Inspection of the Federal Bureau of Prisons' Federal Correctional Institution Berlin

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EVALUATION & INSPECTIONS DIVISION

27-002

OCTOBER 2026

Executive Summary

The DOJ OIG's Inspections Program

Between Monday, January 12, and Thursday, January 15, 2026, the U.S. Department of Justice (DOJ) Office of the Inspector General (OIG) conducted an unannounced, on-site inspection of Federal Correctional Institution (FCI) Berlin in Berlin, New Hampshire. The institution houses both Federal Bureau of Prisons (BOP) inmates and detainees who are in U.S. Immigration and Customs Enforcement (ICE) custody.

The OIG has determined that it can enhance the effectiveness of its oversight, and its ability to alert the BOP to concerns, by conducting unannounced inspections of BOP institutions. Since 2023, the OIG has conducted such inspections at 15 BOP institutions. Appendix 2 lists the published results of the completed inspections.

Our inspection work is consistent with the Federal Prison Oversight Act. In accordance with the Act's requirements, we are reporting the findings from this inspection of FCI Berlin, and our recommendations to the BOP that derived from it, publicly and to the U.S. Congress.

Our unannounced inspection of FCI Berlin found that its leadership and employees were dedicated to maintaining a safe environment and sought available solutions to meet the various mission needs driven by the distinct populations in its custody. However, at the time of our inspection there were widespread vacancies, with particular shortages in the Correctional Services, Health Services, and Psychology Services Departments, that collectively strained employees' abilities to maintain operations. These staffing challenges have been exacerbated in some ways by the BOP receiving a new custody population from ICE under the terms of an interagency agreement between the BOP and ICE to house ICE detainees at certain BOP institutions. In March 2025, FCI Berlin began housing an ICE detainee population, which had needs distinct from those of the BOP inmate population and created additional burdens on the BOP employees working at FCI Berlin. At the time of our inspection, we found that FCI Berlin was largely able to meet operational needs at its current custody population but its ability to do so would be at risk if this population, including ICE detainees, were to increase.

In our assessment of care available to BOP inmates, we found that FCI Berlin struggled to address BOP inmate requests for routine medical care inside the institution and to arrange for BOP inmates to see medical providers outside the institution. We also observed some unsafe conditions and practices in Health Services areas. Despite what we identified as a generally dedicated workforce, we identified certain security violations, including inconsistent monitoring rounds by Correctional Officers and deviations from the BOP's policy for tracking sexual misconduct complaints. While FCI Berlin has recently upgraded its surveillance camera system, which now produces higher quality video footage, we observed that FCI Berlin experienced challenges with retention of surveillance footage. We also found that contraband was present and highly visible in inmate housing units, contraband interdiction equipment was not operational, and employee search practices were not being completed according to policy. FCI Berlin's major infrastructure systems were operational, but they were approaching the end of their projected lifespan and FCI Berlin had requested over $17 million from the BOP to make major updates or repairs. Inmate programming was a strength at FCI Berlin; but understaffing limited the institution's ability to offer this programming, thus limiting its potential benefits for BOP inmates.

In this report, we make eight recommendations to the BOP to ensure effective operations at FCI Berlin and safe conditions of confinement for the BOP inmates and ICE detainees housed there.

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Introduction

This report details the results of the U.S. Department of Justice (DOJ) Office of the Inspector General's (OIG) unannounced inspection of Federal Correctional Institution (FCI) Berlin, located in Berlin, New Hampshire, a small and remote mountain town near the White Mountain National Forest. The OIG conducted its inspection of FCI Berlin between Monday, January 12, and Thursday, January 15, 2026. While on site, we made physical observations; interviewed employees and BOP inmates; reviewed security camera footage; and collected records related to medical and mental healthcare, institution staffing levels, and conditions of confinement. We also made follow-up requests for additional data, interviews, and documents from the institution, the BOP's Northeast Regional Office, and the BOP's Central Office, which we used to further inform our inspection (see Appendix 1 for more details on the methodology).

Federal Prison Oversight Act

The Federal Prison Oversight Act was signed into law on July 25, 2024; it requires the OIG to conduct periodic inspections of BOP facilities and operations based on the OIG's assessment of risk factors at BOP facilities.

Source: Federal Prison Oversight Act, Pub. L. No. 118-71, 138 Stat. 1492 (2024)

FCI Berlin

FCI Berlin is composed of a medium-security facility and a minimum-security prison camp (Camp), both of which house male BOP inmates.

In addition, since March 2025, FCI Berlin has housed individuals detained by U.S. Immigration and Customs Enforcement (ICE) under the terms of an interagency agreement (IAA) that the DOJ-BOP entered into with the U.S. Department of Homeland Security-ICE in February of 2025. Through this IAA, the BOP houses, at several BOP institutions across the country, individuals detained by ICE.[1]

FCI Berlin Medium-security Facility Main Entrance

Source: OIG, January 2026

At the time of our inspection, on January 12, 2026, FCI Berlin housed 600 BOP inmates in its medium-security facility and 52 BOP inmates in its Camp. FCI Berlin also housed 194 male ICE detainees. Collectively, the total population in custody was 846, about 51 percent of FCI Berlin's physical capacity of 1,660. As of January

[1] The IAA delineates the following BOP institutions that may house individuals detained by ICE: Federal Detention Center (FDC) Miami, FDC Atlanta, FDC Philadelphia, FCI Leavenworth, FCI Berlin, FCI Lewisburg, Metropolitan Detention Center Brooklyn, and FDC Honolulu.

2026, FCI Berlin was staffed at 80 percent (222 of 276) of the institution's authorized positions. We discuss in the Inspection Results of this report how, even at approximately half the physical capacity for individuals in custody, this low staffing posture created numerous challenges for the institution and its employees. As discussed throughout this report, these challenges were at times compounded by the additional mission needs created by the ICE detainee population.

Physical Layout

FCI Berlin's medium-security facility has 12 general population housing units. At the time of our inspection, only seven of these general population units were occupied: five housed BOP inmates and two were being used to house ICE detainees, separately.

FCI Berlin's general population housing units contain double-occupancy cells with bunk beds, a stainless steel sink, two lockers, a desk, and a toilet. Individual shower stalls are located in housing unit communal areas. Under normal operating conditions, general population unit cells remain open and individuals housed there can move within their housing units throughout the day. When authorized and under supervision, BOP inmates in general population housing units can also move throughout the institution to access an array of institutional resources.

The medium-security facility also has one Special Housing Unit (SHU). The SHU houses individuals who need to be separated from the general population, and it contains double-occupancy cells with bunk beds and a shower, sink, and toilet. Unlike BOP general population inmates who eat communally in a cafeteria, individuals assigned to the SHU eat in their cells and generally remain locked there except when they are escorted to SHU recreation areas. As necessary, they may also be escorted to the Health Services Department for medical appointments, to visitation areas, or to a law library.

The Camp has one housing building with an open-concept living space for its minimum-security inmate population. Camp inmates are afforded significantly more freedom of movement than medium-security facility inmates and can access indoor and outdoor areas with minimal supervision.

FCI Berlin: Institution Profile

Location
Berlin, NH

Medical and Mental Care Level
1 of 4

Employees
Total Positions: 276
On Board: 222
54 Vacancies

Medium-security Facility	Camp
Population	**Population**
Physical Capacity: 1,532	Physical Capacity: 128
Actual Headcount: 600 BOP inmates and 194 ICE detainees	Actual Headcount: 52 BOP inmates
~52% Capacity	*~41% Capacity*
Security Level	**Security Level**
Medium	Minimum
Housing Units	**Housing Units**
12 General Population Units and 1 SHU	1 Building with Open Concept Space

Note: Employee and inmate totals are as of January 2026.

Source: BOP documentation

Mission Housing ICE Detainees

Under the terms of the IAA between the BOP and ICE, the BOP reserved up to four general population housing units at FCI Berlin

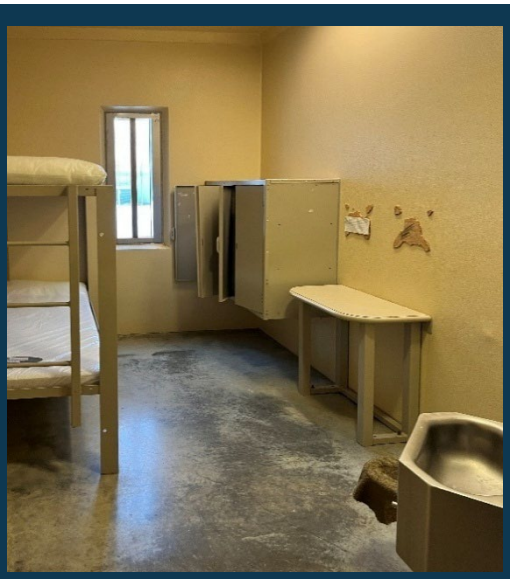
for the detention of adult male ICE detainees. According to BOP headquarters officials, unlike other BOP facilities identified to house ICE detainees (the majority of which were detention centers that traditionally house populations with higher turnover and more individuals in a pre-trial status), FCI Berlin was an outlier among the BOP institutions identified to take on the mission of housing ICE detainees under the IAA. FCI Berlin was selected to receive ICE detainees because of both its proximity to a regional transportation hub (Boston, Massachusetts) and its available physical capacity to house more individuals in custody. According to BOP headquarters officials, space for the ICE detainee population existed due to understaffing at FCI Berlin, which had resulted in a reduction in the total number of BOP inmates designated to that institution.

After the IAA was signed in February 2025, FCI Berlin began receiving ICE detainees in March 2025. According to the IAA, ICE may make requests to BOP headquarters for permission to transfer detainees to BOP institutions and is responsible for providing to the BOP all relevant detainee documents, including case histories and medical histories; the BOP then has sole discretion to approve or reject the transfer request, for reasons that may include heightened security or medical needs of the detainee that the designated BOP institution cannot accommodate. ICE detainees stay at FCI Berlin while awaiting the outcome of their immigration proceedings, and there is relatively high turnover in this custody population: from March 2025 to February 2026, the average detainee stay at FCI Berlin was 2 months.

The ICE detainee population at FCI Berlin is kept separate from the BOP inmate population in housing units dedicated for this population. At the time of our inspection, ICE detainees at FCI Berlin were housed in two of the four general population housing units dedicated for this purpose; the other two units were vacant. The layout of these units was consistent with that of other general population housing units at the institution.

Common Area in an Occupied ICE Detainee Housing Unit

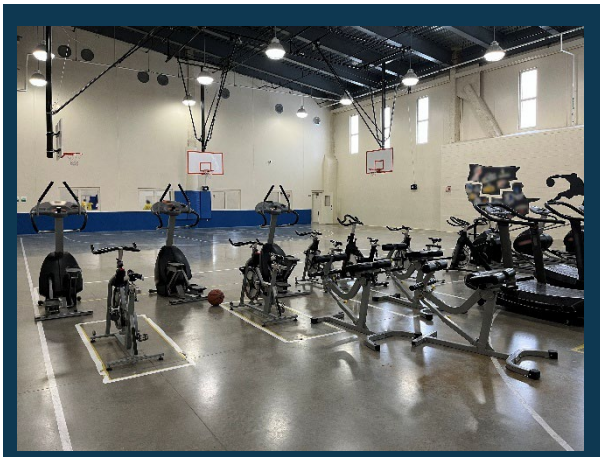
Source: OIG, January 2026 (Faces Obscured)



Left, Cell in an Occupied ICE Detainee Housing Unit, *Right,* Cell in a Vacant ICE Detainee Housing Unit

Source: OIG, January 2026 (Brand Information Obscured)

Under normal operating conditions, cells remain open and detainees housed there can move within their housing units throughout the day. However, because the ICE detainee population cannot commingle with the BOP inmate population, detainees may not move freely throughout the rest of the institution to areas beyond the ICE-dedicated housing units. Accordingly, ICE detainees generally remained in their dedicated general population units and received all meals, as well as routine medical, dental, and mental healthcare, there. Under the terms of the IAA, ICE provides two telephones inside ICE detainee housing units so detainees may call advocacy organizations, legal resources, and consulates. In addition, ICE detainees have access to the standard BOP telephone system for monitored social calls. Also, the BOP facilitates legal visiting and access to a law library for detainees. FCI Berlin has large recreation spaces, and ICE detainees may leave their housing units for recreation for 1 hour daily. ICE detainees may also leave their housing units at scheduled times, including for social visitation (conducted in the institution's visitation spaces) and certain medical, dental, or mental healthcare encounters that need to take place in the institution's Health Services unit or at an outside medical provider. On any occasions when detainees leave their dedicated housing units, BOP employees escort the ICE detainees and restrict the movement of BOP inmates.



Recreation Area with Basketball Courts and Workout Equipment for Use by BOP Inmates and ICE Detainees

Source: OIG, January 2026 (Brand and Sports Team Information Obscured)

Under the IAA, while ICE detainees are housed in BOP institutions they are generally subject to all rules and regulations that BOP policies prescribe for pre-trial individuals in BOP custody; detainees who commit serious disruptions or disciplinary infractions are returned to ICE custody within 48 hours. ICE detainees may occasionally be housed in the institution's SHU—in a section separate from BOP inmates, with notification to ICE and approval from the Warden—for periods not to exceed 30 days. Detainees generally spent only short periods of time in the SHU while awaiting transfer out of FCI Berlin and back to ICE custody in the aftermath of a disciplinary incident. No detainees were housed in FCI Berlin's SHU while our inspection team was on site, and our review of records from April 2025 through May 2026 showed that detainees who were placed in the SHU at FCI Berlin spent an average of 2.5 days there.

BOP employees have most of the responsibility for custodial supervision of detainees at FCI Berlin. Consistent with the IAA, the BOP may assign BOP employees from other locations through temporary duty (TDY) to assist with the ICE mission needs at FCI Berlin, including custody posts in the detainee housing units.

The BOP is also responsible for overseeing and providing in-house medical care to detainees. Under the IAA, the BOP may request that ICE detail ICE or U.S. Public Health Service (PHS) healthcare providers to the institution to assist with this mission need.[2] We learned that contingents of PHS clinicians—specifically a doctor, nurse, and psychologist—worked weekdays at FCI Berlin on several-week rotations to address the healthcare needs of the detainee population exclusively. In addition, the IAA states that ICE shall provide at least two ICE officers "as [points of contact] or on-site" dedicated to each BOP institution housing detainees, responsible for addressing issues related to detainee movement, individual detainee cases, and other needs including "Know Your Rights" and translation services. The IAA also requires that, at minimum, two ICE personnel are assigned to each participating BOP institution to provide guidance and supplemental support for ICE detainees in BOP custody.

According to the IAA, ICE is to reimburse the BOP the full costs and expenses of each detainee accepted and housed by the BOP, including food, clothing, and medical care provided by BOP clinicians. These costs and expenses are calculated on a per-detainee, per-day basis. ICE also reimburses the BOP for BOP employee TDY and overtime expenses related to the management of ICE detainees. ICE is directly responsible for providing any necessary transportation, supervision, and funding for detainee transfers and medical care performed outside of FCI Berlin. However, the IAA states that the BOP may, on occasion, provide or facilitate some of these services. In such a scenario, ICE would reimburse the BOP for any associated costs. Given the scope of this inspection, we did not audit BOP-ICE reimbursements but note that, when the BOP receives reimbursements for FCI Berlin costs, it reallocates some funds to FCI Berlin and some to other BOP operational areas. See Appendix 4 for a detailed breakdown of BOP versus ICE responsibilities for the ICE detainee populations, per the terms of the IAA.

[2] The PHS Commissioned Corps is part of the U.S. Department of Health and Human Services and is a branch of the uniformed services committed to the service of health. Officers are detailed to serve in agencies across the federal government.

Inspection Results

Staffing Challenges

Generally, we found that FCI Berlin leadership and employees were committed to maintaining a safe environment and fulfilling both their traditional mission of housing BOP inmates and their new mission of housing U.S. Immigration and Customs Enforcement (ICE) detainees. The execution of these duties was made more challenging by the fact that FCI Berlin was operating at about 80 percent of its authorized staffing levels (222 of 276 positions) and had vacancies in numerous positions integral to operations. In addition, the presence of ICE detainees at the institution created additional responsibilities for BOP employees at FCI Berlin because the detainee population had needs that were distinct from those of the BOP inmate population—owing to both the detainees' custody status and the terms of the BOP's interagency agreement (IAA) with ICE. The staffing levels at this institution, combined with the scope of its mission responsibilities, resulted in challenges for the BOP workforce and affected the conditions of confinement for BOP inmates in some ways. Nevertheless, we found that the BOP and FCI Berlin implemented two measures that, at the time of our inspection, were mitigating these effects.

First, the BOP closely monitored and managed the total population at FCI Berlin and worked within its authority to calibrate ICE detainee intake to what the institution could safely accommodate. Although FCI Berlin was built to house 1,660 individuals, its total population at the time of our inspection was 846. Of its 12 general population housing units, 5 were unoccupied, including 2 ICE-designated units with capacity for roughly 250 individuals. Second, and despite its low inmate and detainee populations relative to the institution's physical capacity, to cover necessary posts FCI Berlin needed and received staffing support through a variety of temporary coverage assignments. For example, between March 2025 and January 2026, the BOP made 390 temporary duty (TDY) staff deployments to FCI Berlin to help cover critical vacancies in positions essential to institutional safety and security, including Correctional Officers.

Although these measures helped FCI Berlin maintain operations, their success relied upon a tenuous balance of population management, which was not fully within the institution's control, and of supplemental staffing measures that were largely short term and impermanent. This has implications for the long-term sustainability of FCI Berlin's ability to cover staffing needs and gaps, particularly if FCI Berlin were required to house a substantially larger number of inmates or detainees.

See below for additional details about shortages and critical vacancies in key departments at the institution, as well as the stopgap measures that the BOP and its FCI Berlin leadership officials have taken to try to address them. Staffing challenges were particularly acute in FCI Berlin's Correctional Services, Health Services, and Psychology Services Departments:

- The **Correctional Services Department** is composed primarily of Correctional Officers and provides round-the-clock supervision of BOP inmates and ICE detainees. At the time of our inspection, this department operated at only 68 percent of its authorized staffing level (82 of 120 positions filled). To address staffing shortages, the BOP implemented several stopgap measures to manage FCI Berlin's inmate and detainee population. In the year before our inspection, FCI Berlin's Correctional Services Department employees worked overtime equivalent to over 12 full-time Correctional Officer positions. Institution management also temporarily assigned FCI Berlin's non-Correctional Services

Department personnel into Correctional Officer positions (a practice known as augmentation), in which they worked the equivalent of 2.5 full-time positions. In addition, the BOP detailed a cumulative total of 323 Correctional Officers from other BOP institutions to FCI Berlin for 2-week rotations between March 2025 and January 2026 to cover vacant custody posts. These stopgap measures, particularly the TDY deployments, have been integral to FCI Berlin's ability to sustain operations. However, the efficacy of this temporary solution is subject to the continued availability of personnel from other institutions to supply employees on temporary assignment and absence of these TDY employees creates other gaps at their home institutions. Further, FCI Berlin leadership at the time of our inspection cautioned that, while helpful, these stopgap measures to achieve sufficient staffing coverage were not sustainable.

- The **Health Services Department** provides medical care to BOP inmates and, in some circumstances, ICE detainees. As of January 2026, this department was operating at 69 percent of its authorized staffing level (11 of 16 positions filled). Critical vacancies included a doctor and two registered nurses. The department was also without the services of a contract phlebotomist, a medical professional responsible for drawing blood and collecting urine samples for laboratory testing. At the time of our inspection visit, the Health Services Administrator at FCI Berlin had been on extended absence and there was only one BOP physician on site, serving in the role of Clinical Director at FCI Berlin and also serving as the Clinical Director for another facility. To address some of the gaps created by the vacancies in FCI Berlin's Health Services Department, the BOP temporarily detailed some of its employees from other institutions via TDY. For example, the BOP periodically sent TDY x-ray technicians to FCI Berlin to perform medical imaging of BOP inmates and ICE detainees. During weekdays, one doctor shift and one nurse shift were filled by U.S. Public Health Service (PHS) officers assigned to FCI Berlin on several-week rotations. However, the PHS responsibilities were exclusive to the ICE detainee population and they did not extend to needs of the BOP inmates. We found that a significant share of the healthcare needs at FCI Berlin fell to the understaffed complement of full-time Health Services Department personnel who were permanently employed at the institution, led by the Clinical Director who oversaw the provision of healthcare across the institution.

  Of particular concern, the Clinical Director who was in place during our inspection visit concluded his work at FCI Berlin in June 2026 and departed for a position at another BOP institution. The Clinical Director performed many key roles and few other employees were available or qualified to assume them; FCI Berlin leadership expressed concern about the institution's ability to effectively provide healthcare for BOP inmates and ICE detainees without this Clinical Director. Moreover, in June 2026 PHS officers were reassigned from FCI Berlin to address other federal healthcare priorities related to an international Ebola outbreak. This, combined with the timing of the Clinical Director's departure in June 2026, left FCI Berlin without any on-site physicians, which we confirmed was still the case in September 2026. While some other BOP clinicians such as physician assistants and nurses remained on staff to provide care at this Care Level 1 institution, the departure of its on-site Clinical Director created a gap in clinical leadership and left fewer clinicians available to address the needs at this institution. Further, the departure of the PHS personnel left a gap in medical coverage that had historically been available on a dedicated basis to the ICE detainee population.

  The sole dentist position at FCI Berlin was also vacant at the time of our inspection and had been so for over 1 year. A February 2026 BOP internal audit recommended increasing dentist coverage at FCI

Berlin with TDY assignments, and the BOP was furnishing some dental services to BOP inmates and ICE detainees at FCI Berlin via a part-time TDY dentist. However, at the time of our inspection, we found that this temporary dentist was generally present only 3 days per month. To mitigate the impact of the vacancy in the one full-time dentist position at FCI Berlin, officials from the BOP's Northeast Region authorized expanded privileges for the dental hygienist at FCI Berlin to conduct dental sick call triage under the remote supervision of the regional dentist.

- The **Psychology Services Department** provides both mental healthcare and drug abuse treatment services to BOP inmates. At the time of our inspection, only two of five department positions were filled. Notably, the only positions filled were a department secretary and a Drug Treatment Specialist, neither of whom was a licensed psychologist. The only psychologist on site at FCI Berlin was a PHS officer; however, all PHS officers had a scope of responsibilities that was limited to the ICE detainee population and only worked weekday shifts and for several-week rotations. The BOP reported that its headquarters officials provided support to the rotating PHS psychologists serving ICE detainees through virtual onboarding training in areas including intake and suicide risk. To help mitigate the effects of the psychologist vacancies and provide services to the BOP inmate population, FCI Berlin used telehealth services and TDY psychologists from other BOP institutions.

This report's section below on Medical and Mental Healthcare explains some of the effects of these staffing shortages on healthcare operations.

The most senior local BOP official serving as acting Warden at the time of our inspection identified understaffing as the biggest challenge to managing the institution and expressed concerns about the institution's ability to hire more staff due to the area's high cost of living. To address its extensive hiring challenges across the enterprise, the BOP is offering recruitment incentives for many positions across the country. At FCI Berlin specifically, the BOP is offering sign-on bonuses for certain critical positions: up to 50 percent of salary for new Correctional Officers, 30 percent for Registered Nurses, and 25 percent for Psychologists. Additionally, FCI Berlin employees received about $2.4 million in retention bonuses in the year preceding our inspection, between January 2025 and January 2026. The BOP is also continuing to fund recruitment and retention bonuses with supplemental appropriations provided in Pub. L. No. 119-21.

Supplemental Appropriations to Improve BOP Staffing Levels and Infrastructure

Pub. L. No. 119-21 was signed into law on July 4, 2025, and has made available to the BOP $5 billion to address longstanding and extensive staffing and infrastructure needs. Of this amount, at least $3 billion was made available to hire and train new employees and to fund the salaries and benefits of current employees.

The OIG is actively tracking and reporting on the BOP's actual and planned use of these funds.

Source: One Big Beautiful Bill Act, Pub. L. No. 119-21, 139 Stat. 393 (2025)

Despite these measures, the BOP continues to struggle with filling the positions needed to operate FCI Berlin. As of January 2026, there were only 222 positions filled at the institution, despite FCI Berlin having been authorized by the BOP for a total staffing complement of 276 employees. The 54 vacancies from the institution's authorized staffing total—in positions ranging from Physician to Correctional Officer—hampered FCI Berlin's operations in myriad ways discussed throughout this report, even when housing only about half of the institution's physical capacity. Moreover, the BOP's own staffing calculations project that

the institution would need 383 employees to safely manage FCI Berlin's total rated capacity of 1,660 individuals in custody. This would require funding and filling 107 more positions than are currently authorized (and 161 more than were on board during our inspection)—including 65 additional Correctional Services positions and 16 Health and Psychology Services positions, which are roles that the institution cannot keep fully staffed even at currently authorized levels.

Thus, even with all of its authorized positions filled, FCI Berlin would remain significantly understaffed to safely manage its rated capacity of 1,660 individuals. Figure 1 below shows FCI Berlin's position totals and projected staffing needs to operate the institution at its total rated capacity.

Figure 1

FCI Berlin Filled and Vacant Position Totals and Additional Positions Needed to Operate at Rated Capacity, as of January 2026

Source: BOP staffing data. Projections of "Additional Positions Needed" derive from the BOP's Automated Staffing Tool.

As stated above, staffing levels are a challenge at FCI Berlin, leaving the institution balancing on the edge of operational success, even with a custody population well below its physical capacity. Local BOP leaders told us that, without additional employees on board, a substantial increase in the population in custody at FCI Berlin would force them to reassign via augmentation non-Correctional Officer employees away from their primary job functions and into Correctional Officer custody posts. This would have the effect of significantly limiting inmate programming, which could not be offered by instructors otherwise occupied supervising inmates. It would also require the institution to restrict the movements of both BOP inmates and ICE detainees because the institution would struggle to cover all posts necessary to supervise and appropriately segregate these two distinct custody populations. We discussed this issue with a BOP Central Office official responsible for enterprise-wide placement of BOP inmates and ICE detainees in BOP institutions, and he said that the BOP had no plans to increase the number of BOP inmates or ICE detainees. However, this official acknowledged that ICE removal efforts drove, in part, the population total at FCI Berlin and noted

that the headcount of ICE detainees there has fluctuated between approximately 120 and 240. We note that the housing units that the BOP designated to accommodate ICE detainees have the physical capacity to house over 500 ICE detainees.

The ICE Detainee Mission's Effect on Staffing

As explained above, under the terms of the IAA, the BOP can be reimbursed for sending BOP employees on TDY to work in ICE detainee housing units at FCI Berlin and some PHS officers assisted with the provision of healthcare for the detainee population. Local institution leaders acknowledged that the presence of additional TDY BOP personnel rotating through the institution was helpful in some ways because, while these personnel were primarily responsible for mission needs generated by the ICE detainee population, they helped FCI Berlin in other ways when they had the opportunity. However, we identified that the additional custody population of ICE detainees presented certain challenges for the permanent BOP staffing complement at FCI Berlin. We outline some of these challenges below:

- **Support from ICE.** Per the terms of the IAA with ICE, two ICE personnel should be assigned to FCI Berlin "as [points of contact (POC)] or on-site" to provide guidance and supplemental support for ICE detainees in BOP custody. The IAA also stated that ICE should limit the turnover in POCs to once every 6 months for consistency purposes. However, at the time of our inspection only one ICE employee was assigned on site to FCI Berlin. According to institution leadership, the designated ICE employee was rarely at the institution and there was significant turnover in other regional ICE personnel based in Boston with responsibility for issues involving ICE detainees at FCI Berlin. BOP employees noted the ways in which this added to their workloads and explained that they will receive requests for services and information from detainees when ICE does not respond to them. Local BOP officials also reported having periodically experienced difficulty in reaching and coordinating with regional ICE counterparts on detainee matters.

- **Receiving and Discharge Processing.** The ICE detainee population had shorter durations of custody and entered and exited custody at the institution more frequently than FCI Berlin had historically experienced with its BOP inmate population, particularly because it is not a detention center. This higher volume of turnover in the daily or weekly population in custody generated greater processing needs for employees responsible for the receiving and discharge of individuals in custody. The IAA states that 48 hours lead time is generally required prior to routine processing of ICE detainees in or out of the institution. BOP employees we spoke with explained that, over time, they had established a process with ICE for these functions. However, they described experiencing challenges associated with limited lead times for arrivals and departures or deportations, fielding inquiries from ICE about the whereabouts of certain detainees, and some concerns associated with the ICE processes for transportation and release of detainees.

- **Intake Screening and Population Management.** BOP employees told us that ICE detainees may arrive at the institution with incomplete or inaccurate medical and criminal histories, which are crucial for the safe and orderly operation of the institution. Accordingly, BOP employees conducted their own comprehensive medical intake examinations. BOP employees also described needing to conduct their own research and evaluation of detainee security needs, including identifying any criminal history or gang affiliation, in the absence of complete records from ICE. FCI Berlin leadership

described both of these processes as more time-consuming and burdensome for the detainee population, due to the unreliability of records provided to the institution.

- **Required Escorts and Movement Restrictions inside the Institution.** When ICE detainees need to be escorted to visitation, recreation, or the Health Services Department for on-site medical care, Correctional Officers must escort ICE detainees to these areas. Also, BOP inmates must be secured during these times to ensure separation between ICE detainees and BOP inmates for security reasons.

- **Meal Service.** Because ICE detainees must remain separate from the BOP inmate population, detainees at FCI Berlin eat in their housing units rather than in the communal dining hall. To facilitate this, Food Service employees must prepare and deliver food to ICE detainee housing units on trays and mobile carts. This "satellite feeding" model is time-consuming for an already low-staffed institution, creates additional steps in the meal service process, and requires staggering of meal schedules. In addition, meal service at earlier or later than usual times can interfere with medication administration needs that depend on consistent dosing intervals.

- **Commissary Delivery.** ICE detainees are not allowed to visit the commissary to collect their items. Instead, BOP employees, who would otherwise be working in the warehouse, have to deliver commissary items directly to ICE detainee housing units.

- **Coverage of Healthcare Needs.** PHS employees assisted with the health and psychiatric needs of the detainee population, but they were available during weekdays only.[3] For any in-house healthcare needs that arose on weekends and holidays, when PHS staff were not on site, FCI Berlin Health Services Department employees would provide coverage. Further, PHS employees' frequent rotation every several weeks required repeated training and orientation conducted by FCI Berlin Health Services Department employees, adding to their workload. FCI Berlin Health Services employees told us that training each new group of PHS employees is time-consuming and takes them away from their normal duties in the Health Services Department. Additional discussion on the role of BOP personnel in addressing the healthcare needs of the detainee population is included below in the Medical and Mental Healthcare section of this report.

Given the staffing levels at this institution and the additional responsibilities associated with its new mission of housing ICE detainees, it will be important for placements of both BOP inmates and ICE detainees to remain calibrated so that the total population is aligned with what existing personnel can support.

[3] According to the PHS, which received a draft copy of this report, this was a BOP scheduling decision.

Relevant Prior OIG Work: BOP Staffing Challenges

The OIG has long identified the ability to hire employees as a challenge for the BOP. Specifically, the BOP has not always been able to offer competitive pay for a variety of positions, fill positions at some of its rural institutions, find employees who have certifications to work in certain highly skilled positions, and onboard in a timely manner prospective employees who are qualified.

The OIG has particularly focused its oversight on the BOP's challenges in hiring medical staff; specifically, in a March 2016 report we found that medical positions were filled at only 83 percent across the BOP. In September 2023, while working in cooperation with the Pandemic Response Accountability Committee (PRAC), we found that the BOP's medical staffing challenges had persisted and only 82 percent of BOP medical positions were filled. The PRAC report detailed a variety of contributing factors, including noncompetitive pay, limited career advancement opportunities, and the additional stressors and responsibilities associated with working in a correctional setting compared to working in the community. The PRAC report also detailed how these shortages contributed to decreases in patient satisfaction and delays in routine and preventive care during the coronavirus disease 2019 pandemic.

See Appendix 2, Items XV and XVI, for more information about these reports.

Medical and Mental Healthcare

The BOP is responsible for providing medical and mental healthcare for BOP inmates in its custody. In addition, under the terms of the IAA, the BOP is responsible for providing ICE detainees housed at its institutions in-house healthcare of the same scope afforded to BOP inmates; if their needs exceed what the institution is able to provide in house, ICE detainees are returned to ICE custody for alternate placement or may be transported to outside medical providers. As previously noted, PHS employees, including a doctor, nurse, and psychologist, were available on rotation to FCI Berlin to assist exclusively with the care of ICE detainees there.

As described above, our inspection found that FCI Berlin was experiencing significant staffing gaps in both its Health Services and Psychology Services Departments. The personnel who were available on site to address the needs of the institution's custody populations worked to monitor whether the needs of incoming individuals exceeded what the institution could accommodate and generally completed required screenings such as intake examinations and examinations for those with chronic conditions in accordance with BOP policy. Yet, in our assessment of care available to BOP inmates, we found that FCI Berlin struggled to address BOP inmate requests for routine medical care inside the institution and to arrange for BOP inmates to see medical providers outside the institution. We also observed unsafe conditions and practices in Health Services Department areas, including improper placement and storage of sharp implements and hazardous chemicals, as well as a lack of close supervision for BOP inmate workers in the Health Services space. Further, we observed unsafe medication administration practices and identified risks with the Medication Assisted Treatment program for opioid use disorder.

Although assessing the availability and quality of healthcare for ICE detainees was largely outside the scope of this inspection, to the extent clinical encounters took place between BOP employees and ICE detainees inside this BOP institution, they would have been captured in the review of relevant records conducted for this inspection. Overall, we found that the availability of PHS clinicians dedicated exclusively to the ICE detainee population assisted the institution in addressing the healthcare needs of the detainee population and the intake screening process implemented by FCI Berlin's Clinical Director generally screened out individuals whose needs exceeded the institution's capabilities. In the course of conducting this inspection,

we did identify some challenges involving ICE detainee healthcare, some of which derived from the short-term and variable durations of detainees' time in custody, the fact that the BOP was not solely responsible for collecting and providing relevant information about the detainees, and the limited medical histories available for this incoming population. We include in the following subsections some examples of the issues we identified.

Our assessment of healthcare operations at FCI Berlin also found that the ICE detainee custody population created some additional challenges for an already understaffed contingent of BOP healthcare personnel permanently employed at FCI Berlin. While PHS clinicians provided crucial support in addressing the needs of the detainee population, PHS officers did not conduct all aspects of healthcare for detainees at FCI Berlin. Because PHS availability was limited to weekdays, BOP personnel were responsible for addressing any healthcare needs of ICE detainees that arose during nights, weekends, or holidays. Moreover, their frequent rotation every several weeks required repeated training and orientation by FCI Berlin Health Services Department employees for incoming PHS officers, whom they described as generally less experienced with direct patient care. BOP Health Services Department employees provided most intake screening examinations for new arrivals, and they also conducted medication orders, blood draws, and other medical care for ICE detainees as needed and when PHS officers were not at the institution. The BOP also had responsibility for performing dental examinations, which were conducted by Health Services Department personnel. BOP Psychology Services personnel also performed some assessments and clinical contacts for the ICE detainees as needed. Multiple FCI Berlin employees told us that providing healthcare for the ICE detainees created additional work for the Health Services Department. In some instances, we found that this exacerbated the effects of healthcare staffing challenges at FCI Berlin and thus risked affecting the institution's ability to provide adequate and timely care to BOP inmates.

Effects of Institution Staffing Levels on Delivery of Medical and Mental Healthcare

As described above in the Staffing Challenges section of this report, FCI Berlin has significant vacancies in key departments, including Health Services and Psychology Services, with unfilled physician and nurse positions and no fulltime dentist, phlebotomist, or BOP psychologist on site at the time of our inspection. These staffing levels, combined with the size and needs of the populations housed at FCI Berlin, affected the institution's ability to provide healthcare in certain instances. For example:

- At the time of our inspection, the vacancy in the phlebotomist position, a medical professional responsible for drawing blood samples for testing, contributed to a backlog of 60 laboratory orders for which blood and urine samples had not been collected for more than 30 days after the clinician's orders. Prior OIG inspections have found that a backlog of collections for laboratory orders can create difficulties for Health Services Department employees in appropriately monitoring inmates with chronic conditions or diagnosing new illnesses. In the absence of an on-site phlebotomist, the understaffed complement of nurses at FCI Berlin had to take on this additional duty, leaving less time for them to complete their regular duties such as conducting inmate sick call and medication administration.

- FCI Berlin did not have a full-time dentist and received limited dental assistance from TDY dentists, who were generally available at FCI Berlin only 3 days per month and were primarily tasked with addressing ICE detainee dental needs. This vacancy also caused the institution to stretch the scope of responsibilities for the dental hygienist, who received approval to conduct dental sick call triage

under remote regional supervision. The dentist vacancy strained the institution's ability to promptly address the dental needs at FCI Berlin, particularly for BOP inmates.

- Without any psychologists on staff since December 2025, FCI Berlin has relied upon telepsychology services and TDY employees from other BOP institutions to manage the psychological needs of BOP inmates. Although there was one PHS psychologist on site, the scope of this position's responsibilities was limited to the ICE detainee population and did not include BOP inmate care. While telepsychology was a mechanism to help address some of the mental healthcare needs of BOP inmates at FCI Berlin, this method of care cannot be used to handle acute emergencies, active self-harm situations, or other psychological interventions that require direct observation. Thus, the lack of an on-site psychologist available to see BOP inmates created some inefficiencies in FCI Berlin's efforts to provide mental healthcare to BOP inmates. For example, inmates must be assessed in a face-to-face evaluation by a psychologist to determine whether they can be removed from suicide watch and we were told that a BOP psychologist from another institution must drive to FCI Berlin to conduct the evaluation. This risks delaying the release of BOP inmates from suicide watch cells, which are specialized observation cells typically located in the Health Services Department, where those on suicide watch are isolated from other inmates, with limited access to programming or their personal belongings. Additionally, as described in the Inmate Programming section of this report, we identified long waitlists that consisted of over 1,200 names of inmates waiting for one or more psychology programs.

Medical Intake Screening and Examinations

Medical screening of individuals arriving for intake at an institution plays a critical role in early identification and prevention of transmission of infectious diseases and in identifying any individual healthcare needs that require prompt attention. FCI Berlin is a Care Level 1 institution, meaning that the inmates housed at the institution should be generally healthy but may have limited medical problems that are easily managed by Health Services Department employees. The intake screening process is an important opportunity to assess compatibility of individual medical and mental healthcare needs with the care that this institution is equipped to provide. BOP Health Services Department employees conduct medical intake for new BOP inmates arriving to the institution and typically also perform this function for ICE detainees, according to Health Services Department personnel at FCI Berlin. Our inspection did not identify any significant issues with the medical intake process for BOP inmates, though we note that, due to the lack of on-site psychologists, psychology intake for BOP inmates was conducted via telehealth encounters with BOP psychologists at other locations, coordinated by FCI Berlin's Psychology Services Department secretary.[4] However, we identified issues related to the screening of ICE detainees arriving at FCI Berlin that affected operations and created potential risks at the institution.

For the reasons described below, BOP employees' intake screening duties for ICE detainees were more extensive and time-consuming than those for BOP inmates. Furthermore, this population also had a high frequency of arrivals and departures from the institution at varying times, increasing the volume of intake screening required of BOP employees. As described by one nurse at FCI Berlin, when new ICE detainees arrive at the institution it can sometimes take several hours for Health Services Department employees to complete all the necessary intake examinations because detainees can arrive in groups of 20 to 30 and may

[4] The OIG is conducting a separate evaluation of the BOP's medical intake process for newly incarcerated inmates.

also require the use of translation services. According to BOP documentation, FCI Berlin completed 846 intakes for ICE detainees between the start of the ICE mission in March 2025 and the end of September 2025 and the institution's Clinical Director told us that FCI Berlin was receiving placements in the range of 30 to 50 ICE detainees per week in November 2025. When Health Services Department employees must complete the critical intake examinations for each new detainee arrival, this reduces the time available for their other duties at FCI Berlin, which may contribute to delays in other aspects of healthcare operations at the institution or necessitate the use of overtime. For example, according to Health Services Department personnel we spoke with, if medical appointments with BOP inmates are scheduled to take place at times when ICE detainees need to be screened for their medical assessment upon arrival, some BOP inmates have had their appointments canceled without seeing a medical provider.

BOP officials we spoke with identified concerns about both the availability and reliability of medical histories for incoming ICE detainees and the extent of care that some of them required. Healthcare personnel at FCI Berlin expressed concern that some ICE detainees arrived for placement at the institution with serious medical conditions; the healthcare personnel provided examples of an individual with uncontrolled diabetes, another recovering from a recent liver transplant, and one individual who had arrived on crutches. The process by which FCI Berlin received detainees for placement, combined with a lack of reliable records for ICE detainees, created an additional challenge for FCI Berlin employees who became responsible for screening the incoming detainee population to determine whether their needs exceeded institution capabilities. We note that the Clinical Director, who served in this position at FCI Berlin during our inspection but has since departed, played a key role in successfully identifying serious medical conditions among ICE detainees before they were fully integrated into the institution. In these instances, BOP employees conducted additional medical evaluations and communication with ICE employees, which could result in the ICE detainee being returned to ICE custody, consistent with the terms of the IAA.

We also identified that the lack of reliable medical information about incoming ICE detainees could pose health and safety risks at the institution. In particular, the Clinical Director cited deficiencies in records that would definitively confirm whether all ICE detainees received complete testing for tuberculosis (TB)—a highly contagious disease of particular concern in congregate and correctional settings. Prior to arriving at FCI Berlin, some ICE detainees were labeled as cleared for TB despite not having complete test results, leaving the Clinical Director unable to verify their TB status. This increased the risk of a detainee arriving to FCI Berlin with an active case of TB, which, according to the Clinical Director, almost happened on one occasion. For instances in which complete TB results were not available, the Clinical Director communicated with ICE officials that such detainees were not cleared for transfer to FCI Berlin, consistent with the terms of the IAA. We also learned that, to help mitigate the potential medical risks attendant with ICE detainee intake, FCI Berlin implemented a process to accept only ICE detainees who had completed a weeklong holding period at local facilities before transferring to FCI Berlin to avoid receiving detainees that are intoxicated or in acute withdrawal and to obtain more medical information about the detainees.

The intake of ICE detainees introduced additional challenges related to the availability of medication, but we also found that Health Services Department employees implemented creative solutions to overcome them. According to FCI Berlin healthcare personnel, ICE detainees did not always arrive for placement at the institution with their medication. Accordingly, it fell to the BOP to identify any medical needs requiring medication, determine whether detainees were actively taking necessary medication, and procure necessary stock of required medication (which at times presented difficulties due to the limited lead time for detainee arrivals and the fact that there was no pharmacy on site). To address this challenge, Health

Services Department personnel have begun pre-ordering common medications like blood pressure medication, to have on hand if ICE detainees do not arrive with medication, and developing medication "go-bags" for the varied arrivals and departures of ICE detainees.

The intake processing for the volume of incoming ICE detainees created additional responsibilities for the Health Services Department at FCI Berlin, which was experiencing vacancies in critical positions that already had strained its ability to meet operational needs and were further exacerbated by the June 2026 departures of both the Clinical Director and PHS officers. Clinical personnel we spoke with at the time of our inspection had appropriately identified that the intake screening checkpoint was a crucial opportunity for the institution to identify risks for both individuals and the institution. The Health Services Department implemented approaches that helped address the risks they identified through intake processing, though they faced challenges stemming from the limited lead times and lack of reliable medical documentation available for the incoming detainee population.

Lack of Documentation and Delays for Sick Call Requests

BOP policy requires that routine inmate requests for medical care ordinarily be addressed within 14 days. BOP inmates generally request medical care in person or by submitting a paper or electronic request form, known as a "sick call request." We were told that ICE detainee sick call requests were primarily handled in person by PHS personnel. We reviewed available records for documented sick call requests completed in January 2026 by BOP and PHS personnel to assess the BOP's responsiveness to the requests it received. We found that the total volume of sick call requests entered into the BOP's Bureau Electronic Medical Records System (BEMR) was significantly lower than the Clinical Director's estimates of completed sick calls, and our own expectations, based on the size of the population in custody and past inspection analysis at other BOP institutions. As such, we are concerned that some sick call requests may not be entered into BEMR, as required by BOP policy. Of the requests we were able to analyze in BEMR, we found some instances of months-long delays for BOP inmates between submission of the initial request for medical attention and the subsequent encounter with a medical provider. Specifically, our analysis of 10 completed sick call requests in January 2026 found that an average of nearly 2 months passed between the initial sick call request and BOP inmates seeing a medical provider, which is significantly longer than the requirement that routine requests be addressed within 14 days. One BOP inmate submitted a sick call request for eye pain and redness but was not seen for nearly 4 months; another BOP inmate submitted a sick call request citing frequent urination and poor circulation to his hands but was not seen for over 6 months. When we asked about reasons for the sick call delays, FCI Berlin's Clinical Director told us that sick call requests for BOP inmates may be delayed if the inmate is in the Special Housing Unit (SHU), due to a slower triage process and other conflicting activities in the SHU.

Given that routine sick call for ICE detainees was primarily the responsibility of PHS officers, our inspection analysis included only a limited number of sick call encounters that were logged in BEMR and conducted by BOP and PHS healthcare personnel and for which records remained accessible.[5] According to FCI Berlin's Clinical Director, the institution was not experiencing delays with sick call for the ICE detainee population. For the ICE detainee sick call requests we were able to independently review, we did not find any significant delays, as the ICE detainees were seen an average of 10 days after the initial requests. However, it appeared

[5] BEMR records are live and accessible only for individuals still in custody.

as though not all detainee in-house medical encounters, including those conducted by the PHS, were formally logged in the BOP's BEMR system.

Appropriately recording requests for medical care is important for accountability and oversight of this aspect of healthcare operations. Moreover, delays addressing sick call requests increase the risk that inmates may develop additional complications or worsening medical conditions while they wait to see a medical provider. To improve transparency and timeliness for requests for healthcare, we recommend that the BOP:

1. Ensure that sick call requests from all individuals in custody at FCI Berlin are appropriately documented in the Bureau Electronic Medical Records System.

2. Develop and implement a plan to ensure that sick call appointments are addressed by FCI Berlin's Health Services Department in a timeframe consistent with the BOP Patient Care policy.

Delays in the Outside Medical Appointment Process

We found that BOP inmates experienced delays receiving medical care when their needs required the involvement of outside medical providers. When BOP inmates and ICE detainees require nonemergency medical treatment that cannot be performed by BOP providers at FCI Berlin—such as specialized ophthalmology, neurology, and cardiology care—they must be scheduled to see an outside medical provider. To help schedule and manage outside medical treatment, FCI Berlin has a contract with a comprehensive medical services company. Once a medical visit is scheduled by the comprehensive medical services company, FCI Berlin employees escort the BOP inmate to and from the appointment and supervise the inmate during the appointment. For ICE detainees, the BOP-ICE IAA states that ICE is responsible for all transport, supervision, and funding for outside medical care of the ICE detainees in nonemergency situations.

BOP Inmate Case Study: Delays Receiving Outside Medical Care for Oral Surgery

One BOP inmate's medical case file we reviewed detailed an almost yearlong delay in receiving outside medical care. After the BOP inmate reported symptoms of severe pain and swelling in his mouth, he had an emergent oral surgery consultation for a tooth extraction ordered in March 2025 with a target date of May 2025 for the consultation. However, at the time of our analysis, the emergent consultation was not scheduled until April 2026.

BOP medical records indicate that the BOP inmate was initially scheduled for August 2025 but that the appointment was rescheduled by FCI Berlin's contracted comprehensive medical services company. The inmate was rescheduled for December 2025, but the FCI Berlin employee assigned to supervise the outside medical trip refused the post and the trip was canceled. The appointment was rescheduled for April 2026, and the BOP inmate was able to see the outside provider at that time, over a year after the appointment was ordered.

Source: OIG analysis of BOP medical records

According to FCI Berlin medical records that we reviewed for the year preceding our inspection, FCI Berlin's BOP inmates attended a total of 134 nonemergency medical appointments with outside medical providers. Of these appointments, just over a quarter (36 appointments) occurred by the target date by which the referring provider had determined it medically necessary for the appointment to occur. Conversely, 73 percent (98) occurred after the target date, with an average delay of 53 days.

We also found that referrals had been made for another 31 pending outside medical appointments for BOP inmates that were not yet scheduled as of January 28, 2026. Of these 31 referrals, 87 percent (27) had not been scheduled within 14 days of the referral, which is the time frame established in the BOP's contract with its comprehensive medical services company. Further, for 55 percent of the 31 referrals (17), the target date by which the referring provider had determined it medically necessary for the appointment to occur had already passed, with an average delay of 48 days at the time of our analysis.

Our analysis identified instances of BOP inmates experiencing delays that could negatively affect their long-term health, for example:

- a BOP inmate waited over a year for an emergent oral surgery for a tooth extraction despite severe pain and swelling (see the text box), and

- a BOP inmate transferred to FCI Berlin waited nearly a year at FCI Berlin to complete an urgent colonoscopy initially ordered at another BOP institution.

FCI Berlin Health Services Department employees told us that outside medical appointment delays were attributable to two factors: (1) limitations on the number of medical escort trips that the institution could facilitate each day, given its employee complement, and (2) the availability of outside providers for certain specialties, especially given the remote location of the institution.

Relevant Prior OIG Work: Delayed Outside Medical Appointments

Our March 2022 audit report on the BOP's use of comprehensive medical services contracts to facilitate outside medical care for inmates noted that outside medical appointments can be rescheduled for unanticipated reasons, including rescheduling initiated by the medical provider. This audit found that the BOP does not adequately track canceled or rescheduled inmate appointments, rendering it difficult to fully determine the effect these cancellations and rescheduling had on the timeliness of medical care provided to inmates. The OIG recommended that the BOP implement a reliable, consistent process throughout all BOP facilities to monitor and analyze wait times for inmates' outside appointments and the causes for canceled or rescheduled appointments to ensure that inmates receive timely medical care. As of the publication of this report on FCI Berlin, this recommendation remained open.

Our January 2026 review of the BOP's conditions of confinement and medical treatment of an inmate who died of metastatic cancer shortly after release identified serious deficiencies with the BOP's ability to schedule timely outside medical appointments. The review found that the inmate did not undergo an urgent colonoscopy until over 6 months after reporting blood in his stool and 73 days after a CT scan showed that he likely had stage IV colon cancer and needed a colonoscopy. The OIG recommended that the BOP develop policies or formal procedures regarding timelines for scheduling medical appointments for inmates and documenting and tracking the scheduling of such appointments. The recommendation also specified that such policies or formal procedures should explain the designations of routine, urgent, and emergent appointments and provide expectations for when such designations are used and how quickly orders with such designations should be completed. As of the publication of this report on FCI Berlin, this recommendation remained open.

See Appendix 2, Items XVIII and XXI, for more information about these reports.

Outside Medical Care for ICE Detainees

Unlike those for BOP inmates, nonemergency ICE detainee trips require referral to an ICE liaison to determine whether care will be provided locally or at another ICE facility, potentially contributing to delays in care. We learned that, for the majority of referrals, ICE elects to transfer the detainee to an ICE facility for care, rather than keeping the detainee at FCI Berlin where they would be scheduled for an outside medical appointment. In addition, the institution's Clinical Director told us that ICE denies referrals for some outside medical trips that it considers to be elective and that this decision is made by an ICE Medical Director. For the limited instances in which ICE elects to have FCI Berlin schedule the outside appointment for the detainee, the Clinical Director is the final BOP approver for the trip and personally schedules the appointment rather than using the institution's comprehensive medical services contractor. In cases of emergency, under the terms of the IAA the BOP will immediately provide detainees with necessary treatment, including initial on-site stabilization and off-site transport to an appropriate emergency care center.

We found that there was only a small number of outside medical encounters for ICE detainees housed at FCI Berlin. For the March 2025 to January 2026 timeframe we reviewed, we found that there were two instances in which detainees left FCI Berlin for outside emergency care. Nonemergency outside medical appointments for ICE detainees accounted for a small portion of FCI Berlin's total outside medical trips, with only 13 ordered and 2 approved from March 2025 through January 2026. However, we found that these two approved ICE detainee outside medical trips had not yet occurred and were pending scheduling for an average of 94 days past their target dates. In the first case, one ICE detainee's routine gastroenterology appointment had not been not been scheduled for approximately 6 months after the referral.

In the second case, a BOP inmate's routine oral surgery consultation was scheduled before an ICE detainee's urgent consultation, even though the latter was ordered earlier. This ICE detainee was referred for an urgent oral surgery appointment due to extreme pain and an impacted tooth, and he had not been scheduled for the procedure over 6 months after the referral. The Clinical Director told us that delays for this detainee were caused by a lack of responsiveness from ICE and difficulty scheduling with outside oral surgery providers. Another Health Services Department employee responsible for scheduling outside medical appointments told us that unclear guidance on scheduling ICE detainee appointments and communication challenges between ICE and the BOP complicate the process for ICE detainee outside medical trips.

Unsafe Practices in the Health Services Department

We identified several unsafe practices in the Health Services Department, including improper storage of potentially dangerous tools and equipment, unlocked doors, and unsupervised BOP inmate workers. These practices violate BOP policy and pose significant risks to employee and inmate safety. Similar concerns were noted in our previous inspection of U.S. Penitentiary Canaan (see Appendix 2 for more details about this report).

Left, Unlocked Corrosives Container in the Dental Examination Room, *Right,* Items Stored in the Unlocked Corrosives Storage Container in the Dental Examination Room

Source: OIG, January 2026 (Red Square Added, Brand Information Obscured)

Unsafe Practices in Dental Services

To promote the security of its institutions, BOP policy requires that potentially dangerous tools, such as surgical equipment and instruments, as well as hazardous liquids, be kept in a locked cabinet or secure storage area. However, we observed violations of these requirements at FCI Berlin in its dental services areas, where we found unlocked cabinets and storage areas that could create opportunities for BOP inmates to acquire hazardous materials and use them to perpetrate violence or participate in other illicit activities. Specifically, while inspecting FCI Berlin's dental examination room, we found that various chemicals, including sodium hypochlorite, and other materials were stored in storage container that was left unlocked while a BOP inmate was receiving dental care in the same room. Sodium hypochlorite can be used in dentistry for irrigation, cleaning, and dissolving necrotic tissue during root canal treatment; but it is hazardous as it can cause severe skin burns and eye damage. The unsecured storage of corrosives in a correctional setting creates the risk of BOP inmates misusing the substances for self-harm or to harm others.

In addition, we observed that the door to an unattended dental storage room was unlocked; inside that storage room, we found two unlocked tool cabinets that contained multiple sharp dental tools and other surgical instruments. We also observed that the door to a dental sterilization room was left open; inside that sterilization room was an open sterilization machine containing unsecured dental tools and an unlocked cabinet containing dental drill bits and other dental tools. Both of these rooms were directly adjacent to the dental examination room, which was regularly frequented by BOP inmates receiving or awaiting dental care. Further, during our observations in the dental examination room, there was a BOP dental employee and a contract dental assistant attending to a BOP inmate in an exam chair while a second BOP inmate sat in an exam chair unsupervised. The unsupervised inmate was sitting next to a tray of sharp dental tools, including a syringe, for over 5 minutes. The lack of supervision and close proximity of sharp dental tools and a syringe to a BOP inmate creates the safety risk that an inmate could acquire the items and use them as weapons. During our discussions with BOP employees, a dental employee told us that they did not receive adequate training for managing tools in dental services.

Left, Sharp Dental Tools inside the Unlocked Dental Tool Cabinet in the Dental Storage Room, *Right,* Sharp Dental Tools and Syringe Left Next to an Unsupervised Inmate in the Dental Examination Room for Several Minutes

Source: OIG, January 2026 (Brand Information, Inmate Tattoos Obscured)

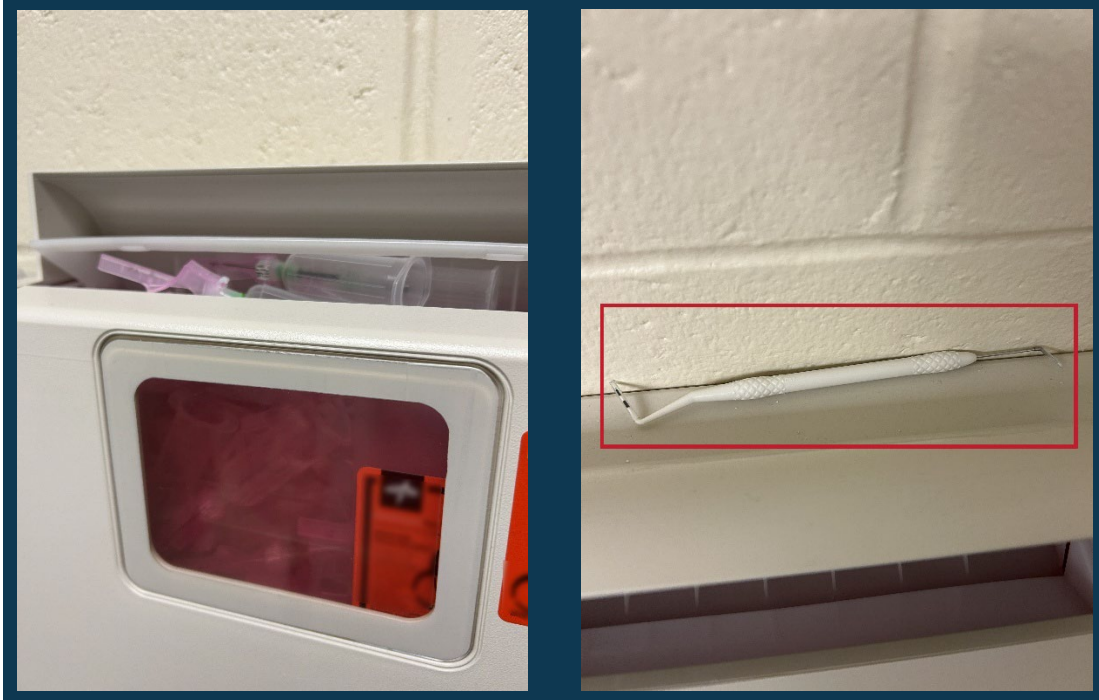
We raised our concerns about the accessibility of hazardous items throughout the dental services area, and the proximity of sharp dental tools to unsupervised BOP inmates, to FCI Berlin Health Services Department leadership, who acknowledged our concerns. We believe that continued attention to the appropriate storage of dangerous medical equipment and supplies is necessary to help prevent security lapses whereby BOP inmates would have the opportunity to acquire hazardous materials and use them to perpetrate violence or participate in other illicit activities. Therefore, we recommend that the BOP:

3. Implement controls to ensure that FCI Berlin employees consistently follow BOP policy on securing potentially dangerous medical equipment and supplies.

Inappropriate Storage of Sharp Implements

In addition to requirements for storage of surgical tools and hazardous chemicals, BOP policy also requires strict control of needles and syringes to ensure the safety of those in the institution. FCI Berlin also has a local institution policy that specifically requires used needles and syringes to be stored in a "sharps container," which is a secure box for storing sharp items for eventual disposal. However, during on-site observations we identified several concerning instances of unsafe storage of sharp implements, particularly given the correctional setting. Specifically, we found overflowing sharps containers, in both a laboratory room at FCI Berlin's medium-security facility and a medical examination room at its Camp, with unsecured and accessible needles and syringes. We also observed a sharps container completely detached from the wall in a Health Services Department conference room used by BOP inmates for telehealth appointments. In addition, in the Camp's dental examination room, we found an unsecured sharp dental tool sitting on top of a sharps container. These conditions pose significant safety risks, not only as biohazards but also because all of these areas were accessible by BOP inmates who could potentially acquire these sharp items for

violent or illicit purposes. We note that, later during the week of our on-site observations, the sharps container in the medium-security facility laboratory room that we had previously observed to be overflowing (pictured below) had subsequently been emptied.

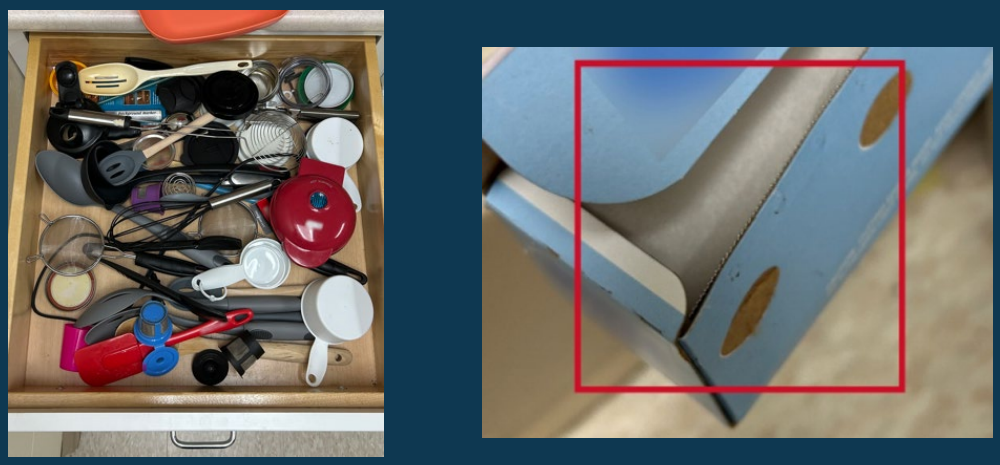


Left, An Overflowing Sharps Container in the Medium-security Facility Laboratory Room, *Right,* a Sharp Tool Sitting on Top of a Sharps Container in the Camp Dental Examination Room

Source: OIG, January 2026 (Brand Information Obscured, Red Rectangle Added)

Lack of Supervision of Inmate Workers

The BOP requires BOP inmates, who are physically and mentally able, to participate in its work program. BOP inmates are assigned to institution jobs, such as janitors, food service workers, carpenters, or plumbers, and are supervised by BOP employees. BOP policy further requires that BOP inmates who work jobs in institutions' Health Services Departments be kept under close supervision to prevent them from acquiring contraband, gaining authority or control over other inmates, or accessing privileged medical information. However, during our observations of FCI Berlin's Health Services Department, we saw that on multiple occasions BOP inmate workers were without close supervision and were able to move freely through the hallways, at times with access to unlocked rooms. For example, we observed that an unsupervised BOP inmate worker was cleaning a hallway near an employee break room, which was unlocked, open, and contained a variety of common kitchen utensils—such as can openers, metal strainers, and a parchment paper box with a sharp metal edge—that could present safety risks in a correctional setting.



Left, Common Kitchen Utensils Inside an Unlocked and Open Employee Break Room Accessible to Inmate Workers, *Right,* Parchment Paper Box with a Sharp Metal Edge Inside an Unlocked and Open Employee Break Room

Source: OIG, January 2026 (Drawer Opened, Brand Information Obscured, Red Square Added)

Although we recognize that staffing at FCI Berlin was limited, particularly in Health Services, this lack of supervision creates the opportunity for BOP inmate workers to obtain potentially dangerous items. To promote the safety of those in the institution, we recommend that the BOP:

4. Ensure that FCI Berlin follows the BOP Health Services Division policy on Health Services Department inmate workers by implementing a plan to more closely supervise all inmate workers in the department.

Unsafe Medication Administration Practices

At FCI Berlin, we identified dangerous practices during medication administration (a process known as "pill line") that violated the BOP's Pharmacy Services policy and could result in medication administration errors and inmates diverting medication. According to BOP policy, medication administrators must verify each inmate's identity using two forms of identification and directly observe inmates swallowing their medication. Table 1 below shows examples of Health Services Department employee noncompliance and other unsafe practices we observed, each of which carries associated risks.

Table 1

Unsafe Medication Administration Practices and Their Associated Risks

Unsafe Practices	Risks
Not directly observing an inmate immediately after medication administration and before a mouth check is conducted	Inability of the provider to ensure medication compliance, which may pose health risks for inmates Potential for medication diversion
Allowing inmates to turn their backs to the administrator after medication administration and before a mouth check is conducted	
Allowing multiple inmates to receive medication at the same time at the administration window	
Inconsistent adherence to the requirement that each inmate present two forms of identification before receiving medication	Administration of medication to an inmate for whom it was not prescribed

Source: OIG observations and analysis

BOP personnel identified an additional challenge they faced in combating medication diversion, deriving from the layout of the institution and the levels of staffing available to distribute medication and monitor its consumption. According to BOP policy, employees must directly observe inmates after distributing medication to ensure that they have fully consumed it and this verification should include a "mouth check" whereby an employee requests that each inmate open his mouth to see whether he has hidden any medication for diversion. However, we observed inconsistent practices in this area and clinical personnel we spoke with during our observations on site identified a location in the hallway outside the pharmacy window where inmates regularly discarded their medication. This location was beyond the view of the one employee responsible for distributing medication (from inside the pharmacy window) and verifying that it was fully consumed. FCI Berlin's acting Warden acknowledged the challenges associated with not having an employee outside the pharmacy window to observe inmates consuming their medications and told the OIG that there is not always an employee available for this role, due to low staffing at the institution.

Lastly, we observed a PHS medical provider in one detainee housing unit repeatedly using ICE detainees to translate medical instructions and medication dosage information for other detainees receiving medications. Under the terms of the IAA, ICE detainees housed in BOP institutions are generally subject to all rules and regulations that BOP policies prescribe for pre-trial individuals in BOP custody. The BOP's June 2026 Patient Care policy now clarifies that inmates should receive care in their native language through telephone- or computer-based translation services and generally prohibits using inmates as interpreters. The IAA identifies ICE as responsible for providing all necessary resources for language services for ICE detainees with limited English proficiency, including access to bilingual staff, professional interpretation, and translation services, except in cases in which the BOP can fully accommodate these needs with its existing

resources. Using ICE detainees to translate for medical purposes occurred despite the availability of a translation service at FCI Berlin for ICE detainees and violated both the IAA and expectations articulated in current BOP policy. Furthermore, this failure to provide language services is inconsistent with federal regulations and potentially violated federal law.[6] Moreover, requesting ICE detainees to translate medical instructions and medication dosages risks inaccuracies in medical instructions, which could potentially lead to health complications, overdose, or even death.

Medication Assisted Treatment for Opioid Use Disorder

The First Step Act of 2018 (FSA) requires the BOP to implement a plan to expand access to evidence-based treatment for inmates with opioid use disorder.[7] As such, the BOP provides treatment services for adults with opioid use disorder on site at BOP institutions. Such on-site treatment services include what is commonly referred to as Medication Assisted Treatment, or MAT, which consists of administering medication for opioid use disorder in combination with counseling and/or behavioral therapy to reduce the risk of negative outcomes for those with the disorder. At FCI Berlin, 38 inmates were participating in the institution's MAT program as of the fourth quarter of 2025, which concluded just prior to our site visit.[8] During our observations of MAT medication administration, interviews with Health Services Department employees, and document analysis, we identified a risk of medication diversion with the MAT program at FCI Berlin.

The Medication Administration and Distribution Window Used for Pill Line and MAT Medication Administration at the Medium-security Facility

Source: OIG, January 2026

The medication used for MAT at FCI Berlin is a sublingual film containing buprenorphine, a Schedule III controlled substance. BOP clinical guidance in January 2024 directed employees to observe inmates until the MAT medication is fully dissolved and stated that full dissolution of MAT medication typically takes 6 to 8 minutes. However, in December 2024 the BOP changed this requirement and BOP employees are no longer required to observe inmates until the medication is fully dissolved, allowing inmates to leave the medication administration area once proper placement and initial dissolution are confirmed, which may increase the risk of medication diversion. We observed some FCI Berlin inmates for approximately 30 seconds after they received the MAT medication and found that the strips were not fully dissolved in their mouths within that time period. While an observation period is no longer required,

[6] The PHS Commissioned Corps, as part of U.S. Department of Health and Human Services, is subject to 45 C.F.R. § 92.201. For applicable federal laws, see the Affordable Care Act of 2010 and the Civil Rights Act of 1964, 42 U.S.C. §§ 18116(a), 2000d.

[7] The First Step Act of 2018 (Pub. L. No. 115-391).

[8] As of May 2026, only one ICE detainee had participated in the MAT program at FCI Berlin since the establishment of the ICE-BOP IAA. The ICE detainee came to FCI Berlin on MAT medication, and the clinical provider responsible chose to continue the medication.

multiple FCI Berlin Health Services Department employees, including the Clinical Director, expressed concerns about the reduction in length of the observation period in the BOP's current clinical guidance.

Documentation provided by FCI Berlin from late 2025 showed that 12 of the 50 inmates participating in the MAT program were removed from the program for medication diversion between August and October 2025. Another six inmates were caught on camera diverting their medication, and three of the inmates removed from the program were found in possession of MAT medication. While administrators of MAT medication at FCI Berlin may be following current BOP clinical guidance by dismissing inmates after ensuring proper medication placement and confirming that the film strip has "begun to dissolve," there is evidence that longer periods of inmate observation are needed to prevent medication diversion.

Safety and Security

Our assessment of safety and security determined that some Correctional Officers did not consistently conduct required rounds to monitor BOP inmates and ICE detainees, which increased the risk of self-harm, violence, and other illicit activities. At the time of our inspection, FCI Berlin was in the process of upgrading its surveillance camera system, which enhanced security by producing higher-quality video; however, the institution was experiencing capacity issues with the storage of this security footage and we identified many instances in which footage for the period we reviewed was unavailable. Additionally, we found that FCI Berlin employees did not fully comply with the BOP's policy for tracking sexual misconduct complaints. We further identified a variety of issues involving contraband, including openly visible contraband in inmate housing units, inoperable contraband interdiction equipment, and employee search practices that did not comply with policy.

While the issues above manifested largely in the context of the BOP inmate population at FCI Berlin, we did identify a discrepancy in sexual misconduct reporting procedures that was specific to the ICE detainee population, detailed below. According to institution employees, the chief safety and security concern pertaining to the ICE detainee population stemmed from incomplete or inaccurate criminal history documentation—such as information on prior incarcerations or gang affiliations—that was provided for detainees assigned to FCI Berlin. To help mitigate safety and security risks involving this population, BOP employees conducted additional security screenings upon ICE detainees' arrival to inform placement decisions and identify ICE detainees who needed to be separated for security reasons. Under the terms of the IAA, any detainee responsible for a significant disturbance or discipline incident may be returned to ICE custody.

Failure to Conduct Rounds

Based upon our review of surveillance camera footage of the weeks preceding our inspection, we found that Correctional Officers working in the SHU generally complied with the requirement to conduct irregularly timed overnight rounds twice within each hour. However, we identified concerns with BOP inmate and ICE detainee monitoring in general population housing units. Requirements governing the frequency of rounds in general population housing units are typically established through institution-level post orders. FCI Berlin's post orders, which apply to both BOP inmates and ICE detainees, require its Correctional Officers to conduct "random and irregular rounds" while working a general population housing unit post. Although the post orders do not define "random and irregular rounds," our review of 128 hours of surveillance camera footage from three separate days prior to our inspection revealed that Correctional Officers did not conduct

any rounds in two general population housing units during overnight periods, including in one unit housing ICE detainees. Further, we found multiple instances in which Correctional Officers did not conduct rounds for 3 or more hours overnight. Failure to conduct rounds in housing units increases safety risks, including self-harm, violence, and illicit activities such as drug use, particularly during overnight confinement.

At the end of our on-site fieldwork, on January 15, 2026, we informed FCI Berlin Executive Leadership of Correctional Officer shortcomings in conducting rounds in general population, including ICE detainee housing units. They asked us to share the specific housing units in which rounds were not completed so they may follow-up with the Correctional Officers on duty during the shifts we reviewed. To address the failure to conduct rounds, we recommend that the BOP:

5. Review and update existing FCI Berlin post orders to (a) clarify expectations for Correctional Officers to conduct and document "random and irregular rounds" in general population units, including Immigration and Customs Enforcement detainee housing units, and (b) require supervisory review of rounds documentation to ensure that rounds are conducted.

Relevant Prior OIG Work and Related Recommendations: Inmate Monitoring and Suicide Prevention

In a February 2024 report on issues surrounding deaths of BOP inmates, we found that BOP employees did not sufficiently conduct required rounds or counts of inmates in over a third of the inmate suicides during the scope of the evaluation. Such deficiencies helped foster conditions in which inmates were able to advance their suicidal ideations and created increased opportunities for them to die by suicide. The number of inmate suicides increased each year from fiscal year (FY) 2019 through FY 2021, the most recent years in the evaluation scope, and FY 2021 had the highest number (31) of suicides in a single year. The 2024 OIG report also found that the failure to appropriately complete inmate-monitoring rounds was a factor contributing to 86 inmate deaths, including the death of Jeffrey Epstein, between 2014 and 2021. While our 2024 report did not make any recommendations regarding inmate-monitoring rounds, it did encourage the BOP to take swift action to implement prior OIG recommendations regarding the evaluation of inmate-accountability methods.

During prior OIG inspections of FCI Tallahassee, FCI Sheridan, Federal Medical Center Devens, Federal Detention Center SeaTac, and U.S. Penitentiary (USP) Canaan, we identified shortcomings with inmate-monitoring rounds similar to those we identified at FCI Berlin. Specifically, we found that these institutions had not conducted all inmate-monitoring rounds as required by BOP policy and their respective institution-level post orders, particularly when monitoring inmates housed in the general population.

See Appendix 2, Items XXII, XIII, V, VI, VIII, X, and XI, for more information about these reports.

Camera Upgrades and Footage Retention Issues

The OIG has repeatedly identified deficiencies in the BOP's security camera systems that affect institutional safety and security across the BOP. Our previous findings related to security camera deficiencies (see Appendix 2) contributed in part to the establishment of the Prison Camera Reform Act of 2021, which required the BOP to address camera system deficiencies and make necessary upgrades to security camera systems BOP-wide.

Prison Camera Reform Act of 2021: Camera System Upgrades

The Prison Camera Reform Act of 2021 required the BOP Director to address deficiencies and make necessary upgrades to camera systems to ensure the health and safety of employees and inmates. Specifically, the Prison Camera Reform Act required the BOP Director to ensure that BOP institutions have security camera coverage and capabilities necessary to ensure the documentation and accessibility of video evidence pertaining to misconduct, maltreatment, or other criminal activities within correctional facilities. Additionally, the Prison Camera Reform Act required the BOP to provide upgrades that ensure the secure storage, logging, preservation and accessibility of recordings such that footage is available to investigators or courts.

Source: Prison Camera Reform Act of 2021

At the time of our inspection, we found that the BOP was in the process of upgrading FCI Berlin's surveillance camera system to record digital video, consistent with the requirements of the Prison Camera Reform Act of 2021. During our review of security camera footage, we saw that the footage available at FCI Berlin was of high quality. At the time of our inspection, we found that, although the majority of the institution's 289 cameras (many of which monitored areas that were occupied by BOP inmates or ICE detainees) had retained footage for at least 14 days, more than 20 percent did not, with some of these cameras retaining only the previous day's footage. Short camera footage retention periods can negatively affect BOP, OIG, and other law enforcement investigations into misconduct involving BOP employees, BOP inmates, or ICE detainees, which regularly relate to sexual assaults, civil rights violations, introduction of contraband, and deaths.

FCI Berlin employees told us that switching from analog to digital cameras reduced the institution's footage retention because larger digital files generated by the newer digital cameras exceeded the storage capacity of the institution's existing recording equipment. One employee explained that some of the missing footage from our review period may have been attributable to the camera replacement efforts, as footage from any cameras that were disconnected would have been lost; however, we found that the cameras for which we observed footage to be missing were not located exclusively in locations where camera upgrades were ongoing at the time of our inspection.

The BOP has been working to address its camera system deficiencies enterprise-wide over the past several years. By June 2026, FCI Berlin had upgraded all of its security cameras from analog to digital; as of July, FCI Berlin was waiting to receive additional cameras for the housing units with 360-degree rotation capabilities, which the BOP had purchased.

Relevant Prior OIG Work and Related Recommendations: Needed Upgrades to BOP Security Camera Systems

Since 2013, the OIG has repeatedly observed inadequacies in the BOP's camera system that impact the safety and security of BOP institutions and the ability of law enforcement officers to conduct investigations utilizing security camera footage. For example, in a 2016 report on the BOP's contraband interdiction efforts, the OIG identified significant deficiencies with the BOP's security cameras, including an insufficient number of cameras to capture alleged misconduct incidents, poor video quality, inoperable cameras, and inadequate video storage.

In 2021, the OIG issued a Management Advisory Memorandum to the BOP involving needed upgrades for the BOP's security camera system and recommended that it develop a comprehensive plan to transition to a fully digital security camera system. As of May 2026, the BOP had made some progress securing funding and replacing its outdated camera system components but was still far from its end goal of complete digital camera upgrades across all of its institutions.

See Appendix 2, Items XXIII and XXIV, for more information about these reports.

Sexual Misconduct

The Prison Rape Elimination Act of 2003 (PREA) requires all correctional agencies, nationwide, to implement standards concerning sexual abuse prevention, which includes collecting accurate, uniform data for every allegation of sexual misconduct at institutions by using a standardized instrument and set of definitions.[9] These standards were designed to ensure that correctional agencies, including the BOP, are able to aggregate sexual misconduct allegations to assess and improve the effectiveness of their sexual misconduct prevention efforts.

We were unable to determine the total number of allegations of sexual misconduct involving BOP inmates or ICE detainees reported to FCI Berlin employees in the year prior to our inspection because, instead of tracking all allegations, FCI Berlin tracked only those allegations that institution employees determined merited a full investigation following a preliminary review of evidence. In addition, the results of an internal BOP audit found that FCI Berlin was not maintaining accurate and complete documentation associated with investigations into allegations of sexual misconduct made by ICE detainees. Failure to track all sexual misconduct allegations and maintain complete records related to sexual misconduct allegations is inconsistent with BOP policy and jeopardizes the safety of BOP inmates, ICE detainees, and BOP employees. During a discussion with FCI Berlin's PREA Coordinator held after the on-site portion of our inspection, we learned that the institution had modified its allegation-tracking method in March 2026 and would track all allegations of sexual misconduct going forward.

We also identified possible confusion regarding sexual abuse prevention and reporting information displayed in ICE detainee housing units, which may deter or delay timely reporting of sexual abuse allegations for ICE detainees in BOP custody. According to BOP policy, which implements PREA standards concerning sexual abuse prevention, the BOP should display posters in inmate housing units that outline prevention of sexual abuse and harassment and contain information for inmate reporting of sexual abuse allegations (including how to report such abuse to the DOJ OIG). Additionally, internal BOP guidance for the treatment of ICE detainees in BOP custody states that sexual abuse allegations made by ICE detainees

[9] See 28 C.F.R. § 115.87 and Appendix 3 (Sexually Abusive Behavior Prevention and Intervention Program Manual).

should be addressed consistent with existing BOP policies for prevention of sexual abuse. We did not observe BOP posters for sexual abuse prevention and reporting displayed in ICE detainee housing units. Instead, we observed ICE sexual abuse prevention and reporting posters displayed in ICE detainee housing units. We asked BOP employees why BOP posters for sexual abuse prevention and reporting were not displayed in ICE detainee housing units, and they told us that BOP posters were previously displayed in ICE detainee housing units but ICE requested that they replace BOP signage with an equivalent ICE poster. We spoke about this issue with the BOP's National PREA Coordinator, who told us that, because it is the responsibility of the BOP to address sexual abuse complaints made by individuals in its custody, there should be information in ICE housing units about how to report allegations of sexual abuse to BOP officials, not ICE officials. After receiving a copy of this report, the BOP confirmed in September 2026 that BOP posters for sexual abuse prevention and reporting are now displayed in ICE detainee housing units at FCI Berlin.

The absence of BOP reporting information in the FCI Berlin units housing ICE detainees is inconsistent with PREA, BOP policy, and internal BOP guidance regarding the treatment of ICE detainees in BOP custody. Also, inconsistent sexual abuse prevention and reporting signage in ICE detainee housing units creates potential confusion over reporting mechanisms and investigative jurisdiction for any incidents of sexual abuse that may occur in this population. We are concerned that such confusion could deter or delay the reporting and addressing of sexual abuse allegations among the ICE detainee population housed in a BOP institution that is supervised primarily by BOP employees.

To ensure compliance with PREA and DOJ sexual misconduct requirements, we recommend that the BOP:

6. Clarify with relevant Immigration and Customs Enforcement officials the appropriate procedures for informing detainees how to report sexual misconduct, and ensure that those procedures are followed at FCI Berlin.

Contraband

FCI Berlin, like other institutions we have inspected, faces persistent challenges with contraband introduction. Contraband is any material prohibited by law, regulation, or BOP policy that can reasonably be expected to cause physical injury or adversely affect the safety, security, or good order of the institution or protection of the public. According to BOP policy, anything not authorized for retention upon admission to the institution, issued by authorized employees, purchased from the commissary, or purchased or received through approved channels is also defined as contraband. Employees we interviewed expressed concerns about the introduction of contraband at FCI Berlin, and they cited mail, as well as the lack of perimeter fencing at the Camp, as opportunities for the introduction of contraband items such as cell phones and narcotics.

Our review of FCI Berlin contraband interdiction data showed that, in the year before our inspection, employees prevented 74 contraband smuggling attempts. In nearly all instances, illicit drugs were discovered concealed inside inmate mail during standard mail inspection and processing, including two instances involving ICE detainees. Additionally, there were several other incidents of employees exposed to illicit drugs that required immediate medical attention, including one employee treated with naloxone for opioid overexposure.

During our on-site inspection, we also found contraband items at the medium-security facility in BOP inmate cells, which indicated FCI Berlin lapses in contraband policy enforcement, potentially compromising safety and security. Contraband items we found included the following:

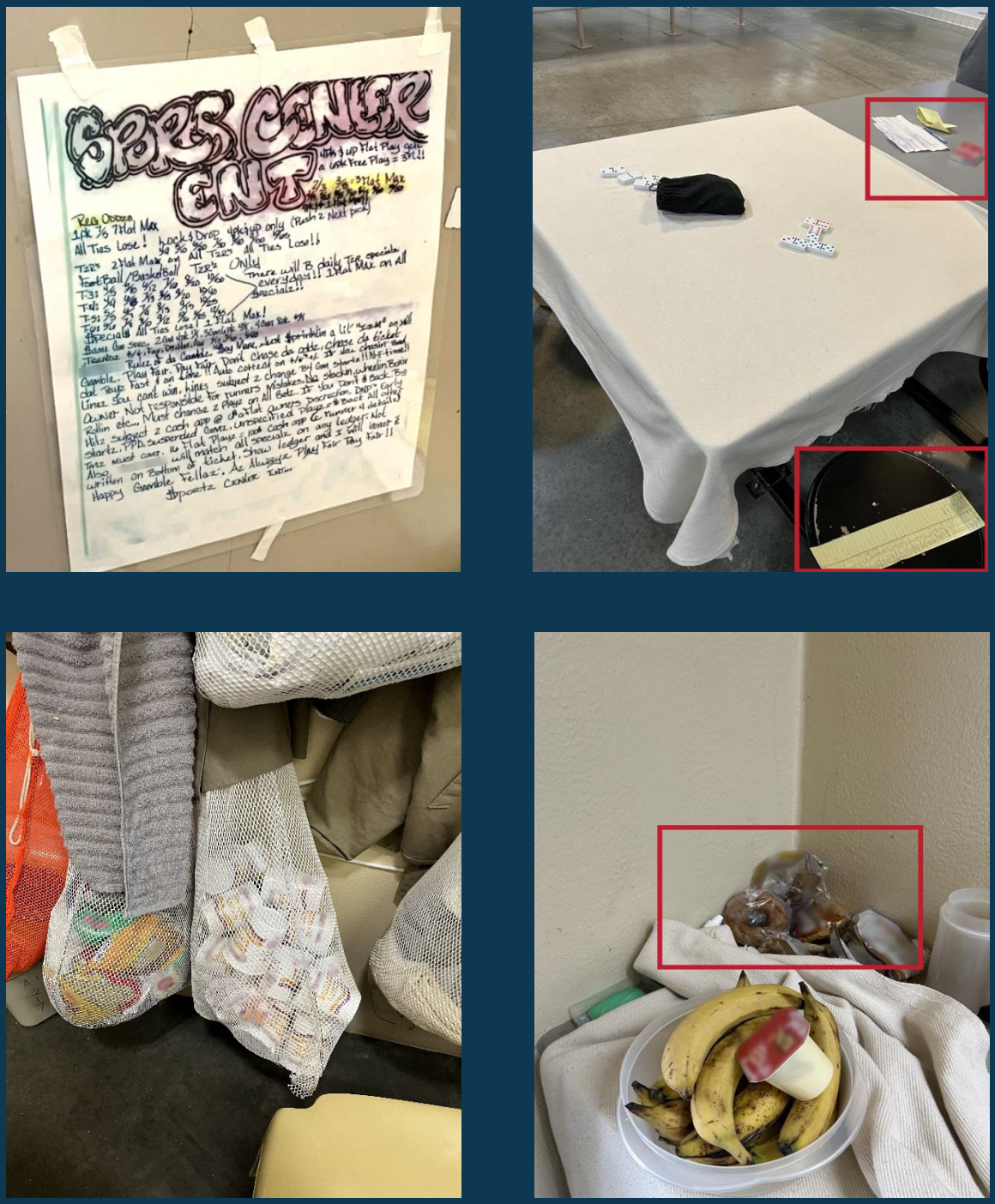
- BOP-issued shaving razors, well in excess of quantities that BOP inmates are authorized to possess. Some razors were altered, leaving loose blades scattered in cells, posing safety risks.
- Gambling paraphernalia—including paper flyers for gambling pools, sports betting slips, and laminated materials—found in two housing units, both in common areas and BOP inmate cells. Gambling and related paraphernalia are prohibited by BOP policy and classified as "moderate" severity offenses, subject to disciplinary action.
- Stockpiles of commissary items beyond authorized quantities and of excess food from the dining hall. These products can be used as currency in the illicit prison economy, and certain excess food products can be used to produce alcohol.
- Sexually explicit photographs displayed in eight BOP inmate cells and above a workstation in the laundry room. One photo appeared to have been mailed from a BOP-approved publisher, despite BOP policies prohibiting sexually explicit material. Many photos were prominently displayed on cell walls, bunk beds, and bulletin boards, raising concerns that employees were not following BOP policy requiring removal of such materials.

Risks Associated with Screening Mail

This issue of BOP employees being exposed to drugs while screening mail is not unique to FCI Berlin. In August 2024, an employee at USP Atwater died following a fentanyl exposure linked to mail handling. FCI Thomson employees also experienced several narcotics exposure incidents requiring the administration of naloxone. Following those FCI Thomson exposures, the Occupational Safety and Health Administration (OSHA), in a November 2025 report, identified hazardous conditions associated with exposure to synthetic drugs for Correctional Officers processing general correspondence and legal mail.

These incidents underscore the continued need for the BOP to consistently evaluate its contraband interdiction efforts, including expansion of digitized mail systems and pilot programs aimed at reducing employee contact with physical mail.

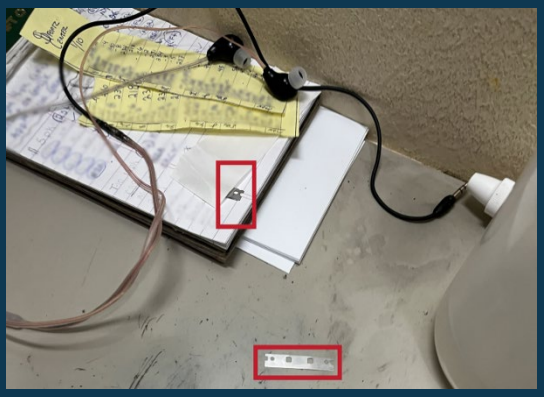
Source: OSHA



Top Left, A Sports Gambling Flyer Posted on an Inmate Locker, *Top Right,* a Blanket with Cards, Games, and Gambling Slips Left on a Table in a Housing Unit's Common Area

Bottom Left, Excessive Commissary Items in an Inmate cell, *Bottom Right,* Accumulation of Fruit and Other Food Items, Likely from Food Services, Which Can Be Used to Make Illegal Alcohol

Source: OIG, January 2026 (Red Rectangle Added for Emphasis and Brand and Possible Personally Identifiable Information Obscured)



Left, a Large Quantity of BOP-issued Shaving Razors in an Inmate Cell, *Right,* Loose Blades from BOP-issued Shaving Razors in an Inmate Cell

Source: OIG, January 2026 (Red Rectangles Added, Brand, Sports Team, and Personally Identifiable Information Obscured)

In a 2016 OIG report, the OIG made five recommendations that called on the BOP to more effectively deter the introduction of contraband from its own employees, including through measures such as routine, random searches (see Appendix 2). The OIG has since closed the recommendations from the 2016 report based on improvements the BOP has made, including the revision of its policy covering employee searches, which includes a pat search requirement that took effect in October 2024. This policy requires institutions to conduct random pat searches—hands-on searches of employees' clothing and belongings—for at least 30 employees across morning, daytime, and overnight shifts each month. Based on our review of FCI Berlin employee search logs, we found that, in the year prior to our inspection, searches occurred frequently during the morning shift, sporadically during the daytime shifts, and not at all during the evening shifts. We also found that fewer than the required 30 employees were searched in 2 of the 12 months we examined.

We also found that FCI Berlin's pallet x-ray machine, which can aid in the detection of contraband secreted in large deliveries of food and commissary items, had been inoperable for almost 3 years. As we found during previous inspections, other institutions have similarly been unable to use broken pallet x-ray machines (see Appendix 2 for more details about those inspections). BOP policy does not require the use of pallet x-ray machines, and the BOP has previously reported that institutions do not rely on them solely to examine incoming food shipments for contraband. However, FCI Berlin employees responsible for receiving food shipments told us that, if the institution's pallet x-ray machine was working, inspections of incoming food shipments would be more thorough, especially for food items that cannot be manually inspected. In

addition, an employee we interviewed from FCI Berlin's misconduct investigative unit identified the lack of a functioning x-ray pallet machine as hampering the institution in its efforts to detect and deter contraband. At the time of the inspection, the acting Warden also told us that he believed that the repair or replacement of the pallet x-ray machine would lead to significantly fewer incidences of contraband inside the institution.

In addition to curtailing the institution's potential methods to identify contraband, the x-ray machine's inoperability also increased the time it takes to process food shipments for the institution. With a functional x-ray machine, BOP employees can complete the screening of large deliveries in approximately 1–2 hours. Without an x-ray machine, BOP employees must rely on manual searches of large deliveries, which FCI Berlin employees responsible for receiving food shipments estimated can take up to 2 business days to complete due to shipment volume.

To help combat contraband and mitigate the risks associated with it, we recommend that the BOP:

7. Ensure that FCI Berlin continues to improve the detection and removal of contraband in housing units and takes steps to ensure that employees remain vigilant to detect and deter the introduction of contraband.

8. Ensure that FCI Berlin conducts employee random pat searches fully in accordance with BOP policy requirements, including those governing the frequency and timing of the searches to be conducted across all shifts.

Physical Conditions and Infrastructure

FCI Berlin is a large and fairly new institution that we generally found to be clean and in relatively good repair. However, we observed some facilities management issues that should be addressed. Specifically, we observed water damage in housing unit bathroom and shower areas and found that many of the institution's sinks and showers were producing water at temperatures both above and below the temperature range established in BOP policy. Further, many pieces of food service equipment needed repair or replacement.

We also found that the institution's major infrastructure systems were operational but approaching the end of their projected lifespan. As such, FCI Berlin has requested from regional and Central Office BOP officials over $17 million to make major infrastructure updates or repairs, of which nearly $13 million would be spent on replacing the pipes that transport water from the institution's boiler to heating components located in inmate housing units and other areas of the institution. FCI Berlin has also requested funds to overhaul its Building Management System, which would allow Facilities Department employees to better monitor remotely the functionality of institution infrastructure systems, quickly diagnose problems, and make adjustments and repairs to systems that affect the conditions of confinement for inmates. A Building Management System overhaul would be particularly useful for FCI Berlin, as the institution's heating system did not always produce temperatures consistent with BOP policy. Specifically, during our January inspection, we measured a housing unit temperature of 82.9 degrees Fahrenheit (F), which was well above the BOP's 76 degree F limit.

The need to make major infrastructure upgrades and repairs is not unique to FCI Berlin. In May 2026, the BOP estimated that it had a $4 billion backlog of infrastructure maintenance and repairs across all of its institutions. As described in the Introduction section of this report, through Pub. L. No. 119-21 the BOP has recently received additional funding (up to $2 billion) to support widespread infrastructure needs across the BOP.

Relevant Prior OIG Work and Related Recommendations: Infrastructure

In May 2023, the OIG reported that BOP institutions had a large and growing list of unfunded modernization and repair needs and that the BOP was unable to address these needs. We found that the BOP lacked a strategy to address this enterprise-wide problem and had historically failed to request funding to address its infrastructure needs. The OIG recommended that the BOP develop an infrastructure strategy to increase the overall effectiveness of facilities management and that the BOP develop and implement key performance indicators to track whether it is meeting its infrastructure goals. The OIG closed these recommendations in August 2026, after the BOP implemented an infrastructure strategy and a performance-management system for infrastructure goals.

The One Big Beautiful Bill Act, Pub. L. No. 119-21, signed into law on July 4, 2025, has made available to the BOP up to $2 billion to address maintenance and repair needs at its institutions. The OIG is conducting oversight of how the BOP uses these funds.

See Appendix 2, Item XXVII, for more information about the May 2023 report.

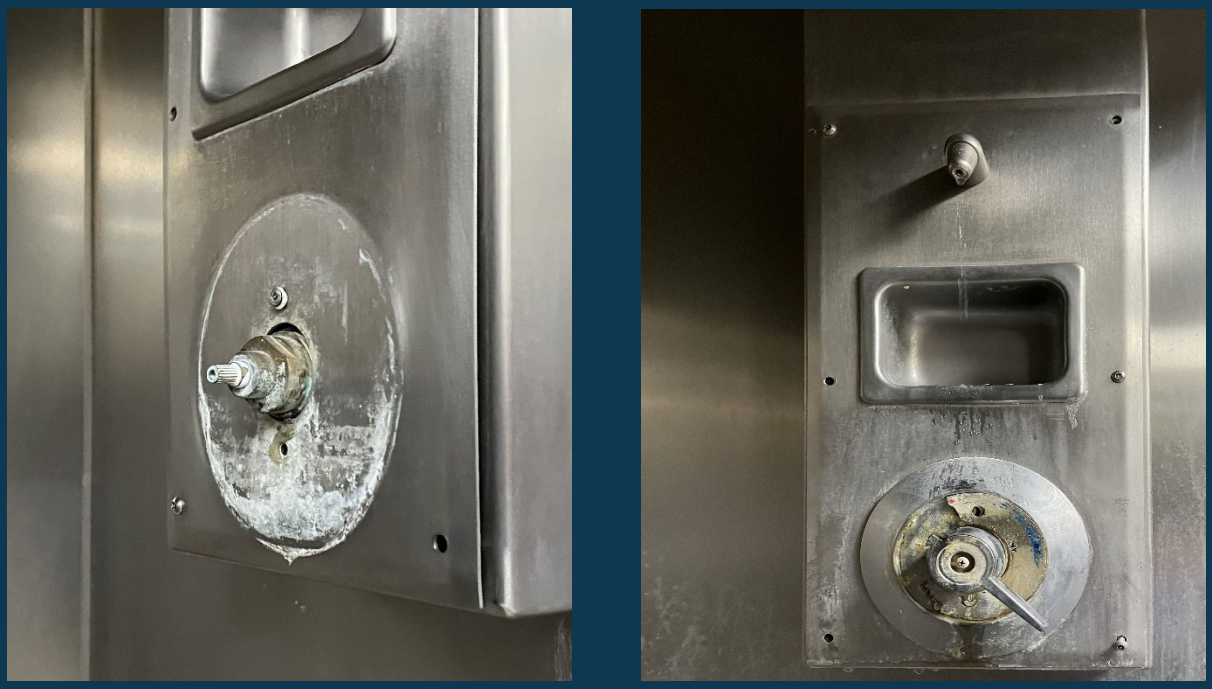
Water Damage in Bathroom Areas and Functionality of Showers and Sinks

In the medium-security facility general population housing units, we observed water damage on the ceilings of several showers, including the ceiling of a shower in an ICE detainee housing unit. While some water damage in these areas may be unavoidable, the extent of damage we observed at FCI Berlin suggests delays in addressing these issues. Further, in and around the showers at both the medium-security facility and the Camp, we found leaking showerheads and missing or broken shower handles. In addition, we found eroded and broken ceramic tiles in some of the showers at the medium-security facility.

Top Left, Damage to a Shower Ceiling and Light Fixture, Likely from Water Intrusion, *Top Right,* Damage to a Shower Ceiling, Likely from Water Intrusion

Bottom Left, Damage to the Ceiling of a Shower in the ICE Detainee Housing Unit, Likely Due to Excess Moisture, with a Brown, Unknown Substance and a Strong Odor Noted by the OIG, *Bottom Right,* Damaged Ceramic Tiles in an Inmate Shower at the Medium-security Facility

Source: OIG, January 2026



Left, a Shower with a Missing Handle at the Camp, *Right,* a Broken Showerhead at the Camp That Continuously Leaked Water

Source: OIG, January 2026

We also tested the temperature of showers and sinks throughout out the institution and found that many of the sinks and showers in BOP inmate and ICE detainee housing units produced water with temperatures outside the acceptable range of 100–120 degrees F established in BOP policy, as we describe below:

- **Medium-security Facility General Population Units Housing BOP Inmates.** Of the 24 showers we tested in occupied housing units, 1 reached 146 degrees F, 9 were too cold (between 80.1 degrees F and 99.3 degrees F), and 10 were broken (9 of which had no running water). Nearly all the sinks, 16 of 18, produced water that was too cold (between 66.1 degrees F and 98.4 degrees F).

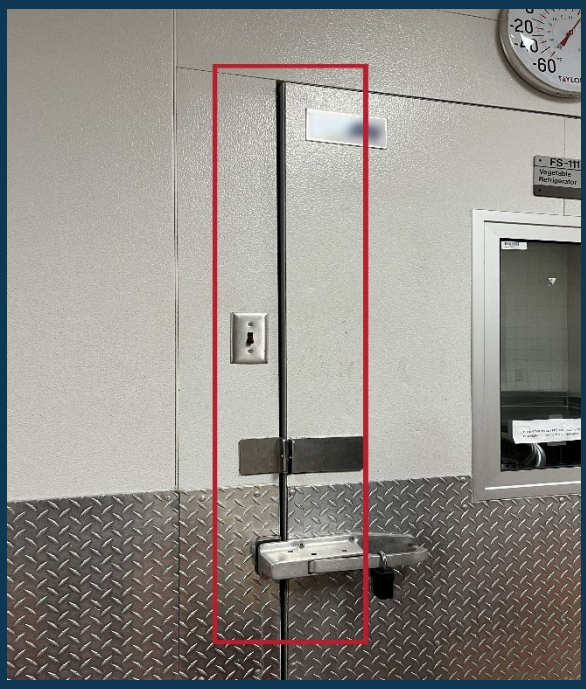
- **Medium-security Facility General Population Units Housing ICE Detainees.** Of the 12 showers we tested in occupied housing units, 6 were too cold and 4 were broken (2 of which had no running water). Of the eight sinks we tested, one produced water that exceeded 120 degrees F and three produced water that was too cold.

- **Medium-security Facility SHU.** All five of the SHU showers (and two of five SHU sinks) were too cold.

- **Camp.** Of the four showers we tested in occupied areas, two were too hot and two were too cold; all four of the sinks we tested were too hot.

Broken Food Service Equipment

At the time of our inspection, we found food preparation and storage areas to be clean. However, 23 pieces of food service equipment were in need of repair or replacement, some of which had been out of service since 2020. Most concerning, three of the five walk-in refrigerators inspected at the medium-security facility were not maintaining temperatures at the BOP standard of 41 degrees F. Temperatures ranged from 43 degrees F to 57 degrees F in a refrigerator storing vegetables. The failure of this equipment to maintain temperatures at BOP standards, paired with the continued use of the equipment to refrigerate food, carries the risk of harmful bacteria and organism growth, increasing the risk of foodborne illness. A likely contributor to temperature regulation issues for one refrigerator was the fact that the door was not fully sealing when closed. In addition, we observed significant ice buildup inside a freezer at the medium-security facility. Such buildup can occur when warm air leaks inside.



Left, a Medium-security Facility Refrigerator Door Not Fully Sealed, *Right,* Ice Accumulation on the Door of a Medium-security Facility Walk-in Freezer

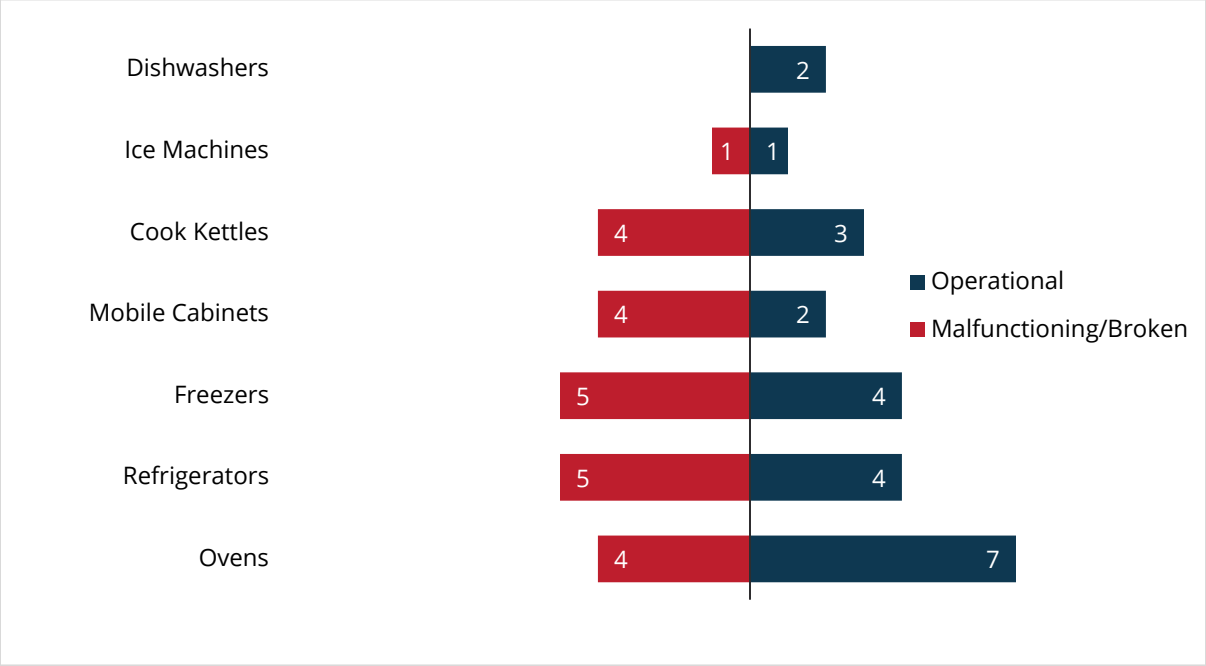
Source: OIG, January 2026 (Red Rectangle Added and Brand Information Obscured)

At the Camp, we found that three of the four refrigerators and none of the freezers were operating and that food requiring cooling needed to be transported from the food storage warehouse in advance of each meal. This arrangement created an increased burden on Food Service Department employees, who would be able to transport larger amounts of food from the food storage warehouse, at less frequent intervals, if food could be cooled at the Camp.

In addition to refrigerators and freezers, we found that ovens, cook kettles, and mobile heating and cooling cabinets (cabinets that keep food at appropriate temperatures for the period between preparation and service) were also broken or malfunctioning. Figure 2 below provides greater detail about the functionality of food service equipment at FCI Berlin following our inspection. After receiving a copy of this report, the BOP provided documentation that some pieces of broken food service equipment, such as refrigerators, had been repaired and were fully operational and a plan was in place to make additional repairs as of September 2026.

Figure 2

Food Service Equipment Operational Status, April 2026



Sources: OIG observation evidence, BOP work order documentation, and OIG summary analysis of repairs confirmed with BOP local officials in April 2026

Relevant Prior OIG Work and Related Recommendations: Management of Food Service Operations and Equipment

In June 2024, the OIG conducted a series of unannounced, concurrent inspections assessing the administration of food service at six BOP institutions and identified at four institutions risks to food safety caused by food storage equipment malfunctions. Further, in September 2026, the OIG issued a report on BOP food service equipment lifecycle challenges and found that malfunctioning or broken food service equipment was an enterprise-wide problem. In that report, the OIG made five recommendations to the BOP to improve policies, management processes, and its overall maintenance strategy for its major food service equipment. As of the date of this report on FCI Berlin, four of those recommendations remain open.

See Appendix 2, Items IX and XXIX, for more information about these reports.

Unaddressed Major Systems Upgrades

Facilities Department employees told us that many of the institution's systems are approaching the end of their projected lifespan and need to be repaired or replaced. At the time of our inspection, FCI Berlin had requested over $17 million to repair or replace components of these systems; however, due to the BOP's limited budgetary resources for infrastructure repair and replacement, these requests were unfunded at the time of our inspection. Approximately $13 million of the $17 million would be spent replacing the heating loop that circulates hot water throughout the heating system. Further, we found that FCI Berlin needs to replace much of its fire alarm system and supporting components, such as smoke detectors, that have reached or are reaching the end of their useful life. FCI Berlin estimated the cost of these replacements and necessary upgrades at approximately $615,500.

Although unrelated to the need to replace the heating loop, we identified heating, ventilation, and air-conditioning (HVAC) issues at FCI Berlin that had impacts on ICE detainees. The week before our inspection, an HVAC component serving part of an ICE detainee housing unit failed and detainees were temporarily moved to other housing units where the system was functioning. Additionally, during our January visit, some areas of the institution exceeded BOP's 68–76 degree F acceptable temperature range, indicating problems with the system. Specifically, in an ICE detainee housing unit, we measured a temperature of 82.9 degrees F. As of March 2026, the BOP had completed HVAC repairs and moved ICE detainees back to their original housing units.

Relevant Prior OIG Work and Related Recommendations: Temperature Regulation and Monitoring

Temperature regulation issues we identified at FCI Berlin are similar to issues we identified in our prior inspections of FCI Lewisburg and Metropolitan Detention Center (MDC) Brooklyn. In our September 2019 report accompanying the MDC Brooklyn inspection, we described problems with HVAC equipment, as well as the absence of reliable temperature measuring methods, which made it difficult for employees to regulate temperatures at the institution, which in turn negatively affected the conditions of confinement for inmates. To address this issue, the OIG recommended that the BOP ensure that institutions use a consistent and sound method to measure and document temperatures and record all maintenance performed on HVAC equipment. The OIG closed this recommendation in June 2026, after the BOP updated policy to address temperature measurement and documentation practices.

See Appendix 2, Items III and VII, for more information on these reports.

Inmate Programming

Consistent with the FSA, FCI Berlin offers reentry programs, including substance abuse treatment, education classes, and employment training, to help prepare BOP inmates for their return to the community.[10] Of note, FCI Berlin offers to BOP inmates multiple vocational training courses, such as carpentry, electrical wiring, industrial cleaning, hydroponics, and culinary arts. These programs allow inmates an opportunity to gain practical work experience in addition to classroom training, often culminating in professional certifications to aid inmates in securing employment upon reentry. Generally, we found that FCI Berlin's leadership and employees were dedicated to BOP inmate education and to helping inmates develop skills for successful reentry.

[10] The First Step Act of 2018 (Pub. L. No. 115-391).

While FCI Berlin is dedicated to BOP inmate programming and has the space and materials to offer various programming opportunities to BOP inmates, staff shortages in the Psychology Services Department, as well as the augmentation of Education Department non-custody employees into Correctional Officer posts, created significant backlogs for these programs, as discussed in the Staffing Challenges section of this report. For example, waitlists for the vocational training programs alone exceeded 410 names. On average, FSA programs offered by the Psychology Services Department had the longest waitlists across the institution due to the lack of employees to run these programs. Of the seven programs offered by the Psychology Services Department, only two of the programs were available at the time of our inspection: drug education and nonresidential drug abuse. Although these programs were offered, due to the lack of psychologists and a drug abuse program coordinator at FCI Berlin, there were still approximately 100 BOP inmates waiting to take drug education and approximately 260 inmates waiting for the nonresidential drug abuse program. Cumulatively, the Psychology Services Department had over 1,200 BOP inmate names on waitlists for its 7 programs.[11]

We also found that BOP inmate programming challenges have been exacerbated in some ways by the addition of ICE detainees. BOP inmate programming often occurs in classrooms or other communal spaces outside housing units, and it becomes difficult for BOP inmates to participate in these programs when inmate movement is restricted at the institution to ensure separation between ICE detainees and BOP inmates when ICE detainees need to be escorted to visitation, recreation, or the Health Services Department for on-site medical care. FCI Berlin employees who are responsible for inmate programming sought available solutions, such as altering programming hours to account for ICE detainee movement to ensure that BOP inmates received their programming. However, these solutions are imperfect measures.

Relevant OIG Work: Inmate Programming and Limitations on Inmate Movement

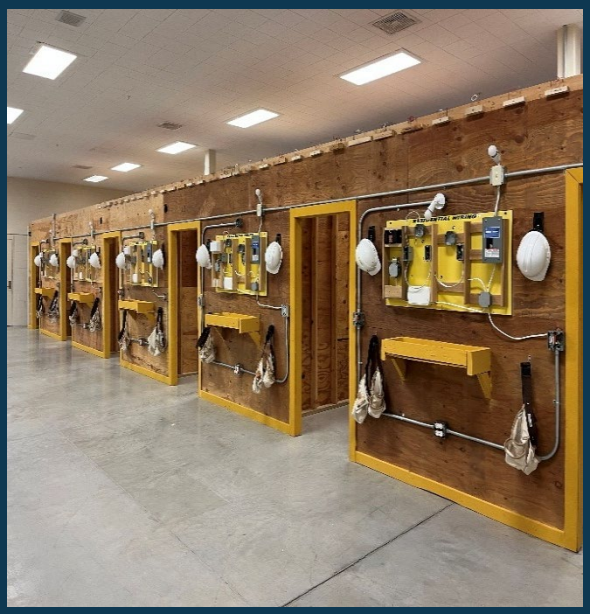
Our May 2026 evaluation report on the BOP's use of FSA funding and implementation of programs found, among other findings, that since FY 2022 the BOP has made progress in offering more FSA programs at its institutions. However, due to limited staff availability, a lack of instructional space, and lockdowns that limit inmate movement, institutions offered significantly fewer FSA programs than what BOP officials expected would be taking place consistent with the BOP's public FSA Approved Programs Guide. As a result, our report found that about one-quarter of inmates who were released under FSA authorities between FYs 2022 and 2024 had not completed a single FSA program. This outcome is inconsistent with FSA goals to reduce inmates' risk of recidivism through programming. The FSA report made seven recommendations to assist the BOP in implementing the FSA to achieve the FSA's intent to offer inmates programs designed to support their return to the community as law-abiding citizens. As of the publication of this report on FCI Berlin, all seven recommendations remained open.

During prior OIG inspections of FCI Waseca, FCI Tallahassee, FCI Sheridan, Federal Medical Center Devens, and USP Canaan, we identified challenges with inmate programming similar to those we identified at FCI Berlin, such as low staffing levels; augmentation; and, in some instances, limited inmate movement.

Given the pervasiveness of inmate movement limitations we have observed at BOP institutions, we initiated an evaluation of the BOP's enterprise-wide use of lockdowns and modified operations in order to assess their causes and their effects. Based on our findings, we will make recommendations to address issues related to the BOP's use of these inmate management techniques in the forthcoming report.

See Appendix 2, Items IV, V, VI, VIII, XI, and XXVIII, for more information about these reports.

[11] This figure includes inmates who were on waitlists for multiple programs.



Top Left, a Model House Built by BOP Inmates in the Carpentry Program, *Top Right,* the Electrical Wiring Program Work Area

Bottom Left, the Hydroponics Program, *Bottom Right,* a Specialized Floor for the Industrial Cleaning Program.

Source: OIG, January 2026 (Possible Brand Information Obscured)

Conclusion and Recommendations

Conclusion

Our inspection determined that, while FCI Berlin leadership and staff were committed to maintaining a safe environment and fulfilling the institution's dual mission of housing BOP inmates and U.S. Immigration and Customs Enforcement (ICE) detainees, gaps in critical staffing positions created significant operational strain and affected conditions of confinement. The institution's ability to sustain operations has depended heavily on short-term measures that are not sustainable in the long term to meet essential safety, security, and healthcare needs for both BOP inmates and ICE detainees. We found various areas in which FCI Berlin's institutional practices and operational limitations pose risks to the institution. We summarize our findings below:

Staffing Challenges	• FCI Berlin struggled to meet staffing needs and was experiencing staffing gaps that were particularly acute in the Correctional Services, Health Services, and Psychology Services Departments. • FCI Berlin used short-term solutions, including temporary duty assignments, augmentation, and overtime, to help fill staffing gaps.
	• The additional custody population of ICE detainees presented challenges for the already strained BOP staffing complement at FCI Berlin, including: ○ a higher volume of turnover that generated greater processing needs in receiving and discharge; ○ incomplete or inaccurate medical and criminal histories that required additional research and evaluation; ○ requirements that BOP inmates and ICE detainees remain separated, which necessitated movement restrictions and additional custody duties; and ○ in-house healthcare needs, which were addressed by BOP personnel when U.S. Public Health Service staff were not on site.
Medical and Mental Healthcare	• Vacancies in positions, including physician and psychologist positions, affected FCI Berlin's ability to provide healthcare in certain instances. • FCI Berlin generally conducted required screenings, such as intake examinations and examinations for those with chronic conditions, consistent with BOP policy. • FCI Berlin struggled to address BOP inmate requests for routine medical care inside the institution and to arrange for BOP inmates to see outside medical providers. We identified months-long delays between some BOP inmates' initial requests for care and their encounters with providers. • We observed unsafe conditions and practices in Health Services areas, including improper placement and storage of sharp implements and hazardous chemicals, inadequate supervision of BOP inmate workers, unsafe medication administration practices, and risks with treatment for opioid use disorder.

Safety and Security	• Correctional Officers did not consistently conduct required rounds to monitor BOP inmates and ICE detainees, increasing the risk of self-harm, violence, and other illicit activities. • FCI Berlin employees did not fully comply with the BOP's policy for tracking sexual misconduct complaints. • New digital cameras produced higher-quality video, but FCI Berlin experienced issues storing and producing footage from these cameras. • Contraband was present and highly visible in inmate housing units, contraband interdiction equipment was not operational, and employee search practices were not completed according to policy.
Physical Conditions and Infrastructure	• The institution's major infrastructure systems were operational but approaching the end of their projected lifespan. • FCI Berlin has requested over $17 million for infrastructure projects, including heating system repairs. • There was water damage in housing unit bathroom and shower areas, and many fixtures produced water outside required temperature ranges. • Nearly half of the pieces of equipment we observed in the Food Service Department were in need of repair or replacement, some of which had been out of service since 2020.
Inmate Programming	• FCI Berlin is dedicated to BOP inmate programming and has the space and materials to offer various programming opportunities to BOP inmates. • However, staffing shortages in the Psychology Services Department, as well as the reassignment of non-custody Education Department employees into Correctional Officer posts, limited availability of personnel to provide programming and created significant backlogs for inmate participation. • Restrictions on BOP inmate movement necessitated by the presence of ICE detainees exacerbated challenges FCI Berlin experienced in offering programming to BOP inmates.

Recommendations

To ensure effective operations at FCI Berlin and safe conditions of confinement for the inmates and ICE detainees housed there, we recommend that the BOP:

1. Ensure that sick call requests from all individuals in custody at FCI Berlin are appropriately documented in the Bureau Electronic Medical Records System.

2. Develop and implement a plan to ensure that sick call appointments are addressed by FCI Berlin's Health Services Department in a timeframe consistent with the BOP Patient Care policy.

3. Implement controls to ensure that FCI Berlin employees consistently follow BOP policy on securing potentially dangerous medical equipment and supplies.

4. Ensure that FCI Berlin follows the BOP Health Services Division policy on Health Services Department inmate workers by implementing a plan to more closely supervise all inmate workers in the department.

5. Review and update existing FCI Berlin post orders to (a) clarify expectations for Correctional Officers to conduct and document "random and irregular rounds" in general population units, including Immigration and Customs Enforcement detainee housing units, and (b) require supervisory review of rounds documentation to ensure that rounds are conducted.

6. Clarify with relevant Immigration and Customs Enforcement officials the appropriate procedures for informing detainees how to report sexual misconduct, and ensure that those procedures are followed at FCI Berlin.

7. Ensure that FCI Berlin continues to improve the detection and removal of contraband in housing units and takes steps to ensure that employees remain vigilant to detect and deter the introduction of contraband.

8. Ensure that FCI Berlin conducts employee random pat searches fully in accordance with BOP policy requirements, including those governing the frequency and timing of the searches to be conducted across all shifts.

Appendix 1: Purpose, Scope, and Methodology

Standards

The DOJ OIG conducted this inspection in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation* (December 2020).

Purpose and Scope

The OIG has determined that it can enhance the effectiveness of its oversight, as well as its ability to alert the BOP of concerns, by conducting short-notice and unannounced inspections of BOP institutions, as appropriate. This was the fourteenth unannounced inspection the OIG has conducted of a BOP institution pursuant to its on-site inspections program and our first full inspection of a BOP institution housing U.S. Immigration and Customs Enforcement (ICE) detainees under the terms of a February 2025 BOP-ICE Interagency Agreement (IAA). We selected FCI Berlin as a site for inspection to assess the conditions of confinement for BOP inmates, the institution's management of ICE detainees under the terms of the IAA, and the effects of managing ICE detainees on overall institution operations.

Our scope was the state of institution operations at the time of our inspection; although, for certain portions of our analysis, our scope included roughly the year that preceded our inspection, beginning around January 2025. Because the DOJ OIG's statutory authority is limited to oversight of DOJ operations, we did not assess ICE's responsibilities for managing detainees. This includes activities that occurred before detainees arrived at FCI Berlin—including apprehension and custodial arrangements—and activities at FCI Berlin that are ICE's exclusive responsibility under the IAA (see Appendix 4). Additional federal oversight for ICE detainee confinement is conducted by the BOP's Division of Compliance and Oversight, which completes audits of BOP institutions and the U.S. Department of Homeland Security's Office of Inspector General, which inspects facilities housing ICE detainees. We provided a draft of this report to both ICE and the Department of Homeland Security OIG.

In addition, assessing the availability and quality of healthcare for ICE detainees was largely outside the scope of this inspection; though, as noted in the report, to the extent clinical encounters took place between BOP employees and ICE detainees inside FCI Berlin, they would have been captured in our review of relevant records conducted for this inspection. We provided a draft of this report to the U.S. Department of Health and Human Services' Public Health Service.

Inspection Methodology

Pursuant to the OIG's planned procedures for initiating an inspection, which we had previously shared with the BOP, the OIG notified FCI Berlin at approximately 7 a.m. on January 12, 2026, that it would be initiating an inspection beginning at 10 a.m. that day. The OIG team, which consisted of 12 OIG employees and 1 medical subject matter expert contracted by the OIG, conducted the on-site inspection Monday, January 12, through Thursday, January 15, 2026. During the inspection, we toured the institution, interviewed inmates and employees, and reviewed its operational records.

Observations

We toured the interior and exterior of the institution, including:

- general population BOP inmate and ICE detainee housing units,
- the Special Housing Unit (SHU),
- Health Services Department areas,
- front lobby employee entrances and screening areas,
- programming areas used by the Psychology and Education Departments,
- the mail room,
- the commissary,
- laundry areas,
- the evidence storage area,
- the visitation room,
- inmate intake and screening areas,
- Facilities Department areas,
- food storage warehouse, and
- food preparation areas.

We also reviewed security camera footage and assessed the functionality of the security camera system. Further, we tested air and water temperatures throughout the institution and the functionality of showers, sinks, and toilets in housing areas. We did not perform specialized testing to definitively determine, for example, the potential presence of mold or other hazardous substances.

Interviews

We conducted on-site interviews with FCI Berlin inmates who were housed in the general population and SHU, as well as institution employees. Employees we interviewed included the acting Warden and the Associate Warden, who serves as the institution's Prison Rape Elimination Act Coordinator; supervisory and nonsupervisory Correctional Officers; healthcare providers; nonclinical medical and mental healthcare employees; education employees; food service employees; and employees responsible for institution safety, facilities management, human resources, and the trust fund program. Following our on-site work at FCI Berlin, we conducted virtual follow-up interviews with some FCI Berlin employees, as well as employees at the BOP's Northeast Regional and Central Offices.[12]

During our inspection, we interacted with ICE detainees and an ICE official; but, because our statutory authority is limited to oversight of DOJ operations, we did not formally interview them.

Document Review and Analysis

We reviewed FCI Berlin records related to facilities management, staffing levels, use of overtime and augmentation, use of restrictive housing, provision of medical and mental healthcare, camera functions,

[12] At the time of our inspection in January 2026, the Warden position was vacant and FCI Berlin was overseen by an acting Warden. On February 8, 2026, a new Warden assumed leadership of the institution.

completion of rounds, search and screening procedures, employee misconduct, sexual abuse reporting and tracking, and inmate programming.

Healthcare-related Review and Analysis

We reviewed FCI Berlin's operational documentation related to the provision, access, and quality of inmate medical and mental healthcare services provided. We assessed the same when those services were provided by BOP officials to ICE detainees. Specifically, our review included assessments of the following:

- intake screening;
- chronic care clinics;
- implementation of the BOP's Clinical Guidelines for Preventive Health Care Screening in the areas of colorectal cancer screening and tuberculosis screening;
- management of diabetes;
- medication administration;
- management of inmate medical records and requests for care;
- scheduling of specialty appointments for medical services offered on site and in the community;
- laboratory testing;
- healthcare employee credentials, including licensure requirements and privileges and practice agreements;

External Subject Matter Experts Assisting the OIG

To assist the OIG in its efforts to assess the provision of healthcare to FCI Berlin inmates and ICE detainees, the OIG contracted the services of two healthcare subject matter experts—a registered nurse who conducted analysis remotely after the on-site inspection and a physician who accompanied the OIG on site for the inspection and conducted analysis remotely after the on-site portion of the inspection.

Appendix 2: DOJ OIG and Other Oversight Agency Related Work

DOJ OIG Oversight of the One Big Beautiful Bill Act

I. OIG Oversight of the Supplemental Funding Given to the BOP Through Public Law 119-21 (April 2026, updated September 2026), oig.justice.gov/oversight-supplemental-funding-given-federal-bureau-prisons-bop-through-public-law-119-21

DOJ OIG Compendium of BOP Oversight Products

II. Compendium of Federal Bureau of Prisons Oversight Products (February 2024), oig.justice.gov/news/compendium-federal-bureau-prisons-oversight-products

DOJ OIG Inspection Reports of BOP Institutions

III. *Review and Inspection of Metropolitan Detention Center Brooklyn Facilities Issues and Related Impacts on Inmates*, Evaluation and Inspections (E&I) Report 19-04 (September 2019), oig.justice.gov/reports/review-and-inspection-metropolitan-detention-center-brooklyn-facilities-issues-and-related

IV. *Inspection of the Federal Bureau of Prisons' Federal Correctional Institution Waseca*, E&I Report 23-068 (May 2023), oig.justice.gov/reports/inspection-federal-bureau-prisons-federal-correctional-institution-waseca

V. *Inspection of the Federal Bureau of Prisons' Federal Correctional Institution Tallahassee*, E&I Report 24-005 (November 2023), oig.justice.gov/ reports/inspection-federal-bureau-prisons-federal-correctional-institution-tallahassee

VI. *Inspection of the Federal Bureau of Prisons' Federal Correctional Institution Sheridan*, E&I Report 24-070 (May 2024), oig.justice.gov/reports/inspection-federal-bureau-prisons-federal-correctional-institution-sheridan

VII. *Inspection of the Federal Bureau of Prisons' Federal Correctional Institution Lewisburg*, E&I Report 24-113 (September 2024), oig.justice.gov/reports/inspection-federal-bureau-prisons-federal-correctional-institution-lewisburg

VIII. *Inspection of the Federal Bureau of Prisons' Federal Medical Center Devens*, E&I Report 25-009 (December 2024), oig.justice.gov/reports/inspection-federal-bureau-prisons-federal-medical-center-devens

IX. *Concurrent Inspections of BOP Food Service Operations*, E&I Report 25-062 (June 2025), oig.justice.gov/reports/concurrent-inspections-bop-food-service-operations

X. *Inspection of the Federal Bureau of Prisons' Federal Detention Center SeaTac*, E&I Report 25-081 (September 2025), oig.justice.gov/reports/inspection-federal-bureau-prisons-federal-detention-center-seatac

XI. *Inspection of the Federal Bureau of Prisons' U.S. Penitentiary Canaan*, E&I Report 26-055 (May 2026), oig.justice.gov/reports/inspection-federal-bureau-prisons-us-penitentiary-canaan

DOJ OIG, Pandemic Response Accountability Committee, and U.S. Government Accountability Office Reports on BOP Staffing

XII. DOJ OIG, *Limited-Scope Review of the Federal Bureau of Prisons' Strategies to Identify, Communicate, and Remedy Operational Issues*, E&I Report 23-065 (May 2023), oig.justice.gov/reports/limited-scope-reviewfederal-bureau-prisons-strategies-identify-communicate-and-remedy

XIII. DOJ OIG, *Investigation and Review of the Federal Bureau of Prisons' Custody, Care, and Supervision of Jeffrey Epstein at the Metropolitan Correctional Center in New York, New York*, Investigations Report 23-085 (June 2023), oig.justice.gov/reports/investigation-and-review-federal-bureau-prisons-custody-care-and-supervision-jeffrey

XIV. DOJ OIG, *Management Advisory: Analysis of the Federal Bureau of Prisons' Fiscal Year 2019 Overtime Hours and Costs*, Audit Report 21-011 (December 2020), oig.justice.gov/reports/management-advisory-analysis-federal-bureau-prisons-fiscal-year-2019-overtime-hours-and

XV. DOJ OIG, *Review of the Federal Bureau of Prisons' Medical Staffing Challenges*, E&I Report 16-02 (March 2016), oig.justice.gov/reports/ review-federal-bureau-prisons-medical-staffing-challenges

XVI. Pandemic Response Accountability Committee, *Review of Personnel Shortages in Federal Health Care Programs During the COVID-19 Pandemic* (September 2023), oig.justice.gov/reports/review-personnel-shortages-federal-health-care-programs-during-covid-19-pandemic

XVII. U.S. Government Accountability Office, *Bureau of Prisons: Opportunities Exist to Better Analyze Staffing Data and Improve Employee Wellness Programs*, GAO-21-123 (February 2021), gao.gov/products/gao-21-123 (accessed August 11, 2026)

DOJ OIG Reports on BOP Inmate Healthcare

XVIII. *Audit of the Federal Bureau of Prisons Comprehensive Medical Services Contracts Awarded to the University of Massachusetts Medical School*, Audit Report 22-052 (March 2022), oig.justice.gov/reports/audit-federal-bureau-prisons-comprehensive-medical-services-contracts-awarded-university

XIX. *Evaluation of the Federal Bureau of Prisons' Colorectal Cancer Screening Practices for Inmates and Its Clinical Follow-up on Screenings*, E&I Report 25-057 (May 2025), oig.justice.gov/reports/evaluation-federal-bureau-prisons-colorectal-cancer-screening-practices-inmates-and-its

XX. *Review of the Impact of an Aging Inmate Population on the Federal Bureau of Prisons*, E&I Report 15-05 (May 2015), oig.justice.gov/reports/review-impact-aging-inmate-population-federal-bureau-prisons

XXI. *Investigation and Review of the Federal Bureau of Prisons' Conditions of Confinement and Medical Treatment of Frederick Mervin Bardell and Related Representations to the Court, Upon Referral by Senior U.S. District Judge Roy B. Dalton, Jr.*, Investigations Report 26-007 (January 2026), oig.justice.gov/reports/investigation-and-review-federal-bureau-prisons-conditions-confinement-and-medical

DOJ OIG Reports on Safety and Security in BOP Institutions

XXII. *Evaluation of Issues Surrounding Inmate Deaths in Federal Bureau of Prisons Institutions*, E&I Report 24-041 (February 2024), oig.justice.gov/reports/evaluation-issues-surrounding-inmate-deaths-federal-bureau-prisons-institutions

XXIII. *Review of the Federal Bureau of Prisons' Contraband Interdiction Efforts*, E&I Report 16-05 (June 2016), oig.justice.gov/reports/review-federal-bureau-prisons-contraband-interdiction-efforts

XXIV. *Management Advisory Memorandum: Notification of Needed Upgrades to the Federal Bureau of Prisons' Security Camera System*, E&I Report 22-001 (October 2021), oig.justice.gov/reports/management-advisory-memorandum-notification-needed-upgrades-federal-bureau-prisons-security

XXV. *The Federal Bureau of Prisons' Drug Interdiction Activities*, E&I Report I-2003-002 (January 2003), oig.justice.gov/reports/federal-bureau-prisons-drug-interdiction-activities

DOJ OIG Reports on BOP Infrastructure

XXVI. *Management Advisory Memorandum: Notification of Concerns Regarding Conditions at Federal Correctional Institution Terre Haute*, E&I Report 26-001 (October 2025), oig.justice.gov/reports/notification-concerns-regarding-conditions-federal-correctional-institution-terre-haute

XXVII. *The Federal Bureau of Prisons' Efforts to Maintain and Construct Institutions*, Audit Report 23-064 (May 2023), oig.justice.gov/reports/federal-bureau-prisons-efforts-maintain-and-construct-institutions

DOJ OIG Reports on BOP Inmate Programming

XXVIII. *Evaluation of the Federal Bureau of Prisons' Use of First Step Act Funding and Implementation of First Step Act Programs at Its Institutions*, E&I Report 26-057 (May 2026), oig.justice.gov/reports/evaluation-federal-bureau-prisons-use-first-step-act-funding-and-implementation-first-step

DOJ OIG Reports on BOP Food Services Equipment

XXIX. *Audit of the Federal Bureau of Prisons' Acquisition and Life Cycle Management of Major Equipment Supporting Food Services*, Audit Report 26-100 (September 2026), oig.justice.gov/reports/audit-federal-bureau-prisons-acquisition-and-life-cycle-management-major-equipment

Appendix 3: BOP Policies and Clinical Guidance

Topic Discussed in Report	Relevant Program Statement or Clinical Guidance	Link
Patient Care	6031.06 Patient Care June 22, 2026	www.bop.gov/policy/progstat/6031_006.pdf (accessed August 12, 2026)
Intake Screening	5295.01 Intake Screening September 3, 2026	www.bop.gov/policy/progstat/5295_001.pdf (accessed September 16, 2026)
Pharmacy Services	6360.03 Pharmacy Services May 7, 2026	www.bop.gov/policy/progstat/6360_003.pdf (accessed August 12, 2026)
Management of Diabetes	Management of Diabetes March 2017	www.bop.gov/resources/pdfs/201703_diabetes.pdf (accessed March 5, 2026)
Escorted Trips	5538.09 Escorted Trips September 3, 2026	www.bop.gov/policy/progstat/5538_009.pdf (accessed September 16, 2026)
Employee Entrance and Search Procedures	3740.03, CN-1 Employee Entrance and Search Procedures March 6, 2025	Not applicable. The BOP does not make this policy publicly available.
Correctional Services Procedures Manual	5500.14, CN-1 Correctional Services Procedures Manual August 1, 2016	www.bop.gov/policy/progstat/5500_014_CN-1.pdf (accessed March 11, 2026)
Facilities Operations Manual	4200.13 Facilities Operations Manual May 7, 2026	www.bop.gov/policy/progstat/4200_013.pdf (accessed August 12, 2026)
Mail Management	5800.16 Mail Management Manual April 5, 2011	www.bop.gov/policy/progstat/5800_016.pdf (accessed April 14, 2026)
Incoming Publications	5266.11 Incoming Publications November 9, 2011	www.bop.gov/policy/progstat/5266_011.pdf (accessed April 14, 2026)
Correspondence	5265.14 Correspondence April 5, 2011	www.bop.gov/policy/progstat/5265_014.pdf (accessed April 14, 2026)

Topic Discussed in Report	Relevant Program Statement or Clinical Guidance	Link
Sexually Abusive Behavior Prevention and Intervention Program	5333.01 Sexually Abusive Behavior Prevention and Intervention Program Manual March 19, 2026	www.bop.gov/policy/progstat/5333_001-1.pdf (accessed September 16, 2026)

Appendix 4: BOP and U.S. Immigration and Customs Enforcement Responsibilities Outlined in the Interagency Agreement, February 6, 2025, and Updates from March 7, 2025

Topic	Item	Responsible Agency
Transfer Request	Request permission to transfer U.S. Immigration and Customs Enforcement (ICE) detainees to BOP institutions.	ICE
	Provide copies of documents related to an ICE detainee's case history; education; summary of prior offense history, if applicable; gang affiliation; and any other security concerns.	
	Provide copies of clinical documentation, including physical and clinical records, infectious disease history, list of medications, and mental health risk assessment.	
	Provide copies of all judicial and administrative rulings and orders relating to the ICE detainee, as appropriate and permitted by law, including any outstanding warrants or detainers and sentencing data.	
	Provide a minimum of two ICE officers as points of contact or on site at each BOP institution housing ICE detainees.	
Acceptance/Rejection	Sole discretion to approve or reject each ICE detainee	BOP
Transfer to and from BOP Institution	Provide up-to-date and accurate information pertaining to travel status of ICE detainees.	ICE
	Delivery of an ICE detainee to a BOP facility	
	Costs associated with transferring an ICE detainee to BOP facility, including transportation	
	Storage of ICE detainee property, except for plain wedding band (valued at $100 or less), medication/medical devices, legal materials, prescription eyeglasses, U.S. currency, and one nonmetal religious medallion (valued at $100 or less)	
	Release gratuity or transportation funds for an ICE detainee.	
Custody, Security, and Discipline	Provide written notification to local BOP institution staff when significant changes occur in an ICE detainee's status that may impact security concerns.	ICE
	If necessary, assist the BOP in emergency evacuation, transportation, and temporary detention of ICE detainees.	

Topic	Item	Responsible Agency
	Advise ICE detainees of appropriate procedures to follow in raising concerns related to their confinement.	
	Provide the BOP with copies of ICE's National ICE Detainee Handbook to be provided to all ICE detainees.	
	Costs for telephone calls made by ICE detainees that cannot be placed through the Inmate Telephone System	
	Installation of a minimum of two telephone lines for pro bono calls per housing unit housing ICE detainees	
	Provide a speed dial number directory for legal, advocacy, and consulates with instructions for use in English and Spanish.	
	Approve requests to interview ICE detainees.	
	Provide all necessary resources for language and disability services for ICE detainees (such as materials in Braille, interpreters, translation services, etc.), except in cases in which the BOP can fully accommodate the needs with existing resources. Translate written materials into Spanish as a standard practice.	
	Provide/install one computer terminal in the common area of a housing unit housing ICE detainees to provide immigration law resources.	
	Disciplinary authority over ICE detainees	BOP
	Provide Admissions and Orientation handbook to each ICE detainee.	
	Make pro bono telephones accessible during waking hours 7 days a week, and facilitate standard legal calls for ICE detainees.	
Escapes	Immediately notify ICE if an ICE detainee escapes.	BOP
	Primary responsibility and authority to direct the pursuit and retaking of escaped ICE detainees	ICE
Medical	Provide full-time ICE or U.S. Public Health Service (PHS) staff to assist with medical care screenings and provision of healthcare to ICE detainees, if requested by the BOP.	ICE
	If ICE denies the BOP's request to provide ICE or PHS staff to assist with medical care screenings and provision of healthcare to ICE detainees, reimburse the BOP for cost associated with providing such services.	
	Provide transportation, supervision, and funding for outside medical care of ICE detainees.	

Topic	Item	Responsible Agency
	Cost of all emergency medical services provided off site	
	Notify ICE 48 hours in advance of scheduled outside medical appointments for ICE detainees.	BOP
	Emergency medical or mental health treatment for ICE detainees, including initial on-site treatment, accompanying detainees to an emergent care facility, and supervision of detainees until ICE staff arrive to relieve BOP staff	
	Immediately notify ICE when emergency medical or mental health treatment is necessary for ICE detainees, not more than 72 hours after a detainee has received care.	
	Provide in-house healthcare for ICE detainees—defined as healthcare provided inside a BOP institution with the same scope as that afforded to BOP inmates and determined by BOP policies and clinical guidance.	
Death	Provide detailed information in the event of a detainee death to ICE, including taking postmortem photos and fingerprints, and investigative steps taken.	BOP
	Transfer deceased detainee property to ICE unless retained as evidence.	
	Costs related to a funeral or bedside visit when appropriate for an ICE detainee	ICE
	ICE detainee death notification	
	All costs associated with the death of an ICE detainee	
Release/Return	Costs related to the return of a transferred ICE detainee after lawful termination of confinement	ICE
	If the BOP rejects an ICE detainee, remove the detainee within 4 hours.	
	All costs associated with transporting an ICE detainee to and from BOP institutions	
Reimbursement	Reimburse the BOP for the full costs and expenses of each ICE detainee accepted and housed by the BOP, including a per diem rate and any costs incurred for overtime expenses or staff temporarily assigned to an institution.	ICE

Topic	Item	Responsible Agency
	Reimburse the BOP for direct and incidental costs, including postage for indigent ICE detainees; transportation and meals associated with hearings or legal proceedings; facility and security improvements, to include repair and renovations to accommodate the ICE population; interpreter and translation services; and any other applicable costs.	
Updates	Collect DNA samples from ICE detainees who have not had a sample collected by another federal law enforcement agency prior to incarceration.	BOP
	Follow all BOP procedures when present in BOP institutions.	ICE
	Costs, including all expenses for auditing of and compliance with ICE standards at all BOP locations where ICE detainees will be housed	

Appendix 5: The BOP's Response to the Draft Report

U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

October 7, 2026

MEMORANDUM FOR ALLISON RUSSO
ASSISTANT INSPECTOR GENERAL
EVALUATION AND INSPECTIONS

FROM: William K. Marshall III, Director

SUBJECT: Response to the Office of Inspector General's Draft Report: Inspection of the Federal Bureau of Prisons' Federal Correctional Institution (FCI) Berlin (A-2026-001)

The Federal Bureau of Prisons (BOP) appreciates the opportunity to formally respond to the Office of Inspector General's (OIG) draft report entitled Inspection of the Federal Bureau of Prisons' Federal Correctional Institution Berlin (the Report) and address the OIG's findings and recommendations.

The BOP understands the importance of the OIG's findings from the inspection performed at FCI Berlin and is committed to taking the necessary steps to rectify all identified compliance issues documented in the Report. The OIG concluded the Report with eight (8) recommendations, each identifying one of the compliance issues noted above. With the deployment of targeted resources and support from the Regional Office and BOP leadership, FCI Berlin has taken and will continue to take immediate and concerted action to address the issues identified in the Report. What follows is the BOP's response to each of the eight (8) recommendations offered by OIG at the conclusion of the Report. As noted below, FCI Berlin has already begun taking steps to address the issues identified in the Report and is fully committed to implementing all of the OIG's recommendations.

Recommendation 1: Ensure that sick call requests from all individuals in custody at FCI Berlin are appropriately documented in the Bureau Electronic Medical Records System.

BOP Response: The BOP concurs with this recommendation. FCI Berlin acknowledges the importance of ensuring that all sick call requests are properly documented in the Bureau Electronic Medical Records (BEMR) System.

Program Statement 6031.06, Patient Care, updated on June 22, 2026, specifies that each sick call is requested in person and must be triaged for urgency, documented in BEMR by a credentialed professional, and routinely tracked until the inmate is scheduled and evaluated by a health services provider.

Since the effective date of the new policy, inmates and detainees who request sick calls in person are evaluated at that time or scheduled for an appointment with a Mid-Level Practitioner if additional treatment is needed. Appointment times are based on the urgency of the medical issue. Both the sick call assessment and any scheduled appointments are documented in the inmate's electronic medical record on the day the sick call is received, in accordance with policy.

FCI Berlin is committed to full compliance with Program Statement 6031.06, including but not limited to ensuring electronic sick call tracking and documentation of appointments that stem from sick call requests.

Recommendation 2: Develop and implement a plan to ensure that sick call appointments are addressed by FCI Berlin's Health Services Department in a timeframe consistent with the BOP Patient Care policy.

BOP Response: The BOP concurs with this recommendation. As stated in response to Recommendation 1, the Program Statement for Patient Care was updated as of June 22, 2026, with new instructions for managing the sick call program.

The updated policy indicates all sick call requests must be submitted in person to the Medical Department, further explaining that inmates (and detainees) who present in person for a sick call are to be evaluated at the time of submission or scheduled for an appointment, depending upon the urgency and reason for sick call. Inmates presenting with urgent conditions will be assessed and treated by an appropriate provider expeditiously. Inmates presenting with non-urgent complaints will be assessed to determine stability, reassured, and scheduled for follow-up according to clinical indication or wait until the next scheduled Chronic Care Clinic.

FCI Berlin's Health Information Technician, along with the Mid-Level Practitioners, tracks the sick call appointments weekly to ensure follow-up appointments are conducted in accordance with policy.

Recommendation 3: Implement controls to ensure that FCI Berlin employees consistently follow BOP policy on securing potentially dangerous medical equipment and supplies.

BOP Response: The BOP concurs with this recommendation, and a plan to institute procedural controls is underway to ensure BER employees consistently follow BOP policy on securing potentially dangerous medical equipment and supplies.

Specifically, a security work request has been submitted to the Security Officer for the installation of an appropriate locking device on the cabinet. Additionally, a request has been

submitted to the Safety Administrator to conduct an inspection of the cabinet to verify the suitability of the materials stored within and to implement a bin card, if deemed necessary.

Upon completion of the Safety Administrator's inspection, tracking mechanisms will be implemented to ensure the corrective action is consistently effective in securing the potentially dangerous medical equipment, which, includes securing and accounting for each item in the cabinet in accordance with policy.

Recommendation 4: Ensure that FCI Berlin follows the BOP Health Services Division policy on Health Services Department inmate workers by implementing a plan to more closely supervise all inmate workers in the department.

BOP Response: The BOP concurs with recommendation 4 and agrees that supervision of inmate workers in Health Services is essential to ensuring staff and inmate safety.

FCI Berlin will ensure full compliance with the BOP Health Services Division policy regarding inmate workers through the implementation of a Structured Supervision Oversight Plan. This plan will be administered by the Health Services Administrator, or designee, and will require routine accountability checks of both inmate workers and the staff responsible for their supervision to verify adherence to applicable Health Services Division policies.

Supervision spot checks will be conducted at least once per shift by a supervising member of Health Services or by the Lieutenant's Office. All accountability checks will be recorded on a log to document any noted issues, corrective actions taken, and compliance trends over time. The Associate Warden for Health Services will review and sign the log on a weekly basis, certifying that the required accountability checks have been completed and that any identified concerns have been addressed.

These expectations will be communicated to staff during an upcoming Health Services Department meeting, and a follow-up email will be distributed to all Health Services personnel outlining their responsibilities related to the supervision of inmates assigned to Health Services work details. Staff will acknowledge, in writing, their understanding of these supervision requirements and of the implementation of the oversight plan.

Recommendation 5: Review and update existing FCI Berlin post orders to (a) clarify expectations for Correctional Officers to conduct and document "random and irregular rounds" in general population units, including Immigration and Customs Enforcement detainee housing units, and (b) require supervisory review of rounds documentation to ensure that rounds are conducted.

BOP Response: The BOP concurs that FCI Berlin should review post orders to ensure the expectation of how to conduct rounds in General Population (GP) housing units is clear and consistent. Historically, the expectation to conduct and document these rounds is covered in the training course "Logs, Memos & Incident Reports" taught during Introduction to Correctional Techniques (Phase I). Currently, in General Population during normal operations, only a single

entry in TRUSCOPE is required to document "intermittent rounds conducted periodically throughout the shift."

Frequent supervisory reviews of rounds are conducted at FCI Berlin, and the institutional supplement states that these reviews should occur daily either by Lieutenants and/or other department supervisors. Documented proof of round occurrences is sent to the Captain for review.

Below are the specific requirements for rounds noted for GP during periods of lockdown or modified operations, and in GP during normal operations:

- **GP Lockdown and Modified Operations**: During lockdowns and modified operations when general population inmates are secured in their cells, including inmates pending placement in the Special Housing Unit, housing unit officers must observe each inmate once per hour, not to exceed 60 minutes in between rounds, and the rounds must be documented electronically in the TRUSCOPE program.

- **GP Normal Operations**: Unit officers should conduct "intermittent rounds conducted periodically throughout the shift" in GP during normal operations. Documentation of normal operation unit rounds is to occur once in TRUSCOPE.

While the above-referenced distinct rounds are defined in both national Program Statements and FCI Berlin's Institution Supplement, FCI Berlin is currently reviewing all applicable post orders to ensure they clearly define expectations for Correctional Officers. Updates to post orders will include explicit guidance on required frequency, documentation standards, and procedures for reporting any deviations. In addition, the updates will provide clarity on the differences between rounds performed in SHU, GP during normal operations, and GP during lockdown or modified operations.

Additionally, supervisory staff will be required to routinely review round documentation to verify compliance and address any deficiencies promptly. These measures will enhance consistency, accountability, and adherence to policy.

Recommendation 6: Clarify with relevant Immigration and Customs Enforcement officials the appropriate procedures for informing detainees how to report sexual misconduct, and ensure that those procedures are followed at FCI Berlin.

BOP Response: The BOP concurs with this recommendation. FCI Berlin agrees that clear procedures for reporting sexual misconduct within a BOP facility are essential for ensuring detainee safety and for maintaining compliance with the legally mandated PREA standards.

The PREA standards differ slightly for an ICE detention center versus a BOP federal prison; however, when an ICE detainee is housed at a BOP facility, the standards that apply to the detainee in terms of reporting sexual misconduct are the same as those of a BOP inmate at that institution.

As corrective action to prevent any confusion regarding detainee reporting procedures, the institution will coordinate with the appropriate Immigration and Customs Enforcement (ICE) officials to ensure that the processes for informing detainees on how to report sexual misconduct are clearly defined, consistently communicated, and fully implemented. Staff at FCI Berlin will receive training to reinforce that both the method of conveying reporting information and the reporting mechanisms available to ICE detainees housed in federal facilities are the same as those provided to inmates in federal custody.

Recommendation 7: Ensure that FCI Berlin continues to improve the detection and removal of contraband in housing units and takes steps to ensure that employees remain vigilant to detect and deter the introduction of contraband.

BOP Response: The BOP concurs with this recommendation. FCI Berlin remains committed to enhancing the detection and removal of contraband in all housing units.

In June 2026, FCI Berlin implemented property-reduction measures to decrease the amount of excess personal property retained by inmates, which has already improved staff's ability to identify and remove contraband more efficiently.

Specifically, inmates were provided advance notice of the property reduction initiative, including detailed expectations regarding allowable property limits and proper storage locations within the cells. They were afforded the opportunity to send home any items exceeding those limits, with a deadline of June 15, 2026. On June 15, staff conducted a systematic, cell-by-cell review to ensure all personal property either fit within the assigned locker or was stored appropriately in designated areas. Any items not properly stored were confiscated, and inmates were issued confiscated property forms. Executive Staff and Department Heads have continued to perform weekly sanitation rounds to ensure ongoing compliance with property and storage requirements.

FCI Berlin utilizes the portable "Cellsense Plus MK-5" metal detector and RF detector technology during the removal of inmates prior to the mass search of a housing unit. Additionally, the use of the portable "Yorkie" RF/cellphone detection device is implemented when suspicion and/or actionable intelligence is obtained regarding contraband cellphones.

FCI Berlin reviews and photocopies all general inmate mail, both the document and the envelope. This includes all photographs (not from an approved vendor) and post/greeting cards, prior to releasing them to inmates. Legal mail is reviewed and vetted through the Special Investigative Services office, prior to releasing it to inmates.

FCI Berlin's Human Resource Department emails a copy of Program Statement 3420.14, Standards of Employee Conduct, to all staff, annually. Each staff member is required to sign a document stating they reviewed and received the Program Statement. Additionally, a refresher course on "Standards of Employee Conduct" is taught to all staff each year during Annual Training, reinforcing staff accountability and vigilance.

Recommendation 8: Ensure that FCI Berlin conducts employee random pat searches fully in accordance with BOP policy requirements, including those governing the

frequency and timing of the searches to be conducted across all shifts.

BOP Response: The BOP concurs with this recommendation. FCI Berlin remains committed to strengthening contraband interdiction efforts and ensuring staff vigilance.

Recently, guidance was issued to all Department Heads directing them to conduct and document, via form BP-A0991 Random Pat Search (Employee), staff pat searches during their Institution Duty Officer (IDO) tours. The IDO will conduct no less than ten searches during each tour of duty. This measure reinforces staff awareness, increases search frequency, and enhances overall deterrence of contraband introduction. The Executive Assistant will receive and review all IDO reports for compliance with this new guidance and will retain relevant documentation.

FCI Berlin will continue to review and refine search procedures, provide ongoing staff reinforcement, and ensure supervisors monitor compliance to maintain a secure and contraband-free environment.

Appendix 6: OIG Analysis of the BOP's Response

The OIG provided a draft of this report to the BOP for its comment. The BOP's response is included in Appendix 5 to this report.

In its response, the BOP concurred with all of our recommendations in this report and stated that it understands the importance of our findings. The BOP stated that it will continue to take action to address the issues identified in the report, with the deployment of targeted resources and support from BOP regional officials and leadership. Lastly, the BOP stated that FCI Berlin has already begun taking steps to address the issues identified in the report.

We will monitor the BOP's efforts to remedy the issues identified at FCI Berlin as part of our oversight of the BOP's corrective actions to address both the specific issues addressed in the recommendations and the systemic issues identified in our prior work. The OIG's analysis of the BOP's response and the actions necessary to close the recommendations are discussed below. Please respond to all recommendations by January 13, 2027.

Recommendation 1

Ensure that sick call requests from all individuals in custody at FCI Berlin are appropriately documented in the Bureau Electronic Medical Records System.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP stated that its Patient Care policy, updated on June 22, 2026, specifies that each sick call is requested in person and must be triaged for urgency, documented in the Bureau Electronic Medical Records System (BEMR) by a credentialed professional, and routinely tracked until the inmate is scheduled and evaluated by a health services provider. In addition, the BOP stated that since the effective date of the new policy inmates and detainees who request sick calls in person are evaluated at that time or scheduled for an appointment with a mid-level practitioner if additional treatment is needed, and that appointment times are based on the urgency of the medical issue. Furthermore, the BOP stated that the sick call assessment and any scheduled appointments are documented in the inmate's electronic medical record on the day the sick call is received, in accordance with policy. Lastly, the BOP stated that it is committed to complying with the Patient Care policy and ensuring electronic sick call tracking and documentation of appointments.

OIG Analysis: The BOP's actions are responsive to this recommendation. To close this recommendation, please provide evidence that sick call requests from both BOP inmates and U.S. Immigration and Customs Enforcement (ICE) detainees are being appropriately and consistently documented in BEMR. Also, describe how FCI Berlin will ensure that clinical personnel are appropriately documenting sick call requests from all individuals in BEMR.

Recommendation 2

Develop and implement a plan to ensure that sick call appointments are addressed by FCI Berlin's Health Services Department in a timeframe consistent with the BOP Patient Care policy.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP stated that it updated the Patient Care policy, which governs the sick call program, as of June 22, 2026, with new instructions for managing the sick call program. The BOP stated that the updated policy indicates that all sick call requests must be submitted in person to the medical department and that inmates and detainees who present in person for a sick call are to be evaluated at the time of submission or scheduled for an appointment, depending upon the urgency and reason for sick call. In addition, inmates presenting with urgent conditions will be assessed and treated by an appropriate provider expeditiously and inmates presenting with non-urgent complaints will be assessed and scheduled for follow-up according to clinical indication or will wait until the next scheduled Chronic Care Clinic. Lastly, the BOP reported that FCI Berlin's Health Information Technician and the mid-level practitioners track the sick call appointments weekly to ensure that follow-up appointments are conducted in accordance with policy.

OIG Analysis: The BOP's actions are partially responsive to this recommendation. The BOP reported that Health Services employees track sick call appointments weekly to ensure that follow-up appointments are conducted in accordance with policy. However, the BOP did not provide evidence showing this tracking process and how Health Services employees are ensuring that sick call appointments are being addressed in a timeframe consistent with the Patient Care policy. Please provide documentation demonstrating how FCI Berlin Health Services employees track sick call appointments to ensure timely completion, as well as evidence of an implemented plan to ensure that sick call appointments are addressed within timeframes consistent with policy.

Recommendation 3

Implement controls to ensure that FCI Berlin employees consistently follow BOP policy on securing potentially dangerous medical equipment and supplies.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP reported that it is implementing a plan to institute procedural controls to ensure that FCI Berlin employees consistently follow BOP policy on securing potentially dangerous medical equipment and supplies and that the institution submitted a security work request to install an appropriate locking device on a cabinet where concerns were identified. In addition, the BOP stated that the Safety Administrator would inspect the cabinet to verify the suitability of the materials stored within the cabinet and to implement additional measures, if deemed necessary. Upon completion of the Safety Administrator's inspection, according to the BOP, it will implement tracking mechanisms to ensure that the corrective action is consistently effective in securing the potentially dangerous medical equipment, including securing and accounting for each item in the cabinet in accordance with policy.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide the results of the Safety Administrator's inspection, as well as information on any corrective actions taken to secure potentially dangerous medical equipment and supplies, including those resulting from the inspection. In addition, please provide photographic evidence of the locking devices that were installed and evidence of the tracking mechanisms used to ensure the efficacy of corrective actions that the BOP has implemented.

Recommendation 4

Ensure that FCI Berlin follows the BOP Health Services Division policy on Health Services Department inmate workers by implementing a plan to more closely supervise all inmate workers in the department.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP reported that it will implement a Structured Supervision Oversight Plan administered by the Health Services Administrator or designee. Under this plan, employees will conduct routine accountability checks of both inmate workers and the employee responsible for their supervision to verify adherence with Health Services Division policies. At least once per shift, a supervising member of the Health Services Department or a representative from the Lieutenant's Office will conduct a supervision spot check. The BOP stated that all accountability checks will be documented in a log that conveys the issues, corrective actions taken, and compliance trends over time. According to the BOP, the Associate Warden for the Health Services Department will review and sign the log on a weekly basis, certifying that the required accountability checks have been completed and that any identified concerns have been addressed. The BOP reported that these expectations will be communicated to employees during an upcoming Health Services Department meeting and a follow-up email will be distributed to all Health Services personnel outlining their responsibilities related to the supervision of inmates assigned to Health Services work details. Finally, the BOP stated that employees will provide written acknowledgment that they understand these supervision requirements and the implementation of the oversight plan.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide (1) a copy of the Structured Supervision Oversight Plan, (2) example copies of the accountability check logs and evidence of their review by a local leadership official, and (3) records of any communication to Health Services personnel outlining their responsibilities with respect to inmate worker supervision, along with employee acknowledgments thereof.

Recommendation 5

Review and update existing FCI Berlin post orders to (a) clarify expectations for Correctional Officers to conduct and document "random and irregular rounds" in general population units, including Immigration and Customs Enforcement detainee housing units, and (b) require supervisory review of rounds documentation to ensure that rounds are conducted.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP stated that expectations for conducting and documenting rounds are addressed in Introduction to Correctional Techniques training and that in general population units during normal operations only a single entry in its correctional management system is required to document "intermittent rounds conducted periodically throughout the shift." The BOP stated that at FCI Berlin supervisors frequently review employee rounds, which the institutional supplement specifies should occur daily, and that documentation of completed rounds is sent to the Captain for review. The BOP reported that FCI Berlin is reviewing and updating all applicable post orders to clearly define round frequency, documentation standards, and procedures for reporting deviations, including distinctions

between the Special Housing Unit (SHU), general population during normal operations, and general population during modified operations or lockdowns. Finally, the BOP reported that supervisory employees at FCI Berlin will be required to routinely review round documentation to verify compliance and address deficiencies.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide FCI Berlin's updated post orders that include explicit guidance on required frequency and documentation standards for rounds, procedures for reporting any deviations, and clarity on the differences between SHU and general population rounds (including in ICE detainee housing units) during different operating statuses. In addition, please provide documentation of routine supervisory review of round documentation after the new post orders are in place.

Recommendation 6

Clarify with relevant Immigration and Customs Enforcement officials the appropriate procedures for informing detainees how to report sexual misconduct, and ensure that those procedures are followed at FCI Berlin.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP stated that the Prison Rape Elimination Act standards for an ICE detention center and a BOP federal prison are different but that, when an ICE detainee is housed at a BOP institution, the sexual misconduct reporting standards that apply to the detainees are the same as those that apply to BOP inmates. The BOP reported that FCI Berlin will coordinate with the appropriate ICE officials to ensure that the processes for informing detainees on how to report sexual misconduct are clearly defined, consistently communicated, and fully implemented. Lastly, the BOP stated that FCI Berlin employees will receive training to reinforce that both the method of conveying reporting information and the reporting mechanisms available to ICE detainees housed in federal institutions are the same as those provided to inmates in BOP custody.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide documentation of communication and coordination with the relevant ICE officials and documentation demonstrating that FCI Berlin employees received training on ICE detainee sexual misconduct reporting mechanisms.

Recommendation 7

Ensure that FCI Berlin continues to improve the detection and removal of contraband in housing units and takes steps to ensure that employees remain vigilant to detect and deter the introduction of contraband.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. It reported that in June 2026 FCI Berlin implemented property-reduction measures to decrease the amount of excess personal property retained by inmates. The BOP stated that inmates received advance notice of the allowable property limits and storage locations and were given the opportunity to send home items exceeding those limits. The BOP further

reported that on June 15, 2026, FCI Berlin employees conducted a systematic, cell-by-cell review to ensure that all personal property fit within lockers or designated storage areas; improperly stored items were confiscated. Further, institution leadership conducts weekly sanitation rounds to ensure ongoing compliance.

The BOP also reported that FCI Berlin uses metal and radio frequency detectors prior to a mass search and deploys cell phone detection devices to locate contraband cell phones. Additionally, the BOP stated that FCI Berlin reviews and photocopies all general inmate mail, including all postcards and any photographs that are not from an approved vendor, before releasing it to inmates. Legal mail is reviewed and vetted through the Special Investigative Services prior to releasing it to inmates.

Finally, the BOP reported that FCI Berlin's Human Resource Department emails the Standards of Employee Conduct policy to all employees annually, requires employees to provide signatures acknowledging receipt and review of these standards, and provides an annual refresher course on "Standards of Employee Conduct" during Annual Training to reinforce staff accountability and vigilance.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide documentation of the cell-by-cell review conducted on June 15, 2026, including any findings and corrective actions stemming from the review. Please also provide records of the weekly sanitation rounds conducted by institution leadership for the period between the issuance of this report and the BOP's next resolution status update. Lastly, provide a status update on the institution's inoperable pallet x-ray machine.

Recommendation 8

Ensure that FCI Berlin conducts employee random pat searches fully in accordance with BOP policy requirements, including those governing the frequency and timing of the searches to be conducted across all shifts.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP reported that it has issued guidance to all department heads directing them to conduct and document employee pat searches (via form BP-A0991, Random Pat Search) during their Institution Duty Officer (IDO) tours. The BOP stated that the IDO will conduct no less than 10 pat searches during each tour of duty. In addition, the BOP stated that the Executive Assistant will receive and review all IDO reports to ensure compliance with this guidance and will retain relevant documentation. Lastly, the BOP stated that FCI Berlin will continue to review and refine its search procedures, provide ongoing reinforcement for employees, and ensure that supervisors monitor compliance to maintain a secure and contraband-free environment.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide the Employee BP-A0991 Random Pat Search forms for the period between the issuance of this report and the BOP's next resolution status update. Please also provide documentation demonstrating Executive Assistant review of all IDO reports for compliance for this same period.