

**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**

**7th Public Monthly Status Report
October 1 - 31, 2025**

Submitted by

Wendy Still

Senior Monitor

U.S. District Court

Northern District Court of California

January 22, 2026

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Senior Monitor & Team

| Wendy Still | Senior Monitor |
|-------------------------|---|
| Margarita Pereyda, M.D. | Medical Expert |
| Jackie Clark, RN | Medical Expert |
| Dawn Davison | Operations, Prison Rape Elimination Act & Investigations Expert |
| Sara Malone | Classification, Communication & Operations Expert |
| Margarita Perez | Project Manager |
| Isabel Lynch | Administrative Assistant |

Wendy Still, MAS, Senior Monitor

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

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

7th Public Monthly Status Report, October 1 – 31, 2025

Introduction & Background

Introduction: This section serves as an introduction to the 7th monthly monitoring report on the status of the United States (U.S.) Federal Bureau of Prisons (BOP) implementation of the California Coalition for Women Prisoners v. U.S. BOP Consent Decree. This report addresses the related Paragraphs assigned to Senior Monitor Wendy Still, MAS, for monitoring during the month of October 2025. It includes 35 findings and recommendations that refer to *“a course of action that the Monitor believes would assist the BOP in complying with this Consent Decree.”*¹ Additional recommendations may also be added in subsequent reports as additional information and assessments are conducted by the Monitoring Team. Furthermore, while this report is dated January 22, 2026, only information from October 1 – 31, 2025, is included.

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

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

- Review of BOP program statements, records, audits, reports, tracking logs, formal and informal training materials, online training content, the Code of Federal Regulations (C.F.R.), Title 28², and other relevant documents;
- Participation in meetings with BOP, Class Counsel attorneys, the Assistant United States Attorney (AUSA), and the Court;
- Interviews with BOP and CMs;
- Review of Class Counsel Memorandums, dated October 15, 2025, and October 31, 2025; and
- Review of emails from CMs, BOP staff, Class Counsel attorneys, and the AUSA.

Reporting: The release of this report was delayed, in part, as the Senior Monitor focused her attention on BOP’s 37-page³ and Class Counsel’s 29-page⁴ written response to two draft reports (*6th Public Monthly Status Report, September 1 – 30, 2025* and *2nd Quarterly Status Report, July 1 – September 30, 2025*). This does not include additional comments, by each Party, to the confidential attachments. Although the Consent Decree expressly requires a review period for the quarterly monitoring reports, the Senior

¹ Paragraph 99, Consent Decree

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

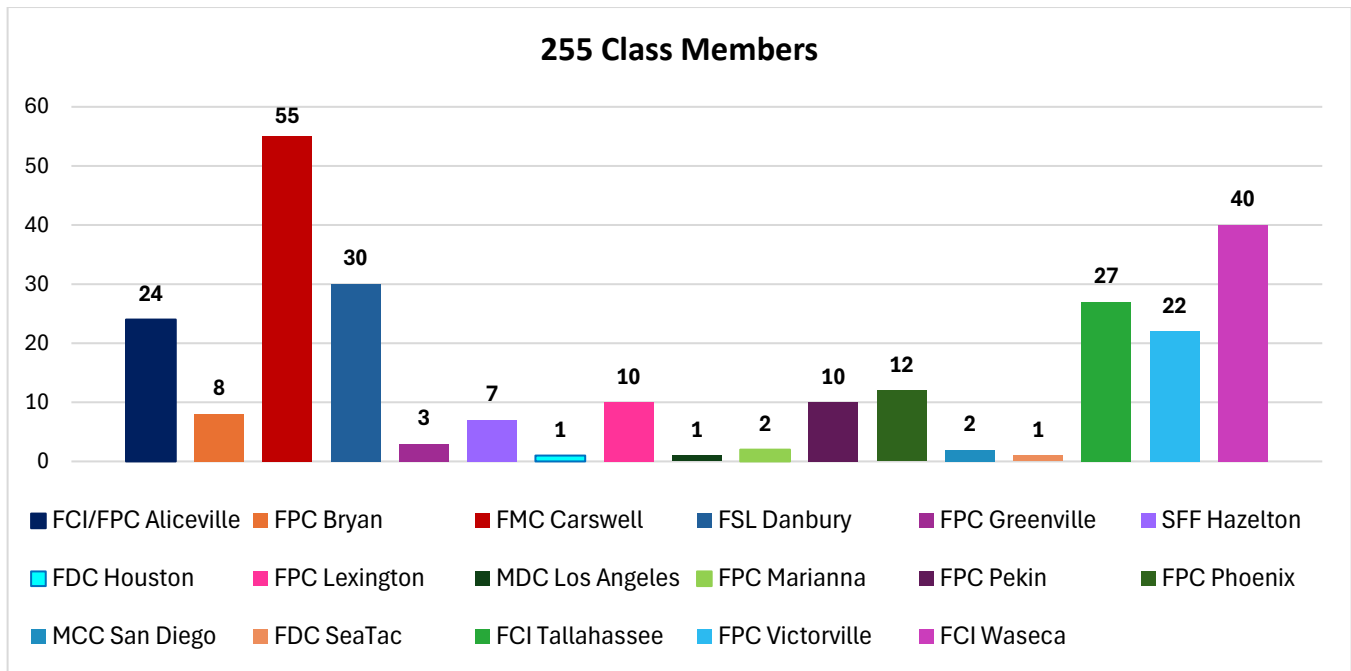
³ 20 pages – Draft 6th Public Monthly Status Report, September 1 – 30, 2025 and 17 pages – Draft 2nd Quarterly Status Report, July 1 – September 30, 2025

⁴ 17 pages – Draft 6th Public Monthly Status Report, September 1 – 30, 2025 and 12 pages – Draft 2nd Quarterly Status Report, July 1 – September 30, 2025

Monitor has continued to allow for a comment period for all draft monthly monitoring reports since the inception of the Consent Decree. However, the extensive comments and subsequent follow-up discussions, in response to BOP and Class Counsel’s written feedback, have continued to cause delays in the release of *all* reports.

On a positive note, during this monitoring period, the format and structure of future monitoring reports, commencing in October 2025, has been significantly revised based on input from All Parties and in collaboration with the Senior Monitor. The goal is to enhance information provided, streamline readability and increase efficiency. The Senior Monitor would like to thank All Parties for their cooperation, input and partnership on this format redesign.

Class Members: The chart below reflects the number of CMs in BOP custody by facility.⁵



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

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

⁵ Reflects population roster generated by BOP and provided to the Senior Monitor on November 3, 2025.

NOTE:

- The term “**facility**” and “**institution**” are utilized interchangeably throughout this document.
- Related Paragraphs have been consolidated in this status report for clarity; however, several may be reported separately in future reports, as needed.
- 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, October 2025*. Some metrics may also be mentioned in this report for emphasis.
- This report includes findings and recommendations. Recommendations from previous monitoring reports are denoted by two asterisks.**
- CM charts within Paragraph sections, within this report, reflect specific numbers of CM categories and as such, they may not match charts referenced in other Paragraphs.

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

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

Assessment & Recommendations

A. Medical Healthcare (Part 1)

1. Review of Medical Healthcare Alerts

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

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- BOP Open and Closed Alert Report
- Class Counsel Memorandum, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment

Assessment: During this reporting period, the Monitoring Team did not conduct an onsite visit of any BOP facility where CMs are housed.

Status of Medical Alerts as of October 31, 2025

Open Medical Alerts: **55**

Closed (Cleared) Medical Alerts: **10**

CM Emails & Complaints Related to Medical Concerns: **67**⁶

All medical alerts are detailed in the confidential attachment titled, *Monthly Confidential Monitoring Report, October 1 – 31, 2025*. A selection of alerts is discussed below with identifying information removed.

Status of Select CMs Who Are the Subject of Medical Alerts:⁷

CM 1: CM has an open alert for a neuro-optometry evaluation following an assault suffered in September 2024, resulting in facial/orbital fractures and visual disturbance. CM was also seen on January 31, 2025, after falling and hitting their right eye. At that time, CM was experiencing double vision, and was subsequently seen by an ophthalmologist in June 2025, at which time a neuro-optometry evaluation was recommended. This evaluation remains pending. CM was seen again on October 3, 2025, by optometry

⁶ The 67 medical complaints are forwarded directly to the BOP. The complaints are then screened to determine if there is a nexus to FCI Dublin and whether an alert should be placed.

⁷ CM names can be located in the attachment titled, *CM Confidential Key, October 2025*.

due to complaints of dizziness that resulted in a fall during which CM hit their right eye. CM's vision was affected, and an exam revealed bruising and swelling.

Clinical Concern: CM has been waiting for an evaluation by a neuro-ophthalmologist for six months. This is in addition to the almost nine-month wait to see a general ophthalmologist following the assault in September 2024. Typical community wait times for this specialty range from 30 - 90 days, with some geographic areas experiencing even longer wait times. It is not clear from the CM's medical record whether a referral to neuro-ophthalmology has been made, as the Medical Experts were unable to easily verify a referral utilizing BOP's Bureau Electronic Medical Record (BEMR) system.

CM 2: CM has a history of breast cancer and did not receive necessary preventative care at FCI Dublin. An alert for a Pap smear was placed by the Medical Experts on May 3, 2024, and closure was approved on June 14, 2024, given that the Pap smear had been completed. An abnormal mammogram and ultrasound requiring follow up were noted in the record. CM had a Well Woman exam performed in May 2024, at which time it was documented that the CM had a history of breast cancer. A mammogram was ordered in September 2024; however, the CM has since been moved to another facility. A signed refusal form for a diagnostic mammogram is noted in BEMR, dated March 27, 2025. However, the concern is that the mammogram was scheduled for May 2025 and the refusal was signed two months earlier. CMs have repeatedly expressed feeling pressured into signing refusals without understanding the ramifications and with being threatened (allegedly in certain circumstances) with being placed on a medical hold. The Medical Experts are concerned that this may be the circumstance in this case, specifically because this CM was interviewed during the onsite visit to this facility and conveyed concerns related to a history of breast cancer.

CM subsequently submitted a complaint in August 2025 regarding the delay. To date, these exams have not been performed. CM stated they have made multiple efforts to obtain care at their current facility. A review of BEMR indicates CM has not been evaluated by a provider for this issue, nor has an administrative review of outstanding orders been performed. An entry in BEMR on October 28, 2025, states that due to provider and registered nurse (RN) shortages, a "med rec" was performed. While onsite at this facility, the Medical Expert highlighted serious concerns related to access to care and staff shortages. In this particular case, the CM did not have a formal intake at her current facility since July 28, 2025. The Senior Monitor will be requesting that an alert be opened.

Clinical Concern: This case highlights several concerns:

- Staffing shortages related to medical providers and RNs have had a serious impact on access to care at this facility;
- Lack of medical coordination between facilities upon transfer;
- Lack of a medical process to ensure pending orders/diagnostics are addressed upon intake; and
- Lack of a structured approach to administrative chart reviews performed by RNs or Advanced Practice Providers.

Findings & Recommendations:

Finding 1: During the month of October 2025, the Medical Experts received 67 email complaints from CMs. Thirty-six of these complaints reported significant delays in accessing health care services. Numerous CMs stated that they have been waiting weeks or even months to be seen for acute medical conditions, without evaluation or follow-up. Several CMs described submitting cop-outs or presenting to sick call only to be turned away due to the provider not having enough time to complete all evaluations, or because no provider was available for sick call. In many cases, CMs were instructed to return on a different date, contributing to prolonged delays in assessment and treatment, and raising concerns about clinical safety and compliance with basic access-to-care standards.

Recommendation 1: To address the issues outlined in Finding 1, BOP should:

- Ensure consistent provider coverage for all scheduled sick-call sessions by stabilizing staffing levels, cross-coverage arrangements, and designated backup plans when providers are unavailable.**
- Implement a daily sick call capacity system requiring facilities to track appointment availability, CMs seen or turned away, and the reasons for deferral, with mandatory reporting for episodes where CMs are directed to return.**
- Prioritize acute and urgent complaints by using a nursing triage protocol that escalates time-sensitive conditions to same-day or next-day provider evaluation.
- Monitor sick-call timeliness metrics weekly, including time from request to evaluation, repeat cop-outs, and the number of CMs directed to return, with an administrative review of delays exceeding set thresholds.**
- Require immediate corrective action plans from facilities where CMs are repeatedly turned away or where provider absences regularly occur.

Finding 2: Medication continuity continues to be a significant concern during this monitoring period, particularly at FCI Tallahassee and upon facility transfers. Multiple CMs reported being unable to obtain their “keep on person” (KOP) medications because no pharmacist was available onsite to fill prescriptions. As a result, CMs experienced interruptions in essential medications with no alternative means of maintaining treatment. The issue is compounded by inconsistent commissary stock of over-the-counter medications, leaving CMs without other accessible options to meet their medical needs. These disruptions present serious risks to chronic disease management, symptom stability, and overall continuity of care.

Recommendation 2: To address the issues outlined in Finding 2, BOP should:

- Ensure consistent on-site pharmacist coverage or secure contracted temporary pharmacy support to prevent lapses in filling KOP medications.
- Develop and implement an emergency backup pharmacy process, such as regional floating pharmacists or cross-facility prescription support, to ensure continuity during staffing gaps.
- Require FCI Tallahassee to submit a corrective action plan outlining how it will stabilize the dispensing of medication and prevent future delays.

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- Enhance monitoring of medication continuity through the audit of refill timeliness, documentation of missed or delayed doses, and CM-reported access issues.**
- Ensure commissary stocks essential over-the-counter medications reliably to provide minimal alternatives while prescription concerns are being resolved.**

Finding 3: Dental access and denture processing continue to be significant areas of concern. CMs reported ongoing delays in being scheduled for dental evaluations, as well as prolonged wait times to initiate the denture fabrication process. Several individuals stated they had submitted requests for dental care without receiving follow-up or timely appointments. These delays have the potential to adversely affect oral health, nutrition, comfort, and overall quality of life. The continued lack of timely access to dental services indicates systemic inefficiencies that require corrective action. Program Statement 6400.03 for prosthetics includes conditions related to removable partial dentures that are near impossible for CMs to meet given the current severely deficient dental care and dental hygiene access. Further, as noted in prior monitoring reports, the Medical Experts have identified persons meeting the criteria for dentures (i.e., mastication and long sentences) who continue to experience long wait times.

Recommendation 3: To address the issues outlined in Finding 3, BOP should:

- Implement a structured dental waitlist tracking system documenting request date, triage categories, scheduled appointments, and denture fabrication progress.**
- Establish maximum wait time expectations for dental evaluations and denture processing (e.g., initiation within 30–45 days and completion within 90 – 120 days), with supervisory review of cases exceeding these limits.
- Increase dental clinic capacity through supplemental provider hours, mobile dental services, or contracted external providers to address ongoing backlogs.
- Prioritize denture cases with functional impairments, including those with difficulty eating or significant tooth loss.
- Require facilities to submit monthly dental access reports summarizing pending denture cases, completed cases, and delays requiring corrective action.

A. Mental Healthcare (Part 2)

1. Review of Mental Healthcare Alerts

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

Metrics:

- CM and BOP Staff Interviews
- CM Email Complaints
- BOP Open and Closed Alert Report
- Class Counsel Memorandum, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment

Assessment: During this reporting period, the Monitoring Team did not conduct an onsite visit of a BOP facility where CMs are housed. However, a review of BEMR indicates there were 244 CMs at varying mental health care levels, as outlined in the table below:

| Class Member Mental Health Care Levels | | |
|--|---|---|
| Care Level 1 – 2: 213 | Care Level 2: 28 | Care Level 3 or Higher: 3 |
| Mental Health Alerts | | |
| Open Mental Health Alerts: 2 | Closed (Cleared) Mental Health Alerts: 2 | Emails & Complaints Related to Mental Health Concerns: 5 |

All mental health alerts are detailed in the attachment titled, *Monthly Confidential Monitoring Report, October 1 – 31, 2025*.

Findings & Recommendations:

Finding 4: Although BOP provides group therapy and some individual therapy, there are sustained concerns from CMs that the environment in group therapy is not safe in that it does not lend itself to mental well-being. Groups are large and the information shared is reportedly used against CMs by some peers and staff. Group therapy works best when conducted in small groups with individuals with similar illness severity and where privacy is paramount for treatment to be effective.

Although most CMs have a mental health diagnosis and have experienced trauma, the severity of illness is lower acuity. BOP, for the most part, is following their established policy and protocols for care of lower-level mental health issues, which primarily consists of group therapy. There continue to be several areas, as noted above, that the Medical Experts find concerning and where BOP could improve.

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Recommendation 4: Given the fact that some form of behavioral, lower acuity depression/anxiety, or post-traumatic stress disorder (PTSD) is highly prevalent in incarcerated populations and leads to high demand for services, it is recommended that BOP focus their resources (i.e., psychiatrists, 1:1 therapy) on the higher acuity population. This should include expanding access to exercise programs such as those seen at FPC Victorville, to include making self-soothing equipment/devices available at all sites housing CMs (e.g., stress balls, journals).

Finding 5: There continues to be a lack of coordination between BOP's Psychology Services Branch (PSB) and Health Services. Records show that CM frustration surrounding the prescribing of mental health medications remains an issue. Even when these issues are conveyed to PSB staff, the recommendation is to have the CM reach out to Health Services via email or BOP's sick call system.

Recommendation 5: Establish a process whereby PSB staff communicate issues related to medications to prescribers. When possible, a multidisciplinary team approach should be considered that includes nurses, pharmacists, and prescribers, all engaged in monitoring communications and responses.

Finding 6: Lack of use of standardized tools for monitoring depression and anxiety by non-psychiatric medical providers who prescribe psychotropic medication. BOP contends that these tools are not validated for carceral settings. However, as stated in previous monitoring reports, prisons and jails nationwide use these tools, which are also recommended by national bodies.

Recommendation 6: Implement the use of validated tools to monitor depression and anxiety symptoms and CMs response to medication.**

Finding 7: There continues to be a lack of adequate monitoring when psychotropic medications are prescribed. Medications are adjusted, but follow up is not routinely scheduled and is dependent on the submission of sick call requests by CMs if and/or when they experience side effects. This is problematic, including the fact that individuals experiencing depressive symptoms may not proactively engage in this type of goal-directed behavior. Currently, the Medical Experts have noted that CMs, who have medications discontinued for not picking up their prescriptions, do not receive a medical evaluation to determine why they have stopped taking the medication.

Recommendation 7: Establish a process for tracking the prescribing of psychotropic medications that include mandated periodic reviews by pharmacy and/or prescribers. Provide proof of practice to the Senior Monitor.

B. Alerts & Reporting

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

C. Staff Abuse & Retaliation

1. Placement in Special Housing Unit

44. To the extent feasible, within twenty-four (24) hours of placement in Administrative Detention Status, the CM 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. CMs shall be provided with one set of administrative remedy forms upon placement in the SHU and, per existing policy, CMs 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 CMs upon request and maintained in areas CMs can access when out-of-cell.

Metrics:

- Class Counsel Memorandums, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment
- Number of CMs in SHU for Reporting Month: **5**⁸

| ADO's by BOP Facility | | |
|------------------------------|------------------------|----------------------|
| FCI/FPC Aliceville: 2 | FMC Carswell: 2 | FCI Waseca: 1 |

Assessment: During this reporting period, the Monitoring Team did not interview CMs housed in the SHU.

Receipt of ADOs:

- Number of CMs in SHU for reporting month who received ADOs within the required time frames: **5**
- Number of CMs who received ADOs outside required time frames: **None**

⁸ Four separate CMs were placed in SHU during this reporting period, with one CM placed in SHU on two separate occasions, for a total of five ADOs.

- Of the CMs who received ADO reports, were any deficient? **All ADOs articulated the specific reason for placement in SHU and were supported by objective evidence. None were deficient.**

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 placement decision within 24 hours? **Yes**
- How many SHU placements did the BOP Liaison disagree with, resulting in the decision being reversed:⁹ **1**

Provision of Administrative Remedy Forms:

- Were CMs provided with one set of administrative remedy forms upon placement: **No. One CM did not receive administrative remedy forms upon entry.**
- Are CMs provided additional forms upon request? **Unable to determine. No proof of practice was provided.**
- Do facilities housing CMs in SHU maintain sufficient forms to provide to CMs upon request? **Unable to determine. No proof of practice was provided.**

Findings & Recommendations:

Finding 8: CM placements into the SHU have continued to decrease since the inception of the Consent Decree (March 31, 2025), with the lowest number (5) occurring in October 2025.

Recommendation 8: Continue placements into the SHU in only the most serious of circumstances and/or where warranted.**

Finding 9: BOP no longer includes in the monthly SHU report provided to the Monitoring Team, the number of CMs “trans-segged” from a facility without a SHU to a facility with a SHU.

Note: Eliminating the total number of “trans-segged” placements from the total placed into the SHU still resulted in the lowest number of SHU placements since the inception of the Consent Decree.

Recommendation 9: The Senior Monitor agrees with BOP’s decision in Finding 9 and further recommends that BOP’s monthly SHU report continue to denote CMs with ADOs or a DHO sanction that includes a SHU placement.

⁹ All Parties have agreed that if the BOP Liaison does not respond to a placement determination within 72 hours, the Senior Monitor should presume the BOP Liaison agrees with the placement.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

- In addition to **one social telephone call** per month provided under existing policy, CMs can request additional telephone calls, with such requests presumptively approved at up to 1.5 hours per week in one session plus one additional telephone 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 CM, in which case the Warden shall articulate in writing the specific reason for the denial and provide the CM with a written denial of their request. CMs may request that a call session is offered during a particular time or day. CMs may also choose to call Class Counsel during these times.
- Access to open general **correspondence** in accordance with the same rules and contacts shall not be deleted. Indigent CMs 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. CMs 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. CMs 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 CM 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, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment
- Number of CMs in SHU for Reporting Month: **5**

| SHU placements by BOP Facility | | |
|--------------------------------|------------------------|----------------------|
| FCI/FPC Aliceville: 2 | FMC Carswell: 2 | FCI Waseca: 1 |

Assessment: Currently, BOP has not provided sufficient information to allow for a complete assessment of Paragraph 46. BOP is in the process of developing a document that encompasses all applicable requirements. Upon completion, this document will support the Senior Monitor’s full evaluation. As stated previously, BOP is in the process of creating a means to provide this information to the Senior Monitor. Once this information is made available to the Monitoring Team, an assessment of this Paragraph will be included in future monitoring report(s).

The Senior Monitor received two email complaints related to SHU property.

CM 1: CM reported that they were unable to access their personal undergarments from their property. These items fall under allowable property in Paragraph 49 of the Consent Decree. BOP was notified by the Senior Monitor and advised that paper boxers were subsequently issued.

CM 2: CM reported they were unable to access their hygiene products, snack foods, and photographs of their children from their property. These items fall under allowable property in Paragraph 49 of the Consent Decree. BOP was notified by the Senior Monitor and advised that paper boxers were subsequently issued.

Paragraph 46:

- Were CMs in SHU provided with one social telephone call per month? **Unable to determine as the log provided by BOP only differentiates in some cases whether a call is legal or social. BOP is working with SHU staff to document the appropriate type of call made.**
- Were CMs in SHU provided with additional telephone calls upon request, with such requests presumptively approved at up to 1.5 hours per week in one session plus one additional telephone call per week, unless the Warden provided a written denial of the request? **BOP does not provide this information. However, no complaints were received from CMs during this monitoring period related to this area.**
- Were CMs in the SHU able to call Class Counsel? **The log currently provided by BOP does not differentiate between legal or social calls. BOP is working with staff to differentiate between social and legal calls.**
- Did CMs in the SHU have access to open general correspondence in accordance with the same rules, including not deleting contacts? **BOP does not provide this information. However, no complaints were received from CMs related to this Paragraph.**
- Did indigent CMs in the SHU have access to postage for mail legal mail and administrative remedy forms? **BOP does not provide this information; however, no complaints were received from CMs related to this Paragraph.**
- Were CMs in the SHU provided with visitation in accordance with the same rules and regulations that apply to general population? **BOP does not currently provide this information. However, BOP is working with staff to document visits in the SHU.**
- 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? **Programming information has not been provided monthly for CMs in SHU. However, BOP has committed to providing this information for the quarterly monitoring reports.**
- Did all eligible CMs remain in earning status of their Federal Time Credits (FTCs)? **Unable to determine. BOP does not provide this information. However, the Senior Monitor will conduct a random sampling for future reporting purposes.**
- Were CMs in the SHU able to purchase and receive commissary items with the same frequency as general population? **BOP does not currently provide this information. However, BOP has committed to SHU staff documenting this for the monthly reports.**
- Were any CMs improperly encumbered? **BOP does not currently provide this information. However, no complaints were received by CMs related to this Paragraph.**

Paragraph 49:

- Were CMs in the SHU permitted a reasonable amount of personal property, as described in Paragraph 49 as applicable? **BOP does not currently provide this information. However, BOP is working with the facilities to document access to property while CMs are housed in SHU.**

Findings & Recommendations:

Finding 10: BOP provided proof of practice for recreation, telephone, and email access for those CMs housed in SHU. However, the information related to telephone access did not differentiate between legal and social calls. As a result, it is difficult to determine if legal call access is being provided to CMs.

Recommendation 10: BOP has begun to provide, and should continue to provide, the Monitoring Team with telephone access information for CMs that differentiate between legal and social calls.

Finding 11: BOP has not provided the Monitoring Team with proof of practice regarding CM visitation, programming, commissary access, and personal property while housed in SHU.

Recommendation 11: BOP committed to and should add visitation, programming, commissary access, and personal property to the proof of practice document provided to the Senior Monitor.**

Finding 12: BOP's proof of practice does not include evidence or verification to substantiate that CMs are receiving privileges afforded under Paragraph 46.

Recommendation 12: To substantiate the provision of privileges to CMs, BOP should provide proof of practice that includes written verification, signed by the CM and the witnessing BOP staff, of the privileges afforded to the CM while in Administrative Detention and SHU status.

Finding 13: BOP does not consistently allow CMs the opportunity to view their personal property upon entry into the SHU.

Recommendation 13: BOP should ensure CMs are provided with the opportunity to view their property upon entry into SHU to allow them to select items to keep, within policy, while in the SHU. BOP should provide proof of practice, to include BOP's efforts to enable the Monitoring Team to determine whether CMs are being permitted a reasonable amount of personal property while in SHU.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Metrics:

- Class Counsel Memorandums, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment
- Number of CMs in SHU for Reporting Month: 5¹⁰

| ADO's by BOP Facility | | |
|-----------------------|-----------------|---------------|
| FCI/FPC Aliceville: 2 | FMC Carswell: 2 | FCI Waseca: 1 |

Assessment: Class Counsel Memorandums, dated October 15 and 31, 2025, were provided to both BOP and the Senior Monitor. They contained three complaints related to access to legal calls and legal mail. No names were provided, but the first complaint stated that a CM housed in SFF Hazelton reported that staff do not allow legal calls to be made outside the designated call block schedule. For a legal call at any other time, the attorney may request the call, but the CM has no way to request a legal call through their Unit Team or Case Manager. Another CM, again not named, was reportedly told by an Officer to not call Class Counsel for “*every little thing*,” but rather, to contact their Case Manager instead. Class Counsel expressed concern because this could be seen as putting pressure on CMs to not report issues.

There was an additional complaint reported in the Class Counsel Memorandum dated October 31, 2025. The Senior Monitor had previously received this complaint and referred this case to the BOP Liaison for review. The CM that reported the keyboard and mouse in the SHU library were both broken. The BOP Liaison reported the facility was aware and in the process of replacing both the keyboard and mouse. An additional part of the Class Counsel complaint was that SHU Officers have restricted the CM's ability to send electronic messages. SHU email access can be restricted based on security measures. Per the Consent Decree, CMs in SHU have the ability to send messages to staff, the BOP Liaison, and the Senior Monitor, but not Class Counsel. Section 1, Placement in Special Housing Units, Paragraph 47, of the Consent Decree states, “*CMs shall also be provided access to confidential calls, legal mail, and legal visitation with Class Counsel.*” It does not include emails. There was also a report, in the drop-down categories for sending emails, which was confusing. It includes three options on the screen as follows: (1) BOP Liaison, (2) Senior Monitor, and (3) Captain. Lt./Dublin. The third option refers to Paragraph 51 of the Consent Decree and will be addressed in that Paragraph's assessment.

¹⁰ Four separate CMs were placed in SHU during this reporting period, with one CM placed in SHU on two separate occasions, for a total of five ADOs.

Access to Senior Monitor:

- Does BOP's electronic mail system allow CMs in SHU access to two-way confidential communication with the Senior Monitor? **Yes, the email system is two-way. However, the Senior Monitor cannot reach out directly to a CM via email unless the CM has previously contacted the Senior Monitor via email as the system requires a code. Upon request, the Senior Monitor can request a code from the BOP Liaison in order to make contact with a CM. However, by virtue of this request, BOP is automatically notified that the Senior Monitor is communicating with a specific CM.**
- If yes, are CMs in SHU provided access to BOP's electronic mail system upon request and at least once per day on weekdays? **There is no mechanism in place to allow the Monitoring Team to be aware of when a CM has made a request. However, BOP provided information pertaining to 11 of the 13 CMs which included whether CMs accepted or declined access to the Law Library. The Law Library is the location within the facility where access to email is provided. This information is a good start in demonstrating BOP's efforts to fulfill the requirements of the Consent Decree.**

Access to Class Counsel:

- Are CMs in SHU provided access to confidential calls with Class Counsel? **Yes. The telephone log provided by BOP lists three CMs as unable to make calls due to being on telephone restrictions. It is unclear, however, whether the CMs requested legal or social calls as the log does not differentiate between the two. Ten CMs were able to make telephone calls, but again, it is not clear if they were legal or social calls. BOP is working with SHU staff to differentiate between these two categories of calls in the log. Paragraph 80 provides that CMs are allowed to make calls to Class Counsel from Trust Fund telephones regardless of other restrictions on telephone access. Paragraph 81 states in part, "A CM's placement in SHU, individual restrictions on telephone access, or staffing considerations alone (including lockdowns or restrictions on movement due to understaffing) do not constitute exceptional circumstances."**
- Are CMs in SHU provided access to legal mail with Class Counsel? **BOP does not provide this information and have indicated it would be overly burdensome to do so. The Senior Monitor did not receive any CM complaints related to legal mail for this reporting period.**
- Are CMs in SHU provided access to legal visitation with Class Counsel? **BOP does not currently provide this information. However, the Senior Monitor has not received any complaints from CMs or Class Counsel related to this Paragraph.**

Findings & Recommendations:

Finding 14: It appears CMs may have been restricted from making telephone calls in SHU. However, without specific information from BOP, it is difficult to determine whether they were social or confidential legal calls. However, BOP is working with staff to document this distinction.

Recommendation 14: The telephone log provided to the Monitoring Team by BOP should include details related to the type of call granted to the CM while in SHU, i.e., social or confidential legal calls with Class Counsel.

Finding 15: The Monitoring Team is unable to assess the extent to which CMs are provided access to their legal mail while housed in SHU. BOP advises they cannot provide proof of practice because it is overly burdensome. However, the Senior Monitor did not receive complaints related to Paragraph 47 during this monitoring period.

Recommendation 15: BOP should provide proof of practice related to CMs' access to legal mail while housed in SHU.

Finding 16: The Monitoring Team is unable to assess the extent to which CMs are provided access to legal visitation with Class Counsel while housed in SHU.

Recommendation 16: BOP should provide proof of practice related to CMs' access to legal visitation with Class Counsel while housed in SHU.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

48. CMs 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, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment
- Number of CMs in SHU for Reporting Month: **5**

SHU placements by BOP Facility

| | | |
|------------------------------|------------------------|----------------------|
| FCI/FPC Aliceville: 2 | FMC Carswell: 2 | FCI Waseca: 1 |
|------------------------------|------------------------|----------------------|

Assessment: During this reporting period, the Monitoring Team did not interview CMs housed in the SHU. Of the five CMs placed in SHU, four had a mental health diagnosis as outlined below.

Mental Health *

| Mental Health Level | Mental Health Diagnosis | # of CMs | % |
|---------------------|--|----------|-----|
| 1 | CM 1: Alcohol, Opioid and Stimulant Related Disorders, Antisocial Personality Disorder CM 2: Stimulant Related and Anxiety Disorders CM 3: Opioid Use Disorder, Bipolar, PTSD, Gender Dysphoria | 3 | 60% |
| 2 | CM 4: Schizophrenic, Opioid Use Disorders, Anxiety, PTSD Unspecified Personality Disorder | 1 | 20% |

* The 5th CM in SHU did not have a mental health diagnosis.

- Number of CMs in SHU who had prescription medications and/or medical devices prior to entering SHU: **3**
- Of the three CMs who had existing prescription medications and/or medical devices, were they provided these items within 24 hours? **It is unclear if CMs were provided their prescription medications and/or medical devices within 24 hours. The reason is because BOP does not provide rounding information to the Medical Experts or the Senior Monitor.**

Findings & Recommendations:

Finding 17: During this reporting period, the Monitoring Team did not receive any email complaints from CMs regarding denial of medication or medical devices while housed in SHU.

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

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

7th Public Monthly Status Report, October 1 – 31, 2025

Recommendation 17: Continue to reinforce with staff the importance of CMs' ability to retain their medical devices and KOP medications while housed in SHU, unless clinical staff determine that the device or medication should be removed. In such case, it should be clearly documented in BOP's BEMR.**

Finding 18: It is also unknown if CMs in SHU were ultimately provided medications and/or medical devices because BOP does not provide rounding information to the Medical Experts -- despite prior requests from the Senior Monitor.

Recommendation 18: Provide proof of practice that includes SHU daily rounding and activity reports to the Senior Monitor. This will enable the Medical Experts to determine if CMs are being provided medication and/or medical devices in a timely manner.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

To best ensure a prompt resolution, CMs 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 CM, the CM 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 CM is unsatisfied with BOP's response, the CM 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 CM 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 CM or Class Counsel are not satisfied with BOP's Counsel's response the Complaint may be raised with the Monitor.

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

Metrics:

- CM Email Complaints
- Interviews with Staff and CMs
- Class Counsel Memorandums, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment
- Number of CMs in SHU for Reporting Month: **5**

| SHU Placements by BOP Facility | | |
|--------------------------------|------------------------|----------------------|
| FCI/FPC Aliceville: 2 | FMC Carswell: 2 | FCI Waseca: 1 |

Assessment: BOP has not provided information relative to this Paragraph for this monitoring period. However, BOP reports they are in the process of creating a document to capture this information. Class Counsel Memorandum, dated October 31, 2025, describes a complaint of confusion relative to the drop-down categories for sending emails while housed in SHU. As previously stated, there are three options on the screen: (1) BOP Liaison, (2) Monitor, and (3) Captain. Lt./Dublin. The final option applies when a CM elects to use the alternate complaint process described in Paragraph 51. One CM reported confusion regarding this option and did not understand why it was offered. This confusion reinforces the Senior Monitor’s concern that CMs are either unaware of or do not understand the alternate complaint process.

- Did BOP notify all CMs of the process for submitting complaints related to the denial of access to privileges, as outlined in Paragraph 51? **Yes, Information related to this process is contained within TRULINCS and the Consent Decree. Additionally, BOP has committed to providing this information to CMs via a hard copy document.**
- Number of complaints received: **The BOP Liaison informed the Senior Monitor that no complaints were received from CMs via this process during this reporting period.**

Findings & Recommendations:

Finding 19: BOP has provided notice to CMs, via TRULINCS, regarding the process for submitting complaints when privileges are denied. However, as stated in previous monitoring reports, CMs continue to convey they are unaware of this process.

Recommendation 19: To ensure CMs are aware of the alternate complaint process, BOP should provide this information to CMs upon admittance into the SHU. BOP should also provide proof of practice to the Monitoring Team verifying that that all CMs are aware of the alternate complaint process.**

Finding 20: Without an established BOP process to capture complaints and the resolution of complaints related to the denial of privileges for CMs in SHU, the Monitoring Team is unable to assess the extent to which BOP is complying with Paragraph 51.

Recommendation 20: BOP should establish and provide the Monitoring Team with proof of practice that tracks the number of complaints received, when they were received, from whom they were received, and their resolution.**

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 CM is placed in SHU pending a Unit Disciplinary Committee (UDC) or Discipline Hearing before the Disciplinary Hearing Officer (DHO), BOP shall provide the CM, Class Counsel, and the Monitor a copy of the underlying incident report “within 24 hours of staff becoming aware of [the CM’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 [CM’s] Involvement in the incident,” the BOP Liaison shall inform the Monitor and Class Counsel of the reason for the delay in writing.

54. CMs 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 CM, 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 CM 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 CM, Class Counsel, and the Monitor. This provision sets out a time frame not provided for in Program Statement 5270.09. BOP shall provide the CM, 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 EICFs
- Class Counsel Memorandums, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment
- Number of CMs in SHU for Reporting Month: **5**¹¹

ADO's by BOP Facility

| | | |
|------------------------------|------------------------|----------------------|
| FCI/FPC Aliceville: 2 | FMC Carswell: 2 | FCI Waseca: 1 |
|------------------------------|------------------------|----------------------|

Assessment: During this reporting period, the Monitoring Team did not interview CMs housed in the SHU.

¹¹ Four separate CMs were placed in SHU during this reporting period, with one CM placed in SHU on two separate occasions, for a total of five ADOs.

Paragraph 52:

- Did BOP review SHU placements for disciplinary segregation following the process in 28 C.F.R. § 541.26? **Yes**

Paragraph 53:

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

Paragraph 54:

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

Paragraph 55:

- If the UDC referred the CM to a DHO hearing, was that hearing held within ten workdays of referral? **Yes**
- Did BOP provide the CM, Class Counsel, and the Senior Monitor with all documentation related to the DHO hearing within 24 hours of the conclusion of the hearing? **Yes, with the exception of video evidence that to date has not been provided to the Senior Monitor when requested.**

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

Examples of SHU Placements:

CM 1: CM was placed in SHU on August 28, 2025, and released on October 10, 2025. The reason for the SHU placement is “*pending SIS¹² investigation.*” CM was not issued an Incident Report outlining the reason for her placement in the SHU.

After reviewing documentation related to the investigation, the Senior Monitor questioned the length of the investigation (extensive) and why it resulted in an Incident Report not being issued. She requested to interview the investigator, but he declined to be interviewed. The Warden agreed to speak to the Senior Monitor about the investigation.

Note: CM filed a complaint of retaliation. This information is documented in the *Monthly Confidential Monitoring Report, October 1 – 31, 2025*.

¹² Special Investigative Supervisor

Findings & Recommendations:

Finding 21: With respect to Paragraph 52, this was the first reporting period where SHU review reports (forms) were provided to the Senior Monitor. The review forms (or templates) are computer generated and contain check boxes and blank spaces where information is entered by staff, including dates, type of review, etc. Most reports included common errors, including the following:

- The form includes, among other questions, the following question: *“Is there a written psychiatric or psychological assessment on the inmate who spent 30 days in SHU?”* This question was predominately marked “yes” at the seven-day review, for actions/items that were supposed to take place after the CM had been in SHU for 30 days. This leads the Senior Monitor to believe the boxes were prematurely marked as a matter of routine rather than after a thorough review of the questions.
- Only two of the nine files provided to the Senior Monitor contained wet signatures.

In accordance with 28 CFR, Section 541.26, SHU management reviews should be conducted weekly with the documentation maintained by the Captain. This documentation has been requested, but has yet to be provided to the Senior Monitor as a part of the ongoing review of CM SHU placements.

Recommendation 21: Management reviews and associated documentation should be conducted and maintained by the Captain. This documentation (proof of practice) should be provided to the Senior Monitor.

Finding 22: Three out of the five placements into the SHU resulted in Incident Reports being expunged by the DHO. In two cases, the DHO reviewed and expunged the Incident Reports without conducting a hearing. One of the placements was due to a medical procedure in the morning that required the CM to take nothing by mouth the night before. The CMs were released from SHU prior to the expungements.

Recommendation 22: BOP should review expungements related to SHU placements and determine what additional training and/or remedial training should be provided to reduce/eliminate errors that lead to expungements and unnecessary placements in SHU.

Finding 23: Seven CMs’ Incident Reports, in the general population, were also expunged during this reporting period. Although the Monitoring Team acknowledges the appropriateness of expunging an Incident Report when due process violations occur or other circumstances warrant such an action, this is an unusually high number for a single month. DHO or UDC comments related to the reason(s) why Incident Reports were expunged included the following:

- charges were not supported;
- timeframes were not met;
- inadequate investigation; and
- lack of evidence.

Recommendation 23: BOP should review expungements related to the general population and determine what additional training and/or remedial training should be provided to reduce/eliminate errors that lead to expungements.

Finding 24: BOP currently provides the Senior Monitor with proof of practice related to the submission of DHO hearing documentation conducted within 24 hours of the conclusion of the hearing. However, video evidence is not provided to the Senior Monitor.

Recommendation 24: BOP should provide proof of practice to the Senior Monitor in the form of video evidence when requested and warranted as a part of the disciplinary review process.

C. Staff Abuse & Retaliation

2. Reports of Staff Retaliation

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

59. CMs 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 CM 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 CMs after reporting staff misconduct. The Monitor will be provided with and review these reports and any disciplinary actions taken against CMs. The Monitor will provide monthly reports regarding staff retaliation toward CMs.

61. The Monitor may recommend that the appropriate Regional Discipline Hearing Administrator reconsider any disciplinary action taken against CMs 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, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment
- CM Complaints by Type

| CM Complaints Received by Type | | |
|--------------------------------|---------------------|------------------|
| BOP Facility | General Retaliation | Staff Complaints |
| FCI/FPC Aliceville | 1 | 0 |
| FPC Bryan | 1 | 0 |
| FMC Carswell | 2 | 2 |
| SFF Hazelton | 1 | 0 |
| FCI Tallahassee | 2 | 0 |
| FCI Waseca | 3 | 0 |
| Total | 10 | 2 |

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

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

7th Public Monthly Status Report, October 1 – 31, 2025

Assessment: During this monitoring period, 10 CMs submitted complaints reporting retaliatory behavior, and 2 alleging staff misconduct.¹³ These complaints were received through telephone calls, emails and letters from CMs, emails from the BOP Liaison and a Class Counsel memorandum. Issues continuously raised in CM retaliation complaints are as follows:

- CMs continue to complain they are singled out and subjected to disparate treatment because of their status as a CM.
- There remains an alleged stigma amongst some staff and inmates that because the CMs came from FCI Dublin, they feel they are “*special*” when this is not the case in most circumstances.
- Many CMs complain of disrespectful behavior exhibited towards them by some BOP staff. They also feel BOP staff do not believe them when they convey information/complaints - which reminds them of the manner in which they were treated while housed at FCI Dublin. These alleged behaviors, by some BOP staff, have the potential to serve as trauma triggers for some CMs.

Examples of Retaliation Complaints:

NOTE: In an effort to accurately capture the perspective of the Monitoring Team and BOP, both responses have been incorporated into this section. BOP’s response is not a direct quote, but rather, a synopsis of their response.

Log 2025-184-R: CM was transferred out of a camp based on an SIS investigation in which it is alleged that on multiple occasions, CM was threatening and being physically abusive towards another inmate. In response and after conclusion of the investigation, it was recommended that the CM be separated (transferred). CM feels the allegations are in retaliation for the CM’s status as an FCI Dublin CM given that the CM has “*done nothing wrong.*” CM reportedly discussed the issue with their Case Manager in an effort to find a solution. However, the CM was shortly thereafter transferred. CM reported there is no “*evidence*” to substantiate the other inmate’s allegation. CM feels that if the other inmate has an issue with the CM, she (other inmate) should have been transferred.

BOP’s Response: When the CM’s hearing was conducted, the Hearing Officer took into account numerous pieces of evidence, to include witness statements, subsequently finding the CM guilty.

Log 2025-189-R: CM alleged a male Officer has been harassing the CM. The Officer allegedly “*wrote her up*” for being too early for their video visit. CM indicated the Officer said the CM thinks they are “*special.*” CM further relayed that the Officer is rude and tends to accept extra work shifts just to harass the CM. The Officer also allegedly tells other inmates who are the CM’s friends to “*be careful who u hang with.*” CM is of the opinion that the Officer “*remembers*” the CM from the last time the CM was housed at this facility. The CM stated, “*I have been almost one year shot free. I really thought I was doing the right thing with the video visits.*”

¹³ CM names can be found in confidential attachment titled, *Monthly Confidential Monitoring Report, October 1 – 31, 2025, Paragraph 60.*

BOP's Response: The CM's complaint against a staff member was investigated and found to be unsubstantiated. The initial event that was the cause of the CM being reprimanded by the staff (arriving too early for a video visit) was rectified in two ways. First, the CM's disciplinary write-up was informally resolved, meaning it was not documented on the CMs permanent record. Secondly, BOP adjusted their move schedule to allow inmates to arrive prior to the start of their video visit, but within a reasonable time.

Log 2025-190-R: CM reported a BOP staff member keeps calling CM into her office to tell the CM that the CM's makeup is too enticing – as if the CM was trying to look good for staff. The staff member also allegedly told the CM that they look as if they are "*going to a strip club.*" CM reportedly replied that it makes CM feel good to wear makeup – makeup provided by the BOP. The staff member also allegedly stated, "*Just because you are a Dublin inmate, we are not going to treat you any different.*" The CM reported they do not wish to be treated differently nor to continue being a target.

BOP's Response: Although the CM has approved makeup available for use in the commissary, CM has been observed wearing makeup created from colored pencils and glitter used in hobby craft materials for cardmaking. This has resulted in the CM's use of bright pink and blue eyeshadows, instead of the natural skin tones and neutral colors authorized by policy. CM has received prior warnings regarding the misuse of hobby craft materials for cosmetic purposes.

Findings & Recommendations:

Finding 25: With respect to Paragraph 60, the BOP Liaison has not been providing the Monitoring Team with a list of disciplinary actions that have been taken after a CM reports alleged staff misconduct.

Recommendation 25: The BOP Liaison or a designee should initiate the process of tracking Incident Reports that are issued, within a reasonable timeframe of the complaint, to assess whether these actions are retaliatory in nature.

Finding 26: BOP does not appear to be tracking retaliation complaints that involve the same staff member and providing feedback to the Senior Monitor.

Recommendation 26: When the Monitoring Team reviews CM complaints and repeatedly sees the same staff member names, the Senior Monitor will continue to provide the names to BOP for review and corrective action, when necessary. In response, BOP should provide the Senior Monitor with feedback as to what actions have been taken.

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

62. To report allegations of staff physical or sexual abuse, CMs 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. CMs 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 CM 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 CM 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 CMs.

Metrics:

- Telephone Calls with CMs
- CMs Email Complaints and Letters
- Review of CM EICFs
- Emails from BOP Liaison
- Class Counsel Memorandums, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment
- CM Complaints Received by Type and PREA Retaliation Monitoring

| CM Complaints by Type & PREA Retaliation Monitoring | | |
|--|--------------|-----------------------------|
| BOP Facility | Sexual Abuse | PREA Retaliation Monitoring |
| FMC Carswell | 1 | 0 |
| FSL Danbury | 1 | 0 |
| FCI Tallahassee | 1 | 0 |
| FCI Waseca | 0 | 1 |
| Total | 3 | 1 |

Assessment: During this reporting period, there was one name added to the PREA Retaliation Monitoring Report.

- Number of CM reports of physical or sexual abuse during the reporting period: **3**
- Number of CMs who were under PREA retaliation monitoring during the reporting period: **1**

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? **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 related to future litigation.**
- 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? **BOP has established this policy, but the Senior Monitor is unable to verify BOP’s conformance.**

Paragraph 63:

- Of the 3 reports, how many were reported to DOJ OIG, either by the Senior Monitor or the BOP Liaison within 48 hours unless the 48 hours covers a weekend or holiday in which case the report shall be made on the next workday? **3**
- Were any reports received by the Senior Monitor or the BOP Liaison not reported to the other within 48 hours? **No**

Paragraph 65:

The Senior Monitor received three reports of staff sexual abuse and no reports of staff physical abuse toward CMs. A brief synopsis of these reports are outlined below. Additional details are contained within the attached *Monthly Confidential Monitoring Report, October 1 – 31, 2025*.

Log 2025- 188-P: CM reported feeling very uncomfortable by the manner in which an Officer required the CM to submit a urine test.

Log 2025-193-P: CM reported that while housed in a county jail for court proceeding purposes, the jail had cameras in the women’s showers and toilets.

Log 2025-198-P: CM was allegedly the victim of sexual abuse by a BOP staff member. The investigation is ongoing.

Findings & Recommendations:

Finding 27: The Monitoring Team does not consistently receive follow-up information from BOP on sexual abuse complaints. The Monitoring Team continues to request that all follow-up information on sexual abuse (PREA) complaints be provided, as required by the Consent Decree.

Recommendation 27: PREA documentation (proof of practice) should be forwarded to the Monitoring Team whenever a sexual abuse complaint is made by a CM, to include all documentation in the PCM's file.**

Finding 28: The BOP PREA retaliation report does not contain the beginning and end dates of the monitoring period. Every complaint of sexual abuse for a given period should have an accompanying entry on the PREA retaliation monitoring report for the subsequent 90 days following the commencement of the monitoring period.

Recommendation 28: Modify the report to show the beginning and end dates of the retaliation monitoring period. Ensure the CM's name is not removed from the report until the retaliation monitoring period ends.

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

64. Upon request, BOP shall provide CMs who report staff abuse with documentation of their report and a written final determination. BOP shall also inform the CM whenever: the staff member is no longer posted within the CM's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse at a BOP facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse at a BOP facility. Following the filing of a PREA report, BOP shall provide the CM 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, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment
- CM Complaints Received by Type and PREA Retaliation Monitoring

| CM Complaints by Type & PREA Retaliation Monitoring | | |
|--|--------------|--------------------------------|
| BOP Facility | Sexual Abuse | PREA Retaliation Monitoring |
| FMC Carswell | 1 | 0 |
| FSL Danbury | 1 | 0 |
| FCI Tallahassee | 1 | 0 |
| FCI Waseca | 0 | 1 |
| Total | 3 | 1 |

Assessment: During this reporting period, two investigations were initiated by BOP involving CMs. This information was gleaned from a Class Counsel Memorandum, dated October 31, 2025.

Requests for Documentation:

- Number of CM requests for documentation of their report of staff abuse and a final written determination: **2**
- Of those requests, did BOP provide the report and written final determination? **Unable to determine. BOP does not provide this information to the Senior Monitor.**

Updates to CMs:

- During this reporting period, were there any staff members that were the subject of CM reports who were re-assigned units, left the facility, indicted on a charge related to sexual abuse in BOP, or convicted of a charge related to sexual abuse in BOP? **Unable to determine. Investigations into CM sexual abuse allegations are not routinely shared with the Monitoring Team, nor is the Team advised of when an investigation concludes or if a CM is notified of the results, assuming notification occurs. However, the Senior Monitor has been advised by BOP that this information will be provided in the future when it becomes available.**

Provision of Care and Information Following Filing of PREA Reports:

- Of the three CMs who reported sexual abuse by staff during the reporting period, how many were provided with requisite follow-up medical and psychological evaluations and care? **3**
- How many were provided information about how to contact a Rape Crisis Center? **3**

Findings & Recommendations:

Finding 29: The Senior Monitor does not always receive notification when sexual or physical abuse investigations involving CMs are completed.

Recommendation 29: The Senior Monitor has been advised that upon request, or when the BOP Liaison receives notification of when a sexual abuse or physical abuse investigation is complete, she will provide a copy to the Senior Monitor. The BOP Liaison will also notify the Senior Monitor if a CM has requested information about their investigation or requested information regarding their results.**

Finding 30: The Senior Monitor does not routinely receive documentation related to the facility's follow-up after a complaint of physical or sexual abuse is made by a CM.

Recommendation 30: The Senior Monitor has been advised that copies of appropriate documentation (proof of practice) related to sexual or physical abuse complaints from CMs will be forwarded, in the future, to the Senior Monitor for review.

Finding 31: During this reporting period, the Monitoring Team was not advised whether a staff member was subsequently re-assigned units, left the facility, indicted on a charge related to sexual abuse, or convicted of a charge related to sexual abuse.

Recommendation 31: The Senior Monitor has been advised by BOP that they will provide documentation of actions taken against staff members who are the subject of CM allegations, to include whether they were reassigned, left the facility, indicated on a charge related to sexual abuse or convicted of a charge related to sexual abuse.

D. Designation & Release

1. Designations

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

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

Metrics:

- CM Email Complaints
- CM EICFs
- SENTRY Rosters
- Class Counsel Memorandums, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment

Assessment: To date, the Senior Monitor has published three monthly monitoring reports (July, August, September 2025) in which over 60% of CMs are designated to a facility over 500 miles from their primary residence. BOP policy and Paragraph 69 of the Consent Decree establishes a clear expectation that BOP should place CMs in a *“facility as close as practicable to the CM's primary residence, and to the extent practicable, in a facility within 500 driving miles of that residence.”* This expectation reflects the importance of family proximity, continuity of community ties, and access to support networks. The finding that over 60% of CMs are housed beyond this distance indicates a substantial deviation from the intent of the Consent Decree rather than isolated or incidental designations beyond the 500-mile consideration.

This level of variance suggests systemic factors are contributing to placement decisions that override proximity considerations. Contributing factors may include limited bed space, medical or programmatic designation requirements, population management pressures, or delays in transfers. However, without detailed justification specific to individual placement decisions, it is not possible for the Monitoring Team to determine whether these placements are temporary, unavoidable, or the result of structural capacity challenges.

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

Wendy Still, MAS, Senior Monitor

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

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

7th Public Monthly Status Report, October 1 – 31, 2025

Additionally, the magnitude of nonconforming placements underscores the need for clearer documentation and reporting. Absent data explaining why exceptions are made, it is difficult to assess whether BOP is actively managing designations or merely responding to operational constraints. The exceptions include, but are not limited to, the length of time CMs remain housed beyond the 500-mile threshold, and whether mitigation efforts are pursued by BOP.

The Senior Monitor will provide BOP with a list of the CMs who are designated over 500 miles from their primary residence. In response, BOP has agreed to conduct a review and provide the Senior Monitor with a list of factors, by CM, that exclude their transfer to a facility that is located within 500 miles of their primary residence.

| Designation to Facility within 500 Driving Miles of CM’s Primary Residence | |
|---|------------|
| Number of CMs within 500 driving miles of their primary residence | 51 |
| Number of CMs NOT within 500 driving miles of their primary residence ¹⁴ | 204 |
| Designation of CMs to Lowest Security Level Possible | |
| Number of CMs eligible for referral to Residential Reentry Manager for designation to a halfway house | 56 |
| Number of CMs designated to halfway house | 32 |
| Number of CMs eligible for halfway house but NOT in halfway house | 24 |

- Is the BOP taking measurable steps to place CMs in a facility as close as practicable to the CM’s primary residence? **BOP does not currently provide information related to the process they undertake to ensure CMs are housed within 500 miles of their primary residence, if eligible. BOP has agreed to conduct a review and to provide this information to the Senior Monitor.**
- Is the BOP taking measurable steps to ensure that all CMs are designated to the lowest security level facility possible? **Yes. Unit Teams review and designate CMs to the appropriate levels. If CMs are not appropriately designated (two CMs during this reporting period), the Senior Monitor requests a review. In each circumstance, BOP has provided a legitimate reason for the CM’s out-of-level designation. One CM was housed out of level due to the placement of a management variable based on security reasons. Another was housed out of level to allow her to complete a cosmetology program.**
- During the reporting period, how many complaints did the Monitoring Team receive from CMs or Class Counsel regarding issues with designation and release? **14**

Findings & Recommendations:

Finding 32: There are 204 CMs housed more than 500 miles from their primary residence.

¹⁴ Includes CMs whose designated residence is not within the United States.

Recommendation 32: BOP should take the necessary steps to review and designate CMs within 500 miles of their primary residence, whenever possible. Proof of practice should be provided to the Monitoring Team.**

D. Designation & Release

1. Designations

70. No CM 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, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment

Assessment: At the onset of the Consent Decree, BOP provided the Monitoring Team with information related to Paragraph 70. However, this practice was not continued. This was discussed with BOP and they agreed to continue providing this information.

- 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: **BOP reported there were no CMs housed in an Administrative Detention Facility or a Federal Transfer Center for longer than one month.**
- 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 five months as of the date of this report: **BOP reported there were none housed longer than one month.**
- Is any CM with longer than nine months remaining on their sentence currently housed in an Administrative Detention Facility? **No**
- Is any CM with longer than nine months remaining on their sentence currently housed at a Federal Transfer Center? **Unable to determine. BOP does not provide this information.**

Findings & Recommendations: N/A

D. Designations & Release

1. Designations

71. The Monitor shall review and provide in monthly reports CMs' release dates, FTCs, and eligibility for release to community placements (i.e. home confinement or Residential Reentry Centers). Reports will include any changes to CM'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 CM eligible for community placement under the First Step Act (FSA) or the Second Chance Act (SCA) as soon as practicable after the CM 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 CM 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, October 2025
- Class Counsel Memorandums, October 15, 2025 and October 31, 2025
- Program Statements and Reference Documents, October 2025, Attachment

Assessment: The Senior Monitor's monthly review of CM release dates, FSA Time Credits, and eligibility for release to community placements, including home confinement and Residential Reentry Centers -- identified minimal to very few issues across the reviewed categories. Overall, the data indicates that BOP processes related to calculating release dates, applying FTC's and assessing eligibility for community placements are functioning effectively.

While isolated discrepancies may still arise on an individual basis, the absence of recurring or widespread concerns supports a finding that BOP is meeting the requirements associated with monitoring release timelines and community placement eligibility.

The Senior Monitor found no discrepancies relative to the denial of FTCs based on immigration status or the existence of a detainer alone. A list of CM release dates, FTCs, eligibility for release to community placements (i.e. home confinement or Residential Reentry Centers), and immigration status is included in the confidential attachment.

- Number of CMs eligible for placement in Residential Reentry Centers: **56**
- Number of CMs eligible for placement in home confinement: **BOP does not currently provide information relative to CMs who are eligible for home confinement. Institutional Referral for Residential Community Center Placement Form BP-A0210 does not consistently reflect whether a CM is or is not eligible for home confinement. It is not mandatory that this information be included on the form. However, without this information, it is difficult for the Senior Monitor to determine**

who is eligible and who has been referred for home confinement since this information is not consistently documented.

- Number of CMs with a “*Maximum Statutory Home Confinement Placement Date*” that has passed: **Out of 255 CMs in custody, 47 are ineligible for community placement, to include home confinement. Thirty-seven (37) of the remaining 208 CMs have been referred for community placement; 32 have been approved and have placement dates. The Senior Monitor will request that BOP provide feedback on the home confinement eligibility status of the remaining 208 CMs.**
- Number of CMs with an “*FSA Conditional Placement Date*” that is less than six months from the date of this report: **12**
- Number of CMs with a “*Conditional Transition to Community Date*” that is less than six months from the date of this report: **22**
- Is any CM being denied FTCs under the FSA on the basis of immigration status or on the basis of an immigration detainer alone? **No**
- Is any CM being denied release to community placement on the basis of immigration status or on the basis of an immigration detainer alone? **No**

Findings & Recommendations:

Finding 33: A review during this monitoring period did not reveal systemic issues related to the receipt or application of FTCs, nor were there recurring issues with CMs being held beyond their eligibility for release or community placement.

Recommendation 33: Continued monthly monitoring by BOP remains important to ensure sustained compliance, the prompt identification of emerging issues, and verification that individual anomalies are addressed in a timely manner.

Finding 34: During this monitoring period, the Senior Monitor found that BOP has not denied FTCs to CMs based on the existence of the CM’s immigration status or a detainer alone.

Recommendation 34: BOP should continue to conduct monthly monitoring of Paragraph 72 to ensure consistency in its application.

E. Class Member Access to Counsel and the Monitor

81. BOP shall ensure that every CM 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 CMs 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 CM's placement in SHU, individual restrictions on telephone 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. CMs in SHU shall receive at least one legal call per week if requested.

82. Class Counsel shall submit a list of attorney names and telephone 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 CM. At least monthly, BOP Counsel will provide Class Counsel and the Monitor with each respective designated facility's availability and will amend the list as needed to accommodate the facility's ongoing operations.

Metrics:

- CM Email Complaints
- Class Counsel Memorandums, October 15, 2025 and October 31, 2025
- Paragraphs 81 and 82, Legal Call Block Schedule, Verified on October 27, 2025, Attachment
- Program Statements and Reference Documents, October 2025, Attachment

Assessment: Class Counsel provided information in their October 15th and 31st Memorandums relative to complaints from CMs regarding limited opportunities to contact legal counsel. Class Counsel Memorandum, dated October 15, 2025, reported an issue with how the legal call block time is announced. The complaints in the Class Counsel Memorandum, dated October 31, 2025, do not provide names, dates or times for the Senior Monitor to verify the incidents. Additionally, Class Counsel raised an issue regarding broken equipment, thereby limiting CM access to computer use in the SHU. The Senior Monitor had previously received this complaint, notified the BOP Liaison and in response, the equipment was replaced the next day.

CM 1: CM reported that staff announce the legal call block schedule on the intercom every Monday repeatedly from 7 - 8 a.m. to 2 p.m. CM feels the manner in which the information is announced "*comes off as a joke and taunting.*" This concern been reported to the BOP Liaison for further review.

Paragraph 81:

- During the reporting period, did CMs have the opportunity to initiate confidential legal calls with Class Counsel at least once per week? **Yes. The establishment of the call block schedule provides the opportunity for CMs to initiate confidential legal calls. The Senior Monitor did not receive any complaints related to legal call access during this reporting period.**
- If any facilities had insufficient time for all CM who requested calls to speak to Class Counsel, were CMs provided with legal calls within two workdays? **No CM complaints, related to this area, were received during this reporting period.**
- 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? **Notification of a discrepancy was not received during this monitoring period.**
- During the reporting period, did the Senior Monitor receive reports that BOP staff preventing legal calls in retaliation? **No**
- During the reporting period, did all CMs in SHU receive at least one legal call per week if requested. **BOP provided a SHU telephone log; however, it does not differentiate between legal and social calls. As reported previously, BOP is working with SHU staff to ensure that this difference is captured moving forward..**

Paragraph 82:

- During the reporting period, did BOP Counsel provide Class Counsel and the Senior Monitor with each respective designated facility's availability and amend the list as needed to accommodate the facility's ongoing operations? **Yes**
- During the reporting period, did any confidential legal calls count against CM minutes or cost money? **The Monitoring Team did not receive any complaints from CMs relative to confidential legal calls counting against a CM's minutes or CMs being charged for such calls.**
- Did the Senior Monitor receive complaints from CMs indicating that confidential call minutes had been deducted from the allowable minutes granted to CMs? **No**

Findings & Recommendations:

Finding 35: BOP provides a verified monthly update relative to the legal call block schedule.

Recommendation 35: Continue to provide the legal call block schedule with the date the schedule was verified.

Signature

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



Wendy Still, MAS
Senior Monitor

January 22, 2026

Date

Glossary of Acronyms

| | |
|----------|---|
| ADO | Administrative Detention Order |
| AICs | Adults in Custody |
| BOP | Bureau of Prisons |
| BEMR | BOP Electronic Health Record |
| C.F.R. | Code of Federal Regulations |
| CM | Class Member |
| DHO | Disciplinary Hearing Officer |
| EICF | Electronic Inmate Central File |
| FDC | Federal Detention Center |
| FCI | Federal Correctional Institution |
| FMC | Federal Medical Facility |
| FSA | First Step Act |
| FTC | Federal Time Credit |
| KOP | Keep on Person |
| MAT | Medication Assisted Treatment |
| OIA | Office of Internal Affairs |
| OIG | Office of Inspector General |
| PCM | PREA Compliance Manager |
| PREA | Prison Rape Elimination Act |
| PSB | Psychology Services Branch |
| SCA | Second Chance Act |
| SFF | Secure Female Facility |
| SHU | Special Housing Unit |
| SIS | Special Investigative Supervisor |
| TRULINCS | Trust Fund Limited Inmate Computer System |
| UDC | Unit Discipline Committee |

Definitions

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

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

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

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

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

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

¹⁵ 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 Plaintiffs' counsel.

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

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

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

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

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

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

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

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

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

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

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

Medical and/or Mental Health Nexus Case refers to a medical or mental health issue that (i) was first raised, identified, or documented at FCI Dublin (whether by the 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.

Relevant Federal Codes

§ 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, October 2025
- Paragraphs 81 and 82, Legal Call Block Schedule, Verified October 27, 2025

Confidential Attachments (provided under separate cover)

- Monthly Confidential Monitoring Report, October 1 – 31, 2025
- Class Member Confidential Key, October 2025
- Paragraphs 68 - 69, Population Monitoring Census – Roster, October 2025 (BOP Generated)
- Paragraph 71, Confidential Release Roster, October 2025 (BOP Generated)

| Program Statement References - October 2025 | CD Para. |
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| 5310.17 Psychology Services Manual, August 25, 2016 | 34 |
| 6010.05 Health Services Administration, June 26, 2014 | 34 |
| 6013.01 Health Services Quality Improvement, January 15, 2005 | 34 |
| 6031.02 Inmate Copayment Program, August 15, 2005 | 34 |
| 6090.04 Health Information Management, March 2, 2015 | 34 |
| 6340.04 Psychiatric Services, January 15, 2005 | 34 |
| 6370.01 Laboratory Services, January 15, 2005 | 34 |
| 6400.03 Dental Services, June 10, 2016 | 34 |
| 5310.16, CN-1, Treatment and Care of Inmates with Mental Illness, February 18, 2025 | 34, 48 |
| 6190.04 Infectious Disease Management, June 3, 2014 | 34, 48 |
| 6360.02 Pharmacy Services, October 24, 2022 | 34, 48 |
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| 6010.03 Psychiatric Evaluation and Treatment, July 13, 2011 | 34, 48, 64 |
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| 5240.01 Female Integrated Treatment, August 11, 2022 | 34, 68 - 69, 71 |
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| 5270.09 CN-1 Inmate Discipline Program, November 18, 2020 | 42, 44 - 45, 52 - 55 |
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| 5270.12 CN-1 Special Housing Units, March 6, 2025 | 42, 44, 45, 46 - 49, 51 - 55, 58 - 65 |
| 5265.14 Correspondence, April 5, 2011 | 46 - 47, 49, 51 |
| 4500.12 CN-1 Trust Fund/Deposit Fund Manual, March 6, 2025 | 46, 49, 51 |
| 5360.10 Religious Beliefs and Practices, October 24, 2022 | 68, 69 |
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| 5200.09 CN-1 Female Offender Manual, July 31, 2025 | 46, 49, 51 - 55, 58 - 65, 68 - 69, 71 |
| 5264.08 Inmate Telephone Regulations, January 24, 2008 | 46 - 47, 49, 51 - 55, 81 - 82 |
| 6590.07 Alcohol Surveillance and Testing Program, December 31, 1996 | 52 - 55 |
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| 5111.04 CN-1 Institution Hearing Program, May 23, 2017 | 52 - 55 |
| 5200.06 Management of Inmates with Disabilities, November 22, 2019 | 52 - 55 |
| 5264.08 Inmate Telephone Regulations, January 24, 2008 | 52 - 55 |
| 5324.08 Suicide Prevention Program, April 5, 2007 | 52 - 55 |
| 5324.12 CN-1 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025 | 52 - 55, 58 - 61, 62 - 65 |

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| 5521.06 CN-1 Searches of Housing Units, Inmates, and Inmate Work Areas, March 6, 2025 | 52 - 55, 58 - 61, 61 - 65 |
| 1210.25 Internal Affairs, Office of, August 1, 2023 | 58 - 65 |
| 1350.01, Criminal Matter Referrals, January 11, 1996 | 58 - 65 |
| 1351.05 CN-2 Release of Information, March 9, 2016 | 58 - 65 |
| 3420.12 CN-1 Standards of Employee Conduct, February 18, 2025 | 58 - 65 |
| 5310.17 Psychology Services Manual, August 25, 2016 | 58 - 65 |
| 5538.08 Escorted Trips, April 8, 2024 | 62 - 65 |
| 3000.03 Human Resource Management Manual, December 19, 2007 | 62 - 65 |
| 5220.01 First Step Act Program Incentives, July 14, 2021 | 68 - 69, 71 |
| 5300.21 Education, Training and Leisure Time Program Standards, February 18, 2002 | 68 - 69, 71 |
| 5321.09 CN-1 Unit Management and Inmate Program Review, February 27, 2025 | 68 - 69, 71 |
| 5400.01 First Step Act Needs Assessment, June 25, 2021 | 68 - 69, 71 |
| 5140.36 Release of Inmates Prior to a Weekend or Legal Holiday, November 23, 2001 | 68 - 69, 70 - 71 |
| 5331.02 CN-2 Early Release Procedures Under 18 U.S.C 3621(e), September 27, 2017 | 68 - 69, 71 - 72 |
| 5410.01 CN-2 First Step Act f 2018 - Time Credits: Procedures for Implementation f 18 U.S.C. 3632 (d)(4), March 10, 2023 | 68 - 69, 71 - 72 |
| 5100.08 CN-2 Inmate Security Designation and Custody Classification, March 6, 2025 | 68 - 69, 70 - 72 |
| 5800.17 Inmate Central File, Privacy Folder, and Parole Mini Files, April 3, 2015 | 68 - 69, 70 - 72 |
| 5162.05 Categorization of Offenses, March 16, 2009 | 71 - 72 |
| 7320.01 CN-2 Home Confinement, December 15, 2017 | 71 - 72 |

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| Electronic Inmate Central File Disciplinary Reports | 42, 44 - 45 |
| Technical Reference Manual 5802.04 SENTRY Discipline, September 25, 2000 | 42, 44 - 45, 52 - 55 |
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| American Correctional Association Accreditation Report, FCI Tallahassee, 2024 | 52 - 55 |
| Program Review Guidelines G5500I Correctional Services, February 20, 2024 (Suspended per BOP) | 52 - 55 |
| Special Housing Unit, Program Review Report Questions | 52 - 55 |
| Western Region Correctional Services Special Housing Unit Resources Website | 52 - 55 |
| Special Housing Unit Tracking System Report, March 31, 2025 | 52 - 55 |
| Incarcerated Women Annual Report 2024 Women and Special Populations Branch Reentry Services Division Bureau of Prisons | 52 - 55, 58 - 65 |
| Prison Rape Elimination Act of 2003 | 58 - 65 |
| BOP PREA Website/Home Page | 58 - 65 |
| Assistant Director Memorandum, PREA Retaliation Monitoring Codes, November 21, 2024 | 58 - 65 |
| Assistant Director Memorandum PREA Retaliation Monitoring and Reporting, October 29, 2024 | 58 - 65 |
| 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012 | 58 - 65 |
| BOP Women and Special Populations Branch Website/Home Page | 58 - 65 |
| Monthly PREA Retaliation Monitoring Report | 62 - 63, 65 |
| SENTRY Rosters (Monitor Generated) | 68 - 69, 71 - 72 |
| Technical Reference Manuals 5801.03, 1, 2, 3 SENTRY Sentence Monitoring, October 7, 2001(1, 2), November 8, 2024 (3) | 68 - 69, 71 - 72 |
| Technical Reference Manual 5802.03 SENTRY General Use Code Tables, July 28, 2000 | 68 - 69, 71 - 72 |

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| Paragraphs 68 - 69, Designation Monitoring Census - Roster, October 2025 (BOP Generated Roster) | 68 - 69 |
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Paragraphs 81 and 82, Legal Call Block Schedule, Verified October 27, 2025

| 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 |
| Hazleton | 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 3/31/2025
 Verified: 4/15/2025
 4/29/2025
 6/2/2025
 8/11/2025
 9/29/2025
 10/27/2025