

**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**

**1st Public Monthly Status Report
For Rating Period March 31, 2025 – April 30, 2025**

**Submitted by
Wendy Still
Senior Monitor
U.S. District Court
Northern District Court of California**

June 30, 2025

TABLE OF CONTENTS

Senior Monitor & Team	3
Introduction & Background	4
Executive Summary of Compliance Ratings by Facility	14
Assessment & Recommendations by Federal Bureau of Prisons Facility	16
A.1.34 Medical Healthcare (Part 1), Review of Medical Healthcare Alerts.....	16
A.1.34 Mental Healthcare (Part 2), Review of Mental Healthcare Alerts	23
B.42 Alerts & Reporting & C.1.44 – 45 Staff Abuse & Retaliation, Placement in Special Housing Units	26
C.1.46 & C.1.49 Staff Abuse & Retaliation, Placement in Special Housing Units	29
C.1.47 Staff Abuse & Retaliation, Placement in Special Housing Units	33
C.1.48 Staff Abuse & Retaliation, Placement in Special Housing Units	35
C.1.51 Staff Abuse & Retaliation, Placement in Special Housing Units	37
C.1.52 - 55 Staff Abuse & Retaliation, Placement in Special Housing Units.....	40
C.2.58 - 61 Staff Abuse & Retaliation, Reports of Staff Retaliation.....	49
C.3.62 – 63 Staff Abuse & Retaliation, Reports of Staff Physical or Sexual Abuse	55
C.3.64 Staff Abuse & Retaliation, Reports of Staff Physical or Sexual Abuse.....	61
D.1.68 - 69 Designation & Release, Designations.....	64
D.1.70 Designation & Release, Designations	68
D.1.72 Designation & Release, Designations	69
D.2.73 - 74 Designation & Release, Credit Loss Due to Transfer	71
D.3.75 - 76 Designation & Release, Disciplinary Review.....	73
E.81 Class Member Access to Counsel and the Monitor.....	77
E.82 Class Member Access to Counsel and the Monitor.....	79
Glossary of Acronyms	81
Definitions	83
Relevant Federal Codes	87
Attachments	90

Monitoring Team

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

Introduction & Background

Introduction: This document serves as an introduction to the first report on the status of the United States (U.S.) Federal Bureau of Prisons (BOP) implementation of the California Coalition for Women Prisoners v. U.S. BOP, Consent Decree. This report addresses related paragraphs assigned to Senior Monitor Wendy Still, MAS, to monitor and rate commencing on March 31, 2025. It outlines areas where policies, processes, documentation, forms, and training will need to be developed or revised/modified to meet the requirements of the Consent Decree. A report from the Senior Monitor is required monthly, quarterly and 90 days prior to the termination of the Consent Decree. This Monitoring Report covers March 31, 2025 through April 30, 2025.

The Senior Monitor would like to express appreciation to BOP staff for their assistance in facilitating and providing information related to the various paragraphs of this report. The Senior Monitor would also like to thank Class Counsel for communicating Class Member concerns as they arise. Throughout this process, Jenna Eplin, BOP's Liaison for the Consent Decree, and Kristi Sutton, BOP Attorney Advisor, provided invaluable assistance in the collection of data required for the completion of this report. Throughout this process, BOP staff have continually facilitated communication with subject matter experts, field personnel, and Class Members. Although there continue to be regular and ongoing debates related to the four corners of the Consent Decree requirements, communication continues with the BOP, Assistant United States Attorney's Office, Class Counsel and the Monitoring Team to find resolution to issues as they arise.

Initial Reporting Concerns: With respect to this report, a variety of factors contributed to the delay in the preparation of this initial monitoring report, to include the length of time associated with the issuance of computers and network access by BOP. Also, contributing to this delay was the training and learning curve experienced by the Monitoring Team as they developed proficiency in maneuvering and extracting data from BOP's network, consisting of the SENTRY Inmate Management System, Electronic C-File, and the Bureau's Electronic Medical Records System (BEMR). Furthermore, although the Monitoring Team receives regular reports from BOP's data systems, they are oftentimes insufficient to allow for a thorough and comprehensive analysis.

In response, the Monitoring Team is required to engage in extensive data mining efforts from BOP's data systems in order to extract the data and information necessary to inform an accurate assessment of compliance. Furthermore, the process of identifying, retrieving, and analyzing information and data from 16 BOP facilities has been time-consuming and arduous. As the Senior Monitor and her team, in collaboration with BOP staff and Class Counsel, continue to refine and streamline the timely submission and extraction of critical information and data, future monitoring reports will include an even more comprehensive assessment of all areas within the scope of the Consent Decree. Moving forward, additional collaboration between BOP and the Monitoring Team will be required to facilitate receipt of information that was identified during the preparation of this first monthly report.

Monitoring Activities: During this rating period, the Senior Monitor’s priorities focused on findings of fact related to the compliance with the Consent Decree based on the Monitoring Team’s continuous review and assessment of the paragraph of medical and mental healthcare services, the application of constitutionally minimum standards associated with confinement and care, and the Prison Rape Elimination Act (PREA), and the general penal and programmatic practices of the BOP. Property loss issues are a significant concern to the Class Members. The first quarterly report will include an in-depth analysis related to property concerns raised by Class Members.

The various activities the Senior Monitor and her team engaged in during this rating period included, but were not limited to, the following:

- Reviewing, analyzing and evaluating data and information associated with the paragraphs of the Consent Decree;
- Investigating and responding to complaints and issues raised by both Class Counsel and Class Members in emails and written correspondence;
- Participating in medical, medication assisted treatment (MAT) and mental health alert meetings with BOP;
- Reviewing and reporting PREA and retaliation complaints to the Office of the Inspector General (OIG) and BOP;
- Developing documents, agendas and other material for the initial monitoring tour (FMC Carswell); and
- Developing monitoring tools to enable the Monitoring Team to assess the paragraphs of the Consent Decree; and
- Where appropriate and on a continuous basis, the Monitoring Team’s observations and concerns were provided to BOP for follow up and resolution.

Rating Period: This report covers information received and analyzed during the rating period from March 31-April 30, 2025, which It includes, but is not limited to, the following activities:

- Review of BOP program statements, records, audits, reports, tracking logs, formal, informal and on-line training, and Code of Federal Regulations (C.F.R.), Title 28¹, and miscellaneous documents;
- Participation in meetings with BOP staff;
- Interviews with BOP and contract staff, and Class Members; and
- Review of emails from Class Members, Class Counsel and BOP staff.

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

Class Members: The table below reflects the total number of Class Members (305) in BOP facilities and categorized by their location as of April 30, 2025.

BOP Facility	# of Class Members	BOP Facility	# of Class Members
FCI Aliceville	35	FCI Marianna	2
FPC Bryan	4	FDC Miami	2
FMC Carswell	67	FTC Oklahoma City	4
FCI Danbury	35	FCI Pekin	9
FCI Greenville	2	FCI Phoenix	11
FCI Hazelton	14	FCI Tallahassee	33
FDC Houston	0	FCI Victorville	14
FMC Lexington	18	FCI Waseca	55

One Class Member, of the 10 assigned to FCI Pekin, was transferred to MCC Chicago because FCI Pekin does not have a Security Housing Unit (SHU). Another Class Member is currently being housed at MDC Los Angeles while enroute to her designated institution.

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

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

NOTE: It is significant to note that the ratings assessed in this report are specific to the paragraphs within the Consent Decree, within the context of the system and operations impacting Class Members, regardless of where they may be housed.

Compliance Ratings: The Consent Decree offers limited guidance to the court-appointed Senior Monitor regarding the measurement of compliance, simply stating that:

Paragraph 98: *“The Monitor’s reports shall contain the Monitor’s assessment of whether Defendants are complying with this Consent Decree and provide recommendations for compliance where the Monitor deems necessary.”*

Paragraph 99: *“As used in the Monitor’s reports, the terms ‘findings,’ ‘assess,’ ‘assessment,’ and ‘evaluation’ shall refer to the Monitor’s conclusions regarding the state of compliance with specific terms of this Consent Decree. Such conclusions may be used by either Party to support positions taken in the Dispute Resolution Process, without prejudice to either Party’s assertions of evidentiary objections. As used in the Monitor’s reports or other communications, the term “recommendation” shall refer to a course of action that the Monitor believes would assist the BOP in complying with this Consent Decree. The Monitor’s final reports shall be submitted to the Court and made publicly available to Class Members with the redactions described above.”*

To that end and in order to provide guidance to the parties and measure compliance, the Senior Monitor:

- Created three-tiered system specifically designed to measure compliance, and
- Incorporated recommendations, within most sections of Consent Decree paragraph(s) within this report, and

This compliance measurement system, outlined in the table below, is similar to those utilized by previous Monitors and Special Masters in similar state and federal court monitoring assignments.

The court-appointed Senior Monitor determined definitions for compliance measurement for each of the paragraphs in this Consent Decree as follows:

Compliance Rating Definitions	
Non-Compliance (NC)	The BOP has made no notable progress in achieving compliance on any of the key components of the paragraph.
Partial Compliance (PC)	The BOP has made some progress towards achieving compliance with the key components of the paragraph, but additional work remains.
Substantial Compliance (SC)	The BOP has met or achieved all or nearly all the components of a particular paragraph.

A minimum requirement for each paragraph is that relevant policies, procedures and programmatic practices must be compliant with Consent Decree requirements; that they contain sufficient operational detail for staff to implement the policy, to include appropriate training, remedial training, coaching and follow-up; and that the BOP has implemented the policies to fidelity.

NOTE: Throughout this report:

- **Not Rated (NR)** is utilized to indicate the paragraph is not conducive to a rating.

- **Facility** and **institution** are utilized interchangeably.
- **Compliance ratings** are specific to the provisions within the Consent Decree, within the context of the system and operations impacting Class Members, regardless of where they may be housed.
- **Section** and **subsection letters** and numbers referenced in the table on the following page are based on the structure of the Consent Decree.

Monitoring Reports: This document includes non-confidential attachments as a part of the public report. It also contains confidential attachments that will be provided to All Parties Counsel and the Court under separate cover. The confidential attachments cover specific information related to the following paragraphs:

Confidential Attachments
A. Medical & Mental Healthcare, Provision 34
Review of Medical & Mental Healthcare Alerts, Paragraph 34
C. Staff Abuse & Retaliation
Placement in Special Housing Unit, Paragraphs 44 – 45, 49 – 57 Reports of Staff Retaliation, Paragraph 60 Reports of Physical or Sexual Abuse, Paragraphs 62 - 65
D. Designation & Release
Designations, Paragraph 71

Consent Decree Protections: The protections afforded to Class Members are outlined in the table below.²

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

² The information in the table was gleaned from the California Coalition for Women Prisoners v. Federal Bureau of Prisons 4:23-cv-04155 (N.D. Cal.), with limited edits.

Background: The following is a case summary of this litigation.³ This information is provided in this report to form a baseline for the reader’s knowledge and basis for the Consent Decree. This information will not be repeated in subsequent monthly and quarterly monitoring reports. This information does not impact any ratings contained within this report.

August 16, 2023: The California Coalition for Women Prisoners, along with eight women incarcerated at the Federal Correctional Institution, Dublin (FCI Dublin), brought a putative class action in the U.S. District Court for the Northern District of California against the United States (U.S.) of America, the Federal BOP, the BOP Director, FCI Dublin’s warden, and 12 named individuals employed as Officers at FCI Dublin. Represented by *Rights Behind Bars*, the California Collaborative for Immigrant Justice, and private counsel, the plaintiffs sought injunctive relief on behalf of a putative class of people incarcerated at FCI Dublin, alleging that all current and future individuals incarcerated at FCI Dublin faced continuing harm due to the prison’s failure to protect prisoners from sexual abuse by staff. Individual prisoners also sued for monetary damages under the federal Trafficking Victims Protection Act, 22 U.S.C. § 7102, and through Bivens actions for federal constitutional violations.

The plaintiffs claimed that BOP had been aware of allegations of sexual abuse by staff at FCI Dublin for decades and yet had failed to investigate or prevent misconduct. The plaintiffs also alleged that prison staff failed to keep reports of sexual abuse confidential and retaliated against those who reported abuse by placing them in solitary confinement, initiating unjustified strip and cell searches, and transferring them to facilities far from support networks. The plaintiffs asserted that the sexual abuse and systematic failure to prevent harm violated the Eighth Amendment’s prohibition on cruel and unusual punishment and the right to personal security found in the Fifth Amendment’s substantive Due Process guarantees. In the complaint, the plaintiffs also noted that FCI Dublin had previously been the subject of investigation by a U.S. Department of Justice working group and a Senate subcommittee. They noted also that seven former FCI Dublin officials were convicted or pled guilty to criminal sexual abuse charges, including the former warden, and that one former official still awaited trial. The case was assigned to District Judge Yvonne Gonzalez Rogers.

The plaintiffs moved for a preliminary injunction simultaneously with their complaint. The defendants opposed the motion, arguing that the plaintiffs did not adequately assert constitutional violations and did not demonstrate sufficiently imminent or likely harm because FCI Dublin, under new leadership, no longer employed the "bad actors" and had improved prison conditions. Because criminal proceedings against various Officers are pending, the court stayed all requests for individual damages until July 2024.

Shortly before an evidentiary hearing in late December, the plaintiffs filed a request for an emergency order directing FCI Dublin to allow plaintiffs’ counsel more time to prepare their witnesses for the upcoming hearing. Plaintiffs’ counsel was concerned that their clients had been “conspicuously and inexplicably targeted by strip searches, cell searches and confiscation of legal papers” and that FCI Dublin

³ The summary was gleaned from the Civil Rights Litigation Clearinghouse website, with limited edits. [Civil Rights Litigation Clearinghouse](#)

was planning on transferring some of their witnesses to other facilities. One potential witness who had earlier agreed to meet with plaintiffs' counsel and testify refused to do so after notice of the strip search. In response, Judge Gonzalez Rogers issued an order on December 30, 2023, directing the plaintiffs not to transfer any person on the witness lists until further court order.

January 2, 2024: The court convened an emergency hearing to address alleged retaliation. Given the severity of the retaliation allegations, the court requested the U.S. Attorney for the Northern District of California to attend. During the hearing, the court heard from nine FCI Dublin officials and fourteen inmates.

After the hearing, Judge Gonzalez Rogers made an unannounced visit to FCI Dublin on February 14, 2024. She spent nine hours touring the prison, including medical services, dentist's office, various housing units, the cafeteria during lunch, the call center, the commissary, and the Special Housing Unit ("SHU"). Judge Gonzalez Rogers also toured the satellite camp at FCI Dublin. During her visit, the judge spoke confidentially to at least one hundred inmates, as well as correctional staff, medical staff, and counselors. On February 16, 2024, Judge Rogers issued an order addressing conditions she had observed that she deemed in need of immediate attention. She ordered the defendants to fix all showers, have a contractor inspect the facility for natural gas leaks, black mold, and asbestos, and distribute second blankets to people incarcerated in facilities without heat. The final issue was addressed in a separate attachment under seal.

February 15, 2024: Meanwhile, Judge Gonzalez Rogers issued an order to show cause for why defendants should not be held in contempt or sanctioned for failure to follow the court's order not to transfer any witnesses. Shortly before the visit, the judge learned through news reports that one of the prisoners who testified during a January evidentiary hearing about sexual abuse had been placed in the SHU and then transferred to a separate prison in Los Angeles. In the SHU, she was allegedly denied basic hygiene items and embarked on a hunger strike before she was transferred on February 6, 2024.

The defendants' response was that they had misunderstood the court's order not to transfer witnesses as applying only to the lead-up to the evidentiary hearing, that the transfer was made for legitimate safety and security concerns, and that the plaintiffs did not object to the transfer. The plaintiffs replied that they were not provided with the full facts surrounding the transfer or given access to the transferee until after the transfer. The plaintiffs argued that placement in the SHU and the transfer was initiated by one of the Officers against whom the inmate testified and that the defendants violated other procedural requirements consistent with prior allegations of retaliation.

February 27, 2024: A hearing regarding the issue was held indicated a strong likelihood of appointing a special master to investigate claims. After the hearing, Judge Gonzalez Rogers discharged her contempt and sanctions order.

March 11, 2024: The FBI sent agents to FCI Dublin on the morning of March 11, 2024. The facility's leadership and a captain were walked off the facility premises. Later that day, BOP notified the court that

it had replaced executive employees—the Acting Warden, an Associate Warden, the Satellite Camp Administrator, and the Acting Captain.

March 15, 2024: The court granted the plaintiffs' motion for class certification and their motion for preliminary injunction in part. 723 F.Supp.3d 712. The court also said it would appoint a special master, as plaintiffs had requested, to address the ongoing retaliation issues. The court certified plaintiffs' requested class of "[a]ll people who are now, or will be in the future, incarcerated at FCI Dublin and subject to FCI Dublin's uniform policies, customs, and practices concerning sexual assault, including those policies, customs, and practices related to care in the aftermath of an assault and protection from retaliation for reporting an assault." The court analyzed the plaintiffs' motion for a preliminary injunction under the requirements of the Prison Litigation Reform Act (PLRA), including that the injunction be narrowly drawn and set to expire after 90 days unless the court finds that a permanent injunction is required. While the court acknowledged BOP's efforts to install more cameras and implement a pilot phone program to address the risk of sexual misconduct, those changes were deemed insufficient to counter FCI Dublin's deliberate indifference to plaintiffs' risk of sexual abuse and inadequate medical and mental health services for survivors. The court found BOP's response to allegations of sexual assault by staff woefully insufficient and the health services understaffed, despite the introduction of a Rape Crisis Center. The court also found that the plaintiffs' First Amendment claim was likely to succeed on the merits due to FCI Dublin's failure to address the retaliatory environment. The court denied the plaintiffs' requests for court monitoring of communication, the fixing the privacy screens of computers, and the return of non-contraband items seized from individuals' cells during searches.

April 5, 2024: The court appointed a Special Master. The Special Master, Wendy Still, had most recently served as Chief Probation Officer of the Alameda County Probation Department. This marked the first time a court had appointed a Special Master to monitor a BOP facility.

April 15, 2024: BOP issued a public statement that FCI Dublin would be closed because it was not meeting the government's standards. The court held a sealed status conference on April 23, 2024, concerning the winding down of operations at FCI Dublin. According to an order issued by the court on May 7, 2024, the closure announcement was made without informing the court. The Special Master expressed concerns with the immediate initiation of transfers for incarcerated persons without consideration of medical clearance or eligibility for community placements. The court therefore ordered all transportation of incarcerated people halted, with closure proceedings to be supervised by the court. The court also ordered the provision of a monthly staffing report to the court and Special Master from each facility to which FCI Dublin Class Members were transferred, maintenance of a tracking roster created for the Class Members, and other reporting measures.

June 11, 2024: The American Civil Liberties Union (ACLU) of Northern California, The Appeal, Victoria Law, and the First Amendment Coalition, represented by the ACLU and Victoria Law, filed a motion to intervene for the purpose of unsealing court records. Judge Rogers granted intervention on July 26, 2024, and allowed a number of documents to be unsealed.

Judge Rogers entered an order on July 1, 2024, finding that BOP had still failed to correct the violation of the constitutional rights experienced by those incarcerated at FCI Dublin. Noting that the injunctive relief previously ordered was soon to expire, she ordered that the relief be extended an additional 90 days into early October.

Following the closure of FCI Dublin, the defendants filed a motion to dismiss, asserting that the facility's closure rendered continued intervention by the courts unnecessary. Judge Gonzalez Rogers denied the motion on September 5, 2024, holding that "[t]he notion that the constitutional injuries alleged by FCI Dublin's [incarcerated population] were comprehensively remedied by the facility's closure strains credulity." Judge Gonzalez Rogers concluded her opinion by reiterating that the preliminary injunctive relief remained in force and the Special Master's appointment remained valid.

November/December 2024: In November 2024, the parties reached an agreement to settle all claims for injunctive relief, and in early December 2024, the plaintiffs informed the court of a proposed class settlement agreement. Judge Rogers granted preliminary approval on December 20, 2024. In her order, Judge Rogers also revised the class definition to include "all people who were incarcerated at FCI Dublin between March 15, 2024 and May 1, 2024, and all named Plaintiffs." Judge Gonzalez Rogers also noted that during the hearing on the preliminary approval, she had discussed "at length" her concerns with the settlement. She ordered the parties to work to address her concerns and file a supplement addressing them by January 24, 2025.

February 13, 2025: Weeks after the newly-installed Trump Administration took control of the federal government, the government filed a motion seeking to delay approval of the settlement agreement. In their motion, the government asserted that "the recent change in administration, the change in key personnel, and the issuance of Executive Orders and Attorney General Memos that may impact some provisions in the Consent Decree, independently necessitate a continuance of the final approval hearing. Judge Rogers denied the motion on February 19, 2025.

During the approval hearing, attorneys from the government objected to two provisions in the proposed settlement that they indicated were contrary to the policies of the new Trump Administration—one allowing transgender inmates to wear gender-affirming clothing and another prohibiting BOP from using immigration status to deny release.

February 27, 2025: Judge Rogers rejected these objections and formally approved the settlement on February 27, 2025. The settlement mandated that BOP publicly acknowledge the abuse that occurred at FCI Dublin; provided for the appointment of a Monitor to oversee implementation and issue reports; established mechanisms to ensure proper designation and credit-earning for Class Members, facilitated the release of Class Members to community placement as soon as possible; provided for medical and mental health care to be provided in Class Members' primary languages; restricted the use of the Special Housing Unit (SHU) and expanded privileges for those in SHU; improved processes for reporting staff abuse and retaliation; and enhanced Class Members' access to counsel.

The plaintiffs informed the court on February 11, 2024, that they had reached settlements with the federal government resolving all individual claims, causes of action, and related issues for monetary relief only. Pursuant to the settlements, the named plaintiffs' claims for monetary relief were dismissed on March 18, 2025.

March 21, 2025: As of this date, the parties prepared for the implementation of the settlement agreement, to include the requirement that the Senior Monitor produce monitoring reports, accessible to the public, on a monthly and quarterly basis, and 90 days prior to the tentative termination of the Consent Decree (24 months from approval of the settlement agreement).

March 31, 2025: The Consent Decree went into effect on this date. Moving forward, BOP may petition the Court to terminate the Consent Decree based on substantial compliance no earlier than 18 months after the effective date of March 31st.

Executive Summary of Compliance Ratings by Facility

Progress-To-Date: The compliance ratings noted in the following page were informed by document and data review and analysis, observations, and interviews with BOP staff, Class Counsel and Class Members. These activities were conducted to assess compliance with specific paragraphs pursuant to the Consent Decree, including those that require monthly assessments and reporting to All Parties Counsel and the Court.

Related paragraphs have been consolidated in this status report for clarity; however, several may be reported separately in future reports as compliance is achieved. Additional recommendations may also be included in subsequent reports based on information obtained during the implementation of corrective measures.

Details on how compliance ratings were determined are provided in the section titled, “**Assessment and Recommendations by Federal Bureau of Prisons Facility,**” commencing on page 20. Additional substantiation is included in the Monthly Confidential Monitoring Report attachment, dated June 30, 2025, for this rating period. It will be shared with All Parties Counsel and the Court under separate cover.

NOTE: Although not subject to a compliance rating from the Senior Monitor, paragraph 88, *Additional Relief*, directs the BOP Director to issue a formal, public acknowledgement to victims of staff sexual abuse at FCI Dublin. On February 26, 2025, Acting Director William W. Lothrop issued the required formal acknowledgement. Subsequently, Class Counsel and some Class Members reported the acknowledgement was less than what was expected due to the significant abuse that occurred at FCI Dublin.

Compliance Ratings - March 31 – April 30, 2025

A. Medical and Mental Healthcare, 1. Review of Medical and Mental Healthcare Alerts

34, Alerts – Medical Health Alert Not Cleared as of the Date of the Previous Monthly Report, to include Ongoing Provision of Care	PC
34, Alerts - Mental Health Alert Not Cleared as of the Date of the Previous Monthly Report, to include Ongoing Provision of Care	SC

B. Alerts & Reporting

42. Status of Class Member Alerts - Rated in Subsections Below

C. Staff Abuse and Retaliation, 1. Placement in Special Housing Units

44 & 45, Security Housing Unit/Administrative Detention Orders	PC
46 & 49, Administrative Detention Status Privileges	NC
47, Confidential Communication	PC
48, Medical Devices & Prescriptions	NC
51, Remedy Under Consent Decree	NC
52 - 55, Disciplinary Segregation	PC

C. Staff Abuse and Retaliation, 2. Reports of Staff Retaliation

58 - 61, Reports of Staff Retaliation	PC
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C. Staff Abuse and Retaliation, 3. Reports of Staff Physical or Sexual Abuse

62 & 63, Allegations of and Reporting of Staff Physical or Sexual Abuse	PC
64, Prison Rape Elimination Act Reports & Follow up Medical and Psychological Evaluations and Care	PC

D. Designation and Release, 1. Designations

68 - 69, Designation Location, Programmatic, Medical, Mental Health and Faith-Based Needs, Recommendations of the Sentencing Court, etc.	PC
70, Housing in Administrative Detention Facility and Credits During Transfer from FCI Dublin	PC
71, Release Dates, Eligibility for Federal Time Credits or Release to Community Placements, Issues Receiving or Applying Credits	NC
72, Community Placement Release Under First Step Act or Second Chance Act	PC

D. Designation and Release, 2. Credit Loss Due to Transfer

73 & 74, Credit Loss Due to Transfer from FCI Dublin	NC
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D. Designation and Release, 3. Disciplinary Review

75 & 76, Review of Disciplinary Reports Issued to Class Members between January 2020 – May 1, 2024 and Expungements	PC
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E. Class Member Access to Counsel & the Monitor

81. Confidential Legal Call Access Exceptions for Class Members	PC
82, List of Attorneys – Confidential Legal Calls	SC

Assessment & Recommendations By Federal Bureau of Prisons Facility

A. Medical Healthcare (Part 1)

1. Review of Medical Healthcare Alerts

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

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

Metrics: Interviews with Class Members and Staff from Local, Regional and BOP Headquarters Levels

Assessment:

Medical Alerts: Medical alerts (alerts) refer to instances where the Senior Monitor identified a concern arising from a Class Member's treatment or lack thereof at FCI Dublin or during transfer from FCI Dublin.

The Medical Experts were given access to PowerBI, a data source used by BOP to help manage and track medical alerts. This system has limitations in that it does not help track mental health alerts and data is not updated real time. The Medical Experts will continue to work with BOP staff to enhance this reporting source, agree on definitions and other data elements that require reconciliation, and to ensure that both teams are using the same source documents and reporting methodology. The differences in reporting methodology numbers reported by the Medical Experts may differ from those reported by BOP. This issue should be addressed moving forward.

The Medical Experts pulled data from PowerBI on May 19, 2025 and found that a total of 519 medical alerts were initially entered for Class Members. Of these 507, were addressed and closed. As of May 19, 2025, an additional 197 medical nexus cases had been opened. Data extracted for this report did not identify the number of medical nexus cases that had been closed. The PowerBI data system does not allow a report to be pulled from a previous timeframe, only as of the date it is being pulled. This information will be included in subsequent reports.

On May 1, 2025, BOP staff reported there were 100 open medical original/nexus alerts as of March 31st. There were 23 alert closures in April 2025, and the addition of three new nexus alert cases, reflecting a net reduction of 20 alerts and a total of 80 open alerts as of the end of April.

During this rating period, the Senior Monitor's Medical Experts met weekly with BOP clinical leadership to address alerts and other clinical issues raised by the Class Members and their Counsel. However, the Senior Monitor's Medical Experts continue to express concerns regarding the timeliness of Class Member access to both basic and specialty care at the facility level, as well as the lack of standardized processes for monitoring and tracking patient requests for medical services and for monitoring quality of care provided. This was a significant finding at FCI Dublin and it is highly concerning that the lack of tracking systems, quality control, and access to care are not isolated to FCI Dublin, but rather, appears to exist at the facilities housing Class Members. Therefore, it is assumed that issues encountered by Class Members at FCI Dublin are also encountered at facilities where Class Members are currently housed.

It is the Monitoring Team's assessment that systemic issues include deficiencies in the following areas:

- lack of standardized processes for monitoring Class Members' requests for medical services;
- inadequate access to appropriate language interpretation and translation during clinical appointments;
- failure to adequately follow Class Members subsequent to changes in medications, to changes in class, dose, or route of administration;
- limiting the number of medical issues addressed per sick call encounter without appropriate triage or scheduling follow up for a more intensive workup;

- lack of timely follow up for chronic medical problems;
- inconsistent adherence to BOP policy 6541 that allows indigent inmates to receive over the counter medications from the pharmacy when they are unable to afford it,
- lack of communication with Class Members regarding diagnostic results or treatment plans and follow-up appointments; and
- reported unprofessional behavior exhibited by provider staff, to include retaliatory remarks related to class or immigration status.

A review of processes utilized to treat Class Members indicates there is no standardized process for monitoring the volume of requests for medical services. The Senior Monitor's Medical Experts received numerous complaints from Class Members who expressed frustration with the inability to access timely medical services. Complaints ranged from the lack of medical evaluations from BOP medical staff and providers after the submission of multiple requests by Class Members; treatment from nurses alone rather than other health professionals (i.e., physicians, advanced practice providers, physical therapists and others offering specialized health care services); and, providers addressing a single issue at a time without the appropriate triage of the remaining medical concerns from Class Members. Complaints of this nature were consistent across BOP facilities where Class Members are housed.

Class Members have two primary avenues to access health care. The first is through open sick call lines, where Class Members report directly to the clinic for evaluation. Class Members frequently describe being turned away after waiting for hours to be seen due to "capacity" issues and it is not clear if appropriate triage is performed in these instances. The second avenue is via an electronic request submitted by the patient documenting their health concerns. Neither of these methods is being appropriately tracked by BOP. The Senior Monitor's Medical Experts have repeatedly requested statistics related to the volume of medical requests submitted, timeliness of nurse triage, turnaround times between submission, triage and scheduling with providers but this data is not readily available.

Additionally, there does not appear to be oversight or evaluation of appropriateness of triage or of standard clinical operational statistics, to include provider productivity/load or type of clinical visits during shifts. Providers and BOP medical staff report that nurses can schedule Class Members on a provider's appointment line for treatment, and that the provider can cancel and reschedule the appointment. This in of itself is not problematic; what is problematic is the lack of a systematic review to assess the appropriateness of cancellations and rescheduling of appointments or if issues were appropriately addressed. The lack of a standardized process does not align with community practices and places both BOP and Class Members at risk. Documentation explaining the reasons for cancellations or for the rescheduling of appointments should be incorporated into patient's health records as routine practice for communication between clinicians, to help determine the need for further evaluation, and as a risk mitigation strategy. Doing so could help reduce the volume of requests for sick calls, improve communication with Class Members, and decrease gaps or lapses in care.

Furthermore, timely access to specialty care appears to be heavily dependent on geography, leading to inconsistent access. BOP does not appear to leverage networks across sites. There may be logistical challenges, but all attempts to leverage existing networks should be made. As an example, telehealth

services widely used in the community (i.e., asynchronous specialty consultation where primary care providers communicate with specialists, share information and consult electronically to manage patient care (eConsult), virtual visits) are either not utilized at all (eConsult) or not optimized (video visits). As a result, even when telehealth could offer appropriate and timely access to care and help BOP come into compliance with Consent Decree requirements, these modalities are not being utilized.

The Senior Monitor's Medical Experts have encountered cases where a specialty referral is submitted but then denied by a central Utilization Review (UR) team. It is not clear if front line providers understand the UR process and that they can re-submit a request if initially denied. The BOP has a policy outlining the UR process, but policy may not align with actual frontline knowledge or activities. The Medical Experts have requested additional documents, including minutes, examples of denials and how requests for reconsiderations are managed to further assess.

Changes in formularies have caused issues for Class Members and has been a particular problem for Class Members treated for substance use disorders. Formulary medications used for opioid use disorder have changed throughout the years. As a result, treatment for Class Members is oftentimes changed from one formula to another or from one route of administration to another (i.e., injection to oral or sublingual) that may or may not be effective for their needs or that may have unintended side effects. Changes in formulary happen in other health systems and this is not unique to BOP. The problem is that Class Members do not have timely access to providers when these changes take place to evaluate effectiveness and side effects. This poses a risk for illicit use and adjacent repercussions which have been reported to be punitive in nature, including placement in SHU. Class Members report that Illicit drugs are widely available across sites making this situation highly risky. Even in situations when Class Members have been diagnosed with severe opioid use disorder and request treatment, the issuance of prescription medications is delayed. This delay in MAT prescriptions has also affected Class Members' ability to qualify for certain programs, like the Second Chance Act.

Medical Devices: There are widespread long wait times for essential medical devices, including, but not limited to, prescription glasses and dentures. Class Members report and alert reviews have uncovered wait times of months, and in some cases, over a year to receive prescription glasses. Current BOP policy requires the use of UNICORE Solutions, LLC., as its sole source vendor, yet they are not meeting the needs of Class Members. Absent critical circumstances, it should not take months for Class Members to be prescribed and receive glasses. Expected time to receive glasses should be no more than four to five weeks from when the glasses are ordered. According to both Class Members and BOP medical staff, the average wait time is nine to ten months, which is both unacceptable and does not meet community standards. The Senior Monitor's Medical Experts have received numerous complaints from Class Members regarding the long wait times for prescription glasses and how this is affecting their ability to function safely in the carceral setting (e.g., difficulty reading information posted, inability to see a potential threat). In some cases, Class Members may need to have their eyes re-examined as their prescriptions may be outdated and no longer valid, requiring an additional appointment and adding to the existing backlog.

Dentures represent another category of medical devices with extended wait times across the system. Class Members report lengthy delays in being seen by the dental department, often waiting several months. The process for obtaining dentures involves multiple steps and can take up to a year. Class Members frequently have teeth removed and, in some cases, have had all or near all teeth removed. This delay poses a risk for complications, including tooth shifting and the inability to chew solid food. During the long waits, dentition may change causing the initial impressions to no longer be accurate and leading to additional delay and a self-inflicted backlog.

Mental Health Care Provided by Psychiatrists and Other Medical Providers: Access to psychiatric services is limited and it appears telehealth services are not optimized to meet either MAT or psychiatrist service needs. Primary care providers frequently treat level one and two Class Members Although this meets community standards, no review or auditing of cases for appropriateness/quality of care is conducted to ensure escalation occurs when needed.

Class Members prescribed psychotropic medication by primary care providers are not followed appropriately when medications are initially prescribed, or when doses or medication changes are made. For example, a medical provider may change antidepressant dose or class, but not schedule a patient for routine follow up within an expected period to check how the medication is working or if the person is experiencing side effects. Class Members have been labelled “non-compliant” and denied further care in some instances because they have stopped taking a medication due to side effects.

Furthermore, medical providers are not currently utilizing a standardized tool, like PHQ-9 or PHQ-2, commonly used in the community setting, to measure response to treatment. This creates another delay in ability to receive appropriate treatment and increases the risk of a patient having clinical decompensation. Class Members report being told they can ask for help or sick call if they are experiencing issues, but if a person is experiencing clinical decompensation or worsening of disease (i.e., depression, anxiety) they may not be able to adequately advocate for themselves.

Professional Behavior: There are unique ethical challenges associated with the provider-patient relationship in carceral settings that are even more impacted within the BOP due to the use of healthcare staff to support correctional needs when staffing shortages occur (augmenting). When healthcare providers working in carceral settings experience conflict between their duty to care for individuals and their responsibility to the facility and its policies and protocols, the potential for conflict exists. This poses a risk to Class Members and can lead to the denial of care, as the Monitoring Team has noticed an overreliance of commissary medications and unwillingness to utilize- prescription medications.

Unprofessional and retaliatory behavior has also been reported on the part of medical providers, nurses, and emergency medical technicians. Providers have been reported to tell Class Members they should feel lucky they are getting care since they are illegal aliens or criminals. Shockingly, it is alleged that providers have also told Class Members that they should not expect special care because they are from “Dublin” and that no amount of “whining to lawyers” will get them care more expeditiously. Lastly, it is not clear that front line providers have retained professional independence and as a result, there appear to be instances when facility protocols or directive outweigh clinical professional judgement.

Compliance with American Disabilities Act: There are concerns regarding BOP compliance with the Americans with Disabilities Act. Class Members with limited mobility may have no option than to use stairs and sleep in top bunks. Although medical providers try to accommodate these requests, facility restrictions are a barrier. For example, there are a limited number of lower bunks and providers. As a result, the patients must be triaged in order to determine who is approved for lower bunks. In another instance, a provider may have to decide if someone with a reported seizure disorder or a senior with limited mobility is granted a lower bunk. Even when providers approve certain restrictions, for example, the ability to use the elevator if experiencing an orthopedic issue, correctional staff may not honor that restriction. There have been instances of individuals with severe impairments (i.e., hearing or visual loss) having to wait months to receive an assistive device.

Evaluation of Issues:

1. There are no systemwide processes for accurately recording, tracking, and auditing requests for medical care.
2. There are no systemwide processes for measuring provider productivity, workload, and other clinical operational metrics.
3. Standards of care for following up on laboratory, diagnostic tests, and treatment plans are not instituted and all responsibility falls on the Class Member to seek care if not feeling well.
4. There are long delays in obtaining MAT for Class Members with opioid use disorder.
5. Access to specialty care for Class Members is not equitable across the system.
6. Class Members are experiencing severe delays in receiving prescription eyeglasses. Class Members are waiting extended periods of time for dental appointments; a situation further exacerbated by the multi-step process required to assess and determine the need for dentures.
7. There are delays in Class Members receiving Durable Medical Equipment.

Recommendations:

1. Standards of care for follow up should be implemented and not be solely reliant on Class Member feedback.
2. Standard clinic operational metrics should be instituted to include, at the very least, patient volume, provider workload, number of medical service requests, review/triage turnaround times, percentage added to provider schedule, and percentage managed by nurses.
3. Utilization review protocols need to be updated. The use of national standards needs to occur consistently, BOP should have a transparent mechanism that is known and easy for providers to use in order to request re-evaluation of denials.
4. BOP should explore the use of additional third-party vendors for the provision of glasses.
5. BOP should explore the utilization of third-party vendors for dentures. If BOP has the ability to utilize a third-party prosthodontist to make the dentures in house, it should be considered on a short-term basis to allow for the backlog to be eliminated. Optimization of visits and development of treatment plans that can be audited and tracked is highly recommended.

6. The BOP is a large, complex system and as such, needs to ensure policies and procedures related to provision of healthcare are standardized, updated regularly, communicated effectively.
7. Review of commissary stock needs to occur regularly, standardized, and clear protocols for over-the-counter medications (OTC) that address what to do when not in stock or when an OTC is not working must be put in place.
8. Timely access to specialty care is unequitable. The expansion of telehealth services, to include eConsult and specialty virtual visits, should be considered by the BOP.
9. Implement a process for ensuring Class Members on psychiatric or MAT medications are followed appropriately and timely. This can include scheduling routine follow up visits and a process for managing no-show to appointments.
10. Implement escalation and auditing protocols (to psychiatry) for patients followed by primary care for mental health problems. This should include auditing for appropriateness and quality of psychiatric care provided by primary care providers.
11. Access to psychiatric consultation and support for the primary care providers (PCPs) should be improved. Since PCP's also diagnose and treat mild to moderate psychiatric issues it is important they have access to psychiatric peer support. This can be done in the form of asynchronous consultation (eConsult) or other peer-to-peer learning.
12. Ensure all available prescribers are leveraged for MAT prescribing and monitoring. This includes the use of clinical pharmacists, advanced practice providers, registered nurses under standardized protocols, and psychiatrists (when already treating a person who is in need of MAT), as permitted by licensing boards and other regulations.

A. Mental Healthcare (Part 2)

1. Review of Mental Healthcare Alerts

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

Finding: Substantial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - 5270.12 CN-1 Special Housing Units, March 6, 2025
 - 5310.16 Treatment and Care of Inmate with Mental Illness, May 1, 2014
 - 5310.17 Psychology Services Manual, August 25, 2016
 - 5324.10 CN-1 Suicide Prevention Program, February 15, 2013
 - 5330.11 CN1 Psychology Treatment Programs, April 25, 2016
 - 6010.03 Psychiatric Evaluation and Treatment, July 13, 2011
 - 6090.04 Health Information Management, March 2, 2015
 - 6031.05 Patient Care, March 14, 2025
 - 6340.04 Psychiatric Services, January 15, 2005
 - 6360.02 Pharmacy Services, October 24, 2022
 - 6370.01 Laboratory Services, January 15, 2005
 - 6541.02 Over the Counter Medications, November 17, 2004
 - Female Integrated Treatment (FIT) Program Statement, August 11, 2022
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Class Member Health Records, BEMR System
 - Class Members Data in Power BI System
 - Weekly Medical Alert Meeting with Senior Monitor and Medical Experts
 - Excel Spreadsheet Related to Alert Closures
 - Class Counsel Memorandum, March 31, 2025
 - Letters from Class Member's Counsel
- **Training:** N/A

Metrics: Weekly Meetings with Senior Monitor and Medical Experts, Interviews with BOP Staff from Local, Regional and National Levels, Class Counsel Memorandums, Class Member Emails

Assessment: Since August 15, 2024, a total of 56 additional mental health alerts were received. All have been addressed and closed. Additionally, 96 mental health nexus alerts were opened and, as of May 19, 2025, all cases have been addressed and closed as well. It should be noted that additional email grievances related to mental health are in the process of being reviewed by the Senior Monitor’s Medical Experts. As such, more mental health nexus alerts should be expected.

Access to screening mental health is consistent and timely across BOP sites. However, timely screening does not equate to timely access to actual programming or treatment. Several operational issues limit and continue to undermine the ability to address 1:1 needs for individuals in need of temporary elevated level of care or stabilization. The Senior Monitor’s Medical Experts have received multiple complaints about having to participate in group programming in order to receive mental health care. For many Class Members, and in general, sharing deeply personal and traumatic events in a group setting is threatening and re-traumatizing. Group therapy/programming is an efficient way to provide services and many Class Members are appropriate for this level of care. However, this should not be the only access to mental health care for individuals experiencing significant escalation in symptoms.

Several other factors are affecting the efficiency and efficacy of service delivery. These issues include inadequate access to translation and interpretation services, staffing issues and interdepartmental coordination. Spanish-speaking Class Members have voiced serious concerns with access to Spanish-speaking providers and it is not clear that translation services are being widely used. It has come to Monitoring Team’s attention that recently as many as 20 mental health providers have left BOP employment, further aggravating staffing shortages.

In addition, there is insufficient coordination between Mental Health and Medical Services, primarily due to artificial “service line delineations.” Although there is a central Chief Psychologist, it is the understanding of the Medical Experts that there is no direct line reporting to the facility level. The current structure at the local level places mental health under the oversight of an administrator, not a chief clinician, with psychiatrists who are the main prescribers reporting to the chief medical person and all other mental health staff reporting to a chief administrator. These structures interfere with the delivery of seamless and efficient care. For example, mental health providers are often the first to evaluate inmates for Substance Use Disorders (SUD). However, they must rely on a medical provider with prescribing authority to initiate treatment. This handoff introduces delays that can result in relapse, illicit substance use, or mental health decompensations as Class Members struggle to remain sober in the carceral setting.

Primary Language Mental Healthcare: Group sessions and 1:1 encounters are not consistently performed in the patient’s primary language. Translation services are not routinely utilized to support mental health delivery. In recent months, FMC Carwell hired two Spanish-speaking mental health staff which has improved language access at that facility.

Evaluation of Issues:

1. Class Members in need of 1:1 therapy, for a limited time to stabilize, are not receiving this care and instead are in group programming even when clinically indicated.
2. Vacancy rates of mental health providers are high.
3. Use of peers for suicide watch is problematic due to the lack of confidentiality.
4. Class Members that have requested MAT for opiate dependence have long wait times before receiving treatment. Priority MAT treatment is provided to those individuals with short term release dates as compared to individuals with long term release dates.
5. Feedback and communication between prescribers and mental health teams is siloed.

Recommendations:

1. BOP should increase access to mental health providers (i.e., psychiatrists, master and doctor level practitioners). This may necessitate scrutinizing existing pay rates, benefits, and other recruitment and retention tools.
2. The silo between mental health and physical health providers needs to be addressed. Mechanisms for this include providing training that engages physicians and other clinicians, peer-to-peer learning and consultation and interdisciplinary care management.

B. Alerts & Reporting

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

C. Staff Abuse & Retaliation

1. Placement in Special Housing Unit

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

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - Program Statement 5270.09 Inmate Discipline Program, November 18, 2020
 - Program Statement 6590.07 Alcohol Surveillance and Testing Program, December 31, 1996
 - Program Statement 5217.02 Special Management Units, August 9, 2016
 - Program Statement 5212.07 Control Unit Programs, February 20, 2001
 - Program Statement 1330.18 Administrative Remedy Program, January 6, 2014
 - Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Individual Adult in Custody Electronic Central File
 - SENTRY Disciplinary Reports
 - Technical Reference Manual SENTRY Discipline 5802.04 September 9, 2000

- **Training**

- SENTRY Inmate Management System Training provided by BOP to the Monitoring Team, April 22, 2025
- Central Office Chief Disciplinary Hearing Administrator Website for Chief Disciplinary Hearing Officer Guidance and Learning Resources

Metrics: The table below reflects the number of Class Members placed in SHU and reviewed during this rating period. ⁴

Class Members Placed in SHU		
BOP Facility	# of Class Members	Date Class Members Were Placed in SHU
FCI Aliceville	2	4/13/25, 4/24/25
FMC Carswell	2	3/29/25*, 4/9/25
FCI Pekin	1	4/7/25
FCI Tallahassee	3	4/1/25, 4/2/25, 4/23/25
FCI Waseca	2	4/1/25, 4/24/25

* Class Member’s SHU placement occurred prior to the effective date of the Consent Decree (March 31, 2025), but was held in SHU during the reporting period.

Assessment:

Paragraph 44: A supervisory signature is always included on the ADO, but an independent supervisory review of the placement is required by the Consent Decree and by Program Statement 5270.12 CN-1 Special Housing Units. This independent assessment review is usually conducted by the SHU Lieutenant after 24 hours of the Class Member’s placement and substantiated by the Lieutenant’s confirmation via a signature on the ADO form. The reviews may in fact be happening; however, it was difficult to substantiate when there is no signature on the ADO form. A review of documentation indicated that this confirmation occurred only twice during the rating period, as noted below:

- April 1, 2025, FCI Waseca
- April 13, 2025, FCI Aliceville

The BOP Liaison is also required to review the placement of the Class Member in SHU within two days of placement and provide her assessment of the placement decision. On one occasion, the BOP Liaison indicated she would confer with the Regional Administrator to request that a Class Member from FCI Aliceville, that was placed in SHU on April 24, 2025, be released. The Class Member was subsequently released after the joint decision was made. The BOP Liaison does forward copies of the SHU placements as required, but does not indicate if she concurs with the placement. The BOP does not agree that the

⁴ Reflects Class Members in *Class Member Key, April 2025 Confidential Report* attachment.

BOP Liaison should provide the Monitoring Team with her review and recommendation regarding the placement. Without receiving information regarding whether the POC Liaison agrees with the placement, it is not possible for the Monitoring Team to determine if the Consent Decree requirements were adhered to.

Paragraph 45: A determination could not be made whether Administrative Remedy forms were provided to Class Members upon their placement in SHU, or if they were readily available while outside of their cells. Information regarding this requirement was not available for the month of April 2025. However, BOP should be commended as a FCI Carswell staff member developed a SHU tracking data system that was in the process of being implemented at all BOP facilities housing Class Members. This will improve future monitoring and reporting.

Evaluation of Issues:

1. Proof of practice is needed to confirm that Class Members were provided Administrative Remedy forms upon entry into SHU and that the forms were made available and provided to Class Members upon request.
2. The SHU Lieutenant or other independent reviewer's signature is needed on the ADO form per Program Statement 5270.12 CN-1 Special Housing Units.

Recommendation:

1. FCI Carswell developed a form to track and substantiate compliance with the requirement that Class Members are provided with one set of Administrative Remedy forms upon placement in SHU. All BOP facilities, where Class Members are housed, should implement this practice.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

C. Staff Abuse & Retaliation (continued)

1. Placement in Special Housing Units

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

Finding: Non-Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - 5270.12 Special Housing Unit, March 6, 2025
 - 5200.07 Female Offender Manual, February 19, 2025
 - 5265.14 Correspondence, April 5, 2011
 - 5580.08 Inmate Personal Property, August 22, 2011
 - 5360.10 Religious Beliefs and Practices, October 24, 2022
 - P5264.08 Inmate Telephone Regulations, February 11, 2008
 - 5221.06 Searches of Housing Units, Inmates, and Inmate Work Area, March 7, 2025
 - 4500.12 Trust Fund/Deposit Fund Manual March 7, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Electronic Inmate Central File for Nine Class Members in SHU
 - Report of Class Members in SHU
 - Email from Kristi Sutton, BOP Attorney Advisor, Consolidated Legal Center, Subject: Transgender Inmate Updates, March 14, 2025
 - SHU Sign-in log, FMC-Carswell, April 2025
 - Warden Memorandum, Subject: Missing Special Housing Unit Sign-in Log, May 2, 2025, Attachment
 - Class Member Emails
 - Class Counsel Memorandum, March 31, 2025

- **Training:** SENTRY Inmate Management System Training provided by BOP to the Monitoring Team, April 22, 2025

Metrics: The table below reflects the number of Class Members placed in SHU and reviewed during this rating period. ⁵

Number of Class Members Placed in SHU	
FCI Aliceville	2
FMC Carswell	2
FCI Pekin	1
FCI Tallahassee	3
FCI Waseca	2

Assessment: From March 31, 2025 to April 30, 2025, the Senior Monitor made requests to the BOP Liaison for SHU documentation to assess the extent to which privileges were being granted to Class Members housed in SHU, pursuant to paragraphs 46 and 49 of the Consent Decree, However, BOP did not provide this information. During this rating period, BOP was in the process of implementing a new SHU tracking reporting tool and in discussion with the BOP Liaison it was said this would be provided to us in the future. Based on this discussion, it is anticipated that BOP will be able to provide documentation in future reporting periods that will enable the Monitoring Team to document compliance of this important Consent Decree paragraph.

From March 31, 2025, to April 30, 2025, SHU sign-in logs were provided for FMC Carswell only. The sign-in logs for FMC Carswell did not contain all of the requirements of the Consent Decree, but did include pill line, recreation, religious services, and education.

A memorandum, signed by Warden Rule, Missing Special Housing Unit Sign-in Log, May 2, 2025, was provided to the Senior Monitor indicating an audit of the SHU was conducted on April 28, 2025. The audit revealed the following information:

- **April 6 – 12, 2025:** Services were either not provided or staff did not sign the log noting the services provided.
- **April 13 – 19, 2025:** The pill line was held once on Saturday, no recreation or education was provided, and religious services were held one day.
- **April 20 – 26, 2025:** The sign-in log reflects pill line was held twice that week, Thursday and Saturday. No recreation was provided. Religious Services were held again on Wednesday.

It is difficult to determine if the logs were not completed with respect to the types of services provided or if some services were simply not provided. For either explanation, staff should be advised of the deficiency and accountable for compliance.

⁵ Reflects Class Members noted in *Class Member Key, April 2025 Confidential Report* attachment.

With respect to property afforded Class Members in SHU, an assessment could not be conducted for this paragraph for any of the facilities where Class Members are housed as no information was provided for this reporting period. SHU sign-in logs were provided for FMC Carswell, but not the remaining BOP facilities where Class Members are housed.

Evaluation of Issues:

1. For subsequent monthly monitoring reports and based on the information provided that the database reports will be shared, the Senior Monitor will be able to fully substantiate compliance, absent any complaints from Class Members.

Recommendations:

1. BOP should develop a standard tracking log, requiring the signatures of staff and Class Members, outlining and confirming privileges afforded to Class Members housed in SHU pursuant to paragraphs 46 and 49. The new BOP SHU tracking report, alluded to in this section, may provide the required information.
2. BOP should impose corrective action in instances where staff are not providing the required services and/or privileges, absent compelling circumstances.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - 5265.14 Correspondence, April 5, 2011
 - P5264.08 Inmate Telephone Regulations, February 11, 2008
- **Training:** Consent Decree Training for BOP Staff, to include Legal Call Requirements for Class Members Training, April 8, 2025, Attachment

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

Number of Class Members Placed in SHU	
FCI Aliceville	2
FMC Carswell	2
FCI Pekin	1
FCI Tallahassee	3
FCI Waseca	2

Assessment: BOP has provided the Monitoring Team with two-way confidential communication with Class Members through the TRULINC email system. It should be noted that there is a limitation on the confidentiality of the system in that BOP staff can access the emails for investigative purposes or potential litigation purposes. This information was obtained after the Senior Monitor inquired about who can access communication with the Monitoring Team and under what circumstances. BOP is compliant with establishing a two-way communication system with the noted clarification. In terms of SHU communication with Class Members, and as previously reported, a BOP facility developed and is utilizing a tracking log to document privileges provided to Class Members. Moving forward, the BOP intends to

⁶ Reflects Class Members noted in *Class Member Key, April 2025 Confidential Report* attachment.

utilize the tracking log in all facilities housing Class Members. This should improve the process by which information is collected and sent to the Monitoring Team for review to determine compliance.

Reports of Class Members not having access to legal calls were received during this rating period. BOP and Class Counsel are working to ensure legal confidential call access is consistently available, based on an agreed upon schedule, for Class Members housed in and outside of the SHU.

Evaluation of Issues:

1. For subsequent monitoring reports, proof of practice will be required to enable the Senior Monitor to determine compliance with paragraph 47 for all BOP SHU facilities where Class Members are housed.

Recommendation:

1. BOP should ensure that facility staff provide Class Members access to legal calls during the established call block schedule for the facility.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

Finding: Non-Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

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

Metrics: Interviews with Staff and Class Members and Observations

Assessment: Class Members are not always receiving medication and medical devices in SHU or there is a delay in receipt these items. It is recommended that upon the initial placement of a Class Member in SHU, any Keep on Person (KOP) medications and devices be separated from the individual's property and given to the Class Member.

Evaluation of Issues:

1. Class Members do not appear to always receive medications or medical devices within 24 hours of placement in SHU based upon complaints received.
2. Class Members report that staff performing medical and mental health rounds in the SHU do not always ensure communication is held in an appropriate location to allow for confidential communication to take place.

Recommendations:

1. It is recommended that upon the initial placement of a Class Member in SHU, any KOP medications be separated from the individual's property and given to a clinical staff member. This will allow clinical staff to determine if KOP medication should be continued as a KOP or nurse administered.
2. Health care rounds are required for all inmates housed in SHU. The purpose of the clinical rounds is to determine if the patient is decompensating. It has been well documented that Class Members housed in SHU type housing can experience mental crisis. If the inmate housed in SHU has an existing mental health condition, this setting can exacerbate it. This condition should be documented in the patient's medical record.
3. Ensure Class Members receive medication and medical devices within 24 hours of placement in SHU.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

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

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

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

Finding: Non-Compliant

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - 5270.12 Special Housing Unit, March 6, 2025
 - 5200.07 Female Offender Manual, February 19, 2025
 - 5265.14 Correspondence, April 5, 2011
 - 5580.08 Inmate Personal Property, August 22, 2011
 - 5360.10 Religious Beliefs and Practices, October 24, 2022
 - P5264.08 Inmate Telephone Regulations, February 11, 2008
 - 5221.06 Searches of Housing Units, Inmates, and Inmate Work Area, March 7, 2025
 - 4500.12 Trust Fund/Deposit Fund Manual, March 7, 2025

Wendy Still, MAS, Senior Monitor

37 | Page

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

First Monthly Status Report for the Rating Period of March 31, 2025, through April 30, 2025

- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Email from Kristi Sutton, BOP Attorney Advisor, Consolidated Legal Center, Subject: Transgender Inmate Updates, March 14, 2025
 - SHU Sign-in log, FMC-Carswell, April 2025
- **Training:** Consent Decree Training for BOP Staff, to include Legal Call Requirements for Class Members Training, April 8, 2025, Attachment

Metrics: The table below reflects the number of Class Members placed in SHU and reviewed during this rating period. ⁷

Class Members Placed in SHU		
BOP Facility	# of Class Members	Date Class Members Were Placed in SHU
FCI Aliceville	2	4/13/25, 4/24/25
FMC Carswell	2	3/29/25*, 4/9/25
FCI Pekin	1	4/7/25
FCI Tallahassee	3	4/1/25, 4/2/25, 4/23/25
FCI Waseca	2	4/1/25, 4/24/25

* Class Member’s SHU placement occurred prior to the effective date of the Consent Decree (March 31, 2025), but was held in SHU during the reporting period.

Assessment: Compliance with paragraph 51 could not be assessed as no complaints were submitted to the level of the Senior Monitor. To more fully assess compliance and BOP’s response to complaints related to privileges in SHU, documentation regarding complaints submitted to the Lieutenant or Captain’s level were requested. However, BOP declined citing that, other than complaints rising to the level of the Senior Monitor, submission of copies of complaints that rise to the level of the Lieutenant or Captain only, do not equate to mandatory submissions to the Senior Monitor per the Consent Decree.

Paragraph 51 states, “*The Monitor shall review **these** complaints, including BOP’s response, and shall assess whether BOP is in compliance with the Consent Decree. If the Monitor determines that BOP is not in compliance, they shall make recommendations for corrective action and allow BOP five (5) workdays to respond or undertake corrective action. At that point, if the Monitor determines the issue is still not resolved, Parties can engage in the Dispute Resolution Process outlined below.*” The literal interpretation of the following verbiage, “these” and Including BOP’s response,” would suggest that all complaints from Class Members should be provided to the Senior Monitor, regardless of which level they were submitted to. BOP interprets both these terms narrowly to fit their interpretation.

⁷ Reflects Class Members noted in *Class Member Key, April 2025 Confidential Report* attachment.

Evaluation of Issues:

1. Per the Consent Decree, SHU privilege complaint information should be provided by the BOP to the Monitoring Team timely.

Recommendations:

1. To effectively conduct an overall and comprehensive assessment of compliance, the Senior Monitor should be provided with access to all complaints from Class Members submitted to the SHU Lieutenant, Captain and the BOP Liaison.
2. The FMC Carswell tracking log, that is being migrated to all facilities housing Class Members, should be used to track and report compliance with this Consent Decree paragraph. Moving forward, a report should be provided to the Senior Monitor to facilitate an assessment of compliance.

C. Staff Abuse & Retaliation

1. Placement in Special Housing Units

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

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

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

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

▪ **Policies & Forms**

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

- Program Statement 5111.04 Institution Hearing Program, May 23, 2017,
 - Program Statement 5264.08 Inmate Telephone Regulations, January 24, 2008,
 - Program Statement 1380.11 Special Investigative Supervisors Manual, June 2, 2016,
 - Program Statement 5324.08 Suicide Prevention Program, April 5, 2007
 - Program Statement 5324.12 Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
 - Program Statement 5521.06 Searches of Housing Units, Inmates and Work Areas, June 4, 2015
 - Program Statement 5566.06 Oleoresin Capsicum Aerosol Spray, November 30, 2005
 - Program Statement 5200.06 Management of Inmates with Disabilities, November 22, 2019,
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Office of Inspector General Contraband Report, June 2016
 - American Correctional Association Accreditation Report, FCI Tallahassee, 2024
 - Technical Reference Manual SENTRY Discipline 5802.04, September 9, 2000
 - Program Review Guidelines G5500I Correctional Services, February 20, 2024
 - Special Housing Unit, Program Review Report Questions
 - Western Region Correctional Services SHU Resources Website
 - SHU Tracking System Report, March 31, 2025
 - Individual Class Member Electronic Central Files
- **Training**
 - Bureau of Prisons SENTRY System Video, Two-Hour Training, April 11, 2025
 - Central Office Chief Disciplinary Hearing Administrator Website, Guidance and Learning for Chief Disciplinary Hearing Officers

Metrics: The table below reflects the number of Class Members placed in SHU and reviewed during this rating period.⁸

Class Members Placed in SHU		
BOP Facility	# of Class Members	Date Class Members Were Placed in SHU
FCI Aliceville	2	4/13/25, 4/24/25
FMC Carswell	2	3/29/25*, 4/9/25
FCI Pekin	1	4/7/25
FCI Tallahassee	3	4/1/25, 4/2/25, 4/23/25
FCI Waseca	2	4/1/25, 4/24/25

* Class Member’s SHU placement occurred prior to the effective date of the Consent Decree (March 31, 2025), but was held in SHU during the reporting period.

⁸ Reflects Class Members noted in *Class Member Key, April 2025 Confidential Report* attachment.

Assessment:

Paragraph 52: There was no documentation provided showing reviews of SHU placements for disciplinary segregation following the three, seven, and thirty-day review process, outlined in 28 C.F.R. § 541.26⁹, from any of the BOP facilities where Class Members were housed during this rating period. Additionally, none of the BOP facilities provided proof of practice pursuant to the requirements outlined in this section which indicates the Segregation Review Officer (normally a Lieutenant) will conduct three-, seven- and thirty-day reviews of Class Members in SHU. This section also permits the Class Member to attend the 30-day review, which would then be documented on a BP-A0295, Special Housing Review.

As a part of this process, a multidisciplinary team is convened to assist in managing the SHU population, and consists of, at a minimum, the following employee classifications or their designees:

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

The multidisciplinary team reviews the Class Member's initial and ongoing placement in SHU. For Class Members with "approaching release dates," the team considers options to prevent a direct release to the community, regardless of where the individual is being housed, i.e., restrictive housing, general population. The team meets weekly to review SHU logs and associated documentation, and to assess the factors preventing the inmate or Class Member from being housed in a less restrictive setting. Attendance at these meetings is documented on the Special Housing Multidisciplinary Team Review form, BP-A117, and maintained by the SHU Captain. As previously stated, this documentation was not provided to the Monitoring Team, from any of the facilities that house Class Members, during this rating period.

Placements in SHU: There were 10 SHU placements in April 2025 involving Class Members. Upon completion of the hearings, an independent review resulted in the continued placement of four Class Members in SHU. These Class Members were housed in FCI Aliceville and FCI Waseca. The remaining six Incident Reports led to SHU placements at FMC Carswell, MCC Chicago, FCI Pekin, and FCI Tallahassee, and were either expunged or reduced to a lesser charge not warranting continued SHU placement.

In general, ADOs and Incident Reports were received timely, but timeframes associated with Unit Disciplinary Committee (UDC) and Disciplinary Hearing Officer (DHO) hearings were not always received, or receipt was not timely.

FCI Aliceville: There were two Class Member SHU placements at this facility during this rating period.

Class Member 1: The first placement occurred on April 14, 2025, and notification, via a copy of the ADO, was received by the Monitoring Team on the same date. One issue with the ADO is that it was dated

⁹ [eCFR :: 28 CFR 541.26 -- Review of placement in the SHU.](#)

April 13, 2025, and the incident appears to have occurred on April 14, 2025, in that this is the date the Class Member was placed in SHU. The Class Member signed and dated receipt of the ADO on April 14, 2025. There is no explanation for the discrepancy.

The Incident Report was received timely by the Monitoring Team (April 17, 2025). It included medical reports and photographs of those involved in the incident. The Monitoring Team was not provided the date in which the Class Member's SHU term ended.

Class Member 2: A Class Member was placed in SHU on April 24, 2025, and notification, via a copy of the ADO, received by the Monitoring Team on the same date. However, a copy of the Incident Report was not provided and could not be located in the Class Member's electronic file. A review of the DHO hearing results indicates timeframes were met. The Class Member was subsequently released on April 28, 2025.

FMC Carswell: There were two Class Member SHU placements at FMC Carswell during this rating period.

Class Member 3: The first placement occurred on March 29, 2025, and reported to the Monitoring Team on the same date. The Incident Report describes in detail the charge and reason for placement in SHU. A copy must be provided to the Class Member within 24 hours, absent compelling circumstances. In this case, the Class Member did not receive her copy until April 15, 2025, more than two weeks after placement in SHU. The explanation given in the body of the report indicated that the Special Investigative Services (SIS) investigation had just concluded. However, a review of these documents indicates the necessary information was available within 24 hours of the actual incident, thereby negating the need for further investigation.

The second component of an incident is a UDC hearing that must be conducted within five days. Any exception to this practice requires a written explanation and approval from the Warden. This does not appear to have occurred as no information was provided regarding the UDC or DHO hearing or the reason for the Class Member's release from SHU on April 23, 2025. It should be noted that on May 1, 2025, this information was provided to the Monitoring Team for the monthly monitoring report. A subsequent search through the Class Member's electronic central file revealed no documentation related to this incident. The related Incident Report had been expunged, but no reason was given for this action.

The Class Member indicated, to a member of the Monitoring Team, the following:

"On March 29th I was placed in the SHU. SIS have given me an Incident Report which was a 201 fighting with another person. I was placed in the SHU for 25 days and the day after I was released from the SHU (March 23rd) which was April 24th. I was called to the Lieutenant's office to be served a re-write of the Incident Report which stated they have started or realized of the "altercation" on the 14th and this was rewritten 9 days after. That should not be right due to how things should be with the BOP Admin."

A closer review of the information provided appears to indicate this Class Member's due process rights were violated in that she was not provided a copy of the Incident Report within 24 hours of placement and retained in SHU longer than necessary.

Class Member 4: The Class Member was placed in SHU on April 8, 2025, and a copy of the ADO was received by the Monitoring Team within 24 hours. Additionally, the SHU Lieutenant reviewed and signed the form within the appropriate timeframe (24 hours).

On May 2, 2025, a "SHU Packet" was received for this Class Member. A review of the contents of the packet revealed a second ADO for the same Class Member. The ADO was signed and dated April 10, 2025, and indicated it was "pending investigation/threat assessment" by the SIS. The date on the form remained the same date as the original ADO even though the date on the ADO should have reflected a new date given that it was for a subsequent incident that occurred while the Class Member was in SHU. However, the Monitoring Team was not notified of the *new* ADO within the required 24-hour time frame, nor was notification received of the Class Member's release from the SHU on April 11, 2025, until May 1, 2025, as a part of the monthly monitoring report provided to the Senior Monitor. The charge against the Class Member was reduced to a 300-level offense (moderate severity) at her DHO hearing on April 10, 2025, and she was subsequently released from SHU the next day. It should be noted that a SHU packet is information normally kept in the SHU file for the Class Member and not necessarily incorporated into the electronic central file. However, it may be maintained by the Unit team.

FCI Pekin: This facility does not maintain a SHU within the compound. As such, if placement in a facility with a higher custody level is required, Class Members are transferred to the nearest facility with a lock-up unit. The nearest facility meeting this requirement is MCC Chicago.

Class Member 5: On April 7, 2025, the Monitoring Team received a transfer order stating the Class Member was being transported to MCC Chicago on that date pending a threat assessment. On May 1, 2025, subsequent notice was received indicating the Class Member had been released from SHU on April 25, 2025, and transferred to FCI Pekin. A search of the Class Member's electronic inmate file revealed no other documentation related to this incident. As such, it is unknown whether the Incident Report resulted in an expungement or disciplinary action.

FCI Tallahassee: There were three Class Member SHU placements at FCI Tallahassee during this rating period.

Class Member 6: The Class Member was placed in SHU on April 1, 2025, and notification was received by the Senior Monitor within 24 hours. A copy of an Incident Report was received on April 5, 2025. However, the report was for an incident that occurred on February 3, 2025, and *not* the incident that resulted in the April 1st placement.

On April 16, 2025, the Senior Monitor received a copy of the last page of the DHO hearing with the same date indicating the incident had been expunged. It stated, "*Section VI. Sanction or Action Taken, Expunged – 5270.09 – CN1 Inmate Discipline Program Statement was not properly followed.*" This was

the Incident Report that that resulted in the Class Member's initial placement in SHU. If this last page had not been sent to the Senior Monitor, she would not have known the Incident Report had been expunged.

Class Member 7: The Class Member was placed in SHU on April 1, 2025, and notification to the Monitoring Team was received within 24 hours. Enroute to her placement in SHU, the Class Member received two additional Incident Reports for less serious charges. On April 16, 2025, the Monitoring Team received the last page of two DHO hearing reports, both dated the same date. "*Section VI. Sanction or Action Taken*" of these documents state, "*Expunged – 5270.09 – CN1 Inmate Discipline Program Statement was not properly followed.*" These documents correspond to two Incident Reports for the less serious charges. Copies of the DHO hearing for the original Incident Report, which resulted in placement of the Class Member in SHU, were not received by the Monitoring Team. A review of the Class Member's electronic central file revealed no additional documentation.

Class Member 8: The Class Member was placed in SHU on April 23, 2025, and notification to the Monitoring Team was received within 24 hours. The Incident Report was received on April 24, 2025, with a note, in the body of the report, that staff were waiting for the results of medical tests before the UDC and or DHO hearings could be conducted. The Monitoring Team did not receive additional documentation regarding this Incident Report until after a follow up inquiry on May 8, 2025. BOP indicated they were still waiting for additional medical test results before proceeding with completion of the hearings. Notification of the Class Member's release on April 24, 2025, was not received until May 1, 2025, as a part of the monitoring report provided by the BOP.

FCI Waseca: There were two Class Member SHU placements at FCI Waseca during this rating period.

Class Member 9: The Class Member was placed in SHU on April 1, 2025, and notification to the Monitoring Team came on the same date. The Incident Report was prepared timely, the DHO hearing was conducted within the appropriate timeframe and a copy received by the Monitoring Team timely. However, notification of the Class Member's release from SHU was not provided until May 1, 2025 as a part of the monthly reporting.

Class Member 10: The Class Member was placed in SHU on April 24, 2025, and notification received on April 25, 2025. The Incident Report was prepared timely, the DHO hearing was conducted within the appropriate timeframe and a copy received by the Monitoring Team timely. However, similar to the preceding case, notification of the Class Member's release from SHU was not provided until May 1, 2025 as a part of the monthly reporting.

Paragraphs 53 – 55: These sections specifically address timeframes associated with required notifications and/or the provision of related documents to the Class Member, Class Counsel and Senior Monitor.

FCI Aliceville: Class Members 1 and 2 were placed in SHU. Incident Report, and UDC and DHO hearing documentation were appropriate, and hearings were held within the appropriate timeframes. It should be noted that at the request of the SHU Lieutenant, one of the Class Members admitted into SHU signed

and dated a log indicating she had read and received a copy of the UDC and DHO hearing results. This is a best practice that could be adopted to provide proof of practice of compliance with the Consent Decree and incorporated into an institutional supplement related to the Program Statement 5270.12 CN-1 Special Housing Units, March 6, 2025.

FMC Carswell:

Class Member 3: This Class Member was placed in SHU on March 29, 2025, and notification was provided to the Monitoring Team on the same date. A copy of the Incident Report was provided to the Class Member on April 15, 2025, with an explanation in the body of the report indicating the SIS investigation had just been completed on this date. This explains why the Incident Report had not been provided to the Class Member on the date of the actual incident, but rather, at the conclusion of the investigation into the incident.

The UDC hearing should have been conducted within five workdays of the placement of the Class Member in SHU. Exceptions to this rule require a written explanation, with approval from the Warden. The Monitoring Team did not receive information regarding the hearing or notification of the Class Member's release from SHU on April 23, 2025. Similar to other notifications, this information was not received until May 1, 2025 as a part of the BOP's monthly report to the Senior Monitor.

A subsequent search through the Class Member's electronic central file revealed no documentation related to this incident.

Class Member 4: This Class Member was placed in SHU on April 8, 2025 and the Incident Report was received on April 9, 2025. She was found guilty of a 300-level offense and was released on April 12, 2025 from SHU.

FCI Pekin: Class Member 5 was placed into the SHU on April 7, 2025, pending a threat assessment. The Senior Monitor did not receive a copy of the threat assessment or Incident Report within the required timeframe, and it is unknown whether the Class Member received a copy of the Incident Report within 24 hours. Additional information regarding this case was subsequently received on May 1, 2025 as a part of the BOP's monthly report to the Senior Monitor, and not on a flow basis, as previously requested. The Senior Monitor received notification of the Class Member's release on April 25, 2025. A search of the Class Member's electronic inmate file revealed no documentation related to the threat assessment.

FCI Tallahassee: Three Class Members were placed in SHU at FCI Tallahassee during this reporting period. All three Class Member placements did not meet Incident Report timelines, as outlined below.

Class Member 6: A Class Member was placed in SHU on April 1, 2025, with notification to the Senior Monitor on April 2, 2025. However, the Incident Report provided to the Senior Monitor on April 5, 2025, was for a different incident, involving the same Class Member, that occurred on February 3, 2025, and rewritten on February 28, 2025.

Wendy Still, MAS, Senior Monitor

Class Member 7: The Class Member was placed in SHU on April 1, 2025, and notification to the Monitoring Team was received within 24 hours. Enroute to her placement in SHU, the Class Member received two additional Incident Reports for less serious charges. On April 16, 2025, the Monitoring Team received the last page of two DHO reports, both dated the same date. *“Section VI. Sanction or Action Taken”* of these documents state, *“Expunged – 5270.09 – CN1 Inmate Discipline Program Statement was not properly followed.”* These documents correspond to the two Incident Reports for the less serious charges. Copies of the DHO hearing for the original Incident Report, which resulted in placement of the Class Member in SHU, were not received by the Monitoring Team. A review of the Class Member’s electronic central file revealed no additional documentation.

Class Member 8: The Class Member was placed in SHU on April 23, 2025, and notification to the Monitoring Team was received within 24 hours. The Incident Report was received on April 24, 2025, with a note, in the body of the report, indicating that staff were waiting for the results of medical tests before the UDC and DHO hearings could be conducted. The Monitoring Team did not receive additional documentation regarding this Incident Report until after a follow up inquiry on May 8, 2025. BOP indicated they were still waiting for additional medical test results before proceeding with completion of the hearings. Notification of the Class Member’s release on April 24, 2025 was not received until May 1, 2025, as a part of the monitoring report provided by the BOP.

FCI Waseca: Class Members 9 and 10 were placed in SHU. Incident Reports, and UDC and DHO hearing documentation were received timely, and hearings were held within the appropriate timeframes.

Evaluation of Issues:

1. Per Paragraph 52, the Senior Monitor did not receive the BOP review of SHU placements pursuant to 28 C.F.R. § 541.26, with the exception of those requested and received in advance of the FMC Carswell monitoring tour. Moving forward, copies of these reviews will need to be provided so a review can be conducted.
2. The Senior Monitor has not been receiving all documentation associated with Incident Reports, and the outcome of UDC and/or DHO hearings within 24 hours of the conclusion of the hearing.
3. Per Program Statement 5270.12, Special Housing Units, Section 541.25 *“The specific reason for placement in SHU must be supported by objective evidence and clearly articulated in the narrative section of the ADO. A new ADO is required if an inmate’s status in administrative detention changes. Inmates will remain in SHU for no longer than necessary to address the specific reason for placement.”* Any activity that would result in the issuance of an additional Incident Report or ADO while the Class Member is in SHU has not been regularly forwarded to the Senior Monitor for review.
4. Paragraph 44 and 50 of the Consent Decree states, *“the specific reason for placement in the SHU supported by objective evidence will be supplied,”* as well as *“the reason for and duration of the SHU placement.”* A response from BOP indicating that a case is *“pending a threat assessment,”* in the absence of the provision of the SIS investigation results to the Senior Monitor, does not allow for an appropriate assessment to be conducted.

5. As originally requested by the Senior Monitor, BOP should forward all reports related to SHU placements on a flow basis, rather than at the end of the reporting period.
6. Documentation should include a scanned copy of all related attachments, to include photographs, medical reports, and/or video recordings associated with the incident as required by Program Statement 5270.09 at page 18 which states the Incident Report...*"should contain all facts known by the employee that are not confidential. Anything unusual about the inmate's behaviors should be noted. The reporting employee also lists persons at the scene, and physical evidence (weapons, property) the employee may have handled. The report reflects any actions taken, including the use of force. The description of the incident provides the inmate with specific evidence for which she may prepare a defense."* Additionally, per Section 541.5, Investigation...*"It would also be prudent for the investigator to review and preserve the video or audio surveillance even if the inmate does not make a specific request as such evidence is relevant to the incident. The investigator must record all steps and actions taken on the incident report and forward the relevant materials to staff holding the initial hearing."*
7. SHU release notifications should be provided to the Senior Monitor. The BOP Liaison has agreed to provide this information for future reporting periods.

Recommendations:

1. The BOP Liaison should incorporate into the tracking matrix details related to Incident Reports and UDC/DHO hearings to assess if timeframes are met at the facilities where Class Members are housed. If timeframes are not being met, the BOP Liaison should obtain a written explanation for the Senior Monitor and Class Counsel.
2. A log should be created or fields incorporated into the UDC and DHO hearing documentation memorializing receipt of the hearing results by the Class Member. The verbiage should include a space where the Class Member confirms, via her signature, that she has read and received a copy of the UDC and DHO hearing results. This practice should be adopted and incorporated into a local supplement relative to Program Statement 5270.12 CN-1 Special Housing Units, dated March 6, 2025.
3. Documentation related to all disciplinaries, suicide watch, and subsequent Incident Reports for Class Members, after placement in SHU, should be provided to the Senior Monitor and Class Counsel.
4. SHU packages should be provided to the Senior Monitor to enable the Monitoring Team to include all information in monthly reports related to SHU placements of Class Members. Without receiving SHU packages, the Monitoring Team does not have access to *all* the information relating to each SHU placement as required by the Consent Decree. There is a difference of opinion between the BOP and the Monitoring Team in terms of the interpretation of the Monitoring Team that BOP is required to provide SHU packages for each SHU placement of a Class Member.
5. To effectively monitor the reason for Class Member placements in SHU, BOP should continue to provide the Monitoring Team with timely notification and all documentation as close to real time as possible. This would include investigative findings, medical assessments, photographs, video footage, or any other evidence relied upon in the investigation, hearing process and release date.
6. To enable the Senior Monitor to determine if hearing findings are appropriate, a copy of the expunged Incident Report should be provided or a Discipline and Administration Reintegration Tracking System report from the Regional Disciplinary Hearing Officers.

C. Staff Abuse & Retaliation

2. Reports of Staff Retaliation

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
 - Program Statement 1210.24, Office of Internal Affairs, May 20, 2003
 - Program Statement 1350.01, Criminal Matter Referrals, January 11, 1996
 - Program Statement 1351.05, Release of Information, September 19, 2002
 - Program Statement 3420.11, Human Resource Management Manual, December 6, 2013
 - Program Statement 5510.14, Crime Scene Management and Evidence Control, August 22, 2011

- Program Statement 5521.06, Searches of Housing Units, Inmates and Inmate Work Areas, June 4, 2015
 - Program Statement 5538.05, Escorted Trips, October 6, 2008
 - Program Statement 5310.12, Psychology Services Manual, March 7, 1995
 - Program Statement 5200.09, Female Offender Manual, February 19, 2025
 - Program Statement 1330.18, Administrative Remedy Program, January 6, 2014
 - Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Incarcerated Women Annual Report 2024 Women and Special Populations Branch Reentry Services Division Bureau of Prisons
 - Assistant Director Memorandum, PREA Retaliation Monitoring Codes, November 21, 2024
 - Assistant Director Memorandum PREA Retaliation Monitoring and Reporting, October 29, 2024
 - 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012.
 - Prison Rape Elimination Act of 2003
 - BOP PREA Website/Home Page
 - BOP Women and Special Populations Branch Website/Home Page
 - Individual Class Member Custody Electronic Central Files
 - Class Member Emails Received During the Reporting Period
- **Training:**
 - Being Responsive to the Needs of Women Staff Training PowerPoint, May 21, 2025
 - Trauma Informed Communication training PowerPoint, May 21, 2025
 - Managing Female Offenders Annual Training PowerPoint, May 21, 2025
 - Unit Discipline Committee Certification Program Student Manual, 2004

Metrics: The table below reflects 17 retaliation complaints received from Class Members, via email, and reviewed during this reporting period.

Number of Retaliation Complaints by BOP Facility							
FCI Aliceville	2	FMC Carswell	3	FCI Hazelton	1	FCI Victorville	2
FPC Bryan	1	FCI Danbury	2	FCI Tallahassee	4	FCI Waseca	2

Assessment:

Paragraphs 59 & 60: Retaliation complaints, for this rating period, were received via confidential emails and letters directly from Class Members and the BOP Liaison. When complaints are received, they are forwarded to the BOP Liaison and the OIG within 48 hours of receipt. A response is provided to the Class Member advising them of receipt of their complaint, and a copy forwarded to the appropriate authorities for review and continued monitoring. The overall partial compliance rating given only pertains to the

reporting as it is done by the BOP Liaison and is not a reflection of the field's knowledge and ability to recognize retaliatory behavior or handle retaliatory complaints.

Some of the reoccurring themes seen in retaliation complaints are as follows:

- Class Member placements in SHU, pending SIS investigations, which subsequently result in the reduction of the offense or the expungement of disciplinaries at the DHO hearing.
- Class Members feel they are targeted because of their status as an FCI Dublin Class Member.
- Removal from a program or the threat of removal by staff.
- The loss of or the lack of a response to Class Member Administrative Remedies.

Staff Retaliation: There has been a noticeable trend of Class Member complaints regarding staff retaliation and the subsequent receipt of disciplinary incident reports, followed by extremely harsh penalties. For example, an Incident Report on a Class Member was written on April 24, 2025. The Class Member was observed leaving the unit in a green top and grey pants, which is considered to be "out of uniform." When a staff member stopped the Class Member to advise her she was "out of uniform," she replied, "*You took all of my uniform pants,*" and kept on walking. The staff then proceeded to the Class Member's living area and found green uniform pants located near her assigned bed.

The Class Member was originally written up for charge 307, "*Refusing to obey an order of any staff member*" and charge 331, "*Lying.*" She was found guilty of the 307 offense, while the charge for 331 was dismissed. During the UDC hearing, it was determined that charging the Class Member with violation of both offenses was excessive and equated to "stacking." As a result, the charge for "lying" was dismissed. The Class Member was sanctioned to 120 days loss of recreation privileges by the UDC.

Although this is a sanction available to the UDC, penalizing the Class Member with 120 days loss of recreation is an extreme penalty in relation to the violation associated with not adhering to uniform standards. Furthermore, it is not progressive in nature and can contribute to further negative behavior.

Program Statement 5270.09, CN-1 Inmate Discipline Program, states the following:

"Section 3. Principles

- b. Staff take disciplinary action at such times and to the degree necessary to regulate an inmate's behavior within Bureau rules and institution guidelines and to promote a safe and orderly institution environment.
- c. Staff control inmate behavior in an impartial and consistent manner
- d. Disciplinary action may not be capricious or retaliatory"

The UDC Certification Student Manual states the following:

“Imposition of Sanctions: The imposing of sanctions is one of the most important authorities given to the UDC and DHO. Correctly applied, sanctions can have a very positive impact in controlling inmate behavior. However, used incorrectly, it could have a very negative impact, not only on the inmate involved, but on the institution as a whole. Certain rules that should always be followed are:

1. The sanction must be appropriate (authorized) for the severity of act committed.
2. The sanction should be specifically geared to the needs of the inmate involved with consideration given to numerous factors.
3. Such factors as prior acts of misconduct, previous sanctions that have been applied, and mitigating or aggravating elements must be considered.
4. Sanctions should be progressive and imposed only to the extent and degree necessary to accomplish the desired effect. This rationale encourages informal resolution when authorized and appropriate. It should always be remembered that the purpose of the inmate discipline process is to impose discipline on those inmates whose behavior is not in compliance with Bureau of Prisons rules, so that all inmates may live in a safe and orderly environment.”

The loss of 120 days of recreation or exercise is extremely harsh for a low-level charge and appears to be stacking in order to justify a higher level of penalty.

Examples provided by Class Members via confidential emails and letters:

NOTE: *Some of the information below is incomplete given that follow-up interviews still need to be conducted to obtain clarification and additional information. All of the allegations have been referred to the OIA and the OIG.*

Class Member 11: Class Member was in the MAT program at FCI Dublin and refused the advances of a staff member assigned to the medical department. She conveyed she was too afraid to report the advances because of a fear of retaliation. After she arrived at her new BOP facility, the Class Member reported she felt safe to report the encounter that occurred with the staff member from FCI Dublin. About one week later, the Class Member reported she received a low-level disciplinary that was ultimately expunged, resulting in her removal from the MAT program by staff assigned to the medical department. The Class Member indicated she would be reporting this issue to the Captain at her current facility.

Class Member 12: Class Member indicated she reported an Officer who made racist remarks. Shortly thereafter, she received two low-level disciplinaries, which she believed were inaccurate, with the threat that she would be removed from the FIT program. The Class Member conveyed she had previously never received any disciplinaries. She emailed the Senior Monitor indicating she felt the disciplinaries would impact her release date. A review of the Class Member’s electronic central file did not reveal the existence of Incident Reports related to these two disciplinaries. The Class Member reported she was

unaware whether the Incident Reports were expunged, and further indicated she did not receive copies of the UDC hearings. It should be noted that the Class Member was not removed from the FIT program.

Class Member 13: Class Member reported retaliation by a staff member to SIS and the Special Monitor. Thereafter, she indicated she received four disciplinaries within a short period of time, and her bunk and locker area were searched.

Class Member 14: Class Member indicated she filed four Administrative Remedies and has not received responses from the regional level for at least three months. She also reported that if and when Administrative Remedies are returned via regular inmate mail, they are missing pages.

Class Member 15: Class Member is a transgender male who reported being harassed and retaliated as result of his gender identity. He alleged medical staff made an error, which he reported. Shortly thereafter, his room was “*invasively*” searched. He also reported that staff deliberately misgender him and refer to him a “*snitch*” and “*rat.*”

Class Member 16: Class Member reported she was on a bus enroute to the airport to board a flight to another BOP facility. The flight was cancelled because of inclement weather. Subsequently, the bus driver announced, “*Blame the Dublin girls; they’re bad luck.*”

Class Member 17: Class Member reported having difficulty with her FSA credits. However, her Unit Manager and Case Manager refused to assist her. She said her Case Manager indicated she did not like the thought of the “*Dublin girls*” having so many disciplinaries expunged, in that “*they haven’t done enough time. The Dublin girls have to learn their actions have consequences.*”

Class Member 18: Class Member was placed on the sign-up list for the FIT program by the Central Office Psychology Unit. She reported SIS advised her she would be removed from the program. The Class Member was subsequently placed in SHU while pending investigation. In the interim, the open spot in FIT was filled by another Class Member/AIC. She reported she did not receive an Incident Report and felt it was retaliatory because the Warden and staff had conveyed to others that the “*Dublin girls*” had smuggled narcotics into the facility.

Class Member 19: While in SHU, the Class Member was initially denied Law library privileges. When she was finally allowed access, the library had been dismantled. In response, she filed Administrative Remedies and has yet to receive a response. She states, “*The retaliation I suffered was to the point that I had tried to kill myself...I had suffered the loss of my mother while in the SHU and I was denied the phone in such a manner that I couldn’t commune (sp) with my family regarding such a traumatic death.*” The Class Member was ultimately transferred to another BOP facility that has little to no programming that fits her needs.

Paragraph 60: The Senior Monitor was not provided with any disciplinary actions imposed on Class Members after reporting staff misconduct. BOP does not appear to have an existing tracking system that will allow for the efficient monitoring of this paragraph. The Senior Monitor and Monitoring Team

will work with the BOP Liaison to determine what will be put in place to allow for the Monitoring of this paragraph of the Consent Decree.

Paragraph 61: This paragraph indicates that the Senior Monitor may recommend that the appropriate Regional Discipline Hearing Administrator may reconsider any disciplinary action taken against Class Members after reporting staff misconduct. In instances of retaliation outside the disciplinary process and/or retaliation based on immigration status, the Senior Monitor may recommend that BOP take corrective action to address the retaliation. During this rating period it is unknown if Class Members complained about their housing status or any other punitive action given that the disciplinaries for this reporting period have been expunged.

Evaluation of Issues:

1. A system should be established by the BOP to track disciplinaries that occur after Class Members submit complaints against staff, to include those forwarded to the Senior Monitor for review.
2. The Senior Monitor should receive disciplinaries and expungements in real time to allow a prompt review, rather than at the end of the reporting period.

Recommendations:

1. When a disciplinary action is expunged, it should be provided to the Senior Monitor.
2. Although disciplinaries oftentimes result in expungement, the original threat of retaliation can still remain. As such, the BOP should have a system in place, with associated training, to specifically monitor these types of cases.

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

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

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, February 18, 2025
 - Program Statement 1210.24, Office of Internal Affairs, May 20, 2003
 - Program Statement 1350.01, Criminal Matter Referrals, January 11, 1996
 - Program Statement 1351.05, Release of Information, September 19, 2002
 - Program Statement 3420.11, Human Resource Management Manual, December 6, 2013
 - Program Statement 5510.14, Crime Scene Management and Evidence Control, August 22, 2011
 - Program Statement 5521.06, Searches of Housing Units, Inmates and Inmate Work Areas, June 4, 2015
 - Program Statement 5538.05, Escorted Trips, October 6, 2008
 - Program Statement 5310.12, Psychology Services Manual, March 7, 1995
 - Program Statement 5200.09, Female Offender Manual, February 19, 2025
 - Program Statement 1330.18, Administrative Remedy Program, January 6, 2014
 - Program Statement 5270.12 CN-1, Special Housing Units, March 6, 2025
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Incarcerated Women Annual Report, Women and Special Populations Branch Reentry Services Division Bureau of Prisons, 2024
 - Assistant Director Memorandum, PREA Retaliation Monitoring Codes, November 21, 2024
 - Assistant Director Memorandum, PREA Retaliation Monitoring and Reporting, October 29, 2024

- 28 CFR Part 115, National Standards to Prevent, Detect and Respond to Prison Rape, Final Rule, June 20, 2012
- Prison Rape Elimination Act of 2003
- BOP PREA Website/Home Page
- BOP Women and Special Populations Branch Website/Home Page
- Individual Adult in Custody Electronic Central Files
- Class Member Emails

▪ **Training:**

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

Metrics: There were 13 complaints of sexual abuse and 3 complaints of physical abuse received and reviewed during the month of April 2025.

Number of Sexual Abuse Complaints by BOP Facility			
FCI Aliceville	1	FCC Hazelton	1
FMC Carswell	3	FCI Tallahassee	5
FCI Danbury	1	FCI Waseca	2

Number of Physical Abuse Complaints by BOP Facility	
FMC Carswell	2
FCI Waseca	1

Assessment: The BOP Liaison is compliant in forwarding allegations of physical and sexual abuse to the Senior Monitor, Class Counsel and OIA within the 48-hour timeframe, as outlined within the Consent Decree. However, this rating only pertains to reporting provided by the BOP Liaison. The overall rating is partial compliance as there have been numerous deficiencies with respect to the field’s knowledge and ability to respond to sexual abuse complaints in accordance with BOP program statement(s).

Additionally, a review of Class Member complaints, and BOP policies and associated training revealed the following:

- Several Class Members reported continued suffering from the trauma they experienced at FCI Dublin or other BOP facilities, but are just now reporting and/or working through their trauma. Perhaps one year later, they are beginning to feel safe enough to do so.
- BOP has a policy (Program Statement 5324.12) and a Sexually Abusive Behavior Prevention and Intervention Program which outlines the agency’s zero tolerance for staff sexual abuse. However, the training appears to be inadequate. There is a lack of understanding amongst some staff, in the BOP

facilities assessed in this report, on what specifically constitutes sexually abusive behavior. Class Member emails repeatedly conveyed sexual abuse complaints that were allegedly reported to staff at their respective facilities, with no follow-up action taken by BOP. They conveyed that these reports were sometimes provided to their immediate supervisor, and in some cases, staff in the psychology unit, and/or to the PREA Compliance Manager, with no resulting follow-up or action.

- BOP's Program Statement 5200.09, Female Offender Manual, and other BOP Program Statements, outline various topics, to include trauma informed care for AICs. Additionally, annual training topics provided to staff encompass topics such as *Being Responsive to the Needs of Women* and *Trauma Informed Communication and Managing Female Offenders*. However, it does not appear the training is adequate in that staff are generally not following expectations from the BOP related to trauma informed and gender responsive care. This indifference can potentially trigger and exacerbate trauma and only worsen the culture and environment for Class Members.

Examples of sexual abuse complaints received from Class Members, via email, during this rating period:

Class Member 20: Class Member reported she and other Class Members feel they must hang sheets around their bed frames at night to keep Officers from leering at them in a sexual manner.

Class Member 21: Class Member alleged she was groped while in the MAT Medical Program. The male medical staff member threatened to withhold her medication if she told anyone.

Class Member 22: Class Member reported she was housed in the SHU and felt suicidal because she had been in restrictive housing for six months. While moving her to suicide watch, the Class Member alleged she struggled understanding and following direction. The staff saw this as her being combative and resistive. As a result, her clothing was "cut off" in the presence of a room full of men and she was forced to don a suicide smock while wearing no undergarments. The Class Member alleged she was then placed in four-point restraints (tied down to the bed by her wrists and ankles) and a male Officer was assigned to conduct the initial suicide watch.

Class Member 23: Class Member alleged a staff member asked her to "*suck his dick*," then grabbed her arm and pulled her out of his office when she refused to relocate to another unit.

Class Member 24: Class Member indicated that while seeking treatment for a spider bite, the doctor made sexual comments, told her she was "*very beautiful*," showed her a "YouTube video" on his cellular telephone and played three inappropriate songs.

Class Member 25: Class Member reports one morning she woke up very early to report to work. She thought count had cleared and as such, went to the shower area to bathe. While in the shower, a male Officer pulled back the curtain and stated, "*What the fuck do you think you're doing, it's count time?*" She attempted to cover her body, while explaining she thought count had been cleared.

Class Member 26: Class Member alleged she was improperly strip searched in that she was forced to bend over at the waist level and spread her buttocks, so the Officer could see her genitalia. She indicated this has never been strip searched in this manner in the 12 years she has been incarcerated. It should be noted that although the Class Member felt she was improperly searched, according to BOP Program Statement 5521.06, if the search occurred as described, then it would have been appropriate.

Class Member 27: Class Member reported that a staff member, who worked overtime in the unit deliberately made inappropriate sexual comments to females in the unit, and “listened in” on their conversations, going so far as to repeat intimate details about their personal telephone conversations.

Class Member 28: Class Member reported a staff member offered her extra food in exchange for her to engage in sexual acts with another AIC while he masturbated in her presence.

Class Member 29: Class Member reported that while at FCI Dublin, a staff member sexually assaulted her. She reported the assault while at FCI Dublin and was now inquiring about the outcome of the investigation. The Monitoring Team was advised the investigation is still in progress and as such, there are no results available to share with the Class Member.

Class Member 30: Class Member reported that while she was at FCI Dublin, an Officer “flirted” with her, making her uncomfortable. She alleged he subsequently followed her back to her cell, after she took a shower, at which point he caressed her naked buttocks while touching himself through his pants. The Class Member reported feeling “scared,” at which point he inquired about when he was going to be able to “get it.” The Class Member reported this subsequently led to retaliation. She further indicated that these actions “triggered” memories from when she was previously raped.

Class Member 31: Class Member indicated that while incarcerated at a BOP facility from 2021 to 2023, she experienced "sexually inappropriate behavior" from a male Officer while she was housed in SHU. She noted this Officer would touch her hair and rub her arm, and the side of his leg against hers. She reported these actions made her very uncomfortable, particularly given her belief that he had been engaging in sexual relations with other AICs.

Class Member 32: Class Member indicated she reported to sick call for abdominal pain she had been experiencing. She was treated by a male nurse and as a result, asked if the door to the office could remain open. The male nurse closed the door leaving them alone in the office. The Class Member indicated that as she lifted her shirt to allow him to check her stomach, he moved his hand to her breast and felt her nipple. The Class Member reported that when she moved his hand away, he started yelling at her as if she was to “blame” for the incident and/or attempting to obtain a medical excuse from him. The investigation into this complaint was completed by the local SIS after a referral by OIA. The results of the investigation found there was insufficient evidence to support the allegation.

Example of Physical Abuse Complaints Received from Class Members, via Email, during the Rating Period:

Class Member 33: Class Member reported she was handcuffed and placed in ankle restraints. She indicated that an Officer placed the restraints on her ankles, and deliberately knocked her to the ground and stood on the ankle chains. As she fell to the ground on both knees, she injured one knee to the point where the use of wheelchair and crutches became necessary to remain mobile.

Class Member 34: Class Member reported that while housed in SHU, she took prescribed medication which subsequently made her feel dizzy. She alleged a female Officer struck her on the top of the head, leaving a large knot on the right side. She reported the knot remained for a long period of time after the incident.

Class Member 35: Class Member reported a male staff member physically assaulted her. She indicated she also witnessed this same staff “slamming” an AIC to the floor, assaulting another, and verbally berating a third.

PREA Retaliation Reports Reviewed in the Rating Period:

Class Member 36: PREA retaliation monitoring was initiated on a Class Member, currently housed at FCI Tallahassee, on April 2, 2025. A review of her psychology encounter revealed that while at this facility, she sought treatment and support for an incident that allegedly occurred while she was housed at FCI Dublin.

Class Member 37: PREA retaliation monitoring was initiated on a Class Member, currently housed at FCI Tallahassee, on April 22, 2025. A review of her psychology encounter (mental health record) revealed that while at this facility she sought treatment and support for an incident that allegedly occurred while she was housed at FCI Dublin.

Class Member 38: PREA retaliation monitoring was initiated on a Class Member, currently housed at FCI Aliceville, on April 20, 2025. A review of her psychology encounter (mental health record) revealed that while at this facility she sought treatment and support for an incident that allegedly occurred while she was housed at FCI Dublin.

Class Member 39: PREA retaliation monitoring was initiated on a Class Member, currently housed at FMC Carswell, on April 9, 2025. A review of her psychology encounter revealed that while at this facility she sought treatment and support for an incident that allegedly occurred while she was housed at FCI Dublin.

NOTE: Additional information related to PREA retaliation monitoring will be provided in future reports.

Based on the complaints listed in the preceding pages, the BOP may be found in violation of the following PREA standards if the allegations are sustained:

- 115.13 Supervision and Monitoring
- 115.18 Upgrades to Facilities and Technologies
- 115.22 Policies to Ensure Referrals of Allegations for Investigations
- 115.31 Employee Training
- 115.33 Inmate Education
- 115.54 Inmate Reporting
- 115.53 Inmate Access to Outside Confidential Support Services
- 115.61 Staff and Agency Reporting Duties
- 115.62 Agency Protection Duties
- 115.65 Coordinated Response
- 115.66 Preservation of Ability to Protect Inmates from Contact with Abusers
- 115.67 Agency Protection Against Retaliation
- 115.71 Criminal and Administrative Agency Investigations
- 115.73 Reporting to Inmates
- 115.82 Access to Emergency Medical and Mental Health Services
- 115.83 Ongoing Medical and Mental Healthcare for Sexual Abuse Victims and Abusers
- 115.86 Sexual Abuse Incident Reviews
- 115.88 Data Review for Corrective Action

Evaluation of Issues:

1. At this point in time, all of the incidents in the preceding pages have been referred to the OIA and the OIG. Future reports will provide additional information.

Recommendations:

NOTE: The Senior Monitor will provide specific recommendations for compliance based on the on-site reviews that will be conducted in May and June 2025.

C. Staff Abuse & Retaliation

3. Reports of Staff Physical or Sexual Abuse

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings

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

- Individual Adult in Custody Electronic Central Files
- Class Member Electronic Messages
- **Training:**
 - Being Responsive to the Needs of Women Staff training on PREA and what constitutes a PREA Case, PowerPoint, May 21, 2025
 - Trauma Informed Communication training PowerPoint, May 21, 2025
 - Managing Female Offenders Annual Training PowerPoint, May 21, 2025

Metrics: Email from One Class Member

Assessment: During this rating period, a single request from a Class Member was received with respect to an allegation of staff abuse. This complaint was received via an email submitted by a Class Member directly to the Senior Monitor and subsequently forwarded to the BOP Liaison. Information received as a part of the BOP's April monthly report to the Senior Monitor on this paragraph indicated the Class Member's request could not be granted because the investigation is still ongoing. Per PREA standards (as outlined below), the partial compliance rating was granted because the results of the investigation should automatically be provided to the Class Member, and not only after the Class Member requests the results.

Although the requirement that BOP provide paragraph the results of a PREA investigation to the Class Member is outlined in the Consent Decree, this requirement has been in place since 2012 when the PREA Standards were finalized and enacted. PREA Standard 28 § 115.73 (c), *Reporting to Inmates* states:

- (c) *Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:*
- (1) *The staff member is no longer posted within the inmate's unit.*
 - (2) *The staff member is no longer employed at the facility.*
 - (3) *The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or*
 - (4) *The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.*
- (d) *Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:*
- (1) *The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or*
 - (2) *The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.*

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

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

Evaluation of Issues:

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

Recommendations:

1. BOP should incorporate into existing protocols a process by which Class Members, who inquire about the results of their investigations, are informed of its status.
2. PREA training should be provided to staff to ensure compliance and raise awareness of general PREA responsibilities, to include the requirement that Class Members be provided a copy of the outcome of their PREA investigation.
3. BOP should train staff on the process for providing Class Members with access to Rape Crisis Centers in response to allegations of sexual misconduct.

D. Designation & Release

1. Designations

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

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

▪ **BOP Policies & Forms**

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

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

- SENTRY Inmate Management System Rosters of Class Member Designations SENTRY Inmate Management System Macros BOPRD9 and BOPRE3 Bed Management and Temporary Beds, Memorandum Authored by Acting Assistant Director Shane Salem, October 25, 2004
- Operations Memorandum 001-2021, Home Confinement under the First Step Act, May 3, 2001
- Operations Memorandum 001-2025, Adjusted Release Notification Procedures, April 1, 2025
- Paragraph 69, Roster with Mileage from Primary Residence, Confidential, April 2025, Attachment

- **Training:** SENTRY Inmate Management System Training provided by BOP to the Monitoring Team, April 22, 2025

Metrics: Emails from Class Members (17), Class Counsel Memorandum, March 31, 2025, Administrative Remedies, and Interviews with Staff

Assessment: Class Member designations are complex in nature and consist of a variety of factors that must be considered in determining the proximity of a Class Member to their primary residence. In addition to proximity, other factors that must be considered include custody, security and care levels, public safety, programmatic and faith-based needs, and sentencing court recommendations.

During this rating period, the Senior Monitor received 17 complaints regarding the proximity of Class Members to their primary residence. In determining whether a transfer is available and within 500 miles of the Class Member's primary residence, the BOP determines if a facility exists within this distance and whether it is equipped to meet the individual needs (i.e., programs, education, vocational, medical, mental health) of the Class Member. As a part of this process, the BOP also assesses whether the facility conforms to the custody, classification and security requirements of the Class Member. The closure of FCI-Dublin further reduced these options in an environment where there are an already limited number of beds available for Class Members, in general, in the Western Region.

The Monitoring Team conducted an assessment of the proximity of the residences of Class Members to their primary residence. The assessment revealed that Class Members with a primary residence in the Western Region had, by far, the highest distance of separation from their primary residence. This is demonstrated in the attachment titled, *Paragraph 69, Roster with Mileage from Primary Residence, Confidential, April 2025*.

Other Complaints: In addition to proximity to primary residence, there were a variety of issues, raised by Class Members via email or a Class Counsel Memorandum, March 31, 2025, that encompassed all of the requirements outlined in paragraphs 68 and 69. In total, the Senior Monitor received 163 complaints, pursuant to these paragraphs, as outlined below:

Complaint Type	# of Complaints	Complaint Type	# of Complaints
Administrative Remedy	1	Medical	20
Compassionate Release	5	Mental Health	1
Conditions of Confinement	13	PREA	13
Credits	9	Program	4
Designation	2	Property	12
Disciplinary	4	Retaliation	15
FSA Credits	22	SHU	9
Immigration Detainer	1	Staff Complaint	7
Legal Calls	5	Transfer Request	17
Medication Assisted Treatment	1	Transport	2
Grand Total: 163			

The Senior Monitor has responded to many concerns raised by Class Members. Some of these issues have responses pending as the Monitoring Team researches the issues in order to respond appropriately. Of the 163 complaints received, the Monitoring Team has used the training provided by BOP on BEMR, Power BI, SENTRY and Electronic Inmate Central File (EICF) systems to respond to the majority of the above complaints.

Complaints pertaining to faith-based services were not received during this rating period.

Evaluation of Issues:

1. There continues to be a lack of communication between some Unit Teams and Class Members.
2. Unit Team staff need to acknowledge and respond to Class Member requests to transfer closer to their primary residence.
3. The Monitoring Team will continue to work diligently with BOP to resolve outstanding property issues.
4. As credit issues are identified by the Monitoring Team, efforts to resolve them, in collaboration with BOP, will continue to be made.

Recommendations:

1. Require Unit Team Managers to monitor and document open line sessions, and to ensure Unit Team staff are providing the required services. This would also include a mandate that the manager document and explain circumstances in which open line sessions are not being held.
2. BOP should run a roster of all Class Members and correct any credit deficiencies.
3. Class Members should be provided with updated credit information as it is resolved.
4. Unit Team staff should acknowledge and respond to all Class Member requests to transfer closer to their primary residence.

D. Designation & Release

1. Designations

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

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

Training: Consent Decree Training for BOP Staff, to include Legal Call Requirements for Class Members Training, Confidential, April 8, 2025, Attachment

Metrics: Discussion with BOP Liaison Jenna Epplin regarding BOP's Monitoring of this Paragraph

Assessment: During this rating period there was one Class Member housed in a Federal Transfer Center for longer than one month pending her transfer. No Class Members were housed in an Administrative Detention Center for longer than six months.

Evaluation of Issues: N/A

Recommendations: N/A

D. Designation & Release

1. Designations

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - 5100.08 CN 2 Inmate Security Designation and Custody Classification March 6, 2025
 - 5162.05 Categorization of Offenses, March 16, 2009
 - 5220.01 First Step Act Program Incentives, July 14, 2021
 - 5331.02 CN-1 Early Release Procedures Under 18 U.S.C. Section 3621(e), April 25, 2016
 - 5400.01 First Step Act Needs Assessment, June 25, 2021
 - 5410.01 CN-2 First Step Act of 2018-Time Credits: Procedures for Implementation of 18 U.S.C. Section 3632 (d)(4), March 10, 2023
 - 5800.17 Inmate Central File, Privacy Folder, and Parole Mini Files, April 3, 2015
 - 7300.09 Community Corrections Manual, March 27, 2025
 - 5801.03 1,2,3 SENTRY Sentencing Monitoring File, October 7, 2001
 - 5802.04 SENTRY General Use Code Tables, July 28, 2000
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Paragraph 71, Release Roster, Redacted, April 25, 2025, Attachment
- **Training:** SENTRY Inmate Management System Training provided by BOP to the Monitoring Team, April 22, 2025

Metrics: 13 Class Member Emails and Class Counsel Memorandum, March 31, 2025

Assessment: In March and April 2025, the Senior Monitor received complaints from 13 Class Members and via a Class Counsel Memorandum pertaining to BOP's assessment of their ineligibility for community placement on the basis of their immigration status or the existence of a detainer alone. The Consent Decree provides for Class Members to be placed in a community bed regardless of a detainer's status. However, consistent with FSA and 18 U.S.C. Section 3621 (b), if a final deportation order is in place, or if the Class Member is only eligible for SCA credits, the Class Member will be ineligible for community placement.

Following a review of the application of this federal statute and paragraph 72, it appears BOP staff were erroneously interpreting the intent of these paragraphs, and therefore, inappropriately denying community placement to some eligible Class Members with detainers alone.

It should be noted that additional training was provided by BOP, and as such, this issue has improved significantly as demonstrated by the fact that only one complaint was received in April 2025 versus 12 received in the month of March 2025.

Evaluation of Issues: N/A

Recommendation:

1. BOP should ensure Unit Team Staff are correctly and consistently applying the components of this paragraph.

D. Designation & Release

2. Credit Loss Due to Transfer

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

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

Finding: Non-Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - Paragraph 73, FCI-Dublin Credit Loss Reconciliation, May 1, 2025, Attachment
- **Training:** Consent Decree Training for BOP Staff, to include Legal Call Requirements for Class Members Training, April 8, 2025, Attachment

Metrics: 32 Class Member Emails and the Class Counsel Memorandum, March 31, 2025

Assessment: The Senior Monitor received 32 emails from Class Members alleging credits (FTC credits) were not applied for the timeframe encompassing when Class Members left FCI Dublin and arrived at their designated facilities. By April 30, 2025, no adjustments had been provided by BOP to correct the transition credit discrepancies. BOP has requested their Information Technology staff run a program to correct the needed credit adjustments.

Moving forward, the Monitoring Team will include compliance actions with these paragraphs as part of future Class Member FTC reviews.

Evaluation of Issues:

1. It is anticipated that BOP will complete the FTC adjustments as required by the Consent Decree in May 2025

Recommendation: N/A

D. Designation & Release

3. Disciplinary Review

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

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

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

- Individual Adult in Custody Electronic Central Files
- Western District Hearing Administrator Discipline Roster Final, November 4, 2024
- **Training**
 - SENTRY Inmate Management System Video, Two-Hour Training, April 11, 2025
 - Central Office Chief Disciplinary Hearing Administrator Website Guidance and Learning for Chief Disciplinary Hearing Officers

Metrics: Reviewed 965 Completed Incident Reports, including UDC and DHO Hearing Results

Assessment: The Western District Hearing Administrator conducted the review of all disciplinary incident reports issued to Class Members at FCI Dublin between January 1, 2020, and May 1, 2024, as required by the Consent Decree. As described in the Court’s order, at ECF 300 and 372, and these paragraphs, BOP was required to expunge all disciplinary reports that were found to contain due process, evidentiary, or other procedural violations, and adjust Class Members’ security and recidivism classifications, FTCs, and release dates accordingly. The Western Region Disciplinary Hearing Administrator (WRDHA) conducted a review of the disciplinary hearing reports in compliance with this paragraph. The WRDHA reviewed 965 incident reports that were issued to Class Members during this period.

It is alarming that Class Members were subjected to disciplinary sanctions up to and including confinement in the SHU for incidents that were later expunged by WRDHA. Based on the 965 incident reports that were reviewed, the WRDHA expunged a total of 571 cases. Three hundred eighty three cases were expunged that were related to UDC errors. One hundred eighty eight cases were expunged and were related to District Hearing Officer errors. A total of 59% of all disciplinary actions were expunged by the WRDHA as a result of this review.

Class Members were subjected to disciplinary segregation, credit losses, and a loss of privileges as a result of these errors. The Monitoring Team identified similar deficiencies in reviews that were conducted, during this monthly rating period, related to SHU Administrative Detention Orders, Incident Reports, and retaliation complaints that continue to negatively impact Class Members. The Senior Monitor advised the BOP that she would be requesting a full audit of disciplinary actions that Class Members have received since their transfer from FCI Dublin. The audit is necessary to determine if Class Members are being subjected to punishment as a form of retaliation for reporting mistreatment and PREA claims, and to determine if a trend and pattern exists.

The Monitoring Team’s initial review has already determined there are violations of the BOP Program Statement and constitutional violations as it relates to disciplinary actions, as well as the inconsistent and in some cases, extreme use of restrictions. One example, as cited in the C.2.58 - 61 section of this report, includes a Class Member who was originally written up for charge 307, “*Refusing to obey an order of any staff member*” and charge 331, “*Lying.*” She was subsequently found guilty of the 307 offense, while the charge for 331 was dismissed. During the UDC hearing, it was determined that charging the

Class Member with violation of both offenses was excessive and equated to “stacking.” As a result, the charge for “lying” was dismissed.

The Class Member was sanctioned to 120 days loss of recreation privileges by the UDC. Although this is a sanction available to the UDC, penalizing the Class Member with 120 days loss of recreation is an extreme penalty in relation to the violation associated with not adhering to uniform standards. Furthermore, it is not progressive in nature and can contribute to further negative behavior

Deficiencies in the disciplinary process and inconsistent application of penalties can significantly impact risk and classification levels, eligibility for camp, Regional Re-entry Center, home confinement, FTCs, as well as limit privileges while incarcerated.

FCI Dublin Disciplinary Actions 2020 – November 4, 2024	
Category	Total Actions
Incident Reports Reviewed	965
UDC Expunged Cases	383
DHO Expunged Cases	188
Total Expunged Cases	571

The reasons for the expungements and reclassifications of the disciplinary reports varied and included, but were not limited, to the following:

- Due Process Violations
- Facts do not support charge
- Procedural errors
- UDC Hearing errors
- UDC incomplete completion of mandatory forms, Sections 19 and 20
- Incomplete investigations
- Failure to affix electronic signature to the Hearing document

Moving forward, the Monitoring Team will continue to focus on the accuracy, quality and imposition of sanctions related to any disciplinary and the imposition of restriction(s) as a result of errors.

Evaluation of Issues:

1. There appears to be a systemic failure, by BOP, to ensure that imposed discipline is applied consistent with BOP policy and within constitutional mandates. An audit is necessary as it relates to allegations of retaliation due to being a FCI Dublin Class Member and for reporting various types of staff misconduct, as well as to ensure risk and classification levels, eligibility for camp, Regional Re-entry Center, home confinement, FTCs, etc.

Recommendation:

1. BOP should conduct a full audit using the BOP “Inferior Officer” that is deemed to be the BOP expert on disciplinary actions, and who is also the WRDHA who completed the initial FCI Dublin disciplinary review. At a minimum, this audit should be conducted on all disciplinaries issued since the effective date of the Consent Decree (March 31, 2025).

E. Class Member Access to Counsel

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

Finding: Partial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - 5264.08 Inmate Telephone Regulations, January 24, 2008
- **Reports, Written Correspondence, Emails, Websites & Other Sources**
 - Paragraphs 81 and 82, Legal Call Blocks and Verified on April 15, 2025, Attachment
- **Training:** Consent Decree Training for BOP Staff, to include Legal Call Requirements for Class Members Training, April 8, 2025, Attachment

Metrics: Five Class Member Emails and Class Counsel Memorandum, March 31, 2025

Assessment: Paragraph 81 allows Class Members to initiate a confidential legal call with Class Counsel once per week. BOP provided the Senior Monitor with a Legal Call Block schedule for April 2025. Due to receiving six complaints in April 2025, it appears this privilege was initially not provided to some Class Members. However, when the issue was brought to the attention of the BOP Legal Counsel, the issue was rectified. Since then, complaints regarding access have continued, but are addressed by BOP as they are raised. BOP has provided the schedule of the legal call period to Class Counsel and the Senior Monitor for all facilities where Class Members are housed. BOP is in compliance with establishing the weekly call blocks; however, BOP is being rated partially compliant due to the Class Member complaints received regarding the inability to access legal calls during the established call block time. To reach substantial

compliance, BOP will be required to ensure that Class Members are provided the opportunity to make legal calls during the call block time established at facilities where Class Members are housed.

The Consent Decree requires BOP staff to notify the Senior Monitor and Class Counsel when BOP is unable to facilitate calls with, along with an explanation of the reason. BOP and Class Counsel report legal call issues and resolve the issue as it occurs.

Evaluation of Issues: N/A

Recommendations:

1. Per the Consent Decree, BOP should continue to provide the Legal Call schedule and any revisions to Class Counsel and the Senior Monitor monthly for all facilities where Class Members are housed.
2. If the call block schedule cannot be adhered to or a staff member is unavailable to facilitate the call, BOP should ensure there are backup staff to facilitate legal calls during the allotted time frame.

E. Class Member Access to Counsel

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

Finding: Substantial Compliance

Documents reviewed and utilized in the preparation of this report and determination of ratings:

- **BOP Policies & Forms**
 - Paragraphs 81 and 82, Legal Call Blocks and Verified on April 15, 2025, Attachment
- **Training:** Consent Decree Training for BOP Staff, to include Legal Call Requirements for Class Members Training, April 8, 2025, Attachment

Metrics: Legal Call block Schedule, Attachment

Assessment: During this rating period, BOP provided the Legal Call Block schedule and Class Counsel provided BOP with a list of attorney names and numbers, as required by this paragraph. Additionally, the April schedule was provided to the Senior Monitor timely.

Evaluation of Issues: N/A

Recommendations: N/A

Signature

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



Wendy Still, MAS
Senior Monitor

June 30, 2025

Date

Glossary of Acronyms

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

PREA	Prison Rape Elimination Act
RIS	Reduction in Sentence
NCA	Second Chance Act
SFIT	Spanish Female Integrated Treatment
SGT	Statutory Good Time
SHU	Security Housing Unit
STI	Sexually Transmitted Illnesses
SUD	Substance Use Disorder
TIC	Trauma Informed Care
TCPD	Transitional Community Placement Date
UDC	Unit Disciplinary Committee
WASPB	Women and Special Populations Branch

Definitions

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

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

Administrative Detention refers to an administrative status which removes an AIC from the general population. Administrative detention status is non-punitive, and can occur for a variety of reasons. 28 C.F.R. § 541.22(a).¹⁰

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

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

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

¹⁰ [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 AIC.

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

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

Federal Correctional Institution (FCI) Dublin refers to both the low security Federal Correctional

Institution located in Dublin, California and the adjacent satellite Camp.

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

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

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

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

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

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

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

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

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

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

Senior Monitor (or Monitor) refers to Wendy Still while serving under the order of May 20, 2024, ECF

No. 308 in the instant action, or any successor Monitor appointed in this action.

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

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

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

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

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

BOP Memorandums, Reports and Other Documents

- Warden Memorandum, Subject - Missing Special Housing Unit Sign-in Log, May 2, 2025
- FCI Dublin Consent Decree Training Record
- Paragraphs 81 and 82, Legal Call Blocks, Verified on April 15, 2025

Confidential Documents (provided under separate cover)

- Monthly Confidential Monitoring Report Attachment for the Rating Period of March 31, 2025 – April 30, 2025
- Paragraph 68, Designations, Confidential, April 2025
- Paragraph 69, Roster with Mileage from Primary Residence, Confidential, April 2025
- Paragraph 71, Release Roster, Confidential, April 25, 2025
- Class Member Key, April 2025 Public Report, Confidential



U. S. Department of Justice


Federal Bureau of Prisons

Federal Medical Center Carswell

*P.O. Box 27066, J Street, Bldg 3000
Fort Worth, Texas 76127*

May 2, 2025

MEMORANDUM FOR FILE

FROM: 
T. RULE, WARDEN

SUBJECT: Missing Special Housing Sign-in Log

On Monday April 28, 2025, an audit was conducted of the Special Housing Unit (SHU) sign-in log files and revealed that the following week was missing:

March 23, 2025

The following corrective action will be put into place:

The Captain will conduct a weekly Checklist that will be turned into the Warden during closeout on Fridays after receiving and reviewing the SHU weekly sign-in sheet. A copy of the weekly sign-in sheet will be attached for review. The Captain will provide Correctional Services staff assigned to the Special Housing Unit training on document retention requirements.

FCI Dublin Consent Decree Training Record

Initial Training – 2 hours

January 21 Correctional Programs Division, FDC Honolulu, South Central Regional Office,
Health Services Division, FPC Bryan, FCI Carswell, FTC Oklahoma

January 30 FMC Lexington

February 10 Mid-Atlantic Regional Office

February 12 FCC Hazelton

February 27 FCI Danbury, Northeast Regional Office
Health Services Division (Training with field medical staff 2 hours)

February 28 FCI Pekin

March 4 FCC Victorville, MDC Los Angeles

March 5 Southeast Regional Office

March 6 FCI Waseca

March 7 FCI Tallahassee, FCI Marianna, MCC San Diego

March 10 FCI Phoenix

March 11 FCI Greenville, MCC Chicago, Regional Support Coordinators

March 12 FDC SeaTac, North Central Regional Office

March 13 FDC Miami, FCI Aliceville

March 17 FCI Carswell

April 3 Western Regional Office
DSCC (1 hour training)

Follow-up Training – 1 hour

March 19 FPC Bryan, FMC Lexington

March 20 FCI Danbury, FCI Phoenix

March 21 FCC Victorville, MDC Los Angeles

March 25 FCI Estill

March 27 MCC Chicago, FCI Pekin

March 28 FCC Hazelton

April 4 FCC Hazelton, FPC Alderson, FDC Philadelphia

Refresher Training – 2 hours

March 27 FTC Oklahoma, MCC San Diego

April 16 FCI Aliceville

Provisions 81 & 82, Legal Call Blocks, Verified on April 15, 2025

Institution	Day	Time Block in Current Time Zone	Time Block in PST	Class Counsel	Method	April Audit
Aliceville	Wednesday	12:00 pm to 3:00 pm CST	10:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Correct
Bryan	Thursday - B Unit	1:00 pm to 4:00 pm CST	11:00 am to 2:00 pm	RBGG 415-907-0603	Open Door	Correct
Bryan	Tuesday - M Unit	1:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Correct
Carswell	Wednesday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Correct
Chicago						
Danbury	Thursday	12:30 pm to 3:30 pm EST	9:30 am to 12:30 pm	RBB 202-505-1051	Open Door	Correct
Greenville	Thursday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Correct
Hazelton	Thursday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBB 202-505-1051	Open Door	Correct
Houston	Tuesday	1:00 pm to 3:00 pm CST	11:00 am to 1:00 pm	RBGG 415-907-0603	Open Door	Correct
Lexington	Monday	12:45 pm to 3:45 pm EST	9:45 am to 12:45 pm	RBGG 415-907-0603	Open Door	Correct
Los Angeles						
Marianna	Monday	12:45 pm to 3:45 pm CST	10:45 am to 1:45 pm	RBGG 415-907-0603	Open Door	Correct
Miami	Tuesday	12:00 pm to 3:00 pm EST	9:00 am to 12:00 pm	CCIJ 510-679-3674	Open Door	Correct
Oklahoma City	Thursday	10:00 am to 1:00 pm CST	8:00 am to 11:00 am	RBB 202-505-1051	Open Door	Correct
Pekin	Monday	11:00 am to 2:00 pm CST	9:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Correct
Philadelphia						
Phoenix	Thursday	12:45 pm to 3:45 pm MST	11:45 am to 2:45 pm	A&P 650-319-4500	Open Door	Correct
San Diego	Tuesday	12:45 pm to 3:45 pm PST	12:45 pm to 3:45 pm	CCIJ 510-679-3674	Booth	Correct
SeaTac	Tuesday	10:00 am to 1:00 pm PST	10:00 am to 1:00 pm	CCIJ 510-679-3674	Open Door	Correct
Tallahassee	Monday	11:00 am to 2:00 pm EST	8:00 am to 11:00 am	A&P 650-319-4500	Open Door	Correct
Victorville	Wednesday	9:45 am to 12:45 pm PST	9:45 am to 12:45 pm	A&P 650-319-4500	Open Door	Correct
Waseca	Tuesday	12:00 pm to 2:00 pm CST	10:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Correct
Waseca	Thursday	12:00 pm to 2:00 pm CST	10:00 am to 12:00 pm	RBGG 415-907-0603	Open Door	Correct

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