

**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**

REVISED
9th Public Monthly Status Report
December 1 - 31, 2025

Submitted by
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Northern District Court of California

May 5, 2026

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

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

9th Public Monthly Status Report, December 1 – 31, 2025

Introduction & Background

Introduction: This section serves as an introduction to the 9th monthly monitoring report on the status of the United States (U.S.) Federal Bureau of Prisons (BOP) implementation of the California Coalition for Women Prisoners v. U.S. BOP Consent Decree. This report addresses the related Paragraphs assigned to Senior Monitor Wendy Still, MAS, for monitoring during the month of December 2025. This report includes 31 findings and recommendations that refer to a *“a course of action that the Monitor believes would assist the BOP in complying with this Consent Decree.”*¹ Additional recommendations may also be included in subsequent reports as additional information and assessments are conducted by the Monitoring Team. Furthermore, while this report is dated May 5, 2026, only information from December 1 – 31, 2025 is included.

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

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

- Review of BOP program statements, records, audits, reports, tracking logs, formal and informal training materials, online training content, the Code of Federal Regulations (C.F.R.), Title 28², and other relevant documents;
- Participation in meetings with BOP staff, Class Counsel attorneys, the Assistant United States Attorney (AUSA), and the Court;
- Interviews with BOP staff and CMs;
- Review of Class Counsel Memorandum, December 1, 2025; and
- Review of emails from CMs, BOP staff, Class Counsel, and the AUSA.

Reporting: The release of this report was delayed, in part, as the Senior Monitor focused her attention on:

- BOP’s 17-page and Class Counsel’s 18-page written response to the 8th Public Monthly Status Report, November 1 – 30, 2025 (draft), not including comments to the confidential attachments, and
- BOP’s 33-page and Class Counsel’s 13-page written response to the 9th Public Monthly Status Report, December 1 – 31, 2025 (draft), not including comments to the confidential attachments.

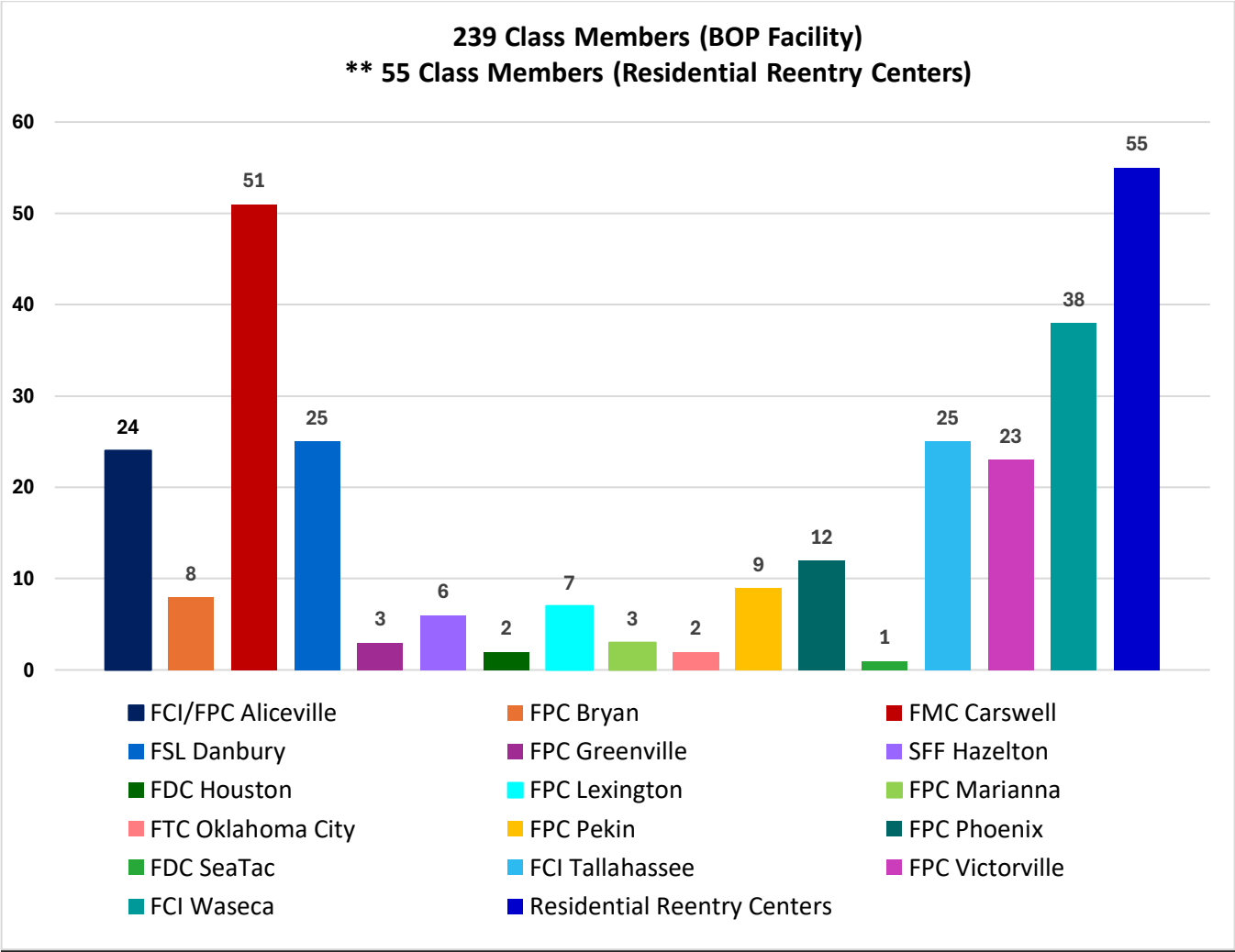
¹ Paragraph 99, Consent Decree

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

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

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

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



³ Chart reflects population roster generated by BOP and provided to the Senior Monitor on January 2, 2026. ** Chart also includes 55 CMs housed in Residential Reentry Centers, per BOP, as of February 11, 2026.

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

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

NOTE:

- The term “**facility**” and “**institution**” are utilized interchangeably throughout this document.
- Related Paragraphs have been consolidated in this status report for clarity; however, several may be reported separately in future reports, as needed.
- The section and subsection letters and numbers referenced in the following sections of this report are based on the structure of the Consent Decree.
- The reference to *Monitors* refers to two or more members of the Monitoring Team, including the Senior Monitor.
- BOP Program Statements, reference documents and metrics for each of the Paragraphs assessed, are noted in the attachment titled, *Program Statements and Reference Documents, December 2025*. Some metrics may also be mentioned in the body of this report for emphasis.
- This report includes findings and recommendations. Recommendations from previous monitoring reports are denoted by two asterisks. **
- CM charts within Paragraph sections, within this report, reflect specific numbers of CM categories and as such, they may not match charts referenced in other Paragraphs.
- Complaints received from Class Counsel and CMs after the end of a monitoring period will be reflected in the month/quarter in which the complaints are received by the Senior Monitor. For example, if complaints lodged in December are not received by the Senior Monitor until January, they will be reflected in the January public monthly status report. Furthermore, BOP actions will be reflected in the month in which they occur.
- Paragraph sections 42, 44, 45, 52, 53, 54, and 55 reflect 9 CM “*placements*” in SHU, whereas Paragraphs 46, 47, 48, 49 and 51 reflect 12 CMs “*housed*” in SHU during the reporting month.

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

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

Assessment & Recommendations

A. Medical Health Care (Part 1)

1. Review of Medical Health Care Alerts

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

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- Review of BOP Electronic Medical Record (BEMR) System
- BOP Open and Closed Alert Report
- Class Counsel Memorandum, December 1, 2025
- Program Statements and Reference Documents, December 2025, Attachment

Assessment: During this reporting period, the Medical Experts received 66 complaints from CMs and through Class Counsel Memorandums regarding continuous delays in access to care, including access to specialty care, sick call providers and medical devices (hearing aids).

The following table represents the status of medical alerts as of December 31, 2025.

Status of Medical Alerts	
Open Medical Alerts: 42	Closed (Cleared) Medical Alerts: None
Class Member Emails & Complaints Related to Medical Concerns: 66	

The 66 medical complaints, noted in the table above, were forwarded directly to the BOP. The complaints were then screened by the Medical Experts to determine if there is a nexus to FCI Dublin and whether an alert should be placed. In response the Senior Monitor will be requesting that 20 alerts be opened.⁴ Of note, no alerts were closed in December 2025 due to time conflicts associated with the holiday schedule.

All medical healthcare alerts are detailed in the attachment titled, *Monthly Confidential Monitoring Report, December 1 – 31, 2025*. A selection of medical health care alerts are discussed in the following pages, with identifying information removed.

⁴ Prior to opening alerts, the Senior Monitor and Medical Experts discuss the proposed alerts taking into consideration information provided by BOP. Ultimately, the Senior Monitor decides which alerts to open.

NOTE: The public and confidential reports reflect medical activity that occurred during this reporting period. Additional medical activity, regarding individual CMs, may be reflected in subsequent confidential monthly monitoring report(s) as BOP provides updated information.

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

CM 1: CM expressed ongoing concerns related to colitis since their incarceration at FCI Dublin and to date. On January 22, 2025, an alert was opened and subsequently closed earlier in the year. The alert was reopened on September 19, 2025, following a positive Fecal Immunochemical Test on April 24, 2025. CM has been awaiting a gastroenterology (GI) consultation. CM was evaluated by GI on November 10, 2025, at which time cardiology clearance was recommended in order for a colonoscopy and an esophagogastroduodenoscopy to be performed. A cardiology appointment for clearance was scheduled in December 2025. The CM will need to complete this clearance before gastrointestinal procedures can be performed.

CM 2: CM has had hearing issues dating back to 2021 which she brought to the attention of BOP medical staff at FCI Dublin. She was referred to an Ear, Nose and Throat Specialist and seen on December 4, 2024. Hearing aids were recommended, but they have not been received. An alert was opened on October 7, 2025, due to the ongoing delay. A follow-up appointment was scheduled for November 24, 2025, and subsequently canceled by the outside provider. The appointment was rescheduled for mid-January 2026. CM has been awaiting an audiologist appointment, and as of December 31, 2025, has not received an appointment or hearing aids.

CM 3: CM has a history of rheumatoid arthritis. A medical alert was opened on April 18, 2024. A rheumatology consultation was initially scheduled for April 30, 2025; however, this appointment was subsequently cancelled for unknown reasons. The rheumatology consult was completed on September 11, 2025, at which time medications were initiated. CM reported some symptom relief on October 14, 2025. In addition, as of April 14, 2025, CM has had an open alert for Ear, Nose and Throat follow-up related to hearing aids. As of December 31, 2025, both appointments have been scheduled, but have not taken place as of the end of this reporting period.

CM 4: CM has had an open medical alert since October 2025. At that time, CM requested Wellbutrin, which she reported had been effective in the past. However, CM was informed that this medication could not be prescribed. CM was subsequently started on Abilify, which was later discontinued due to adverse effects, as the CM reported it caused significant sadness. CM was seen on December 8, 2025, for an evaluation related to anxiety. During the visit, CM denied suicidal ideation and was noted to be stable. The CM's current medication includes Trazodone, 50 mg, for depression, Escitalopram, 20 mg, for anxiety and Prazosin, 1 mg, for sleep disturbances and night terrors. Follow-up was ordered as needed. The CM has still not been placed on the medication (Wellbutrin) that was reportedly effective. Additionally, some

⁵ CM names can be located in the attachment titled, *Class Member Confidential Key, December 2025*.

CMs have allegedly been told this medication is not part of the formulary, while others have reportedly been told it is at high risk for diversion, or that dosing makes it difficult to use in a carceral setting. If this is accurate, it is important for BOP to provide CMs with one consistent rationale for not prescribing Wellbutrin.

Of greater concern is that there was a change in this CM's medication, and despite having had issues (worsening depression) with the prior medication, the standard of care related to follow up (typically within 4 - 8 weeks) to assess if the new medication is effective -- was not followed. As noted in previous reports, the responsibility for accessing sick call falls strictly on the CM, even in situations like this where the illness being treated (e.g., depression) can affect an individual's ability to advocate for themselves or to even acknowledge or identify that symptoms are worsening. In addition, the Medical Monitors have concerns about BOP's failure to conduct follow up for these types of situations given their potential to pose a risk.

CM 5: CM currently has two open medical alerts; the first was related to medication management for depression and anxiety, and the second to a seizure disorder. CM was last seen by a medical provider on October 27, 2025, for an evaluation for anxiety. CM was subsequently seen on December 9, 2025, by the Chronic Care Team, at which time CM was reported to be stable. CM remained at Mental Health Care Level 2, and was noted to benefit from continued participation in the mental health program. As of December 31, 2025, the CM's current medications include Trazodone, 50 mg, Imitrex (Sumatriptan), 50 mg, Trileptal, 300 mg, Keppra, 500 mg, and Prozac, 20 mg. However, the CM has not had a clinical visit with a prescribing provider since October 27, 2025.

Additional Clinical Concerns: During this reporting period, the Medical Experts received numerous complaints from CMs at FMC Carwell regarding skin infections, lesions, scabies, and possible Methicillin-resistant Staphylococcus Aureus in the housing units. CMs reported that many inmates in the facility have skin rashes. The Medical Experts recommended that the public health department conduct a review of the reported skin infections and rashes, to include disinfecting and treating inmates.

Findings & Recommendations:

Finding 1: With respect to FMC Carswell, CMs with skin rashes or lesions, were housed in one or more housing units.

Recommendation 1: FMC Carswell Public Health Staff, or BOP staff with expertise in Infection Prevention and Control, should conduct an assessment of all CMs and develop a plan for treatment. The treatment plan should include: (1) ensuring all CMs and non CMs in the affected areas are assessed and treated, (2) exchanging all clothing and bed linens in the affected housing units, (3) disinfecting all affected housing units, and (4) performing terminal cleaning, i.e., a thorough cleaning and disinfection process involving sanitizing every surface to remove pathogens and reduce the risk of infection transmission.

Finding 2: CMs continue to experience long wait times for assistive devices like prescription eyeglasses and hearing aids. These are not just clinical issues, but also pose safety risks as CMs report being unable to hear or see/read well. This has led to tensions between correctional staff and other inmates/CMs.

Recommendation 2: BOP is limited to the use of UNICOR for the provision of prescription eyeglasses and dentures; however, excessive turnaround times exist. BOP advised the Senior Monitor that due to federal restrictions on contracting, they are unable to outsource the contract for vision care and eyeglasses. Given this restriction, BOP should work with their existing provider(s) to ensure timely delivery of services and medical devices. **

Finding 3: There continue to exist challenges in communication between referring BOP providers and specialists—either by not having relevant medical records available for long-awaited specialty referrals, or by delays in approvals/authorizations of recommendations made by specialists.

Recommendation 3: A communication checklist/process should be implemented to ensure the care team, and not just providers, are all focused on ensuring all documents, records, and authorizations are timely and in place for specialty care and appointments. BOP has advised that this issue is being addressed in the draft (new) Program Statement on Utilization Management. This Program Statement is currently undergoing BOP's internal review process.

A. Mental Health Care (Part 2)

1. Review of Mental Health Care Alerts

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

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- Review of BEMR System
- BOP Open and Closed Alert Report
- Class Counsel Memorandum, December 1, 2025
- Program Statements and Reference Documents, December 2025, Attachment

Assessment: During this reporting period, the Monitoring Team did not conduct an onsite visit of a BOP facility where CMs are housed. However, four complaints were received from CMs related to the lack of access to mental health care. There are currently no open mental health alerts for this monitoring period.

Class Member Mental Health Care Levels			
Care Level 1: 203	Care Level 2: 31	Care Level 3: 2	Care Level 4: 0
Mental Health Care Alerts			
Open Mental Health Alerts: 0	Closed (Cleared) Mental Health Alerts: 0	Emails & Complaints Related to Mental Health Concerns: 4	

Information related to CM complaints and emails are detailed in the attachment titled, *Monthly Confidential Monitoring Report, December 2025, Paragraph 34*.

NOTE: The public and confidential reports reflect mental health care activity that occurred during this reporting period. Additional mental health care activity, regarding individual CMs, may be reflected in subsequent confidential monthly monitoring report(s) as BOP provides updated information.

Status of Mental Health Provision of Care:

Although BOP provides medical and psychological services utilizing two separate service lines, the Medical Experts continue to contend that mental health care is most effective when psychological and prescribing roles are discussed together, rather than in isolation. Separating these roles risks oversimplifying the complex behavioral and psychological conditions seen in the incarcerated population. This can lead to fragmented care, which is what the Medical Experts observed when reviewing care for CMs.

CM 5: On April 10, 2025, medication management for depression and anxiety was conducted for this CM via a check of medication levels. The check indicated the dosage was low given the CM's symptoms, and as a result, the dosage was increased. However, CM stopped taking the medications as a result of the side effects. CM was then restarted on another medication on May 29, 2025. On October 27, 2025, the CM was seen again at the Chronic Care Clinic, and started on Keppra. CM was reportedly seen by a provider on December 10, 2025, but as of the end of December 2025, there is no note in BEMR as to the outcome.

Clinical Concerns: Care of CMs with mental health disorders continues to be fragmented and siloed. Although the Medical Experts have seen several integrative team notes, especially Medication Assisted Treatment (MAT) Team notes, *Program Statement 6031.05 CN-2, Patient Care, March 14, 2025*, is outdated and not aligned with current community standards.

Findings & Recommendations:

Finding 4: There continue to exist significant challenges with CM's inability to access MAT Services which date back to a lack of access at FCI Dublin. Due to limited resources, BOP's program statement prioritizes those close to release for MAT, which is appropriate. However, this leaves CMs with known addiction issues in an environment where illicit drugs are readily available, and unable to access medications that are known to decrease morbidity and mortality. Decisions to initiate or keep a CM on MAT are also left to local teams and although this provides agency and flexibility at the local level, it has led to inequitable access to MAT. It is not clear to the Medical Experts if this care is audited to ensure it follows expected practices or if protocols/practices are standardized.

Recommendation 4: If not in place, there should be written expected practices for the management of commonly seen mental health issues and scheduled audits to ensure local sites are following established standardized protocols and practices. If in place, BOP should make this information available to the Medical Experts. Per BOP, the MAT Program Statement related to Psychology, is undergoing the internal review process. While this will not address the medical concerns listed in this section, it should provide formalized guidance for providers in Psychology on MAT screening and treatment for those prescribed medications.

Finding 5: Prescribers continue to add, change, or discontinue psychotropic medications without scheduled follow up or check in with CMs. Even nurse-only check ins could serve as safety checks to ensure CMs do not discontinue medications due to side effects, without having the opportunity to have a discussion with a clinician, or to discuss unmasking of depression or manic symptoms as can sometimes occur when psychotropics are adjusted or started. To completely leave the follow-up of this class of medications to CMs who suffer from an illness that can prevent them from advocating for themselves or to those who do not have the insight to recognize something is wrong, equates to not fully recognizing the nature of the illness.

Recommendation 5: Standards set by national bodies, like the National Commission on Correctional Health Care and the American Accreditation Association, for the management of persons with mental health disorders -- should be incorporated into BOP policy *even if* BOP is not interested in accreditation.

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 Units

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

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

Metrics:

- Class Counsel Memorandum, December 1, 2025
- Program Statements and Reference Documents, December 2025, Attachment
- Number of ADOs by BOP Facility: 9⁶

ADO's by BOP Facility			
FCI/FPC Aliceville: 1	FMC Carswell: 6	FDC Houston: 1	FCI Waseca: 1

Assessment: During this reporting period, there were nine placements in the SHU.

Receipt of ADOs:

- Number of CMs in SHU for reporting month who received ADOs within the required time frames: 9
- Number of CMs who received ADOs, but outside the required time frames: **None**

⁶ Paragraph sections 42, 44, 45, 52, 53, 54, and 55 reflect 9 CM "placements" in SHU, whereas Paragraphs 46, 47, 48, 49 and 51 reflect 12 CMs "housed" in SHU during the reporting month.

- Of the CMs who received ADO reports:
 - 6 articulated the specific reason for placement in SHU, supported by objective evidence.
 - 3 did not or were deficient for other reasons including:
 - ADO listed the reason for placement as *“pending SIS investigation”* with no further explanation.
 - ADO listed the reason for placement as *“pending SIS investigation; Mariana holdover”* with no further explanation.
 - ADO listed the reason for placement as *“inmate is to be admitted to Administrative Detention-since the inmate has requested admission for protection.”* However, the ADO lacked the CM’s signature in the space provided.

BOP’s Response: There is a difference of opinion between BOP and the Senior Monitor on the reasoning for why some ADOs do not elaborate beyond *“pending SIS investigation.”* BOP’s position is that *“...an ADO is determined on a case by case basis, and sound correctional judgement may caution against specificity.”* However, approximately 89% of ADOs issued by BOP facilities during this reporting period include an explanation as objective evidence. Examples of this include pending investigation for fighting, phone abuse, assault, etc. When extraordinary circumstances do not exist, ADOs should articulate the specific reason for placement in SHU, supported by objective evidence, as required by the Consent Decree.

Review of Placements:

- Did all CMs placed in SHU for the reporting month have their placement reviewed by a supervisor not involved in the initial placement and forwarded to the BOP Liaison with a determination regarding the placement decision within 24 hours? **No. One ADO was forwarded to the BOP Liaison within 24 hours, but before the second supervisor had the opportunity to conduct their review. The BOP Liaison agreed with all SHU placements during this reporting period.**

Provision of Administrative Remedy Forms:

- Were all CMs provided with one set of administrative remedy forms upon placement in the SHU? **Of the three CM’s reported by BOP, two were provided with administrative remedy forms upon placement in SHU; one was not. Information was not received regarding whether the remaining six CMs were provided administrative remedy forms.**
- Are CMs provided additional forms upon request? **Unable to determine. No proof of practice was provided. No CM complaints were received during this reporting period.**
- Do facilities housing CMs in SHU maintain sufficient forms to provide to CMs upon request? **Unable to determine. No proof of practice was provided. No CM complaints were received during this reporting period.**

Findings & Recommendations:

Finding 6: Two of the nine ADOs were deficient and did not articulate a specific reason for the CM's placement in SHU.

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

Finding 7: One of the nine ADOs sent to the Senior Monitor did not contain the second supervisor's signature.

Recommendation 7: BOP should continue to provide the Senior Monitor with a copy of the ADO upon initial entry into the SHU and a copy of the ADO, with the second supervisor's signature, after the 24-hour review has passed and been completed. **

Finding 8: One of the nine ADOs sent to the Senior Monitor included a request by a CM for housing in SHU for their own protection, yet the CM's signature was not included on the required line.

Recommendation 8: Whenever a CM requests placement in restrictive housing for their own protection, it is mandatory for staff to obtain the CM's signature next to the sentence that reads, "I hereby request placement in Administrative Detention for my own protection: Inmate Signature/Register Number." This practice helps to memorialize that the CM was placed in the SHU of their own volition, and further protects the CM and the BOP from potential allegations of impropriety.

Finding 9: The BOP has produced no proof of practice demonstrating that administrative remedy forms are available to CMs in the SHU, upon request or during their supervised out of cell time.

Recommendation 9: The Senior Monitor has been advised that the BOP is developing an approach to satisfy the requirements of Paragraph 45, to include providing proof of practice to the Monitoring Team. BOP should document, for verification, when a CM requests and receives an administrative remedy form. This verification could be added to the privilege sheet currently used by staff – similar to the process utilized by FCI Waseca. Furthermore, an inventory sheet -- with the number of forms and the date received -- could be used as proof of practice.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

C. Staff Abuse & Retaliation (continued)

1. Placement in Special Housing Units

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

Metrics:

- CM Email Complaints
- Class Counsel Memorandum, December 1, 2025
- Paragraphs 46 and 49, SHU Privileges, December 2025 (BOP Report), Attachment
- Program Statement and Reference Documents, December 2025, Attachment
- Number of CMs Housed in SHU for the Reporting Month: **12**⁷

Class Members in SHU by BOP Facility

FCI/FPC Aliceville: 1	FMC Carswell: 7	FDC Houston: 1	FCI Waseca: 3
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Assessment: This the first reporting month, since monitoring commenced on March 31, 2025, that BOP has provided additional details regarding SHU privileges. These details were extremely helpful in facilitating the Monitoring Team’s assessment. With respect to access to legal calls in SHU, FMC Carswell reported several instances of technical issues and further indicated that, *“due to certain circumstances in SHU, calls were unable to be completed.”* Paragraph 81 of the Consent Decree states, *“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.”* The Senior Monitor did not receive such notifications prior to receipt of the log at the end of December 2025. The log did not contain details of the specific circumstances that led to the legal calls not taking place.

Recreation was consistently offered to all CMs placed in SHU. Email access was also consistently offered with one reported instance in which technical difficulties prevented it from being made available. The

⁷ Paragraph sections 42, 44, 45, 52, 53, 54, and 55 reflect 9 CM “placements” in SHU, whereas Paragraphs 46, 47, 48, 49 and 51 reflect 12 CMs “housed” in SHU during the reporting month.

Senior Monitor did not receive any complaints from CMs related to recreation, legal calls, or email access in SHU. However, the Senior Monitor has concerns related to CMs in SHU being offered legal calls via the phone cell front. This practice does not afford confidentiality.

Paragraph 46:

- Were CMs in SHU provided with one social phone call per month? **Yes**
- Were CMs in SHU provided with additional phone calls upon request, with such requests presumptively approved at up to 1.5 hours per week in one session plus one additional phone call per week, unless the Warden provided a written denial of the request? **During this reporting period, the Senior Monitor did not receive complaints from CMs related to the lack of access to additional calls.**
- Were CMs in the SHU able to call Class Counsel? **FCI/FPC Aliceville and FMC Carswell both provided legal call access to each CM housed in SHU. Based on the information reflected in the log provided by BOP, FCI Waseca reported several instances in which social and legal calls were facilitated by providing the CM access to the phone cell front.⁸ It is difficult to discern from the log whether the calls were legal or social. To the extent that any of these calls were legal in nature, it raises concerns, as such calls would not have been confidential.**
- Did CMs in the SHU have access to open general correspondence in accordance with the same rules that apply to the general population, including not deleting contacts? **There is no means by which to determine access to general correspondence unless a complaint is received from a CM. During this monitoring period, no complaints were received related to this issue.**
- Did indigent CMs in the SHU have access to postage to mail legal mail and administrative remedy forms? **Yes**
- Were CMs in the SHU provided with visitation in accordance with the same rules and regulations that apply to the general population? **This information is not provided by BOP. However, BOP is developing a process and format by which to capture and provide this information to the Monitoring Team.**
- Were CMs in the SHU provided with an opportunity to exercise outside their quarters, to the extent feasible, at least seven hours per week, and did staff make best efforts to offer individuals this exercise one hour per day? **Yes. However, the log provided by BOP indicates that recreation is consistently offered throughout the week, but not on weekends. Paragraph 46 indicates that “staff shall make best efforts to offer individuals exercise outside their quarters one hour per day.” All BOP facilities where CMs are housed do not offer recreation on the weekends due to staffing shortages. No complaints were received from CMs related to the lack of access to recreation during this monitoring period. The majority of the CMs declined recreation when it was offered. Included in this report is information related to a November 2025 complaint from CM 8 that was not received until December 2025 via a Class Counsel Memorandum.**

⁸ Access to the phone cell front refers to a process whereby a phone is physically brought to the CM’s cell in SHU, thereby providing access.

- Were CMs in the SHU provided with access to programming activities? **This information is not yet available, but BOP has committed to providing it for inclusion in the upcoming quarterly status report. There were no complaints received from CMs related to programming.**
- Did all eligible CMs remain in earning status of their Federal Time Credits (FTCs)? **During this reporting period, no complaints were received from CMs related to the loss of FTCs while housed in SHU.**
- Were CMs in the SHU able to purchase and receive commissary items with the same frequency as general population? **BOP provided limited information related to commissary purchases. Information was provided for three CMs; however, no complaints were received regarding commissary purchases.**
- Were any CMs improperly encumbered? **No complaints were received from CMs related to encumbrances.**

Paragraph 49:

- Number of CMs in SHU for the reporting month: **12**
- Were CMs in the SHU permitted a reasonable amount of personal property, as described in Paragraph 49, as applicable? **BOP provided information related to personal property for only 3 of the 12 CMs housed in SHU during this reporting period. This does not allow for a complete assessment to be conducted to determine whether CMs are: (1) afforded the opportunity to view their property inventory sheet upon placement in SHU, and (2) subsequently provided access to permissible property when requested.**

CM 6: Class Counsel Memorandum, dated December 1, 2025, states that the CM reported racial discrimination, multiple times, with respect to who is granted recreation while in the SHU, at FCI Tallahassee.

BOP's Response: All allegations of staff misconduct are investigated. There will be training on December 17, 2025 for staff assigned to SHU; BOP will continue to remind staff to maintain professionalism at all times.

Findings & Recommendations:

Finding 10: The SHU privilege information provided by BOP remains limited in scope in a reduced number of areas. Improvement is anticipated in these areas. BOP acknowledged they inadvertently omitted FDC Houston during this reporting period, but will ensure all facilities housing CMs are included in future reports.

Recommendation 10: BOP should provide related information on all facilities housing CMs, and improve documentation as it relates to their conformance with Paragraphs 46 and 49.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Metrics:

- Class Counsel Memorandum, December 1, 2025
- Program Statement and Reference Documents, December 2025, Attachment
- Number of CMs Housed in SHU for the Reporting Month: **12**⁹

Class Members Housed in SHU by BOP Facility			
FCI/FPC Aliceville: 1	FMC Carswell: 7	FDC Houston: 1	FCI Waseca: 3

Assessment: During this reporting period, access to confidential two-way communication was provided to CMs, with minimal issues reported. Per Class Counsel Memorandum, dated December 1, 2025, a representative from the advocacy organization California Coalition for Women Prisoners (CCWP) reported that when they send mail to CMs, mail without a unit number (housing location) is rejected. Previously, this has not been a requirement and in response, Class Counsel requested that BOP clarify its policy. *Program Statement 5265.14, Correspondence, April 5, 2011*, was reviewed and indicates that legal mail would not be rejected because of the lack of a unit number, but would be rejected because of the omission of a register number. On December 22, 2025, BOP responded to Class Counsel via email reiterating policy.

Access to the Senior Monitor:

- Does BOP's electronic mail system allow CMs in SHU access to two-way confidential communication with the Senior Monitor? **Yes**
- If yes, are CMs in SHU provided access to BOP's electronic mail system upon request and at least once per day on weekdays? **Yes**

⁹ Paragraph sections 42, 44, 45, 52, 53, 54, and 55 reflect 9 CM "placements" in SHU, whereas Paragraphs 46, 47, 48, 49 and 51 reflect 12 CMs "housed" in SHU during the reporting month.

Access to Class Counsel:

- Are CMs in SHU provided access to confidential calls with Class Counsel? **Based on the information reflected in the log provided by BOP, FCI Waseca reported several instances in which social/legal calls were facilitated by providing the CM access to the phone cell front.¹⁰ It is difficult to discern from the log which of these calls were social versus legal. To the extent that any calls were legal in nature, it raises concerns, as such calls would not have been confidential.**
- Are CMs in SHU provided access to legal mail with Class Counsel? **Yes, as previously indicated and per Class Counsel, when they send legal mail to CMs, if the envelope does not include a housing unit location, it is rejected.**
- Are CMs in SHU provided access to legal visitation with Class Counsel? **Yes**

Findings & Recommendations:

Finding 11: BOP's log does not clearly differentiate between social and legal calls that are made cell front. Furthermore, BOP may not be affording CMs confidential legal calls in that it appears some calls may have not been made in an area that allows for privacy.

Recommendation 11: BOP should document whether a call is legal or social in nature to ensure confidentiality of all legal calls.

¹⁰ Access to the phone cell front refers to a process whereby a phone is physically brought to the CM's cell in SHU, thereby providing access.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Metrics:

- Interviews with Staff and CMs
- Incident Reports for the Monitoring Period
- Class Counsel Memorandum, December 1, 2025
- Program Statement and Reference Documents, December 2025, Attachment
- Number of CMs housed in SHU for the Reporting Month: **12**¹¹

Class Members Housed in SHU by BOP Facility

FCI/FPC Aliceville: 1	FMC Carswell: 7	FDC Houston: 1	FCI Waseca: 3
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Assessment: All 12 CMs housed in SHU had a mental health diagnosis as outlined below:

Mental Health			
Level	Diagnosis	# of CMs	%
1	Anxiety, Post Traumatic Stress Disorder (PTSD), Adjustment Disorder, Borderline Personality, Narcissistic, Depressive Disorder, Opioid Disorder, Stimulant Disorder, Antisocial Personality, Bipolar Disorder, Gender Dysphoria	8	66.7%
2	Schizophrenia, Anxiety, PTSD, Personality Disorder with Borderline and Antisocial Personality, Opioid Disorder	3	25%
3	Opioid Disorder, Antisocial Personality, Gender Dysphoria	1	8.3%

Provision of Medications Devices and/or Prescription Medications: ¹²

- Number of CMs in SHU who had prescription medications and/or medical devices prior to entering SHU: **8**
- Of the eight number of CMs who had existing prescription medications and/or medical devices, were all provided their prescription medications and/or medical devices within 24 hours of placement in SHU? **Unknown as BOP documentation did not clearly confirm whether medications were**

¹¹ Paragraph sections 42, 44, 45, 52, 53, 54, and 55 reflect 9 CM “placements” in SHU, whereas Paragraphs 46, 47, 48, 49 and 51 reflect 12 CMs “housed” in SHU during the reporting month.

¹² A listing of the CMs who were not provided prescription medications and/or medical devices within 24 hours of placement in SHU are included in the confidential attachment titled, *Monthly Confidential Monitoring Report, December 1 – 31, 2025*.

administered or medical devices provided to CMs. It should be noted that the majority of CMs placed in SHU have been prescribed “*Keep on Person*” (KOP) medication. However, when placed in SHU, a CM’s personal belongings are placed in storage, which oftentimes includes KOP medications. At some point, authorized items (to include KOP medication) are typically returned to the CM in SHU, although the timeframe in which this occurs is unknown.

CM 7: While housed in SHU, CM alleged that their prescribed medications were taken from them prior to their placement in SHU, and not made available for several days thereafter.

CM 8: CM reported not receiving prescribed medications while housed in SHU. The absence of consistent documentation regarding medication continuity raises concerns about potential interruptions in prescribed treatment. It also highlights the need for improved tracking and verification processes to ensure uninterrupted access to medically necessary medications during SHU placement.

Findings & Recommendations:

Finding 12: During this monitoring period, 12 CMs were housed in the SHU. All 12 CMs had a documented mental health diagnosis. A records review indicates that 8 of the 12 CMs had active psychiatric medication prescriptions at the time of their SHU placement. However, documentation reviewed did not clearly confirm whether medications were consistently administered while the CMs were housed in SHU. The placement of CMs with identified mental health needs in restrictive housing, combined with the lack of clear documentation regarding medication administration, raises concerns regarding continuity of care, appropriate monitoring, and compliance with mental health treatment standards.

Recommendation 12: BOP should ensure clear documentation of medication administration by implementing well-defined documented procedures for capturing and verifying this information. This should include consistent medication administration records, documentation of refusals (if applicable), and clinical follow-up for missed doses to ensure continuity of care.

Finding 13: CMs should be provided with enhanced mental health monitoring while housed in SHU.

Recommendation 13: BOP should ensure that CMs with documented mental health diagnoses who are placed in SHU receive regular, documented mental health assessments consistent with policy requirements. Monitoring should include an evaluation of symptom stability, medication effectiveness, and the impact of restrictive housing on mental health status, with timely intervention when clinically indicated. Furthermore, CMs should be provided pill line and “*Keep on Person*” medications timely and no later than 24 hours after placement in SHU. Nursing staff should document in BEMR when the CM has been provided with their KOP medications and medical devices.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

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

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

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

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Class Counsel Memorandum, December 1, 2025
- Summary of Program Statements and Reference Documents, December 2025, Attachment
- Number of CMs housed in SHU for the Reporting Month: **12**¹³

Class Members Housed in SHU by BOP Facility			
FCI/FPC Aliceville: 1	FMC Carswell: 7	FDC Houston: 1	FCI Waseca: 3

¹³ Paragraph sections 42, 44, 45, 52, 53, 54, and 55 reflect 9 CM "placements" in SHU, whereas Paragraphs 46, 47, 48, 49 and 51 reflect 12 CMs "housed" in SHU during the reporting month.

Assessment: BOP has agreed to forward all complaints received through the alternate complaint process to the Monitoring Team. During this monitoring period, BOP reported there were no complaints received regarding this process. BOP also reported that they provide CMs with information regarding the alternate complaint process via the Trust Fund Limited Inmate Computer System (TRULINCS). However, CMs continue to convey, via email correspondence, that they are unaware of this process. In response, BOP is developing a means by which to notify CMs upon entry into SHU. This process should be completed by BOP in January 2026.

Access to Privileges:

- Did BOP notify all CMs of the process for complaints of denial of the access to privileges outlines in Paragraph 51? **CMs are notified of this process via the posting of this information in TRULINCS and as outlined in the Consent Decree.**
- Number of complaints received: **None**

Findings & Recommendations:

Finding 14: BOP has provided notice to CMs, via TRULINCS, on the process for submitting complaints when privileges are denied. However, as stated in previous monitoring reports, CMs continue to convey they are unaware of this process.

Recommendation 14: To ensure CMs are aware of the alternate complaint process, BOP should provide this information to CMs upon admittance into the SHU. BOP should also provide proof of practice to the Monitoring Team verifying that all CMs are aware of the alternate complaint process.**

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

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

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

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Review of CM Electronic Inmate Central Files (EICFs)
- Class Counsel Memorandum, December 1, 2025
- Program Statements and Reference Documents, December 2025, Attachment
- Number of ADOs in SHU by BOP Facility: 9¹⁴

ADO's by BOP Facility			
FCI/FPC Aliceville: 1	FMC Carswell: 6	FDC Houston: 1	FCI Waseca: 1

Assessment: There were nine placements into the SHU during the December 2025 reporting period.

¹⁴ Paragraph sections 42, 44, 45, 52, 53, 54, and 55 reflect 9 CM “placements” in SHU, whereas Paragraphs 46, 47, 48, 49 and 51 reflect 12 CMs “housed” in SHU during the reporting month.

Paragraph 52:

- Did BOP review SHU placements for disciplinary segregation following the process in 28 C.F.R. § 541.26? **No. The Senior Monitor did not receive SHU reviews for one of the nine CM placements in SHU. Staff at some facilities continue to check boxes on the SHU review forms that are not pertinent to the time frame in which the review is conducted. Additionally, although management reviews have also been requested by the Senior Monitor in an effort to conduct an accurate assessment of this area, none have been provided by BOP to date.**

Paragraph 53:

- Did BOP provide the CM, Class Counsel, and the Senior Monitor a copy of the underlying incident report within 24 hours of staff becoming aware of the CM's involvement in the incident? **Yes**

Paragraph 54:

- Were CMs provided with a UDC hearing within five days of receipt of the Incident Report being issued? **Yes**
- Did BOP provide the CM, Class Counsel, and the Senior Monitor all documentation related to the UDC hearing within 24 hours of the conclusion of the hearing? **Yes**

Paragraph 55:

- If the UDC referred the CM to a DHO hearing, was that hearing held within 10 workdays of referral? **Yes**
- Did BOP provide the CM, Class Counsel, and the Senior Monitor with all documentation related to the DHO hearing within 24 hours of the conclusion of the hearing? **Yes**

Example of a SHU Placement:¹⁵

CM 9: CM was placed in SHU on December 9, 2025, pending an SIS investigation. As of December 31, 2025, an Incident Report has not been written and/or issued to the CM.

CM 10: CM was placed in the SHU on September 10, 2025. After incurring many Incident Reports both within and outside of SHU, and a mental health evaluation, on December 1, 2025, the CM was removed from the SHU and placed in the Administrative Unit. The Administrative Unit houses inmates who have a history of assaultive or predatory behavior and who have continued this behavior during their incarceration.

¹⁵ Specific information regarding CM SHU placements is included in the *Monthly Confidential Monitoring Report, December 1 – 31, 2025*.

Based on past disciplinarys, and the more recent issuance of Incident Reports while housed in the SHU, this CM could benefit from closer supervision, enhanced psychological care, and programming opportunities available in the Administrative Unit.

CM 11: CM was placed in SHU on November 9, 2025, pending an SIS investigation. As of December 31, 2025, an Incident Report had not been issued. On December 25, 2025, the same CM was involved in a fight while in the SHU. CM is pending an investigation into this incident as well.

Findings & Recommendations:

Finding 15: SHU reviews are not conducted in a thorough and consistent manner by all facilities and in accordance with 28 C.F.R. § 541.26.

Recommendation 15: The Senior Monitor has been advised BOP will provide staff with training on the requirements of 28 C.F.R. Section § 541.26 and on the proper completion of the accompanying documentation.

Finding 16: Some SIS internal investigations are taking an excessive amount of time to complete.

Recommendation 16: Given the restrictions within SHU, SIS investigations involving inmates in SHU should take priority over those in the general population. This will allow sanctions to be brought forth more promptly, while facilitating the timely release of CMs to the least restrictive housing. **

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Review of CM EICFs
- Class Counsel Memorandum, December 1, 2025
- Program Statements and Reference Documents, December 2025, Attachment

Assessment: During this monitoring period, there was one CM placed in SHU for a Code 300 offense for refusing housing. Videotaped evidence related to this case, either in the use the force package or as a part of the Incident Report, was not made available to the Senior Monitor.

Due Process & Disciplinary Segregation:

- Does the Monitoring Team have access to necessary disciplinary documents or other related documentation to investigate CMs' placement and disciplinary process? **No**
 - Videotaped evidence used during use of force incidents has not been provided to the Senior Monitor for review.
 - **BOP response:** *This provides BOP with an undue burden to retrieve the video-taped evidence and forward to the Senior Monitor.*
 - Use of force documentation, for incidents that occurred in the SHU, were not provided timely to the Senior Monitor.
 - **BOP response:** *The Liaison and members of the monitoring team have determined the necessary use of force documentation for the monitoring team to review which should alleviate delays in the future.*
- During the reporting month, were any CMs placed in SHU in administrative detention status for a violation of any alleged prohibited actions in the Low (400 series) or Moderate (300 series) Security

Levels? **Yes. One CM was placed in SHU for violation of BOP codes 306, Refusing to Work or to Accept a Program Assignment, and 307, Refusing to Obey an Order of any Staff Member.**

- For each, did BOP provide a written explanation of why this placement is necessary for security reasons to the CM, Class Counsel, and the Senior Monitor? **Yes. CM refused general population housing.**

Examples of SHU Placements:¹⁶

CM 12: CM is assessed at the Mental Health Level Care 3. While in the SHU, CM was reportedly told they would be moving to a new cell. CM became disruptive, and *“displayed signs of imminent violence by saying, ‘go get your f****ing team again because I am not moving.’”* A calculated use of force was approved by the Warden and OC paper spray was subsequently utilized in the movement of the CM to a new cell. CM was also issued an Incident Report.

Given the CM’s Mental Health Care Level and prior to the disciplinary hearing, a clinician offered her opinion on the type of sanctions she felt would benefit the CM, as follows: *“Inmate is fit to proceed with the disciplinary process. While imposing consequences is essential to ensure the problematic behaviors are addressed, Psychology Services does not recommend sanctions that would isolate individuals from their sources of support. Support networks, such as friends, family, or mentors, often play a crucial role in emotional well-being and personal growth. While accountability is important, cutting off communication with these supports can hinder long-term improvement for inmates who have a mental illness. Instead, we recommend consequences should focus on guiding individuals toward better decisions while still allowing access to positive influences that foster growth, stability, and healthier coping strategies.”*

CM was subsequently sanctioned with the loss of 27 days of good conduct time, an additional seven days of disciplinary segregation time, and the loss of 100 days of visiting privileges. In response, the Monitoring Team requested reconsideration of the loss of visiting privileges in light of the clinician’s recommendation.

BOP denied the reconsideration and provided the following response: *“Class Member’s discipline history is significant and, by Policy, is considered when issuing progressive sanctions. And while a psychologist’s recommendations should always be considered, other factors including safety, security, and the orderly running of operations also impact a DHO’s ultimate decision when issuing sanctions. Please know that the Class Member has other means by which the Class Member can maintain community and family ties. Class Member can call and write to family and friends. Class Member will continue to be monitored by Psychology and is always able to request services from psychology staff.”*

CM 13: CM was in a Residential Reentry Center (RRC) and committed numerous minor violations of a community program over a six-month period. The last Incident Report issued indicated that the CM was found guilty of falsifying a document of attendance at a mandatory self-help program on September 24,

¹⁶ Specific information regarding CM SHU placements is included in the *Monthly Confidential Monitoring Report, December 1 – 31, 2025*.

2025. On September 25, 2025, the CM was taken to the county jail, awaiting discipline for the behavior outlined in the Incident Report. The Hearing Officer imposed a sanction of 30 days community control at the RRC. A request to designate the CM as a program failure and return the CM to a BOP facility was submitted to the Residential Reentry Management (RRM) Branch for review. The RRM's approval was subsequently forwarded to the Sector Management Team for consideration. The Sector Management Team, in conjunction with the RRM, made the final decision on November 19, 2025, to return the CM to a BOP facility. The CM remained in the local county jail while awaiting return to a BOP facility. This time period coincides with the government shutdown. CM remains in the county jail as of December 31, 2025.

Since the CM was in a community program, the disciplinary history was not available in the CM's EICF, and therefore, not available to the Monitoring Team or Class Counsel for review. When the CM contacted Class Counsel for assistance from the county jail, there was a delay in obtaining a response because these documents were inaccessible.

Findings & Recommendations:

Finding 17: Class Counsel and BOP disagree on the documentation that should be made available to the Monitoring Team for CMs in community programs.

Recommendation 17: Class Counsel and BOP should come to a consensus on the documentation that should be made available to the Monitoring Team. This would help to alleviate future delays in obtaining the proper documentation for review.

Finding 18: Use of force documentation provided to the Monitoring Team does not include videotaped evidence.

Recommendation 18: Videotaped evidence is a necessary component of use of force reviews and should be included in every package submitted to the Monitoring Team. Although a complete use of force package has yet to be provided, the Senior Monitor has been advised that documentation, with the exception videotaped evidence, will be submitted to the Monitoring Team for review.

Finding 19: Some SIS internal investigations are taking an excessive amount of time to complete.

Recommendation 19: Given the restrictions within SHU, SIS investigations involving inmates in SHU should take priority over those in the general population. This will allow sanctions to be brought forth more promptly, while facilitating the timely release of CMs to the least restrictive housing. **

C. Staff Abuse & Retaliation

2. Reports of Staff Retaliation

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

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

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

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

Metrics:

- Telephone Calls with CMs
- CMs Email Complaints and Letters
- Review of CM EICFs
- Emails from BOP Liaison
- Class Counsel Memorandum, December 1, 2025
- Program Statements and Reference Documents, December 2025, Attachment
- CM Complaints by Type

Number of General Retaliation Complaints Received from Class Members					
FCI/FPC Aliceville	1	FPC Marianna	1	FPC Victorville	1
FMC Carswell	8	FCI Tallahassee	2	FCI Waseca	2
Total: 15					

Assessment: During this monitoring period, 15 CMs submitted complaints reporting retaliatory behavior. These complaints were received through telephone calls, emails and letters from CMs, emails from the BOP Liaison and a Class Counsel memorandum. No complaints alleging staff misconduct were received.

Examples of Retaliation Complaints and BOP's Response:¹⁷

Log# 2025-212-R: CM indicated receiving an Incident Report for violation of Code 409, Unauthorized Physical Contact (e.g., kissing, embracing) in which the CM kissed another CM/inmate. This was verified via video footage. A few days later, CM was served with a modified Incident Report in which the offense code had been changed to 205, Engaging in Sexual Acts. CM feels this modification was in retaliation for writing to the Senior Monitor. CM alleged that other inmates/CMs engage in similar behavior (kissing), but are not issued Incident Reports for violation of Code 205. CM was subsequently found guilty of violating Code 409.

Log# 2026-013-R:¹⁸ CM alleged their winter clothes were thrown away by the Officer that delivered the CM's expungement paperwork from a previous Incident Report. CM feels this was in retaliation for the expungement. CM reported she is cold and cannot purchase additional clothing because CMs funds are limited as a result of an encumbrance related to the expungement. The Warden allegedly advised the CM that even though the Incident Report was expunged on a technicality, the CM is still suspected of illicit activity and as such, the encumbrance will remain.

BOP's Response: *"All inmates have the ability to go to the Laundry to request additional clothing at the institution."* Additionally, BOP advised that during this reporting period, the CM was not on an encumbrance, but rather, on a commissary restriction as a result of a prior incident.

Log# 2026-014-R: CM alleged retaliation and racial discrimination related to the lack of access to recreation while in the SHU. CM feels the access issue was also in retaliation for their status as an FCI Dublin CM.

BOP's Response: *"All inmates are offered recreation while housed in the SHU at the beginning of Day Watch shift. The inmate can refuse or participate. This Class Member refused recreation when asked by staff on her own accord."*

Log# 2025-220-R: CM alleged that while CM and two other inmates were waiting to enter their housing unit, one of the inmates asked an Officer if he would open the door and let them in. The Officer allegedly

¹⁷ Additional details are contained within the attached *Monthly Confidential Monitoring Report, December 1 – 31, 2025*.

¹⁸ CM log numbers 2026-013-R and 2026-14-R were assigned a 2026 log number; however, they occurred in December 2025.

“screamed” at them indicating they had missed the “10-minute move.”¹⁹ The CM indicated she told the Officer that he did not need to speak to them like that – which subsequently angered him. The Officer then allegedly slammed the door and stated, “Oh, she must be one of those Dublin girls.”

BOP’s Response: *“Along with referring this case to OIA for review, the institution stated it would follow up with the staff member to ensure they understood professional communication and expectations from all staff when communicating with Class Members.”*

Misconduct Diversion & Discipline Resolution Program:

A BOP memorandum, dated December 1, 2025, indicated that effective January 1, 2026, a new voluntary program will go into effect that would provide Wardens and employees avenues by which to resolve routine low-level allegations of employee misconduct, without a referral to the OIA or subsequent investigation.

The memorandum stated the following:

“The goal of this program is to provide employees the opportunity to resolve minor incidents in an expedient manner, avoiding the delays often experienced during the referral, investigation, and disciplinary process. The Misconduct Diversion process would fully resolve all qualifying matters, to include issuing discipline, through the use of a single form signed by the Warden/CEO or designee and the employee subject. The agreement signed by the participants in this program allows a qualifying employee to immediately take responsibility for the alleged misconduct. The employee further agrees to a disciplinary action based on a predetermined schedule.

This program has the capacity to reduce the caseload of OIA by as much as 20%. Investigators will be able to focus time and energy on more serious allegations that threaten the safety and security of staff and inmates, to include allegations surrounding contraband and abuse. This will have a net effect of safer institutions.

Institution management will benefit from the ability to immediately address and correct routine administrative misconduct in the expectation that swift and fair correction will result in changed behavior. Similarly, employees will see and experience accountability that is both fair and meaningful.”

Unprofessional Conduct is one of the categories that is included in this program. The program will also be applied retroactively to matters that have already been referred to OIA and opened, but not yet investigated. Priority will be given to investigations older than 18 months. In response to this

¹⁹ The 10-minute move refers to a period of time in which the door to the housing unit is opened, while being monitored by correctional staff, to allow authorized individuals access in and out of the housing unit, i.e., CMs and/or inmates who reside in the housing unit.

memorandum, the BOP Liaison stated, “We are hopeful the program will have a positive impact on timely investigations and in addressing retaliation allegations raised by Class Members.”

Findings & Recommendations:

Finding 20: Based on the reports of alleged retaliation, it appears CMs continue to be treated disparately by BOP staff and other inmates because of the protections afforded to them under the Consent Decree. BOP advises that staff continue to be trained on the Consent Decree and the historical background.

Recommendation 20: Continue to provide training to staff on the requirements and historical background associated with the Consent Decree. **

Finding 21: Supervisors and managers do not appear to be holding employees accountable to the requirements of *Program Statement 3420.12-CN-1 Standards of Employee Conduct, February 18, 2025, Section 5, Personal Conduct, Section e* states in part, “In their official capacity, employees must act professionally in all interactions and communications and may not use profane, obscene, or abusive language when communicating with inmates, fellow employees, or others. Employees shall conduct themselves in a manner that will not be demeaning to inmates, fellow employees, or others.... Employees shall not participate in conduct that would lead a reasonable person to question their impartiality.” The lengthy investigation process may also be contributing to the perception that supervisors/managers are not holding staff accountable.

Recommendation 21: Training and/or remedial training should be provided to all supervisors and managers on *Program Statement 3420.12 CN-1, Standards of Employee Conduct, February 18, 2025, Section 5e*, to include an emphasis on their responsibility to hold employees accountable.

Finding 22: BOP has been providing the Monitoring Team with copies of Incident Reports on any CM that has filed a retaliation complaint without determining if there is a possible nexus between the complaint and the disciplinary action.

Recommendation 22: With respect to Paragraph 60, BOP should set up a tracking system that captures the date and nature of the original retaliation complaint, and any subsequent Incident Reports that appear to have a nexus in time, to include those involving the same staff member(s) or which may relate back to the original complaint. If there appears to be a nexus to the original complaint, those Incident Reports should be forwarded to the Senior Monitor and identified as relating to Paragraph 60.

Finding 23: Retaliation complaints from CMs are not always investigated on a timely basis. Furthermore, the process involving the referral of cases from the OIA to the OIG can be complicated, depending on the nature of the investigation. This alone can prolong the investigative process. Category 1 and 2 violations, that constitute serious misconduct (if substantiated) are forwarded to the OIG for an assessment and for determination of their severity level. This process can normally take 30 to 60 calendar days. These cases may be investigated by the OIG or deferred to OIA. Category 3 violations, which normally consist of

unprofessional conduct, are usually investigated by OIA, with notifications normally sent to the OIG within 30 calendar days after the investigation begins.

Recommendation 23: Investigations of reported allegations of retaliation should be completed timely. When CM retaliation complaints are not investigated timely, it has the potential to place the CMs at risk for an extended period of time. This practice also discourages CMs from reporting retaliation as they may fear or experience ongoing retaliation from the staff who are the subject of their complaints. Untimely investigations may send the unintended message that there are no consequences for retaliatory behavior. **

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

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

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

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

Metrics:

- Telephone Calls with CMs
- CMs Email Complaints and Letters
- Review of CM EICFs
- Emails from BOP Liaison
- Class Counsel Memorandum, December 1, 2025
- Program Statements and Reference Documents, December 2025, Attachment
- CM Complaints Received by Type

Class Member Complaints by Type			
BOP Facility	Sexual Abuse	Physical Abuse	PREA ²⁰ Retaliation Monitoring
FMC Carswell	2	0	0
Total	2	0	0

²⁰ PREA stands for Prison Rape Elimination Act.

Assessment: During this monitoring period, two sexual abuse complaints were received through phone calls, emails and/or letters from CMs, emails from the BOP Liaison, and a Class Counsel memorandum. There are no new physical abuse complaints or cases under PREA retaliation monitoring.

Sexual Abuse & Prison Rape Elimination Act:

- Number of CM reports of physical or sexual abuse during the reporting period: **2**
- Number of new CMs who were under PREA retaliation monitoring during the reporting period: **None**

Paragraph 62:

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

Paragraph 63:

- Of the total reports, how many were reported to the DOJ OIG, either by the Senior Monitor or the BOP Liaison, within 48 hours, unless the 48 hours covers a weekend or holiday in which case the report shall be made on the next workday. **2. In select circumstances, the Senior Monitor may request additional information from CMs to obtain specific details related to their complaints. These efforts may result in a delay in reporting beyond the 48-hour time frame.**
- Were any reports received by the Senior Monitor or the BOP Liaison not reported to the other within 48 hours? **No**

Paragraph 65:

The Senior Monitor received two reports of staff sexual abuse toward CMs and no reports of staff physical abuse. A brief synopsis of these reports is outlined below.

Log# 2025-215-P: CM was first seen by Psychology Services on April 28, 2025. On December 15, 2025, further information was received from the BOP Liaison that the National PREA Coordinator wanted the CM re-interviewed by Psychology Services. During this interview, the CM reported experiencing voyeurism by an Officer.

Log# 2025-218-P: CM reportedly did not think they could file a PREA report for another individual; however, the Monitoring Team informed her she could. CM subsequently reported a Counselor for allegedly having "*favorite*" inmates in which he reportedly allows them to control and make decisions for him. CM gave an example of two non-CMs who were having disagreements, to include one identified as his "*favorite*." The inmate identified as one of his *favorites* allegedly told the Counselor to move another inmate out of their room, which the Counselor subsequently did. The CM alleged that inmates hang out in his office outside of the open line time period, and his orderlies (who have pay numbers), who have not been paid in months, stay away from his "*favorites*" because they are able to obtain what they want from the Counsel.

Findings & Recommendations:

Finding 24: All alleged sexual abuse complaints were not entered into the PREA Retaliation Monitoring Report or tracked. BOP has not always agreed with the Monitoring Team on conduct which constitutes a PREA allegation pursuant to the statute. In such circumstances, retaliation monitoring, or medical and psychological follow-up by BOP may not occur.

Recommendation 24: All sexual abuse complaints made by CMs should be monitored for PREA retaliation and entered into BOP's SENTRY system. This will allow for the information to be captured on the PREA Retaliation Monitoring Report, and followed up by the PREA Compliance Manager.

Finding 25: Every complaint of sexual abuse for a given period should have an accompanying entry on the PREA Retaliation Monitoring Report for the subsequent 90 days following the commencement of the monitoring period. BOP advises that CMs are not removed from the tracker prior to the end of 90 days, unless the case is unfounded.

Recommendation 25: Modify the PREA Retaliation Monitoring Report to ensure the CM's name is not removed until the 90-day retaliation monitoring period has concluded. **

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

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

Metrics:

- CM Email Complaints
- Review of CM EICFs
- Class Counsel Memorandum, December 1, 2025
- Program Statements and Reference Documents, December 2025, Attachment

Assessment: The Senior Monitor received one request from a CM for information related to their staff sexual abuse investigation. BOP subsequently provided the information to the Senior Monitor.

Requests for Documentation:

- Number of CM requests for information regarding their report of staff abuse and a final written determination: **1**

Updates to Class Members:

- During the reporting period, were there any staff members that were the subject of CM reports who were re-assigned units, left the facility, were indicted on a charge related to sexual abuse in BOP, or convicted of a charge related to sexual abuse in BOP? **Unable to determine. The Senior Monitor has been advised by BOP that in the future, they will provide documentation of actions taken against staff members who are the subject of CM allegations. This will include whether staff were reassigned, left the facility, indicted on a charge related to sexual abuse or convicted of a charge related to sexual abuse.**

Provision of Care and Information Following Filing of PREA Reports:

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

Wendy Still, MAS, Senior Monitor

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Case No. 4:23-cv-04155-YGR
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Of these requests, did BOP provide the report and written final determination? **CM requested information regarding the status of her PREA claim of sexual abuse. However, the request was interpreted differently by the BOP Liaison which resulted in a delayed response.**

Findings & Recommendations:

Finding 26: The Senior Monitor does not always receive notification of when a sexual or physical abuse investigation involving a CM is completed.

Recommendation 26: The BOP Liaison should continue to forward to the Senior Monitor any notifications received regarding the closure of CM sexual abuse investigations. The BOP Liaison should also notify the Senior Monitor if a CM has requested information about their investigation or requested information regarding the outcome.**

Finding 27: During this reporting period, the Monitoring Team was not advised whether BOP staff were subsequently re-assigned from their units, left the facility, indicted on a charge related to sexual abuse, or convicted of a charge related to sexual abuse. BOP advised as there were no incidents requiring notification during this reporting period, they were under the impression that no additional notification was required.

Recommendation 27: The BOP Liaison should continue to provide documentation of actions taken against staff members who are the subject of CM allegations, to include whether they were reassigned, left the facility, indicted on a charge related to sexual abuse or convicted of a charge related to sexual abuse. **

D. Designation & Release

1. Designations

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

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

Metrics:

- CM Email Complaints
- Class Counsel Memorandum, December 1, 2025
- SENTRY Rosters
- Program Statements and Reference Documents, December 2025, Attachment

Assessment: To date, the Senior Monitor has published five monthly monitoring reports (July, August, September, October, November 2025) in which over 60%²¹ of CMs are designated to a facility over 500 miles from their primary residence. BOP policy and Paragraph 69 of the Consent Decree establish a clear expectation that BOP should place CMs in a *“facility as close as practicable to the Class Member's primary residence, and to the extent practicable in a facility within 500 driving miles of that residence.”* This reflects the importance of family proximity, continuity of community ties, and access to support networks. The finding that over 60% of CMs are housed beyond this distance indicates a substantial deviation from the intent of the Consent Decree rather than isolated or incidental designations beyond the 500-mile consideration. This level of variance suggests systemic factors might contribute to placement decisions that override proximity considerations. Contributing factors may include limited bed space, medical or programmatic designation requirements, population management pressures, delays in transfers or a desire of the CM to remain in the facility they have been designated to. However, without detailed justification specific to individual placement decisions, it is not possible for the Monitoring Team to determine whether these placements are temporary, unavoidable, or the result of structural capacity challenges.

The impact of housing CMs more than 500 miles from their primary residence is significant. Extended distance can impede family visitation, strain support systems, and potentially undermine reentry preparation and rehabilitation goals. Additionally, the magnitude of nonconforming placements

²¹ Does not include CMs with a final deportation order.

underscores the need for clearer documentation and reporting. Absent data explaining why exceptions are made, it is difficult to assess whether BOP is actively managing designations or merely responding to operational constraints. Exceptions include, but are not limited to, the length of time CMs remain housed beyond the 500-mile threshold and whether mitigation efforts are pursued by BOP. Based upon this review, the Senior Monitor has requested that a review be completed to determine eligibility for placement within the 500-mile radius. Pursuant to the Senior Monitor's request, BOP has begun undertaking a review to assess and document CMs' eligibility to be housed within the 500-mile radius. The response to this request is due in January 2026 and will be included in January's public status report.

Designation to Facility within 500 Driving Miles of Class Member's Primary Residence	
Number of CMs within 500 driving miles of their primary residence	50
Number of CMs NOT within 500 driving miles of their primary residence ²²	185

Designations:

- Is BOP taking measurable steps to place CMs in a facility as close as practicable to the CM's primary residence? **BOP does not currently provide information related to the steps taken to ensure CMs are housed within 500 miles of their primary residence. A review requested from BOP by the Senior Monitor should provide the information necessary to respond to this question in the upcoming January 2026 status report.**
- Is the BOP taking measurable steps to ensure that all CMs are designated to the lowest security level facility possible? **Yes. With the exception of one CM, Unit Teams reviewed and designated CMs to the appropriate levels. When CMs were not appropriately designated, the Senior Monitor requested a review. In each circumstance, BOP corrected the issue or provided a legitimate reason for the CM's out-of-level designation.**
- During the reporting period, how many complaints did the Monitoring Team receive from CMs or Class Counsel regarding issues with designation and release? **7**

Findings & Recommendations:

Finding 28: There are 185 CMs housed more than 500 miles from their primary residence.

Recommendation 28: BOP committed to reviewing and designating CMs within 500 miles of their primary residence, whenever possible. This is the 6th status report citing that a great majority of CMs are housed over 500 miles from their support systems. BOP should provide the Senior Monitor with an explanation (proof of practice) of the process they undertook in determining that a CM does not qualify for a designation within 500 miles of their primary residence. It should include a listing of disqualifying factors for each CM.**

²² Includes CMs that are lifers and/or whose designated residence is not within the United States.

D. Designation & Release

1. Designations

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

Metrics:

- Class Counsel Memorandum, December 1, 2025
- Program Statements and Reference Documents, December 2025, Attachment

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

Designations:

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

Findings & Recommendations: N/A

D. Designation & Release

1. Designations

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

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

Metrics:

- CM Interviews and Email Complaints
- Review of CM EICFs
- Class Counsel Memorandum, December 1, 2025
- SENTRY Inmate Management System Rosters
- Paragraph 71, Confidential Release Roster, January 2, 2026, Attachment
- Program Statements and Reference Documents, December 2025, Attachment

Assessment: The Senior Monitor conducted a monthly review of CM release dates, FSA Time Credits, and eligibility for release to community placements, including home confinement and RRCs. Identified concerns were submitted to BOP for review and corrective action.²³

Designation of Class Members to Lowest Security Level Possible

Number of CMs eligible for referral to Residential Reentry Manager for designation to a halfway house	33
Number of CMs designated to halfway house	21
Number of CMs eligible for a halfway house, but NOT in a halfway house	21

²³ A list of CMs' release dates, FTCs, and eligibility for release to community placements (i.e. home confinement or RRCs) is included in the attached *Monthly Confidential Monitoring Report, December 1 – 31, 2025*. Additionally, the worksheet titled *D. Designation & Release, 1. Designations, Paragraph 71 – 72* contains the data reviewed for this section.

Eligibility for Release to Community Placement:

- Number of CMs eligible for placement in RRCs: **37**²⁴
- Number of CMs eligible for placement in home confinement: **BOP does not provide information relative to those who are eligible for home confinement. The Institutional Referral for RRC Placement Form BP-A0210 does not consistently reflect whether the CM is eligible for home confinement. However, some Unit Team staff include this information on the form. Other than this form, the Senior Monitor does not have access to other information indicating whether a CM is eligible and/or has been referred for home confinement.**
- Number of CMs with a “*Maximum Statutory Home Confinement Placement Date*” that has passed: **Of the 239 CMs in BOP custody, 37 are ineligible for community placement, to include home confinement. Twenty-eight (28) CMs have been referred to community placement and of those, 23 have been approved and have placement dates. The remaining five are under review with the Residential Reentry Manager. The Senior Monitor will be requesting that BOP provide feedback on the home confinement eligibility status of the remaining 174 CMs.**
- Number of CMs with a “*FSA Conditional Placement Date*” that is less than six months from the date of this report: **All 13 CMs, with less than 6 months for eligibility to community placement, have been referred and received approved dates.**
- Number of CMs with a “*Conditional Transition to Community Date*” that is less than six months from the date of this report: **13**
- Are any CMs being denied FTCs under the FSA on the basis of immigration status or on the basis of an immigration detainer alone? **No**
- Are any CMs being denied release to community placement on the basis of immigration status or on the basis of an immigration detainer alone? **No**

Findings & Recommendations:

Finding 29: During this reporting period, the Senior Monitor identified two credit and community placement issues. These issues were forwarded to the BOP Liaison for corrective action and promptly addressed. One issue is pending a legal decision.

Recommendation 29: Continued monthly monitoring by BOP remains critical to ensure sustained compliance, the prompt identification of emerging issues, and verification that individual anomalies are addressed in a timely manner. **

²⁴ Includes four eligible CMs from the prior month.

E. Class Member Access to Counsel & the Monitor

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

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

Metrics:

- Class Counsel Memorandum, December 1, 2025
- Paragraphs 81 and 82, Legal Call Block Schedule, Verified on January 2, 2026, Attachment
- Program Statement and Reference Documents, December 2025, Attachment

Assessment: During this reporting period, the Senior Monitor did not receive complaints from CMs related to Paragraphs 81 and 82.²⁵

Paragraph 81:

- During the reporting period, did CMs have the opportunity to initiate confidential legal calls with Class Counsel at least once per week during pre-scheduled three-hour time blocks? **Yes. The establishment of the call block schedule gives CMs the opportunity to initiate confidential legal calls.**

- If any facilities had insufficient time for CMs who requested calls to speak to Class Counsel, were CMs provided with legal calls within two workdays? **Unknown as this information is not provided by BOP. However, no complaints were received from CMs related to Paragraph 81.**
- During the reporting period, did BOP notify, in writing, the Senior Monitor and Class Counsel whenever it was unable to facilitate legal calls on a given week due to exceptional circumstances? **No**
- During the reporting period, did the Senior Monitor receive reports that BOP staff prevented legal calls in retaliation? **No**
- During the reporting period, did all CMs in SHU receive at least one legal call per week if requested? **Yes**

Paragraph 82:

- During the reporting period, did BOP Counsel provide Class Counsel and the Senior Monitor with each respective designated facility's availability and amended the list, as needed, to accommodate the facility's ongoing operations? **Yes**
- During the reporting period, did any confidential legal calls count against CM minutes or cost money? **No. When BOP receives a legal call request from a CM in SHU, the calls take place on unmonitored phone lines at no cost to the CM.**

Findings & Recommendations:

Finding 30: BOP offered CMs in SHU phone calls utilizing the cell front.

Recommendation 30: BOP should discontinue this practice for legal calls. Legal calls should only be offered in the Law Library or in a comparable location that affords confidentiality.

Finding 31: BOP was unable to offer calls in the SHU in some instances due to technical difficulties or *"certain circumstances; however, calls were offered and/or provided at other times"*

Recommendation 31: Per Paragraph 81, BOP should notify the Senior Monitor and Class Counsel when calls cannot be afforded to CMs, to include a written explanation.

Signature

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



Wendy Still, MAS
Senior Monitor

May 5, 2026

Date

Glossary of Acronyms

ADO	Administrative Detention Order
AICs	Adults in Custody
BEMR	Bureau Electronic Medical Record
BOP	Bureau of Prisons
C.F.R.	Code of Federal Regulations
DHO	Disciplinary Hearing Officer
EICF	Electronic Inmate Central File
FDC	Federal Detention Center
FCI	Federal Correctional Institution
FMC	Federal Medical Facility
FSA	First Step Act
FTC	Federal Time Credits
KOP	Keep on Person
MAT	Medication Assisted Treatment
OIA	Office of Internal Affairs
OIG	Office of Inspector General
PREA	Prison Rape Elimination Act
RRC	Residential Reentry Center
RRM	Regional Reentry Management
SCA	Second Chance Act
SHU	Special Housing Unit
SIS	Special Investigative Supervisor
TRULINCS	Trust Fund Limited Inmate Computer System
UDC	Unit Discipline Committee

Definitions

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

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

Administrative Detention refers to an administrative status which removes an AIC from the general population. Administrative detention status is non-punitive, and can occur for a variety of reasons. 28 C.F.R. § 541.22(a).²⁶

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

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

²⁶ eCFR :: 28 CFR 541.22 -- Status when placed in the SHU.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

amendments to the law.

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

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

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

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

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

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

§ 541.22 Status when placed in the SHU.

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

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

§ 541.23 Administrative detention status.

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

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

§ 541.24 Disciplinary segregation status.

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

§ 541.25 Notice received when placed in the SHU.

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

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

§ 541.26 Review of Placement in the SHU.

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

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

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

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

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

Attachments

Non-Confidential Attachments

- Program Statements and Reference Documents, December 2025
- Paragraphs 81 and 82, Legal Call Block Schedule, Verified January 2, 2026

Confidential Attachments (provided under separate cover)

- Monthly Confidential Monitoring Report, December 1 – 31, 2025
- Class Member Confidential Key, December 2025
- Paragraphs 46 and 49, SHU Privileges, December 2025 (BOP Report)
- Paragraphs 68 - 69, Population Monitoring Census – Roster, January 2, 2026 (BOP Generated Report)
- Paragraph 71, Confidential Release Roster, January 2, 2026 (BOP Generated Report)

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

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