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

12th Public Monthly Status Report
March 1 - 31, 2026

Submitted by

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

June 29, 2026

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

Introduction & Background

Introduction: This section serves as an introduction to the 12th monthly monitoring report on the status of the United States (U.S.) Federal Bureau of Prisons (BOP) implementation of the California Coalition for Women Prisoners v. U.S. BOP Consent Decree. This report addresses related Paragraphs assigned to Senior Monitor Wendy Still, MAS, for monitoring during the month of March 1 – 31, 2026. It includes 34 findings and recommendations that refer to "*a course of action that the Monitor believes would assist the BOP in complying with this Consent Decree*."[1] Additional recommendations may also be included in subsequent reports as additional information and assessments are conducted by the Monitoring Team. Furthermore, while this report is dated June 29, 2026, only information from March 1 – 31, 2026, is included.

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

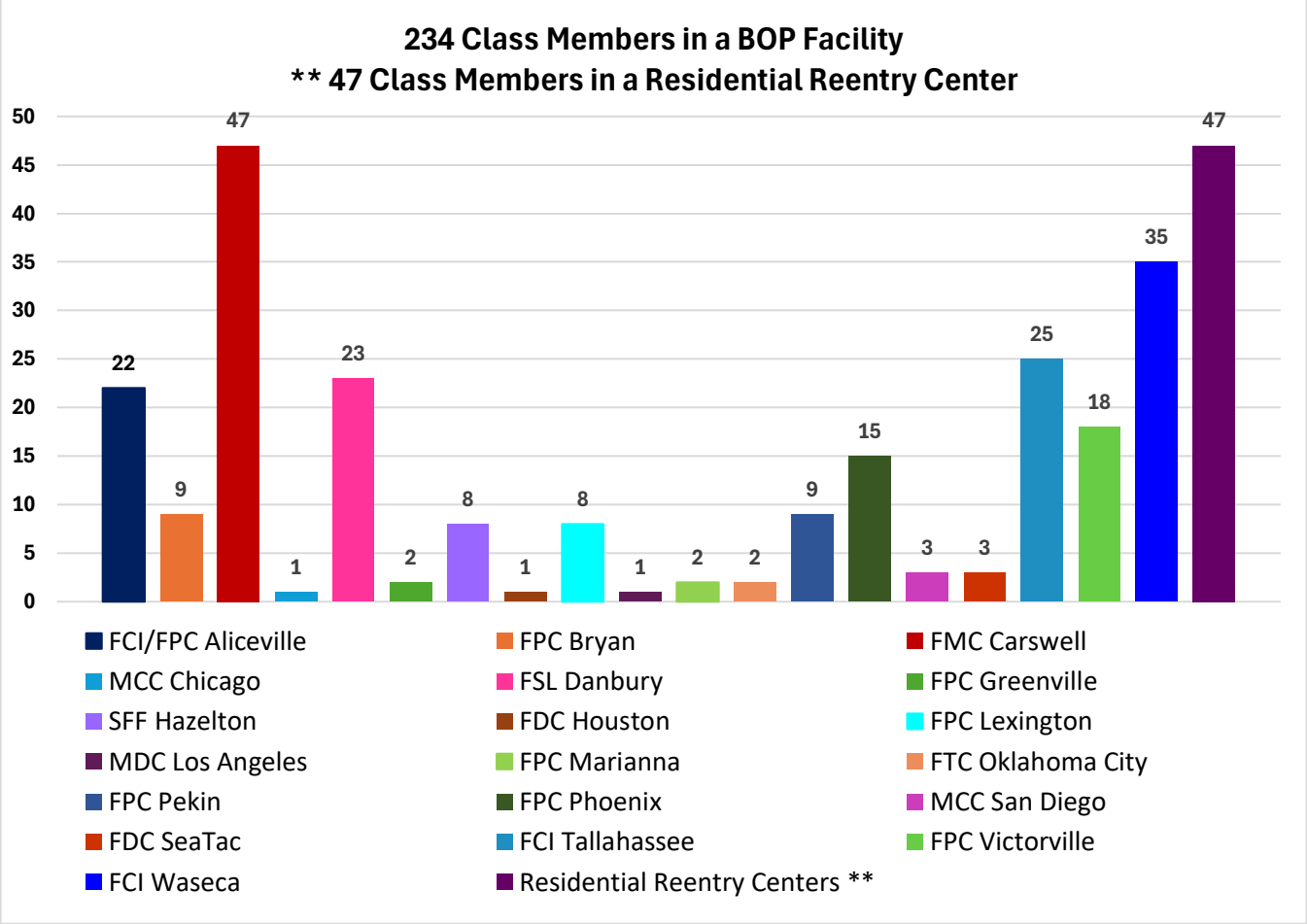
Monitoring Activities: During this monitoring period, the Senior Monitor's priorities centered on assessing factual findings related to the various Paragraphs of the Consent Decree. No onsite monitoring tours were conducted during this period. Activities conducted include, but are not limited to, the following:

- Review of BOP program statements, records, audits, reports, tracking logs, formal and informal training materials, online training content, the Code of Federal Regulations (C.F.R.), Title 28[2], and other relevant documents;
- Participation in meetings with BOP staff, Class Counsel attorneys, the Assistant United States Attorney (AUSA), and the Court;
- Interviews with BOP staff and CMs;
- Review of Class Counsel Memorandums dated March 2, 2026, March 17, 2026, and March 31, 2026; and
- Review of emails from CMs, BOP staff, Class Counsel, and the AUSA.

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

[1] Paragraph 99, Consent Decree
[2] eCFR :: Title 28 of the CFR -- Judicial Administration

Class Members: The chart below reflects the number of CMs in BOP custody by facility, to include those housed in Residential Reentry Centers (RRCs).[3]



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

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

NOTE:

[3] Chart reflects population roster generated by BOP, dated March 31, 2026.

- The term "**facility**" and "**institution**" are utilized interchangeably throughout this document.
- Related Paragraphs have been consolidated in this status report for clarity; however, several may be reported separately in future reports, as needed.
- The section and subsection letters and numbers referenced in the following sections of this report are based on the structure of the Consent Decree.
- The reference to *Monitors* refers to two or more members of the Monitoring Team, including the Senior Monitor.
- BOP Program Statements, reference documents and metrics for each of the Paragraphs assessed, are noted in the attachment titled, *Program Statements and Reference Documents, March 2026.* Some metrics may also be mentioned in the body of this report for emphasis.
- This report includes findings and recommendations. Recommendations from previous monitoring reports are denoted by two asterisks. **
- CM charts within Paragraph sections of this report reflect specific numbers of CM categories and as such, they may not match charts referenced in other Paragraphs.
- Complaints received from Class Counsel and CMs *after* the end of a monitoring period will be reflected in the month/quarter in which the complaints are received by the Senior Monitor. For example, if complaints lodged in February are not received by the Senior Monitor until March, they will be reflected in the March public monthly status report. Furthermore, BOP actions will be reflected in the month in which they occur.
- Paragraph sections 42, 44, 45, 52, 53, 54, and 55 reflect 12 CM "*placements*" in SHU, whereas Paragraphs 46, 47, 48, 49 and 51 reflect 18 CMs "*housed"* in SHU during the reporting month.
- Facility locations noted in the "*Class Member Confidential Key*" refer to the physical location of the CM at the time of the event noted in the report and as such, may differ from the CM's location noted in BOP's "*Population Monitoring Census – Roster"* (attachment) for the reporting month.

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

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

A. Medical Health Care (Part 1)

1. Review of Medical Health Care Alerts

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

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- Review of BOP Electronic Medical Record (BEMR) System
- BOP Open and Closed Alert Report
- Class Counsel Memorandums, March 2, 2026, March 17, 2026 and March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment

Assessment: During this reporting period, there were no onsite visits. The following table represents the status of medical alerts as of the end of March 2026.

Status of Medical Alerts	
Open Medical Alerts: **39**	Closed (Cleared) Medical Alerts: **5**
CM Emails & Complaints Related to Medical Concerns: 51	

All medical health care alerts are detailed in the attachment titled, *Monthly Confidential Monitoring Report, March 2026*. A selection of medical health care alerts is discussed in the following pages, with identifying information removed.

Additionally, as noted in the February 2026 public monthly status report, a dental compressor for FMC Carswell had been procured and was pending receipt. The dental compressor was subsequently received and installed at the facility on March 25, 2026. The installation of the new compressor should improve the efficiency of dental operations and reduce wait times for routine dental care for CMs.

Status of Class Members Who Are the Subject of Medical Health Care Alerts:[4]

CM 1: CM currently has an alert that was opened on March 13, 2026. The CM has a documented need for eyeglasses dating back to August 7, 2012. During an interview conducted in May 2025, he reported

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

that his eyeglasses were lost during the closure of FCI Dublin. The CM further reported he was eventually seen by an Optometrist at the facility where he was transferred to, at which point eyeglasses were ordered. However, before he received the eyeglasses, he was transferred to another facility.

During the first onsite visit at FMC Carswell in May 2025, the Medical Experts followed up with both the Director of Nursing and the Associate Warden of Health Services. Both stated there is an established process whereby inmate property and medically necessary items, including eyeglasses, are supposed to transfer with the inmate/CM from one BOP facility to another. Based on these representations, an alert was not requested at that time.

However, during the second monitoring visit to FMC Carswell in February 2026, the Medical Experts interviewed the CM a second time, and he reported he still had not received his eyeglasses. At this point, the CM had been without eyeglasses for more than two years. He also reported that his family attempted to provide him with eyeglasses. However, the facility denied the request because it did not comport with existing BOP policy. Accordingly, the alert was placed due to BOP's failure to provide the CM with eyeglasses in a timely manner. This situation also reflects unnecessary delays, as the CM was evaluated by an Optometrist and eyeglasses were reportedly ordered, yet never received by the CM.

CM 2: CM has reportedly been requesting dentures since May 11, 2023, with the initial request while at FCI Dublin. A review of BEMR indicates she has not been seen by dental services since May 2023. CM reported having only a few remaining teeth. During the onsite visit of FMC Carswell in February 2026, the CM continued to convey the existence of ongoing dental pain. She also expressed concerns regarding her special dietary accommodations. A review of BEMR indicates that her soft diet expired on February 23, 2026. As of the end of March 2026, a new soft diet order had not been placed in BEMR.

Additionally, as of the end of this report period, the CM has not been reevaluated by dental services to reassess her ongoing needs. The delay in providing dentures and the lapse in maintaining an appropriate soft diet in the context of her dental condition are concerning, and may be a contributing factor to her ongoing pain and difficulty in consuming a variety of foods.

CM 3: CM was on Medication Assisted Treatment (MAT), but the medication was held as a result of an Incident Report that was issued to the CM. A review of BEMR indicates she has an active order for Buprenorphine. If the incident has been expunged, there is no reason to deny treatment. Staff observed the CM divert Suboxone on multiple occasions. While counseling was attempted several times, the CM continued to divert MAT medications and was found in possession of other drugs. Per the Opioid Use Disorder Consent for Treatment form, the CM "*agree[d] not to sell, share, or give [their] medication to another person. Such conduct may result in immediate termination of [their] current treatment*." Given that the CM's actions violated this agreement, Suboxone was discontinued for the CM's safety. During her Chronic Care Clinic appointment on March 17, 2026, she was offered Vivitrol. On March 24, 2026, the CM told medical staff that she did not want to be placed on Vivitrol. On March 26, 2026, a refusal form was signed and scanned into BEMR.

CM 4: CM has needed eyeglasses since her incarceration at FCI Dublin. An optometry alert was opened in May 2025. On October 9, 2025, the CM was seen by optometry, a prescription was written and eyeglasses were ordered. To date, the CM has still not received her prescribed eyeglasses. The continued delay in providing access to basic vision care and necessary medical devices is unreasonable and outside community standards, and raises concerns regarding timely access to essential medical care.

CM 5: CM has been awaiting replacement eyeglasses since her incarceration at FCI Dublin. Her last documented vision prescription was written in 2024. She has reportedly continued to request an evaluation for updated eyeglasses; however, as of the end of this reporting period, she has not been seen for a follow-up optometry evaluation. A review of the scheduling system indicates that as of the end of this reporting period, an appointment has not been scheduled. This delay reflects a continued lack of timely access to basic vision care and necessary medical devices. Furthermore, this delay represents BOP's deficiency in providing timely access to essential medical services, and corrective eyeglasses.

CM 6: A review of BEMR indicates medication was ordered for this CM on December 26, 2025. A review of her medical chart indicated that her oxcarbazepine levels are very low. According to the provider's note, over the past 30 days, the CM has only reported to pill line for her medications on four prior occasions. The CM has current prescriptions for Lipitor, Colace, Insulin, Ozempic, Senna, Mirtazapine and Oxcarbazepine. The CM has a history of seizures, but was removed from Oxcarbazepine on November 7, 2025. The note in BEMR indicated, "*Inmate has shown to pill line four times in the last 30 days. Pill line medications to be discontinued per conversation with APP*." Discontinued medications included Oxcarbazepine and Venlafaxine. The reason noted for discontinuation was "*non-compliance*." A review of BEMR indicates Oxcarbazepine was reordered on February 2, 2026. On November 13, 2025, the CM's Oxcarbazepine levels were low. This is a "keep on person" (KOP) medication. When the CM arrived at FSL Danbury, her medications were restarted on February 26, 2026. Since then, the CM has not had any episodes of seizure activity.

The history of seizures was first documented on January 17, 2024. No documentation was found in BEMR regarding her recent seizure. An alert was opened because the Medical Experts could not confirm access to sick call, and to allow medical personnel to explain the reason(s) for discontinuing her seizure medication. Discontinuation of the CM's seizure medication is not appropriate in the absence of medical reasoning and documentation.

CM 7: CM had a medical alert placed on September 19, 2025, for follow up consult with Urogynecology (Uro-Gyn). A review of BEMR indicates that she was seen by Uro-Gyn on January 5, 2026. During that visit, it was recommended that the caseworker coordinate with surgery. A subsequent follow-up visit occurred on January 13, 2026, at which time findings included a 3.6 cm cyst with fluid along the posterior margin of the distal urethra. The recommended plan was to review MRI findings and proceed with surgical removal. As of March 31, 2026, there is no indication in BEMR that a surgical follow-up appointment has been scheduled. The delay in moving forward with the recommended surgical intervention raises concern regarding timely access to necessary specialty care and treatment.

CM 8: CM reported she has been requesting MAT services since her incarceration at FCI Dublin. A review of BEMR indicates she was screened for inclusion in the MAT program. On November 24, 2025, it was determined the CM did not qualify for the program. Documentation does not include clinical reasoning; instead, it cites that the CM's extensive history of policy violations and her projected release date place her at risk. The absence of documented clinical reasoning and consideration of risks associated with the illicit use of substances (including risk of overdose as components for determining participation in a structured MAT program), are not in alignment with community standards of care. As noted in previous reports, the Medical Experts are concerned that custodial or punitive rationale outweighs clinical need when considering treatment for CMs with a history of substance use disorders/addiction.

Medical Treatment & Specialty Care: CMs report significant barriers to accessing timely medical care. The Medical Experts continue to receive complaints from CMs regarding delays in access to sick call and specialty care services. CMs report that sick call requests are often not responded to in a timely manner and, in some cases, no response at ever received. Additionally, CMs report that when they present for sick call, access to care is dependent on provider availability, and as such, CMs are at times turned away without being evaluated or treated. CMs also expressed concerns regarding inadequate communication regarding the results of clinical testing, including laboratory results and specialty care consultations, leaving them uninformed about their medical conditions and treatment plans.

Medication Delays: The Medical Experts have received numerous complaints indicating that some CMs are experiencing delays of four to five weeks in having their medications renewed after they have requested a refill or following a transfer between BOP facilities. This is most problematic at FCI Tallahassee based on staffing deficiencies and complaints received and interviews conducted with CMs. Pursuant to BOP *Program Statement 6360.02 Pharmacy Services, October 24, 2022*, medications prescribed at the sending facility are discontinued upon transfer, requiring a new provider order at the receiving facility before the pharmacy can dispense the medication. This process appears to be a significant contributor to the reported delays. For example, the Medical Experts reviewed a case in which a CM that was prescribed anti-seizure medication experienced a delay of approximately three weeks before the medication was re-ordered and administered following their transfer. Additionally, there are multiple similar reports of interruptions in care for CMs with ongoing treatment needs. Given existing staffing shortages in both clinical and pharmacy services at some facilities, this built-in requirement of reordering all medications when a CM transfers to another facility creates an unnecessary administrative burden. Furthermore, it consumes limited clinical resources, despite the presence of active, documented treatment regimens in the CM's medical record. More importantly, these delays create a risk of harm—or actual harm—to CMs whose conditions require uninterrupted pharmacologic management.

Dental Care: Under Estelle v. Gamble, the 8th Amendment prohibits deliberate indifference to serious medical needs of incarcerated individuals. Dental care is well established within federal jurisprudence as a component of necessary medical care, particularly when untreated conditions may result in significant pain, infection, or functional impairment. Policies that systematically delay or disrupt access to such care may, therefore, raise concerns regarding deliberate indifference, even in the absence of intent at the individual provider level.

Furthermore, one of the primary concerns of the Medical Experts is the reliance on a centralized or national waitlist system for dental services. Although intended to promote consistency, this system can result in prolonged delays in treatment. Such delays increase the risk that minor or preventive needs will progress into urgent or emergent conditions. From a constitutional perspective, prolonged untreated pain or preventable deterioration in oral health, may be construed as a failure to provide minimally adequate care, particularly when systemic barriers—rather than clinical judgment—are the primary cause of delay.

A further significant concern arises in the context of CM transfers between facilities. When CMs are transferred within the BOP system, their position on the dental waitlist may be adjusted or effectively reset based on the receiving facility's existing caseload. This practice can result in substantial additional delays in care and disrupt continuity of treatment. Importantly, these delays are not attributable to CM behavior or clinical prioritization, but rather to administrative processes. Such outcomes may be viewed as arbitrary and increase the risk of prolonged pain and worsening of disease.

These issues underscore a broader misalignment between current policy and clinical standards. Contemporary correctional health care principles emphasize timely access, continuity of care, and equitable treatment regardless of housing location. When policies create predictable and preventable barriers to care, they increase the risk of being outside accepted standards of care, even when staff act in good faith within existing guidelines.

Findings & Recommendations:

Finding 1: The provision of dental services continues to present significant operational and clinical challenges, with implications that extend beyond administrative inefficiency. While most facilities appear to be compliant with *Program Statement 6400.03, Dental Services, June 10, 2016,* the policy itself is outdated and does not align with contemporary standards of care in correctional dentistry. As a result, technical compliance does not necessarily equate to meeting needed or adequate care.

Recommendation 1: In light of concerns related to dental care outlined in this section, it is recommended that BOP undertake a comprehensive review and revision of its dental services policy. Policy updates should incorporate current clinical standards, ensure continuity of care across facility transfers, and restructure the waitlist system to prevent unnecessary delays. Mechanisms should also be implemented to preserve a CM's place in the treatment queue, regardless of transfer, and prioritize care based on clinical need rather than facility assignment.

Finding 2: Discontinuation of medications due to perceived "*non-compliance*" is problematic. This is of particular concern when it involves seizure or other psychotropic medication. The Medical Experts are not finding that appropriate discussions are occurring with CMs to ascertain why they may or may not be taking specific medications. The lack of a review of side effects is an example. Furthermore, laboratory analysis, when conducted to determine levels of medications in the bloodstream are not always performed at the appropriate times to ensure correct readings given that levels can fluctuate for some medications, depending on when the blood sample is taken in relation to when the dose is

administered. The coordination involved in obtaining a blood sample is complex, especially in carceral settings (e.g., may require an early morning fasting draw). Because of the potential for fluctuation of levels, depending on the time of day the sample is taken and processed, decisions to discontinue medications based only on these results fails to consider other relevant factors, and can lead to unintended clinical consequences.

Recommendation 2: CMs must have an appropriate evaluation of clinical issues, including communication regarding the side effects of medications, risks of discontinuing medications, and alternative treatments available before seizure and psychotropic medications are discontinued. Medical decisions/reasoning must be clearly documented when medications are discontinued.

Finding 3: BOP continues to experience issues with coordination and continuation of medications upon transfer—a clear CM safety issue.

Recommendation 3: Given this finding, it is recommended that BOP:

- Implement a continuity-of-care policy allowing medications from the sending facility to remain active for a defined interim period (e.g., 7 – 14 days) upon transfer, and pending provider review;
- Require expedited medication reconciliation within 24 hours of arrival, with priority given to high-risk conditions (e.g., seizure disorders, insulin-dependent diabetes, psychiatric conditions);
- Establish standing or bridge orders for critical medications to prevent lapses in treatment;
- Improve coordination between sending and receiving facilities, including advanced transmission and verification of active medication lists;
- Evaluate pharmacy and clinical staffing levels and workflow processes to reduce bottlenecks that contribute to delays; and
- Track and monitor medication delays as a quality metric, with corrective action plans for facilities demonstrating repeated problems.

Finding 4: Provision of prescription glasses to CMs is not timely and falls significantly outside community standards.

Recommendation 4: BOP should continue to move forward with changing their existing policy which limits local facilities from contracting for services outside of UNICOR. **

Finding 5: CM enrollment in the MAT Program is not based on clinical need alone.

Recommendation 5: MAT providers, including MAT committees, need to document the clinical risks and benefits of deeming CMs unqualified to receive medications for use disorders, including risk of overdose, use of illicit substances, and effect on other conditions, including mental and behavioral health issues.

A. Mental Health Care (Part 2)

1. Review of Mental Health Care Alerts

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

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- Review of BEMR System
- BOP Open and Closed Alert Report
- Class Counsel Memorandums, March 2, 2026, March 17, 2026, and March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment

Assessment:[5] During this monitoring period, there were no open mental health alerts identified. This is in part because, although a Mental Health Expert had been retained, there were delays in onboarding. Once completely onboarded, the Mental Health Expert will be able to identify additional issues related to mental health care within this section. Furthermore, the Mental Health Expert has been unable to access CM records due to computer hardware and data network access issues. It is anticipated that these issues will be resolved by April 2026, at which time mental health alerts will be identified and requested. The addition of the Mental Health Expert will also enable the Monitoring Team to provide a more in-depth review of CM mental health access issues within BOP facilities. It should be noted that as computer access related issues were identified in March 2026, BOP provided expedited assistance. However, BOP's computer security access approval process required the Mental Health Expert to physically present original identifying documents in order to be granted access. The Mental Health Expert was not advised of this requirement, and as such, it also delayed the approval process.

During this reporting period, three overlapping medical and mental health alerts were identified under the medical section. The Medical Experts continue to receive CM complaints regarding the adequacy of mental health care services. CMs continue to voice concerns regarding limited access to psychological services and an inability to access medical services for psychiatric medication-related issues. The artificial separation of psychology and medical services continues to be of concern to the Medical Experts. BOP indicated they were in the process of unifying these two service lines under one umbrella; however, this process was put on hold. This unification could help improve operational practices.

[5] Mental health alerts are detailed in the attachment titled, *Monthly Confidential Monitoring Report, March 1 - 31, 2026*.

Additionally, CMs continue to report concerns related to the coordination of mental health issues requiring input from both psychology and medical services (i.e., a person is not doing well in terms of symptoms, but psychology staff suggest they speak with the medical services prescriber).

In reviewing the mental health care levels assigned to CMs, the majority are currently designated as Mental Health Care Level 1. As discussed in previous reports, it is the Medical Experts' impression that some care levels assigned to CMs may not accurately reflect their actual mental health presentation and treatment needs. The addition of the Mental Health Expert will enable the Medical/Mental Health Expert Team to better assess mental health care and care level designations.

Access to group counseling as the primary modality of mental health treatment continues to be a concern. CMs continue to report a need for individual therapy, noting that certain topics are not appropriate or comfortable to discuss in a group setting. These concerns continue to raise questions regarding whether current mental health services are sufficiently individualized to meet CMs' clinical needs.

In general, aligning policy with modern clinical practices could help reduce legal risk, improve CM outcomes, and promote a more equitable and effective system of care within the BOP.

Class Member Mental Health Care Levels		
Care Level 1 : **202**	Care Level 2: **29**	Care Level 3: **3**
Mental Health Care Alerts		
Open Mental Health Alerts: **0**	Closed (Cleared) Mental Health Alerts: **0**	Emails & Complaints Related to Mental Health Concerns: **2**

Information related to CM complaints and emails are detailed in the attachment titled, *Monthly Confidential Monitoring Report, March 1 – 31, 2026, Paragraph 34.* A selection of alerts are discussed below with identifying information removed.

Status of Class Members Who Are the Subject of Mental Health Care Alerts:

CM 9: CM reported difficulty accessing psychology services. She completed the Female Integrated Treatment (FIT) program, but continues to require psychological support. The CM has a current alert open for MAT. She had a change in medication in February 2026 due to complaints that the medication she was prescribed at the time was ineffective. She was seen by psychology staff on February 9, 2026, only after BOP received feedback from a medical services provider indicating that the CM was not doing well. Prior to this, the CM had been seen in August 2025 by psychology staff and reported having attempted to obtain psychology services, to no avail. She further expressed concern that her ongoing mental health needs were not being met, including support for medication evaluation. Follow up with both her prescribing medical provider and psychology services is warranted.

CM 10: CM has an open alert for psychiatric evaluation and has been reaching out to psychology and medical services to discuss both psychiatric and MAT medications. The CM was seen in December 2025 by medical services, at which time MAT medications were ordered, but not increased. However, no documentation exists regarding the medical reasoning for not increasing the dosage of the medications or that a discussion ensued with the CM to explain the rationale for maintaining the current dose. CM reportedly made multiple requests to be seen by psychology in an effort to cope with her symptoms. Follow up with both her prescribing medical provider and psychology is warranted to evaluate treatment needs and provide support.

Findings & Recommendations:

Finding 6: CMs continue to request services outside of group therapy and continue to convey difficulty accessing these services.

Recommendation 6: BOP should continue their efforts to create a master's level position to assist in increasing staff for the mental health program.

Finding 7: There is continued lack of coordination between psychology and medical services for CMs needing both psychological support and medications. Even in cases where CMs are prescribed psychotropic medications, ongoing evaluation for improvement or side effects is not being conducted timely or in a coordinated fashion. Per BOP, Care Coordination and Reentry Team (CCARE) meetings exist, are organized and held, and include both psychology and health services staff. Reportedly the CCARE Team is responsible for identifying potential concerns regarding inmates with mental illness.

Recommendation 7: BOP should encourage the use of team-based interdisciplinary meetings and communication through BEMR to allow for knowledge transfer and coordination of care. As noted in previous reports, this lack of coordination delays appropriate care and places the onus solely on the CM.

Finding 8: Lack of documentation regarding medical reasoning for either stopping or adjusting doses is not conducted consistently. Additionally, as noted in previous reports, no standardized tools are used by medical service providers to gauge disease burden. This increases the risk for inconsistent treatment and potentially, treatment that is not evidence based.

Recommendation 8: As noted in previous reports, the Medical Experts recommend that BOP adopt standardized tools frequently used in community settings (e.g., PHQ-9, GAD-7) for use by medical providers in the management of lower-level mental health illness. Additionally, improved and consistent documentation standards that include medical reasoning should be the expectation and be components of peer review and clinical audits.

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

C. Staff Abuse & Retaliation
1. Placement in Special Housing Unit
44. To the extent feasible, within twenty-four (24) hours of placement in Administrative Detention Status, the Class Member and the Monitor shall be provided a copy of the Administrative Detention Order (ADO), which shall articulate the specific reason for placement in SHU, supported by objective evidence. Also, within twenty-four (24) hours of such placement, a supervisor not involved in the initial placement shall review and make a determination regarding the placement decision and forward to the BOP Liaison for review. Within two (2) workdays following the supervisors' review of the placement, the BOP Liaison shall review and make a recommendation regarding the placement. In the event the BOP Liaison disagrees with the receiving facility's determination of placement, the Regional Director shall make a determination on the placement decision.
45. Class Members shall be provided with one set of administrative remedy forms upon placement in the SHU and, per existing policy, Class Members shall also be provided such forms whenever they request them and such forms shall be maintained in sufficient supplies in the SHU to allow for staff to promptly provide them to Class Members upon request and maintained in areas Class Members can access when out-of-cell.

Metrics:

- Class Counsel Memorandums, March 2, 2026, March 17, 2026 and March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment
- Number of CM in SHU for Reporting Month: **12**

ADO's by BOP Facility	
FMC Carswell: **5**	FCI Waseca**:** **3**
SFF Hazelton: **1**	FCI Tallahassee: **3**

Assessment:

Receipt of ADOs:

- Number of CMs in SHU for reporting month who received ADOs within the required time frames: **12**
- Number of CMs who received ADOs, but outside the required time frames: **CMs did not receive ADOs outside of the timeframe during this reporting period. Of the 12 CMs who received ADOs, 10 articulated the specific reason for placement in SHU, supported by objective evidence; however, 2 did not or were deficient for other reasons. For example, FMC Carswell and FCI Waseca continue to use the phrases "*pending SIS investigation*" or "*pending investigation for violation of bureau regulations*."**

Review of Placements:

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

Provision of Administrative Remedy Forms:

- Were all CMs provided with one set of administrative remedy forms upon placement in the SHU? **No. CMs at FCI Tallahassee received their administrative remedy forms within an hour of their placement. All other CMs received their forms within a few hours to a few days after their placement in SHU.**
- Are CMs provided additional forms upon request? **Unable to determine for all CMs in SHU during this reporting period. Partial information was noted on the tracking form for five CMs from FMC Carswell, FCI Tallahassee and FCI Waseca; however, it was incomplete. Two complaints from CMs were received by the Monitoring Team indicating they were unable to obtain administrative remedy forms.**
- Do facilities housing CMs in SHU maintain sufficient forms to provide to CMs upon request? **Unable to determine. This continues to be an ongoing issue. Two CM complaints were received indicating they were unable to obtain administrative remedy forms this reporting period.**

Findings & Recommendations:

Finding 9: Two ADOs from FMC Carswell and FCI Waseca did not articulate the specific reason(s) for placement in the SHU and furthermore, were not supported by objective evidence.

Recommendation 9: Per *Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025, "The specific reason for placement in SHU must be supported by objective evidence and clearly articulated in the narrative section of the ADO."* However, "*pending SIS investigation*" or "*pending investigation for failure to follow Bureau regulations*" are not specific reasons defined in the Program Statement. Frequently, the CM receives an Incident Report with their charge or SIS interviews the CM regarding their case shortly after they are placed in SHU. As such, informing the CM upon entry into SHU, as articulated in the Program Statement, should not pose a safety concern. Examples include pending SIS investigations for assault, phone abuse, fighting, etc. **

Finding 10: Administrative remedy forms were not always provided to CMs upon their placement in SHU. The following are examples of information provided by BOP:

BOP Facility	Date and Time CM was Placed in SHU	Were Administrative Remedy Forms provided upon placement?	If yes, date and time?
FMC Carswell	March 10, 2026, 12:58 a.m.	No	N/A
FMC Carswell	March 16, 2026, 8:46 a.m.	Yes	March 16, 2026 ,11:31 p.m.
FCI Waseca	March 16, 2026, 8:45 p.m.	Yes	March 16, 2026, 10:17 p.m.
FMC Carswell	March 16, 2026, 9:30 p.m.	Yes	March 16, 2026, 11:30 p.m.
FCI Tallahassee	March 18, 2026, 3:25 p.m.	Yes	March 18, 2026, 4:02 p.m.
FCI Waseca	March 19, 2026, 4:54 p.m.	Yes	March 19, 2026, 9:21 p.m.
FCI Waseca	March 24, 2026, 10:45 a.m.	Yes	March 24, 2026, 12:27 p.m.
FCI Tallahassee	March 24, 2026, 12:45 p.m.	Yes	March 24, 2026, 12:45 p.m.
FCI Tallahassee	March 24, 2026, 5 p.m.	Yes	March 25, 2026, 3:09 p.m.
FMC Carswell	March 26, 2026, 4:22 p.m.	Yes	March 27, 2026, 3:29 p.m.
FMC Carswell	March 29, 2026, 1:29 p.m.	Yes	March 31, 2026, 9:31 a.m.

Recommendation 10: Per Paragraph 45 of the Consent Decree, administrative remedy forms should be provided to CMs upon placement in the SHU, not hours or days later. **[6] The Lieutenant who is on duty at the time of the CM's placement in SHU is responsible for completing the ADO and ensuring CMs have a supply of administrative remedy forms available upon placement.

Finding 11: The Monitoring Team is unable to determine if administrative remedy forms are made available to CMs in the SHU upon request or whether a sufficient supply is consistently maintained in the SHU. None of the facilities, where CMs are housed in the SHU, were consistent in documenting whether CMs asked for or received administrative remedy forms. This includes FCI Waseca who previously or currently has a system in place which the Monitoring Team recommended be replicated among BOP facilities that house CMs.

Recommendation 11: BOP should document, for verification, when a CM requests and receives an administrative remedy form. This verification could be added to the privilege sheet currently utilized by staff, similar to the process that had been utilized by FCI Waseca up until last month. **

Finding 12: One ADO was not submitted to the Senior Monitor within the required 24 hours of the CM's placement in SHU.

[6] Providing remedy forms to CMs upon placement in SHU is a recommendation in prior reports.

Recommendation 12: Although the Senior Monitor recognizes this ADO was for a CM placement in SHU for a medical hold, nonetheless, BOP should submit all CM ADOs to the Senior Monitor within the required 24 hours of placement in SHU and as required per Paragraph 44.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

C. Staff Abuse & Retaliation (continued)

1. Placement in Special Housing Units

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

Metrics:

- CM Email Complaints
- Class Counsel Memorandums, March 2, 2026, March 17, 2026, and March 31, 2026
- Paragraph 46, 49, 81 & 82 SHU Privileges, March 2026, BOP Report, Attachment
- Program Statement and Reference Documents, March 2026, Attachment
- Number of CMs Housed in SHU for the Reporting Month: **18**

Class Members in SHU by BOP Facility		
FCI/FPC Aliceville: **2**	FMC Carswell: **7**	SFF Hazelton: **1**
FCI Tallahassee: **3**	FCI Waseca: **5**	

Assessment: The following is a synopsis of a review of the March 2026 SHU privilege rosters provided by BOP.

Privilege Roster: The BOP privilege roster contained incomplete and inconsistent information related to SHU privileges. This has been an ongoing issue that has been noted in prior reports. The monthly roster should be reviewed upon receipt by the BOP Liaison, and incomplete information should not be accepted. Where the information is incomplete, it should be returned to the staff responsible for completion. Additionally, a weekly review and assessment should be completed by supervisory staff to ensure documentation is complete and correct. Per the BOP Liaison, similar instruction has been provided to staff numerous times and despite these efforts, inconsistency prevails.

Telephone Privilege Roster: The telephone privilege roster documented information for 14 of the 18 CMs. The documentation was unclear in several areas. The following are a few examples:

- The log indicated that CM 11 was not provided a social/legal call because she was on phone restriction. It should be noted that CMs cannot be restricted from legal calls.
- One telephone call indicated it lasted for 70,957,509 minutes and another for 13,529,027 minutes. This raises questions related to the overall accuracy of the privilege report provided by BOP.

It should be noted that FCI Waseca has a system in place that captures whether phone calls are legal or social. This practice should be duplicated by all facilities housing CMs. However, although FCI Waseca delineates when a legal call takes place cell front, this setting does not allow for confidentiality.

Email Roster: The email roster, separate from the telephone privilege roster noted previously, contains information for 16 of the 18 CMs. However, the information is unclear. In areas where a date and time is noted, there is no information to indicate if the CM was provided access. In contrast, some facilities denote the date and time. and the name of the CM who was provided access to the Law library. This information enables the Senior Monitor to clearly identify the CM who was provided access to email.

Property Roster: The property roster provided information for 11 of the 18 CMs. This is an area in which the Senior Monitor and Class Counsel consistently receive complaints. The complaint process routinely begins when a CM is placed in SHU and their property is not collected from the CM's cell and inventoried in a timely manner, leaving it vulnerable to theft. The complaint further develops when the property is brought to SHU and made available for the CMs review and to enable the CM to select personal items. When the CMs' property is brought to them for review, there have been reports that they are told to sign the property inventory form without first having been provided the opportunity to view their property. If CMs are not provided with the opportunity to view their property, they are unable to determine if items are missing. In such cases, CMs must then ask for a copy of the inventory sheet, and subsequently obtain receipts to enable them to file a tort claim to recover their losses.

Visiting Roster: The visiting roster contained information for 6 of the 18 CMs housed in SHU. The lack of appropriate documentation does not allow the Senior Monitor to properly assess if a CM has been afforded the opportunity to receive visitation. The rationale cannot solely be that the missing 12 CMs did not take part in visiting. The roster reflects, "*Inmate had no visits scheduled today.*"

Paragraph 46:

- Were CMs in SHU provided with one social phone call per month?
  - **CM 12 initially reported she was not allowed social calls. The Senior Monitor requested clarification and the CM responded she received her social calls, but the calls were dropped and she was unable to make up those calls. The BOP privilege roster indicated she had 10 social calls cell front and 5 social calls in the Law Library. The SHU privilege roster is confusing and unclear (social/legal) as it relates to the documentation for CM 12.**
  - **CM 13 reported she did not have use of the phones from February 11th until March 1st, at which point the Senior Monitor contacted the BOP Liaison to convey this information. The BOP roster indicated her social calls were reinitiated on March 1st.**

- Were CMs in SHU provided with additional phone calls upon request, with such requests presumptively approved at up to 1.5 hours per week in one session plus one additional phone call per week, unless the Warden provided a written denial of the request? **This information is not provided in the BOP roster and there is no practical way to do so unless a complaint is received. During this reporting period, the Senior Monitor did not receive complaints from CMs related to the lack of access to additional calls.**
- Were CMs in the SHU able to call Class Counsel? **No. CMs 12 and 14 reported no access to legal calls. Additionally, no documentation reflected a legal call for CM 12 in the BOP SHU privilege roster. BOP subsequently provided information reflecting that the BOP privilege roster contained an error in that CM 12 was provided access to legal calls.** Did CMs in the SHU have access to open general correspondence in accordance with the same rules that apply to the general population, including not deleting contacts? **BOP policy indicates that open general correspondence pertains to incoming and outgoing written correspondence, not emails. Email access is provided to CMs for specific staff and the Senior Monitor; however, Class Counsel is excluded. This interpretation is consistent with BOP's policy for all inmates housed in SHU. The Consent Decree states, "*Access to open general correspondence in accordance with the same rules and regulations that apply to general population.*" As a result, Class Counsel should be included as it relates to email access for CMs.**
- Did indigent CMs in the SHU have access to postage to mail legal mail and administrative remedy forms? **Yes**
- Were CMs in the SHU provided with visitation in accordance with the same rules and regulations that apply to the general population? **No. CM 15 was denied video visits.**
- Were CMs in the SHU provided with an opportunity to exercise outside their quarters, to the extent feasible, at least seven hours per week, and did staff make best efforts to offer individuals this exercise one hour per day? **A total of seven hours weekly was provided; however, CMs were not provided access to recreation on weekends. BOP informed the Senior Monitor that staff are not available to provide weekend recreation to CMs. This does not align with Paragraph 46 which states that BOP should make "*best efforts to offer individuals exercise outside their quarters one hour per day.*"**
- Were CMs in the SHU provided with access to programming activities? **Yes**
- Did all eligible CMs remain in earning status of their Federal Time Credits (FTCs)? **Yes**
- Were CMs in the SHU able to purchase and receive commissary items with the same frequency as general population? **CM 16 reported that CMs in SHU are not allowed to purchase and receive items from the commissary with the same frequency as general population.**
- Were any CMs improperly encumbered? **No**

Paragraph 49:

- Number of CMs in SHU for the reporting month: **18**
- Were CMs in the SHU permitted a reasonable amount of personal property, as described in Paragraph 49 as applicable? **No. Three CMs reported issues with access to their property.**
    - **CM 16 reported she was unable to access her personal property. CM reported that when her property was brought for her to allow her to access her personal items, most of it was missing.**

- **CM 17 reported they were unable to access their boxers from their personal property. As this CM was in disciplinary segregation and not on administrative detention status, *personal* boxers would not be allowed. Alternatively, the facility would issue paper boxers.**
- **CM 18 reported her tablet was missing when she reviewed her property.**

Findings & Recommendations:

Finding 13: CM property is not inventoried in a timely manner when they are placed in SHU. This contributes to property losses as well as a CM's inability to access allowable items while in SHU.

Recommendation 13: When a CM is placed in SHU, the receiving staff should ensure the property inventory slip arrives with the CM, that the CM is allowed access to their property to allow them to select allowable personal items, and that timely access to all allowable property is provided. **

Finding 14: Two CMs could not access legal calls. The Senior Monitor was not notified despite the requirement that notification must occur within two days of the initial denial of a call.

Recommendation 14: SHU staff should be held accountable for not providing or reporting access to legal calls . [7] **

Finding 15: Documentation continues to be unclear as it pertains to telephone access, emails, property, recreation and visiting.

Recommendation 15: Staff should be held accountable for improper documentation related to CM telephone access, emails, property, recreation and visiting while housed in SHU and in accordance with the Consent Decree. A weekly review should be conducted to ensure accuracy and to allow remedial on-the-spot corrective action to occur. **

[7] Additional information on access to legal calls is provided in Paragraph 47.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Metrics:

- Class Counsel Memorandums, March 2, 2026, March 17, 2026 and March 31, 2026
- Program Statement and Reference Documents, March 2026, Attachment
- Number of CMs Housed in SHU for the Reporting Month: **18**

Class Members in SHU by BOP Facility		
FCI/FPC Aliceville: **2**	FMC Carswell: **7**	SFF Hazelton: **1**
FCI Tallahassee: **3**	FCI Waseca: **5**	

Assessment: During this reporting period issues were identified regarding CMs' access to two-way confidential communication with Class Counsel. In addition, inconsistencies in the information provided by BOP on the SHU privilege roster made it difficult to assess CM complaints concerning both access to legal calls and whether this communication was conducted in a confidential manner. **Access to the Senior Monitor:**

- Does BOP's electronic mail system allow CMs in SHU access to two-way confidential communication with the Senior Monitor? **Yes**
- If yes, are CMs in SHU provided access to BOP's electronic mail system upon request and at least once per day on weekdays? **No. As described in Paragraph 46, documentation was incomplete and did not enable the Senior Monitor to properly assess if all CMs received email access.**

Access to Class Counsel:

- Are CMs in SHU provided access to confidential calls with Class Counsel? **No. There were reports of CMs not being able to place legal calls (Paragraphs 46, 81 and 82). The SHU roster, provided by BOP, indicated that some facilities provided social and legal calls at cell front. All legal calls should be provided in a confidential setting. Additionally, all facilities need to delineate clearly whether the call is social or legal.**
- Are CMs in SHU provided access to legal mail with Class Counsel? **Yes**
- Are CMs in SHU provided access to legal visitation with Class Counsel? **Yes**

Findings & Recommendations:

Finding 16: The privilege roster, provided by BOP for this reporting period, was incomplete and contained inaccuracies in multiple sections, thereby preventing the Senior Monitor from fully assessing conformance with Paragraph 47.

Recommendation 16: BOP should establish weekly supervisory and BOP Liaison review procedures to verify entries for accuracy and completeness before submission to the Senior Monitor. **

Finding 17: BOP's SHU roster does not consistently differentiate if a call provided cell front is social or legal. Some facilities clearly indicate whether a call is legal, while others continue to note "*social/legal.*"

Recommendation 17: BOP should discern if the CM is making a legal call and if so, a confidential setting should be made available. Additionally, the roster should indicate legal instead of just "*legal/social*." **

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.

Metrics:

- Interviews with Staff and CMs
- Incident Reports for the Monitoring Period
- Class Counsel Memorandums, March 2, 2026, March 17, 2026 and March 31, 2026
- Program Statement and Reference Documents, March 2026, Attachment
- Number of CMs Housed in SHU for Reporting Month: **18**

Class Members in SHU by BOP Facility		
FCI/FPC Aliceville: **2**	FMC Carswell: **7**	SFF Hazelton: **1**
FCI Tallahassee: **3**	FCI Waseca: **5**	

Assessment: Of the 18 CMs housed in SHU, all had a mental health diagnosis, as outlined below:

Mental Health			
Level	**Diagnosis**	**# of CMs**	**%**
1	Substance Use Disorder (SUD), Post Traumatic Stress Disorder (PTSD), Major Depression, Gender Dysphoria, Anxiety, Intellectual Disability, Narcissistic, Borderline Personality, Alcohol Disorder, Schizoaffective Disorder, Bipolar, Simulant Disorder, Adjustment Disorder	11	56.2%
2	SUD, Antisocial Disorder, Stimulant Related Disorder, PTSD, Major Depression, Bipolar, Opioid Disorder, Personality Disorder with Borderline Features, Trauma with Stressors	7	43.8%

Provision of Medications Devices and/or Prescription Medications:

- Number of CMs in SHU who had prescription medications and/or medical devices prior to entering SHU: **18**
- Of the 18 CMs who had existing prescription medications and/or medical devices, were all provided their prescription medications and/or medical devices within 24 hours of placement in SHU? **No. Unless reported by a CM, it is unknown if CMs in SHU receive their medication and/or medical devices because BOP does not have an existing process that documents when a CM receives their KOP medications and/or medical devices. In general, when a CM is placed in SHU, their property, including KOP medications and medical devices, are retrieved by custody staff and placed in a secure location. BOP reported they are currently working on a process that will clearly document when a CM receives their KOP medications and devices while in SHU.**

During this report period the Medical Experts received emails from three CMs indicating they did not receive their medications and medical devices within 24 hours of placement into SHU. The following outline the three examples:

1. **CM 19: CM was placed in SHU in March 2026. At the time of her placement, she had been prescribed a BiPAP machine and was taking several medications, including Lasix, Keppra, Lisinopril, Metformin, Prilosec, Inderal, and Ozempic. On March 26, 2026, the CM reported she had not been provided with the BiPAP machine and had not received her prescribed medications. On March 31, 2026, she again reported she still had not received the BiPAP machine and continued to be without some of her medications. This is concerning as the BiPAP machine and several of the prescribed medications are essential to the CM's health and wellbeing. The delay in providing medically necessary equipment and medications could place the CM at risk for serious health complications.**
2. **CM 20: CM reported that she was placed in SHU for disciplinary reasons. However, she was housed in a cell with another incarcerated individual who refused to utilize the upper bunk. Ultimately, a use of force was used on the CM's cellmate in order for the CM to be able to access the lower bunk for which she had the medical chrono. Several days elapsed between the initial placement and when action was taken to remove the cellmate. In the meantime, the CM had to sleep on the floor. The lack of an appropriate medically authorized sleeping arrangement raises concerns regarding accommodation of her documented medical needs.**
3. **CM 21: CM wears dentures. She was placed in SHU for disciplinary reasons. Upon placement, her personal property was collected and stored. As a result, she did not have access to the adhesive necessary to secure her dentures. CM reported she requested that denture adhesive be provided, but staff refused. BOP informed the Medical Experts that the restriction was based on the safety and security restrictions associated with the SHU. The CM further reported that, without the adhesive, her dentures would not stay in place, preventing her from properly chewing food. Consequently, she was unable to consume a regular diet for approximately three days. This situation is concerning because it reflects a failure to provide essential medical supplies when individuals are placed in SHU or provide an alternative means to address concerns, such as a special diet. Denial of access to medically necessary items, such as denture adhesive, may interfere with an individual's ability to eat adequately and maintain basic health and nutrition.**

Findings & Recommendations:

Finding 18: During this rating period, BOP continued to experience delays in providing CMs with their prescribed KOP medications and/or medically necessary devices following placement in the SHU. During the previous monitoring period, BOP indicated that they were developing a process to document when CMs receive their KOP medications and medical devices while housed in the SHU. More than six months have elapsed since that representation. BOP has yet to provide evidence that this process has been initiated and/or implemented. In the meantime, delays in providing KOP medications and medical devices to CMs continue to occur.

Furthermore, BEMR does not consistently document when CMs receive their KOP medications and/or medical devices while in the SHU. As a result, there is no reliable mechanism to verify that CMs receive medically necessary medications and devices in a timely manner following SHU placement. BOP's continued failure to implement a new process limits oversight, impedes verification of compliance, and raises ongoing concerns regarding continuity of care and timely access to medically necessary treatment for CMs housed in restrictive housing.

Recommendation 18: BOP should immediately implement and disseminate a standardized process to document the provision of KOP medications and medically necessary devices to CMs upon placement in the SHU. Documentation should be entered into BEMR contemporaneously with delivery. It should also include the date, time, medication and/or device provided, and the staff member responsible for the delivery. BOP should also establish a quality assurance process to routinely monitor compliance with these documentation requirements and ensure that CMs receive timely access to prescribed KOP medications and medically necessary devices while housed in the SHU.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

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

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

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

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Class Counsel Memorandums, March 2, 2026, March 17, 2026 and March 31, 2026
- Summary of Program Statements and Reference Documents, March 2026, Attachment
- Number of CM Housed in SHU for the Reporting Month: **18**

Class Members in SHU by BOP Facility		
FCI/FPC Aliceville: **2**	FMC Carswell: **7**	SFF Hazelton: **1**
FCI Tallahassee: **3**	FCI Waseca: **5**	

Assessment: BOP committed to providing the Monitoring Team with alternate remedy process information related to Paragraph 51 in the monthly reporting data. BOP also committed to and provided an informational bulletin to all CMs related to SHU privileges and the alternate remedy process for those CMs housed in SHU. When responding to CMs, the Senior Monitor encourages CMs to use this process.

Access to Privileges:

- Did BOP notify all CMs of the process for complaints of denial of access to privileges as outlined in Paragraph 51? **Yes. This process is described in the Consent Decree and posted on the Trust Fund Limited Inmate Computer System.**
- Number of complaints received: **Three complaints were received via this process. This is the second monthly monitoring period in which BOP has provided complaints received by the Lieutenant or Captain. These complaints were from two separate facilities for 3 of the 18 CMs housed in SHU.**

Findings & Recommendations:

Finding 19: BOP provided refresher training to staff at the end of January 2026 to improve adherence with the requirement that BOP report complaints received through the alternate remedy process.

Recommendation 19: BOP should ensure that all complaints received through the alternate remedy process are consistently documented and reported in accordance with established Consent Decree requirements. **

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

52. Review of SHU placement for disciplinary segregation follows the same three-, seven-, and thirty-day review process outlined in 28 C.F.R. § 541.26.
53. Consistent with Security, if a Class Member is placed in SHU pending a Unit Disciplinary Committee (UDC) or Discipline Hearing before the Disciplinary Hearing Officer (DHO), BOP shall provide the Class Member, Class Counsel, and the Monitor a copy of the underlying incident report "within 24 hours of staff becoming aware of [the Class Member's] involvement in the incident," as required by Program Statement 5270.09 at page 18 and 28 C.F.R. § 541.5. If BOP does not provide the incident report "within 24 hours of staff becoming aware of the [Class Member's] Involvement in the incident," the BOP Liaison shall inform the Monitor and Class Counsel of the reason for the delay in writing.
54. Class Members shall be provided with a UDC hearing within five (5) workdays of placement of SHU. This provision replaces the UDC timeframe of "ordinarily" within "five workdays" set forth in Program Statement 5270.09 at page 24. BOP shall provide the Class Member, Class Counsel, and Monitor all documentation related to the UDC hearing within twenty-four (24) hours of the conclusion of the hearing.
55. If the UDC refers the Class Member to a DHO hearing, that hearing shall be held within ten (10) workdays of referral, absent exceptional circumstances and unless the DHO certifies that additional time is needed and what exceptional circumstances necessitate additional time, and provides that written notice to the Class Member, Class Counsel, and the Monitor. This provision sets out a time frame not provided for in Program Statement 5270.09. BOP shall provide the Class Member, Class Counsel, and the Monitor all documentation related to the DHO hearing within twenty-four (24) hours of the conclusion of the hearing.

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Review of CM Electronic Inmate Central Files (EICFs)
- Class Counsel Memorandums, March 2, 2026, March 17, 2026 and March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment
- Number of CM Placements in SHU for Reporting Month: **12**

ADO's by BOP Facility	
FMC Carswell: **5**	FCI Waseca**:** **3**
SFF Hazelton: **1**	FCI Tallahassee: **3**

Assessment: The information provided in the SHU review forms, produced by BOP, has improved during this reporting period. However, Incident Report hearing documentation at the UDC level is still not being received timely by the Senior Monitor.

Paragraph 52:

- Did BOP review SHU placements for disciplinary segregation following the process in 28 C.F.R. Section 541.26? **Yes. There was improvement in the documented SHU reviews for this period. BOP followed the process outlined in 28 C.F.R. Section 541.26. Additionally, this is the first report that included management team review notes for each CM. These reviews are conducted weekly and include the following comments:**
    - **Psychology Services: Whether the CM is prescribed medications or not, their mental health level, and any other pertinent notes.**
    - **Unit Team: Where the CM is normally housed, why they are in SHU, status of the case, efforts to remove them from SHU, and any pending disciplinary action(s).**
    - **Special Investigative Services: Case number of the investigation, if there is one, and the status.**
    - **Health Services: Care Level of the CM, if use of OC spray is approved, if they are approved for a lower bunk, and if the CM has any health restrictions.**
    - **Correctional Services: Discussion of a pending Incident Report investigation, any CM keep aways, and whether the CMs are former FCI Dublin inmates.**

Paragraph 53:

- Did BOP provide the CM, Class Counsel, and the Senior Monitor a copy of the underlying incident report within 24 hours of staff becoming aware of the CM's involvement in the incident? **No. Two were not received timely due to one CM pending an FBI referral and another pending lab results.**
- If the answer is no did the BOP Liaison inform the Senior Monitor and Class Counsel of the reason for delay in writing**: Yes. The reasons for the delays are noted in the body of the Incident Reports. There is no separate documentation. This is required per *Program Statement 5270.09 CN-1, Inmate Discipline Program, November 18, 2020, Section 25 of the Incident Report.* For example, if it is for a Code 113 (Illegal Possession of Drugs) violation, a lab test is required. If it is for a Code 201 (Unwitnessed Fight) violation, an investigation is required. All placements in SHU result in the initiation of an investigation for the code violation(s).**

Paragraph 54:

- Were CMs provided with a UDC hearing within five workdays of Incident Report being issued? **Yes**
- Did BOP provide the CM, Class Counsel, and the Senior Monitor all documentation related to the UDC hearing within 24 hours of the conclusion of the hearing? **No. Documentation for 6 of the 12 were not provided to the Senior Monitor within 24 hours after the conclusion of the UDC**.

Paragraph 55:

- If the UDC referred the CM to a DHO hearing, was that hearing held withing 10 workdays of referral? **Yes**
- Did BOP provide the CM, Class Counsel, and the Senior Monitor with all documentation related to the DHO hearing within twenty-four hours of the conclusion of the hearing? **Yes**

Examples of SHU Placements:[8]

CM 22: CM was placed in the SHU on March 16, 2026, after undergoing a visual search in a holding cell in the Lieutenant's Office. The Lieutenant noticed something protruding from the CM's vaginal cavity and asked the CM to remove it. The CM removed four small, folded paper packets. When tested, they were identified as suboxone wrapped in "*spice*." CM was found guilty of violating Code 113, Illegal Possession of Drugs. The CM remains in SHU as of the end of this reporting period.

CM 23: CM was placed in the SHU on March 16, 2026, after an Officer directed the CM to empty her pockets of any items, thinking the CM might have had something to do with a disturbance that had just occurred outside of her cell. The CM emptied her pockets completely. When the CM backed away, the Officer saw several pieces of thin, orange film. The film subsequently tested positive for buprenorphine and heroin/naloxone. The CM was subsequently found not guilty at the DHO hearing after witnesses testified anyone could have dropped the drugs during the disturbance and prior to the CM arriving in the room. The Incident Report was expunged on March 25, 2026; however, the CM remained in SHU as of the end of this reporting period.

CM 24: CM was placed into the SHU on March 24, 2026, the day after the CM's lab results returned positive for buprenorphine, a medication not prescribed to the CM. The CM was subjected to a routine, random urinalysis test. She was issued an Incident Report for Code 112, Use of Drugs and Alcohol. The CM remained in SHU, at the end of this reporting period, awaiting a hearing.

Findings & Recommendations:

Finding 20: UDC hearing documentation is not always forwarded to the Senior Monitor within 24 hours after the conclusion of a hearing.

Recommendation 20: BOP should forward all UDC hearing documentation within 24 hours after the conclusion of the hearing and in accordance with Paragraph 54 of the Consent Decree. **

Finding 21: CMs are being retained in SHU after the DHO's decision results in the expungement of the Incident Report.

Recommendation 21: All Incident Reports, in particular those that lead to the placement of CMs in SHU, should be carefully reviewed by supervisors for accuracy and to ensure they contain all of the necessary elements in an effort to reduce the potential for an expungement. These efforts have the potential to impact the placement of CMs in SHU unnecessarily. Additionally, as soon as the Incident Report is expunged, the CM should immediately be released from SHU.

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[8] Specific information regarding CM SHU placements is included in the *Monthly Confidential Monitoring Report, March 1 - 31, 2026.*

Finding 22: Expungements typically imply a violation of due process, evidence-related, actions not consistent with Program Statements and/or deficiencies in documentation.

Recommendation 22: In response, BOP should utilize expunged reports to assess the basis for Class Member Incident Report expungements. Additionally, this information should be used to inform the focus of remedial training for staff completing the reports. **

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Review of CM EICFs
- Class Counsel Memorandums, March 2, 2026, March 17, 2026, and March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment

Assessment: During this reporting period, there was one incident in which a CM was placed in the SHU for a 300-level offense. After the Senior Monitor discussed the case with the BOP Liaison, the Incident Report was informally resolved at the UDC hearing, and the CM released from the SHU.

Due Process & Disciplinary Segregation:

- Does the Monitoring Team have access to necessary disciplinary documents or other related documentation to investigate CMs' placement and disciplinary process? **Yes**
- During the reporting month, were any CMs placed in SHU in administrative detention status for a violation of any alleged prohibited actions in the Low (400 series) or Moderate (300 series) security levels? **Yes. This involved CM 25 related to a violation of Code 307, Refusing to Obey an Order of any Staff Member, and Code 312, Insolence Towards a Staff Member.**
- For each, did BOP provide a written explanation of why this placement is necessary for security reasons to the CM, Class Counsel, and the Senior Monitor? **Yes. The Senior Monitor reviewed a memorandum from the SIS Lieutenant and did not agree with the Lieutenant's rationale for the placement.**

Examples of a SHU Placement:[9]

CM 25: The CM was placed in SHU on March 10, 2026, after being paged twice at her housing unit to report to the SIS Lieutenant's Office. At the time, the CM had a medical procedure that was performed the day before and as a result, had a medical lay in. An Officer was sent to locate the CM after she did not respond after having been paged twice. The CM was given a direct order to report to the Lieutenant's Office at which point she became upset and told the escorting officer, "*If I don't want to report to an area or talk to a person, I don't have to. I don't have to f***ing talk to anybody*." The CM was issued an Incident Report which was subsequently informally resolved at UDC after she had spent seven days in SHU.

The Monitoring Team disagreed with this SHU placement even before they were made aware of the CM's medical procedure the day prior to the incident. As previously noted, the CM was paged twice over the housing unit's loudspeaker to report to the SIS Lieutenant's Office. This action alone, could present future problems for the CM, possibly being labelled a "*snitch*" amongst the inmate population. Although the CM's reaction to the Officer's direct order was inappropriate, it did not meet the parameters of *Program Statement 5270.12, Special Housing Units, March 6, 2025, Section 541.22 (a)* which states: *"Administrative detentions 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 to protect the public. Administrative detention is non-punitive and can occur for a variety of reasons."*

Although the medical lay in allowed the CM to be excused from work and "*convalesce*," this did not excuse her from responding to the page directing her to report to the SIS Lieutenant's Office. The BOP Liaison agreed with the placement. The CM spent seven days in the SHU before the UDC informally resolved the Incident Report and after "*the Warden spoke with the CM about her past behavior and his expectations for her behavior going forward*."

Findings & Recommendations:

Finding 23: In addition to the Incident Report, the SIS Lieutenant submitted a memorandum explaining the reasons for the CM's placement in SHU. However, the Senior Monitor did not agree that the rationale met the criteria outlined in *Program Statement 5270.12, Special Housing Units, March 6, 2025, Section 541.22 (a).*

Recommendation 23: Incident Reports involving 300 or 400 level code offenses must be strictly evaluated against the criteria outlined in Sections 541.22 (a) and 541.23 of the Program Statement before placement of a CM in SHU.

[9] Specific information regarding CM SHU placements is included in the *Monthly Confidential Monitoring Report, March 1 – 31, 2026.*

C. Staff Abuse & Retaliation
2. Reports of Staff Retaliation
58. BOP Staff shall not retaliate against Class Members for reporting staff misconduct or other similar acts.
59. Class Members or Class Counsel may submit any Complaint of staff retaliation, which shall include a description of what happened and how it may be retaliatory, to the BOP Liaison or to the Monitor directly. The BOP Liaison shall report any allegations of staff misconduct to the Office of Internal Affairs (OIA), the DOJ's Office of the Inspector General (OIG), and, to the extent the Monitor and/or Class Counsel did not make the report to the BOP Liaison in the first instance, to the Monitor and/or Class Counsel within forty-eight (48) hours unless the forty-eight (48) hours covers a weekend or holiday, in which case the report shall be made on the next workday. To the extent the Class Member reports to the Monitor directly, the Monitor shall report to the BOP Liaison within forty-eight (48) hours unless the forty-eight (48) hours covers a weekend or holiday, in which case the report shall be made on the next workday. The Monitor may limit such reports to the DOJ OIG alone if the Monitor determines that extraordinary circumstances justify such a limitation.
60. The BOP Liaison will also report to the Monitor any disciplinary action imposed on Class Members after reporting staff misconduct. The Monitor will be provided with and review these reports and any disciplinary actions taken against Class Members. The Monitor will provide monthly reports regarding staff retaliation toward Class Members.
61. The Monitor may recommend that the appropriate Regional Discipline Hearing Administrator reconsider any disciplinary action taken against Class Members after reporting staff misconduct. In instances of retaliation outside the disciplinary process and/or retaliation based on immigration status, the Monitor may recommend that BOP take corrective action to address the retaliation.

Metrics:

- Telephone Calls with CMs
- CM Email Complaints and Letters
- Review of CM EICFs
- Emails from the BOP Liaison
- Class Counsel Memorandums, March 2, 2026, March 17, 2026, and March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment
- CM Complaints by Type

Class Member Complaints Received by Type										
Complaint Type	FPC BRY	FMC CRW	MCC Chicago	SFF HAF	FDC HOU	MCC San Diego	FPC VIM	FCI TAL	FCI WAS	**Total**
General Retal.	1	3	2	1	2	1	3	0	5	**18**
Staff Complaint	0	0	1	0	0	1	0	3	0	**5**

Assessment: During this monitoring period, 18 complaints were received reporting alleged retaliatory behavior, with five alleged complaints of staff misconduct. These complaints were received through telephone calls, emails and letters from CMs, emails from the BOP Liaison and Class Counsel memorandums.

CMs continue to report feeling as if they are treated differently and that they are sanctioned more often for petty infractions than non-CMs. Some CMs report inconsistencies regarding the outcome of their DHO hearings, stating they receive harsher penalties than non-CMs. Additionally, some CMs report difficulty in obtaining employment or getting into a class or program. It is their belief that this stems from their status as former FCI Dublin inmates.

Examples of Retaliation Complaints:[10]

Log #2026-055-R: CM stated she was issued an Incident Report for drinking alcohol while in an RRC and as a result, was reportedly told she would be returned to a BOP facility. The CM feels this is in retaliation for being for being from FCI Dublin because non-FCI Dublin inmates "*aren't sent back to institutions."*

BOP Response: "*There was a third inmate associated with this incident who was a non-CM who was similarly issued a program failure for being under the influence."*

Log #2026-060-R: CM stated she was issued an Incident Report and during the DHO hearing, the DHO did not take into consideration her testimony because she is a "*Dublin girl."* The CM has appealed this decision.

Log #2026-064-R: CM stated they suffered retaliation by the Vocational Instructor from Cosmetology. The CM alleged the Vocational Instructor would not allow the CM to get their hair done. The CM further stated they were not admitted into the Cosmetology class by the admissions panel because two staff members, who are on the panel, do not like the CM because the CM is a former FCI Dublin inmate.

BOP Response: "*CM was allowed to apply to the Cosmetology program. There were 70 applicants for 20 spots, and the CM was not as competitive as others. As far as getting the hair done, when the CM's Special Purchase Order (SPO) was processed to get the appointment, the CM had insufficient funds on the CM's books to cover the cost."*

Log #2026-066-R: CM reported retaliation in that she was not allowed witness testimony at her hearing in response to an Incident Report she incurred. She further alleged her contacts were deleted.

BOP Response: "*The CM's witnesses during the DHO hearing provided signed statements and the stated this was sufficient. Due to this violation, and until the SIS investigation was complete, the CM was placed on Contact Pre-Approval. This restriction remained through the end of this monitoring period."*

[10] Additional details are contained within the attached *Monthly Confidential Monitoring Report, March 1 – 31, 2026.*

Log #2026-087-SC: CM reported she was placed in close observation, dry cell status over the course of five days, without the ability to wash herself after having been given a laxative. The CM also reported that she was denied legal calls and clean clothing, and that her property had been stolen by other inmates because she was not allowed to pack it up before being moved to close observation, dry cell status. The CM's counselor subsequently allowed the CM to take a sponge bath, obtain clean clothes, and submit an email complaint to the Senior Monitor.

BOP Response: "*The CM was afforded a shower and clean clothing once she was removed from dry cell status. The was provided a legal call once during her stay."*

Findings & Recommendations:

Finding 24: One of the most serious precursors to the issues at FCI Dublin was the fear of retaliation among the incarcerated population. This fear created an environment where CMs reportedly refrained from speaking out about the conditions they were experiencing until they became unbearable. CMs continue to report that BOP staff treat them disparately because of their status as former FCI Dublin inmates and as a result of the protections afforded to them under the Consent Decree.

Recommendation 24: During this monitoring period, 21 CM complaints were received by the Monitoring Team related to retaliation and staff misconduct. BOP should review the complaints and existing training to determine if additional refresher training should be provided to staff at the facilities from which the complaints were generated. It should be noted that this is the third consecutive monitoring month in which training has been recommended to address this issue.**

Refresher training should focus on *Program Statement 3420.12 CN-1 Standards of Employee Conduct, February 18, 2025. Section 5, Personal Conduct, Section e states in part, "Additional Conduct Issues. An employee may not show favoritism or give preferential treatment to one inmate, or a group of inmates, over another…" Consistent with Program Statements and regulations, "An employee may not use brutality, physical violence, or intimidation toward inmates, or use any force beyond what is reasonably necessary to subdue or control an inmate. In their official capacity, employees must act professionally in all interactions and communications and may not use profane, obscene, or abusive language when communicating with inmates, fellow employees, or others... Employees shall conduct themselves in a manner that will not be demeaning to inmates, fellow employees, or others. This requirement extends to the employees off-duty conduct, if there is a nexus between the employee's conduct and their position... Employees shall not participate in conduct that would lead a reasonable person to question their impartiality."*

Finding 25: With respect to Paragraph 58, some supervisors and managers do not appear to be holding employees accountable to the requirements of *Program Statement 3420.12 CN-1 Standards of Employee Conduct, February 18, 2025. Section 5, Personal Conduct, Section e.*

Recommendation 25: Training and/or remedial training should be provided to supervisors and managers who oversee staff who are the recipients of multiple complaints of the same nature. The training should

focus on Program Statement 3420.12 CN-1, Standards of Employee Conduct, February 18, 2025, Section 5e. **

Finding 26: Copies of Incident Reports related to CM retaliation complaints have been provided by BOP to the Monitoring Team. However, BOP provides this documentation without first determining if there is a possible nexus between the complaint and the disciplinary action.

Recommendation 26: With respect to Paragraph 60, BOP should establish a tracking system that captures the date and nature of the original retaliation complaint, and any subsequent Incident Reports that are issued close in time, to include those involving the same staff member(s) or which may relate back to the original complaint. If there appears to be a nexus to the original complaint, those Incident Reports should be forwarded to the Senior Monitor and identified as relating to Paragraph 60.**

Finding 27: Retaliation complaints from CMs are not always investigated in a timely manner. Furthermore, the process involving the referral of cases from the OIA to the OIG can be complicated, depending on the nature of the investigation. This alone can prolong the investigative process. Category 1 and 2 violations that constitute serious misconduct (if substantiated) are forwarded to the OIG for an assessment and for determination of their severity level. This process can normally take 30 to 60 calendar days. These cases may be investigated by the OIG or deferred to OIA. Category 3 violations, which typically consist of unprofessional conduct, are usually investigated by OIA, with notifications normally sent to the OIG within 30 calendar days after the investigation begins.

Recommendation 27: Investigations of reported allegations of retaliation should be completed in a timely manner. When CM retaliation complaints are not investigated timely, it has the potential to place the CMs at risk for an extended period of time. This practice also discourages CMs from reporting retaliation as they may fear or experience ongoing retaliation from the staff who are the subject of their complaints. Untimely investigations may also send the unintended message that there are no consequences for retaliatory behavior. **

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

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

63. If a Class Member reports an allegation of physical or sexual abuse to the Monitor, the Monitor shall report the allegation(s) to the BOP Liaison and DOJ OIG within forty-eight (48) hours unless the forty-eight (48) hours covers a week or holiday, in which case the report shall be made on the next workday. The Monitor may limit such reports to DOJ OIG alone if the Monitor determines that extraordinary circumstances justify such a limitation. If a report of staff physical or sexual abuse against a Class Member is reported to BOP, the BOP Liaison shall alert the Monitor within forty-eight (48) hours of becoming aware of the report unless the forty-eight (48) hours covers a weekend or holiday, in which case the report shall be made the next workday. Sexual abuse includes sexual abuse, harassment, and voyeurism as defined by 28 C.F.R. § 115 e on.6.

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

Metrics:

- Telephone Calls with CMs
- CM Email Complaints and Letters
- Review of CM EICFs
- Emails from the BOP Liaison
- Class Counsel Memorandums, March 2, 2026, March 17, 2026 and March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment
- CM Complaints Received by Type and Prison Rape Elimination Act (PREA) Retaliation Monitoring

Class Member Complaints by Type & PREA Retaliation Monitoring

BOP Facility	Sexual Abuse	Physical Abuse	PREA Retaliation Monitoring
FMC Carswell	0	1	0
SFF Hazelton	1	0	1
FCI Tallahassee	1	0	1
Total	**2**	**1**	**2**

Assessment: During this report period, one complaint of sexual abuse and one related to physical abuse were received. There are also two CMs under PREA retaliation monitoring.

On March 19, 2026, BOP rescinded *Program Statement 5324.12 CN-1, Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025*, and replaced it with *Program Statement 5333.01, Sexually Abusive Behavior Prevention and Intervention Program Manual, March 19, 2026*. The January – March 2026 Quarterly Report will contain information regarding the impact of this new Program Statement.

Sexual Abuse & PREA:

- Number of CM reports of physical or sexual abuse during the reporting period: **2**
- Number of new CMs who were under PREA retaliation monitoring during the reporting period: **2**

Paragraph 62:

- Is BOP ensuring that CMs can send confidential internal electronic messages to DOJ OIG, and ensuring that BOP staff do not read, view, or monitor those messages in any way? **Unable to determine. CMs have electronic access to DOJ and the OIG. The Senior Monitor does not have the capability to determine if these messages remain confidential. BOP advises these messages remain confidential unless access is warranted in response to future litigation. No related CM complaints were received.**
- Is BOP ensuring that CMs can write to the BOP OIA, DOJ OIG, and the Senior Monitor using post mail, marked "*special mail*," and ensuring that BOP staff do not read that mail? **Unable to determine. BOP has an established policy, but the Senior Monitor is unable to verify BOP's conformance. No CM-related complaints were received.**

Paragraph 63:

- Of the total reports, how many were reported to the DOJ OIG, either by the Senior Monitor or the BOP Liaison, within 48 hours, unless the 48 hours covers a weekend or holiday in which case the report shall be made on the next workday? **2**
- Were any reports received by the Senior Monitor or the BOP Liaison not reported to the other within 48 hours? **No**

Paragraph 65:[11]

The Senior Monitor received one report of staff sexual abuse towards a CM and one report of staff physical abuse towards another CM. A brief synopsis of these reports are outlined below.

[11] Additional details are contained within the attached *Monthly Confidential Monitoring Report, March 1 – 31, 2026.*

Log #2026-077-P-R: CM was placed in SHU on close observation on dry cell status. She reported feeling uncomfortable by the manner in which she was strip searched. CM was allegedly told to bend over and hold her vagina open so the Officer could view inside. While in the dry cell, the CM reported the Officers "*laughed and talked about the CM, would not give her toilet paper, took her clothes and only gave her a smock to wear*." The CM also reported she was not allowed to wash her hands or brush her teeth. When she returned to SHU, she was subsequently housed with an inmate who had a bottom bunk chrono. As a result, the CM indicated she had to sleep on the floor.

BOP Response: "*According to the sexual abuse intervention done and clinical encounter with the CM, the CM did not feel the event was a PREA. The CM did not like the way the Lieutenant stripped her out. When the CM was placed on dry cell status, the CM was given a roll of toilet paper whenever the toilet was used. All conditions were allowed in accordance with Program Statement 5521.06, CN-1.*
All allegations of misconduct were appropriately referred."

Log #2026-086-PA: CM was on a medical transport and another inmate reportedly said that the CM was trying to escape. In response, an Officer allegedly pushed her to the ground and put his knee in her back while she was restrained.

BOP Response: "*This case has been appropriately referred*."

Findings & Recommendations:

Finding 28: Similar to retaliation complaint investigations, sexual abuse investigations take a considerable amount of time, leaving CMs feeling vulnerable during the long periods of time they may have to consistently face the person they have accused.

Recommendation 28: Sexual abuse investigations fall within one of the most serious categories. It is, therefore, important for facilities to create an environment where CMs feel safe and heard. Investigations should be completed timely, and staff should be held accountable for inappropriate behavior. **

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

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

Metrics:

- CM Email Complaints
- Review of CM EICFs
- Class Counsel Memorandums, March 2, 2026, March 17, 2026, and March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment

Assessment: The Senior Monitor received a request for information from a CM regarding their sexual abuse investigation.

Requests for Documentation:

- Number of CM requests for documentation of their report of staff abuse and a final written determination: **1**
- Of those requests, did BOP provide the report and written final determination? **Yes**

Updates to Class Members:

- During the reporting period, were there any staff members that were the subject of CM reports who were reassigned units, left the facility, were indicted on a charge related to sexual abuse in BOP, or convicted of a charge related to sexual abuse in BOP? **No**

Provision of Care and Information Following Filing of PREA Reports:

- Of the CMs who reported physical or sexual abuse by staff during the reporting period, how many were provided a requisite follow-up medical and psychological evaluations and care? **Two CMs were provided medical and psychological care during this reporting period.**
- How many were provided information about how to contact a Rape Crisis Center? **2**

Findings & Recommendations: N/A

D. Designation & Release

1. Designations

68. The Monitor shall review and report on Class Member designations. Monthly reports will include information about where Class Members are designated, and quarterly reports will include whether Class Members are designated to facilities with adequate programming, and educational and vocational opportunities.
69. BOP shall designate the place of the Class Member's imprisonment and shall, subject to bed availability, the Class Member's security designation, the Class Member's programmatic needs, the Class Member's mental and medical health needs, any request made by the Class Member related to faith-based needs, recommendations of the sentencing court, and other security concerns of the BOP, place the Class Member in a facility as close as practicable to the Class Member's primary residence, and to the extent practicable, in a facility within 500 driving miles of that residence. BOP shall also endeavor to designate Class Members in the lowest security level facility possible.

Metrics:

- CM Email Complaints
- Class Counsel Memorandums, March 2, 2026, March 17, 2026, and March 31, 2026
- SENTRY Rosters
- Program Statements and Reference Documents, March 2026, Attachment

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

Designation to Facility within 500 Driving Miles of Class Member's Primary Residence	
Number of CMs within 500 driving miles of their primary residence	**58**
Number of CMs NOT within 500 driving miles of their primary residence[12]	**135**

Designations:

- Is BOP taking measurable steps to place CMs in a facility as close as practicable to the CM's primary residence? **Yes. Six-month SENTRY updates and reviews occur followed by a Unit Team review with the CM.**
- Is the BOP taking measurable steps to ensure that all CMs are designated to the lowest security level facility possible? **Six-month SENTRY updates and reviews occur followed by a Unit Team review with**

[12] Includes CMs that are lifers and/or whose designated residence is not within the United States, and excludes CMs whose designated residence is not within the United States.

the CM. Additionally, the FSA worksheet is produced monthly alerting staff of any CMs out of level. When an error is found, the Senior Monitor notifies BOP, and they make the appropriate corrections.

- During the reporting period, how many complaints did the Monitoring Team receive from CMs or Class Counsel regarding issues with designation and release? **30**

Findings & Recommendations:

Finding 29: BOP has committed to recommending designations closer to a CM's primary residence, when practicable.

Recommendation 29: Continue to assess CMs for transfers closer to family support when eligible. **

Finding 30: The majority of complaints reported by CMs for this reporting period were those that could have been answered by Unit Team staff. Complaints received indicate Unit Team staff are either unavailable, or do not have the time to explain information to the CMs.

Recommendation 30: To reduce reliance on the Monitoring Team for answers, Unit Team staff must be consistently available to engage with CMs, and to provide clear explanations of the information communicated to them. **

D. Designation & Release

1. Designations

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

Metrics:

- Class Counsel Memorandums, March 2, 2026, March 17, 2026, and March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment

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

Designations:

- Number of CMs in an Administrative Detention Facility: **None**
- Number of CMs in an Administrative Detention Facility with more than nine months remaining on their sentence: **None**
- Number of CMs in an Administrative Detention Facility with more than nine months remaining on their sentence who have been in an Administrative Detention Facility for more than six months as of the end of the monitoring period: **None**
- Is any CM with longer than nine (9) months remaining on their sentence currently housed at a Federal Transfer Center? **No**

Findings & Recommendations: N/A

D. Designations & Release

1. Designations

71. The Monitor shall review and provide in monthly reports Class Members' release dates, FTCs, and eligibility for release to community placements (i.e. home confinement or Residential Reentry Centers). Reports will include any changes to Class Member's eligibility for FTCs or release to community placements, and any issues receiving or applying credits, or being released when eligible.
72. BOP shall release to community placement any Class Member eligible for community placement under the FSA or the SCA as soon as practicable after the Class Member becomes eligible. When consistent with the FSA and 18 U.S.C. § 3621(b), BOP will not deny FTCs or release to community placement under the FSA to any Class Member on the basis of immigration status or the existence of a detainer alone.

Metrics:

- CM Interviews and Email Complaints
- Review of CM EICFs
- Class Counsel Memorandums, March 2, 2026, March 17, 2026, and March 31, 2026
- SENTRY Inmate Management System Rosters
- Paragraph 71, Confidential Release Roster, Confidential, March 31, 2026
- Program Statements and Reference Documents, March 2026, Attachment

Assessment: A list of CMs' release dates, FTCs, and eligibility for release to community placements (i.e., home confinement or RRCs) is included in the attached *Monthly Confidential Monitoring Report, March 1 – 31, 2026.* Additionally, the worksheet titled *D. Designation & Release, 1. Designations, Paragraph 71 – 72* contains the data reviewed for this section.

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

Eligibility for Release to Community Placement:

- Number of CMs eligible for placement in home confinement: **Unknown, as this information is not provided by BOP.**
- Number of CMs with a "*Maximum Statutory Home Confinement Placement Date*" that has passed: **Unknown, as this information is not provided by BOP.**
- Number of CMs with a "*FSA Conditional Placement Date*" that is less than six months from the date of this report: **None**
- Number of CMs with a "*Conditional Transition to Community Date*" that is less than six months from the date of this report: **20**

- Are any CM being denied FTCs under the FSA on the basis of immigration status or on the basis of an immigration detainer alone? **No**
- Are any CM being denied release to community placement on the basis of immigration status or on the basis of an immigration detainer alone? **Yes, as it relates to immigration status. Consistent with the FSA and 18 U.S.C. § 3621(b), CMs with final deportation orders cannot be placed in an RRC or in home confinement.**

Findings & Recommendations:

Finding 31: With respect to CMs who may be eligible for home confinement, BOP has taken the position that this information is located in each CM's EICF. For the Monitoring Team to extract this information individually from each CM's EICF is overly burdensome. In response, the Monitoring Team and BOP agreed to facilitate the home confinement eligibility query. As a part of this process the Senior Monitor will create a list and provide it to BOP monthly. In turn, BOP will (moving forward) review the list and provide the Senior Monitor with a response confirming if the CMs are eligible for home confinement.

Recommendation 31: To facilitate the home confinement eligibility query, BOP should provide the Monitoring Team with a specific list of CMs each reporting period. **

E. Class Member Access to Counsel & the Monitor

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

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

Metrics:

- CM Email Complaints
- Class Counsel Memorandums, March 2, 2026, March 17, 2026, and March 31, 2026
- Paragraphs 81 and 82, Legal Call Block Schedule, Verified on March 18, 2026, Attachment
- Program Statement and Reference Documents, March 2026, Attachment

- **Assessment:** During this reporting period one CM housed in general population reported an issue with access to legal calls, alleging the denial was retaliatory due to her status as a former FCI Dublin inmate. The matter was filed as a retaliation complaint. BOP responded that staff had never received requests from this CM requesting legal calls. Further investigation revealed this was incorrect. In a March 1, 2026, email to the BOP Liaison, the CM stated, "…*with the modified operations, I'm not even allowed to come out of my cell to make phone calls to any attorney including the Dublin attorneys which is my right. The institution is using the 'modified operations' to impede on my right of access to the Courts and my Sixth Amendment right to counsel*." This language was provided to the Senior Monitor by BOP in an email dated March 31, 2026, related to a retaliation complaint. Additionally, this CM reported that her legal calls were not confidential due to the fact that her wheelchair could not fit in the phone booth, and as a result, she could not close the door. BOP responded to this complaint by providing the CM with an alternate confidential space.

Two CMs reported issues with access to legal calls while housed in SHU. Because the Senior Monitor was not notified in writing of any exceptional circumstances that would justify the lack of legal call access, legal calls should have been provided to all CMs housed in SHU.

Paragraph 81:

- During the reporting period, did CMs have the opportunity to initiate confidential legal calls with Class Counsel at least once per week during pre-scheduled three-hour time blocks? **The establishment of the legal call block schedule provides CMs with the opportunity to initiate confidential legal calls. CM 26, in general population, reported not having access to legal calls with Class Counsel.** If any facilities had insufficient time for CMs who requested calls to speak to Class Counsel, were CMs provided with legal calls within two workdays? **CM 26 reported she was not provided the legal call within two days. BOP reported CM 26 had approximately four hours each day to use the phone booth to make calls. When the CM raised issue with accessibility to the phone booth, BOP provided an alternative accessible space to allow her to place legal calls.**
- During the reporting period, did BOP notify, in writing, the Senior Monitor and Class Counsel whenever it was unable to facilitate legal calls on a given week due to exceptional circumstances? **None received**
- During the reporting period, did the Senior Monitor receive reports that BOP staff were preventing legal calls in retaliation? **Yes, CM 26 alleged the lack of access to a legal call as retaliation.**
- During the reporting period, did all CMs in SHU receive at least one legal call per week if requested? **As previously discussed, based on the inconsistencies in the BOP privilege roster, it is difficult to determine if and where legal calls were provided. Two CM in SHU reported lack of access to legal calls.**
    - **CM 27 reported no access to legal calls. The BOP SHU privilege roster notes social calls only for this CM. No legal calls are documented. BOP subsequently provided information reflecting that the BOP privilege roster contained an error in that CM 28 was provided access to legal calls. The CM has since been released from SHU.**
    - **CM 28 reported no access to legal calls. The BOP Liaison was notified and responded she would ensure the CM is provided access.**

Paragraph 82:

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

Findings & Recommendations:

Finding 32: The inconsistencies in the BOP SHU privilege roster make it very difficult for the Monitoring Team to fulfill their monitoring requirements.

Recommendation 32: BOP should, on a weekly basis, scrutinize the information provided by facilities outlined in the roster and where appropriate, return it for corrections. **

Finding 33: The inability for CMs to access legal calls is problematic and a serious issue. It undermines due process protections outlined within the Consent Decree. Requirements typically make it clear that restrictions on general phone access do not apply to legal calls. Lack of access increases the likelihood of complaints and allegations of retaliation or unfair treatment, particularly when CMs perceive that they are being treated differently because of their status as former FCI Dublin inmates.

Recommendation 33: BOP should ensure staff are trained and required to promptly facilitate confidential legal calls to all CMs, with clear procedures, proper documentation, and routine oversight in place to confirm adherence. **

Finding 34: BOP's response that SHU staff have difficulty knowing if a call is legal or social undermines the right to confidential legal calls. Without a consistent method to identify legal calls – such as confirming the nature of the call with the CM and providing a confidential setting -- staff uncertainty creates a barrier. This can result in exposing the facility to ongoing CM complaints, potential violations of the Consent Decree, and diminished trust in the system's ability to safeguard legal rights.

Recommendation 34: BOP should implement a clear, standardized process for all facilities requiring staff to ask and document whether a phone call is legal, and to automatically provide a confidential setting for any identified legal call. **

Signature

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

Wendy Still, MAS
Senior Monitor

June 29, 2026

Date

Glossary of Acronyms

ADO	Administrative Detention Order
AICs	Adults in Custody
BOP	Bureau of Prisons
BEMR	BOP Electronic Medical Record
CCARE	Care Coordination & Reentry Team
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 Credits
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
RRC	Residential Reentry Center
SCA	Second Chance Act
SHU	Special Housing Unit
SIS	Special Investigative Supervisor
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).[13]

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

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

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

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

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

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

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

Complaint refers to any notification to the Senior Monitor in any form by a CM or Plantiffs' counsel.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 541.22 Status when placed in the SHU.

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

(a) Administrative detention status. Administrative detention status is an administrative status which removes you from the general population when necessary to ensure the safety, security, and orderly operation of correctional facilities, or protect the public. Administrative detention status is non-punitive, and can occur for a variety of reasons.

(b) Disciplinary segregation status. Disciplinary segregation status is a punitive status imposed only by a Discipline Hearing Officer (DHO) as a sanction for committing a prohibited act(s).

§ 541.23 Administrative detention status.

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

(a) Pending Classification or Reclassification. You are a new commitment pending classification or under review for Reclassification.

(b) Holdover Status. You are in holdover status during transfer to a designated institution or other destination.

(c) Removal from general population. Your presence in the general population poses a threat to life, property, self, staff, other inmates, the public, or to the security or orderly running of the institution and:

(1) Investigation. You are under investigation or awaiting a hearing for possibly violating a Bureau regulation or criminal law;

(2) Transfer. You are pending transfer to another institution or location;

(3) Protection cases. You requested, or staff determined you need, administrative detention status for your own protection; or

(4) Post-disciplinary detention. You are ending confinement in disciplinary segregation status, and your return to the general population would threaten the safety, security, and orderly operation of a correctional facility, or public safety.

§ 541.24 Disciplinary segregation status.

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

§ 541.25 Notice received when placed in the SHU.

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

(a) Administrative detention status. When placed in administrative detention status, you will receive a copy of the administrative detention order, ordinarily within 24 hours, detailing the reason(s) for your placement. However, when placed in administrative detention status pending classification or while in holdover status, you will not receive an administrative detention order.

(b) Disciplinary segregation status. When you are to be placed in disciplinary segregation status as a sanction for violating Bureau regulations, you will be informed by the DHO at the end of your discipline hearing.

§ 541.26 Review of Placement in the SHU.

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

(a) Three-day review. Within three workdays of your placement in administrative detention status, not counting the day you were admitted, weekends, and holidays, the SRO will review the supporting records. If you are in disciplinary segregation status, this review will not occur.

(b) Seven-day reviews. Within seven continuous calendar days of your placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend. Subsequent reviews of your records will be performed in your absence by the SRO every seven continuous calendar days thereafter.

(c) Thirty-day reviews. After every 30 calendar days of continuous placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend.

(d) Administrative remedy program. You can submit a formal grievance challenging your placement in the SHU through the Administrative Remedy Program, 28 CFR part 542, subpart B.

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

(a) Staff investigation. Whenever you are placed in the SHU as a protection case, whether requested by you or staff, an investigation will occur to verify the reasons for your placement.

(b) Hearing. You will receive a hearing according to the procedural requirements of § 541.26(b) within seven calendar days of your placement. Additionally, if you feel at any time your placement in the SHU as a protection case is unnecessary, you may request a hearing under this section.

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

Attachments

Non-Confidential Attachments

- Program Statements and Reference Documents, March 2026
- Paragraphs 81 and 82, Legal Call Block Schedule, Verified March 18, 2026

Confidential Attachments (provided under separate cover)

- Monthly Confidential Monitoring Report, March 1 – 31, 2026
- Class Member Confidential Key, March 2026
- Paragraphs 46, 49, 81 & 82, SHU Privileges, March 2026, BOP Report
- Paragraphs 68 - 69, Population Monitoring Census – Roster, March 31, 2026, BOP Report
- Paragraph 71, Confidential Release Roster, March 31, 2026, BOP Report

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Paragraphs 81 & 82, Legal Call Block Schedule, Verified March 18, 2026						
Institution	**Day**	**Time Block in Current Time Zone**	**Time Block in PST**	**Class Counsel**	**Method**	**Note Cards**
Aliceville	Wednesday	12:00 pm to 3:00 pm CST	10:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Yes
Bryan	Thursday - B Unit	1:00 pm to 4:00 pm CST	11:00 am to 2:00 pm	RBGG 415-907-0603	Open Door	No
Bryan	Tuesday - M Unit	1:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	No
Carswell	Wednesday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Yes
Danbury	Thursday	12:30 pm to 3:30 pm EST	9:30 am to 12:30 pm	RBB 202-505-1051	Open Door	Yes
Greenville	Thursday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	No
Hazelton	Thursday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBB 202-505-1051	Open Door	Yes
Houston	Tuesday	12:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	Legal Phone Booth	No
Lexington	Monday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBGG 415-907-0603	Open Door	No
Los Angeles	Wednesday	9:00 am to 12:00 pm PST	9:00 am to 12:00 p	CCIJ 510-679-3674	Open Door	No
Marianna	Monday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Yes
Miami	Tuesday	12:00 pm to 3:00 pm EST	9:00 am to 12:00 pm	CCIJ 510-679-3674	Open Door	Yes
Oklahoma City	Thursday	10:00 am to 1:00 pm CST	8:00 am to 11:00 am	RBB 202-505-1051	Open Door	No
Pekin	Monday	11:00 am to 2:00 pm CST	9:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	No
Philadelphia	Thursday	12:30 pm to 3:30 pm EST	9:30 am to 12:30 pm	RBB 202-505-1051	Open Door	No
Phoenix	Thursday	12:45 pm to 3:45 pm MST	11:45 am to 2:45 pm	A&P 650-319-4500	Open Door	Yes
San Diego	Tuesday	12:45 pm to 3:45 pm PST	12:45 pm to 3:45 pm	CCIJ 510-679-3674	Legal Phone Booth	No
SeaTac	Tuesday	10:00 am to 1:00 pm PST	10:00 am to 1:00 pm	CCIJ 510-679-3674	Open Door	Yes
Tallahassee	Monday	11:00 am to 2:00 pm EST	8:00 am to 11:00 am	A&P 650-319-4500	Open Door	Yes
Tucson	Thursday	10:00 am to 1:00 pm PST	10:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Yes
Victorville	Wednesday	9:45 am to 12:45 pm PST	9:45 am to 12:45 pm	A&P 650-319-4500	Open Door	Yes
Waseca	Tuesday	12:00 pm to 2:00 pm CST	10:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Yes
Waseca	Thursday	12:00 pm to 2:00 pm CST	10:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Yes

Date Verified:
3/31/2025
4/15/2025
4/29/2025
6/2/2025
8/11/2025
9/29/2025
10/27/2025
12/1/2025
12/23/2025
1/29/2026
3/2/2026
3/18/2026