

**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**

**5th Public Quarterly Monitoring Status Report
April 1, 2026 – June 30, 2026**

**Submitted by
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U.S. District Court
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September 14, 2026

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Introduction & Background

Introduction: This section serves as an introduction to the 5th quarterly 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 includes 17 findings and recommendations that refer to “a course of action that the Monitor believes would assist the BOP in complying with this Consent Decree.”¹ Additional recommendations may also be included in subsequent reports as additional information and assessments are conducted by the Monitoring Team. Furthermore, while this report is dated September 14, 2026, only information from April 1, 2026 – June 30, 2026, is included.

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

Monitoring Activities: During this quarter, the Senior Monitor’s priorities centered on assessing factual findings related to the various Paragraphs of the Consent Decree. Activities conducted during this reporting period included, but were not limited to, the following:

- Review of BOP program statements, records, audits, reports, tracking logs, formal and informal training materials, online training content, the Code of Federal Regulations (C.F.R.), Title 28², and other relevant documents;
- Participation in meetings with BOP staff, Class Counsel attorneys, the Assistant United States Attorney (AUSA), and the Court;
- Interviews with BOP staff and CMs;
- Review of Class Counsel Memorandums, dated April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026;
- Review of emails from CMs, BOP staff, Class Counsel attorneys, and the AUSA;
- Onsite monitoring tour of FSL Danbury, June 16 – 18, 2026; and
- Interviews with BOP staff and CMs while onsite.

Class Member Population in BOP Custody: The following two charts reflect the monthly CM population since the inception of monitoring (March 31, 2025), not including CMs in Residential Reentry Centers (RRCs). The CM population declined from 305 in April 2025³ to 219 at the end of June 2026; a reduction of approximately 28.2%.

Class Members in BOP Custody - April 2025 – June 2026⁴

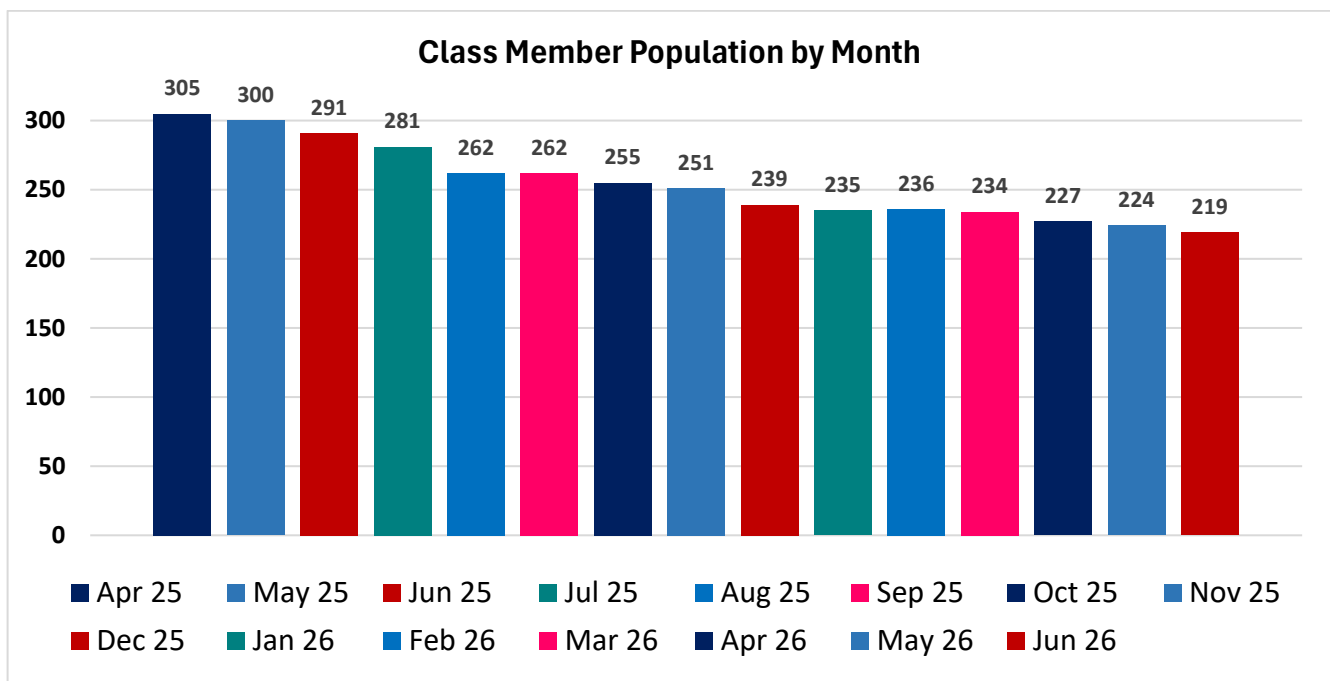
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
305	300	291	281	262	262	255	251	239	235	236	234	227	224	219

¹ Paragraph 99, Consent Decree

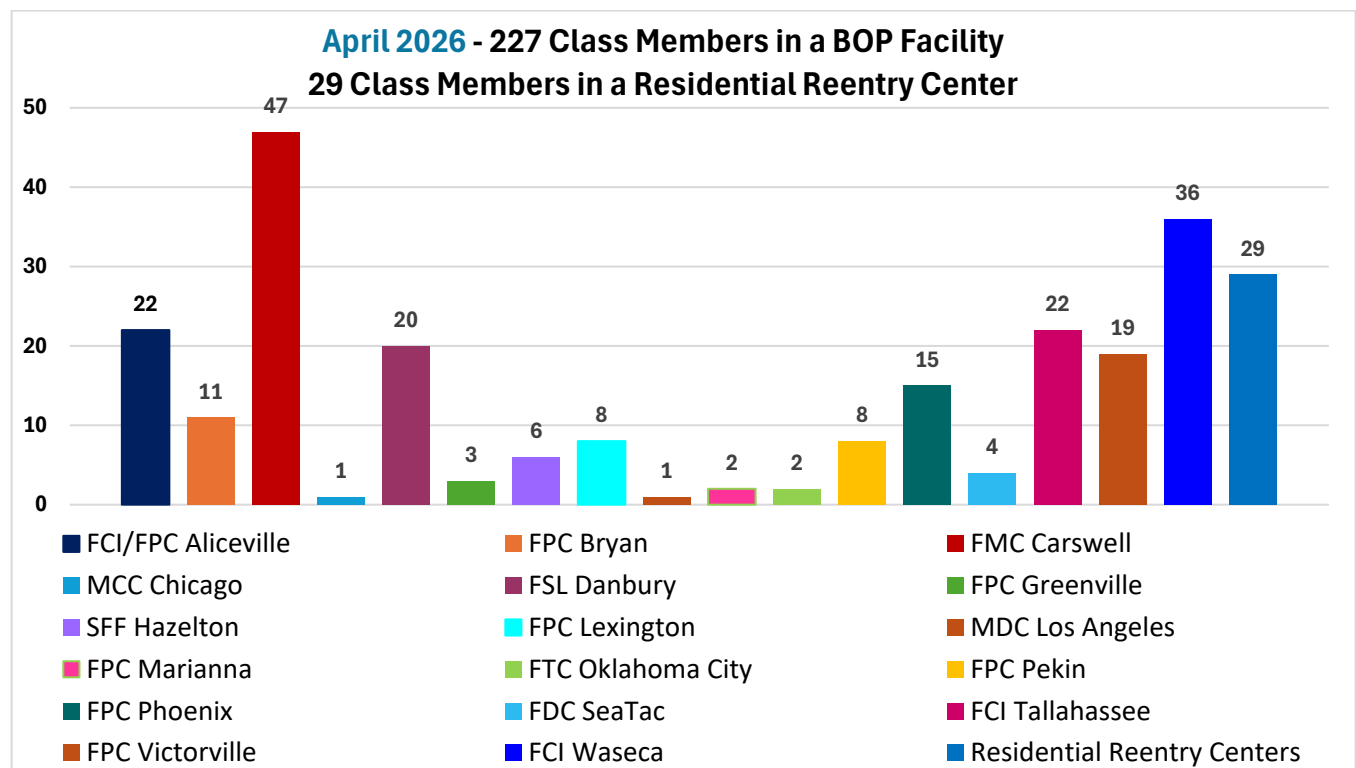
² [eCFR :: Title 28 of the CFR -- Judicial Administration](#)

³ Includes CMs in BOP custody as of March 31, 2025, given that this was the effective date of the Consent Decree.

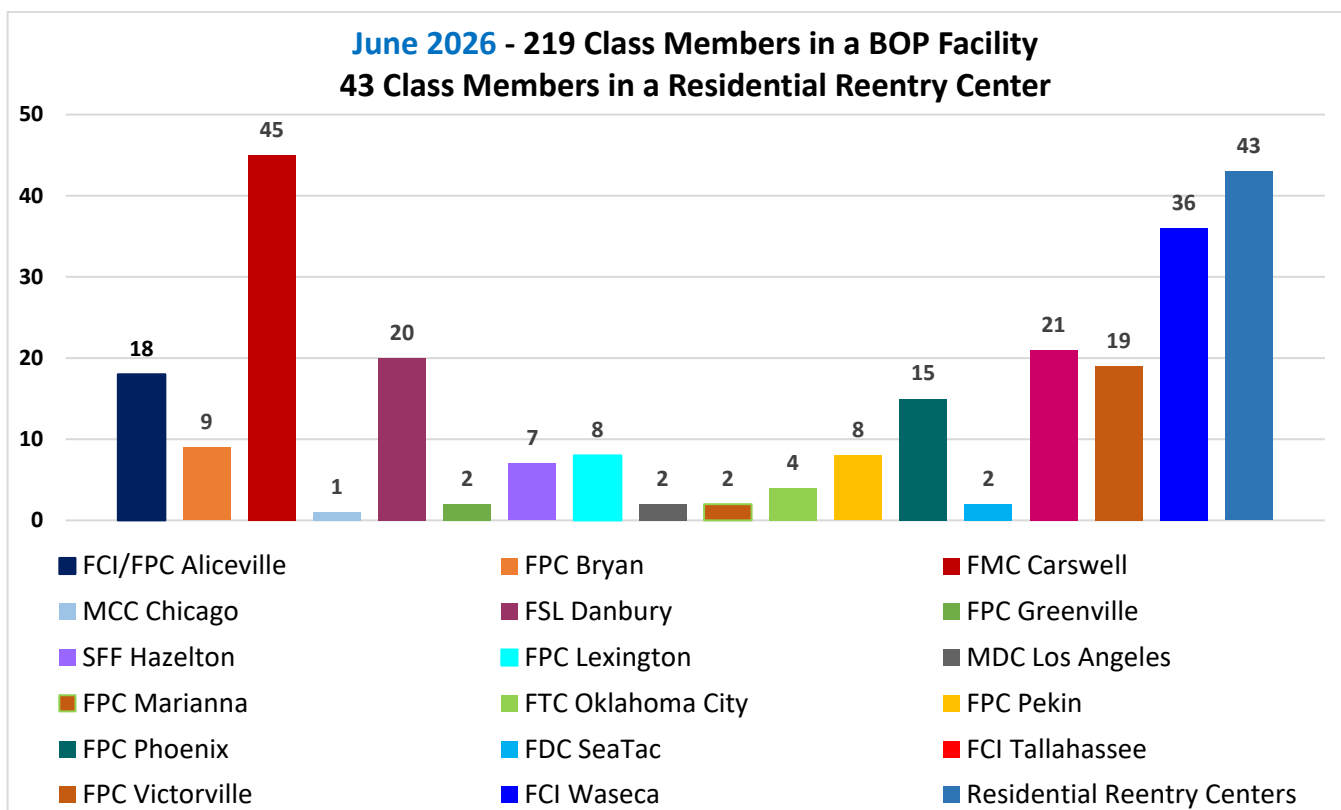
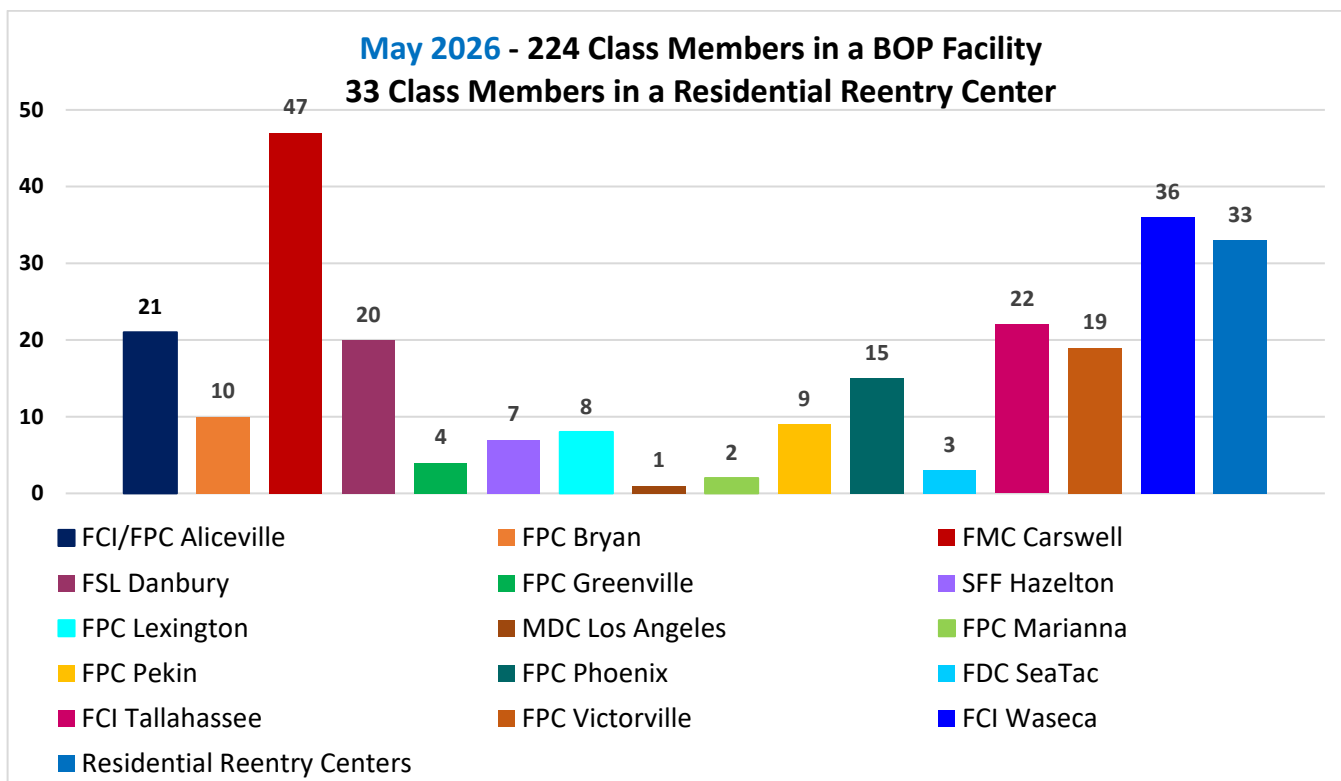
⁴ Cells shaded in teal green denote 2025. Cells shaded in blue denote 2026.



Quarterly Class Member Data, April 2026 – June 2026: The following three bar charts reflect the number of CMs by BOP facility, including CMs housed in RRCs.⁵



⁵ Charts reflect CM population rosters generated by BOP, dated April 30, 2026, May 31, 2026, and June 30, 2026, and an RRC CM population roster generated by BOP, dated July 13, 2026.



**** NOTE:** BOP facilities in the *legends* in the previous two pages are depicted in the order shown in the *bar chart* (from left to right).

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

Note: The numbers in the following three tables, related to complaints received via CM emails and Class Counsel Memorandums, reflect *raw data*. For purposes of this report, *raw data* consists of unprocessed complaints collected directly from the source (CM emails or Class Counsel Memorandums) and without analysis. Once the raw data is refined (i.e., categorized, researched, and assessed) by the Senior Monitor and Monitoring Team, it is then incorporated into the public and confidential reports, as appropriate. As a result, the statistics in these tables will not match the numbers reflected in the related Paragraphs of the monthly and quarterly public status reports.

Complaints Received via Class Member Emails & Class Counsel Memorandums, April 1, 2025 – June 30, 2026: Despite a 28.2% reduction in the CM population housed in a BOP facility since the inception of the Consent Decree (from 305 in April 2025 to 219 in June 2026):

- medical issue complaints have varied, but are currently at 4¼ times (85) what they were in April 2025 (20);
- retaliation complaints have varied from a low of 12 in September 2025 to a high of 58 in March 2026, and back down to 19 in June 2026;
- complaints related to the Prison Rape Elimination Act (PREA) have varied, with a low of 3 in December 2025 to a high of 13 at the inception of monitoring (March 31, 2025), with most months closer to the high of 13 than the low of 3 (December 2025);
- complaints related to staff have varied with none in March 2026 to a high of 13 in June 2025, December 2025, and April 2026; and
- complaints related to credits are currently at 50% (11) of what they were (22) at the inception of monitoring in April 2025.

Complaints Received via Class Member Emails & Class Counsel Memorandums April 1, 2025 – June 30, 2026															
Category	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
** Medical	20	47	18	27	57	48	72	69	69	74	66	79	81	71	85
Retaliation	15	23	23	25	24	12	29	14	25	38	39	58	23	34	19
PREA	13	12	5	9	11	5	10	5	3	11	9	7	4	7	8
Staff Complaints	7	8	13	12	9	5	9	6	13	8	8	8	13	9	8
Credits	22	19	18	15	15	9	14	10	14	29	24	20	11	13	11

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NOTE: ** The “*medical*” data category reflects the totality of complaints related to: (1) dentures, (2) eyeglasses, (3) Medication Assisted Treatment (MAT), and (4) general medical and mental health complaints from CMs housed in the general population and in the Special Housing Unit (SHU). It should be noted that the charts on the next two pages capture these five categories of data separately, and as such, they will NOT match the “*medical*” category numbers shown on the chart on this page.

Rate of Complaints Received via Class Member Emails and Class Counsel Memorandums Compared to the Class Member Population, October 2025 – June 2026: The rate of CM complaints compared to the CM population is calculated in the table below from October 2025 to June 2026. A month-to-month comparison indicates that the lowest month was November 2025, with a rate of 0.70 per CM, and the highest in March 2026 at 1.54 per CM. This means that over a four-month period the rate of CM complaints continued to rise, subsequently peaking in March 2026, at more than double the rate in November 2025.

Furthermore, over time it would have been expected that the rate of complaints compared to the CM population would have declined. However, this has not been the case as the rate at the end of June 2026 is higher than in October 2025 when the Monitoring Team began including these statistics in quarterly reports.

Rate of Complaints Received via Class Member Emails & Class Counsel Memorandums Compared to the Class Member Population – October 2025 – June 2026									
Month/Year	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
CM Population	255	251	239	235	236	234	227	224	219
CM Complaints	253	175	198	270	274	361	248	248	234
Ratio	0.99	0.70	0.83	1.15	1.16	1.54	1.09	1.11	1.07

Complaints Received via Class Member Emails & Class Counsel Memorandums, October 1, 2025 – June 30, 2026: Complaint numbers below reflect those received from CMs via email and Class Counsel Memorandums in the time period shown. The numbers do not reflect complaints collected through other methods, to include those received through the BOP Liaison, interviews, letters or telephone calls with CMs.

Complaints Received via Class Member Emails & Class Counsel Memorandums October 1, 2025 – June 30, 2026 ⁶									
Complaint Type	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Administrative Remedy	3	2	0	0	2	0	2	0	0
Compassionate Release	10	2	1	1	4	2	3	1	4
Conditions of Confinement	23	6	17	16	14	28	12	10	23
Credits	14	10	14	29	24	20	11	13	11
Dentures/Dental	4	0	0	1	2	3	1	0	1
Designation	14	13	10	25	35	30	36	26	10
Disciplinary	21	18	28	29	32	66	17	40	29
Eyeglasses	1	0	1	0	1	2	1	1	2
Immigration Detainer	2	2	0	0	3	0	3	0	3
Interview Request	1	0	0	0	3	0	0	0	1
Legal Calls	0	5	1	2	4	9	18	1	4
Legal Mail	0	0	3	0	6	21	6	10	2
Medication Assisted Treatment	9	12	8	7	7	10	3	10	6
Medical	53	49	56	59	52	52	68	53	66
Mental Health	5	8	4	7	4	12	5	4	6
Physical Abuse	1	1	1	2	0	2	0	0	3
Prison Rape Elimination Act	10	5	3	11	9	7	4	7	8
Program	7	4	1	9	7	14	6	7	5
Property	18	10	6	17	5	9	6	8	14
Religious	2	2	0	0	3	1	0	1	0
Retaliation	29	14	25	38	39	58	23	34	19
Special Housing Unit	10	4	5	8	5	6	5	1	5
Special Housing Unit Property	3	2	1	1	4	9	5	11	3
Staff Complaints	9	6	13	8	8	8	13	9	8
Transfer Request	2	0	0	0	0	0	0	0	0
Transport	2	0	0	0	1	0	0	1	1
Total	253	175	198	270	274	369	248	248	234

⁶ Rows in light blue denote a general overall reduction in this quarter (or no change) from the prior quarter. Dark gray reflects an increase in comparison to the prior quarter. The medical category consists of complaints from CMs in the general population and those housed in SHU.

Category	Complaint Type Definitions
Administrative Remedy	A BOP process where inmates can request the formal review of an issue related to any aspect of their confinement.
Compassionate Release	Under 18 U.S.C. 4205(g), a sentencing court may reduce the minimum term of the sentence to time served.
Conditions of Confinement	Refers to the overall environment and circumstances that individuals experience while incarcerated, i.e., safety, health care, nutrition, access to programs and services.
Credits	Represents time credits (i.e., First Step Act, Federal Time Credit, Second Chance Act) applied toward prerelease custody or early transfer to supervised release (i.e., home confinement or RRC) for successfully completing approved BOP programs.
Dentures	Self-explanatory.
Designation	BOP facility where CM is housed.
Disciplinary	Complaints about the disciplinary process and/or those involved in the process (i.e., sanctions, hearing officer, incident reports, due process issues).
Immigration Detainer	A request from the U.S. Immigration and Customs Enforcement to a law enforcement agency and/or custody facility to hold an individual for a specified period of time after their scheduled release.
Interview Request	Requests from CMs for an interview with the Senior Monitor or Class Counsel.
Legal Calls	Refers to CM access to confidential legal calls with Class Counsel.
Legal Mail	Refers to an indigent CM's right to have access to postage for legal mail and for CMs, in general, to send and receive legal mail.
Medication Assisted Treatment	A comprehensive approach to treating substance use disorders through approved medications, counseling, and/or behavioral therapies.
Eyeglasses	Self-explanatory.
Medical	General medical complaints, to include medications, treatment, appointments, access to sick call, the provision of medication devices and prescription medications while housed in SHU, etc.
Mental Health	General mental health care complaints, to include prescriptions, access to mental health treatment, counseling, and therapy.
Physical Abuse	CM reports related to physical abuse by staff.
PREA	CM reports related to protections afforded under PREA; a federal law aimed at preventing sexual abuse in U.S. correctional facilities.
Property	Refers to a CM's right to purchase and receive items from the commissary with the same frequency as the general population, and includes access to reasonable personal property while housed in SHU.

Category	Complaint Type Definitions (continued)
Religious	Refers to a CM's right to access religious personal property while housed in SHU, to include a Bible, Quran or other religious scriptures.
Retaliation	CM complaints of staff retaliation.
Special Housing Unit	General complaints related to CMs housed in SHU.
Special Housing Unit Property	Property afforded to CMs housed and/or placed in SHU.
Staff Complaints	CM complaints related to BOP staff and/or contractors.
Transfer Request	Refers to a CM's request to transfer to a BOP facility or other destination, i.e., community release or reentry program.
Transport	Refers to issues related to a CM's transport from FCI Dublin to the receiving BOP facility or other designated location.

NOTE:

- The terms “**facility**” and “**institution**” are utilized interchangeably throughout this document.
- The section/subsection letters and numbers referenced in the following sections of this report are based on the structure of the Consent Decree.
- BOP Program Statements, reference documents, and metrics for each of the Paragraphs assessed are noted in the attachment titled, *Program Statements and Reference Documents, April, May, and June 2026*. Some metrics may also be mentioned in the body of this report for emphasis.
- This report includes findings and recommendations. Findings and/or recommendations from previous monitoring reports are denoted by two asterisks. **
- Complaints received from Class Counsel and CMs after the end of a monitoring period will be reflected in the month/quarter in which the complaints are received by the Senior Monitor. For example, if complaints lodged in February are not received by the Senior Monitor until March, they will be reflected in the March monthly public status report. Furthermore, BOP actions will be reflected in the month in which they occur.
- Program Statements use the term “*inmate*” to describe individuals in custody under the jurisdiction of BOP. However, the Consent Decree refers to inmates as “*Adults in Custody*.” For purposes of consistency, this report will use the term inmates to describe non-CMs in federal custody and CMs to describe individuals covered under the Consent Decree.
- CMs referenced in this report will not appear in numerical order given that the same CM may also be referenced in one or more Consent Decree Paragraph sections within this report. Information identifying the specific CM (i.e., name, register number, location of event, and applicable Consent Decree Paragraph section[s]) is contained within the attached *Class Member Confidential Key, Quarterly, April, May & June 2026*. There are two exceptions in which the same CM may appear more than once. The first is when a CM is in a different location at the time of the event than that which is reflected in the three attachments titled: (1) *Paragraphs 68 – 69, Population Monitoring Census – Rosters, April 30, 2026, Report Provided by BOP*, (2) *Paragraphs 68 – 69, Population Monitoring Census – Rosters, for the month of May 31, 2026, Report Provided by BOP*, and (3) *Paragraphs 68 – 69, Population Monitoring Census – Rosters, June 30, 2026, Report Provided by BOP*.

The second is when a CM who has been assigned a unique Log Number for tracking purposes, for complaints/events related to PREA, allegations against staff, retaliation, etc.

Assessment & Recommendations

A. Medical & Mental Health Care (Part 1)

2. Monitoring of Staffing Capacity

36. As a daylight provision only, BOP shall provide the Monitor and Class Counsel with monthly reports on the medical and mental health care staffing levels at all BOP facilities where Class Members are designated. The Monitor shall review this information and make quarterly reports on the subject of medical and mental health care staffing levels at all BOP facilities where Class Members are designated. If requested by BOP, the report will include recommendations for addressing low staffing levels.

Metrics:

- BOP Medical and Mental Health Staffing Report, Report Provided by BOP, June 2, 2026
- Program Statements and Reference Documents, April, May & June 2026

Assessment: The following table summarizes authorized, filled, and vacant positions for medical and public health staff across BOP facilities housing CMs, along with corresponding vacancy rates for the reporting period. The data was derived from a medical and mental health staffing report provided by the BOP. The data was also manually extracted and compiled by the Monitoring Team for analysis and reporting purposes.

Medical Staff Vacancies by BOP Facility				
BOP Facilities	Authorized Positions	Total Filled	Total Vacant	Vacancy Rate
FCI/FPC Aliceville	25	17	8	32%
Public Health Service ⁷	2	2	0	0%
FPC Bryan	14	8	6	42.86%
Public Health Service	4	3	1	25%
FMC Carswell	124	92	32	25.81%
Public Health Service	16	14	2	12.5%
MCC Chicago	21	16	5	23.8%
Public Health Service	1	1	0	0%
FSL Danbury	16	12	4	25%
Public Health Service	8	5	3	37.5%
FPC Greenville	27	23	4	14.81%
Public Health Service	1	1	0	0%
SFF Hazelton	54	35	19	35.19%
Public Health Service	4	3	1	25%

⁷ BOP has over 3,000 health care positions, including approximately 550 Public Health Service Commissioned Officers detailed from the Department of Health and Human Services.

Medical Staff Vacancies by BOP Facility (continued)				
BOP Facilities	Authorized Positions	Total Filled	Total Vacant	Vacancy Rate
FDC Houston	17	15	2	11.76%
Public Health Service	8	4	4	50%
FPC Lexington	96	61	35	36.46%
Public Health Service	23	21	2	8.7%
MDC Los Angeles	20	17	3	15%
Public Health Service	5	2	3	60%
FPC Marianna	23	20	3	13.04%
Public Health Service	2	2	0	0%
FPC Pekin	22	18	4	18.18%
Public Health Service	2	2	0	0%
FPC Phoenix	18	13	5	27.78%
Public Health Service	3	1	2	66.67%
MCC San Diego	20	12	8	40%
Public Health Service	1	0	1	100%
FDC SeaTac	16	8	8	50%
Public Health Service	6	3	3	50%
FCI Tallahassee	18	8	10	55.56%
Public Health Service	6	5	1	16.67%
FPC Victorville	70	41	29	41.43%
Public Health Service	6	1	5	83.33%
FCI Waseca	26	19	7	26.92%
Public Health Service	1	0	1	100%
Total	726	505	221	N/A

In general, BOP facilities where CMs are housed continue to experience a substantial workforce shortage related to medical staff, with an overall vacancy rate of approximately 30.44%, reflecting 221 unfilled positions out of 726 total staffing slots. This vacancy rate indicates that nearly one out of every three authorized positions is currently unfilled, placing sustained pressure on existing staff across service areas related to medical and public health. Additionally, it should be noted that when an individual is on long-term leave, they are reflected in BOP's staffing report as occupying a position. However, because they are on long-term leave, they are unavailable to provide medical health services and support given their status, therefore artificially inflating the true number of medical staff.

Findings & Recommendations:

Finding 1: Overall, the data suggests systemic staffing challenges for those BOP facilities housing CMs, rather than isolated shortages, with widespread vacancies across nearly every facility contributing to operational strain and potential impacts on service delivery and staff retention. The BOP Director has approved the use of various retention incentives to further support BOP's efforts to retain staff. Under

this new initiative, group retention incentives have been approved for the following positions: Correctional Officers (Senior Officer Specialist), Lieutenants, Registered Nurses, and Special Education Teachers. In addition, individual retention incentives have been approved for Mid-level Practitioners (i.e., Advanced Practice Practitioners/Physician Assistants). **

Recommendation 1: To address these staffing challenges, the BOP should consider a multi-pronged strategy focused on both recruitment and retention. Examples include, but are not limited to, the following:

- Targeted recruitment incentives, such as sign-on bonuses, student loan repayment programs, and relocation assistance, could be prioritized for high-vacancy sites, particularly those with vacancies exceeding 35%;
- Expanded use of a wider array of digital/telehealth services, especially in specialty medical services, could help mitigate immediate care gaps while recruitment efforts are underway to help build internal capacity;
- Strengthening retention through workload balancing, mandatory overtime reduction, and structured career advancement pathways may help stabilize current staffing levels and reduce turnover;
- Evaluating opportunities for operational efficiencies that focus on relieving clinical/licensed staff from performing clerical and other duties that divert them from direct CM care;
- Optimizing the use of the Automated Staffing Tool dashboard to identify chronic vacancy hotspots in real time and allocate resources more efficiently; and
- Expanding and leveraging partnerships with nursing schools, medical residency programs, and public health training institutions to create a pipeline of candidates better aligned with correctional health care needs, helping to address long-term staffing sustainability.

Note: BOP's Psychology Services Branch has implemented a program that leverages practicum students, pre-doctoral internship programs, and post-doctoral programs to address psychologist vacancies. This model can be scaled to address shortages in health care professions as well.

A. Medical & Mental Health Care (Part 2)

2. Monitoring of Staffing Capacity

36. As a daylight provision only, BOP shall provide the Monitor and Class Counsel with monthly reports on the medical and mental health care staffing levels at all BOP facilities where Class Members are designated. The Monitor shall review this information and make quarterly reports on the subject of medical and mental health care staffing levels at all BOP facilities where CMs are designated. If requested by BOP, the report will include recommendations for addressing low staffing levels.

Metrics:

- BOP Medical and Mental Health Staffing Report, Report Provided by BOP, June 2, 2026
- Program Statements and Reference Documents, April, May & June 2026

Assessment: The following table summarizes authorized, filled, and vacant positions for mental health staff across BOP facilities housing CMs, along with corresponding vacancy rates for the reporting period. This data was derived from a medical and mental health staffing report provided by BOP. The data was also manually extracted and compiled by the Medical Experts for analysis and reporting purposes.

Mental Health Vacancy Rates at BOP Facilities Where Class Members are Housed				
BOP Facility	Auth. Positions	Total Filled	Vacant	Vacancy Rate %
FCI/FPC Aliceville	13	10	3	23.08%
FPC Bryan	12	9	3	25%
FMC Carswell	34	24	10	29.41%
MCC Chicago	21	13	8	38.1%
FSL Danbury	26	22	4	15.38%
FPC Greenville	16	14	2	12.5%
SFF Hazelton	29	19	10	34.48%
FDC Houston	8	8	0	0%
FPC Lexington	29	25	4	13.79%
MDC Los Angeles	14	12	2	14.29%
FPC Marianna	16	14	2	12.5%
FPC Pekin	12	6	6	50%
FPC Phoenix	16	10	6	37.5%
MCC San Diego	8	7	1	12.5%
FDC SeaTac	10	6	4	40%
FCI Tallahassee	19	17	2	10.53%
FPC Victorville	37	25	12	32.43%
FCI Waseca	15	7	8	53.33%
Total	335	248	87	N/A

Current staffing data for mental health providers, within BOP facilities where CM are housed, reflects a significant workforce shortage. Of 335 authorized mental health positions, only 248 are currently filled, leaving 87 vacancies, for an overall vacancy rate of approximately 26%. Several facilities are experiencing critically low staffing levels, with FPC Pekin and FCI Waseca at a vacancy rate of 50% or higher. Additionally, it should be noted that when an individual is out on long-term leave, they are reflected in BOP's staffing report as occupying a position. However, because they are on long-term leave, they are unavailable to provide mental health services and support given their status, thereby artificially inflating the true number of mental health staff.

Findings & Recommendations:

Finding 2: Mental health staffing shortages raise serious concerns regarding timely access to mental health services for CMs, and BOP's ability to provide adequate continuity of care, crisis response, treatment planning, and routine clinical services. Given persistent concerns expressed by CMs regarding access to mental health care, these vacancy levels warrant immediate attention, as well as targeted recruitment and retention to ensure adequate staffing. **

Recommendation 2: To address these issues, BOP should:

- continue efforts related to the utilization of the newly created Masters' Level Qualified Mental Health professional position for which BOP offers recruitment and retention incentives;
- increase contracted services for mental health providers;
- explore improving the coordination and management of patient care between psychology and medical providers. (For CMs on psychotropic medications in particular, improved coordination and management can lead to a decrease in the demand for psychological support.);
- conduct a system-wide survey to assess retention needs;
- review exit survey data from staff who have departed to determine common factors that contribute to staff leaving;
- conduct a salary assessment to ensure BOP is competitive with community and local correctional facilities;
- expedite the hiring process for hard-to-fill positions;
- consider a referral bonus for staff who refer new hires;
- consider a pay differential for those who work with higher-risk populations;
- consider a hiring bonus for positions/BOP facilities with high vacancy rates;
- consider adding and/or expanding the hybrid model, i.e., combined in-person and virtual care services;
- assess whether staff would benefit from a 4/10 workweek model;
- consider expanding tele-mental health; and
- relocate CMs from facilities that are more difficult to staff and/or which are significantly understaffed.

**

Finding 3: There remain barriers to care for CMs who do not thrive in group settings and who are not ill enough to be provided 1:1 therapy per BOP policy. This practice leads to increased utilization of mental health services and complaints, and has the potential to contribute to an increase in poor behavior among CMs.

Recommendation 3: BOP should increase their use of 1:1 therapy for CMs who require a more focused intervention strategy. This will allow mental health staff to ensure personal details remain confidential, particularly when discussing stigma-sensitive issues, and for those CMs who would like to avoid the risk of others overhearing their disclosures, particularly in a carceral setting.

Note: In general, recommendations within this section also apply to shortages related to medical staffing.

A. Medical & Mental Health Care

3. Third Party Care

37. As a daylight provision only, BOP shall provide the Monitor with monthly reports about the wait times for outside provider care for Class Members after May 1, 2024. The Monitor shall review this information and make quarterly reports on wait times for care. The Monitor may comment regarding whether BOP is managing Outside Provider relationships to promote timeliness of care for Class Members after May 1, 2024. The Monitor shall review BOP's notice posted in English and Spanish regarding the process for securing Outside Provider care. At a Class Member's or at Class Counsel's written request, BOP shall, Consistent with Security, communicate with Class Members regarding the status of their request or referral for Outside Provider Care, including the estimated wait time.

Metrics:

- Bureau Electronic Medical Records System (BEMR)
- Review of BOP Notices Regarding the Process for Securing Outside Provider Care
- BOP Medical and Mental Health Care Staffing Report, Report Provided by BOP, June 2, 2026
- CM Email Complaints Directly or Through Class Counsel
- Paragraph 37, Confidential Third-Party Wait Times Report, April 1, 2026 – June 30, 2026, Report Provided by BOP
- Program Statements and Reference Documents, April, May & June 2026

Assessment: At the time of this review, 11 CMs were awaiting outside specialty clinic appointments (third-party care). The average wait time for these appointments was approximately 9 months, with individual wait times ranging from 2 to 18 months.

Wait Times & Outside Provider Care:

- Did BOP provide the Senior Monitor with monthly reports about wait times for outside provider care for CMs after May 1, 2024? **Yes**
- Did the Senior Monitor review BOP's notice posted in English and Spanish regarding the process for securing outside provider care? **Yes**
- Did any CMs, or Class Counsel make any written requests regarding the status of any CM's request or referral for outside provider care? **No**
- If yes, did BOP communicate with the CM regarding the status of the request or referral, including the estimated wait time? **Communication with CMs regarding the status of referrals is inconsistent.**

Findings & Recommendations:

Finding 4: During this reporting period, a total of 11 CMs were awaiting specialty clinic appointments, including both initial consultations and follow-up visits. The average wait time for these CMs was approximately nine months. The Medical Experts and BOP continue to have differing methodologies for calculating specialty care wait times. The Medical Experts calculate the wait time beginning on the date

it is clinically determined that a CM requires specialty evaluation and a consultation has been requested by the treating provider. In contrast, BOP calculates the wait time beginning on the date the appointment request is submitted to the outside specialty provider. This distinction is significant because delays in drafting, processing, and approving consultation requests may extend for weeks or months before an appointment is requested. As a result, BOP's methodology does not capture the full period during which a CM is awaiting access to specialty care and may underestimate the actual length of time that CMs experience delays. These differing methodologies continue to result in substantially different reported wait times, thereby making it difficult to accurately assess timely access to specialty services.

Recommendation 4: BOP should revise their standardized methodology for calculating specialty care wait times to begin on the date the treating provider determines that a specialty consultation is clinically indicated, rather than the date the appointment request is submitted to the outside provider.

Finding 5: CMs continue to experience lengthy delays in appointment scheduling and completion, including both initial specialty consultations and follow-up appointments recommended by outside specialists. In addition, CMs continue to submit emails and requests seeking updates regarding the status of their pending appointments, reflecting ongoing concerns regarding access to timely specialty care. Several alerts are currently open that are associated with outside specialty services that remain unresolved and are awaiting scheduling and completion. These continued delays raise concerns regarding unreasonable wait times for medically necessary specialty care. **

Recommendation 5: BOP should evaluate opportunities to expand its outside specialty provider network and specialty care pool to improve timely access to care for CMs. This can include the integration of asynchronous specialty consultations that can help relieve the need for transportation to outside appointments, support BOP providers in managing care internally while receiving specialist input, and allow for more efficient and valuable in-person visits, when needed. **

A. Medical & Mental Health Care

4. Provision of Care in Primary Language

38. To the extent feasible, BOP shall provide medical and mental health care to Class Members in their primary language at all medical and mental health encounters. This may be accomplished using Language Line Services (LLS) for on-demand, over-the-phone language interpretation services. To the maximum extent feasible, the use of interpreters shall comply with confidentiality requirements, including minimizing the use of AICs as translators and AICs shall only be used as translators for Spanish in emergency situations. The Monitor shall review, and include in quarterly reports, any reports of Class Members being denied access to care in their primary language.

Metrics:

- CM Email Complaints or Through Class Counsel
- CM Interviews
- Program Statements and Reference Documents, April, May & June 2026

Assessment: Although BOP makes Language Line Services (LLS) available, evidence that the services are being used by CMs depends on staff appropriately documenting their use. The Medical Experts are concerned that there is no consistent practice for documenting the use of LLS by CMs.

Language Line Accessibility:

- Are LLS available and functioning at all facilities housing CMs? **LLS are contractually available at every facility. The extent to which individual facilities are utilizing LLS for communicating with limited English proficient CMs is unknown as billings do not reflect the inmate/CM for which the service was used.**
- If the Senior Monitor is unable to determine whether LLS are consistently available and utilized in all BOP facilities, describe why: **The Monitoring Team is only able to verify if LLS are available during onsite visits to BOP facilities where CMs are housed. Otherwise, BOP does not provide a report indicating whether phones with access to LLS (outside lines) are available at all locations housing CMs.**
- During this quarter, how many complaints did the Senior Monitor receive from CMs regarding denial of access to care in their primary language. **None.**

Findings & Recommendations:

Finding 6: BOP issued *Program Statement 6031.06 Patient Care, June 22, 2026*, that directs when a health care provider is not proficient in an inmate's language, a language translation service, e.g., telephone, computer based, etc. should be utilized, except in rare circumstances when staff are not available to translate. Inmates will not be used as interpreters even with the inmates/CMs' consent.

Recommendation 6: BOP should monitor the implementation of the requirements of the new Program Statement related to limited English proficient CMs. Additionally, BOP should provide training to staff, develop a mechanism for tracking compliance, and ensure its use is documented in BEMR.

A. Medical & Mental Health Care

5. Access to Rape Crisis Centers

40. The Monitor shall review, and include in quarterly reports, any reports of Class Members being unable to access services from Rape Crisis Centers.

Metrics:

- CM Interviews
- CM Email Complaints Directly or Through Class Counsel
- Sexually Abusive Behavior Prevention and Intervention Program Manual, March 19, 2026
- BOP PREA Homepage Website
- Review of BEMR
- Program Statements and Reference Documents, April, May & June 2026

Assessment: In reviewing the current Rape Crisis Center Memorandums of Understanding (MOUs) provided by BOP in December 2025, all are current through June 30, 2026.

Rape Crisis Center Services:

- Are RCC services available at facilities housing CMs? **Yes.**
- During this quarter, did the Senior Monitor receive reports of CMs being denied access to services from RCCs? **No. One CM requested services. By the end of this reporting period, BOP had not secured services for the CM, but was working on securing an appointment.**
- Does access to Rape Crisis Center services include, at a minimum, confidential unmonitored calls in a confidential setting or confidential in-person visits; that each center be run entirely by a third-party provider, and there be no mandatory reporting to BOP absent client consent? **Yes.**

Findings & Recommendations:

Finding 7: BOP facilities are responsible for maintaining updated MOUs with local Rape Crisis Centers. **

Recommendation 7: A “tickler” system⁸ should be developed to remind Wardens of when to renew MOUs to ensure continuity of services and to eliminate the potential for a lapse in services for CMs. **

⁸ A “tickler” is a physical or digital reminder system used to track future tasks, deadlines or appointments.

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

65. The Monitor will review and provide in monthly reports, all reports of staff physical or sexual abuse toward Class Members. The Monitor shall include in quarterly reports an assessment of BOP's responses to reports of staff physical and sexual abuse towards Class Members and recommendations for corrective action, including changes to designations, changes to housing and job placements, provision of medical and/or mental health treatment, and other measures necessary to protect Class Members. The Monitor may make these recommendations prior to issuing a quarterly report on an emergency basis.

Metrics:

- BEMR Clinical Encounters and Psychology Data System
- Quarterly Reports of Sexual and Physical Abuse
- CM Interviews and Complaints of Sexual and/or Physical Abuse
- CM Email Complaints Directly or Through Class Counsel
- Program Statements and Reference Documents, April, May & June 2026

Allegations of Sexual & Physical Abuse	
Sexual Abuse	4
Physical Abuse	1
Total	5

Assessment: During this quarter, all CMs who reported a PREA complaint were placed on PREA retaliation monitoring appropriately. Additionally, there were no staff members who were reassigned to a different BOP facility pending the outcome of an investigation related to CM sexual abuse complaints. However, sexual abuse investigations continue to take a considerable amount of time, often longer than six months, leaving the CM feeling vulnerable and the perpetrator potentially emboldened by the fact they have not been questioned regarding their alleged behavior.

During this quarter, the Senior Monitor received four allegations of sexual abuse from CMs. A review of BOP's corrective actions reflects there were no changes to any of the CM's designations, housing and job placements, provision of medical or mental health treatment, or other measures taken to protect CMs.

BOP's current CM investigation log includes investigations related to physical and sexual abuse, and others that are outstanding from 2022 – 2026. A summary of reports related to allegations of sexual and physical abuse are outlined in the following pages.

Sexual Abuse Reports:

Log #2026-100-P: The CM reported that two different Officers “leered” at her while she was in her cell naked; both leered at her while she was coming out of the shower and again while she was on the toilet.

Log #2026-108-P: The CM had his pants down while standing to urinate, and the wicket (small window in cell door) was partially covered. The Officer allegedly “flung” the cell door open and demanded that he (the CM) pick up his pants. The CM indicated this made him feel very uncomfortable.

Log #2026-126-P: The CM reported she was given an overly invasive strip search and urinalysis by an Officer.

Log #2026-139-P: The CM alleged that a staff member in the Medical Department would double a dose of Benadryl injection to get her (CM) “feeling high,” and then sexually assault her when she returned for her vitamin injections.

Physical Abuse Claims:

Log #2026-140-PA: The CM reported she was taken to SHU by an Officer who used his entire body to force her forward during the escort, thereby slamming her head and body to the ground. The CM indicated she resisted only because she was scared and panicked. She further indicated she asked staff in the Medical Department to take photographs of her bruises at the time the medical assessment was conducted, but they refused, indicating that the bruises were old. The CM also reported she is assigned to a cell in the SHU with a plugged toilet, and a shower that leaks and is moldy. She also alleged she was only given one sanitary napkin when she asked for supplies.

Assessment of BOP’s Responses to Above-Listed Reports: All CMs with sexual abuse complaints received medical and psychological assessments after their reports of abuse. The sexual abuse intervention visit with Psychology includes an offer to refer the CM to the local Rape Crisis Center, and further follow-up appointments with Psychology.

The CM referenced in Log #2026-140-PA was referred to the Medical Department for an assessment on the date of the incident, June 12, 2026. The assessment was conducted by a staff member who revealed the following:⁹

“The patient reports a bruise on the left inner upper arm. The bruise shows various stages of healing. Staff had informed me before the assessment that the bruise is therefore from an incident that happened earlier this week.

Assessment: *No Significant Findings/No Apparent Distress.”*

⁹ The staff member’s name is provided in the *Class Member Confidential Key, Quarterly, April, May & June 2026*.

The medical assessment related to the prior incident that occurred on June 10, 2026, did not reflect any bruises. The medical assessment related to the June 12, 2026, incident did not document any fresh bruising nor that the CM had allegedly requested during the medical assessment that photographs be taken, and that this request was denied.

A review of June 12, 2025, medical assessment revealed the following:

“The inmate ambulated to medical cell in SHU with no difficulties. Vitals and an assessment was done. No external injuries noted. Tenderness to palpation to the right shoulder. No other abnormalities noted. Denies any prior injuries to the right shoulder.

Assessment: Sprain and/or Strain Right shoulder”

The June 12, 2026, medical assessment should have included photographs of any bruises on the CM’s body, whether new or old. A determination of the origin of the bruises should have been left to an investigator.

BOP’s Response: With respect to the June 12th medical assessment, the Medical Officer indicated the bruise was in various stages of healing. This observation suggests the bruise did not occur on June 12th, which was two days after the June 10th incident. Please note, in connection with reviewing the Monitor’s concerns, the institution found that the method in which photo sheets were taken to accompany relevant assessments required improvement. Per the recommendation of the institution’s Executive Assistant, the Captain will ensure that photo sheets include images of face, hands and injury. BOP reported that photographs of injuries are custody staff’s responsibility.

Findings & Recommendations:

Finding 8: The bruise on the CM referenced in Log #2026-140-PA was not photographed by the staff member who conducted the assessment.

Recommendation 8: A photograph of the bruise should have been taken for evidentiary purposes and for use during the investigation and hearing phases of the disciplinary process. In general, use of force, allegations of excessive force or physical abuse should automatically result in photographs taken of any injuries by staff in the Medical Department or by Correctional Services.

Finding 9: BOP failed to provide the Senior Monitor with the PREA Compliance Manager’s (PCM’s) PREA file documentation.

Recommendation 9: To facilitate the Senior Monitor’s ability to conduct a thorough assessment of the response to a CM’s complaint of sexual abuse, documentation completed by the PCM should be forwarded for review. ** This documentation should include, but not be limited to, the following:

- Allegation of Sexually Abusive Behavior PREA Checklist. Although this form is still designated as “*optional*,” it is a thorough checklist of every step the PCM is responsible for coordinating and dependent on the level of response. This form should be completed and included in each PREA case file.
- Institution PREA Tracking Log
- BP-A1002 – Inmate Safeguarding Form
- Retaliation Monitoring Forms
- After Incident Review Form
- Staffing and Workforce Utilization form (quarterly by PCM)

Finding 10: Some investigations take an extremely long period of time -- sometimes years to complete.
**

Recommendation 10: Cases should be investigated and completed promptly. This would help investigators in obtaining more accurate witness testimony given that over time, the recollection of events has the potential to fade. Witnesses, complainants, and staff may have been released or no longer working for BOP due to the excessive length of time investigations take to complete. Reducing the time from when a complaint is reported to when the investigation is completed would also help bring closure to CMs and restore their confidence in the investigative process. ** With respect to investigations that involve outside agencies, BOP should collaborate closely with those agencies to ensure investigations are completed timely.

C. Staff Abuse & Retaliation

3. Reports of Staff Physical Abuse or Sexual Abuse

66. The Monitor shall also review and include in quarterly reports the status of PREA reports made by Class Members regarding abuse that took place at FCI Dublin.

Metrics:

- Office of the Inspector General (OIG) Extract/Any Allegation/All Dublin Investigations Report, 5th Quarter 2026
- Senior Monitor's Report of Seven (7) New Complaints Referred to the Office of Internal Affairs (OIA)/OIG
- CM Email Complaints Directly or Through Class Counsel
- Summary of Program Statements and Reference Documents, April, May & June 2026

Assessment: In January 2026, the Senior Monitor requested the status of all CM retaliation complaints since the inception of the Consent Decree (March 31, 2025). BOP provided a matrix from OIA that included all CM complaints of retaliation, sexual and physical abuse through June 9, 2026. These complaints were reviewed by OIA and either assigned for investigation by OIA, the local facility's OIA investigator, or referred to the OIG. If a complaint did not meet the criteria for an investigation, it was designated as a "*complaint for disposition*," and forwarded to the facility's Warden for disposition. These were usually determined by OIA to be Category 3 allegations, which provided the Warden the opportunity to resolve minor incidents with employees in an expedient manner.

Based on this information, on June 18, 2026, the Senior Monitor requested additional information on cases that had been returned to the facility Warden for disposition. This request for information included action(s) each facility took based on CM complaints, and the subsequent employee action, to include a signed agreement through the Misconduct Diversion and Discipline Resolution Program, formal adverse action, referral back to OIA for further investigation, or any other employee action. Provision of this information to the Senior Monitor will enable her to accurately assess and report on BOP's actions. As of the end of this quarter, the Senior Monitor has not received an answer to this request for information.

Status of Open PREA Cases by Year:

Status of Sexual Abuse Cases by Year	
2022	8 cases remain open.
2023	15 cases remain open.
2024	376 remain open, pending a local investigation or deferral from the OIG.
2025	40 cases remain open (8 cases were closed this quarter).
2026	0 cases were opened (6 cases were opened and closed during the last two quarters).

Findings & Recommendations:

Finding 11: Some investigations take an extremely long period of time -- sometimes years to complete.

****** For example, a case was opened by OIA on March 11, 2022, regarding an allegation of a staff member having an inappropriate relationship with a CM. The case was closed on May 29, 2026, with a disposition of “*pending disciplinary action*.” Another example includes a case that was opened by OIA on September 30, 2024, regarding a staff member who was accused of sexually abusing a CM. The complaint was referred to the OIG for review on the same date. The OIG deferred it back to the OIA for investigation on October 11, 2024. The case was closed on May 11, 2026, with a disposition of “*pending disciplinary action*.” **Note:** Cases are not closed until disciplinary action has been taken leaving CMs unaware of the outcome of investigations for significant periods of time.

Recommendation 11: Cases should be investigated and completed promptly. This would help investigators in obtaining more accurate witness testimony given that over time, the recollection of events has the potential to fade. Witnesses, complainants, and staff would be available to interview. This would also help bring closure to CMs and restore their confidence in the investigative process. ******

Finding 12: Sexual abuse and physical abuse investigations often hinge on the information and/or facts obtained through interviews with CMs, victims, inmate witnesses, staff being accused, and/or staff witnesses. One of the investigator’s primary functions is to assess and determine the credibility of all witnesses. Credibility assessments are a critical component of any investigation, particularly in cases involving conflicting accounts, such as allegations of sexual or physical abuse towards staff and/or other inmates/CMs. By assessing credibility, investigators can avoid premature conclusions based solely on conflicting statements, ensuring that all relevant information is considered. This may also alleviate the appearance that OIA and/or OIG investigators find staff are more credible than inmates or CMs. ******

Recommendation 12: To allow OIA or OIG investigators to more quickly draw accurate conclusions, video footage should be utilized to reduce ambiguity in incidents in which there are significantly different accounts of events. As such, BOP should adopt the use of body worn cameras (BWCs) for staff who interact with inmates/CMs. BWCs offer a neutral perspective that the OIA, OIG and/or any oversight body or the courts can review. The use of BWCs by staff would help build confidence in the investigative process and deter misconduct by staff and inmates/CMs alike. In general, the use of BWCs offers an opportunity to improve the documentation of events, leading to greater transparency, more accountability and fairer conclusions during hearings. Although there are stationary cameras throughout BOP facilities, they are not everywhere, they do not capture audio, nor do they have the potential to always capture nuances and events as accurately as BWCs. The use of both systems can help BOP improve the overall safety and security of the facility for both staff and inmates, reduce incidents, and allow OIA/OIG to more quickly and accurately bring closure to investigations. ******

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

67. The Monitor shall also review and include in quarterly reports reported injuries and mistreatment suffered by Class Members during transport between BOP facilities, including the status of investigation into transport issues.

Metrics:

- Closure of OIA Transportation Investigation Report
- Listing of 22 Pre-Consent Decree and 5 Post-Consent Decree Class Counsel Memorandums
- CM Email Complaints Directly or Through Class Counsel
- Program Statements and Reference Documents, April, May & June 2026

Assessment: The investigation into the transport of the 596 CMs who were originally moved from FCI Dublin to their designated BOP facilities, via different modes of travel, during the period from April 16, 2024 through April 24, 2024, was concluded by BOP. A report of findings was issued on October 29, 2025. The Senior Monitor received a copy of the investigation on November 6, 2025. In general, the Senior Monitor found that the investigation was insufficient and lacked the breadth of complaints received during CM interviews.

Status of Investigation into Transport Issues: The Senior Monitor has requested access to video recordings from all the transport buses that had video running while transporting CMs. These will be reviewed by the Monitoring Team. BOP is currently working on providing video access to the Senior Monitor. Additionally, the investigator's notes from CM interviews have also been requested for review.

Findings & Recommendations:

Finding 13: The Senior Monitor continues to have concerns regarding the treatment of some CMs during transport from FCI Dublin to their receiving facilities. Based on BOP policy, OIA did not record any of the CM interviews. However, the investigator took notes during CM transportation bus-related interviews.

Recommendation 13: OIA should provide the Senior Monitor with the complete investigative file, including all written notes regarding CM transportation, bus-related interviews and video recordings. The Senior Monitor recommends that the investigation be reopened in an effort to ensure that all allegations are investigated and all CMs are interviewed, not just a subset representative of CM complaints. **

D. Designation & Release

1. Designations

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

Metrics:

- CM Email Complaints Directly or through Class Counsel
- Paragraph 68, D. Designation & Release, 1. Designations, Programming, Educational and Vocation Opportunities (Parts 1 and 2), Report Provided by BOP
- Program Statements and Reference Documents, April, May & June 2026

Assessment: During this monitoring period, BOP provided a 12 - 16-week roster outlining all programming, educational, and vocational opportunities available at each facility that houses CMs. All facilities housing CMs and the programs offered are listed in the attached report titled, *Paragraph 68, D. Designation & Release, 1. Designations, Programming, Educational and Vocation Opportunities (Parts 1 and 2), Report Provided by BOP*.

The programming roster that BOP provides the Monitoring Team demonstrates that programming availability changes from month to month. While some variation is expected due to operational needs, the significant fluctuations make it difficult to determine whether these changes reflect temporary interruptions, permanent program discontinuations, staffing shortages, funding limitations, and/or improper documentation. These fluctuations complicate the Monitoring Team's ability to assess long-term trends in program availability and participation across facilities housing CMs.

This is the first quarter that BOP has provided individual SENTRY rosters (PPJ8) that include the assignment history for each CM. However, the Monitoring Team will need to be provided training on how to interpret the PPJ8s to facilitate a better understanding of the information and to allow for a full evaluation to be conducted. A request has been submitted to the BOP Liaison.

FCI/FPC Aliceville: FCI/FPC Aliceville, located in Alabama, is a low-level facility, housing 1,500 low-security female inmates, of which 18 are CMs. This facility's Education Program offers General Educational Development (GED), English as a Second Language (ESL), Adult Continuing Education (ACE), Sign Language (SLN), The Barton Reading System, Academic Success and multiple other courses. The Vocation Program offers Carpentry, Electrician, Plumber, Heating, Ventilation, Air Conditioning (HVAC), and Welding. In addition, Cosmetology, Commercial Driver's License, SERVSAFE Food Handler, and Culinary Arts are offered.

FPC Aliceville offers six additional programming opportunities. Examples include Celebrate Recovery and House of Healing.

The Education Program and the Vocation Programs have an approximate waitlist of up to six months. The Psychology Program waitlists vary from 24 months for some classes and 3 months for others.

FCI/FPC Aliceville reported there were class cancellations for Threshold, Life Connections and Partners for Reentry Opportunities in Workforce Development (PROWD). These cancellations are due to the pending mission change which does not provide sufficient time for CMs to complete the 18-month programs.

FPC Bryan: FPC Bryan, located in Texas, is a minimum-security camp housing approximately 660 Female inmates, of which 9 are CMs. This facility's Education Department offers ACE classes, ACT WorkKeys, Logistics and Academic Success. GED was listed last quarter, but not for this quarter. The Vocation Program includes Certified Nursing Assistant (CNA) classes, Cosmetology, HVAC and additional Apprenticeships, although they are not individually listed on the BOP Program Roster. The Psychology Program offers both a Residential Drug Abuse Program (RDAP) and a Non-RDAP (NRDAP), Resolve, and five other therapeutic courses.

This facility offers a variety of additional programming opportunities. Examples include the Dog Program, Forklift Certification, and Occupational Safety and Health Administration (OSHA) and Parenting classes.

Education waitlists are provided in terms of how often the class is offered, how many are on the waitlist and how many can attend the class. ACE classes do not have a waitlist. Vocation Program waitlists are provided in terms of yearly selections and the number on the waitlist. Apprenticeships have no wait period. Psychology Program waitlists range from 3 – 9 months.

FPC Bryan reported there were no class cancellations during this quarter. One program was not offered due to Regional Office providing the course, and another course listed under cancellations was a one-time seminar.

FMC Carswell: FMC Carswell, located in Texas, has a population of 1,147, of which 45 are CMs. The facility includes two housing units for minimum security female inmates. There is also low and high security housing for those not eligible for minimum placement. The Education Program offers GED both in English and Spanish, ESL, The Barton Reading Program, ACE, and Academic Success classes. The Vocation Program offers Cosmetology, Culinary Arts, SERVSAFE Manager, and Apprenticeship Programs. A new vocation program is being introduced, Nail Technician; however, the program is not operational as an instructor has not been hired.

The Psychology Program offers Female Integrated Treatment (FIT) both in English and Spanish, Sex Offender Treatment Program, Dual Diagnosis Residential Drug Program, Seeking Safety and additional psychology classes. There are 20 therapeutic courses offered by the Psychology Program at this facility.

The facility offers nine additional programming opportunities. Examples include Wellness Inside and Out, Create New Beginnings, Celebrate Recovery and Houses of Healing.

The Education Program has a waitlist of up to 6 months dependent upon the CM's release date. Vocation waitlists are based upon interest and need for Apprenticeships, to 3 months for other vocations. The Psychology Program waitlists range from 4 – 12 months for some and others are based on the CM's release date.

FMC Carswell reported that the Cosmetology program is on hold due to the lack of a contractor to run the program. RDAP was cancelled on June 3, 2026, due to inmate recall. Anger Management was cancelled on June 6, 9, 16, 17, 23, and 24. The reason provided by BOP for the cancellation of Anger Management on June 9th was as a result of a staff meeting. However, no reason was provided for the additional program cancellation dates.

Basic Cognitive Skills was cancelled April 28, 2026, for a staff meeting and from June 1 – 5, 2026 for staff annual leave. Sex Offender Non-Residential has been cancelled since February of 2026, due to the coordinator's resignation. The Class will resume June 23, 2026. FIT was cancelled May 27, June 10, and 16, 2026 due to staff on leave, a staff emergency, and modified operations. Foundation was cancelled on May 27, 2026, as a result of a Mother's Day event.

FSL Danbury: FSL Danbury houses low-security female inmates. It is located in Connecticut and includes a satellite Federal Prison Camp designed to house minimum custody level female inmates in dormitory housing. Twenty CMs are housed between both the facilities with the majority housed at the FSL and two housed in the Camp. FSL and FPC Danbury offer GED and ESL, ACE, YALE, and College Correspondence. The Vocation Program offers one Vocation of Culinary Arts. The Psychology Program offers Drug education, NRDAP, Trauma in Life, FIT, Women's Sexual Safety, National Parenting Program, and Foundations.

There are two additional program opportunities; Houses of Healing and Reentry. The Education waitlist ranges from 30 days to a semester for the Yale Program. There is no waitlist for the Culinary Food Services line. The Psychology Program waitlist is 0 - 6 months.

There was 1 cancellation of the C.L.E.A.R. program on May 8, 2026, due to it being offered by Regional/Central Office and not local staff.

FPC Greenville: FPC Greenville, located in Illinois, houses 220 minimum-custody inmates, of which 2 are CMs. This facility offers GED, ESL, ACE, and multiple other education classes. Vocation programs are limited with only a Custodial Certification Program offered. The Psychology Programs consist of FIT, NRDAP, Drug Education and other classes, to include Emotional Self-Regulation, Seeking Safety, Anger Management, and Trauma in Life.

FPC Greenville offers other additional programming opportunities, including Doula training, College Megatronics, and college-level correspondence courses.

The waitlist time for Education classes is none, while the Vocation class has a 3 - 6-month waitlist. The Psychology Programs all have no waitlists.

FPC Greenville reported College Megatronics was cancelled all quarter due to a lack of funding.

SFF Hazelton: SFF Hazelton, located in West Virginia, houses approximately 450 low-security female inmates, of which 7 are CMs. The facility offers GED, ESL, ACE and Academic Success classes. There are also Barista and SERVSAFE classes offered. There are two Vocation programs offered, Culinary Arts and Horticulture. The Psychology Program offers Anger Management, Emotional Self-Regulation, Criminal Thinking, Basic Cognitive Skills, Trauma, and 10 Specialized Populations classes.

There are 16 additional programming opportunities offered. Examples include Houses of Healing, Weight Management, Alcoholics and Narcotics Anonymous and Celebrate Recovery.

The Education courses have a waitlist time of 1 - 6 months. The Vocation courses have a one-year wait time as the courses take one year to complete. The Psychology courses did not provide waitlist times, but rather, the number of inmates on waitlists for each course. This ranges from 82 - 271 inmates. SFF Hazelton should provide specific waitlist times for the psychology courses, similar to other BOP facilities.

SFF Hazelton reported there were no class cancellations during this quarter.

FPC Lexington: FPC Lexington, located in Kentucky, is a female satellite Federal Prison Camp housing approximately 254 low/minimum security female inmates of which 8 are CMs. This facility offers GED, Spanish GED, ESL, ACE and First Step Act courses. Vocation programs consist of Carpentry, Electrical, SERVSAFE and multiple apprenticeships. The Psychology Program offers Resolve, NRDP, Parenting and 12 additional therapeutic courses.

Additional programming opportunities are also offered. Examples include Money Smart, Threshold, and Faith-Based Conflict Management.

The Education waitlist times range from 6 - 12 weeks.

The Vocation program's waitlists depend on interest in the courses. The Psychology program changed from the number of female inmates on their waitlists to "*dependent upon interest*." FPC Lexington should provide specific waitlist times for its vocation and psychology programs, similar to other BOP facilities.

There were no class cancellations reported this quarter.

FPC Marianna: FPC Marianna, located in Florida, includes a satellite minimum-security facility housing female inmates. There are two CMs currently housed in FPC Marianna. The Education program offers Literacy, GED, Spelling, ESL, Phonics, K2 Awareness, and Parenting. Vocation programs consist of Cosmetology and Dog training. Psychology offers Anger Management, Basic Cognitive Skills, Criminal Thinking, Emotional Self-regulation, NRDP, Resolve, Trauma in Life, and Drug Education courses. There are 23 additional self-help courses offered. Examples are, Disabilities Education, Managing Diabetes, Foundation, National Parenting Program and Understanding Feelings.

The Education waitlist is 30 - 60 days. The Vocation program waitlists are 18 months in length. The Psychology programs waitlists are 30days to one year for NRDAP.

There were no class cancellations reported during this quarter.

FPC Pekin: FPC Pekin, located in Illinois, is a Federal Prison Camp for minimum security level female inmates, of which 8 are CMs. The Education program offers GED, ESL, ACE, and college courses. Vocation opportunities consist of Federal Prison Industries, Ultra Key 6-Typing, Occupational Certificates, and Apprenticeships. The Psychology Program offers Anger Management, Criminal Thinking, Emotional Self-Regulation, Trauma, Seeking Safety, NRDAP, and 3 other courses.

There was no additional programming opportunities listed last quarter for this facility and 20 listed this quarter. Examples include Foundation, Understanding Your Feelings, Women's Career Exploration, Life skills and 16 other classes.

There are no waitlists for the Education programs, except for the Post Secondary Education classes for which new classes begin every two years. Vocation program waitlists vary dependent upon release dates. Psychology programs also vary with priority given to those with closer release dates.

FPC Pekin reported there were no class cancellations during this reporting period.

FPC Phoenix: FPC Phoenix, located 10 miles North of the Phoenix city limits, is a minimum-security facility for female inmates. It houses approximately 256 inmates, of which 15 are CMs. The facility offers GED, ESL, ACE courses, Secondary College Education, and additional education courses. The Vocation Program offers 21 Apprenticeships and Vocational Technician Programs for HVAC and Carpentry. The Psychology program offers Resolve, MAT, Anger Management, Emotional Self-Regulation, Basic Cognitive Skills, and Criminal Thinking.

FPC Phoenix offers 17 additional programming opportunities. Examples are Foundation, Women's Life Skills, Women's Career Exploration, and Threshold. The waitlists for the Education program ranges from 0 - 18 months for college classes. Vocation programs waitlists range from 12 - 24 months. The Psychology program reported no waitlists.

FPC Phoenix reported there were no class cancellations during this quarter.

FCI Tallahassee: FCI Tallahassee, located in Florida, houses approximately 1,142 low-security female inmates of which 21 are CMs. The facility offers GED in English and Spanish, ESL, ACE and College Correspondence Courses. Vocation courses offered are Custodial Maintenance and Barista/Culinary Arts. The Psychology program offers FIT, Resolve, NRDAP, Drug Education, Anger Management in Spanish, Emotional Self-Regulation, Criminal Thinking, Parenting, Foundation, and other classes.

FCI Tallahassee offers 14 additional programming opportunities. Examples include MAT, Threshold, Houses of Healing, Opioid Use Disorder, and K2 Awareness.

The waitlists for Education range from no wait to 12 months or more for a GED class. Wait times for Vocation programs range from 2 - 3 months. Psychology programs waitlists range from 7 - 14 weeks, depending on the CM's release date.

FCI Tallahassee reported no class cancellations during this quarter.

FPC Victorville: FPC Victorville, located in California, includes a Satellite Prison Camp housing approximately 256 minimum-security female inmates, of which 19 are CMs. This facility offers GED, ESL, and ACE courses. It also offers college courses, including courses from Victor Valley College and the University of California, Los Angeles. Vocational Technical courses offered are Culinary Arts, Workforce Readiness Academy, Doula, Solar Panel, Financial Literacy, Forklift, CPR/AED, and OSHA 30. Vocation Apprenticeships offered are Automotive, Electrical, Plumbing, Housekeeping and Manager/Administrative Services, Electrician, Electronics Utility Worker, Building Maintenance, Recreation Assistant, Teacher's Aide, Waste Treatment Operator, Wellness Coach, and a Dog Program. The Psychology Program offers courses such as Trauma, NRDP, Resolve, Drug Education and Anger Management.

FPC Victorville offers 32 additional programming opportunities. Examples include MAT, Threshold, Houses of Healing, Commercial Driver's License, Beginners Piano, Guitar and Beading, Parenting and Celebrate Recovery.

The waitlist times for Education programs are reported as none. Vocation waitlists are zero to one year. Psychology program course waitlists range from 2 - 3 months.

For this reporting period, FPC Victorville reports no class cancellations.

FCI Waseca: FCI Waseca, located in Minnesota, houses approximately 856 low-security female inmates, of which 36 are CMs. This facility provides GED, ESL, ACE, Academic Success, Business and Entrepreneurship, Preparing for Success after Prison and PROWD. A multitude of vocation programs are offered at this facility, making it the most robust of all the facilities housing CMs. There are 9 apprenticeship programs offered. Examples are Electrical, HVAC, and Baker. Examples of the many Vocation courses offered are Stationary Engineer, Horticulture, Cosmetology, Personal Trainer, CNA, Doula, PAWS/Animal Trainer, and Greenhouse Specialist. The Psychology program offers RDAP and NRDP, Anger Management, Criminal Thinking, Emotional Self-Regulation, Women's Reflection Group, Basic Cognitive Skills, Seeking Safety, and 10 additional classes.

Additional programming opportunities are offered. Examples include Parenting, Veteran's Career Exploration, Foundation, Threshold, Resilience Support and Preparing for Success after Prison.

The waitlists for Education range from 0 - 12 months. Vocation waitlists range from 0 - 4 years. The Psychology program waitlist ranges from 4 weeks to 1 ½ years.

FCI Waseca reported UNICOR, Peer Support Specialist Apprenticeship, and SERVSAFE were all cancelled for the entire quarter. The cancellations were attributable to program discontinuance, staffing issues and a lack of funding.

Findings & Recommendations:

Finding 14: BOP provided comprehensive programming and PPJ8 SENTRY rosters for all CMs. When accurate, this information provides the Monitoring Team with a more complete understanding of program availability across all facilities, and assists in evaluating whether CMs have meaningful access to programming opportunities. The additional information provided in PPJ8's SENTRY rosters, including individual CM enrollment and waitlist status, significantly enhanced the Monitoring Team's ability to assess access to programming. This information will help establish a useful baseline for identifying trends in program availability, participation, and wait times for future reporting periods. A request for training to assist in interpreting these rosters has been submitted to the BOP Liaison. This training will be useful to the Monitoring Team by enabling them to comprehensively evaluate whether barriers to programming are being addressed over time.

Recommendation 14: BOP should continue to provide programming and PPJ8 SENTRY rosters to the Monitoring Team to support the ongoing monitoring of CM access, enrollment, waitlist status, and program availability.

Finding 15: The month-to-month fluctuations in the programming roster provided by BOP do not enable the Monitoring Team to accurately assess programming opportunities available to CMs.

Recommendation 15: BOP should review the programming roster for fluctuations and include a brief explanation of changes in order to improve the Monitoring Team's ability to accurately assess program availability and trends over time.

E. Designation & Release

4. Compassionate Release

77. The Monitor shall review and report on all compassionate release requests submitted by Class Members. Reports will be quarterly and include an update on the status of the request.

Metrics:

- Paragraph 77, Reduction in Sentence Requests Alleging Sexual Abuse, June 2026, Report Provided by BOP, Attachment
- Summary of Program Statements and Reference Documents, April, May & June 2026

Assessment: The following table reflects resolved reduction in sentence (RIS) requests as of June 2026. This information was provided by BOP. A detailed list is included in the confidential attachments.

Reduction in Sentence Requests Status Resolved Case List	
Released Between April 1, 2024 and April 1, 2026	15
RIS Denied by the Office of General Counsel	32
RIS Denied by FCI/FPC Aliceville	1
RIS Denied by FSL Danbury	1
RIS Denied by SFF Hazelton	1

BOP provided the above information related to RIS requests filed by CMs. Since April 1, 2024, four CMs have been released following approved RIS requests, of which one was released via executive clemency. Thirty-two RIS requests were denied by the Office of General Counsel and three at the facility level (FCI/FPC Aliceville, FSL Danbury and SFF Hazelton).

Findings & Recommendations: N/A

E. Class Member Access to Counsel & the Monitor

83. The Monitor will review, and include in quarterly reports, complaints from Class Members regarding confidential communication with the Monitor or Class Counsel and may provide recommendations for improved confidential communication.

Metrics:

- CM Email Complaints Directly or Through Class Counsel
- Emails from BOP Liaison
- Program Statements and Reference Documents, April, May & June 2026

Assessment: During this quarter, there were 19 complaints from 12 CMs. CMs 3, 4, 10, 11, and 12 submitted two complaints each at two different facilities regarding confidential communication, including access to email, legal mail, and access to legal calls and/or the Senior Monitor.¹⁰ Upon receipt of any complaint from a CM regarding a lack of access, the Senior Monitor immediately contacts the BOP Liaison to request that the issue be resolved. Individual CM complaint detail is provided in the combined April, May and June 2026 monthly public and confidential monitoring reports for this quarter.

The following is a synopsis of related complaints:

- **April 2026:** Nine complaints (CMs 2, 3, 4, 5, 6, 8, 9, 10, 11) were received related to legal calls. One complaint (CM 1) was received regarding legal mail being received open and one complaint (CM 12) was received regarding lack of access to email the Senior Monitor. One CM (CM 7) complained about the lack of confidentiality during her legal call.
- **May 2026:** Two complaints (CMs 1, 3) were received related to legal calls.
- **June 2026:** Four complaints (CMs 2, 13, 14, 15) were received related to legal calls. One complaint was received by CM 16 who reported being refused law library access. The law library is where the computer is located that CMs would use to email the Senior Monitor, Lieutenant, or Captain.

Despite the additional training provided by BOP to staff, access to confidential legal calls continues to be a concern. Even a single instance in which a CM is denied timely access to a confidential legal call has the potential to adversely affect communication with Class Counsel and hinder their ability to exercise the rights afforded to them under the Consent Decree.

Findings & Recommendations:

Finding 16: Despite repeated instruction to staff, issues related to access to legal calls, legal mail, and access to emails continue to be reported by CMs to Class Counsel and the Senior Monitor. **

Recommendation 16: Repeated reliance on training alone has been insufficient and suggests the need for more structured corrective measures. In facilities where these issues are identified, BOP should move

¹⁰ CM 4 and 10 are the same person. CM 11 and 12 are the same person.

beyond generalized instructions and implement a documented corrective action plan that includes the following:

- clearly defined timelines for completion of instruction;
- mandatory attendance tracking;
- supervisory verification that policies are being followed;
- periodic audits of legal mail handling and legal call procedures; and **
- corrective action(s) taken for staff who have been previously trained and/or provided remedial training. yet failed to follow written procedures.

F. Processing of Damages related to Closure due to Property Loss

84. The Monitor shall also review and report on loss and damage to Class Member property as a result of transfer from FCI Dublin, including the status of Class Members' claims for compensation. Nothing in this section shall prejudice the right of the Class Members to make unreleased claims within the normal one-year time frame from the incident.

Metrics:

- CM Email Complaints Directly or Through Class Counsel
- Processing of Damages Related to Closure due to Property Loss, Paragraph 84, Report Provided by BOP
- Program Statements and Reference Documents, April, May & June 2026

Assessment: During this quarter, there were no property complaints received from CMs or Class Counsel related to Paragraph 84. Paragraph 84 applies exclusively to property loss associated with the transfer from FCI Dublin. However, the Monitoring Team continues to receive numerous complaints from both CMs and Class Counsel regarding property loss unrelated to the FCI Dublin transfer. At present, the Monitoring Team's only recourse is to forward these complaints to BOP for informational purposes. A response or follow-up is not required unless the complaint involves a CM's placement in the SHU and the associated property privileges governed by the Consent Decree in Paragraph 46.

From March 15, 2024, through the closure of FCI Dublin on April 15, 2024, CMs were notified of their transfers with minimal notice—sometimes as little as a few hours—and instructed to pack their belongings into a single green duffle bag. Items that could not fit into the duffle bag were packed into one box, and some were mailed to the CM's residential address at BOP expense.

NOTE: The Consent Decree did not go into effect until March 31, 2025.

Following the facility's closure and the subsequent transfer of all CMs to locations across the country, numerous individuals reported the loss of personal property, including boxes that were packed, but not mailed to the CMs' residences. CMs who left in the initial stages were provided one duffle bag and not given the opportunity to send excess property home. It was, therefore, left behind. Other CMs were not given the opportunity to pack their property and as a result, it was likely stolen.

The Senior Monitor and Class Counsel have consistently worked with BOP staff to facilitate the processing of property claims. To accommodate CMs who were unable to provide receipts to substantiate the value of their lost property, the Consent Decree offered an alternative option for reconsideration, allowing individuals to submit a signed affidavit in lieu of receipts. BOP reposted the informational bulletin on May 16, 2025. It remained active until March 31, 2026. After BOP reposted the informational bulletin in BOP's Trust Fund Limited Inmate Computer System, many CMs refiled for reconsideration.

CMs reported that BOP has frequently denied or rejected claims or offered disproportionately low compensation relative to their reported value of the property lost. Additionally, there is inconsistency in

the application of grant and denial criteria, resulting in unequal settlement awards. These concerns are reflected in the attached confidential documentation provided by BOP for this Paragraph.

BOP responded to this concern by stating, *“Class Member property claims were reviewed by BOP Agency attorneys, and each attorney used their respective experience in assessing the claims and evidence. In the event the CMs or Monitor believes inconsistency exists, this is simply because different people reviewed claims. Having several attorneys review the property claims does not deny CMs due process. In all facets of life, people encounter areas where guidelines may exist, but which ultimately rely on the expertise of the professional. Indeed, this applies to judges, monitors, auditors, and doctors, to name a few. Each profession uses experience and education to make subjective decisions within the confines of relevant guidelines. This is synonymous with each respective Agency Counsels’ review of property claims.”*

The Monitoring Team’s concern is not that different BOP attorneys reviewed the claims or that professional judgment was exercised in evaluating them. The overall concern is whether similarly situated CMs are receiving substantially different outcomes without an identifiable and consistently applied basis. Without sufficient documentation explaining the basis for the differing outcomes, it is difficult to assess whether decisions are being applied consistently or whether similarly situated CMs’ claims are equitable.

When a claim is under review by BOP, one of the steps in the process is for BOP to send an affidavit to the CM to sign either accepting or denying the amount being offered. BOP policy has no limitations on the number of times the affidavit can be sent to the CM. BOP has sent affidavits to CMs multiple times with no response received from the CMs. When the Senior Monitor becomes aware that an affidavit is not received by a CM, the Senior Monitor has requested that it be resent to the CM. In one such case, the CM complained they had not received an affidavit. The Senior Monitor requested that it be resent, which it was, and subsequently the CM refused to sign it.

Findings & Recommendations:

Finding 17: The documentation related to claim reimbursements does not contain the criteria used to determine the amount approved or denied.

Recommendation 17: BOP should provide documentation supporting that claim reimbursements were based on consistently applied review criteria. Additional documentation explaining the basis for approvals, denials and settlement amounts would help to promote transparency, fairness and the equitable treatment of CMs.

Signature

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



Wendy Still, MAS
Senior Monitor

September 14, 2026

Date

Glossary of Acronyms

ACE	Adult Continuing Education
ADO	Administrative Detention Order
AICs	Adults in Custody
BOP	Bureau of Prisons
BEMR	Bureau Electronic Medical Record
C.F.R.	Code of Federal Regulations
CNA	Certified Nursing Assistant
DHO	Disciplinary Hearing Officer
ESL	English as a Second Language
FDC	Federal Detention Center
FCI	Federal Correctional Institution
FIT	Female Integrated Treatment
FMC	Federal Medical Facility
FSA	First Step Act
FTC	Federal Time Credit
GED	General Educational Development
LLS	Language Line Services
MAT	Medication Assisted Treatment
MOU	Memorandum of Understanding
NRDAP	Non-Residential Drug Abuse Program
OIA	Office of Internal Affairs
OIG	Office of Inspector General
PREA	Prison Rape Elimination Act
PCM	Prison Compliance Manager
RCC	Rape Crisis Center
RDAP	Residential Drug Abuse Program
RIS	Reduction in Sentence
RRC	Residential Reentry Center
SCA	Second Chance Act
SHU	Special Housing Unit
SLN	Sign Language
HVAC	Heating, Ventilation and Air Conditioning

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 inmate 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).¹¹

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

Alert[s] refers to instances where Senior Monitor, identified a concern arising from a Class Member's treatment or lack thereof at FCI Dublin or during transfer from FCI Dublin, including concerns related to: medical and/or mental healthcare (including Medication Assisted Treatment and Medical and/or Mental Health Nexus Cases, as defined below), PREA reports and advocacy services, compassionate release requests, release dates and application of Federal Time Credits, disciplinary incidents and impacts on security and recidivism classifications (including Good Credit Time, Forfeited Non-Vested Good Time Credit, Administrative Detention Time and Disciplinary Segregation Time), property claims, and transport issues. The Senior Monitor's decision to clear or place an Alert shall be final subject to reconsideration by the Senior Monitor at the Senior Monitor's discretion. Alerts closed prior to the Effective Date may be reopened if the inmate 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 inmate 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.

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

¹¹ [eCFR :: 28 CFR 541.22 -- Status when placed in the SHU.](#)

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

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

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

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

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

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

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

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

Disciplinary Segregation refers to a punitive status wherein an inmate 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 inmate placed in SHU for their own protection. 28 C.F.R. § 541.23(c)(3). For any inmate who is placed in SHU as a protection case, whether requested by the inmate 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 inmates are separated from the general population, and may be housed either alone or with another inmate. When placed in the SHU, an inmate 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 inmates 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 work days of your placement in administrative detention status, not counting the day you were admitted, weekends, and holidays, the SRO will review the supporting records. If you are in disciplinary segregation status, this review will not occur.
- (b) Seven-day reviews. Within seven continuous calendar days of your placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend. Subsequent reviews of your records will be performed in your absence by the SRO every seven continuous calendar days thereafter.
- (c) Thirty-day reviews. After every 30 calendar days of continuous placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend.
- (d) Administrative remedy program. You can submit a formal grievance challenging your placement in the SHU through the Administrative Remedy Program, 28 CFR part 542, subpart B.

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

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

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

Attachments

Non-Confidential Attachment

- Program Statements and Reference Documents, April, May and June 2026

Confidential Attachments (provided under separate cover)

- Confidential Quarterly Monitoring Report, April 1, 2026 – June 30, 2026 (Includes reports provided by BOP and as noted throughout this report)
- Class Member Confidential Key, Quarterly, April, May & June 2026
- Paragraphs 68 - 69, Population Monitoring Census – Roster, April 30, 2026, Report Provided by BOP
- Paragraphs 68 - 69, Population Monitoring Census – Roster, May 31, 2026, Report Provided by BOP
- Paragraphs 68 - 69, Population Monitoring Census – Roster, June 30, 2026, Report Provided by BOP
- Class Members in Regional Reentry Centers, April, May & June 2026, dated July 13, 2026, Report Provided by BOP
- Paragraph 77, Reduction in Sentence Requests Alleging Sexual Abuse, June 2026

Program Statement & Reference Documents April, May & June 2026		CD Para.
Program Statements		
6010.05 Health Services Administration, June 26, 2014		38
6031.06 Patient Care, June 22, 2026		38
6270.01 Medical Designations & Referral Services for Federal Prisoners, January 15, 2005		38
5324.12 CN-1 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025		39, 40, 62-66
5310.016 CN-1 Treatment and Care of Inmates with Mental Illness, February 18, 2025		52-57, 65
5200.09 CN-1 Female Offender Manual, July 31, 2025		39, 40, 44, 52-57, 58, 64-67, 68
5220.01 First Step Act Program Incentives, July 14, 2021		68
5240.01 Female Integrated Treatment (FIT), August 11, 2022		68
5300.21 Education, Training and Leisure Time Program Standards, February 18, 2022		68
5321.09 CN-1 Unit Management and Inmate Program Review, February 27, 2025		52-57, 60, 68
5400.01 First Step Act Needs Assessment, June 25, 2021		68
5410.01 CN-2 First Step Act of 2018-Time Credits: Procedures for Implementation of 18 U.S.C. Section 3632 (d)(4), March 10, 2023		68
5800.17 Inmate Central File, Privacy Folder, and Parole Mini-files, April 3, 2015		52-57, 60, 68
7320.01 CN-2 Home Confinement, December 15, 2017		68
5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582 and 4205(g), January 17, 2019		77
5265.14 Correspondence, April 5, 2011		83
5264.08 Inmate Telephone Regulations, January 24, 2008		83
5580.08, Inmate Personal Property, August 22, 2011		84
5580.09 Inmate Property Claims, March 20, 2018		84
Additional Reference Documents		
Class Counsel Memorandums, April 15, 2026, April 30, 2026, May 15, 2026, May 30, 2026, June 15, 2026, and June 30, 2026;		All Quarterly Report Paragraphs
BOP Medical and Mental Health Care Staffing Levels		34, 36
Class Member Email Complaints		34, 36, 40, 58, 62, 68, 84
Confidential Third-Party Wait Times Report, June 2026, Paragraph 37, BOP Report		37
BOP's Electronic Medical Records System Clinical Encounters and Psychology Data System		37, 39, 40, 44, 52, 62, 65, 66
Sexual Assault Prevention and Intervention Booklet, February 2025		39, 40, 62, 65, 66
BOP Prison Rape Elimination Act Homepage Website		39, 40, 62, 65, 66
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