee):**

The mental health program at FCI Tallahassee demonstrates that staffing numbers alone do not equate to effective care. Based on these findings, the following recommendations are made:

- **Therapy Access:** Re-evaluate the program’s heavy reliance on group-based therapy and develop structures to ensure that Class Members requesting 1:1 therapy have access.
- **Program Alignment:** Leverage the strong staffing complement by adjusting program design and workflows to better align services with Class Member needs.
- **Team Based Care:** Encourage stronger and formally documented collaboration between staff from Medical and Psychology Services to ensure Class Members receive coordinated and timely care.

## 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.

### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5270.09 CN-1 Inmate Discipline Program, November 18, 2020
  - Program Statement 6590.07 Alcohol Surveillance and Testing Program, December 31, 1996
  - Program Statement 5212.07 Control Unit Programs, February 20, 2001
  - Program Statement 1330.18 Administrative Remedy Program, January 6, 2014
  - Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
  - Individual Adult in Custody Electronic Central Files
  - SENTRY Disciplinary Reports
  - Technical Reference Manual 5802.04 SENTRY Discipline, September 25, 2000
  - Class Counsel Memorandum, July 2, 2025

▪ **Training**

- Central Office Chief Disciplinary Hearing Administrator Website for Chief Disciplinary Hearing Officer (DHO) Guidance and Learning Resources

**Metrics:** There were 11 placements into the SHU during the July 2025 reporting period, with 1 Class Member trans-segged from FSL Danbury to the FDC Philadelphia general population.

<b>ADO's by BOP Facility</b>			
FCI Aliceville	3	FCI Hazelton	1
FMC Carswell	3	FCI Tallahassee	2
FSL Danbury	0	FCI Waseca	2

**Assessment:** All Administrative Detention Orders (ADOs) were received within the required time frames. However, four ADOs were received with missing signatures. Specifically, three SHU placements from FMC Carswell (dated July 7, 2025, July 7, 2025, July 19, 2025) were missing the supervisor's signature required for the 24-hour review. An FCI Hazelton protective custody SHU placement, dated July 22, 2025, requested by a Class Member, lacked the Class Member's signature.

Additionally, there were three SHU placements where the BOP Liaison disagreed with the placement decisions and as a result, reversals were issued almost immediately. Two of these instances involved Class Members at FMC Carswell who were released from SHU the following day. The third involved a Class Member at FCI Aliceville who was released the same day.

**Evaluation of Issues:**

- For timely assessment, the BOP Liaison should provide her recommendations to the Senior Monitor on SHU placements as they occur rather than at the end of the monthly reporting period. The Senior Monitor does not assume the BOP Liaison's agreement of the SHU placement in the absence of a recommendation of the placement as it occurs.

**Recommendation:**

- The BOP Liaison should provide her recommendation to the Senior Monitor on each Class Member's placement in SHU within (2) workdays and as indicated in Paragraph 44 of the Consent Decree, regardless of whether she is in agreement with the placement.

## 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 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).

#### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025
  - Program Statement 5200.09 CN-1 Female Offender Manual, July 31, 2025
  - Program Statement 5265.14 Correspondence, April 5, 2011
  - Program Statement 5580.08 Inmate Personal Property, August 22, 2011
  - Program Statement 5360.10 Religious Beliefs and Practices, October 24, 2022
  - Program Statement 5264.08 Inmate Telephone Regulations, January 24, 2008
  - Program Statement 4500.12 CN-1 Trust Fund/Deposit Fund Manual, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
  - Electronic Inmate Central File (EICF) for Nine Class Members in SHU
  - Report of Class Members in SHU
  - Class Member Emails Received
  - Class Counsel Memorandum, July 2, 2025
- **Training: N/A**

**Metrics:** There were 11 placements into the SHU during the July 2025 reporting period, with 1 Class Member trans-segged from FSL Danbury to the FDC Philadelphia’s general population.

ADO’s by BOP Facility			
FCI Aliceville	3	FCI Hazelton	1
FMC Carswell	3	FCI Tallahassee	2
FSL Danbury	0	FCI Waseca	2

**Assessment:** For this reporting period, 11 Class Members were placed in SHU. Of the 11 Class Members placed in SHU, 3 submitted complaints, directly to the Senior Monitor, related to privileges afford by the Consent Decree.<sup>5</sup>

**Class Member 1, FCI Waseca:** Reported her property was not inventoried prior to her being placed in SHU, and no inventory sheet was brought to her for viewing while she was in SHU. The Class Member’s property was not provided to her when she was released from SHU, and subsequently transferred to another facility.

**Class Member 2, FMC Carswell:** Reported that when she was placed in SHU, staff did not follow protocol relative to property disposition. Class Member alleged she was not allowed permissible items from her property. Her property was left in her room, not inventoried. No inventory sheet nor confiscation slip were provided to the Class Member.

**Class Member 3, FCI Aliceville:** Reported she was transferred to another facility to be placed in SHU pending an investigation. Class Member alleges her property was not packed in her presence, resulting in the loss of most of her property. She was unable to receive her allowable SHU property.

**NOTE:** The Senior Monitor advised the Class Members to utilize BOP’s Administrative Remedy procedures and to file a tort claim, if warranted.

**Evaluation of Issues:**

When proper procedures are not followed, several issues will naturally arise:

- **Lack of Accountability:** Without an inventory slip or confiscation documentation, there is no clear chain of custody for the Class Member’s property which creates opportunities for loss, mishandling, or intentional removal of personal items without oversight.

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<sup>5</sup> Specific information regarding Class Members can be located in the attachment titled *Class Member Confidential Key, July 2025*.

- **Erosion of Trust:** Failure to follow procedures related to personal property undermines Class Members trust in staff and institutional processes. This can lead to grievances, tension, and complaints that consume staff time and resources.
- **Policy Noncompliance:** Not adhering to established property handling protocols is a direct violation of BOP policy. Repeated failures may require additional supervision or accountability measures to be instituted.

**Recommendation:**

- Reinforce staff compliance with property handling protocols through training and supervisory checks to ensure inventory and confiscation slips are properly completed.

## 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.

#### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5265.14 Correspondence, April 5, 2011
  - Program Statement 5264.08 Inmate Telephone Regulations, January 24, 2008
  - Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources:**
  - Class Counsel Memorandums, July 2, 2025
- **Training:** N/A

**Metrics:** There were 11 placements into the SHU during the July 2025 reporting period, with 1 Class Member trans-segged from FSL Danbury to the FDC Philadelphia's general population.

ADO's by BOP Facility			
FCI Aliceville	3	FCI Hazelton	1
FMC Carswell	3	FCI Tallahassee	2
FSL Danbury	0	FCI Waseca	2

**Assessment:** Of the 11 Class Members placed in SHU, one raised a concern indicating she was unable to make any telephone calls. A review of this issue determined it was a Trust Fund Limited Inmate Communication System (TRULINCS) issue which subsequently resolved itself.<sup>6</sup> Another Class Member reported staff would not leave the room during her legal call. The BOP Liaison was notified and as a result, staff were directed to allow a confidential call.

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<sup>6</sup> The Trust Fund Limited Inmate Communication System provides inmates with limited computer access, to include the capability to send and receive emails.

### **Evaluation of Issues:**

- BOP has increasingly reduced the number of incidents related to two-confidential communication in recognition of the fact that if Class Members in SHU are not provided with access to confidential legal calls, legal mail, or legal visitation with Class Counsel and the Senior Monitor, it can create a significant barrier to their ability to communicate legal matters.

### **Recommendations:**

- BOP should consistently afford Class Members in SHU uninterrupted access to legal calls and emails with Class Counsel and the Senior Monitor.

## C. Staff Abuse & Retaliation

### 1. Placement in Special Housing Units

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

#### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025
  - Program Statement 6031.05 CN-2 Patient Care, March 14, 2025
  - Program Statement 6190.04 Infectious Disease Management, June 3, 2014
  - Program Statement 6360.02 Pharmacy Services, October 24, 2022
  - Program Statement 6541.02 Over-the-Counter Medications, November 17, 2004
  - Program Statement 6010.03 Psychiatric Evaluation and Treatment, July 13, 2011
  - Durable Medical Equipment, Clinical Guidance, June 2018
  - Care Level Classification for Medical and Mental Health Conditions or Disabilities, Clinical Guidance, May 2019
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
  - Incident Reports for the Monitoring Period
  - Class Counsel Memorandum, July 2, 2025
- **Training:** N/A

**Metrics:** Interviews with Staff and Class Members, Observations

**Assessment:** During this monitoring period, one Class Member from FMC Carswell reported not receiving her inhaler and prescription medication within 24 hours of placement in SHU.

**Evaluation of Issues:** N/A

#### Recommendation:

- Custody staff assigned to the SHU need to be reminded to promptly inform medical staff of Class Members entering SHU to ensure there are no lapses in the timely provision of medical devices and/or prescription medication.

## 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.

#### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025
  - Program Statement 5200.09 CN-1 Female Offender Manual, July 31, 2025
  - Program Statement 5265.14 Correspondence, April 5, 2011
  - Program Statement 5580.08 Inmate Personal Property, August 22, 2011
  - Program Statement 5360.10 Religious Beliefs and Practices, October 24, 2022
  - Program Statement 4500.12 CN-1 Trust Fund/Deposit Fund Manual, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources:**
  - Class Counsel Memorandum, July 2, 2025
- **Training:** N/A

## **Metrics:** Class Member and Staff Interviews

**Assessment:** As noted in previous monitoring reports, BOP has maintained it is not required to forward all complaints related to the denial of SHU privileges or responses to the Senior Monitor, unless a complaint has reached an escalated threshold. In practice, however, this position raises concerns about transparency and accountability, particularly when Class Members may be unaware of the alternate complaint process or in circumstances where they face access issues. Interviews conducted in previous months, with both staff and Class Members, revealed that neither were aware of alternative complaint process. When the Senior Monitor is notified that a Class Member is unaware of the alternate complaint process, the Senior Monitor educates the Class Member on the Consent Decree requirements related to this process. Furthermore, BOP reports they provide Class Members with information on TRULINCS; however, Class Members continue to report they are unaware of the system.

Paragraph 51 of the Consent Decree explicitly states, *“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.”*

This language provides alternative channels for raising concerns through Class Counsel and subsequently, the Senior Monitor if BOP Counsel does not respond in a timely or satisfactory manner. This framework inherently recognized the possibility that the complaint system may break down at the facility level. Accordingly, the Senior Monitor is expected to remain vigilant to these gaps and ensure they are addressed. Ultimately, the Monitoring Team should not rely solely on the volume of complaints received as a measure of compliance. While Paragraph 51 is designed to address individual and exceptional cases, it is not intended to serve as the sole metric for evaluating adherence to the terms of the Consent Decree.

## **Evaluation of Issues:**

- When questioned, Class Members consistently indicate they are unaware of the alternate complaint process
- There continues to exist a difference of opinion between the BOP and Senior Monitor on the scope and type of Class Member complaints that should be forwarded to the Senior Monitor. The Senior Monitor has continued to receive multiple complaints related to privileges in SHU from various facilities. In response to BOP’s comments to the July 2025 draft report, BOP has agreed to forward copies of complaints of this nature, as previously requested.

**Recommendation:**

- In conjunction with the distribution of Administrative Remedy forms upon placement in the SHU, Class Members should also receive written information regarding BOP's alternate complaint process as outlined in the Consent Decree.

## 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.

### Documents reviewed and utilized in the preparation of this report:

#### ▪ Program Statements & Forms

- Program Statement 6590.07 Alcohol Surveillance and Testing Program, December 31, 1996
- Program Statement 5200.09 CN-1 Female Offender Manual, July 31, 2025
- Program Statement 5270.09 CN-1 Inmate Discipline Program, November 18, 2020
- Program Statement 1330.18 Administrative Remedy Program, January 6, 2014
- Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025
- Program Statement 6060.08 Urine Surveillance and Narcotic Identification, March 8, 2001
- Program Statement 5310.16 CN-1 Treatment and Care of Inmates with Mental Illness, February 18, 2025
- Program Statement 5580.08 Inmate Personal Property, August 22, 2011
- Program Statement 5111.04 CN-1 Institution Hearing Program, May 23, 2017
- Program Statement 5264.08 Inmate Telephone Regulations, January 24, 2008
- Program Statement 5324.08 Suicide Prevention Program, April 5, 2007
- Program Statement 5324.12 CN-1 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025

**Wendy Still, MAS, Senior Monitor**

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

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

4th Public Monthly Status Report, July 1 – 31, 2025

- Program Statement 5521.06 CN-1 Searches of Housing Units, Inmates, and Inmate Work Areas, March 6, 2025
  - Program Statement 5576.12 CN-1 Oleoresin Capsicum (OC) Aerosol Spray, April 22, 2024
  - Program Statement 5200.06 Management of Inmates with Disabilities, November 22, 2019
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
    - Office of Inspector General Contraband Report, June 2016
    - American Correctional Association Accreditation Report, FCI Tallahassee, 2024
    - Technical Reference Manual 5802.04 SENTRY Discipline, September 25, 2000
    - Program Review Guidelines G5500I.16 Correctional Services, February 20, 2024 (Suspended per BOP)
    - Special Housing Unit, Program Review Report Questions
    - Western Region Correctional Services SHU Resources Website
    - SHU Tracking System Report, March 31, 2025
    - Individual Class Member Electronic Central Files
    - Class Counsel Memorandum, July 2, 2025
  - **Training**
    - Central Office Chief Disciplinary Hearing Administrator Website, Guidance and Learning for Chief Disciplinary Hearing Officers

**Metrics:** There were 11 placements into the SHU during the July 2025 reporting period, with 1 Class Member trans-segged from FSL Danbury to the FDC Philadelphia’s general population.

ADO’s by BOP Facility			
FCI Aliceville	3	FCI Hazelton	1
FMC Carswell	3	FCI Tallahassee	2
FSL Danbury	0	FCI Waseca	2

**Assessment:** The Monitoring Team visited the SHU facility, housed in a standalone structure, at FCI Tallahassee. Notably, the Receiving and Discharge area is located on the second floor of the SHU building, which allows inmates not housed in SHU to access the building at different times. However, they do not have the ability to enter the SHU itself.

The Monitoring Team was unable to conduct an interview with the SHU Lieutenant because she was on assignment and not in the facility during the time allotted for her interview with the Monitoring Team. However, the Monitoring Team spoke with her briefly during the visit of the SHU. At the time of the Monitoring Team’s visit, there were no Class Members housed in the SHU.

The Special Investigative Services (SIS) Lieutenant declined to speak with the Monitoring Team. Even though there were no Class Members housed in SHU at that time, given the SIS Lieutenant’s critical role in investigations related to Class Member placements in SHU, this refusal to engage is concerning. This

marks the third instance in which an SIS Lieutenant has declined to participate in the Monitoring Team's review and interview process as part of an onsite monitoring tour.

### **Examples of SHU Placements:<sup>7</sup>**

**Class Member 4, FMC Carswell:** Class Member was in a toilet stall when a female Officer was conducting her rounds. The Officer tapped on the stall door, which had no locks, causing it to open and leaving the Class Member exposed. The Class Member reportedly asked the Officer to shut the door. The Class Member stated the Officer held the door open for longer than necessary and left it open as she walked away. The Class Member could not reach the door to close it and as such, she was left exposed while other inmates walked by. Finally, another inmate passing by and seeing her exposed, closed the door.

When the Class Member left the restroom, she headed toward the area where a computer was located in order to file a Prison Rape Elimination Act (PREA) complaint against the Officer. While enroute, the Class Member conveyed this information loudly which caught the attention of other inmates. In response, the Officer followed the Class Member to the computer where a loud, heated exchange ensued between them. The Officer claimed she felt threatened by the Class Member and the attention from the other inmates. The Class Member was subsequently placed in SHU on July 19, 2025, for Threatening Staff, and an Incident Report was submitted.

The Senior Monitor received the Incident Report within the required 24-hour time period, but the Class Member did not receive a copy. The Class Member emailed the Senior Monitor from the SHU, and a telephone call was set up by BOP to allow them to communicate. The Class Member filed both a retaliation and a PREA complaint.

The Incident Report was subsequently re-written, but since the initial Incident Report was never served to the Class Member, time frames had been violated. The Class Member was released from SHU on July 23, 2025.

Although time frames had been violated, the Incident Report still had to be heard. The Disciplinary Hearing Officer (DHO) held the hearing and mailed a copy of the Incident Report to the Class Member on the same day (per the DHO). An email from the BOP Liaison to the Senior Monitor stated she was waiting to confirm whether the Class Member had in fact received her copy of the Incident Report. The DHO subsequently expunged the Incident Report.

**Class Member 5, FDC Philadelphia:** Class Member was trans-segged from FSL Danbury to the FDC Philadelphia's general population pending a PREA investigation. On July 15, 2025, she received an

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<sup>7</sup> Specific information regarding Class Members can be located in the attachment titled *Class Member Confidential Key, July 2025*.

Incident Report for violation of Offense Code 297, Telephone Abuse, that was ultimately expunged by the DHO on July 23, 2025, due to insufficient evidence to support the charge.

**Class Member 6, FCI Aliceville:** Class Member was placed in SHU on July 17, 2025, pending a SIS investigation for an unwitnessed fight. She received an Incident Report, dated July 17, 2025, for a 300-Level Offense Code 316, Being in an Unauthorized Place. The incident was heard by the Unit Discipline Committee (UDC) on July 22, 2025. The SIS investigation had not been completed by the end of this reporting period.

**Class Member 7, FCI Aliceville:** Class Member was placed in SHU on July 24, 2025. The UDC hearing, for Offense Code 316, Being in an Unauthorized Area, was conducted on July 22, 2025. The UDC Chair felt the Class Member deserved a sanction greater than what the UDC could authorize and as such, elevated the incident to the DHO for a hearing. The DHO sanctioned the Class Member to five days of disciplinary segregation time because she had been previously sanctioned for two prior incidents of the same type within the year. The DHO stated in the Incident Report hearing results that *“the mere presence of an inmate in an unauthorized area creates an environment conducive to violence, threatens institutional security, and disrupts normal operations within the institution.”*

The BOP Liaison and Regional Correctional Services Administrator both agreed a SHU term was an inappropriate sanction. As such, the Class Member was released on the same day of the decision.

### **Evaluation of Issues:**

- In accordance with Program Statement 5270.09 CN-2, Incident Reports are ordinarily served to the Class Member within 24 hours of staff becoming aware of their involvement in the incident. Furthermore, the Investigating Officer is ordinarily appointed within 24 hours of the Incident Report. The investigation should be finished within 24 hours after the appointment. However, they must be carefully written and contain sufficient details to support the charge.
- Incident Report sanctions must match the severity of the charge.
- Class Members are being put in SHU on Administrative Detention status, pending an investigation. Often, the investigations are keeping them in the SHU for longer than their sanctions given by the DHO.

### **Recommendations:**

- Remedial training should be provided to BOP staff who are involved in the disciplinary process, when Incident Reports served on Class Members result in expungements. Expungements typically imply a violation of due process, evidence-related, actions not consistent with Program Statements and/or deficiencies in documentation. As such, staff should be provided remedial training to alleviate these issues moving forward.
- Pursuant Program Statement 5270.12 CN.1, Special Housing Units:

- Inmates are housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of employees, other inmates and the public.
- Administrative Detention status may be used if an inmate's presence in the general population poses a threat to life, property, self, other inmates, the public or to the security or orderly running of the institution AND if the inmate is under investigation or awaiting a hearing for possibly violating a Bureau regulation or criminal law. When considering approval for administrative detention, the seriousness of the violation should be reviewed.
  - Captains and Associate Wardens who oversee the Special Investigative Services should pay close attention to the time frames associated with Class Members who are placed in SHU on Administrative Detention status. Documentation of management's weekly SHU reviews have been requested by the Monitoring Team for tracking purposes and to date this remains an open issue.
- BOP utilizes a tracking system that documents the issuance of the ADO, and the subsequent review and sign off of the investigation from the Captain, Associate Warden and Warden. This process should assist in ensuring Class Members spend the appropriate amount of time in SHU prior to being returned to the least restrictive housing.

## 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.

### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5100.08 CN-2 Inmate Security Designation and Custody Classification, March 6, 2025
  - Program Statement 5324.12 CN-1 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
  - Program Statement 1210.25 Internal Affairs, Office of, August 1, 2023
  - Program Statement 1350.01 Criminal Matter Referrals, January 11, 1996
  - Program Statement 1351.05 CN-2 Release of Information, March 9, 2016
  - Program Statement 3420.12 CN-1 Standards of Employee Conduct, February 18, 2025
  - Program Statement 5521.06 CN-1 Searches of Housing Units, Inmates, and Inmate Work Areas, March 6, 2025
  - Program Statement 5310.17 Psychology Services Manual, August 25, 2016
  - Program Statement 5200.09 CN-1 Female Offender Manual, July 31, 2025
  - Program Statement 1330.18 Administrative Remedy Program, January 6, 2014
  - Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025

- **Reports, Written Correspondence, Emails, Websites & Other Sources**
  - Incarcerated Women Annual Report 2024 Women and Special Populations Branch Reentry Services Division Bureau of Prisons
  - Assistant Director Memorandum, PREA Retaliation Monitoring Codes, November 21, 2024
  - Assistant Director Memorandum PREA Retaliation Monitoring and Reporting, October 29, 2024
  - 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012
  - Prison Rape Elimination Act of 2003
  - BOP PREA Website/Home Page
  - BOP Women and Special Populations Branch Website/Home Page
  - Individual Class Member Custody Electronic Central Files
  - Class Counsel Memorandum, July 2, 2025
  - Class Member Emails Received During the Reporting Period
  - Being Responsive to the Needs of Women Staff Training PowerPoint, May 21, 2025
  - Trauma Informed Communication training PowerPoint, May 21, 2025
  - Managing Female Offenders Annual Training PowerPoint, May 21, 2025
  
- **Training:** N/A

**Metrics:** The chart below reflects 22 Class Member complaints within the categories of general retaliation and 1 staff complaint (misconduct).

<b>Class Member Complaints Received by Type</b>		
<b>BOP Facility</b>	<b>General Retaliation</b>	<b>Staff Complaints</b>
FCI Aliceville	2	0
FMC Carswell	3	0
FSL Danbury	1	0
MDC Los Angeles	1	0
FTC Oklahoma City	1	0
FCI Phoenix	1	0
FCI Tallahassee	8	0
FCI Tucson	1	0
FCI Waseca	4	1

**Assessment:** During this monitoring period, 22 Class Members submitted complaints reporting retaliatory behavior. An additional complaint alleging staff misconduct was also received. These

complaints were received through in-person interviews, telephone calls, emails and letters from Class Members, emails from the BOP Liaison and a Class Counsel memorandum.

**Paragraph 59:** When complaints are received, they are forwarded to the BOP Liaison, and the Office of the Inspector General (OIG) within 48 hours of receipt. A response is provided to the Class Member advising them their complaint has been received, and that a copy has been provided to the appropriate authorities for review and disposition. The BOP Liaison also forwards the complaint to the Office of Internal Affairs (OIA) for their review and disposition.

Issues continuously raised in Class Member retaliation complaints are as follows:

- Class Members report they are being singled out and/or treated differently because they are from FCI Dublin.
- Class Members believe they receive Incident Reports for “petty” infractions that non-Class Members commit without consequence.
- Concerns that Class Members are subject to disproportionately harsh disciplinary actions, including placement in SHU, for infractions that result in lesser or no consequences for non-Class members.
- The Monitoring Team conducted an onsite visit at FCI Tallahassee on July 24 – 25, 2025, during which all Class Members housed at the facility were interviewed. Several recurring themes emerged from Class Members regardless of housing location. Class Members consistently reported that drug use is widespread within the facility and that staff appear to be “*desensitized*” to the issue.
- There were multiple accounts of staff failing to respond when inmates attempted to alert them to possible overdoses.
- Class Members describe a culture of racism and favoritism among custody staff.
- Prior to the Monitoring Team’s visit and during interviews, Class Members reported sleeping on either partial foam pads or directly on the metal frames of beds due to a lack of adequate mattresses. Inquiries by Class Members regarding this issue were reportedly met with staff responses citing budget constraints. Class Members also reported that a few days before the Monitoring Team’s visit, a shipment of mattresses, full of dust, were brought from the warehouse. They were cleaned and distributed, resulting in each Class Member receiving a full mattress. \*
- Class Members are not permitted to date any document they are asked to sign. They believe this practice exists to allow staff to routinely backdate documents.
- Class Members reported the facility does not follow the National Food Menu (menu). The Food Manager was reportedly overheard stating that the cost of following the menu during the Monitoring Team’s visit was high, suggesting adherence occurred only during the visit. Additionally, following the Monitoring Team’s visit, emails were received from Class Members alleging that food portions had returned to pre-visit levels.
- Class Members expressed serious concerns about the lack of confidentiality at the facility, even in group meetings related to Psychology. They stated that personal disclosures made in group sessions often become known on the yard and later used against them, discouraging participation and open communication.

- Class Members reported that when individuals are placed in SHU, their personal property is frequently not secured appropriately and often ends up in the possession of the SHU property clerk.
- Class Members reported that to obtain appropriately sized clothing or gain access to classes, they are required to pay inmate clerks, who work in the Education Department or Laundry Services, with commissary items
- When asked whether they felt safe at FCI Tallahassee, all Class Members interviewed responded “no.” The most common reason cited was the lack of protection from staff, with many stating that Officers do not intervene or provide assistance when safety concerns arise.
- Three Class Members, independently and at different times, reported overhearing an Officer respond to a Class Member’s comment that FCI Tallahassee should be shut down by saying, “*It’s either stay here or go back to Dublin and get raped and fucked.*”

On July 25, 2025, the above issues (with the exception of the issue related to mattresses \*) were shared with the BOP Liaison and Regional Director. At that time, the Regional Director acknowledged persistent management staff vacancies at the facility and stated that he intended to redirect management personnel from other facilities within the Region to support FCI Tallahassee.

On July 14, 2025, the Senior Monitor and a member of the Monitoring Team held a telephone call with a DHO who initially contacted the Senior Monitor with a complaint of retaliation from her Regional Hearing Administrator. During the telephone call, the DHO stated she had been told she could no longer perform DHO hearings for any Class Members from FCI Dublin. However, she was still allowed to perform hearings within her region for any non-Class Member Incident Reports.

The DHO provided the Senior Monitor with a list of Class Members who had been issued Incident Reports involving circumstances where she (DHO) felt the disciplinary actions taken were inappropriate, which included the facility’s failure to adhere to protocols related to the hearing process. After checking the EICF’s for these Class Members, it was found that all of the disciplinary actions (expungements) the DHO had previously recommended were taken after the DHO reported the retaliatory actions to her supervisors.

Since her removal as DHO for FCI Dublin Class Members at FCI Tallahassee, she has claimed Whistleblower status with the OIG. The DHO agreed to allow the Senior Monitor to reveal the information she shared with the BOP Liaison and the OIG. In response, the Senior Monitor forwarded the information received to both the BOP Liaison and the OIG. It should be noted that without the DHO acting as a gatekeeper for the disciplinary process at FCI Tallahassee, some of the Incident Reports, that had been written with much of the same language and subsequently expunged, are called into question. On July 25, 2025, this information was shared with the Regional Director during the Monitoring Team’s exit interview. The Regional Director indicated he had no knowledge of this information.

The Senior Monitor requested, from the BOP, a follow-up telephone call with the DHO. However, as of the date of this report, this request has not been granted due to the staff person not being at work.

## Examples of Retaliation Complaints:

**Log Number 2025-113-R, FCI Carswell:** Class Member reported receiving an Incident Report on July 10, 2025, for assault, following a physical altercation with another non-Class Member. She stated it was a mutual fight, and believes she was unfairly charged due to her history and status as a former FCI Dublin inmate. She reported having visible injuries, including a deep bite on her right hand that required a Tetanus shot. Class Member indicated that photographs were taken of her injuries for documentation purposes. She believes staff favored the non-Class Member involved to protect that person's placement in the Female Integrated Treatment program. The Class Member also reported submitting multiple requests for legal calls, which had not been granted. She views this as an act of retaliation.

**NOTE:** When the BOP Liaison received the retaliation complaint, she indicated she would ensure the Class Member received her legal call.

**Log Number 2025-118-R, FCI Waseca:** Class Member reportedly engaged in multiple efforts to obtain her mail, including filing administrative remedies, speaking with the Warden, standing in the mainline, and visiting the mailroom. Despite these efforts, she reported she continues to experience delays related to the receipt of her correspondence. She believes the delays may be retaliatory in nature given that she is from FCI Dublin, as other inmates appear to be receiving their mail without delay. The missing mail reportedly included important documents related to her legal case and her son.

**Log Number 2025-124-R, FCI Aliceville:** Class Member was recently released from the SHU and is actively seeking employment within the facility. However, she reported that once staff learned she was previously assigned to the kitchen at FCI Dublin, she is denied job opportunities. Additionally, she attempted to place a legal call, but staff reportedly remained in the room during the call and refused to provide the privacy required for confidential legal communication.

**Log Number 2025-129-R, FMC Carswell:** Class Member reported ongoing retaliation from two Officers who are related (mother, daughter). They often work in different areas but are on the same shift. Class Member indicated that a transgender Class Member has received multiple Incident Reports by the same Officers that she feels are also retaliatory in nature. Class Member stated she also received at least one Incident Report from one or both of these Officers. Class Member is again requesting a transfer from the facility.

**NOTE:** The Monitor has received at least two additional complaints of retaliation regarding these same Officers. This information was reported to the OIG and BOP Liaison.

**Log Number 2025-132-R, FSL Danbury:** Class Member is a life term inmate who arrived at FSL Danbury approximately one year ago and was immediately placed on the high accountability inmate program. This is a specialized inmate count program where the Class Member or any inmate on the program is required to check in with a staff from 6 a.m. to 10 p.m. every day. This Class Member was handed a yellow card and told no matter where she is (i.e., in program, pill line, in the shower), she must stop what

she is doing every two hours, hand the card to a staff member who then communicates this information to the control booth via radio. Consequently, the Class Member is now living her life in two-hour increments in that she is unable to go to sleep before 10 p.m., her programming time is disturbed, and if in pill line, she must leave line to check in with staff if it falls within the two-hour reporting timeframe.

The Class Member, to her knowledge, is the only person participating in this program at FSL Danbury, as she believes she is the only individual with a life sentence at this facility. Class Member has been incarcerated since 1998 and disciplinary free for 15 years, yet she had not previously been placed on this program at any other BOP facility. She complained this is retaliatory in nature because she is from FCI Dublin.

### **Staff Complaint Examples:**

**Log Number 2025-122-SC, FCI Waseca:** Class Member complained that any time she reports an issue, when she returns to her room, it has been “tossed,” searched, and some of her personal items are missing. Class Member indicated she has learned to not report issues to avoid retaliation.

### **Evaluation of Issues:**

- Class Members are reporting being subjected to the same type of retaliatory behaviors at some facilities where they are housed since leaving FCI Dublin.
- Several Class Members’ allegations of retaliation have yet to be investigated -- many as far back as at least one year. This can have a chilling effect on Class Members in that they may be subjected to the same type of repeated behavior without consequence to the perpetrator while the investigation is in process. It can also lead to the perception that reporting retaliation has no impact and may even result in further retaliatory treatment towards Class Members due to the lack of timely investigations.
- Program Statement 5100.08 CN-2 Inmate Security Designation and Custody Classification, states: “*CUSTODY CLASSIFICATION. The review process to assign a custody level based on an inmate’s criminal history, instant offense, and institutional adjustment. A custody level (i.e., COMMUNITY, OUT, IN, and MAXIMUM) dictates the degree of staff supervision required for an individual inmate.*” To that end, the Class Member from FSL Danbury should not be penalized because of a previous escape from this same facility involving a different female inmate. This escape occurred almost one year ago in December 2024, and had nothing to do with this Class Member. This Class Member has been incarcerated for 15 years, with no disciplinary history. As such, her supervision should be based on her individual institutional adjustment record, rather than the behavior of others, as outlined in the referenced program statement.

### **Recommendations:**

- The Senior Monitor is recommending refresher training in the following areas to assist BOP in complying with Paragraph 58:
  - Being Responsive to the Needs of Women Staff Training PowerPoint, May 21, 2025

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**Wendy Still, MAS, Senior Monitor**

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

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

4th Public Monthly Status Report, July 1 – 31, 2025

- Trauma Informed Communication Training PowerPoint, May 21, 2025
- Managing Female Offenders Annual Training PowerPoint, May 21, 2025
- Investigations of reported retaliation should be completed timely. When Class Member retaliation complaints are not investigated timely, it has the potential to place the Class Members at risk for an extended period of time. This practice also discourages Class Members from reporting retaliation as they may fear or experience ongoing retaliation from staff who are the subject of their complaints. Untimely investigations may send the unintended message that there are no consequences for retaliatory actions.
- With respect to the Class Member associated with Log Number 2025-132-R, FSL Danbury, reassess the appropriateness of the two-hour supervision monitoring program. It does not appear to be appropriate given her institutional adjustment or aligned with the tenets of Program Statement 5100.08 CN-2 Inmate Security Designation and Custody Classification.

## 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.

### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5324.12 CN-1 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
  - Program Statement 1210.25 Internal Affairs, Office of, August 1, 2023
  - Program Statement 1350.01 Criminal Matter Referrals, January 11, 1996
  - Program Statement 1351.05 CN-2 Release of Information, March 9, 2016
  - Program Statement 3420.12 CN-1 Standards of Employee Conduct, February 18, 2025
  - Program Statement 5521.06 CN-1 Searches of Housing Units, Inmates, and Inmate Work Areas, March 6, 2025
  - Program Statement 5538.08 Escorted Trips, April 8, 2024
  - Program Statement 5310.17, Psychology Services Manual, August 25, 2016
  - Program Statement 5200.09 CN-1 Female Offender Manual, July 31, 2025
  - Program Statement 1330.18 Administrative Remedy Program, January 6, 2014
  - Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
  - Incarcerated Women Annual Report, Women and Special Populations Branch Reentry Services Division Bureau of Prisons, 2024
  - Assistant Director Memorandum, PREA Retaliation Monitoring Codes, November 21, 2024
  - Assistant Director Memorandum, PREA Retaliation Monitoring and Reporting, October 29, 2024

- 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012
- Prison Rape Elimination Act of 2003
- BOP PREA Website/Home Page
- BOP Women and Special Populations Branch Website/Home Page
- Individual Adult in Custody Electronic Central Files
- Monthly PREA Retaliation Monitoring Report
- Class Counsel Memorandum, July 2, 2025
- Class Member Emails
- Being Responsive to the Needs of Women Staff Training PowerPoint, May 21, 2025
- Trauma Informed Communication Training PowerPoint, May 21, 2025
- Managing Female Offenders Annual Training PowerPoint, May 21, 2025

▪ **Training:** N/A

**Metrics:** During this reporting period, there were six instances of PREA retaliation monitoring as indicated on the BOP’s monthly PREA Retaliation Monitoring Report. The Senior Monitor was not made aware of PREA complaints by three of the six Class Members that are on the PREA Retaliation Monitoring Report. There were also four complaints related to sexual abuse and one to physical abuse.

PREA Retaliation Monitoring			
FMC Carswell	3	FDC Sea Tac	1
FCI Phoenix	1	FCI Tallahassee	1

Class Member Complaints Received by Type		
BOP Facility	Sexual Abuse	Physical Abuse
FMC Carswell	2	0
FCI Hazelton	0	1
FCI Tallahassee	1	0
FCI Waseca	1	0

**Assessment:** Prior to the Monitoring Team’s onsite visit of FCI Tallahassee, a listing of Class Member PREA complaints, from March 31, 2025, to date, was requested. Prior to the Monitoring Team’s arrival, a PCM tracking log, from April 2025, was provided containing two Class Member names.

During the onsite visit, the Chief Psychologist was interviewed as she is the acting PCM, and conveyed she had recently been appointed as the PCM as a result of staffing shortages and vacancies within management. The Chief Psychologist was found to be knowledgeable about PREA protocols. However, it is concerning that incomplete PREA documentation was provided to the Monitoring Team in advance of

the onsite visit -- calling into question whether accurate PREA documentation is maintained and if so, the extent of the documentation.

According to the Monitoring Team's records, there have been at least seven PREA complaints reported by Class Members at this facility since the Consent Decree went into effect on March 31, 2025. These complaints were subsequently forwarded by the Senior Monitor to the OIG for investigation and the BOP Liaison.

**NOTE:** PREA retaliation monitoring occurs at the location where the Class Member is currently housed, regardless of where the initial PREA event occurred.

Additionally, Class Members interviewed onsite conveyed they did not feel comfortable revealing intimate details regarding their trauma or the names of their perpetrators, even in the confines of the Psychology Department. This perception could potentially prevent a Class Member from reporting an incident. This limitation could also contribute to their perception of the potential for retaliation.

Establishing confidentiality, as described in Section 115.61 (b) of Program Statement 5324.12 CN-1 Sexually Abusive Behavior Prevention and Intervention Program, could further assist Class Member's perception of safety as it relates to the reporting of PREA incidents. The Program Statement indicates the following:

*"Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.*

*The information concerning the identity of the alleged inmate victim and the specific facts of the case are limited to staff who need to know because of their involvement with the victim's welfare and the investigation of the incident. This is important not only to preserve the victim's privacy but to preserve maximum flexibility to investigate the allegations."*

### **Sexual Abuse Complaints:**

**Log Number 2025-119 R-P, FCI Waseca:** Class Member reported she was sexually abused by an Officer who allegedly forced her to perform oral sex and touch him sexually. She stated that if she refused his demands, he would issue disciplinary reports against her. Class Member reported that as a result, she received multiple disciplinaries while at FCI Dublin. She requested to speak with OIA with Class Counsel present. She also indicated that she believes these actions are retaliatory in nature.

**Log Number 2025-126-P FMC Carswell:** Class Member reported experiencing sexual assault by other inmates while at FCI Dublin and sexual harassment from staff. She stated she attempted to report these incidents multiple times, but was unsuccessful. The Monitoring Team reported these allegations while they were at the onsite visit of FMC Carswell. However, the Class Member reports no action was taken

by BOP. Class Member is now requesting that the matter be formally reported to the OIA. This case is noted specifically because it is another example of a Class Member's efforts to report a PREA report, where the process was not followed by staff.

**Log Number 2025-127-P-R FMC Carswell:** While housed in Unit 2 North, the Class Member reported that while using the toilet alone in a bathroom stall, a female Officer opened the stall door without warning or explanation. When the Class Member asked why, the Officer responded dismissively and walked away, leaving the stall door open. Upon requesting the Officer's name, the Officer allegedly accused the Class Member of making a threat and responded by saying, "*Shut up or I am going to have you put in the SHU.*" The Officer did not provide her name to the Class Member. The Class Member formally reported this incident and the Officer's threat. She believes the allegations against her are false and retaliatory given that they occurred after she reported a PREA incident. The Class Member was not served with an Incident Report within the required 24-hour timeframe, in violation of policy, and believes this should result in a dismissal of the disciplinary. The Class Member indicated that over 20 witnesses emailed the Warden about the incident, and that their statements were consistent with video evidence.

**NOTE:** The Incident Report was expunged by the DHO at hearing.

**Log Number 2025-130-P FCI Tallahassee:** Class Member reported that during her appointment, the health care person placed his hands on her shoulders and said, "*Excuse me, baby.*" He then clarified it by saying he calls everyone "*baby.*" The Class Member indicated this made her very uncomfortable, and as such, she went to Psychology to report it. She later learned the same person had also exhibited similar behavior with a non-Class Member who did not report it. The Class Member indicated this exacerbated her discomfort.

On July 24, 2025, this incident was reported to the Senior Monitor. On July 28, 2025, and in response to this allegation, the BOP Liaison forwarded to the Senior Monitor the Sexual Abuse Intervention form that contained information from the Psychology Department associated with this case. The transmittal stated, "*I am forwarding the attached out of an abundance of caution per paragraph 63. Please note, however, the institution is not tracking the incident as PREA as the conduct described was neither sexual in nature nor sexual harassment/repeated.*"

In response, the Senior Monitor advised the BOP Liaison that the Class Member's complaint is a PREA complaint since she felt "*uncomfortable*" with the health care person's actions. If the allegation is true, the placement of the health care person's hands on the Class Member's shoulders is not within the confines of treatment provided to the Class Member nor was it appropriate for him to call her "*baby.*" This behavior is unprofessional. Additionally, the Class Member had the right to report the incident.

Additionally, Program Statement 5324.12 CN-1, Sexually Abusive Behavior Prevention and Intervention Program, Section 115.61 (e) states: "*The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.*"

The Class Member felt she had been sexually abused; therefore, it was a reportable incident. It is not within staff’s discretion to determine if the conduct should be reported. Current policy requires the investigation of all allegations of this nature. This information was reported by the Monitoring Team to the OIG and the BOP Liaison. Subsequently, the BOP Liaison also reported this information to the OIA.

**Physical Abuse Complaints:**

**Log Number 114-P-R-PA FCI Hazelton:** Class Member sent a letter to Judge Yvonne Gonzalez Rogers in which she outlined several complaints against a Case Manager at the facility. She reported the Case Manager destroyed her journal containing the telephone numbers of deceased relatives. She further reported that as a result of prior injuries, raising her arms and hands above her head causes pain. Despite explaining this to an Officer, the Officer pulled and twisted her right arm up, forcing her to pull herself up by her arm/hand. He allegedly told her that if she did not raise her arm all the way up, she would be placed in the SHU. She also alleged mistreatment by a Lieutenant while in the SHU, and separately, an Officer.

For PREA retaliation monitoring to be initiated, a report of sexual abuse or sexual harassment must have been made by the Class Member. There were three Class Member names on the PREA Retaliation Monitoring Report that had not previously been reported to the Senior Monitor.

PREA Retaliation Monitoring		
Confidential Key <sup>8</sup>	BOP Facility	Date Placed on PREA Monitoring
8	FDC Sea Tac	July 7, 2025
9	FMC Carswell	July 15, 2025
10	FCI Phoenix	July 23, 2025

**Note:** A review of Class Member Sexual Abuse Intervention reports revealed that the incident involving Class Member 9 was an inmate-on-inmate PREA event. As such, there was no requirement that it be reported to the OIG, OIA or the Senior Monitor. However, this information was uncovered (to include Class Members 8 and 10) after the Monitoring Team mined information from BEMR associated with Class Member Sexual Abuse Intervention reports. The Senior Monitor’s knowledge of this information is critical in enabling her to be aware of PREA complaints, PREA retaliation monitoring and other areas impacting Class Members.

Class Members interviewed at FCI Tallahassee reported they did not feel safe given their perception that staff are dismissive of their complaints or completely ignore unsafe situations they encounter. Other Class

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<sup>8</sup> Specific information regarding Class Members can be located in the attachment titled *Class Member Confidential Key, July 2025*.

Members stated they have been deliberately targeted for retaliatory behavior. However, the Monitoring Team notes there were no PREA complaints reported to them that had gone unreported prior to the end of the onsite monitoring tour.

### **Evaluation of Issues:**

- The perception of the lack of confidentiality among Class Members at FCI Tallahassee appears to impact the number of PREA complaints received by BOP.
- The complaint reported in July 2025, involving the BOP healthcare person and deemed by BOP as not being a PREA complaint, brings into question whether BOP is properly assessing, maintaining and monitoring PREA cases at FCI Tallahassee. This perception is further exacerbated by the fact that FCI Tallahassee only provided the Monitoring Team with the names of two Class Members who had submitted PREA complaints since the effective date of the Consent Decree.
- Lack of communication between the field and the BOP Liaison appears to have caused a breakdown in crucial reporting of information to both the Senior Monitor and the OIG as indicated by the fact that information related to PREA monitoring was not uncovered until AFTER the Monitoring Team mined information from BEMR.

### **Recommendation:**

- The Senior Monitor fully supports the Regional Director's recommendation to fill the leadership positions at FCI Tallahassee. This course of action will assist the facility to reach its organizational goals, including enhancing communication, professionalism, stability and improving engagement with staff and Class Members.

## 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 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.

#### Documents reviewed and utilized in the preparation of this report:

##### ▪ BOP Program Statements & Forms

- Program Statement 6031.05 CN-2 Patient Care, March 14, 2025
- Program Statement 6010.03 Psychiatric Evaluation and Treatment, July 13, 2011
- Program Statement 5324.12 CN-1 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
- Program Statement 1210.25 Internal Affairs, Office of, August 1, 2023
- Program Statement 1350.01 Criminal Matter Referrals, January 11, 1996
- Program Statement 1351.05 CN-2 Release of Information, March 9, 2016
- Program Statement 3420.12 CN-1 Standards of Employee Conduct, February 18, 2025
- Program Statement 3000.03 Human Resource Management Manual, December 19, 2007
- Program Statement 5521.06 CN-1 Searches of Housing Units, Inmates, and Inmate Work Areas, March 6, 2025
- Program Statement 5538.08 Escorted Trips, April 8, 2024
- Program Statement 5310.17 Psychology Services Manual, August 25, 2016
- Program Statement 5200.09 CN-1 Female Offender Manual, July 31, 2025
- Program Statement 1330.18 Administrative Remedy Program, January 6, 2014
- Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025

##### ▪ Reports, Written Correspondence, Emails, Websites & Other Sources

- Incarcerated Women Annual Report 2024 Women and Special Populations Branch Reentry Services Division Bureau of Prisons
- Assistant Director Memorandum November 21, 2024, PREA Retaliation Monitoring Codes
- Assistant Director Memorandum October 29, 2024, PREA Retaliation Monitoring and Reporting
- 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012
- Prison Rape Elimination Act of 2003
- BOP PREA Website/Home Page
- BOP Women and Special Populations Branch Website/Home Page
- Class Counsel Memorandum, July 2, 2025
- Individual Adult in Custody Electronic Central Files

- Class Member Emails
- Being Responsive to the Needs of Women Staff Training on PREA and What Constitutes a PREA Case, PowerPoint, May 21, 2025
- Trauma Informed Communication Training PowerPoint, May 21, 2025
- Managing Female Offenders Annual Training PowerPoint, May 21, 2025

▪ **Training:** N/A

**Metrics:** There were no Class Member requests for the status of their PREA investigations during this reporting period.

**Assessment:** N/A

**Evaluation of Issues:** N/A

**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 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.

#### Documents reviewed and utilized in the preparation of this report:

##### ▪ BOP Program Statements & Forms

- Program Statement 5100.08 CN-2 Inmate Security Designation and Custody Classification, March 6, 2025
- Program Statement 5162.05 Categorization of Offenses, March 16, 2009
- Program Statement 5200.09 CN-1 Female Offender Manual, July 31, 2025
- Program Statement 5220.01 First Step Act Program Incentives, July 14, 2021
- Program Statement 5240.01 Female Integrated Treatment (FIT), August 11, 2022
- Program Statement 5300.21 Education, Training, and Leisure Time Program Standards, February 18, 2002
- Program Statement 5321.09 CN-1 Unit Management and Inmate Program Review, February 27, 2025
- Program Statement 5331.02 CN-2 Early Release Procedures Under 18 U.S.C. 3621(e), September 27, 2017
- Program Statement 5400.01 First Step Act Needs Assessment, June 25, 2021
- Program Statement 5410.01 CN-2 First Step Act of 2018 - Time Credits: Procedures for Implementation of 18 U.S.C. 3632(d)(4), March 10, 2023
- Program Statement 5800.17 Inmate Central File, Privacy Folder, and Parole Mini Files, April 3, 2015
- Program Statement 7300.09 CN-4 Community Corrections Manual, March 27, 2025
- Program Statement 7320.01 CN-2 Home Confinement, December 15, 2017
- Technical Reference Manuals 5801.03 SENTRY Sentence Monitoring, October 7, 2001 (1, 2), November 8, 2024 (3)
- Technical Reference Manual 5802.03 SENTRY General Use Code Tables, July 28, 2000
- Program Statement 5140.36 Release of Inmates Prior to a Weekend or Legal Holiday, November 23, 2001

- **Reports, Written Correspondence, Emails Websites & Other Sources**
  - Class Counsel Memorandum, July 2, 2025
  - Monthly Confidential Monitoring Report for July 1 – 31, 2025, D. Designation & Release, 1. Designations & Mileage, Paragraphs 68 & 69, Attachment
- **Training:** N/A

**Metrics:** Class Member Emails, Class Counsel Memorandum, July 2, 2025

**Assessment:** Pursuant to the Consent Decree, Paragraphs 68 and 69, related to Class Members’ designations and proximity to their residence, have been reviewed by the Senior Monitor and are in the confidential attachment provided to All Parties under separate cover titled, *Monthly Confidential Monitoring Report, July 1 – 31, 2025*.

Paragraph 69 states, “BOP shall designate the place of the Class Members imprisonment and shall, subject to a variety of factors, place the Class Member in a facility to the extent practicable, within 500 miles of that Class Members primary residence.” A review found that 63% of Class Members are housed more than 500 miles from their primary residence. The distance in mileage is noted in the attachment titled *Monthly Confidential Monitoring Report for July 1 – 31, 2025 (D. Designation & Release, 1. Designations & Mileage, Paragraphs 68 – 69)*. The Senior Monitor acknowledges the language in the Paragraph allows placements “to the extent practicable,” and further recognizes that designations are subject to a variety of operational and security related factors. However, the BOP could review the Class Member’s proximity to their primary residence, and where factors are appropriate, transfer the Class Members closer to their families and children. This would assist in family reunification and create the potential for successful re-entry.

In July 2025, the Senior Monitor received a total of 190 emails from Class Members, of which 41 were specific to designations.

**NOTE:** Emails were received from non-Class Members; however, they were not read and immediately deleted with no response provided by the Monitoring Team.

### **Evaluation of Issues:**

- With 63% of Class Members placed over 500 miles away, this could suggest insufficient prioritization of proximity in designations.
- A reoccurring concern involves Class Member requests to transfer closer to their primary residence. Class Members report their requests are consistently not being acknowledged by Unit Team staff, despite the requirement within the Consent Decree that transfers be accommodated to the extent practicable.
- There continues to be a reported absence of communication between Unit Teams and Class Members. This disconnect undermines trust and can hinder access to important services and

information. Staff augmentation is most likely the single most contributing significant factor to communication barriers.

### **Recommendations:**

- When Unit Team staff are augmented and cannot hold open house, ensure there is an alternate day provided for an open house to be held.
- If a Class Member requests to transfer closer to their primary residence, Unit Team staff should respond to this request, to include providing an explanation of why their request does or does not meet the criteria for a transfer.

## 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.

#### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5100.08 CN-2 Inmate Security Designation and Custody Classification, March 6, 2025
  - Program Statement 5800.17 Inmate Central File, Privacy Folder, and Parole Mini Files, April 3, 2015
  - Program Statement 5140.36 Release of Inmates Prior to a Weekend or Legal Holiday, November 23, 2001
- **Reports, Written Correspondence, Emails Websites & Other Sources**
  - Class Counsel Memorandum, July 2, 2025

**Metrics:** Class Member Emails, Class Counsel Memorandum, July 2, 2025, SENTRY Inmate Management System Rosters

**Assessment:** During this monitoring period, no Class Members with longer than nine months remaining to serve were housed in an Administrative Detention Facility for longer than six months. No Class Member was housed in a Federal Transfer Center longer than one month. BOP continues to monitor and fulfill the requirements of Paragraph 70 of the Consent Decree.

**Evaluation of Issues:** N/A

**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.

#### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5100.08 CN-2 Inmate Security Designation and Custody Classification, March 6, 2025
  - Program Statement 5162.05 Categorization of Offenses, March 16, 2009
  - Program Statement 5200.09 CN-1 Female Offender Manual, July 31, 2025
  - Program Statement 5220.01 First Step Act Program Incentives, July 14, 2021
  - Program Statement 5240.01 Female Integrated Treatment (FIT), August 11, 2022
  - Program Statement 5300.21 Education, Training and Leisure Time Program Standards, February 18, 2002
  - Program Statement 5321.09 CN-1 Unit Management and Inmate Program Review, February 27, 2025
  - Program Statement 5331.02 CN-1 Early Release Procedures Under 18 U.S.C. 3621(e), September 27, 2017
  - Program Statement 5400.01 First Step Act Needs Assessment, June 25, 2021
  - Program Statement 5410.01 CN-2 First Step Act of 2018 - Time Credits: Procedures for Implementation of 18 U.S.C. 3632(d)(4), March 10, 2023
  - Program Statement 5800.17 Inmate Central File, Privacy Folder, and Parole Mini Files, April 3, 2015
  - Program Statement 7320.01 CN-2 Home Confinement, December 15, 2017
  - Technical Reference Manuals 5801.03 SENTRY Sentence Monitoring, October 7, 2001 (1, 2), November 8, 2024 (3)
  - Technical Reference Manual 5802.03 SENTRY General Use Code Tables, July 28, 2000
  - Program Statement 5140.36 Release of Inmates Prior to a Weekend or Legal Holiday, November 23, 2001
- **Reports, Written Correspondence, Emails Websites & Other Sources**
  - Class Counsel Memorandum, July 2, 2025
  - Paragraph 71, Release Roster, Confidential, August 1, 2025, Attachment
- **Training:** Continuous Training on SENTRY and EICF by BOP Liaison

**Metrics:** Paragraph 71, Release Roster, Confidential, August 1, 2025, Class Member Emails and Interviews, Class Counsel Memorandum, July 2, 2025

**Assessment:** Of the 30 Class Members interviewed during the monitoring tour of FCI Tallahassee, 27 raised concerns relative to Federal Time Credits (FTC), detainers, designations, Regional Reentry Center (RRC) placements, or eligibility for home confinement. With the assistance of the Regional Correctional Programs Administrator, the majority of issues raised were resolved. The questions raised by Class Members were not answered by their Unit Team staff because the staff had been augmented and diverted to other positions and as such, they were unavailable. Furthermore, the change in the credits related to the Second Chance Act (SCA) and home confinement Director's memorandums resulted in many questions among Class Members. The BOP Correctional Programs Administrator was instrumental in answering these questions during the onsite visit.

In addition to the interviews conducted at FCI Tallahassee, the Senior Monitor received 21 emails pursuant to Paragraphs 71 and 72. These inquiries were addressed by the Monitoring Team through a review of data/information in the SENTRY Inmate Management System, Class Member EICF's, and referred to the BOP Liaison for BOP's Subject Matter Experts to review and provide feedback.

On July 14, 2025, BOP issued a press release announcing the creation of the FSA task force, a strategic team initiative designed to expedite the transfer of eligible inmates to home confinement while directly supporting agency staff who have been unfairly burdened by outdated data systems. The focus of the task force is inmates in RRCs who may now be eligible for transfer to home confinement. Their next area of focus will be on incarcerated individuals within facilities who may also qualify. This resulted in many Class Members contacting the Senior Monitor and Class Counsel for information pertaining to this directive and their eligibility for home confinement. Each request was forwarded to the BOP Liaison for review and feedback.

### **Evaluation of Issues:**

- Staff shortages continue to impact the amount of time Unit Team staff spend on their caseloads.

### **Recommendation:**

- Increase staffing levels or reduce augmentation for Unit Team staff to allow them adequate time to manage their caseloads effectively.

## D. Designation & Release

### 1. Designations

**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.

#### Documents reviewed and utilized in the preparation of this report:

##### ▪ BOP Program Statements & Forms

- Program Statement 5100.08 CN-2 Inmate Security Designation and Custody Classification, March 6, 2025
- Program Statement 5162.05 Categorization of Offenses, March 16, 2009
- Program Statement 5220.01 First Step Act Program Incentives, July 14, 2021
- Program Statement 5331.02 CN-2 Early Release Procedures Under 18 U.S.C. 3621(e), September 27, 2017
- Program Statement 5400.01 First Step Act Needs Assessment, June 25, 2021
- Program Statement 5410.01 CN-2 First Step Act of 2018 - Time Credits: Procedures for Implementation of 18 U.S.C. 3632(d)(4), March 10, 2023
- Program Statement 5800.17 Inmate Central File, Privacy Folder, and Parole Mini Files, April 3, 2015
- Technical Reference Manuals 5801.03 SENTRY Sentence Monitoring, October 7, 2001 (1, 2), November 8, 2024 (3)
- Technical Reference Manual 5802.03 SENTRY General Use Code Tables, July 28, 2000
- BOP Director's Memorandum, Use of Home Confinement as Release Option, June 17, 2025

##### ▪ Reports, Written Correspondence, Emails, Websites & Other Sources

- Paragraph 71, Release Roster, August 1, 2025, Attachment
- Class Counsel Memorandum, July 2, 2025

##### ▪ Training: N/A

**Metrics:** SENTRY Inmate Management System Rosters, Class Member EICFs, Class Member Emails and Interviews, Class Counsel Memorandum, July 2, 2025

**Assessment:** During this reporting period, there were no discrepancies identified in response to immigration detainer or final deportation order complaints received from Class Member emails.

### **Evaluation of Issues:**

- The absence of complaints suggests that for this reporting period staff are appropriately addressing deportation issues.

### **Recommendation:**

- Continue current practices to ensure detainer and deportation information is accurately captured and reflected in BOP records.

## D. Class Member Access to Counsel

**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.

### Documents reviewed and utilized in the preparation of this report:

- **BOP Program Statements & Forms**
  - Program Statement 5264.08 Inmate Telephone Regulations, January 24, 2008
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
  - Paragraphs 81 and 82, Legal Call Blocks, Verified on August 1, 2025, Attachment
  - Class Counsel Memorandum, July 2, 2025
- **Training:** N/A

**Metrics:** Class Member and BOP Emails, Class Counsel Contacts, Class Counsel Memorandum, July 2, 2025, Notifications from BOP Liaison

**Assessment:** While the BOP is making a good-faith effort to comply with Paragraph 81 of the Consent Decree, several concerns remain. In July 2025, there were two emails received in which Class Members were unable to complete legal calls during their scheduled time blocks. A Class Counsel Memorandum dated July 2, 2025, reported other disruptions to the legal call blocks across facilities. Class Members at FCI Waseca allege legal call blocks were disrupted for weeks because the call blocks fell on days in which

staff were augmented. One Class Member at FPC Bryan reported to Class Counsel that she is required to sign a refusal form when deciding not to exercise the use of a legal call. Documenting refusal (while not mandatory) can assist BOP in maintaining a record related to proof of practice.

In accordance with Paragraph 82, BOP verified and provided the legal call block schedule to the Senior Monitor for July 2025.

### **Evaluation of Issues:**

- The above issues suggest that despite overall efforts, access to legal calls is inconsistent and vulnerable to staffing constraints and facility level practices.

### **Recommendation:**

- Ensure that legal call blocks are consistently adhered to across all facilities, even during staff augmentation, and review the practice of requiring refusal forms to avoid discouraging a Class Member from exercising their legal call rights.

## Signature

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



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Wendy Still, MAS  
Senior Monitor

October 15, 2025

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Date

## Glossary of Acronyms

ADO	Administrative Detention Officer
AICs	Adults in Custody
BOP	Bureau of Prisons
BEMR	BOP Electronic Health Record
C.F.R.	Code of Federal Regulations
DHO	Disciplinary Hearing Officer
DST	Destination
DSTD	Destination Date
EICF	Electronic Inmate Central File
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
KOP	Keep on Person
MAT	Medication Assisted Treatment
OIA	Office of Internal Affairs
OIG	Office of Inspector General
PCM	PREA Compliance Manager
PREA	Prison Rape Elimination Act
SCA	Second Chance Act
SHU	Security Housing Unit
SIS	Special Investigative Supervisor
TRULINCS	Trust Fund Limited Inmate Computer System
UDC	Unit Discipline 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).<sup>9</sup>

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

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

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

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<sup>9</sup> [eCFR :: 28 CFR 541.22 -- Status when placed in the SHU.](#)

**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 Class Member complaint with any official who is the subject of that complaint. The BOP Liaison does not have independent authority to direct any BOP employee to take a particular action but should make recommendations after consulting with BOP's Deputy Director, subject matter expert, or the Senior Monitor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### § 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

## BOP Memorandums, Reports and Other Documents

- Paragraphs 81 and 82, Legal Call Blocks, Verified on August 1, 2025

## Confidential Attachments (provided under separate cover)

- Monthly Confidential Monitoring Report, July 1 – 31, 2025
- Medical and Mental Health Confidential Class Member Key, July 2025
- Class Member Confidential Key, July 2025
- Paragraphs 68 and 71, Population Monitoring Census Roster, August 1, 2025
- Paragraph 71, Release Roster, Confidential, August 1, 2025

**Paragraphs 81 and 82, Legal Call Blocks, Verified on August 1, 2025**

Institution	Day	Time Block in Current Time Zone	Time Block in PST	Class Counsel	Method	July Audit	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	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	Yes	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	Yes	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	Yes
Chicago						n/a	
Danbury	Thursday	12:30 pm to 3:30 pm EST	9:30 am to 12:30 pm	RBB 202-505-1051	Open Door	Yes	Yes
Greenville	Thursday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Yes	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	Yes
Houston	Tuesday	12:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Yes	No
Lexington	Monday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBGG 415-907-0603	Open Door	Yes	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	Yes	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	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	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	Yes	No
Pekin	Monday	11:00 am to 2:00 pm CST	9:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Yes	No
Philadelphia	Thursday	12:30 pm to 3:30 pm EST	9:30 am to 12:30 pm	RBB 202-505-1051		n/a	
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	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	Yes	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	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	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	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	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	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	Yes

Verified 8/1/25