

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

2nd Public Monthly Status Report

May 1 - 31, 2025

Submitted by

Wendy Still

Senior Monitor

U.S. District Court

Northern District Court of California

July 29, 2025

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Introduction & Background

Introduction: This document serves as an introduction to the second 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 May 2025. It outlines recommended areas where policies, processes, documentation, forms, and training if implemented will assist BOP in complying with the Consent Decree

Reporting: The release of the May 2025 Monitoring Report is being issued in July due to 48 pages of comments the BOP provided in response to the draft April Report. Although the Consent Decree only expressly requires a review period for the quarterly reports, the Senior Monitor allowed for a comment period for the first report being issued. However, the extensive comments and subsequent discussions which have continued to occur caused the delay of the release of the initial report. Although not required by the Consent Decree, the BOP was also provided an opportunity to review the draft May Monthly Report for technical and accuracy issues. BOP returned over 30 pages of comments which exceeded technical and accuracy issues and delayed the public release of the report.

There is a significant difference of opinion of the Consent Decree requirements related to monitoring, rating and reporting. There are ongoing discussions with All Parties for clarification; however, BOP and their counsel, and Class Counsel have not utilized the mediation process as provided in Section V, Paragraph 106 within the Consent Decree. It is anticipated this process will need to be followed to resolve the disputes.

The Senior Monitor encourages All Parties as quickly as possible to utilize this process to resolve the differing interpretations of the Consent Decree. This clarification will reduce time and costs associated with ongoing issues that arise due to the lack of agreement on various requirements. The criteria for placing new and reopening prior closed alerts related to Health Alerts (Medical, Mental Health and Medication Assisted Treatment [MAT]) is one of the major differences of opinion between BOP and their Counsel, Class Counsel and the Senior Monitor. A substantial amount of discussion and debate has continued to occur without resolution. To date the mediation process has not been utilized to resolve this issue.

Reporting has also been delayed by the arduous process that BOP has created for reviewing medical alerts and nexus cases. BOP has created extra layers of review and documentation and has imposed requirements beyond what is required in the Consent Decree for the creation or restoration of alerts. The Monitoring Team and Class Counsel have raised this issue a number of times and understand that there will be an All Parties meeting on the topic the week of July 21st. The Senior Monitor looks forward to this discussion and hopes that agreement can be reached on a process for medical alert review that is more efficient and reflects the language and requirements of the Consent Decree.

Agreement was reached with All Parties to utilize a three-factor rating system that includes Substantial Compliance, Partial Compliance and Non-Compliance. However, there continues to be a disagreement between All Parties on what Paragraphs should be rated and/or whether ratings are required. This difference of opinion substantially impacts the format and content of this report. Therefore, narrative has been provided relative to the specific Paragraphs of the Consent Decree. A rating will be not be applied until there is agreement with All Parties and the Senior Monitor provided concrete direction.

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

Monitoring Activities: During this monitoring period, the Senior Monitor’s priorities centered on assessing factual findings related to compliance with the various Paragraphs of the Consent Decree. The first onsite tour of FCI Dublin Class Members housed at FMC Carswell was also conducted between May 12 – 15, 2025. Additionally, it should be noted that the number of Class Member complaints have increased from 163 in April to 249 in May.

The activities conducted during this period include, but are not limited to, the following:

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

NOTE:

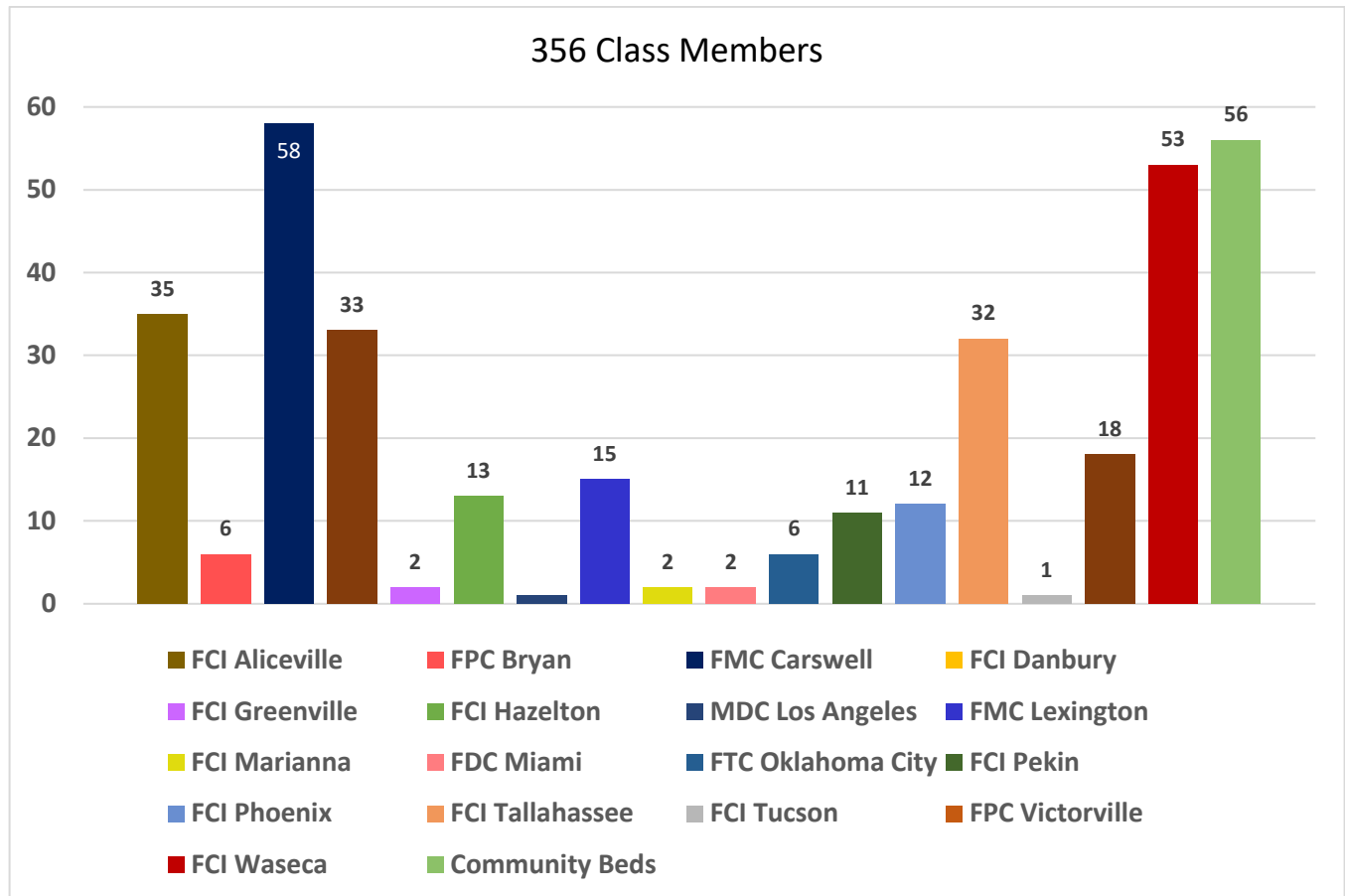
The term “**facility**” and “**institution**” are utilized interchangeably throughout this document.

- Related paragraphs have been consolidated in this status report for clarity; however, several may be reported separately in future reports, as needed.

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

- The section and subsection letters and numbers referenced in the chart on the following page are based on the structure of the Consent Decree

Class Members: The following chart reflects the number of Class Members in BOP custody, by facility or community bed, as of May 27, 2025. The April Report reflected Class Members in Facilities.



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

Wendy Still, MAS, Senior Monitor

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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, class counsel attorneys, and community-based counselors to report abuse and violations of the Consent Decree;
✓	limitations on the use of SHU, due process rights for people placed in SHU for alleged disciplinary reasons, and expanded privileges for people placed in SHU for non-disciplinary reasons
✓	restoration of credits lost during transfer from FCI Dublin, and expungement of improper disciplinary write-ups from FCI Dublin
✓	release of eligible Class Members under existing laws to halfway houses and home confinement as soon as practicable
✓	public acknowledgment of abuse at FCI Dublin by the BOP Director

Assessment & Recommendations

A. Medical Healthcare (Part 1)

1. Review of Medical Healthcare Alerts

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 6010.05 Health Services Administration, June 6, 2014
 - P6013.01 Quality Improvement, January 15, 2005
 - 6031.05 Patient Care, March 14, 2025
 - 6090.04 Health Information, March 2, 2015
 - 6190.04 Infectious Disease, June 3, 2014
 - 6360.02 Pharmacy Service, October 24, 2022
 - 6370.01 Laboratory Services, January 15, 2005
 - 6400.03 Dental Services, June 10, 2016
 - 6541.02 Over the Counter Medication, November 17, 2004
 - 6031.02 Inmate Copayment Program, August 15, 2005
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Class Member Health Records, Bureau Electronic Medical Records (BEMR) System
 - Class Members Data in Power Business Intelligence (BI) System
 - Weekly Medical Alert Meeting with Senior Monitor and Medical Experts
 - Excel Spreadsheet Related to Alert Closures
 - Class Counsel Memorandum, March 31, 2025
 - Letters from Class Member's Counsel
- **Training:** N/A

Metrics: Interviews with Class Members and Staff from Local, Regional and BOP Headquarters Levels, Review of BEMR, Health Records, Class Member Emails, Class Counsel Memorandum, Program Statements, and Related Reports and Documents

During this monitoring period, the Monitoring Team conducted an onsite monitoring tour of FMC Carswell from May 12 - 15, 2025. In preparation for the visit, the team reviewed BOP Program Statements, emails from Class Members, and health records. The Monitoring Team's Medical Experts also reviewed the memorandum from Class Counsel, dated March 31, 2025, and continued to receive emails and complaints from Class Members housed in the other facilities.

A total of 56 Class Member medical related emails were received during this monitoring period. The majority of these communications involved complaints regarding Class Member's inability to access medical care. While on site, the Medical Experts conducted interviews with 57 Class Members. As a result of the interviews, the Medical Experts requested that 21 alerts be opened. Additional concerns were discussed with Class Members in interviews; not all met criteria for a nexus alert (hence 21 alerts). The Medical Experts are still researching other complaints that may yield future requests for alerts. In total, the concerns raised during the interviews are outlined below.

Complaint Type	#
Gynecology	4
Psychotropic Medication/Medication Assisted Treatment (MAT)	3
Eyeglasses	10
Dentures/Dental Care	3
Specialty Care	10
Pending Approval for Specialty Care or Device	4
Diagnostic Study Follow Up	6
Related to Over-the-Counter Medications	3
Chronic Care	3
Total	46

It should be noted that between the time of the onsite visit and drafting of this report, the Senior Monitor Team noted areas of improvement at FMC Carswell. They include:

- Improved use of translation services;
- Increase use of video visits to access specialty services; and,
- Increased utilization of psychiatric advanced practice providers with co-management by a psychiatrist for provision of medical management of mental health conditions.

In addition to these concerns, there is still an issue with timely evaluations and follow up. A particular area of concern is follow up after medication adjustments are made. It is noted that follow up for Class Members prescribed psychotropic medications, follow up (if scheduled for follow up), is scheduled in six to twelve month intervals, or as needed. However, Class Members are frequently asked to return on an 'as needed' basis.

There are several concerns with this approach. First, BOP does not have a tracking mechanism for sick call, and the Monitoring Team has received many complaints related to Class Members requesting care and not obtaining it. Second, Class Members claim they request care, but are not provided care consistent with community standards for follow up, after adjustment of psychotropic medications in the non-specialty mental health ambulatory setting, is typically 8 - 12 weeks. This gives enough time for the medication to take effect. However, if an individual has significant symptoms of depression or anxiety, the interval period may need to be shorter. Since BOP medical service providers do not use a standardized tool to like PHQ-9 or GAD-7 to evaluate severity of disease, it is difficult to ascertain if Class Members with more significant symptoms are being followed timely.

Therefore, it is recommended that BOP put a process in place to ensure Class Members, who have had their medications adjusted, are adequately followed within an appropriate time frame. It is also highly recommended that BOP institute the utilization of standardized tools to assess and monitor the severity of Class Members' depression and anxiety disorders in the non-mental health setting. Follow up can include consultation with nurses and pharmacists so as not to overwhelm the already stressed medical and mental health staff.

Class Members interviewed reported a variety of medical concerns and conditions at FMC Carswell. As noted previously, some of these concerns resulted in formal alert requests, while others are under further review by the Medical Experts. The following constitute examples.

Medical Healthcare Patient (Class Member) Key: It should be noted that the names of the patients noted below are contained within the attached confidential document titled, *Medical and Mental Health Confidential Patient Key, May 2025*.

Patient 1, FMC Carswell: This Class Member is a 42-year-old patient with a history of rheumatoid arthritis (RA), a systemic autoimmune illness. She reports she is in pain and has been unable to receive the appropriate treatment and pain control during her incarceration. This patient arrived at FMC Carswell on October 29, 2024, and had a health screen conducted by a Family Nurse Practitioner (APRN, FNP-C). A health screen is performed on all inmates entering BOP facilities, frequently provided by registered nurses, and intended to serve as a screening for communicable diseases. This health screen helps to identify conditions that warrant more expeditious review by a physician, to include chronic conditions in need of follow up and from a clinical perspective, helps to determine if the inmate is safe to be housed in the facility.

In this case, the new arrival 14-day health evaluation was completed on November 27, 2024, approximately four weeks after her arrival at the facility. During the visit, the physician noted a history of RA and that the patient was on medication specific for the treatment of RA. The patient complained she continued to have pain and joint stiffness, despite the treatment. She further reported she could not lift

or raise her right arm over her head. The provider diagnosed her as having frozen shoulder and ordered a consult for physical therapy. Laboratory tests, including ones to gauge the severity of RA, were ordered and a consult for rheumatology was placed.

The Class Member was not seen again until February 4, 2025, during sick call, after she reported worsening symptoms, including increased pain and joint stiffness. The provider documented the complaint of pain and swelling in multiple locations. A prednisone taper was prescribed (prednisone is used to calm symptoms of RA flares). There was no documentation related to the status of the rheumatology consult. Documents show the Class Member was seen by a rheumatologist on February 18, 2025. She was prescribed a more intense treatment using a Tumor Necrosis Factor Inhibitor (class of drugs used to treat autoimmune conditions like RA) to prevent permanent joint damage and disfigurement. Humira, the medication prescribed, was to be initiated and prior RA medications continued. At the time of the onsite visit, the patient reported she had been and continues to be in severe pain. She reported she had seen a rheumatologist and was prescribed Humira (TNF Inhibitor), but feels her health is continuing to decline. FMC Carswell provides physical therapy at the facility, and a referral should be seriously considered for this Class Member. At the time of the onsite visit, eyeglasses had not been provided to the patient.

Patient 2, FMC Carswell: The Class Member reports she had an Intrauterine Device (IUD) placed 1 ½ years ago. She reports she has suffered from heavy bleeding and cramps for months. She required a blood transfusion due to anemia. The patient had an ultrasound scheduled for May 12, 2025, to confirm placement of the IUD. The records show she had a hysteroscopy, Mirena IUD removal, and insertion of a LILETTA IUD placed on December 19, 2023. No follow-up ultrasound was located to confirm the placement was checked. According to the Class Member, she continues to bleed heavily and has relayed this complaint during her medical visits. At time of the onsite visit, she was awaiting results from a pelvic ultrasound and had a pending appointment with OB-GYN. During the interview, she expressed concerns regarding bleeding and a foot mass that was currently being evaluated. Magnetic Resonance Imaging (MRI) with contrast was recommended to further evaluate the mass, but it is not clear from the medical records if it had been ordered or was pending approval. The Class Member has also been waiting for over a year for eyeglasses and dentures since she left FCI Dublin.

Patient 3, FMC Carswell: The patient was transferred from FCI Dublin to FCI Hazelton and during transit, his eyeglasses were broken. When he arrived at FCI Hazelton, he requested to be seen and was seen by an Optometrist. The Optometrist prescribed and ordered new glasses on July 1, 2024. The Class Member was at FCI Hazelton approximately six months (April - September 2024), but the eyeglasses never arrived. He was transferred to FMC Carswell and at that time, informed the intake nurse about the need for eyeglasses. He stated he has requested the eyeglasses via copout (form to request a sick call appointment) and at the Unit Team open house. He continues to be told that it takes a long time to obtain eyeglasses. He has not had eyeglasses for over a year and states he can barely see. He reports he is

starting to have frequent headaches which have been worsening in severity. In November 2024, he had a seizure and fell from the top bunk, injuring his back and head. He was sent to the local hospital's emergency unit. The CT scan of his head and laboratory analysis were unremarkable. This was the first time the patient had a seizure and it was not evident from the medical record that he had been referred to neurology for further work up which is a standard practice for new onset of seizures in an adult. The patient also reported he had been requesting to be seen for severe stomach pain associated with the inability to keep food down and had been having frequent bouts of diarrhea. He was evaluated by general surgery, but no surgical problem was noted. A recommendation was made for a gastrointestinal consultation. The Class Member complained of weight loss and records show a 23-pound weight loss over a five-month period. He conveyed he is concerned about his health as he reports having multiple family members die from colon cancer.

Patient 4, FMC Carswell:² The Class Member is 58 years old with multiple medical chronic medical issues. At the time of the onsite visit, the patient had recently undergone surgery on her right ankle. She was in a wheelchair and complained of incisional pain. She indicated the dressing on her leg had not been changed since she had returned to the facility. She reported she was in pain, her leg was throbbing and she had been requesting for days that her dressing be changed. She also reported that the nursing staff at the facility in the four-floor medical unit had not responded to her request. During the Monitoring Team's onsite visit at Carswell, one of the two Medical Experts examined her leg and noted the patient had three plus pitting edema (moderate-level edema) on her right foot. Her right ankle was half wrapped with dirty dressing. The skin under the dressing looked red and swollen. She was instructed to contact the medical staff to have her leg evaluated. There was a note in the health record, dated June 9, 2025, indicating that she had been seen for suture removal. The provider noted the incision was infected. A prescription for antibiotics and pain medications were ordered. Documentation from the post operative podiatry visit on June 17, 2025, states, *"Patient presents today non-weight bearing to bilateral lower extremity with use of wheelchair. Patient does not have durable medical equipment, dressing to right foot or ankle. Patient states the nurses at the jail removed her sutures, have not been doing wound care to the right anterior ankle."*

Patient 5, FMC Carwell: The Medical Experts met with the patient during the May 2025 monitoring tour. The patient stated she has had abdominal pain from a "hernia" for the past year. She further stated that during this time, she had been requesting pain medication and surgery but received neither. The patient stated the hernia is about the size of a golf ball or a little larger. Records show an ultrasound was performed on January 6, 2025, and showed a communicating cystic structure with septations likely representing a seroma or hematoma. It is not clear from the medical documentation that the ultrasound finding had been discussed with the patient or correlated clinically. Visits are mostly focused on severe

² June information is provided only to provide context to outcome of the May incident.

anemia. She reports she requested to be seen for weeks, showing up to the open sick call line, which is typically open from 7 a.m. to 8 a.m., four days per week. She reported after weeks of waiting to be seen, she was finally given an appointment. During the appointment, the Advanced Practice Provider told the Class Member to lay down on her bed and push the hernia back in, as there was nothing, they could do for her. She stated the hernia is becoming larger and more painful. She further indicated she is very concerned and scared because of a 2012 gastric-bypass surgery which resulted in an intestinal leak that caused her to be placed in an intensive care unit for over 30 days. She reported she almost died as a result. She is concerned that more health issues present other than the hernia. The patient indicated that she had requested multiple times, via the sick call system, to be seen by the optometrist, but had yet to be seen. She reported her vision continues to get worse. The patient indicated that when she first came to FMC Carswell, another inmate, not a nurse, conducted her Snellen eye test (visual screening test). She reported her vision has worsened and she has frequent headaches which she attributes to the eye strain associated with not having eyeglasses.

Patient 6, FMC Carswell: Class Member is care-level two. She has diabetes, arthritis and a leg condition which requires her to use leg braces. She reported multiple unmet medical needs. Her leg pain had gotten worse since her transfer from FCI Dublin, and she can no longer walk for extended periods of time. She also reported she has suffered from a periodic painful rash since she was housed at FCI Dublin, and the rash recently broke out all over her body, including her genitals and her leg. She previously received medication for this condition and reports she has requested treatment multiple times without success. The issue of rashes was reported by multiple Class Members during the onsite visit and a suspected scabies outbreak was widely discussed. The Class member reports being told by BOP medical staff to purchase medication from the commissary. This Class Members and others reported they cannot identify how they contracted the rash and do not want to purchase the items suggested from the medical staff from the commissary utilizing their own funds. For those who wish to purchase the items, the other issue is the availability of the medication(s) from the commissary given that they are not always stocked. The Class Member conveyed she is also concerned that she has lost 80 pounds since transferring to FMC Carswell. Review of medical records show she has lost 48 pounds since transferring from FCI Waseca (last weight documented at this facility was on June 3, 2025, was 232 pounds) to FMC Carswell (last documented weight before on site on May 7, 2025, was 184 pounds). Of note, the patient was prescribed Semaglutide on February 28, 2025. This may account for the weight loss; however, the patient was not aware of the potential for weight loss with this medication as it was prescribed for diabetes.

Patient 7, FMC Carswell: Class Member has experienced prolonged menstrual cycles while in BOP custody. Despite early findings of potentially cancerous uterine masses and years of abdominal pain and irregular periods, she did not receive appropriate follow-up care at multiple facilities. At FCI Dublin, no treatment was provided. At FCI Aliceville, test results were not shared, and a recommended ultrasound or MRI never occurred. Only after her transfer to FMC Carswell was she told the cyst had grown and she would require a hysterectomy. After delays in treatment, she underwent a hysterectomy.

Patient 8, FMC Carswell: Class Member has multiple sclerosis (MS) and reports she has not received necessary disability accommodations at FMC Carswell. A review of her medical records indicates the medical provider requested accommodations for a lower bunk, first floor housing, and the use of Personal Identification Number versus fingerprints due to her medical condition. No elevator pass is on file. These were set to expire at the end of May and renewals were not on file. It is not clear if BOP staff are not following medical requests for accommodations. The Class Member also reported multiple issues receiving her medications. She indicated she reports to the medication line as requested, but staff either cannot locate her medication or the medication is unavailable. The Class Member reports she has requested her medication be ordered as “keep on person” to eliminate missing her dosage,. She reportedly did not have surveillance labs conducted frequently as a result of the cost of the medication. Medical records show the Class Member enrolled in the Neurology Chronic Care. Last year she was seen on May 28, 2024, November 27, 2024, and March 12, 2025. The Class Member expressed concern with the lack of knowledge about MS, in general, from the treating provider at FMC Carswell.

Patient 9, FMC Carswell: Class Member reported she had a severe toenail infection and had been requesting to be seen for weeks via the use of copouts. When she was finally seen by medical staff, the provider told her to put Vicks VapoRub on the toenail, but did not prescribe other medications. Her infection did not improve. The use of Vick’s VapoRub may be a first line home remedy for toenail fungus, but if not effective, other treatments may be needed. The Class Member questioned the use of Vick’s VapoRub for treatment of the fungus and was not given an explanation. The Class Member also has myopia and astigmatism and needs new eyeglasses. She had eye exams at FCI Dublin and FMC Carswell. She reported she had been advised she would be provided with new eyeglasses, but as of the date of the onsite visit by the Medical Experts, she had not received them.

Patient 10, FMC Carswell: Class Member reported she had been requesting dentures for months. She was subsequently seen and has had three appointments since then. She reported her teeth were pulled, and she continued to wait for dentures. As of the onsite visit by the Medical Experts, she had not received dentures.

Patient 11, FMC Carswell: Class Member is mental health care-level three and reports she has been struggling to maintain her sanity within the facility. She reported she has been asking her Psychologist to help her to be seen by a Psychiatrist because she needs medications. The Psychologist told her he would follow up with the medical department. The Class Member reported she writes copouts and reports to medical sick call, yet it took months to be seen. Records indicate she was seen by a medical provider in Mental Health for Chronic Care on June 28, 2023, May 14, 2024, March 27, 2025, and July 14, 2025. The last two visits were with a Psychiatrist. Records indicate the Class Member was elevated from care-level one to two on April 1, 2025 and to care-level three on May 13, 2025.

General Issues: Signs that providers are pressured to move quickly through visits, limit issues addressed at sick call visits, or limit specialty care are present. For example, although BOP staff routinely have Class Members sign “treatment refusal” forms, Class Members describe not understanding what they are declining (Spanish speakers), not understanding the language used to explain a procedure (health literacy) or feeling pressured to sign these forms when they are asking “too” many questions. Class Members have repeatedly reached out to Class Counsel with such complaints. On occasion, the Monitoring Team has requested that the BOP direct healthcare staff to explain the results of tests or treatment plans to Class Members. During interviews of Class Members at FMC Carswell, many Spanish-speaking Class Members described feeling pressured to not request translation services for fear of being labelled difficult. Although many have some English literacy, it was evident they were not understanding treatment plans, and the rationale for starting or stopping medications or explanations of why a medication or a diagnostic exam was not necessary. Several Class Members expressed frustration with the inability to obtain more detailed information regarding a condition. For example, when requesting literature to explain a condition, two inmates were allegedly told by a medical provider they could not print out information due to the printer not working. When several Class Members asked about the validity of using Vick’s VapoRub to treat toenail fungus, the Nurse Practitioner did not cite medical literature showing this is a good first trial and if not effective, alternatives.

Class Members have also conveyed concerns regarding the availability of medications, and limited access to the type and number of medications. They report being told by providers and medical staff to purchase certain medications from the commissary. There are widespread reports that commissary availability is not stable for these medications and at times, not available due to commissary closures or commissary restrictions imposed as a disciplinary action. There are multiple examples of other medical problems, including acid reflux and seasonal allergies, where providers claim to have no options if the commissary medication failed or did not alleviate the problem. While on site at FMC Carswell, multiple Class Members showed the Medical Experts copies of commissary forms with crossed out items, including over the counter medications like allergy medication, anti-fungal medication and nasal spray, that had been out of stock for periods of time.

Most concerning are reports that Class Members who do not have funds and are unable to afford commissary medications are still unable to obtain prescriptions, with providers, citing BOP policy as the rationale. It is alleged that in several instances medical providers pull up their commissary purchase history and taunt Class Members about buying snacks versus over the counter medications. Two cases involved serious enough conditions to have prompted a prescription when the medication was not available via the commissary. A request to open an alert was placed for both.

Environment of Care: The Monitoring Team toured the clinical areas. They were found to be clean, organized, and with the appropriate signage. Appropriate equipment was noted in exam rooms. Infection, prevention, and control protocols appear to be followed. Sharps containers, exam gloves,

masks, soap, antibacterial gel, sinks, and other supplies were in appropriate areas and easily accessible. Emergency equipment and supplies were well stocked and in good condition. The Physical Therapy program in particular should be lauded as Class Members spoke highly of the service received. The space was well equipped, and the staff was informative and service oriented. The Medical Experts also toured the skilled nursing area and noted a clean space. Several inmates approached the Monitoring Team, but because no Class Members were housed there at the time, the Monitoring Team did not engage with them. Multiple Class Members mentioned concerns for a scabies outbreak. The Monitoring Team confirmed many Class Members were screened for scabies, but did not find this to be an issue.

Medical Staff Levels: Staffing levels at FMC Carswell remain a concern. In accordance with the Consent Decree, the BOP provided staffing data that confirmed multiple key leadership positions were vacant at the time of the onsite visit (May 12 – 14, 2025). The following critical roles were unfilled during that period:

- Clinical Director
- Health Services Administrator (HSA)
- Assistant Health Services Administrator

These vacancies are particularly troublesome given that FMC Carswell is a designated medical facility for female offenders with complex medical and mental health needs. The absence of a Clinical Director—who is responsible for providing clinical direction and oversight—was especially notable. This gap in leadership and supervision were evident in the Medical Experts’ review of Class Members’ health records and during the onsite visit. For example, we were unable to see or review a provider credentialing file, quality audits or evidence of peer review. Additionally, multiple reports highlighted unprofessional behavior by clinical staff, especially involving Advanced Practice Providers, which further underscores the impact of insufficient clinical oversight. It is important to note that no medical provider was willing to speak with the Medical Experts.

Staff Interviews: Although the HSA position was officially vacant, the Medical Experts were informed that interviews had been completed, and a candidate selected. The incoming HSA was expected to begin on June 2, 2025. While he had not yet assumed the role, the Medical Experts were able to meet with him via a TEAMS video conference. The Medical Experts were appreciative of his willingness to engage during the onsite visit. During the discussion, the incoming HSA demonstrated a strong understanding of BOP policies and effectively articulated his plans to address the concerns raised. He clearly had performed a needs assessment and was well apprised of the gaps needing attention. He appeared to be a strong selection for the HSA position, with the skills and experience needed to improve operations at FMC Carswell.

Director of Nursing: During the onsite visit, the Medical Experts met with Ms. Lisa Bartlett, Director of Nursing (DON) Services. She has been with FMC Carswell for four years and was promoted to DON in 2023. Her responsibilities include oversight of nursing operations, inpatient beds on the fourth floor, mental health units, medication distribution (pill line), emergency response, nursing sick call, utilization management, infectious disease protocols, and quality improvement initiatives.

Currently, the facility has 41 registered nurse positions, with 31 filled and 26 actively working. Five staff members were out on various types of leave. Ms. Bartlett supplements staffing with contract personnel, including five licensed vocational nurses and nine medical assistants. She oversees hiring, training, and onboarding. She reported a positive working relationship with the Associate Warden of Health Care and other facility leadership.

Ms. Bartlett expressed that if all nursing positions were filled, she would initiate a case management program, allowing nurses to conduct 1:1 sessions and group education for patients about their medical conditions. She was also awaiting approval to hire certified nursing assistants for the Nursing Care Center, a 51-bed unit, housing patients who require more support due to medical complexities or functional limitations. Ms. Bartlett was candid and cooperative during her discussion with the Medical Experts. One issue raised was that inmates reported they were providing direct care to other inmates in the medical unit. She firmly stated that such practices are against policy and not occurring. Nevertheless, she committed to investigating further and reminding both staff and inmates of the policy.

Chief Pharmacist: During our onsite visit at FMC Carswell, the Monitoring Team spoke to the person at the time who identified himself as the person over Pharmacy Services. He provided an overview of his responsibilities, which include supervision of pharmacy operations, pharmacists, and pharmacy technicians. In collaboration with the DON, he also oversees the medical assistants and licensed vocational nurses involved in medication distribution.

Staff Dietitian: During the onsite visit, the Medical Experts met with the dietitian. He related his primary duties include the provision of nutritional assessments, recommending nutrition plans, providing medical nutrition therapy when requested, and educating and counseling inmates on healthy diets.

Staffing Overview: The following is an overview of current health care staffing levels at FMC Carswell as of week of May 12, 2025. The vacancy rate is based on the total number of authorized positions and the number currently filled.

Division	Total Positions	Filled	Vacant	Vacancy Rate
Overall Total	125	96	29	23.2%
Public Health	16	14	2	12.5%
Mental Health	35	26	9	25.7%

Impact of Vacant Positions on Facility Operations: Vacant positions present significant challenges for the facility's ability to operate efficiently and deliver quality care. Staffing shortages can lead to increased workloads for existing employees, which contributes to stress, burnout, and decreased morale. This often results in reduced productivity, longer wait times for services, and potential gaps in patient care.

In critical areas like Mental Health and Public Health, vacancies may also delay assessments, interventions, and case management, directly impacting client outcomes. Prolonged vacancies hinder strategic planning, limit program growth, and can lead to compliance risks when essential roles are left unfilled.

Addressing vacancies through focused recruitment and retention efforts is essential to maintain service standards and support staff well-being. The Consent Decree only requires recommendation regarding staffing vacancies if BOP requests them. BOP has not requested vacancy recommendations; therefore, none are provided.

Evaluation of Issue(s):

1. Lack of timely follow up when medications are adjusted or changed.
2. Lack of coordinated care between Mental Health and Medical Services for Class Members with care-level one to three mental health issues, who have been prescribed psychotropic medications by medical services providers.
3. Lack of standardized tools for managing level one and two mental health conditions in non-mental health settings.
4. Delay in follow up after a specialist evaluation and/or recommendation is completed.
5. Significant delay in obtaining eyeglasses and dentures.
6. Lack of appropriate senior clinical oversight.

7. Use of commissary for over-the-counter medications without adequate oversight of stock and alternate plans for treatment for Class Members.
8. Inconsistent use of language interpretation and translation services for Class Members.

Recommendation(s):

1. BOP should create a system to track sick call and copouts to facilitate the appropriate and timely care of Class Members.
2. BOP should improve the regularity with which they follow up with Class Members regarding their care and treatment following an evaluation from a specialist.
3. Develop interdisciplinary reviews/teams between Mental Health and Medical Services to ensure provision of care for Class Members is coordinated and medical service provider quality of care is audited for quality and appropriateness by psychiatrists.
4. Pharmacy should work with the Commissary Manager to review and update over-the-counter medications to ensure they are available in the correct dose and amount.
5. BOP should utilize the services of the Pharmacist to manage a cohort of patients (i.e., MAT, Hep-C, diabetics, or hypertension).
6. Institute use of standardized tools such as PHQ-9 and GAD for management of mental health issues by medical service providers.

A. Mental Healthcare (Part 2)

1. Review of Mental Healthcare Alerts

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 6010.03 Psychiatric Evaluation and Treatment, July 13, 2011
 - 6090.04 Health Information Management, March 2, 2015
 - 6031.05 Patient Care, March 14, 2025
 - 6340.04 Psychiatric Services, January 15, 2005
 - 6360.02 Pharmacy Services, October 24, 2022
 - 6370.01 Laboratory Services, January 15, 2005
 - 6541.02 Over the Counter Medications, November 17, 2004
 - FIT Program Statement, August 11, 2022
 - SFIT Program Statement, August 11, 2022
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Class Member Health Records, BEMR System
 - Class Members Data in Power BI System
 - Weekly Medical Alert Meeting with Senior Monitor and Medical Experts
 - Excel Spreadsheet Related to Alert Closures
 - Class Counsel Memorandum, March 31, 2025
 - Letters from Class Member's Counsel
- **Metrics:** Interviews with Class Members and Staff from Local, Regional and BOP Headquarters Levels, Review of BEMR, Health Records, Class Member Emails, Class Counsel Memorandum, Program Statements, and Related Reports and Documents

Assessment: For the purposes of reporting on mental health care, the Medical Experts will address services provided by both the Psychology and Medical Services Divisions. While the Medical Experts recognize that these divisions operate under distinct reporting structures within BOP, effective care for Class Members with mental illness and dual diagnoses requires close coordination. The absence of such coordination emerged as a significant concern across multiple sites housing Class Members.

No open mental health alerts were noted for this reporting period. However, the Monitoring Team is in the process of reviewing cases brought forward from CM emails, Class Counsel Memos, and interviews and developing a list of future Alert requests.

During the onsite visit of FMC Carswell, several Class Members were found to be receiving inadequate mental health care, particularly in the areas of psychopharmacological treatment and clinical follow-up. Specifically, delays were noted in the administration of newly prescribed psychiatric medications. In addition, there was an absence of structured monitoring protocols to assess therapeutic response, side effects, and medication adherence. In multiple cases, follow-up encounters were not scheduled within clinically appropriate timeframes following medication initiation or adjustment. This is inconsistent with standard psychiatric practice. These lapses hinder the stabilization and recovery of Class Members with serious mental illness and elevate the risk of decompensation, exacerbation of symptoms, and avoidable inpatient transfers.

Effective mental health treatment requires timely initiation of medications, regular clinical evaluations, and interdisciplinary collaboration to ensure continuity of care and patient safety. It is not evident from chart reviews that interdisciplinary coordination takes place.

FMC Carswell has a Spanish Female Integrated Treatment (FIT) Program, and some Class Members spoke highly of the programming received; however, there was a split opinion of Class Member participants. BOP headquarters recognizes the deficiencies in the Carswell FIT Program and has been providing ongoing guidance and training to staff in order to improve the quality of the program and address deficiencies. Two recently hired bilingual Psychologists were well regarded by most Class Members. Some FIT participants felt re-traumatized by how they were treated during program groups and by some of the actions of the FIT program staff. Outside the Spanish FIT and other group programming, and as noted by Class Members during interviews, psychology staff have limited capacity to address individual needs. One on one encounters are described as brief and rushed, largely due to high vacancy rates. Despite staffing challenges, documentation by the psychology teams is thorough.

Medical Service providers are delivering a significant portion of mental healthcare, particularly to Class Members with level one and two mental illness. They are often the primary prescribers of psychotropic medication. However, concerns were noted about the absence of standardized tools, such as the Patient Health Questionnaire (PHQ 9) or Generalized Anxiety Disorder (GAD) Questionnaire to assess symptom severity and treatment response. Additionally, follow up appointments after medication changes are frequently delayed or not scheduled at all, falling short of the community standards of care. Class Members reported frequent changes in medication or dosage without timely follow up, which may compromise treatment effectiveness and patient safety. In contrast, psychiatric Advanced Practice Providers working under a psychiatrist have a more structured approach to treatment and their clinical

notes reviewed by the Psychiatrist. However, it was not evident that any type of clinical review was being performed for the medical services providers who also provide this care.

During the onsite visit it was noted that peers are used to monitor Class Members on suicide watch. Several Class Members expressed concerns regarding this practice. They relayed stories of individuals who served in this role would use confidential information they learned during suicide watch as leverage.

Examples Class Member Complaints Regarding Lapses in Timely and Appropriate Mental Health Treatment

Patient 12, FMC Carswell: Class Member is a survivor of gender-based violence, with a history of depression. Since her transfer, she learned her eight-year old daughter was sexually abused during her incarceration and that her brother died. Since then, her depression symptoms worsened significantly. She was in the Female Integrated Treatment (FIT) program, but left because she did not feel comfortable talking about her trauma history in a group setting. She felt coerced to discuss her daughter's sexual abuse with the group. The Class Member reports since she left the program, she has not seen anyone from psychology, although she has repeatedly requested appointments and 1:1 Treatment.

Patient 13, FMC Carswell: Class Member is mental health care-level two. She reports being seen by Psychology, but continues to struggle from post-traumatic stress disorder (PTSD) from the trauma endured at FCI Dublin. She reports her psychiatric medications are not working and notified the Psychiatric Nurse Practitioner at her last two visits. On June 25, 2025, the patient's medications were increased due to symptoms and scheduled to follow up in six months or as needed. When medications are adjusted, Class Members should be followed up on timelier to ascertain improvement. Typically, this would occur within two months, not six.

Patient 14, FMC Carswell: The Class Member has anxiety and reports she did not receive adequate mental healthcare at FCI Dublin. Her anxiety symptoms have worsened at FMC Carswell, including insomnia that caused her to go days without sleep, to the point where she began hallucinating. She repeatedly requested mental healthcare for weeks, and was ultimately seen and prescribed medication, but not provided therapy or other ongoing care.

Patient 15, FMC Carswell: Class Member reports she had not been able to access mental health services for months. She reported completing copouts, reporting to open sick call line and not being seen. A review of her health records indicates that from October 29, 2024 to May 6, 2025, she was only seen once despite requesting mental health services multiple times. She was seen by a psychiatrist on October 29, 2024, and prescribed Prozac. She stopped taking the medication due to significant hair loss. She was next seen on February 27, 2025, by a Nurse Practitioner, who allegedly did not ask about mental health or medications. The Class Member's next visit was on May 6, 2025, with a Psychiatric Nurse Practitioner

at which time she reported not taking Prozac due to hair loss and expressed concerns regarding sleep patterns. The Psychiatric NP increased the dosage of the Trazadone and scheduled her for a follow up after one year or as needed. This is an example of a lack of integrated care and appropriate timely follow up following medication administration.

Patient 16, FMC Carswell: Class Member reported she had been requesting to be seen by mental health and a Psychiatrist. She reports the current mental health medications she was prescribed were not working and she was unable to get an appointment to discuss her situation. She reported she was rarely treated by the mental health staff and when she is finally seen, the visit is very rushed. The Class Member expressed increasing paranoid symptoms, believed guards are out to get her and that people are talking about her. She expressed concerns that FMC Carswell is turning into another FCI Dublin where Class Members could not get treatment for their mental health needs. The last interaction with Psychology Services was on March 28, 2025, at which point the Psychologist stated the Class Member was stable. The Class Member notified Class Counsel of her worsening symptoms. She was scheduled to see Psychiatrist Silvas on June 26, 2025, but was not seen because the Unit was on quarantine. It was not clear if she has since been rescheduled.

Patient 17, FMC Carswell: Class Member reported she had been requesting to see mental health staff outside of group for months. She reported she suffers from PTSD, depression and anxiety and would like treatment. She is in the FIT program, but does not feel it is a good program for her. She stated it is difficult to discuss private issues in a group. She further indicated there is very little 1:1 interaction or treatment with mental health staff. The Class Member expressed concern during the onsite that a Drug Abuse Treatment Specialist (DTS) was not listening to Class Member concerns about privacy and sharing in group. The Class Member believes the DTS takes a punitive, rather therapeutic approach. On July 1, 2025, the Class Member was issued a formal warning by this DTS due to ongoing “behavioral concerns” in group. The Class Member’s concerns about feeling safe in group were not being heard and she should not be penalized for voicing her real concerns, nor be issued “formal warnings.” Concerns about the program were shared onsite with BOP and Headquarters BOP leadership that provides program guidance, but has no direct authority over institutional staff in charge of the program.

Patient 18, FMC Carswell: A Class Member requested to speak with mental health staff after the death of her cellmate by suicide. A review of her health records shows little to no mental health treatment. A note from mental health staff, dated April 23 2025, documents the Class Member withdrew from the Residential Drug Abuse Program and FIT.

Patient 19, FMC Carswell: Class Member is in the mental health SFIT program. She states she would like to talk to mental health on a 1:1 basis, but reports she has yet to be seen. She was advised by the DTS that her concerns can be addressed by the group. A note from a Psychologist, dated June 18, 2025,

indicates the Class Member was discharged from SFIT due to a breach in confidentiality. No plans appear to be in place to provide an alternate form of mental health.

Evaluation of Issue(s):

1. The use of peers for suicide watch raises serious concerns regarding confidentiality and clinical appropriateness.
2. Class Members are experiencing significant delays, ranging from weeks to months, between initial mental health screening and the commencement of treatment.
3. There is a notable absence of clear clinical leadership within the BOP mental health program, which hampers coordinated care and consistent oversight.
4. Due to staffing shortages or service delivery inefficiencies, Class Members face ongoing difficulty accessing 1:1 therapy.
5. There is currently no formal system in place to track or follow up on Class Member requests for mental health treatment, leading to delayed or missed care.
6. Medical and mental health services operate independently with minimal coordination, resulting in fragmented care, especially for Class Members with co-occurring mental and physical health needs.

Recommendation(s):

1. Increase support and management of Class Members with care-level two to three mental illness and co-occurring medical conditions.
2. Expand capacity for individual therapy sessions.
3. Develop and implement a system to track sick calls and copouts to ensure timely response and follow-up on treatment requests.
4. The Chief of Mental Health should work closely with the Chief or Lead Psychiatrist to ensure appropriate evaluation, diagnosis, and treatment planning for Class Members.
5. Medical Service providers who are treating mental illness should implement the use of standardized assessment tools such as the PHQ-9 and GAD to assess symptom severity and monitor progress.
6. BOP should initiate regularly interdisciplinary case conferences to support collaborative management of complex or treatment-resistant cases.
7. Utilize pharmacists and nursing staff to lead medication compliance groups, which can improve adherence, patient education, and early identification of side effects or complications.

B. Alerts & Reporting

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

C. Staff Abuse & Retaliation

1. Placement in Special Housing Unit

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

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

Documents reviewed and utilized in the preparation of this report:

▪ BOP Policies & Forms

- Program Statement 5270.09 Inmate Discipline Program, November 18, 2020
- Program Statement 6590.07 Alcohol Surveillance and Testing Program, December 31, 1996
- Program Statement 5217.02 Special Management Units, August 9, 2016
- Program Statement 5212.07 Control Unit Programs, February 20, 2001
- Program Statement 1330.18 Administrative Remedy Program, January 6, 2014
- Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025

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

- Individual Adult in Custody Electronic Central File
- SENTRY Disciplinary Reports
- Technical Reference Manual SENTRY Discipline 5802.04 September 9, 2000

▪ **Training**

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

Metrics: 12 Administrative Detention Orders (ADO) generated for SHU placements in May 2025, as outlined in the table below³

ADO's by BOP Facility	
FCI Aliceville	1
FMC Carswell	2
FCI Danbury*	1
FCI Tallahassee	2
FPC Victorville**	1
FCI Waseca	5

* Denotes Class Member transfigged to SHU from FCI Danbury to FDC Philadelphia.

** Denotes Class Member transferred to SHU from FPC Victorville to MDC Los Angeles.

Paragraph 44: The ADO from FCI Danbury was not provided to the Monitoring Team. A Captain's memorandum was received stating a previously suspended disciplinary term of 15 days, from May 1, - 15, 2025, was to be served by a Class Member. An ADO was not received; however, the BOP Liaison subsequently notified the Senior Monitor that the Class Member was released early to the general population pending transfer to a new facility. The ADO, with the transfer of the Class Member from FPC Victorville to MDC Los Angeles, was originally received on May 1, 2025 and listed her as transegged. Subsequently, a BOP SHU report, dated June 2, 2025, indicated that this same Class Member was in the general population.

The two ADOs from FCI Waseca were not received within the 24-hour time frame. The remaining ADOs were received with the appropriate signatures, within the correct time frames and after the proper supervisory reviews.

³ See attachment titled, *Class Member Confidential Key, May 2025*

Examples of the ADO SHU Placements Received

Class Member 6, FCI Tallahassee: An ADO was received placing a Class Member, who received an NPO order, into the SHU overnight.⁴ The basis for the placement was to ensure she avoided food or drink for a specific amount of time before the medical procedure she was scheduled to receive the next morning.

Class Member 8, FCI Waseca: An ADO was received placing a Class Member in the SHU when she complained to staff about a new roommate (Adult in Custody [AIC]). As indicated in the ADO, the Class Member alleged she was frantically trying to obtain a bed move because the AIC was aware of the Class Member's criminal background case factors and was spreading them around. She feared that eventually they would end up in a fight. When she advised the Lieutenant, the Class Member alleged he replied, *"I'm not in charge of bed moves. Go talk to your Unit Team."* The Class Member explained she had talked to the Unit Team, but nothing had been done. The Class Member explained she was afraid of what would occur if the AIC was allowed to remain as her roommate. The Lieutenant subsequently placed her in the SHU. The BOP Liaison reviewed the ADO and disagreed with the SHU placement, and as a result, raised it to the Regional level. Subsequently, the Lieutenant and BOP Liaison agreed to release her immediately from the SHU and granted her the bed move she had originally requested.

Paragraph 45: A determination could not be made whether Administrative Remedy forms were provided to Class Members upon their placement in SHU, or if they were readily available while outside of their cells. Thus far, only FCI Waseca has developed a form for the Class Member to acknowledge receipt of a set of Administrative Remedy forms, via their signature, upon their placement in SHU. This form is then attached to the ADO.

Evaluation of Issue(s):

1. Most of the ADOs are not specific regarding the reason for placement in SHU. Other than the ADO related to the NPO order for medical reasons, the remaining ADOs or transfers to a higher custody, do not specify the reason for placement other than pending investigation or pending SIS investigation. This does not meet the language in Paragraph 44 which states, *"...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."*

⁴ NPO is Latin and stands for "nil per os," or "nothing by mouth." It's the standard instruction for people preparing to have a medical procedure or surgery.

Recommendation(s):

1. BOP should discontinue the routine use of “pending investigation” as a catch-all justification for ADO placement, unless there is a compelling, documented reason. At the time of placement, the stated reason should be as specific and descriptive as possible. If the formal change is not yet available, the narrative should include a brief description of the incident (e.g., “fighting with another inmate,” “suspected drug use”) to provide clarity and transparency.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

C. Staff Abuse & Retaliation (continued)

1. Placement in Special Housing Units

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5270.12 Special Housing Unit, March 6, 2025
 - 5200.07 Female Offender Manual, February 19, 2025
 - 5265.14 Correspondence, April 5, 2011
 - 5580.08 Inmate Personal Property, August 22, 2011
 - 5360.10 Religious Beliefs and Practices, October 24, 2022
 - P5264.08 Inmate Telephone Regulations, February 11, 2008
 - 5221.06 Searches of Housing Units, Inmates, and Inmate Work Area, March 7, 2025
 - 4500.12 Trust Fund/Deposit Fund Manual March 7, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Electronic Inmate Central File (EICF) for Nine Class Members in SHU
 - Report of Class Members in SHU
 - Email from Kristi Sutton, BOP Attorney Advisor, Consolidated Legal Center, Subject: Transgender Inmate Updates, March 14, 2025
 - Class Member Emails Received
 - Class Counsel Memorandum, March 31, 2025
- **Training:** N/A

Metrics: SHU placements as outlined in the table below.⁵

Class Members in SHU by BOP Facility	
FCI Aliceville	1
FMC Carswell	2
FCI Danbury*	1
FCI Tallahassee	2
FPC Victorville**	1
FCI Waseca	5

* Denotes Class Member transfigged to SHU from FCI Danbury to FDC Philadelphia.

** Denotes Class Member transferred to SHU from FPC Victorville to MDC Los Angeles.

Assessment: The Senior Monitor received 12 emails pertaining to paragraph 46, from three Class Members housed in SHU during this period. They encompassed complaints regarding property, exercise and communication.

Evaluation of Issue(s):

1. Class Members housed in SHU are not consistently receiving timely access to their over-the-counter medications or nurse-administered medications.
2. Healthcare staff are not reliably conducting daily rounds in the SHU.

Recommendation(s):

1. At the time the decision is made to place a Class Member in the SHU, nursing staff should be promptly notified. This would enable nursing to report to the location, retrieve the Class Member's over-the-counter medications, and ensure there is no disruption in care. Additionally, nursing can follow up with the prescribing provider to determine whether each medication remains approved as "keep on person" or should now be nurse-administered. Prompt notification also alerts nursing staff that a patient who normally presents to the medication line will now require medication to be delivered directly to the SHU, ensuring continuity of care and preventing missed doses.
2. Healthcare staff conducting daily rounds in SHU should document whether a Class Member is experiencing any medical or mental health issues. This documentation should include a description

⁵ See attachment titled, *Class Member Confidential Key, May 2025*

of any symptoms, concerns raised, and whether follow-up was initiated. Such documentation ensures that health-related issues are addressed in a timely and clinically appropriate manner.

3. BOP should develop a local policy that outlines the procedures to follow when a Class Member reports a medical or mental health concern during rounds. This policy should include what actions should be taken and include clear timeframes for when those concerns must be addressed. Establishing such protocols would improve accountability and ensure that Class Members housed and SHU receive timely and responsive healthcare.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5265.14 Correspondence, April 5, 2011
 - P5264.08 Inmate Telephone Regulations, February 11, 2008
- **Reports, Written Correspondence, Emails, Websites & Other Sources:** N/A
- **Training:** N/A

Metrics: No complaints received during the monitoring period.

Assessment: No tracking information, pertaining to Paragraph 47 was provided by BOP to analyze for compliance. For the reporting period of May 2025, of the nine Class Members placed in SHU, the Monitoring Team received three email complaints. It cannot be assumed there are no complaints from the remaining six simply because they did not submit them via an email to the Senior Monitor. In a restrictive environment like SHU, where access to the email terminals can be limited, the Monitoring Team cannot equate silence with satisfaction or the lack of complaints. Fear of retaliation from staff and distrust of the complaint process, combined with mental health issues and trauma, are all factors that can lead to a Class Member not filing a complaint.

To adequately assess compliance with Paragraph 47, the Senior Monitor requests copies of all SHU sign-in and tracking logs for each SHU facility housing Class Members. Access to this documentation is essential not only for determining compliance, but also for evaluating the BOP's efforts to meet the obligations set forth in the Consent Decree.

Evaluation of Issue(s):

1. BOP did not provide SHU sign-in logs for any of the facilities housing Class Members during this reporting period which limits the Monitoring Team's ability to evaluate compliance with Paragraph 47 of the Consent Decree. Without this documentation, it is not possible to independently verify the frequency or nature of staff interactions with Class Members in SHU, nor assess whether required procedures are being followed.

Recommendation(s):

1. The Monitoring Team should be provided with copies of all SHU sign-in and tracking logs for every facility housing Class Members while in SHU. Access to this documentation is critical for identifying and analyzing potential issues, ensuring transparency, and facilitating the Monitoring Team's ability to elevate unresolved concerns to BOP leadership. Moreover, it supports a comprehensive and accurate evaluation of BOP's adherence to the Consent Decree's requirements.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5270.12 Special Housing Unit, March 6, 2025
 - 5217 Special Management Unit, August 9, 2016
 - 6031.05 Patient Care, March 14, 2025
 - 6190.04 Infectious Disease, June 3, 2014
 - 6360.02 Pharmacy Services, October 24, 2022
 - 6541.02 Over the Counter Medication, November 17, 2004
 - 6010.03 Psychiatric Evaluation and Treatment, July 13, 2011
 - Durable Medical Equipment, 2018
 - Clinical Care-levels, 2019
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Incident Reports for the Monitoring Period
- **Training:** N/A

Metrics: Interviews with Staff and Class Members, Onsite Observations

Assessment: Class Members report experiencing delays in receiving their medications and medical devices while housed in SHU. During the onsite visit to FMC Carswell, the Medical Experts toured the SHU and interviewed staff regarding medication access. Staff explained that when a Class Member is placed in SHU, Officers are responsible for packing and storing personal belongings in a designated area, including medication and medical devices. This does not necessarily happen on the same day of placement in SHU leaving the Class Member without medication until this packing occurs. One Class Member reported that upon placement in SHU, she did not receive either her nurse administered or keep on person medications for several days. She stated that she notified SHU custody staff that her keep on person medications had been confiscated during intake and were not returned. According to the Class Member, it took multiple requests to the medication nurses before her medications were finally provided. Delays of this nature pose significant risks to health and well-being, particularly for individuals who rely on consistent administration of medications for chronic or mental health conditions.

Evaluation of Issue(s):

1. There are delays in notification to healthcare staff when a Class member is placed in SHU.
2. Class Member medications are being packed in the individual's property.
3. There are delays and at times, denial of access to durable medical equipment when a Class Member is placed in SHU.
4. Healthcare staff are not making daily rounds in SHU.
5. Clinical encounters are being performed at the cell door. This practice violates patient confidentiality.
6. Treatment and patient examinations are being performed through the door food port. This practice is unsafe and falls below acceptable practice in correctional settings.

Recommendation(s):

1. Health staff should adhere to the policy requirements of providing healthcare to Class Members housed in SHU.
2. A tracking log should be developed to allow healthcare staff to document Class Member issues and/or general observations during SHU rounding.
3. All staff entering SHU should be required to sign in and out, to include their classification and the purpose for their visit.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

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

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

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5270.12 Special Housing Unit, March 6, 2025
 - 5200.07 Female Offender Manual, February 19, 2025
 - 5265.14 Correspondence, April 5, 2011
 - 5580.08 Inmate Personal Property, August 22, 2011
 - 5360.10 Religious Beliefs and Practices, October 24, 2022
 - P5264.08 Inmate Telephone Regulations, February 11, 2008
 - 5221.06 Searches of Housing Units, Inmates, and Inmate Work Area, March 7, 2025

- 4500.12 Trust Fund/Deposit Fund Manual, March 7, 2025

- **Reports, Written Correspondence, Emails, Websites & Other Sources:** N/A
- **Training:** N/A

Metrics: Class Member and Staff Interviews

Assessment: BOP has maintained that it is not required to forward all complaints related to denial of SHU privileges or responses to the Senior Monitor unless a complaint has reached an escalated threshold. In practice, however, this position raises concerns about transparency and accountability, particularly when Class Members may be unaware of the process or facing barriers to accessing the process.

This concern was underscored during the May 2025 onsite to FMC Carswell, when interviews with Class Members and the acting SHU Captain revealed that none of the interviewed Class Members were aware of the remedy process.

Paragraph 51 of the Consent Decree explicitly acknowledges that Class Members may encounter obstacles when attempting to initiate complaints with staff, *“In situations where the Class Member faces obstacles to initiating the complaint with Staff, such Complaints may be raised through Class Counsel to BOP Counsel. If BOP Counsel does not respond within forty-eight (48) hours or the next workday if the forty-eight (48) hours covers a weekend or holiday, or the Class Member or Class Counsel are not satisfied with BOP’s Counsel’s response the Complaint may be raised with the Monitor.”* This statement provides alternative channels for raising concerns through Class Counsel and, subsequently, the Senior Monitor if BOP Counsel does not respond in a timely or satisfactory manner. This framework inherently recognized the possibility that the complaint system may break down at the institutional level. Accordingly, the Senior Monitor is expected to remain vigilant to these gaps and ensure they are addressed.

Ultimately, the Monitoring Team should not rely solely on the volume of complaints received as a measure of compliance. While Paragraph 51 is designed to address individual and exceptional cases, it is not intended to serve as the sole metric for evaluating institutional adherence to the terms of the Consent Decree.

Evaluation of Issue(s):

1. There remains an unresolved issue between the BOP and Senior Monitor regarding the scope and type of Class Member complaints that should be forwarded to the Senior Monitor.

Recommendation(s):

1. To support the identification of patterns, facilitate timely analysis, and ensure the resolution of outstanding concerns, BOP should forward all Class Member complaints received through the established process to the Senior Monitor, not those just deemed escalated.
2. In conjunction with the distribution of Administrative Remedy forms upon placement in the SHU, Class Members should also receive written information outlining the alternative complaint submission process provided under the Consent Decree.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Documents reviewed and utilized in the preparation of this report:

▪ Policies & Forms

- Program Statement 6590.07 Alcohol Surveillance and Testing Program, December 13, 1996
- Program Statement 5200.09 Female Offender Manual, February 19, 2025
- Program Statement 5270.09 Inmate Discipline Program, November 18, 2020
- Program Statement 5217.02 Special Management Units, August 9, 2016
- Program Statement 5212.07 Control Unit Programs, February 20, 2021
- Program Statement 1330.18 Administrative Remedy Program, January 6, 2014
- Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025
- Program Statement 6060.08 Urine Surveillance and Narcotic Identification, November 24, 1999
- Program Statement 5310.16 Treatment and Care of Inmates with Mental Illness, February 18, 2025
- Program Statement 5580.08 Inmate Personal Property, August 22, 2011

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- Program Statement 5111.04 Institution Hearing Program, May 23, 2017,
- Program Statement 5264.08 Inmate Telephone Regulations, January 24, 2008,
- Program Statement 1380.11 Special Investigative Supervisors (SIS) Manual, June 2, 2016,
- Program Statement 5324.08 Suicide Prevention Program, April 5, 2007
- Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
- Program Statement 5521.06 Searches of Housing Units, Inmates and Work Areas, June 4, 2015
- Program Statement 5566.06 Oleoresin Capsicum Aerosol Spray, November 30, 2005
- Program Statement 5200.06 Management of Inmates with Disabilities, November 22, 2019,

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

- Office of Inspector General Contraband Report, June 2016
- American Correctional Association Accreditation Report, FCI Tallahassee, 2024
- Technical Reference Manual SENTRY Discipline 5802.04, September 9, 2000
- Program Review Guidelines G5500I Correctional Services, February 20, 2024
- Special Housing Unit, Program Review Report Questions
- Western Region Correctional Services SHU Resources Website
- SHU Tracking System Report, March 31, 2025
- Individual Class Member Electronic Central Files

▪ **Training**

- Central Office Chief Disciplinary Hearing Administrator Website, Guidance and Learning for Chief Disciplinary Hearing Officers
-

Metrics: The table below reflects the number of Class Members placed in SHU and reviewed during this monitoring period.⁶

Class Members in SHU by BOP Facility	
FCI Aliceville	1
FMC Carswell	2
FCI Danbury*	1
FCI Tallahassee	2
FPC Victorville**	1
FCI Waseca	5

⁶ See attachment titled, *Class Member Confidential Key, May 2025*

- * Denotes Class Member transeggged to SHU from FCI Danbury to FDC Philadelphia.
- ** Denotes Class Member transeggged to SHU from FPC Victorville to MDC Los Angeles.

Assessment:

Paragraph 52: On May 15, 2025, the Monitoring Team conducted an in-person interview with the SHU Lieutenant at FMC Carswell, who was serving as the Acting Captain due to staffing vacancies. It is notable that this individual had held the position of SHU Lieutenant for the past two years, providing him with direct experience in the management and oversight of SHU operations. During the interview, the Acting Captain confirmed that he conducted the required three-day, seven-day, and thirty-day reviews of SHU placements, as outlined in 28 C.F.R. § 541.26. However, he was unable to provide any documentation of these reviews, explaining that no Class Members were housed in SHU at the time of the visit.

During this monitoring period, the Monitoring Team did not receive documentation from BOP facilities housing Class Members regarding the required three-day, seven-day, and thirty-day reviews of SHU placements for disciplinary segregation. Additionally, Paragraph 52 of the Consent Decree permits Class Members to attend their 30-day SHU review, which should be documented using the BP-A0295, Special Housing Review form. However, the Monitoring Team did not receive any of these forms from facilities where Class Members were held in SHU, further limiting the Team’s ability to evaluate compliance with this paragraph. The Monitoring Team reviewed the e-file and after following up with BOP, learned BP-A0295 forms are not retained in the e-file.

Multidisciplinary Team: As a part of this process, a Multidisciplinary Team is convened to assist in managing the SHU population. It consists, at a minimum, of the following employee classifications or their designees:

Executive Team Member(s)	Case Management Coordinator
Captain	Health Services Administrator
Unit Manager(s)	Chief Psychologist

The Multidisciplinary Team reviews the Class Member’s initial and ongoing placement in SHU. For Class Members with “approaching release dates,” the team considers options to prevent a direct release to the community, regardless of where the individual is being housed, i.e., restrictive housing, general population. The team meets weekly to review SHU logs and associated documentation, and to assess the factors preventing the AIC or Class Member from being housed in a less restrictive setting. Attendance at these meetings is documented on the Special Housing Multidisciplinary Team Review form, BP-A117, and maintained by the SHU Captain.

As previously stated, during this monitoring period, the Monitoring Team did not receive any documentation from BOP facilities that housed Class Members in SHU. Aside from the interview with the Acting Captain at FMC Carswell, who indicated that required reviews are taking place, there is no supporting documentation to verify whether Class Members in SHU are receiving the appropriate oversight and procedural reviews as required by the Consent Decree and applicable BOP Program Statements. In the absence of documentation, it is not possible to determine whether the rights and protections afforded to Class Members are being upheld.

Paragraphs 52 - 55: The following includes Class Member examples related to timeliness and due process issues.

Class Member 2, FMC Carswell: Class Member was placed in SHU on May 21, 2025, and an Incident Report received on May 22, 2025. The Senior Monitor received an email from the BOP Liaison indicating the Associate Warden, in an effort to utilize placements in SHU only when absolutely necessary, made the decision to release the Class Member from SHU, and instead, put her on an encumbrance program. The Senior Monitor agrees with limiting the use of SHU to only when necessary, and was encouraged to hear the facility was using alternatives to SHU for some disciplinary related incidents.⁷

Later, additional information was gathered from different BOP sources regarding the encumbrance program, to include how and when it is used. Additionally, in the case of this Class Member, the Incident Report package that would have put the Class Member in SHU was not prepared because the encumbrance process was utilized.

Class Member 7, MDC Los Angeles:⁸ This Class Member was transferred from FPC Victorville to MDC Los Angeles for placement in SHU as a result of safety concerns in which the Class Member was identified as the aggressor. She transferred on May 1, 2025, pending an investigation. The investigation was completed and signed off on June 5, 2025. No Incident Report was ever received.

Class Member 8, FCI Waseca: Class Member was placed in SHU on May 22, 2025. The incident involved the Class Member attempting to obtain a bed move to avoid a potential fight between herself and her new roommate. An Incident Report was received pending investigation. An email from the BOP Liaison was received indicating the Liaison did not agree with the placement. It was approved at the Regional level, and as a result, the Class Member was released from SHU the next day. The Senior Monitor agreed with this decision; however, it should be noted that the complete Incident Report package was not

⁷ An encumbrance may be made for various reasons (e.g. to ensure inmates do not seriously deplete their funds before release, disciplinary measures, inmate's request, claims). Encumbrances are at the Warden's discretion or the result of a disciplinary hearing sanction or notification of a pending Federal court order. This authority is not delegated below the Associate Warden. Funds the Warden encumbers may only be released upon his/her approval or upon inmate release.

⁸ June information is provided only to provide context to outcome of the May incident.

received by the Senior Monitor. When this occurs, the Senior Monitor is unable to ascertain whether the Class Member has completed the hearing process or whether the Incident Report has been expunged.

Class Members 10 & 11, FCI Waseca:⁹ These two Class Members and two AICS were engaged in a physical fight. They were placed in SHU on May 16, 2025, pending an SIS investigation.

Class Member 10 received her Incident Report package on June 5, 2025, after it had to be re-written. The SIS investigation was completed June 3, 2025, and her hearing was held on June 10, 2025.

During the 25 days before this Class Member had her hearing before the DHO to determine whether she merited a disciplinary segregation sanction, she received three additional Incident Reports for repetitively pressing the security device in her cell to gain attention for her mental health needs.

Class Member 11 received her Incident Report package on June 4, 2025, after it had been re-written. The SIS investigation was completed on June 3, 2025. Her hearing was conducted on June 13, 2025. She complained her due process rights were violated because the same Lieutenant who had been involved in the original incident had also served the Incident Report. As a result, the Incident Report was re-served by a Lieutenant who had not been involved in the original case.

The Class Member was subsequently released from SHU the day after the hearing. The DHO gave her a sanction of 30 days disciplinary segregation which was suspended for 180 days. This meant she did not spend additional time in SHU for this incident, but spent 29 days in SHU before she was released.

Both Class Members filed claims of retaliation as a result of being the only individuals receiving Incident Reports out of the four named in the altercation. The Senior Monitor did not receive the full investigation package until June 13, 2025, and also questioned why the two Class Members received Incident Reports when all four persons involved in the incident were seen on video entering and exiting the same area. All four individuals sustained injuries, and all placed in SHU at the same time.

Evaluation of Issue(s):

1. In accordance with Paragraph 52, BOP is required to provide the Senior Monitor with documentation of SHU placement reviews conducted pursuant to 28 C.F.R. Section 541.26. Without access to this information, the Monitoring Team is unable to conduct a thorough compliance assessment.
2. All Incident Reports and their associated documentation, including outcomes of UDC and DHO hearings, are required to be submitted to the Senior Monitor within 24 hours of the conclusion of the hearing. This standard is not being reliably met. All expunged Incidents Reports should also be provided to the Senior Monitor.

⁹ June information is provided only to provide context to the outcome of the May incident.

Recommendation(s):

1. A log or designated fields within the UDC and DHO hearing documentation should be developed to record the Class Member's receipt of hearing results. This should include a section where a Class Member affirms, via signature, that they have read and received a copy of their decision. This process should be standardized and adopted through a local supplement to Program Statement 5270.12 CN-1 Special Housing Units, dated March 6, 2025.
2. Regular rounds by the management team, medical staff, and psychology services should be conducted and documented. These activities, along with weekly case reviews, should be recorded on the BP-A1117 Multidisciplinary Team Review form, maintained in the Class Member's SHU file, and submitted to the Senior Monitor for review.

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
 - Program Statement 1210.24, Office of Internal Affairs, May 20, 2003
 - Program Statement 1350.01, Criminal Matter Referrals, January 11, 1996
 - Program Statement 1351.05, Release of Information, September 19, 2002
 - Program Statement 3420.11, Human Resource Management Manual, December 6, 2013
 - Program Statement 5510.14, Crime Scene Management and Evidence Control, August 22, 2011
 - Program Statement 5521.06, Searches of Housing Units, Inmates and Inmate Work Areas, June 4, 2015
 - Program Statement 5538.05, Escorted Trips, October 6, 2008
 - Program Statement 5310.12, Psychology Services Manual, March 7, 1995

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- Program Statement 5200.09, Female Offender Manual, February 19, 2025
- Program Statement 1330.18, Administrative Remedy Program, January 6, 2014
- Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025

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

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

▪ **Training**

- Being Responsive to the Needs of Women Staff Training PowerPoint, May 21, 2025
- Trauma Informed Communication training PowerPoint, May 21, 2025
- Managing Female Offenders Annual Training PowerPoint, May 21, 2025

Metrics: 23 Retaliation Complaints, 5 Staff Complaints

Assessment: The chart on the following page reflects 23 Class Member complaints regarding retaliation and 5 complaints related to retaliation after reporting staff misconduct.¹⁰ These complaints were received via in-person interviews, telephone calls, emails and letters from Class Members, emails from the BOP Liaison, and Class Counsel memorandums.

¹⁰ See attachment titled, *Class Member Key*, May 2025

Class Member Complaints Received by Type		
BOP Facility	General Retaliation	Staff Complaints
FCI Aliceville	1	0
FMC Carswell	7	0
FCI Danbury	2	0
FCI Hazelton	2	1
FCI Marianna	1	0
FCI Pekin	1	1
FCI Tallahassee	3	1
FPC Victorville	1	0
FCI Waseca	5	2

Paragraph 59: When complaints are received, they are forwarded to the BOP Liaison and the OIG within 48 hours of receipt. A response is provided to the Class Member advising them their complaint has been received, and a copy forwarded to the appropriate authorities for review and continued monitoring. The BOP Liaison also forwards the complaint to the OIA for their review.

Some of the reoccurring themes gleaned from Class Member retaliation complaints received during this monitoring period include the following:

- Class Member placements in SHU, pending SIS investigations, subsequently result in the reduction of the offense or expungement of disciplinarys at the DHO hearing. This often results in a sanction with either little or no disciplinary segregation time.
- Class Members feel they are targeted because of their status as an FCI Dublin Class Member.
- Class Members are either removed from a program or job or threatened with removal from BOP staff.
- Class Members are not afforded some job opportunities simply because they are a Dublin Class Member

Examples Reflective of Complaints Received Related to Allegations of Staff Retaliation¹¹

Case Number 2025-056-R, FCI Waseca: Class Member alleges staff are locking down the compound, taking their coats (when it is still cold outside), and making them suffer because of the amount of illicit

¹¹ See attachment titled, *Class Member Confidential Key, May 2025*

substances found by staff, the serious altercations with weapons occurring within the facility, etc. She alleges they are being punished en masse and that Class Members/AICs that are not associated with these acts, are being “swept up” and placed in SHU as well. It is further alleged the Captain said, “If it is not cleaned up, there are going to be consequences for everybody, whether they are involved or not.”

Case Number 2025-062-R, FMC Carwell: Class Member indicated she has had numerous issues since she has been enrolled in the SFIT program at the facility. She has complained about the male Drug Treatment Specialists and their lack of empathy. She also feels she suffered retaliation after she conveyed her concerns during an SFIT session, and after complaining to the Monitoring Team during their onsite visit in May 2025.

NOTE: This Class Member was reduced to a lower level of the treatment program. When she relayed this information to the Senior Monitor, the Senior Monitor, BOP Liaison and staff from the headquarters psychology department reviewed her case as a group. She was then reinstated to her prior level.

Case Number 2025-058-R, FMC Carswell: Class Member states she met with the Monitoring Team and SFIT during the onsite visit in May 2025. One female who complained in the group about how the program was being run, was returned to a prior phase. When she complained to the Senior Monitor, she was reinstated to her prior phase. It is alleged the individual in charge of the facility’s program did not like being told what to do from headquarters staff and had indicated nothing would change. The Class Member alleged she and the other Class Members were having a sense of rights and protections during their orientation. However, in contrast Class Members are reporting the opposite is occurring; they are subjected to more reprisals because they are previously from FCI Dublin.

Case Number 2025-055-R, FMC Carswell: Class Member feels it is retaliatory for the Warden to send SIS to intimidate her when she is helping others to write clemency and pardon requests to the President. She indicated she also writes letters to the President about having transgender men in women’s prisons, which she disagrees with. The Class Member complained she should not receive Incident Reports where their email and telephone privileges are removed by the Warden. She also feels her FSA credits are not being applied correctly in retaliation for complaints regarding her desire for community placement.

Case Number 2025-031-R, FPC Bryan: Class Member alleges she was told that because she is from FCI Dublin, she is “bad luck.” She alleges she was housed in a multipurpose room with no plumbing and made to walk barefoot to her cell after waiting for hours.

Case Number 2025-026-R, FCI Danbury: Class Member was involved in a verbal altercation with an Officer and removed from the FIT program. She was transferred to the Hampden County Jail awaiting transfer to another BOP facility. She alleges she received a 200-level Incident Report in retaliation.

NOTE: A review of the Class Member’s EICF revealed no Incident Report reflecting this event.

Case Number 2025-048-R, FCI Tallahassee: Class Member was removed from her cell at 9:30 p.m. to report to the Lieutenant's Office, before she had a chance to insert her hearing aids. As a result, she was unable to hear or understand the Officer's orders. Consequently, she was threatened with pepper spray for disobedience, when in reality, she simply could not hear. She further alleges staff had been discouraging her from accessing medical, pill line and the Unit Team open house since her arrival at FCI Tallahassee. She alleged she only received Team Unit updates through the mail and had only recently received her hearing aids. The Class Member alleged she had been asking for hearing aids for years and had been made fun of by others for being deaf. Note: The Medical and Senior Monitor tracked the alert and did not release it until the Class Member received her hearing aids.

Case Number 2025-053-SC, FCI Waseca: Class Member alleged, while she was in the SHU, she requested assistance from Psychology but was ignored. She indicated she pushed the panic button in her cell ten times to gain attention. An Officer subsequently responded to her cell. The Class Member indicated that during this time she felt suicidal. She alleged the Officer said, *"Do what you feel like doing."* and walked away. She indicated she wanted to be placed on suicide watch, at that time did not see anyone from Psychology, and ended up receiving a disciplinary for her conduct.

Case Number 2025-027-SC, FCI Hazelton: Class Member states staff "take" the Class Members's identification when they ask for grievance forms. She further alleged staff threaten the Class Members if they (BOP staff) think the Class Members are going to file a grievance, to include giving them smaller portions of food.

Paragraph 60: The Senior Monitor was not provided with any disciplinary actions imposed on Class Members after reporting staff misconduct or retaliation. However, the Monitoring Team is closely tracking cases 2025-051-R-P and 2025-053-SC because these are disciplinary actions that took place after the Class Member reporting staff misconduct. The Monitoring Team has been collaborating with the BOP Liaison in an effort to create a system to assess compliance with this Paragraph in that currently, BOP does not have an established system to track and monitor cases of this nature.

Examples Reflective of Complaints Related to Allegations of Retaliation after the Class Member Reported Alleged Staff Misconduct

Case Number 2025-051-R-P, FCI Marianna: Class Member indicated she filed both a PREA and retaliation complaint. An Officer accused the Class Member of having a cellular phone. The Class Member said the Officer fondled her from behind when searching her during the night shift. The next day the Class Member attempted to report the PREA violation, to include her denial that she had a cellular phone. She indicated she reported what occurred to the Lieutenant who told her to report the incident to the Camp Administrator. She alleges the Camp Administrator advised her to report the incident to the PREA Compliance Manager, who then told her the Officer had a right to search for her. She subsequently

reported the incident to the local OIA, who then sent her to Psychology. A representative from Psychology advised her to report the incident to the Senior Monitor.

When this incident was reported to the BOP Liaison, local PREA protocols were instituted, and the staff member was relocated; however, she was still issued an Incident Report. The Incident Report read, *"On May 18, 2025, at approximately 0120 hours, the Officer was conducting a security check in ## Housing Unit. Upon walking past cube ####, I observed the Class Member, (assigned to ####) sitting at the desk in the cube playing a game on a smart phone. She immediately surrendered the smart phone, white Samsung headphones, and charging cable. I instructed her to give me her ID card, to which she complied. The smart phone was a gray Samsung Galaxy... The Operations Lieutenant was notified of this incident. The phone was placed in the SIS locker."*

The Class Member alleged she tried to file the PREA complaint as soon as the incident occurred. However, she was unable to do so until the next morning. Her PREA complaint was filed on May 18, 2025, and the Incident Report was written on May 18, 2025. The DHO hearing occurred on May 21, 2025, and she was found guilty of BOP violation 108, possession of a hazardous tool. Her assessed sanctions resulted in the disallowance of 41 days of good conduct time, 21 days of disciplinary segregation time suspended for 90 days, and the loss of phone privileges for 180 days.

These are extremely harsh penalties for someone who has only received one prior additional Incident Report for being absent from her education assignment since her arrival in the BOP in 2019.

Case Number 2025-053-SC, FCI Waseca: While in the SHU, the Class Member asked for assistance from Psychology. She wanted help and felt she was ignored. She pushed the panic button in her cell ten times to gain attention as she was feeling suicidal. An Officer subsequently came to her cell door. The Officer allegedly said, *"Do what you feel like doing."* and walked away. She indicated she wished to be placed on suicide watch. The Class Member indicated she was not seen by a representative from Psychology.

The Class Member filed a staff complaint on May 18, 2025, and received an Incident Report for refusing to obey an order and interfering with a security device on May 20, 2025. The Incident Report read: *"On 5-20-2025, at approximately 1005, the Class Member had covered the window of the cell XXXX, in SHU. I heard SHU staff stated that they needed to see her in order to conduct the round properly. Staff could not see her, and stated "Class Member, take off the coverings of your cell, I need to see you to properly conduct the round". I was told to open the trap to ensure that she was safe. When the trap was opened, she held the trap. She refused to obey direct orders to take down window coverings as well as give back the food slot."*

The DHO found her guilty on May 30, 2025, and assessed 41 days loss of good time credit, 105 days loss of commissary, 105 days loss of visiting privileges, and loss of \$50.

Evaluation of Issue(s):

1. A system should be established by BOP to track and monitor disciplinaries that occur after Class Members submit complaints against staff, to include those forwarded to the Senior Monitor for review.

Recommendation(s):

1. Additional staff training, on topics such as harassment and discrimination, should be taught within the context of the Class Members. This may assist staff in noticing the micro-aggressive behaviors they may observe or inadvertently be displaying toward Class Members that are leading to the retaliation complaints.
2. Monitoring for disciplinary actions, changes in housing etc., should be conducted after a retaliation complaint is made in the same way monitoring is conducted after a PREA complaint is filed. As discussed in the April monitoring report, although disciplinaries oftentimes result in expungements, the original threat of retaliation still remains. As such, the BOP should put a system in place, with associated training, to specifically monitor these types of cases.
3. As outlined in the April 2025 monitoring report, it is still recommended that when a disciplinary action is expunged, it should still be accessible to the Senior Monitor.

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
 - Program Statement 1210.24, Office of Internal Affairs, May 20, 2003
 - Program Statement 1350.01, Criminal Matter Referrals, January 11, 1996
 - Program Statement 1351.05, Release of Information, September 19, 2002
 - Program Statement 3420.11, Human Resource Management Manual, December 6, 2013
 - Program Statement 5510.14, Crime Scene Management and Evidence Control, August 22, 2011
 - Program Statement 5521.06, Searches of Housing Units, Inmates and Inmate Work Areas, June 4, 2015
 - Program Statement 5538.05, Escorted Trips, October 6, 2008
 - Program Statement 5310.12, Psychology Services Manual, March 7, 1995
 - Program Statement 5200.09, Female Offender Manual, February 19, 2025
 - Program Statement 1330.18, Administrative Remedy Program, January 6, 2014
 - Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Incarcerated Women Annual Report, Women and Special Populations Branch Reentry Services Division Bureau of Prisons, 2024
 - Assistant Director Memorandum, PREA Retaliation Monitoring Codes, November 21, 2024

- Assistant Director Memorandum, PREA Retaliation Monitoring and Reporting, October 29, 2024
- 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012
- Prison Rape Elimination Act of 2003
- BOP PREA Website/Home Page
- BOP Women and Special Populations Branch Website/Home Page
- Individual Adult in Custody Electronic Central Files
- Class Member Electronic Messages

▪ **Training:**

- Being Responsive to the Needs of Women Staff Training PowerPoint, May 21, 2025
- Trauma Informed Communication training PowerPoint, May 21, 2025
- Managing Female Offenders Annual Training PowerPoint, May 21, 2025

Metrics: Class Member complaints of sexual abuse (six) and physical abuse (two).¹²

Total Complaints		
BOP Facility	Sexual Abuse	Physical Abuse
FMC Carswell	2	1
FCI Marianna	1	0
FCI Waseca	3	1

Assessment: The Senior Monitor was supplied with a PREA Retaliation Monitoring Report containing related complaints, as outlined above.

Paragraph 62: Complaints of sexual and physical abuse are received via email, letters, Class Counsel letters, telephone calls, interviews with Class Members and through the BOP Liaison. The complaints are then forwarded to the OIG or OIA within the required time frames outlined in the Consent Decree.

Paragraph 63: This Paragraph specifically states, “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...” During the monitoring tour at FMC Carswell, it became apparent that staff, in general, have difficulty comprehending what constitutes a sexual abuse or PREA complaint.

¹² See attachment titled, *Class Member Confidential Key*, May 2025

For example, the Monitoring Team interviewed approximately 25 Class Members over the course of two days and heard many complaints about mass punishments, the lack of access to feminine hygiene products, rudeness on behalf of Officers, etc. Five Class Members revealed they had attempted numerous times to file a PREA complaint with different staff, including the previous PREA Compliance Manager, to no avail. When interviewed, the names of these Class Members were provided to the PREA Compliance Manager for follow up, to include initiation of the PREA protocol, referrals to Psychology and a request that Class Members be provided with the telephone number to the local Rape Crisis Center, regardless of when the alleged incidents occurred.

Another example involved a Class Member from FMC Carswell who revealed, during the interview process, she was in surgery at an outside hospital and the escorting Officers, male and female, were in the exam and operating room while she underwent a vaginal hysterectomy. She stated she saw them while she was being examined, while she was in the process of being anesthetized, and when she later awoke she saw the male Officer in the room where the procedure had occurred, and she was in a state of undress. She indicated she felt embarrassed. The Monitoring Team immediately reported this information to the BOP Liaison, PREA Compliance Manager and the Warden. The OIA and OIG were also notified.¹³

Approximately two weeks later, the Senior Monitor received documentation indicating the Class Member had initially made a complaint to her program supervisor immediately after returning from the hospital, approximately two months prior to the Monitoring Teams' onsite visit. The program supervisor appropriately documented the information and forwarded it to the PREA Compliance Manager and the Warden. The Warden forwarded the complaint to the SIS Lieutenant who then requested written memorandums from the two Officers in question. Two weeks after the Monitoring Team's visit, a memorandum, signed and dated by the Warden, was placed in the file stating he was satisfied with the explanation from the two Officers, and that no further action was warranted.

Both the BOP Liaison and the Senior Monitor agreed this response was insufficient and inappropriate. Per PREA Standard 115.71, Criminal and Agency Investigations, all allegations are to be investigated. A referral to the OIA should have been the appropriate course of action.

Additionally, there appears to be a basic misunderstanding regarding the role of the PREA Compliance Manager and staff, at FMC Carswell, regarding the requirement that a sexual abuse complaint be logged, documented, and forwarded to the investigative level. Furthermore, the BOP Liaison and the Monitoring Team cannot be made aware of these allegations if facility staff are not following the appropriate protocols.

¹³ This case is outlined in more detail on page 62, Case Number 2025-060-P, FMC Carswell.

Prior to the arrival of the Monitoring Team at FMC Carswell, a request was made to the facility's management for copies of specific PREA related documents, to include the current PREA files. The Senior Monitor received copies of an assortment of Class Member PREA files, to include investigative documents, mostly filled with PREA related records from other facilities. However, it was difficult to discern whether they were current or prior PREA cases as no tracking information was available for review.

Evaluation of Issue(s):

1. Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, outlines the agency's zero tolerance for staff sexual abuse. However, the training appears to be inadequate in that there is a lack of understanding amongst some staff, within the BOP facilities assessed in this report, on what specifically constitutes sexually abusive behavior. Class Member emails, and other ways of reporting repeatedly conveyed sexual abuse complaints that were allegedly reported to staff at their respective facilities, with no follow-up action taken by BOP. Class Members conveyed reports of sexual abuse were sometimes provided to their immediate supervisor, and in some cases, staff in the Psychology Unit, and/or to the PREA Compliance Manager, with no resulting follow-up or action.

Recommendation(s):

1. Training is key to staff's comprehension of how to appropriately respond to a PREA complaint. Refresher training on Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, along with the facility's local supplement should occur annually. During training, particular emphasis should be placed on *Section 115.61 (a) The agency shall require all staff to report immediately and according to agency policy and knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.*

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 6031.05 Patient Care, March 14, 2025
 - 6010.03 Psychiatric Evaluation and Treatment, July 13, 2011
 - Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
 - Program Statement 1210.24, Office of Internal Affairs, May 20, 2003
 - Program Statement 1350.01, Criminal Matter Referrals, January 11, 1996
 - Program Statement 1351.05, Release of Information, September 19, 2002
 - Program Statement 3420.11, Human Resource Management Manual, December 6, 2013
 - Program Statement 5510.14, Crime Scene Management and Evidence Control, August 22, 2011
 - Program Statement 5521.06, Searches of Housing Units, Inmates and Inmate Work Areas, June 4, 2015
 - Program Statement 5538.05, Escorted Trips, October 6, 2008
 - Program Statement 5310.12, Psychology Services Manual, March 7, 1995
 - Program Statement 5200.09 February 19, 2025, Female Offender Manual
 - Program Statement 1330.18, Administrative Remedy Program, January 6, 2014
 - Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Incarcerated Women Annual Report 2024 Women and Special Populations Branch Reentry Services Division Bureau of Prisons
 - Assistant Director Memorandum November 21, 2024, PREA Retaliation Monitoring Codes
 - Assistant Director Memorandum October 29, 2024, PREA Retaliation Monitoring and Reporting
 - 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012.
 - Prison Rape Elimination Act of 2003
 - BOP PREA Website/Home Page

- BOP Women and Special Populations Branch Website/Home Page
- Individual Adult in Custody Electronic Central Files
- Class Member Emails

▪ **Training:**

- Being Responsive to the Needs of Women Staff training on PREA and what constitutes a PREA Case, PowerPoint, May 21, 2025
- Trauma Informed Communication training PowerPoint, May 21, 2025
- Managing Female Offenders Annual Training PowerPoint, May 21, 2025

Metrics: No requests from Class Members for results of their investigations were received.

Assessment: As reported in April's monthly monitoring report, Class Members continue to not receive the results of their investigations in accordance with Program Statement 5324.12, PREA Standard 28 § 115.73 (c) and the Consent Decree. This requirement has been in place since 2012 when the PREA Standards were finalized and enacted as follows.

PREA Standard 28 § 115.73 (c), *Reporting to Inmates* states:

(c) *Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:*

- (1) *The staff member is no longer posted within the inmate's unit.*
- (2) *The staff member is no longer employed at the facility.*
- (3) *The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or*
- (4) *The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*

(d) *Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:*

- (1) *The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or*
- (2) *The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.*

(e) *All such notifications or attempted notifications shall be documented.*

(f) An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

Evaluation of Issue(s):

1. The Consent Decree indicates the Class Member must request information regarding their closed PREA investigation before it can be provided. However, PREA Standard 28 § 115.73 (c), *Reporting to Inmates*, mandates that BOP provide this information to the Class Member, whether or not they request it. This has not been occurring with consistency.

Recommendation(s):

1. BOP should incorporate into existing protocols a process by which Class Members, who inquire about the results of their investigations, are informed of its status.
2. PREA training should be provided to staff to ensure compliance and raise awareness of general PREA responsibilities, to include the requirement that Class Members be provided with a copy of the outcome of their PREA investigation.

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
 - Program Statement 1210.24, Office of Internal Affairs, May 20, 2003
 - Program Statement 1350.01, Criminal Matter Referrals, January 11, 1996
 - Program Statement 1351.05, Release of Information, September 19, 2002
 - Program Statement 3420.11, Human Resource Management Manual, December 6, 2013
 - Program Statement 5510.14, Crime Scene Management and Evidence Control, August 22, 2011
 - Program Statement 5521.06, Searches of Housing Units, Inmate and Inmate Work Areas, June 4, 2015
 - Program Statement 5538.05, Escorted Trips, October 6, 2008
 - Program Statement 5310.12, Psychology Services Manual, March 7, 1995
 - Program Statement 5200.09, Female Offender Manual, February 19, 2025
 - Program Statement 1330.18, Administrative Remedy Program, January 6, 2014
 - Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025
- **Reports, Written Communication, Emails, Websites & Other Sources**
 - Incarcerated Women Annual Report, Women and Special Populations Branch Reentry Services Division Bureau of Prisons, 2024
 - Assistant Director Memorandum, PREA Retaliation Monitoring Codes, November 21, 2024
 - Assistant Director Memorandum, PREA Retaliation Monitoring and Reporting, October 29, 2024
 - 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012.
 - Prison Rape Elimination Act of 2003
 - BOP PREA Website/Home Page
 - BOP Women and Special Populations Branch Website/Home Page
 - Individual Adult in Custody Electronic Central Files
 - Class Member Electronic Messages
- **Training:**
 - Being Responsive to the Needs of Women Staff Training PowerPoint, May 21, 2025
 - Trauma Informed Communication Training PowerPoint, May 21, 2025
 - Managing Female Offenders Annual Training PowerPoint, May 21, 2025

Metrics: Reports of sexual abuse (six) and physical abuse (two)¹⁴

Total Complaints		
BOP Facility	Sexual Abuse	Physical Abuse
FCI Aliceville	1	
FMC Carswell	1	1
FCI Danbury	1	
FCI Marianna	1	
FTC Oklahoma	1	
FCI Waseca	1	1

Reports of Alleged Sexual Abuse

Case Number 2025-029-P, FCI Waseca: Class Member alleged she was directed by the searching Officer to show the front of her genitals during a strip search because the Officer suspected she had a genital piercing, despite her denial. The Class Member indicated no genital piercing was found. The Class Member did not wish to be searched in this manner, but was threatened with a disciplinary write-up if she did not cooperate. After the strip search, the Class Member reported her concerns to the Officer's supervisor, and the supervisor replied, " *We're not afraid. Go ahead and tell the Monitor.*"

Case Number 2025-035-P-R, FCI Danbury: Class Member states the Officer who is normally assigned to the men's unit, but works overtime in her unit, made sexual comments to her, and submitted disciplinary violations on her and her friends. She states her father was married to one of her friends and as a result, they are cousins through marriage. Their aunt sends the Class Member money, and she is accused of passing it to her friend, despite keeping it for herself. The Class Member indicated the Officer was recently prevented from working overtime in the women's unit.

Case Number 2025-051-P-R, FCI Marianna: Class Member states an Officer entered her room carrying cellular telephones. The Officer made her turn around to search her, and during this process, and allegedly fondled her breasts. Thereafter, he attempted to submit a disciplinary violation alleging she had been in possession of a cellular telephone. The Class Member attempted to dispute the allegation with the Lieutenant, but instead, the Lieutenant yelled at her. She indicated she reported the incident to OIA who then sent her to Psychology. Psychology advised the Class Member to report the incident to the

¹⁴ See attachment titled, *Class Member Confidential Key, May 2025*

Senior Monitor. When the BOP Liaison was contacted regarding the complaint, the facility was then contacted, PREA protocols were initiated, and the Officer was reassigned.

Case Number 2025-060-P, FMC Carswell: While the Class Member was in surgery at an outside hospital, the escorting officers, male and female, were in the exam and operating room while she was undergoing a vaginal hysterectomy. She stated she saw the escorting officers while she was being examined, when she was being put under anesthesia and when she awoke. When she later saw the male Officer again in her living unit, she was embarrassed. The Class Member revealed this information to the Monitoring Team when they were on site at FMC Carswell. The Monitoring Team immediately reported it to the BOP Liaison, PREA Compliance Manager and the Warden. The OIA and OIG were also notified.

Allegations Related to Physical Abuse

Case Number 2025-024-PA, FMC Carswell: While the Class Member was in her cell, she reported seeing another non-Class Member, with her hands behind her back, slammed up against the wall twice by an Officer, as he yelled, *"If you want to act like a man, I'm gonna treat you like a man. Stop resisting."* The Class Member indicated the entire unit was subsequently placed on lockdown by the Unit Team.

Case Number 2025-044-PA-R, FCI Waseca: The Class Member indicated she was housed in SHU near her friend. She had recently filed a physical abuse complaint against her Unit Manager. The Class Member claims the Unit Manager noticed she and her friend were housed in cells next to each other. The Class Member claimed she had seen the Unit Manager throw her friend to the ground, so she filed the complaint on her behalf. As soon as the Unit Manager left the SHU, her friend was moved to a cell where they no longer had any contact with each other.

Assessment: Several Class Members reported continuing to suffer from the trauma they experienced at FCI Dublin or other previous BOP facilities, but are just now reporting and/or working through their trauma. Similar concerns were also reported in April. BOP's Program Statement 5200.09, Female Offender Manual, and other BOP Program Statements, outline various topics, to include trauma informed care for AICs. Additionally, annual training topics provided to staff encompass topics such as *Being Responsive to the Needs of Women and Trauma Informed Communication* and *Managing Female Offenders*. However, it does not appear the training is adequate in that staff are generally not following expectations from the BOP related to trauma informed, and gender responsive care. This indifference can potentially trigger and exacerbate trauma and only worsen the culture and environment for Class Members.

Evaluation of Issue(s): N/A

Recommendation(s): N/A

Wendy Still, MAS, Senior Monitor

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

Second Monthly Status Report for the Month of May 2025

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D. Designation & Release

1. Designations

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

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

Documents reviewed and utilized in the preparation of this report:

▪ BOP Policies & Forms

- 5100.08 CN 2 Inmate Security Designation and Custody Classification, March 6, 2025
- 5162.05 Categorization of Offenses, March 3, 2009
- 5200.09 Female Offender Manual, February 19, 2025
- 5220.01 First Step Act Program Incentives, July 14, 2021
- 5240.01 Female Integrated Treatment, August 11, 2022
- 5300.21 Education, Training and Leisure Program Standards, February 18, 2022
- 5321.09 CN-1 Unit Management and Inmate Program Review, February 27, 2025
- 5331.02 CN-1 Early Release Procedures Under 18 U.S.C. Section 3621(e), April 25, 2016
- 5400.01 First Step Act Needs Assessment, June 25, 2021
- 5410.01 CN-2 First Step Act of 2018-Time Credits: Procedures for Implementation of 18 U.S.C. Section 3632 (d)(4), March 10, 2023
- 5800.17 Inmate Central File, Privacy Folder, and Parole Mini-files, April 13, 2015
- 7300.09 Community Corrections Manual, March 27, 2025
- 7320.01 CN-2 Home Confinement, December 15, 2007
- 5801.03 1,2,3 SENTRY Sentencing Monitoring File, October 7, 2001
- 5802.04 SENTRY General Use Code Tables, July 28, 2000
- 5140.36 Release of Inmates Prior to a Weekend or Legal Holiday, November 23, 2001
- 5162-05 Categorization of Offenses, March 16, 2009

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

- SENTRY Inmate Management System Rosters of Class Member Designations
- SENTRY Inmate Management System Macros BOPRD9 and BOPRE3 Bed Management and Temporary Beds, Memorandum Authored by Acting Assistant Director Shane Salem, October 25, 2004
- Operations Memorandum 001-2021, Home Confinement under the First Step Act, May 3, 2001
- Operations Memorandum 001-2025, Adjusted Release Notification Procedures, April 1, 2025

▪ **Training:** N/A

Metrics: Emails from Class Members (249), Class Counsel Memorandum, May 13, 2025, Administrative Remedies, Interviews with Staff

Assessment: All Class Member designations are included in the confidential attachment under separate cover and includes the distance from Class Member's primary residence.

Paragraph 69 states, "*BOP shall designate the place of the Class Members imprisonment and shall, subject to a variety of factors, place the Class Member in a facility to the extent practicable, within 500 miles of that Class Members primary residence.*" The Senior Monitor acknowledges the language in the paragraph allows placements "to the extent practicable," and recognizes that designations are subject to a variety of operational and security related factors. However, the Senior Monitor opines that home confinement is a feasible alternative for some Class Members. It does not appear that home confinement is given adequate consideration as a viable and authorized policy alternative which supports family reunification, reentry and reduces BOP costs. Additionally, greater use of home confinement would also free up contracted reentry beds and potentially allow some Class Members to be placed within 500 miles of their primary residences.

For the month of May 2025, the Senior Monitor received 31 emails pertaining to designations. A review of the SENTRY Inmate Management System and the Class Member's EICF assisted the Monitoring Team in responding to all 31 emails.

In May 2025, the Senior Monitor received a total of 249 emails from Class Members, of which 70 were referred to the BOP Liaison.

Class Member Complaints													
Complaint Type	FCI Alice.	FMC Cars.	FCI Danbury	FCI Green.	FCI Hazel.	FMC Lex.	FCI Mari.	FTC Okl. City	FCI Pekin	FCI Tallah.	FCI Victor.	FCI Waseca	Totals
Administrative Remedy	0	2	1	0	0	0	0	0	0	0	0	0	3
Compassionate Release	0	0	1	0	0	0	0	0	1	1	0	1	4
Conditions of Confinement	0	9	0	0	0	0	0	0	0	4	0	5	18
Credits	2	3	0	1	0	1	0	1	0	0	0	4	12
Designation	3	7	0	0	4	1	0	1	1	9	0	1	27
Disciplinary	0	3	1	0	0	0	0	0	0	4	0	2	10
Final Deport Order	0	2	0	0	0	0	0	0	0	0	0	0	2
FSA Credits	0	3	0	0	0	0	0	1	0	1	1	1	7
Immigration Detainer	0	1	0	0	0	0	0	0	0	0	0	1	2
Interview Request	0	2	0	0	0	0	0	0	0	0	0	0	2
Legal Calls	0	1	0	0	0	0	0	0	0	0	0	2	3
MAT	0	0	1	0	0	0	0	0	0	2	0	0	3
Medical	0	10	1	0	1	1	0	0	1	26	1	6	47
Mental Health	0	0	0	0	1	0	0	0	0	5	0	1	7
Physical Assault	0	0	2	0	0	0	0	0	0	0	0	0	2
PREA	1	0	1	0	0	0	2	0	0	5	0	3	12
Program	0	10	0	0	0	0	0	0	0	2	0	0	12
Property	1	2	4	0	0	0	0	0	0	9	0	6	22
Retaliation	1	7	3	0	0	0	0	1	0	5	0	6	23
SHU	0	3	0	0	0	0	0	0	0	3	0	4	10
Staff Abuse	0	0	0	0	0	0	0	0	0	6	0	0	6
Staff Complaint	0	2	2	0	0	0	0	0	0	2	0	2	8
Transfer Request	1	1	0	0	0	0	0	1	0	0	0	0	3
Transport	0	0	0	0	0	0	0	0	0	4	0	0	4
Totals	9	68	17	1	6	3	2	5	3	88	2	45	249

Evaluation of Issue(s):

1. There continues to be a reported absence of communication between Unit Teams and Class Members. This disconnect undermines trust and can hinder access to important services and information. Staff augmentation is most likely a contributing significant factor to communication barriers.
2. One reoccurring concern involves Class Member requests to transfer closer to their primary residence. Class Members report that their requests are consistently not being acknowledged by Unit Team staff, despite the requirement within the Consent Decree that transfers be accommodated to the extent practicable.
3. Open house sessions are not occurring as required by policy during scheduled periods. Staff augmentation is one of the reported contributing factors.

Recommendation(s):

1. Require Unit Team Managers to monitor and ensure open house sessions are being documented and Unit Team staff providing the required services. This would also include a mandate that the manager document and explain circumstances when open house sessions are not being held. This oversight mechanism would help reinforce accountability, promote transparency, and ensure Class Members are receiving the support and information to which they are entitled.

D. Designation & Release

1. Designations

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5100.08 CN 2 Inmate Security Designation and Custody Classification, March 6, 2025
 - 5800.17 Inmate Central File, Privacy Folder, and Parole Mini-files, April 2, 2015
 - 5140.36 Release of Inmates Prior to a Weekend or Legal Holiday, November 23, 2001

Metrics: PP30 SENTRY Population Roster, May 27, 2025, EICF

Assessment: During this monitoring period no Class Member with longer than nine months remaining to serve was housed in an Administrative Detention Facility for longer than six months. One Class Member was housed in Federal Transfer Center longer than a month.

Evaluation of Issue(s): N/A

Recommendation(s): N/A

D. Designations & Release

1. Designations

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5100.08 CN 2 Inmate Security Designation and Custody Classification, March 6, 2025
 - 5162.05 Categorization of Offenses, March 16, 2009
 - 5200.09 Female Offender Manual, February 19, 2025
 - 5220.01 First Step Act Program Incentives, July 14, 2021
 - 5240.01 Female Integrated Treatment, August 1, 2022
 - 5300.21 Education, Training and Leisure Program Standards, February 18, 2002
 - 5321.09 CN-1 Unit Management and Inmate Program Review, February 27, 2025
 - 5331.02 CN-1 Early Release Procedures Under 18 U.S.C. Section 3621(e), April 25, 2016
 - 5400.01 First Step Act Needs Assessment, June 25, 2021
 - 5410.01 CN-2 First Step Act of 2018-Time Credits: Procedures for Implementation of 18 U.S.C. Section 3632 (d)(4), March 10, 2023
 - 5800.17 Inmate Central File, Privacy Folder, and Parole Mini Files, April 3, 2015
 - 7300.09 Community Corrections Manual, March 27, 2025
 - 7320.01 CN-2 Home Confinement, December 15, 2007
 - 5801.03 1,2,3 SENTRY Sentencing Monitoring File, October 7, 2001
 - 5802.04 SENTRY General Use Code Tables, July 28, 2000
 - 5140.36 Release of Inmates Prior to a Weekend or Legal Holiday, November 23, 2001
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Paragraph 71, Release Roster, Confidential, June 2, 2025, Attachment
- **Training:** Continuous Training on SENTRY and EICF by BOP Liaison, Case Managers

Metrics: Staff Interviews, Class Member interviews, Class Member Emails, Written Correspondence

Assessment: The Monitoring Team conducted an onsite visit of FMC Carswell in May 2025. Of the 60 Class Members interviewed by the Monitoring Team, 42 raised concerns related to sentence credits, detainers, residential reentry center (RRC) placements, or eligibility for home confinement.

The following reflects examples where casework was not completed correctly.

- A Class member was coded as FSA ineligible; however, a review revealed she was in fact FSA eligible. This information was updated in the SENTRY inmate management system with the assistance of a BOP staff member.
- Three cases contained incorrect pattern scores.
- Several Class Members were owed credits ranging from 14 to 284 days.

These errors were brought to the attention of the Regional Correctional Programs Administrator who, in most instances, resolved the issues promptly. Follow-up is still being conducted on the more complex cases.

In addition to the interviews conducted at FMC Carswell, the Senior Monitor received 57 emails pursuant to Paragraphs 71 and 72 of the Consent Decree. These inquiries were addressed by the Monitoring Team through a review of data/information in the SENTRY Inmate Management System and Class Member EICFs. Through this process, issues were identified and, in most instances, resolved. In instances involving more complex cases and/or a lack of information, these issues were referred to BOP staff for a more thorough analysis and response.

To further complicate transitions to community placements, including RRC beds, home confinement, and releases, a BOP memorandum issued on May 28, 2025 directed that SCA and FSA credits should no longer be combined. The memorandum stated, *“Due to statutory restrictions found in 18 U.S.C. 3624(c)(1), an individual who has earned 365 days (12) months of FTC’s to be applied to prerelease custody cannot receive additional prerelease time under the SCA.”* The memorandum further stated, *“Forthcoming updates to the FTC assessments (FTC worksheets) will reflect this statutory limitation in its calculations.”* This change introduced additional barriers to timely placements and releases, thereby impacting the overall effectiveness of the transition process for Class Members.

Evaluation of Issue(s):

1. In some instances, case work continues to be incomplete and incorrect, further underscoring the need for consistent monitoring by the appropriate BOP staff.

2. The lack of clarity regarding the application of the May 28th memorandum, related to FSA and SCA credits, could potentially be contributing to delays and inconsistencies in the placement and release of Class Members.

Recommendation(s):

1. There is confusion, among BOP staff, regarding the interpretation of the May 28th memorandum. It is therefore recommended that BOP staff be provided formal and/or on the job training to allow for the consistent and accurate application of the policy.

D. Designation & Release

1. Designations

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5100.08 CN 2 Inmate Security Designation and Custody Classification March 6, 2025
 - 5162.05 Categorization of Offenses, March 16, 2009
 - 5220.01 First Step Act Program Incentives, July 14, 2021
 - 5331.02 CN-1 Early Release Procedures Under 18 U.S.C. Section 3621(e), April 25, 2016
 - 5400.01 First Step Act Needs Assessment, June 25, 2021
 - 5410.01 CN-2 First Step Act of 2018-Time Credits: Procedures for Implementation of 18 U.S.C. Section 3632 (d)(4), March 10, 2023
 - 5800.17 Inmate Central File, Privacy Folder, and Parole Mini Files, April 3, 2015
 - 7300.09 Community Corrections Manual, March 27, 2025
 - 5801.03 1,2,3 SENTRY Sentencing Monitoring File, October 7, 2001
 - 5802.04 SENTRY General Use Code Tables, July 28, 2000
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Paragraph 71, Release Roster, June 2, 2025, Attachment
- **Training:** N/A

Metrics: SENTRY Inmate Management System Rosters

Assessment: There were no discrepancies found pertaining to immigration detainer complaints received from Class Member emails related to this Paragraph during this reporting period.

Evaluation of Issue(s): N/A

Recommendation(s): N/A

D. Designation & Release

2. Credit Loss Due to Transfer

73. BOP shall ensure that no Class Member lost FTCs or was in a non-earning status of FTCs due to transfer from FCI Dublin. This includes transfers directly from FCI Dublin and transfers following subsequent redesignations through December 31, 2024, and applies to time in transit, time at Federal Transfer Centers, and time in Administrative Detention Facilities. This also includes any credits lost due to changes in available programming or job placements at new facilities.

74. Following a report by a Class Member that they lost FTCs or were placed in non-earning status due to the closure, including transfers directly from FCI Dublin and transfers following subsequent redesignations through December 31, 2024, the BOP and the Monitor shall conduct a review of the Class Member's FTCs. The Monitor shall review the BOP's FSA Time Credit Assessment Worksheet and any other necessary documentation to make this assessment. If the BOP concludes that the Class Member lost FTCs or was placed in non-earning status improperly, BOP shall take corrective action to ensure that the credits are restored. If the Monitor concludes the Class Member lost FTCs or was placed in non-earning status improperly, the Monitor may recommend that BOP take corrective action.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5100.08 CN 2 Inmate Security Designation and Custody Classification March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Paragraph 73, FCI Dublin Credit Loss Reconciliation, May 12, 2025, Attachment
 - 5220.01 First Step Act Program Incentives, July 14, 2021
- **Training:** N/A

Metrics: Roster Provided by BOP Depicting Reconciliation of Credits for Transition Time from FCI Dublin to Designated Facility

Assessment: Pursuant to BOP policy, many Class Members were placed in non-earning status during the closure of FCI Dublin and after transfers. However, because the closure was through no fault of the Class Members, BOP and Class Counsel agreed and the Consent Decree mandates there would be no loss of earned time credits during the transition period. To ensure compliance, the BOP's Information Technology Department conducted a special data run designed to identify any credits that had not been applied as a result of the transfer process. The agency-wide reconciliation was completed on May 1, 2025, to ensure compliance with Paragraphs 73 and 74 and FSA Worksheets were updated for Class Members.

Evaluation of Issue(s): N/A

Recommendation(s): N/A

D. Designation & Release

3. Disciplinary Review

75. BOP will continue to review all disciplinary incident reports issued to Class Members at FCI Dublin between January 1, 2020, and May 1, 2024, as described in the Court's orders at ECF 300 and 372. BOP will expunge all disciplinary reports that are found to contain due process, evidentiary, or other procedural violations, and adjust Class Members' security and recidivism classifications, FTCs, and release dates accordingly. The Monitor shall review and report on this process, including the reclassification of Class Member security and recidivism designations and release dates. The Monitor may also provide recommendations on expungements and related reclassifications.

76. The Monitor shall review and report on BOP's review of FCI Dublin disciplinary reports and resulting expungements and reclassifications of the security and recidivism designations, as described above. Reports will be monthly and include information about the nature of the underlying disciplinary report and the reason for expungement.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Program Statement 5200.09 February 19, 2025, Female Offender Manual
 - Program Statement 5270.09 November 18, 2020, Inmate Discipline Program
 - Program Statement 5217.02 August 9, 2016, Special Management Units
 - Program Statement 5212.07 Control Unit Programs, February 20, 2021
 - Program Statement 1330.18 January 6, 2014, Administrative Remedy Program
 - Program Statement 5270.12 CN-1 March 6, 2025, Special Housing Units
 - Program Statement 5310.16 February 18, 2025, Treatment and Care of Inmates with Mental Illness
 - Program Statement 5111.04 May 23, 2017, Institution Hearing Program
 - Program Statement 1380.11 June 2, 2016, Special Investigative Supervisors Manual
 - Program Statement 5324.12 February 18, 2025, Sexually Abusive Behavior Prevention and Intervention Program
 - Program Statement 5566.06 November 30, 2005, Oleoresin Capsicum (OC) Aerosol Spray
 - Program Statement 5200.06 November 22, 2019, Management of Inmates with Disabilities
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - SENTRY Inmate Management System Disciplinary Reports
 - Technical Reference Manual SENTRY Discipline 5802.04 September 9, 2000
 - Program Review Guidelines G5500I.16, Correctional Services, February 20, 2024
 - Special Housing Unit -Program Review Report Questions
 - Western Region Correctional Services SHU Resources Website
 - SHU Tracking System

- Individual Adult in Custody Electronic Central Files
- Western District Hearing Administrator Discipline Roster Final, November 4, 2024

- **Training**

- Central Office Chief Disciplinary Hearing Administrator Website Guidance and Learning for Chief Disciplinary Hearing Officers

Metrics Incident Reported Issued to Class Members between January 1, 2020 and May 1, 2024

Assessment: The Western Region Disciplinary Hearing Administrator reviewed 965 disciplinary Incident Reports issued to Class Members at FCI Dublin between January 1, 2020, and May 1, 2024, as required by the Consent Decree and as described in the Court's order at ECF 300 and 372 and Paragraph 75. The Senior Monitor has completed a full report of all actions taken in the April Monitoring Report. No additional reporting is necessary.

Evaluation of Issue(s): N/A

Recommendation(s): N/A

E. Class Member Access to Counsel

81. BOP shall ensure that every Class Member has the opportunity to initiate a confidential legal call with Class Counsel at least once per week. Calls will generally take place during pre-scheduled, weekly blocks of time that are at least three (3) hours long and scheduled Monday through Friday between 8am and 5pm 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.

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - 5264.08 Inmate Telephone Regulations, January 24, 2008
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Paragraphs 81 and 82, Legal Call Blocks and Verified on April 29, 2025, Attachment
- **Training:** N/A

Metrics: Class Counsel Emails and Memorandums, Class Member Emails

Assessment: The BOP is making a good faith effort to comply with Paragraph 81 of the Consent Decree. However, there were five instances in which Class Members were unable to complete legal calls during their scheduled time blocks. While these incidents occurred under varying circumstances, the majority were due to staffing irregularities; specifically augmented staff covering posts they were not typically assigned to. These staffing inconsistencies appear to have contributed to missed opportunities for legal communication.

Evaluation of Issue(s): N/A

Recommendation(s):

1. BOP should continue to set expectations with regard to legal call access for Class Members, to include ensuring augmented staff are aware of this requirement.

E. Class Member Access to Counsel

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

Documents reviewed and utilized in the preparation of this report:

- **BOP Policies & Forms**
 - Paragraphs 81 and 82, Legal Call Blocks and Verified on April 29, 2025, Attachment
- **Training:** N/A

Metrics: Emails from Class Members and BOP, Class Counsel Memorandums

Assessment: BOP provided the legal call block schedule to the Senior Monitor for May 2025.

Evaluation of Issue(s): N/A

Recommendation(s): N/A

Signature

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



Wendy Still, MAS
Senior Monitor

July 29, 2025

Date

Glossary of Acronyms

ADO	Administrative Detention Officer
AHSA	Assistant Health Services Administrator
AICs	Adults in Custody
AA	Associate of Arts
AW	Associate Warden
BOP	Board of Prisons
BEMR	BOP Electronic Health Record
C.F.R.	Code of Federal Regulations
CCC	Chronic Care Clinic
DHO	Disciplinary Hearing Officer
DOJ	Department of Justice
DST	Destination
DSTD	Destination Date
EICF	Electronic Inmate Central File
FDC	Federal Detention Center
FCI	Federal Correctional Institution
FCLB	Facility Location of Body
FCPD	First Step Act Community Placement Date
FIT	Female Integrated Treatment
FMC	Federal Medical Facility
FSA	First Step Act
FTC	Federal Time Credit
GTC	Good Time Credits
H&S	History and Physical
HSR	Health Service Request
KOP	Keep on Person
LEP	Limited English Proficiency
MAP	Management Analysis Portal
MAT	Medication Assisted Treatment

OIA	Office of Internal Affairs
OIG	Office of Inspector General
ORE	Office of Research and Evaluation
NCM	PREA Compliance Manager
PHS	Public Health Service
PREA	Prison Rape Elimination Act
RIS	Reduction in Sentence
SCA	Second Chance Act
SFT	Spanish Female Integrated Treatment
SGT	Statutory Good Time
SHU	Security Housing Unit
SIS	Special Investigative Supervisor
STI	Sexually Transmitted Illnesses
SUD	Substance Use Disorder
TIC	Trauma Informed Care
TCPD	Transitional Community Placement Date
UDC	Unit Disciplinary Committee
WASPB	Women and Special Populations Branch

Definitions

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

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

Administrative Detention refers to an administrative status which removes an AIC from the general population. Administrative detention status is non-punitive, and can occur for a variety of reasons. 28 C.F.R. § 541.22(a).¹⁵

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

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

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

¹⁵ [eCFR :: 28 CFR 541.22 -- Status when placed in the SHU.](#)

Monitor and Class Counsel of the change.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 541.22 Status when placed in the SHU.

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

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

§ 541.23 Administrative detention status.

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

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

Relevant Federal Codes

§ 541.24 Disciplinary segregation status.

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

§ 541.25 Notice received when placed in the SHU.

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

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

§ 541.26 Review of Placement in the SHU.

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

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

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

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

Attachments

BOP Memorandums, Reports and Other Documents

- Paragraphs 81 and 82, Legal Call Blocks, Verified on April 29, 2025

Confidential Documents (provided under separate cover)

- May 2025 Monthly Confidential Monitoring Report
- May 2025, Medical and Mental Health Complaints and Interviews, Confidential
- Class Member Confidential Key, May 2025
- Medical and Mental Health Confidential Patient Key, May 2025
- Paragraph 71, Release Roster, Confidential, June 2, 2025
- Paragraph 73, FCI Dublin Credit Loss Reconciliation, Confidential, May 12, 2025

Paragraphs 81 and 82, legal Call Blocks, Verified on April 29, 2025

Institution	Day	Time Block in Current Time Zone	Time Block in PST	Class Counsel	Method	May Audit
Aliceville	Wednesday	12:00 pm to 3:00 pm CST	10:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Correct
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	Correct
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	Correct
Carswell	Wednesday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Correct
Chicago						
Danbury	Thursday	12:30 pm to 3:30 pm EST	9:30 am to 12:30 pm	RBB 202-505-1051	Open Door	Correct
Greenville	Thursday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Correct
Hazelton	Thursday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBB 202-505-1051	Open Door	Correct
Houston	Tuesday	1:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Correct
Lexington	Monday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBGG 415-907-0603	Open Door	Correct
Los Angeles	Wednesday	9:00 am to 12:00 pm PST	9:00 am to 12:00 p	CCIJ 510-679-3674	Open Door	Correct
Marianna	Monday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Correct
Miami	Tuesday	12:00 pm to 3:00 pm EST	9:00 am to 12:00 pm	CCIJ 510-679-3674	Open Door	Correct
Oklahoma City	Thursday	10:00 am to 1:00 pm CST	8:00 am to 11:00 am	RBB 202-505-1051	Open Door	Correct
Pekin	Monday	11:00 am to 2:00 pm CST	9:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Correct
Philadelphia						
Phoenix	Thursday	12:45 pm to 3:45 pm MST	11:45 am to 2:45 pm	A&P 650-319-4500	Open Door	Correct
San Diego	Tuesday	12:45 pm to 3:45 pm PST	12:45 pm to 3:45 pm	CCIJ 510-679-3674	Booth	Correct
SeaTac	Tuesday	10:00 am to 1:00 pm PST	10:00 am to 1:00 pm	CCIJ 510-679-3674	Open Door	Correct
Tallahassee	Monday	11:00 am to 2:00 pm EST	8:00 am to 11:00 am	A&P 650-319-4500	Open Door	Correct
Victorville	Wednesday	9:45 am to 12:45 pm PST	9:45 am to 12:45 pm	A&P 650-319-4500	Open Door	Correct
Waseca	Tuesday	12:00 pm to 2:00 pm CST	10:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Correct
Waseca	Thursday	12:00 pm to 2:00 pm CST	10:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Correct

Date Verified: 3/31/2025
 4/15/2025
 4/29/2025