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

10th Public Monthly Status Report
January 1 - 31, 2026

Submitted by

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

May 5, 2026

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Senior Monitor & Team	
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Introduction & Background

Introduction: This section serves as an introduction to the 10th monthly monitoring report on the status of the United States (U.S.) Federal Bureau of Prisons (BOP) implementation of the California Coalition for Women Prisoners v. U.S. BOP Consent Decree. This report addresses related Paragraphs assigned to Senior Monitor Wendy Still, MAS, for monitoring during the month of January 2026. This report includes 26 findings and recommendations that refer to "*a course of action that the Monitor believes would assist the BOP in complying with this Consent Decree*."[1] Additional recommendations may be included in subsequent reports as additional information and assessments are conducted by the Monitoring Team. Furthermore, while this report is dated May 5, 2026, only information from January 1 – 31, 2026, is included.

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

Monitoring Activities: During this monitoring period, the Senior Monitor's priorities centered on assessing factual findings related to the various Paragraphs of the Consent Decree. No onsite monitoring tours were conducted during this 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 28[2], and other relevant documents;
- Participation in meetings with BOP staff, Class Counsel attorneys, the Assistant United States Attorney (AUSA), and the Court;
- Interviews with BOP staff and CMs;
- Review of Class Counsel Memorandums dated January 6, 2026 and January 9, 2026; 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 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; and
- BOP's 12-page and Class Counsel's 17-page written response to the *3rd Quarterly Public Status Report, October 1 – December 31, 2025 (draft)*, not including comments to the confidential attachments.

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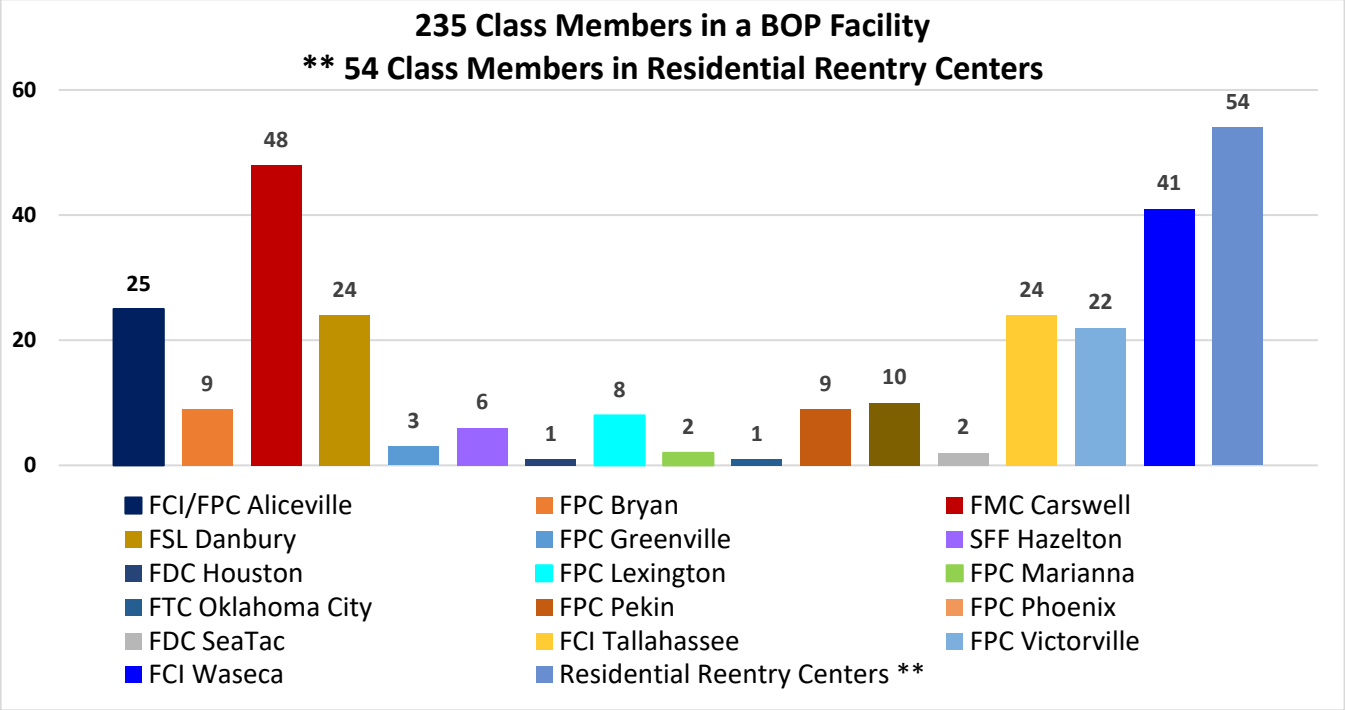
[1] Paragraph 99, Consent Decree

[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, including those in Residential Reentry Centers (RRCs).[3]



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

[3] Reflects population roster generated by BOP and provided to the Senior Monitor on February 2, 2026. ** Chart also includes 54 CMs housed in RRCs, per BOP, as of January 31, 2026.

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

NOTE:

- The term "**facility**" and "**institution**" are utilized interchangeably throughout this document.
- Related Paragraphs have been consolidated in this status report for clarity; however, several may be reported separately in future reports, as needed.
- The section and subsection letters and numbers referenced in the following sections of this report are based on the structure of the Consent Decree.
- The reference to *Monitors* refers to two or more members of the Monitoring Team, including the Senior Monitor.
- BOP Program Statements, reference documents, and metrics for each of the Paragraphs assessed, are noted in the attachment titled, *Program Statements and Reference Documents, January 2026.* Some metrics may also be mentioned in the body of this report for emphasis.
- This report includes findings and recommendations. Recommendations from previous monitoring reports are denoted by two asterisks. **
- CM charts within Paragraph sections in 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 13 CMs "*housed*" in SHU during the reporting month.

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

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

A. Medical Health Care (Part 1)

1. Review of Medical Health Care Alerts

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

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- Review of BOP Electronic Medical Record (BEMR) System
- BOP Open and Closed Alert Report
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment

Assessment: The following table represents the status of medical alerts as of the end of January 2026. During this reporting period, the Monitoring Team reviewed 67 complaints received via CM emails and Class Counsel Memorandums. After review, the Medical Experts and Senior Monitor determined that 20 of the 67 complaints require the placement of an alert.

Status of Medical Alerts	
Open Medical Alerts: **43**	Closed (Cleared) Medical Alerts: **9**
CM Emails & Complaints Related to Medical Concerns: 67	

With respect to BOP's conformance with Paragraph 34, the Agency lacks automated reporting capabilities and workflows that could facilitate their ability to more effectively and efficiently monitor operations and key performance indicators. These include, but are not limited to, the following:

- BOP utilizes paper rather than electronic health service request (HSR) forms in most facilities housing CMs. The lack of an electronic form limits BOP's ability to generate automated reports. This makes it difficult for clinical leadership to efficiently obtain insight into key performance indicators, including:
  - number of HSRs;
  - turnaround times for triaging requests by nursing staff;
  - time lapse between when a determination is made that a CM needs to see a provider and when a CM is seen; and
  - total number of HSRs submitted by individual CMs.

- BOP lacks a system to enable community wait times to be monitored. The existing system is a manual process that is burdensome and time-consuming for medical leadership. BOP advises a dashboard for managing outside referrals is available to all facilities; however, this information has not been made available to the Medical Experts. The Medical Experts would welcome the receipt of a monthly report that includes wait times, the number of consults in different phases of approval or waiting, overdue timeframes, etc. If BOP has a dashboard that shows consults and pending consults, it should be included as a part of the monthly report provided to the Senior Monitor.
- This lack of automated reporting makes it difficult for leadership to efficiently monitor and manage outside referrals. In addition to potentially implementing new information systems, BOP should consider utilizing additional clerical or analyst staff who can assist with outside referral management, linkage, coordination, and data collection using existing Microsoft Office Tools available to BOP staff.

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

All medical health care alerts are detailed in the attachment titled, *Monthly Confidential Monitoring Report, January 1 – 31, 2026*. A selection of medical health care alerts are discussed below, with identifying information removed.

NOTE: The public and confidential reports reflect medical activity that occurred during this reporting period. Additional medical information provided by BOP is reflected in the confidential attachments in the section reserved for BOP comments. Additional medical activity regarding individual CMs may be reflected in subsequent confidential monthly public status reports as BOP provides updated information. Additionally, some cases cited below involve both medical and psychology services. These crossover cases are only discussed in this section to avoid duplication in the mental health section of Paragraph 34.

CM 1: CM has experienced issues with her foot since her incarceration at FCI Dublin. Conservative management was initially advised by BOP medical staff. The CM subsequently received shoe inserts in November 2024; however, she continued to complain of foot pain not alleviated by the shoe inserts. In June 2025, the CM had additional radiology exams which showed abnormalities in her feet. As a result, an alert was reopened in September 2025 by the Medical Monitors. The CM was seen by Podiatry in December 2025. Several recommendations were made as a part of the evaluation. In January 2026, she was seen by a Physical Therapist, and provided an exercise band and recommended exercises. Compression stockings were issued, and custom orthotics were ordered and are pending receipt as of the end of this monitoring period.

CM 2: CM has been requesting dental care since her incarceration at FCI Dublin. BEMR indicates her last dental contact was on May 31, 2023, during which a limited examination was conducted. No further dental treatment has been provided. CM reports painful cavities and was reportedly informed by dental staff that it could take up to four years to be treated. This is inconsistent with her ongoing dental needs.

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

CM 3: Upon incarceration at FCI Dublin, CM requested removal of her orthodontic braces. BEMR indicates she has not been seen by Dental, and as of the end of this reporting period, her braces remain in place. Although placement of orthodontic hardware may not be covered by BOP policy, removal of hardware should be considered a valid clinical need and not a cosmetic issue, as leaving hardware for periods in excess of the recommended time, without consistent follow-up by an Orthodontist, can lead to damage. Further, *Program Statement 6400.03, Dental Services, June 10, 2016,* indicates that "*the patient may request removal of all orthodontic appliances. In doing so, he/she accepts that any progress in orthodontic movement may relapse*." BOP should follow up and ensure the CM's orthodontic braces are removed.

CM 4: CM is designated at a Mental Health Care Level 2 and has had multiple disciplinary violations. BEMR indicates contacts on December 4, 2025, December 9, 2025, and January 8, 2026, with no psychotropic medications prescribed. CM should have a psychiatric evaluation, including consideration of a mood stabilizer and a review of her current mental health status.

Findings & Recommendations:

Finding 1: Cases reviewed reflect a consistent pattern of delayed, incomplete, and inadequate coordination of care across multiple service areas, including dental, vision, medical, and mental health. BOP policy regarding oral health needs re-evaluation and updating. CMs reported experiencing prolonged delays in accessing basic dental treatment despite ongoing requests and a documented need. In discussions with BOP, adherence to existing policy is frequently cited as the rationale for the care provided. BOP *Program Statement P6400.03, Dental Services, June 10, 2016,* allows for a national waitlist and prioritizes urgent needs, to include those related to pain and trauma. Although this clinically makes sense from a triage perspective, it is the position of the Medical Experts that this should be balanced with the provision of routine care for CMs. Given that CMs are not free to seek care independently from another provider, it is appropriate and recommended that CMs receive, at a minimum, annual hygiene evaluations. CMs at a higher risk for poor dental health, as a result of chronic illnesses like diabetes, use of seizure medications, and a history of prolonged drug use, should be prioritized along with individuals in need of urgent services.

Other CMs have not received prescribed eyeglasses for months or years after an evaluation, indicating a breakdown in BOP's care delivery systems. As noted in previous reports, not having current prescription eyeglasses poses a liability for CMs, as they are unable to read posted instructions and has led to CMs being reprimanded for not following directions. A lack of eyeglasses also poses the potential for creating safety issues as CMs have noted they are not able to identify potential threats (i.e., assault or other physical threats).

In addition, concerns related to medication management, particularly hormone therapy, psychotropics, and Medication Assisted Treatment (MAT), highlight insufficient clinical follow-up, lack of documented rationale for treatment decisions, and failure to adequately address reported symptoms.

Mental health care access also appears limited, with CMs reporting difficulty obtaining timely mental health support, and when prescribed medications, a lack of continuity of care and insufficient evaluation/coordination of medication effectiveness. In previous monitoring reports, the Medical Experts have recommended that standardized tools like PHQ-9 be utilized by medical providers managing mental health issues in order to obtain more objective and consistent evaluations of symptoms over time and across providers.

The issues described in this section are not isolated; they are consistent with widespread issues observed across facilities housing CMs. The CM examples described in this section represent a sample of broader systemic deficiencies in the provision and coordination of care.

Recommendation 1: Based on the patterns identified, it is recommended that BOP implement immediate actions to address deficiencies in the delivery and coordination of care, to include:

- ensuring timely access to dental services utilizing a structured approach that prioritizes individuals at higher risk for health issues rather than relying on a first come, first serve and urgent need model. Through this process, CMs with chronic illnesses like diabetes, Human Immunodeficiency Virus or those who are taking medications that increase risk for oral health issues (such as seizure medication), could be seen in a timelier manner and prior to release;
- ensuring coordination of vision services are aligned closer to community standards, to include turnaround times between evaluation, prescription, and the receipt of eyeglasses;
- promoting scheduled visits when clinically warranted. This ostensibly is the role of the Chronic Care Clinics. However, these visits may need to occur more frequently. For example, CMs prescribed an antidepressant should be scheduled for a follow-up appointment to ensure no other psychiatric symptoms are unmasked (i.e., mania, suicidal ideation), and to ensure CMs are taking medications as prescribed and tolerating side effects;
- the prompt scheduling of appointments and fulfillment of prescribed treatments;
- strengthening continuity of care through required and coordinated follow-up and tracking of unresolved medical needs, especially for CMs with mental health needs who are managed by both psychological and medical services; and
- improving clinical oversight to ensure that treatment decisions, particularly those involving medication management and MAT, are appropriately documented and responsive to patient-reported symptoms.

In addition, facilities should expand access to mental health care services by:

- increasing timely provider contact;
- considering re-evaluation of existing classifications for CMs on psychotropic medications;
- ensuring regular psychiatric evaluations where indicated; and
- reassessing the effectiveness of prescribed medications.

Finally, BOP should implement monitoring and accountability mechanisms to identify and address delays in care, as these issues appear to be systemic across all facilities that house CMs.

A. Mental Health Care (Part 2)

1. Review of Mental Health Care Alerts

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

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- Review of BEMR System
- BOP Open and Closed Alert Report
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment

Assessment:[5] During this reporting period, the Medical Experts did not conduct an onsite visit of a BOP facility where CMs are housed. However, seven complaints were received from CMs related to the lack of access to mental health care. Additionally, there are currently no open mental health alerts for this monitoring period.

Class Member Mental Health Care Levels		
Care Level 1: **235**	Care Level 2: **25**	Care Level 3 or Higher: **2**
Mental Health Alerts		
Open Mental Health Alerts: **0**	Closed (Cleared) Mental Health Alerts: **0**	Emails & Complaints Related to Mental Health Concerns: **7**

As noted in previous reports, the Medical Experts will continue to report on mental health, behavioral health, medication management, and MAT services in this section. This approach does not currently align with how BOP separates medical and psychological services. The Medical Experts contend that this separation makes coordinated care difficult.

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 public status report(s) as BOP provides updated information. Additionally, a Mental Health Expert was identified by the Senior Monitor and as of the end of this reporting period, is still pending a background clearance and BOP computer network access.

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

For context, the table below is an excerpt from *Program Statement 5310.16 CN-1, Treatment and Care of Inmates with Mental illness, February 18, 2025*. It defines contact requirements related to the four mental health care levels.

The BOP's MHCL Classification and Frequency of Required Contact

MHCL	Description	Frequency of Contact Requirement
MHCL 1–No Significant Mental Healthcare	An individual who shows no significant level of functional impairment associated with mental illness and demonstrates no need for regular mental health interventions	• Not required to receive any regular mental health services or to have a treatment plan
MHCL 2–Routine Outpatient or Crisis-Oriented Mental Healthcare	An individual who requires routine outpatient and/or brief, crisis-oriented mental healthcare of significant intensity (e.g., placement on suicide watch or behavioral observation status)	• Evidence-based psychosocial interventions at least *monthly* • Collaborative, individualized treatment plan updated at least every *12 months*
MHCL 3–Enhanced Outpatient or Residential Mental Healthcare	An individual who requires enhanced outpatient (i.e., weekly mental health interventions) or residential (i.e., placement in a residential psychology treatment program) mental healthcare	• Evidence-based psychosocial interventions at least *weekly* • Collaborative, individualized treatment plan updated at least every *6 months*
MHCL 4–Inpatient Psychiatric Care	An individual who requires acute care in a psychiatric hospital because they are gravely disabled and cannot function in a general population environment	• Evidence-based psychosocial interventions and/or individual mental health contacts at least *weekly* • Collaborative, individualized treatment plan updated at least every *90 days*

Source: BOP policy

Observations: The Medical Experts have consistently identified issues with the prescribing and monitoring of psychotropic medications, and limited options for mental health support, outside group programming, and the provision of MAT. The Medical Experts are concerned that CMs may not be appropriately classified given ongoing complaints from CMs classified at Mental Health Care Level 1. In addition, a review of MAT alerts shows a pattern of access to MAT services as a disciplinary tool. Although it is understandable that security issues related to diversion need to be considered with MAT medications, these concerns need to be weighed against the real risk of overdose and death. As described in prior public monthly status reports, contraband and illicit drug use have been reported to be widespread by CMs. This makes the use of MAT even more vital.

Status of Mental Health Provision of Care:

Information related to CM complaints and emails is detailed in the attachment titled, *Monthly Confidential Monitoring Report, January 1 – 31, 2026, Paragraph 34.* The following CMs present with mental health concerns that do not appear to have been adequately addressed by BOP:

CM 5: Reported significant emotional distress, including thoughts of self-harm and physical symptoms related to hormone changes. These concerns have not been fully evaluated by medical or mental health providers.

CM 6: Reported experiencing ongoing withdrawal symptoms and requested psychological support, which is reasonable. There has been limited follow-up and no clear treatment adjustments have been made.

Findings & Recommendations:

Finding 2: The Senior Monitor continues to receive complaints from CMs directly and through Class Counsel about their difficulty accessing mental health services, and the inadequacy and lack of sufficient programming to address their needs. Additionally, although BOP Psychology Services Branch (PSB) staff follow existing policy as it pertains to clinical encounters by mental health classification, the Medical Experts are concerned that CM needs are not being comprehensively evaluated and therefore, CMs may not be in the appropriate care level. This, in addition to the separation of responsibility between prescribers (Medical Services) and PSB staff, has made it difficult for the Medical Experts to open mental health alerts as BOP contends they are following policy. The addition of the Mental Health Expert and access to clinical records will facilitate the placement of alerts, and enhance monitoring and reporting within this area.

Furthermore, the Medical Experts will continue to report prescribing issues related to psychotropic medications in this section. They further acknowledge that PSB staff cannot compel another clinician to prescribe medications. However, they can advocate for the CM, and document and escalate concerns which do not appear to occur on a routine basis. In multiple instances, many of which have been referred to BOP by the Medical Experts, CMs have complained about dosage adjustments and the monitoring of side effects associated with psychotropic medications. Even when CMs have brought these issues to the attention of the psychology team, they are frequently advised this is a medical issue -- leaving the CM to navigate two complex BOP systems while in the midst of experiencing mental health issues.

Recommendation 2: It is recommended that BOP take immediate steps to improve the quality and access to mental health services across facilities where CMs are housed. This should include:

- ensuring timely and regular access to qualified mental health providers. BOP has added a new provider type (Mental Health Qualified Professional) that may help recruit additional staff to close existing gaps;
- implementing required follow-up for individuals presenting with ongoing or unresolved symptoms;

- requiring follow-up for CMs undergoing the addition or adjustment of psychotropic medications. Of note, BOP could use other clinicians in this endeavor. For example, Advanced Practice Providers, social workers, and nurses can check in with CMs and refer them to physicians, as needed;
- providing comprehensive psychiatric evaluations when clinically indicated, including appropriate medication management;
- ensuring all CMs are assigned the correct mental health care classification. An audit of cases should be conducted – especially for CMs on psychotropic medications; and
- providing additional and ongoing training on MAT to all clinicians, including prescribers, psychology staff, nurses, pharmacists, and correctional staff.

BOP facilities should also ensure that CM-reported concerns are meaningfully addressed during clinical encounters, rather than limited to cursory or administrative contacts. In addition, increased coordination between medical and mental health providers is necessary, particularly in cases involving complex conditions, such as hormone therapy or substance use treatment. Finally, BOP should establish oversight and accountability measures to monitor access to care, continuity of services, and treatment outcomes, as the issues identified appear to be systemic.

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 Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment
- Number of CM Placements in SHU for Reporting Month: **9** [6]

ADO's by BOP Facility				
FCI/FPC Aliceville	FMC Carswell	SFF Hazelton	FCI Tallahassee	FCI Waseca
3	**2**	**2**	**1**	**1**

Assessment: During this reporting period, there were nine placements in the SHU. BOP advises that Unit Team members provide administrative remedy forms to CMs upon request. However, Unit Team members are not in SHU on a 24-hour basis and therefore, would not have the ability to provide CMs with administrative remedy forms upon request.

[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 13 CMs "*housed"* in SHU during the reporting month.

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. Of the CMs who received ADOs**:
  - **8 articulated the specific reason for placement in SHU, supported by objective evidence.**
  - **1 was deficient, as it listed the reason as "*pending SIS*[7] *investigation*."**

There continues to exist a difference of opinion between BOP and the Senior Monitor regarding the reason 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 supported by 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? **Yes. The BOP Liaison did not disagree with any CM SHU placements.**

Provision of Administrative Remedy Forms:

- Were all CMs provided with one set of administrative remedy forms upon placement in the SHU? **Yes**
- Were CMs provided additional forms upon request? **Unable to determine for all CMs. FCI Waseca and was in compliance. BOP facilities that provided partial proof of practice were FCI Aliceville and FMC Carswell. The BOP facility that provided no documentation demonstrating their compliance with this provision was FCI Tallahassee. No complaints from CMs were received related to this issue.**
- 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 complaints from CMs were received.**

Findings & Recommendations:

Finding 3: Of the nine ADOs, one was deficient and did not articulate a specific reason for the CM's placement in SHU.

[7] Special Investigative Supervisor

Recommendation 3: Per *Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025*, "*The specific reason for placement in SHU must be supported by objective evidence and clearly articulated in the narrative section of the ADO*." However, "*pending SIS investigation*" or "*pending investigation for failure to follow Bureau regulations*" are not specific reasons defined in the Program Statement. Frequently, the CM receives an Incident Report with their charge, or SIS interviews the CM regarding their case shortly after they are placed in SHU. As such, informing the CM upon entry into SHU, as articulated in the Program Statement, should not pose a safety concern. Examples include pending SIS investigations for assault, phone abuse, fighting, etc. **

Finding 4: BOP initiated the process of providing CMs with administrative remedy forms upon entry in SHU.

Recommendation 4: BOP should ensure all facilities provide CMs administrative remedy forms upon placement in SHU.

Finding 5: The Monitoring Team is unable to determine if administrative remedy forms are available to CMs in the SHU upon request or whether a sufficient supply is consistently maintained in the SHU.

Recommendation 5: BOP should document, for verification, when a CM requests and receives an administrative remedy form. This verification could be added to the privilege sheet currently utilized by staff, similar to the process 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 general population. Class Members' phone and email contacts shall not be deleted. Indigent Class Members shall have access to postage to mail legal mail or Administrative Remedy forms, pursuant to existing BOP policy.
- **Visitation** in accordance with the same rules and regulations that apply to general population.
- Opportunity to **exercise** outside their quarters to the extent feasible at least seven hours per week, and staff shall make best efforts to offer individuals exercise outside their quarters one hour per day.
- Access to **programming** activities. Class Members in Administrative Detention shall not be placed in non-earning status, and, if they meet other eligibility requirements consistent with BOP policy, will continue earning FTCs.
- Reasonable amount of **Personal Property** (as defined below).
- The ability to purchase and receive items from the commissary with the same frequency as the general population. Class Members who believe their funds have been improperly encumbered may raise the issue with the BOP Liaison at any time. The Facility will provide an explanation for the encumbrance in writing. If the Class Member is not satisfied with the explanation, they can raise the issue with the Monitor and the Monitor may make a recommendation regarding the encumbrance.

C. Staff Abuse & Retaliation (continued)

1. Placement in Special Housing Units

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

Metrics:

- CM Email Complaints
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Paragraphs 46 and 49, SHU Privileges, January 2026, BOP Report, Attachment
- Program Statement and Reference Documents, January 2026, Attachment
- Number of CMs Housed in SHU for the Reporting Month: **13** [8]

Class Members in SHU by BOP Facility				
FCI/FPC Aliceville	FMC Carswell	SFF Hazelton	FCI Tallahassee	FCI Waseca
4	**4**	**2**	**1**	**2**

Assessment: During this reporting period, BOP demonstrated improvement in its reporting practices by providing SHU privilege logs that were predominantly complete. Except for programming data (which BOP has committed to include in the quarterly data provided to the Monitoring Team), the log now reflects privilege categories pursuant to Paragraph 46.

Three CMs submitted complaints regarding SHU privileges in December 2025; however, they are reflected in this month's monitoring report because the information was not provided by Class Counsel in their Class Counsel Memorandum until January 6, 2026. The complaints were subsequently elevated and addressed by the BOP Liaison. Additionally, in January 2026, refresher training related to the Consent Decree was provided to staff in facilities housing CMs. While this is a positive corrective step,

[8] 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 13 CMs "*housed*" in SHU during the reporting month.

continued monitoring from BOP will be necessary to determine whether the training results in accurate documentation and effective implementation.

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? **Yes**
- 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? **CM 7 reported issues related to the lack of access to open general correspondence in accordance with the same rules and regulations that apply to the general population. The CM reported that she could not email her approved contacts or Class Counsel. BOP explained that open general correspondence refers to written correspondence only, not emails. As a result, BOP places restrictions on email access for those housed in SHU. This is consistent with BOP's SHU policy related to all inmates housed in SHU.**
- Did indigent CMs in the SHU have access to postage to mail legal mail and administrative remedy forms? **There were no complaints received regarding postage stamps.**[9]
- Were CMs in the SHU provided with visitation in accordance with the same rules and regulations that apply to the general population? **No. CMs 7 and 8 reported issues related to video visitation access while in SHU. There was a three-week delay in allowing video visits for CM 7. The BOP privilege roster notes CM 7 had no visits scheduled the entire time she was in SHU for the reporting month.**
- 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**
- Were CMs in the SHU provided with access to programming activities? **This information is not available; however, BOP has committed to providing it for inclusion in the January – March 2026 quarterly public status report. No complaints were received from CMs related to programming.**
- Did all eligible CMs remain in earning status of their Federal Time Credits (FTCs)? **The worksheet for the reporting period ending January 31, 2026, does not reflect the time period in which the CM was in SHU. 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 the general population? **CM 9 reported difficulty obtaining commissary items while housed in the SHU. CM was placed in SHU on December 29, 2025. The SHU log provided by BOP indicates that**

[9] Administrative remedy form access is described in Paragraph 45.

on January 5, 2026, a commissary order slip was provided to the CM, and on January 7, 2026, the CM's commissary order was delivered. The CM should have been provided a commissary slip on December 30, 2025, to enable her to place an order on December 31, 2025. The items would have been delivered on January 1, 2026, per BOP's commissary schedule. The six-day delay in receiving the order form limited her ability to request necessary commissary items in a timely manner.

- Were any CMs improperly encumbered? **No complaints were received from CMs related to encumbrances.**

Paragraph 49:

- Were CMs in the SHU permitted a reasonable amount of personal property, as described in Paragraph 49 as applicable? **Although CM 9 reported she was unable to access her personal property while housed in SHU, the SHU log provided by BOP reflects that her property was delivered and reviewed with the CM on January 5, 2026. She was also permitted to retain authorized items at that time. However, as previously noted, the six-day delay between her placement in SHU on December 29th, and the delivery of her property on January 5th, represents a gap in access. Such a delay disrupts timely access to necessary personal items and impacts the CM's ability to maintain continuity in daily activities (i.e., personal hygiene, writing and sending letters due to a lack of writing materials and stamps). While documentation confirms eventual access, the timeliness in the delivery of her property remains a concern.**

Findings & Recommendations:

Finding 6: During this reporting period, BOP has taken affirmative steps to improve SHU documentation practices. The provision of refresher Consent Decree training reflects a proactive step towards conformance with the requirements of Paragraphs 46 and 49.

Recommendation 6: BOP should continue reinforcing SHU documentation requirements through supervisory reviews and periodic audits to ensure all required privilege categories, including programming data, are consistently and accurately recorded. Additionally, BOP should implement follow-up assessments to evaluate the effectiveness of refresher training provided to staff, and to confirm consistency in conformance with the requirements of this section. Ongoing monitoring and corrective feedback should also be implemented and maintained.

Finding 7: CMs do not have timely access to the review and receipt of their personal property, limiting their ability to obtain necessary items while housed in administrative detention status. Additionally, CMs report that they are required to sign for their property without it being properly laid out for inspection, preventing them from adequately viewing and itemizing their belongings.

Recommendation 7: BOP should ensure timely access to personal property and require that items are fully laid out for inventory purposes before CMs are required to sign for receipt.

Finding 8: Video visits are not being provided to CMs in SHU. However, BOP is actively working on incorporating the appropriate technology and security protocols to ensure long-distance video visits can be provided.

Recommendation 8: BOP should determine what technology and policy changes are required to ensure long distance video visitation is accessible for CMs in SHU.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Metrics:

- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statement and Reference Documents, January 2026, Attachment
- Number of CMs Housed in SHU for the Reporting Month: **13** [10]

Class Members in SHU by BOP Facility				
FCI/FPC Aliceville	FMC Carswell	SFF Hazelton	FCI Tallahassee	FCI Waseca
4	**4**	**2**	**1**	**2**

Assessment: During this reporting period, access to confidential two-way communication, legal mail, and legal visits was provided to CMs, with no issues reported.

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**

Access to Class Counsel:

- Are CMs in SHU provided access to confidential calls with Class Counsel? **Yes**
- Are CMs in SHU provided access to legal mail with Class Counsel? **Yes**
- Are CMs in SHU provided access to legal visitation with Class Counsel? **Yes**

[10] 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 13 CMs "*housed*" in SHU during the reporting month.

Findings & Recommendations:

Finding 9: BOP contends there is no means by which to determine if a call is legal or social when it takes place at the cell front. Without this distinction, the Senior Monitor cannot assess adherence to the requirements of Paragraph 47. Some facilities indicated on their SHU list that social and legal calls are provided cell front. Legal calls, by their very nature, should be provided on a confidential phone line. Additionally, some facilities are not delineating on their SHU list which calls are legal versus social.

Recommendation 9: Continue to monitor and instruct SHU staff on the requirements of Paragraph 47 and the need to distinguish between legal and social calls.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Metrics:

- Interviews with Staff and CMs
- Incident Reports for the Monitoring Period
- Class Counsel Memorandums, January 6, 2026, and January 9, 2026
- Program Statement and Reference Documents, January 2026, Attachment
- Number of CMs Housed in SHU for Reporting Month: **13** [11]

Class Members in SHU by BOP Facility				
FCI/FPC Aliceville	FMC Carswell	SFF Hazelton	FCI Tallahassee	FCI Waseca
4	**4**	**2**	**1**	**2**

Assessment: All 13 CMs housed in SHU had a mental health diagnosis, as outlined below:

Mental Health			
Level	**Diagnosis**	**# of Class Members**	**Percentage**
1	Substance Use Disorder, Post Traumatic Stress Disorder, Anxiety, Antisocial Personality Disorder, Major Depression	11	84.62%
2	Antisocial Personality Disorder, Post Traumatic Stress Disorder, Substance Use Disorder	2	15.38%

Of the 13 CMs:

- 1 accounted for 2 separate placements into the SHU;
- 1 was housed in SHU in response to an NPO[12] order related to an upcoming medical procedure;
- 1 was in transit from FCI Tallahassee to SFF Hazelton; and
- 7 were prescribed psychotropic medications. However, because these medications are designated as self-carry or "*keep on person"* (KOP), it was not possible to determine whether the CMs received their medications within 24 hours of placement in SHU.

[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 13 CMs "*housed"* in SHU during the reporting month.

[12] NPO stands for "nil per os," a Latin phrase meaning "nothing by mouth."

Provision of Medications Devices and/or Prescription Medications:

- Number of CMs in SHU who had prescription medications and/or medication devices prior to entering SHU**: 7**
- Of the seven 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? **Medications for the seven CMs in SHU were designated as KOP. However, the Medical Experts were unable to determine whether the CMs received their medications within 24 hours of placement in SHU. An email complaint was received from CM 10 indicating she did not receive her medications in a timely manner.**

Findings & Recommendations:

Finding 9: Most of the psychotropic medications prescribed to the seven CMs in SHU were designated as KOP. However, the Medical Experts were unable to confirm whether there was a delay in the receipt of medications by the CMs.

Recommendation 9: BOP should provide the Monitoring Team with monthly documentation of when CMs placed in SHU receive their KOP medications. These medications are often secured in the CMs' personal property, which is frequently not made available within 24 hours of placement in SHU.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

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

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

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

Metrics:

- CM Email Complaints
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Summary of Program Statements and Reference Documents, January 2026, Attachment
- Number of CMs Housed in SHU for Reporting Month: **13** [13]

Class Members in SHU by BOP Facility				
FCI/FPC Aliceville	FMC Carswell	SFF Hazelton	FCI Tallahassee	FCI Waseca
4	**4**	**2**	**1**	**2**

[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 13 CMs "*housed*" in SHU during the reporting month.

Assessment: Although BOP committed to providing the Monitoring Team with information related to Paragraph 51 in their submission of monthly reporting data, this information was not provided for this monitoring period.

CM 11 reported utilizing the alternate remedy process, yet did not receive a response. As a result, she subsequently elevated the issue to the Senior Monitor. BOP did not notify the Senior Monitor of this complaint as required by the Consent Decree.

Access to Privileges:

- Did BOP notify all CMs of the process for complaints of denial of access to privileges as outlined in Paragraph 51? **Yes**
- Number of complaints received: **1 – CM 11 reported using the procedures outlined in Paragraph 51. She ultimately reached out to the Senior Monitor for assistance, who elevated the issue to the BOP Liaison. A response is pending.**

Findings & Recommendations:

Finding 10: Refresher training was provided to staff in January 2026. The training is expected to improve adherence to the requirement that BOP report complaints received through the alternate remedy process.

Recommendation 10: BOP should ensure that all complaints received through the alternate remedy process are consistently documented and reported in accordance with the Consent Decree.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Review of CM Electronic Inmate Central Files (EICFs)
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment
- Number of CM Placements in SHU for Reporting Month: **9** [14]

ADO's by BOP Facility				
FCI/FPC Aliceville	FMC Carswell	SFF Hazelton	FCI Tallahassee	FCI Waseca
3	**2**	**2**	**1**	**1**

Assessment: *Program Statement 5566.07 Use of Force, Application of Restraints, and Firearms, July 17, 2024,* was utilized in assessing incidents involving use of force within this section.

[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 13 CMs "*housed"* in SHU during the reporting month.

The Program Statement partially states the following:

§ 552.20 Purpose and scope.

The Bureau of Prisons authorizes staff to use force only as a last alternative after all other reasonable efforts to resolve a situation have failed. When authorized, staff must use only that amount of force necessary to gain control of the inmate, to protect and ensure the safety of inmates, staff, and others, to prevent serious property damage and to ensure institution security and good order. Staff are authorized to apply physical restraints necessary to gain control of an inmate who appears to be dangerous because the inmate:

(a) Assaults another individual;
(b) Destroys government property;
(c) Attempts suicide;
(d) Inflicts injury upon self; or
(e) Becomes violent or displays signs of imminent violence.

This rule on application of restraints does not restrict the use of restraints in situations requiring precautionary restraints, particularly in the movement or transfer of inmates (e.g., the use of handcuffs in moving inmates to and from a cell in detention, escorting an inmate to a Special Housing Unit pending investigation, etc.).

§ 552.21 Types of force.

(a) Immediate use of force. *Staff may immediately use force and/or apply restraints when the behavior described in § 552.20 constitutes an immediate, serious threat to inmate, staff, others, property, or to institution security and good order.*

(b) Calculated use of force and/or application of restraints*. This occurs in situations where an inmate is in an area that can be isolated (e.g., a locked cell, a range) and where there is no immediate, direct threat to the inmate or others. When there is time for the calculated use of force or application of restraints, staff must first determine if the situation can be resolved without resorting to force (see § 552.23).*

§ 552.23 Confrontation Avoidance Procedures.

Prior to any calculated use of force, the ranking custodial official (ordinarily the Captain or shift Lieutenant), a designated mental health professional, and others shall confer and gather pertinent information about the inmate and the immediate situation. Based on their assessment of that information, they shall identify a staff member(s) to attempt to obtain the inmate's voluntary cooperation and, using the knowledge they have gained about the inmate and the incident, determine if use of force is necessary.

Ordinarily, in calculated use of force situations, there is time for the Captain or Lieutenant, Psychology Services, Health Services, Chaplaincy Services, or other employees such as the inmate's Unit Manager, Case Manager, or Counselor, to confer and assess the situation.

This discussion must be accomplished by telephone or in person. The purpose is to gather relevant information concerning the inmate's medical/mental health history and any recent incident reports or situations which may contribute to the inmate's present condition.

This assessment should include discussions with employees who are familiar with the inmate's background or present status. This information may provide insight into the cause of the inmate's immediate agitation.

Additionally, it may identify other employees who have a rapport with the inmate and can possibly resolve the incident without the use of force.

SHU Review Training: On January 28 – 29, 2026, BOP provided SHU review training to staff at all facilities that house CMs. The training included instruction on the appropriate manner in which to complete SHU review forms in accordance with the three-, seven-, and thirty-day review process outlined in 28 C.F.R. § 541.26. Given this training, it is anticipated that moving forward, there will be improvement in the quality of SHU reviews. An update will be included in the February 2026 monthly monitoring report.

Paragraph 52:

- Did BOP review SHU placements for disciplinary segregation following the process in 28 C.F.R. § 541.26? **No. All facilities continue to make errors in the completion of their SHU review forms. Examples include, but are not limited to, the following: (1) check boxes related to when a CM has been housed in SHU for 30 days are "*checked off*" at the 7-day review rather than at the 30-day mark or are left blank; (2) wet signatures are missing; and (3) some review sheets include blanks, except for the CM's name, number, facility, date of entrance into the SHU, and the reason for placement in the SHU. Additionally, the Senior Monitor has requested copies of BP-A1117, Special Housing Multidisciplinary Team Review Forms, but to date they have not been provided by BOP.**

Paragraph 53:

- Did BOP provide the CM, Class Counsel, and the Senior Monitor a copy of the underlying Incident Report within 24 hours of staff becoming aware of the CM's involvement in the incident? **No. Three Incident Reports were delayed for the following reasons: (1) pending an investigation, (2) pending an FBI referral, and (3) pending revisions to the report. These are appropriate reasons for the delays.**

Paragraph 54:

- Were CMs provided with a UDC hearing within five workdays 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? **No. There were four instances where UDC documentation was received by the Senior Monitor more than 24 hours after the conclusion of the hearing.**

Paragraph 55:

- If the UDC referred the CM to a DHO hearing, was the hearing held withing 10 workdays of referral? **Yes**
- Did BOP provide the CM, Class Counsel, and the Senior Monitor with all documentation related to the DHO hearing within 24 hours of the conclusion of the hearing? **No. Videotaped evidence has not been provided when requested.**

Examples of SHU Placements:[15]

CM 12: Placed in SHU on January 12, 2026, pending an SIS investigation and for her own protection. However, the BOP Liaison subsequently stated that "*for the CM's own protection*" was documented in error. As of January 31, 2026, the CM remained in SHU pending an investigation.

CM 13: Placed in the SHU on January 16, 2026, pending an investigation for an unwitnessed fight. The CM remains in SHU as of January 31, 2026.

CM 14: Placed in SHU on January 16, 2026, pending an investigation for an unwitnessed fight, presumably involving the same individual who engaged in a fight with CM 13. On January 23, 2026, the CM was released from the SHU, still pending an investigation. On January 26, 2026, the CM was again placed in the SHU "*based on staff's perception of serious threats being made to the inmate's safety, even though the CM has not requested admission*." The CM remains in SHU as of January 31, 2026.

CM 15: CM was housed in the Administrative Unit of the facility which also includes "*designated SHU cells.*" CM was placed in a designated SHU cell pending an investigation for assault without serious injury and for destroying property worth over $100. CM had a DHO hearing on January 29, 2026. She remains housed in the Administrative Unit as of the end of this reporting period.

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

Use of Force:[16]

In January 2026, five sets of use of force documentation were received by the Monitoring Team, of which four occurred in prior months and one occurred in January. Four sets of documents involved a single CM and the fifth, a second CM. The documentation included copies of the Incident Reports, staff reports, medical assessments, photographs, BOP Form A0583, Report of Incident (i.e., a checklist utilized by management to describe the incident), and BOP Form BP-E586, Use of Force After Action Report (i.e., a checklist utilized by the Warden and management team to assess the use of force and to report their review to the Regional Director).

The Senior Monitor requested copies of videotaped evidence related to the use of force and the associated medical assessments. However, BOP has thus far declined to supply the videos. Once the Senior Monitor is provided access to the videotaped evidence, additional information may be provided in future reports.

The following is a synopsis of these cases, as evaluated by the Warden and management team of the respective facilities.[17]

CM 16, Log# 2025-180-PA, Immediate Use of Force, September 21, 2025, 6:25 p.m. CM was removed from a cell with an inoperable toilet. Once in the hallway, the CM was given an order to move into another cell, at which point she became disruptive and refused to move. The CM began yelling and became physically resistive. In response, the CM was subjected to an "*immediate use of force due to disruptive behavior and displaying imminent signs of violence*."

BOP After Action Review Has Determined: The actions taken with respect to the use of force and/or restraints were reasonable and appropriate, and have been reviewed with staff involved.

BOP Discrepancies Noted: Some discrepancies were noted.

BOP Recommendations? Yes. Continued Use of Force training will be conducted at all levels.

Senior Monitor's Note: A complaint of excessive use of force was filed. This case is currently pending an OIA investigation.

CM 16, Immediate Use of Force, November 10, 2025, 12:15 p.m. CM covered the cell window in SHU and was unresponsive. Staff gave several direct orders to the CM to uncover the cell window and submit to hand restraints, with negative results. A two second burst of Oleoresin Capsicum (OC) spray was

[16] Some details related to the use of force incidents outlined in this section, specifically "*Discrepancies Noted,*" is not provided because the information is confidential in nature pursuant to the Freedom of Information Act, 5 U.S.C. 552. This federal code restricts specific information from release to the general public.

[17] Cases with log numbers reflect CMs who filed subsequent complaints.

administered into the cell, achieving the desired results. CM was subsequently medically assessed, decontaminated, provided a change of clothing, and appropriately housed.

BOP After Action Review Has Determined: The actions taken with respect to the use of force and/or restraints were reasonable and appropriate and have been reviewed with staff involved.

BOP Discrepancies Noted: Some discrepancies were noted.

BOP Recommendations? Yes. Continued Use of Force and Decontamination training will be conducted at all levels.

CM 16, Immediate Use of Force, November 23, 2025, 18:41 p.m. According to the Incident Report, CM covered her cell window while housed in SHU. She was given multiple orders to uncover the window and submit to hand restraints, which she refused. The CM was subsequently removed from the cell, pat-searched, searched via a metal detector, decontaminated, and medically assessed. **Note:** There is no mention of the deployment of OC spray in the Incident Report. Additionally, in response to a review of this report (when in draft form), BOP indicated the CM declined decontamination. As such, the Incident Report indicating the CM had been decontaminated was an error.

BOP After Action Review Has Determined: The actions taken with respect to the use of force and/or restraints were reasonable and appropriate, and have been reviewed with staff involved.

BOP Discrepancies Noted: Yes. Some discrepancies were noted**.**

BOP Recommendations? Yes. Continued Use of Force training will be conducted at all levels.

Senior Monitor's Note: Although there were discrepancies between the narrative in the Incident Report and the memoranda from staff, specifically regarding the deployment of the OC spray, the Warden's evaluation did not address these discrepancies.

CM 16, Log# 2025-209-PA-R, Calculated Use of Force, November 23, 2025, 10:50 p.m. CM received a new cell assignment and became disruptive, displaying signs of imminent violence, by repeating phrases such as, "*go get your team again, because I'm not moving*." Avoidance of confrontation was attempted, but proved unsuccessful. During the move, the CM became combative, resisted staff, and attempted to spit on the Lieutenant. The CM was subsequently placed in hard, ambulatory restraints from 11 p.m. to 8 a.m. the next morning.

BOP After Action Review Has Determined: The actions taken with respect to the use of force and/or restraints were reasonable and appropriate and have been reviewed with staff involved.

BOP Discrepancies Noted: Yes. Some discrepancies were noted.

BOP Recommendations? Yes. Continued Use of Force training will be conducted at all levels.

Senior Monitor's Note: The CM filed a complaint alleging excessive use of force. This case is currently pending an OIA investigation.

CM 15, Immediate Use of Force, January 15, 2026, 4:29 p.m. CM was provided her dinner tray in the Administrative Unit, at which point she asked about supplies. The CM was reportedly told that the issue would be handled later. Staff asked the CM if she wanted her dinner tray, at which point she angrily accepted the tray through the open food slot and lunged at the food port slot. The Officer reportedly deployed a two-second burst of OC spray at the CM while ordering the CM to release the food slot. CM failed to comply with the order. After several more orders, the CM finally released the slot, at which point it was closed and locked.

BOP After Action Review Has Determined: The matter needs further investigation and has been referred to OIA.

BOP Discrepancies Noted: Yes. Some discrepancies were noted.

BOP Recommendations? Yes. Continued Use of Force training will be conducted at all levels.

Senior Monitor's Note: The Senior Monitor agrees with the assessment that further investigation is warranted.

Findings & Recommendations:

Finding 11: UDC documentation is not always forwarded to the Senior Monitor within 24 hours after the conclusion of the hearing.

Recommendation 11: BOP should forward all UDC documentation within 24 hours after the conclusion of the hearing and in accordance with Paragraph 54 of the Consent Decree**.**

Finding 12: SHU reviews are not being conducted in a thorough and consistent manner by all facilities and in accordance with 28 C.F.R. § 541.26.

Recommendation 12: BOP should provide training on the proper manner in which to complete SHU reviews and the associated forms.[18]

Finding 13: Although the use of force incidents involving CM 16 were determined to be calculated (one incident) and immediate (two incidents), the CM was in a cell and, therefore, confrontation avoidance procedures should have been utilized and documented prior to the use of force. There was documentation of confrontation avoidance in the calculated use of force package; however, it consisted

[18] Training was provided at the end of this reporting period.

of a memorandum from the staff Chaplain indicating that he attempted to speak to the CM in an effort to convince her to submit to restraints. The memorandum does not state how long the Chaplain spoke with the CM or what other measures staff may have used to avoid the use of force.

Recommendation 13: The Warden recommended that use of force training be provided to all levels of staff assigned to the SHU. Training of this nature should also be provided on the confrontation avoidance portion of the applicable Program Statement, to include strategies by which to obtain compliance. The proper application of this training could prevent use of force incidents in the future, thereby potentially reducing physical abuse and/or retaliation complaints.

Finding 14: A review of BP-E586, Use of Force After Action Report, does not always indicate whether the Warden evaluated the incident fully, as outlined in *Program Statement 5566.07 Use of Force, Application of Restraints, and Firearms, July 17, 2024*. It also does not include documentation related to the use of confrontation avoidance strategies (if utilized) by staff, as outlined on the following page.

13. After-Action Review of Use of Force and Application of Restraints Incidents

a. Video Review. *The After-Action Review Team should review the actions of the employees for compliance with Program Statement Correctional Services Manual and this Program Statement. At a minimum, this review should include the following:*

- *Introductions were made by the Lieutenant, Use of Force Team members, medical employees, and employees involved in the confrontation avoidance technique, as well as identifying all employees present, including those observing.*
- *The Use of Force Team members were wearing the proper protective gear.*
- *The method of chemical agents used was predetermined and the use of devices was in accordance with the Program Statement Correctional Services Manual.*
- *The inmate was given the opportunity to voluntarily submit to the placement of restraints.*
- *The Lieutenant displayed professional behavior during the calculated use of force.*
- *Based on the nature of the incident, the Lieutenant ensured only the force necessary to control the inmate was used.*
- *The Lieutenant monitored the actions of the inmate and team members and was not involved in subduing the inmate unless it was deemed necessary to prevent employees or the inmate from being injured.*
- *Use of Force Team members used only the amount of force necessary to gain control of the inmate.*
- *Use of Force Team members used sound correctional judgment to ensure unnecessary pressure is not applied to the inmate.*
- *Unauthorized items such as towels, tape, surgical mask, hosiery, etc., were not being used. Face coverings placed upon inmates within the realm of limiting sickness (i.e., pandemic response) is authorized.*
- *Inabilities to effectively gain control of the inmate are assessed and may indicate that additional training is necessary.*

- *Prompt examination of the inmate was conducted following the use of force and findings were noted on video.*
- *There was continuous operation of the video and breaks were documented and appropriately justified.*
- *Conversations were appropriate and necessary between team members and individuals during the use of force.*
- *If the incident occurs in an area covered by CCTV, these videos will also be reviewed to ensure compliance.*

Recommendation 14: The Warden's review of BOP Form BP-E586, After Action Review Report, should contain all the requirements set forth in *Program Statement 5566.07 Use of Force, Application of Restraints and Firearms, After Action Review of Use of Force and Application of Restraints Incidents*. None of the five after action review reports reviewed by the Senior Monitor complied with all requirements outlined in this Program Statement.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Review of CM EICFs
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment

Assessment: One CM was placed in SHU for a 300-level offense. This placement determination included an evaluation of the number of disciplinaries the CM incurred within a short period of time.

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, utilized during use of force incidents and as evidence during disciplinary hearings, has not been provided to the Senior Monitor for review. The Senior Monitor is continuing to hold discussions with BOP on the provision of videotaped evidence.**
- 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 a violation of Code 331, possession of non-hazardous contraband (cigarettes). The UDC also recommended a SHU sanction based on the number of 300-level offenses this CM incurred in a short period of time.**
- Did BOP provide a written explanation of why this placement was necessary for security reasons to the Senior Monitor, Class Counsel and CM? **Based on the number of 300-level offenses incurred within less than six months, the DHO imposed a sanction of seven days of disciplinary segregation, and other sanctions, for possession of cigarettes, Code 331. This action is consistent with BOP policy.**

Findings & Recommendations:

Finding 15: BOP has not provided to the Senior Monitor videotaped evidence from hearings or incidents involving CMs and the use of force.

Recommendation 15: Videotaped evidence, when utilized in a hearing or in evaluating compliance with policy related to the use of force, is critical in assessing whether staff complied with BOP's Program Statements. Since the inception of monitoring (March 31, 2025), there have been five incidents involving the use of force that the Senior Monitor has been made aware of. Additionally, when videotaped evidence is relied upon by the DHO during the hearing, it should be provided to the Senior Monitor, when requested, to enable an accurate assessment to be conducted. **NOTE:** BOP is actively exploring the most secure manner in which to share video with the Monitoring Team.

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

Metrics:

- Telephone Calls with CMs
- CMs Email Complaints and Letters
- Review of CM EICFs
- Emails from BOP Liaison
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment
- CM Complaints by Type

Class Member Complaints Received by Type									
Complaint Type	**FCI/FPC ALI**	**FMC CRW**	**FSL DAN**	**SFF HAF**	**FPC MNA**	**San Ant. RRM**	**FCI TAL**	**FPC VIM**	**FCI WAS**
General Retal.	1	7	2	0	2	1	2	1	4
Staff Complaints	0	0	1	1	0	0	0	0	0
Total	**1**	**7**	**3**	**1**	**2**	**1**	**2**	**1**	**4**

Assessment: During this monitoring period, 22 complaints were received, of which 20 were related to retaliatory behavior and 2 alleging staff misconduct. These complaints were received through telephone calls, emails, and letters from CMs, and emails from the BOP Liaison and a Class Counsel Memorandum.

Examples of Retaliation Complaints & BOP's Response:[19]

CM 17, Log# 2026-011-R: CM reported her feet and hands sometimes feel numb; however, when the CM reported this condition to medical staff, the CM indicated she was treated disrespectfully and called a liar by the treating physician. CM reported being told that because she was previously housed at FCI Dublin, the facility did not have any braces for her to use. She further indicated she told the BOP Liaison that she no longer wished to pursue the issue because of a fear of retaliation. CM would like a lower bunk because the numbness in her feet and hands make it difficult to climb onto an upper bunk.

BOP's Response: The BOP Liaison indicated she would speak to the CM. BOP further stated the CM does not meet the criteria for a lower bunk, but will be moved to a housing area with better lighting. The CM denied other symptoms affecting activities of daily living.

CM 18, Log# 2026-016-R: CM stated that an Officer has been very harsh in his interactions with her and reportedly said, "*you Dublin women get away with everything*." CM also believes she is experiencing retaliation as a result of her status as an FCI Dublin CM. CM was given a job in the kitchen and fired the same day because the Officer reportedly said he did not like who the CM associates with (another FCI Dublin CM).

BOP's Response: Case was referred to the OIA. Additionally, the CM's Incident Report was expunged, she was re-appointed to her position in Food Services, and staff were instructed to remain professional with all inmates.

CM 19, Log# 2026-020-R: CM reported she would like to finish her Residential Drug Abuse Program (RDAP) before transferring closer to home to be near her children. CM reported she has been treated poorly by staff and was "*cussed out*" by an Officer for wanting to change her clothes after she bled through them. CM reported she did not wish to complain because she knows "*people take advantage and retaliation is real*."

BOP's Response: Case was referred to the OIA.

CM 20, Log# 2026-024-R: CM stated she experienced retaliation from staff assigned to medical and case records because she is an FCI Dublin CM and "*could go snitching to the Dublin monitor*." CM reported being told, "*Good luck getting your medications.*" She further stated that case managers have not been helping with her "*paperwork*" since the Monitoring Team's visit to the facility.

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

BOP's Response: Case was referred to the OIA.

Example of Staff Complaints & BOP's Response:

CM 21, Log# 2026-001-SC: CM reported that a staff member thought the CM "*said something*" to them. The staff proceeded to become angry, using profanities toward the CM, and in response, took the CM to see the Lieutenant. In the meantime, staff reportedly spent two hours searching and "*destroying*" the CM's cell.

BOP's Response: Case was referred to the OIA.

CM 22, Log# 2026-027-SC: CM stated the Lieutenant used profanities toward her, calling her a "*dog*" and a "*bitch.*" CM reported feeling tired of this treatment.

BOP's Response: Case was referred to the OIA.

Findings & Recommendations:

Finding 16: One of the most serious precursors to the issues at FCI Dublin was the fear of retaliation among the incarcerated population. This fear created an environment where CMs refrained from speaking out about the conditions they were experiencing until they became unbearable. However, CMs continue to report that BOP staff treat CMs disparately because of their status as former FCI Dublin CMs and the protections afforded to them under the Consent Decree. For example, 20 reports of retaliation were received in the month of January 2026 alone.

Recommendation 16: During this monitoring period, 22 CM complaints were received by the Monitoring Team related to retaliation and staff misconduct. BOP should review the complaints and existing training to determine if additional refresher training should be provided to staff at the facilities from which the complaints were generated.

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

Finding 17: Some supervisors and managers do not appear to be holding employees accountable to the requirements of *Program Statement 3420.12 CN-1 Standards of Employee Conduct, February 18, 2025. Section 5, Personal Conduct, Section e.*

Recommendation 17: Training and/or remedial training should be provided to supervisors and managers for staff who are the recipients of multiple complaints of the same nature. The training should focus on *Program Statement 3420.12 CN-1, Standards of Employee Conduct, February 18, 2025, Section 5e*.

Finding 18: Copies of Incident Reports related to CM retaliation complaints have been provided by BOP to the Monitoring Team. However, BOP provides this documentation without first determining if there is a possible nexus between the complaint and the disciplinary action.

Recommendation 18: With respect to Paragraph 60, BOP should establish a tracking system that captures the date and nature of the original retaliation complaint, and any subsequent Incident Reports that are issued close in time, to include those involving the same staff member(s) or which may relate back to the original complaint. If there appears to be a nexus to the original complaint, those Incident Reports should be forwarded to the Senior Monitor and identified as relating to Paragraph 60.**

Finding 19: Retaliation complaints from CMs are not always investigated in a timely manner. Furthermore, the process involving the referral of cases from the OIA to the OIG can be complicated, depending on the nature of the investigation. This alone can prolong the investigative process. Category 1 and 2 violations that constitute serious misconduct (if substantiated) are forwarded to the OIG for an assessment and for determination of their severity level. This process can normally take 30 to 60 calendar days. These cases may be investigated by the OIG or deferred to OIA. Category 3 violations, which typically consist of unprofessional conduct, are usually investigated by OIA, with notifications normally sent to the OIG within 30 calendar days after the investigation begins.

Recommendation 19: Investigations of reported allegations of retaliation should be completed in a timely manner. When CM retaliation complaints are not investigated timely, it has the potential to place the CMs at risk for an extended period of time. This practice also discourages CMs from reporting retaliation as they may fear or experience ongoing retaliation from the staff who are the subject of their complaints. Untimely investigations may also send the unintended message that there are no consequences for retaliatory behavior. **

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

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

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

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

Metrics:

- Telephone Calls with CMs
- CMs Email Complaints and Letters
- Review of CM EICFs
- Emails from BOP Liaison
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment
- CM Complaints Received by Type and Prison Rape Elimination Act (PREA) Retaliation Monitoring

Class Member Complaints by Type & PREA Retaliation Monitoring

BOP Facility	Sexual Abuse	Physical Abuse	PREA Retaliation Monitoring
FCI/FPC Aliceville	0	1	0
FPC Bryan	1	0	0
FMC Carswell	1	0	3
FPC Lexington	1	0	1
FPC Pekin	1	0	1
FCI Tallahassee	1	0	1
Total	**5**	**1**	**6**

Assessment: During this reporting period, five complaints of sexual abuse and one complaint related to physical abuse were received. There are also six CMs under PREA retaliation monitoring. Additionally, all facilities that house CMs received PREA training from the National PREA Coordinator in January 2026.

Paragraph 62:

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

Paragraph 63:

- Of the total reports, how many were reported to the DOJ OIG, either by the Senior Monitor or the BOP Liaison, within 48 hours, unless the 48 hours cover a weekend or holiday in which case the report shall be made on the next workday? **6**
- Were any reports received by the Senior Monitor or the BOP Liaison not reported to the other within 48 hours? **No**

Paragraph 65:[20]

The Senior Monitor received five reports of staff sexual abuse of CMs and one report of staff physical abuse. A brief synopsis of these reports is outlined below.

Sexual Abuse:

CM 23, Log# 2026-002-P: During count, two Officers reportedly pulled the curtain open while the CM was showering, thereby exposing her, and causing her to slip and fall. The CM closed the curtain and dressed. She indicated she was unaware that count had begun.

CM 24, Log# 2026-006-R-P: CM stated that she was strip searched prior to her transfer, and a bra was not supplied. CM reported this made her uncomfortable, given that she was exposed to both male and female staff.

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

CM 25, Log# 2026-010-P: CM indicated she reported experiencing headaches to the Medical Department on two occasions. She was administered an EKG by a male staff member with another male staff member in the room and with the door closed. The CM's shirt was reportedly lifted to enable the electrodes to be attached.

CM 26, Log# 2026-023-P: CM indicated that other inmates report sexual abuse to her because they are aware of her advocacy efforts and because she is unafraid to speak out on their behalf.

CM 27, Log# 2026-025-P: CM was reportedly sexually abused by a staff member in the Medical Department. She subsequently lodged a complaint after other CMs reported similar complaints. This allegedly led to the removal of the staff member.

Physical Abuse:

CM 28, Log# 2026-004-R-PA: CM indicated she previously reported having been "*beaten up"* and sexually assaulted in the SHU. As a result, placements in SHU are very traumatic for her. She also reported continued retaliation from staff.

Findings & Recommendations:

Finding 20: Similar to retaliation complaint investigations, sexual abuse investigations take a considerable amount of time, leaving CMs feeling vulnerable. BOP has not always agreed with the Monitoring Team on conduct which constitutes a PREA allegation pursuant to the statute. In such circumstances, retaliation monitoring, or medical and psychological follow-up by BOP may not occur.

Recommendation 20: Sexual abuse investigations fall within one of the most serious categories. It is, therefore, important for facilities to create an environment where CMs feel safe and heard. Investigations should be completed timely, and staff should be held accountable for inappropriate behavior.

Finding 21: Every complaint of sexual abuse should have an accompanying entry on the PREA Retaliation Monitoring Report for the subsequent 90 days following the commencement of the monitoring period.

Recommendation 21: 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 unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse at a BOP facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse at a BOP facility. Following the filing of a PREA report, BOP shall provide the Class Member with requisite follow up medical and psychological evaluations and care, and information about how to contact a Rape Crisis Center.

Metrics:

- CM Email Complaints
- Review of CM EICFs
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment

Assessment: The Senior Monitor received four requests from CMs requesting information related to their staff sexual abuse investigation.

Requests for Documentation:

- Number of CM requests for documentation of their report of staff abuse or a final written determination: **Of the four requests from CMs, two investigation reports (one status report and one final report) were provided to the CMs. Follow-up information was not provided to two other CMs who requested an update on their cases.**

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, commencing with the February 2026 public status report, they (BOP) will provide documentation of actions taken against staff members who are the subject of CM allegations. This would include staff who are 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 physical or sexual abuse by staff during the reporting period, how many were provided a requisite follow-up medical and psychological evaluation and care? **4**
- How many were provided information about how to contact a Rape Crisis Center? **4**

Findings & Recommendations:

Finding 22: The Senior Monitor does not always receive notification of when a sexual or physical abuse investigation involving a CM is completed because the facilities do not consistently provide this information to the BOP Liaison

Recommendation 22: The BOP Liaison should continue to forward to the Senior Monitor any notifications received regarding the closure of CM sexual abuse investigations. BOP facilities, where CMs are housed, should consistently provide the BOP Liaison with all closure notifications. 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 23: 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.

Recommendation 23: The BOP should devise a method by which this information is communicated to the Senior Monitor on a monthly basis for inclusion in the monthly public status reports. **NOTE:** BOP has committed to providing this information to the Monitoring Team for future monitoring reports.

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
- SENTRY Rosters
- BOP Review of Paragraph 69, BOP Report, January 20, 2026, Attachment
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment

Assessment: At the request of the Senior Monitor, a review was completed by BOP on the designation of CMs to a facility as close to the CM's primary residence as practicable and within 500 driving miles of that residence. This information is captured in the attached BOP report titled, *BOP Review of Paragraph 69, BOP Report, January 20, 2026.* BOP's report considered each CM's proximity to their primary residence, including providing reasons when this could not be accomplished.[21]

Of the 145 CMs who are eligible to be transferred within 500 miles of their primary residence:

- 6 were recommended for transfer;
- 1 who was recommended for Camp was not eligible as a result of her life sentence;
- 55 were ineligible due to sustained Incident Reports. These CMs must remain incident free for 18 months before they can be considered for a transfer;
- 35 declined transfers because they are content with their current facility designation;
- 28 are participants in programs, such as FIT, RDAP, Cosmetology, or other vocations that are site specific; and
- 19 have been returned to custody, are waiting to be classified, have medical holds due to pending surgeries, have RRC placement dates, or are pending a transfer closer to their primary residence.

[21] Excludes CMs whose designated residence is not within the United States.

BOP conducted a review of CM designations for accuracy and to ensure CMs were assigned to the lowest security levels.[22] All CM levels were correct.

Designation to Facility within 500 Driving Miles of Class Member's Primary Residence	
Number of CMs within 500 driving miles of their primary residence	**48**
Number of CMs NOT within 500 driving miles of their primary residence [23]	**145**

Designations:

- Is BOP taking measurable steps to place CMs in a facility as close as practicable to the CM's primary residence? **Yes**
- If yes, what are the steps BOP is taking? **A review of CM designations was completed by BOP and is provided in the attached confidential report specific to Paragraphs 69.**
- Is the BOP taking measurable steps to ensure that all CMs are designated to the lowest security level facility possible? **Yes. A review of each CM's level is completed at each Unit Team meeting every six months.**
- During the reporting period, how many complaints did the Monitoring Team receive from CMs or Class Counsel regarding issues with designation and release? **10**

Findings & Recommendations:

Finding 24: Pursuant to Paragraph 69, BOP completed a review of all CMs to determine if they could be housed within proximity to their primary residences.

Recommendation 24: BOP should continue to assess and recommend designations closer to a CM's primary residence when practicable.

[22] Additional details are contained within the attachment titled, *Monthly Confidential Monitoring Report, January 1 – 31, 2026, Paragraphs 71 and 72.*

[23] Excludes CMs 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 Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment

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

Designation to the Lowest Level Possible:

- Number of CMs in an Administrative Detention Facility: **None**
- Number of CMs in an Administrative Detention Facility with more than nine months remaining on their sentence: **None**
- Number of CMs in an Administrative Detention Facility with more than nine months remaining on their sentence who have been in an Administrative Detention Facility for more than six months as of the end of the monitoring period for this report: **None**
- Is any CM with longer than nine months remaining on their sentence currently housed at a Federal Transfer Center? **None**

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

Metrics:

- CM Interviews and Email Complaints
- Review of CM EICFs
- SENTRY Inmate Management System Rosters
- Paragraph 71, Confidential Release Roster, Confidential, January 2026
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment

Assessment: A list of CM release dates, FTCs, and eligibility for release to community placements (i.e., home confinement or Residential Reentry Centers), complaints, and resolutions is included in the attached confidential release roster provided by BOP.

Designation of Class Members to Lowest Security Level Possible	
Number of CMs eligible for referral to a Residential Reentry Manager for designation to a halfway house	**20**
Number of CMs designated to halfway house	**31**
Number of CMs eligible for a halfway house, but NOT in a halfway house[24]	**31**

Eligibility for Release to Community Placement:

- Number of CMs eligible for placement in RRCs: **31**
- Number of CMs eligible for placement in home confinement: **Unknown**

[24] 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, January 1 – 31, 2026.* Additionally, the worksheet titled *D. Designation & Release, 1. Designations, Paragraph 71 – 72* contains the data reviewed for this section.

- Number of CMs with a "*Maximum Statutory Home Confinement Placement Date*" that has passed: **Unknown**
- Number of CMs with a "*FSA Conditional Placement Date*" that is less than six months from the date of this report: **None**
- Number of CMs with a "*Conditional Transition to Community Date*" that is less than six months from the date of this report: **11**
- Were any CMs denied FTCs under the FSA on the basis of immigration status or on the basis of an immigration detainer alone? **No**
- Were any CMs denied release to community placement on the basis of immigration status or on the basis of an immigration detainer alone? **Yes – as it relates to immigration status; CMs with final deportation orders cannot be placed in an RRC or home confinement.**

Findings & Recommendations:

Finding 25: With respect to those CMs who may be eligible for home confinement, BOP has taken the position that this information can be found in each CM's EICF. For the Monitoring Team to extract this information individually from each CM's EICF would be overly burdensome. Related to Paragraphs 68 and 69, it is the Senior Monitor's position that BOP should provide the Monitoring Team with information related to the designation of CMs to the lowest security level and their eligibility for home confinement placement. To facilitate the home confinement eligibility query, the Monitoring Team will provide BOP with a specific list of CMs on a monthly basis.

Recommendation 25: With respect to the list provided by the Monitoring Team, BOP should provide a response on a monthly basis.

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:

- Paragraphs 81 and 82, Legal Call Block Schedule, Verified on January 29, 2026, Attachment
- Class Counsel Memorandums, January 6, 2026 and January 9, 2026
- Program Statements and Reference Documents, January 2026, Attachment

Assessment: During this reporting period, the Senior Monitor did not receive complaints from CMs related to Paragraphs 81 and 82.

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? **None reported.**
- During the reporting period, did BOP notify, in writing, the Senior Monitor and Class Counsel whenever it was unable to facilitate legal calls on a given week due to exceptional circumstances? **BOP's Consent Decree Team did not receive notice of CMs who needed to place legal calls because**

of access issues during the regularly scheduled block of time. BOP indicated that moving forward, if the Consent Decree Team receives notice, it will be forwarded to the Senior Monitor. No complaints were received from CMs related to Paragraph 81.

- 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? **Documentation in the BOP privilege roster is confusing and further complicates this issue, as entries labeled calls as "*social/legal,*" while simultaneously noting that the CM is on phone restrictions and the calls take place cell front. If the call is indeed a legal call, this suggests a misunderstanding of Paragraph 81 of the Consent Decree which states that CM restrictions on phone access do not preclude a CM from a confidential legal call with Class Counsel.**

Paragraph 82:

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

Findings & Recommendations:

Finding 26: Staff are unclear if a CM in SHU is requesting a legal or social call.

Recommendation 26: When presenting a phone cell front in SHU, staff should first inquire whether it is a legal call. If the CM indicates confirms it is a legal call, staff should then ask the CM if they would like the call to take place in a confidential setting. Regardless of whether the CM accepts or declines a confidential setting, this process allows staff to clearly distinguish and appropriately document whether the call is legal or social in nature.

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.

May 5, 2026

Wendy Still, MAS
Senior Monitor

Date

Glossary of Acronyms

ADO	Administrative Detention Order
AICs	Adults in Custody
BOP	Bureau of Prisons
BEMR	BOP Electronic Medical Record
C.F.R.	Code of Federal Regulations
DHO	Disciplinary Hearing Officer
EICF	Electronic Inmate Central File
FDC	Federal Detention Center
FCI	Federal Correctional Institution
FIT	Female Integrated Treatment
FMC	Federal Medical Facility
FSA	First Step Act
FTC	Federal Time Credit
HSR	Health Service Request
KOP	Keep on Person
MAT	Medication Assisted Treatment
OC	Oleoresin Capsicum
OIA	Office of Internal Affairs
OIG	Office of Inspector General
PREA	Prison Rape Elimination Act
PSB	Psychology Services Branch
RRC	Residential Reentry Center
SCA	Second Chance Act
SHU	Special Housing Unit
SIS	Special Investigative Supervisor
UDC	Unit Discipline Committee

Definitions

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

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

Administrative Detention refers to an administrative status which removes an AIC from the general population. Administrative detention status is non-punitive, and can occur for a variety of reasons. 28 C.F.R. § 541.22(a).[25]

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

Alert[s] refers to instances where Senior Monitor, identified a concern arising from a CM's treatment or lack thereof at FCI Dublin or during transfer from FCI Dublin, including concerns related to: medical and/or mental 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rape Crisis Centers refers to community-based organizations that help survivors of rape, sexual abuse, and sexual violence who have an active Memorandum of Understanding (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, January 2026
- Paragraphs 81 and 82, Legal Call Block Schedule, Verified January 29, 2026

Confidential Attachments (provided under separate cover)

- Monthly Confidential Monitoring Report, January 1 – 31, 2026
- Class Member Confidential Key, January 2026
- Paragraphs 46 and 49, SHU Privileges, January 2026, BOP Report
- Paragraphs 68 - 69, Population Monitoring Census – Roster, February 2, 2026, BOP Generated
- BOP Review of Paragraph 69, BOP Report, January 20, 2026
- Paragraph 71, Confidential Release Roster, BOP Report, January 2026

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Paragraphs 81 and 82, Legal Call Block Schedule, Verified January 29, 2026						
Institution	**Day**	**Time Block in Current Time Zone**	**Time Block in PST**	**Class Counsel**	**Method**	**Note Cards**
Aliceville	Wednesday	12:00 pm to 3:00 pm CST	10:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Yes
Bryan	Thursday - B Unit	1:00 pm to 4:00 pm CST	11:00 am to 2:00 pm	RBGG 415-907-0603	Open Door	No
Bryan	Tuesday - M Unit	1:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	No
Carswell	Wednesday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Yes
Danbury	Thursday	12:30 pm to 3:30 pm EST	9:30 am to 12:30 pm	RBB 202-505-1051	Open Door	Yes
Greenville	Thursday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	No
Hazelton	Thursday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBB 202-505-1051	Open Door	Yes
Houston	Tuesday	12:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	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 Date Verified:
3/31/2025
4/15/2025
4/29/2025
6/2/2025
8/11/2025
9/29/2025
10/27/2025
12/1/2025
12/23/2005
1/29/2026