Inspection of the Federal Bureau of Prisons' Federal Detention Center SeaTac

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EVALUATION AND INSPECTIONS DIVISION

25-081

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Executive Summary

The DOJ OIG's Inspections Program

Between Monday, December 9, and Thursday, December 12, 2024, the U.S. Department of Justice (DOJ) Office of the Inspector General (OIG) conducted an unannounced, on-site inspection of Federal Detention Center (FDC) SeaTac in Seattle, Washington. FDCs tend to have a more transient population, as they can house inmates awaiting trial, sentencing, or assignment to another institution; this is our first inspection of an FDC.

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 13 BOP institutions. The OIG previously published the results of its completed inspections of Federal Correctional Institution (FCI) Waseca, FCI Tallahassee, FCI Sheridan, FCI Lewisburg, Federal Medical Center (FMC) Devens, and six institutions that were simultaneously inspected to assess food service administration.

Our inspection work is consistent with the Federal Prison Oversight Act (FPOA), which requires the OIG to conduct periodic inspections of BOP facilities based on the OIG's assessment of risk. In accordance with the FPOA's requirements, we are reporting the findings from our inspection of FDC SeaTac, and our recommendations to the BOP that derived from this inspection, publicly and to the U.S. Congress.

Our unannounced inspection of FDC SeaTac identified serious issues with provision of inmate healthcare, institution-wide staffing, and contraband interdiction. We were especially concerned by the healthcare situation, which was appropriately described to us by the institution's Health Services Department leadership as a "crisis." At the time of our inspection, 10 of 20 Health Services Department positions were vacant, including the Clinical Director position (which had been vacant for at least 18 months). Moreover, based on the BOP's own staffing projection tool, the institution appears to require a doubling in the size of its Health Services Department—from an authorized level of 20 positions to 40 positions—to meet its healthcare needs.

In addition to staffing, the serious healthcare issues we identified included delays in treating both routine and serious inmate health conditions, a backlog of laboratory orders affecting FDC SeaTac's ability to monitor inmates with chronic conditions, a lack of preventive healthcare screenings, delays in health intake screenings, unsafe medication management and administration practices, and unsanitary and disorganized conditions in the Health Services Department.

FDC SeaTac Health Services Department leadership told us that the health services staffing crisis meant that they had to prioritize the provision of emergency care to inmates, and we identified extensive delays in care for both routine and serious health concerns. For example, we identified concerns with FDC SeaTac's ability to provide medical care to inmates who submit medical care requests. We selected a sample of 29 medical requests that appeared to be among the most serious, including for respiratory distress and severe pain, and found that 62 percent (18 of 29) were never addressed by a healthcare provider. We also determined that FDC SeaTac was unable to provide timely outside medical appointments for inmates with conditions that could not be addressed at the institution.

Another consequence of the healthcare staffing shortage was the inability to complete blood tests due to the lack of a phlebotomist to draw blood. As of November 2024, FDC SeaTac had a backlog of 480 blood draw orders that were more than 30 days past due. Health Services Department employees told us that without blood test results they could not appropriately monitor the health of inmates with chronic conditions, such as diabetes, or

diagnose new illnesses. For example, more than half of diabetic inmates whose records we reviewed had not received necessary diabetic testing within recommended time frames.

We also found that FDC SeaTac was not consistently providing preventive healthcare screenings. We found that none of the 23 inmates who were over age 50 at FDC SeaTac at the time of our inspection had received a BOP-recommended cognitive impairment screening. Further, 82 percent of inmates age 45 to 75 at average risk for colorectal cancer (CRC) had not yet been offered a BOP-recommended annual screening while at FDC SeaTac. This finding mirrors the OIG's findings in the broader evaluation of the BOP's CRC screening practices and follow-up, which found that across the BOP less than two-thirds of average-risk inmates were offered a CRC screening.

Another effect of the shortage of healthcare providers was FDC SeaTac's inability to conduct health intake screenings within 24 hours of an inmate's arrival, as required by BOP policy. In close to 30 percent (108 of 368) of the cases we reviewed, health intake screening did not occur within 24 hours, and nearly half of these 108 inmates did not receive screening until more than a week after arrival; further, two of these inmates were not screened for more than 100 days after arrival. Delays in health intake screenings can cause conditions to go undetected, increase the risk that otherwise addressable conditions become medical emergencies, and potentially allow for the spread of communicable diseases across an institution. Additionally, only 38 percent (29 of 77) of female inmates received a required pregnancy test during their initial health intake screening. Identifying inmate pregnancy at intake is important because it allows the BOP to provide necessary prenatal care and eliminate any issue about whether the inmate became pregnant while in federal custody.

We also observed several unsafe medication administration and management practices that could cause medication administration errors and adverse medical reactions. Additionally, during our inspection of several Health Services Department areas, we observed unsanitary and disorganized conditions that undermined the quality of healthcare at FDC SeaTac and posed risks to both employees and inmates.

Upon completion of the inspection, we immediately reported our serious healthcare concerns to BOP leadership and the Deputy Attorney General. In response, the BOP sent a team composed of Regional Office and Central Office medical experts to provide support to FDC SeaTac in December 2024 and January 2025. In conjunction with this support, the BOP also conducted a multidivisional assessment of FDC SeaTac's health services operations and needs. While this surge of support helped to address some of the immediate healthcare issues facing FDC SeaTac, until the institution addresses its significant healthcare resource issue these challenges will remain.

Separately, our inspection identified several issues that affected the safety and security of the institution. Specifically, at the time of our inspection, the Correctional Services Department was staffed at only 69 percent of its authorized complement (86 of 124 positions filled). Further, our review of security camera footage showed that Correctional Officers did not consistently complete required inmate-monitoring rounds. Failure to complete these rounds can increase the risk of inmate self-harm, violence toward employees or other inmates, and other illicit activities. We also found that FDC SeaTac employees did not conduct random pat searches of employees across all shifts and exempted visiting attorneys entering the institution from pat searches and other security measures required by BOP policy. These security measures are designed to mitigate the risk that illegal drugs and other dangerous contraband are introduced into the institution. In this report, we make 11 recommendations to the BOP to ensure effective operations at FDC SeaTac and safe conditions of confinement for the inmates housed there.

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Introduction

This report details the results of the U.S. Department of Justice (DOJ, Department) Office of the Inspector General's (OIG) unannounced inspection of a Federal Bureau of Prisons (BOP) prison, Federal Detention Center (FDC) SeaTac, located in Seattle, Washington.

The OIG conducted its inspection of FDC SeaTac between Monday, December 9, and Thursday, December 12, 2024. While on site, we made physical observations; interviewed employees and inmates; reviewed security camera footage; and collected records related to inmate medical and mental healthcare, institution staffing levels, conditions of confinement, camera and radio functions, completion of rounds, search and screening procedures, and facilities management. We also made follow-up requests for additional data, interviews, and documents from the institution, the BOP's Western 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).

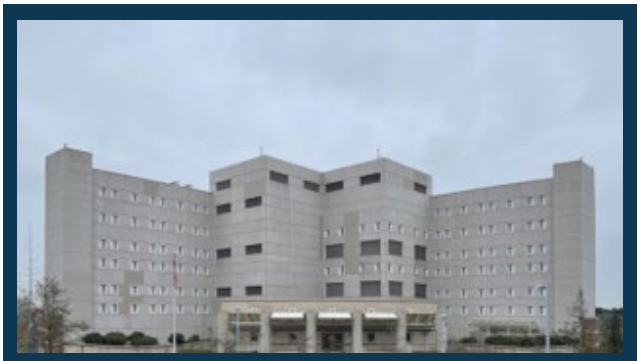
Federal Prison Oversight Act

The Federal Prison Oversight Act (FPOA) was signed into law on July 25, 2024, and 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) (codified at 5 U.S.C. § 101 (note))

FDC SeaTac Institution Profile

FDC SeaTac is located in the BOP's Western Region and is an administrative-security FDC housing both female and male inmates. As an administrative-security institution, FDC SeaTac is responsible for the custody of inmates of all security levels. As a detention center, FDC SeaTac houses pretrial and holdover inmates, as well as inmates who are assigned permanently to the institution. In general, pretrial inmates are legally detained and either awaiting or undergoing a criminal trial; holdover inmates have been convicted of a crime and may be awaiting sentencing or assignment to another federal institution. Due to the composition of FDC populations, the number of inmates at FDCs such as SeaTac may fluctuate more than at other BOP institutions because, in general, pretrial and holdover inmates stay for shorter periods of time compared to inmates permanently assigned to an institution.



FDC SeaTac Main Entrance

Source: OIG, December 2024

As of December 9, 2024, FDC SeaTac housed 660 inmates, about 66 percent of its physical capacity of 1,004. It has 10 general population housing units and two Special Housing Units (SHU); within these units, male and female inmates are housed separately. The general population housing units have one or two floors with double-occupancy cells and a communal area for showers and recreation. Typically, each general population cell contains bunk beds, a sink, and a toilet. The SHUs typically contain double-occupancy cells with a shower, sink, and toilet and house inmates who need to be separated from the general population.

Inmates assigned to a SHU remain locked in their cells except when they are escorted to recreation areas, medical appointments, visitation, or the law library.

Like many BOP institutions experiencing issues recruiting and retaining employees, FDC SeaTac was struggling to maintain a staffing complement consistent with the BOP's determination of the needs of the institution. At the time of our inspection, FDC SeaTac had 193 of its 253 total authorized positions filled (76 percent). Most notably, the Health Services Department, which provides medical care to inmates, was staffed at 50 percent and the Correctional Services Department, which is responsible for inmate supervision, was staffed at 69 percent. We detail our findings related to staffing shortages in the Inspection Results.

FDC SeaTac: Institution Profile

Location
Seattle, WA

Medical Care Level
2 of 4

Mental Health Care Level
2 of 4

Employees
Total Positions: 253
On Board: 193
60 Vacancies

Population
Physical Capacity:
1,004
Total Actual Headcount:
660
Male Inmates:
544
Female Inmates:
116
66% Capacity

Security Level
Administrative

Housing Units
10 General Population Units and 2 SHUs

Note: In January 2024, the BOP's Western Regional Office temporarily reduced the number of inmates who could be housed at FDC SeaTac from the total rated capacity of 1,004 inmates to an adjusted ceiling of 756.

Source: FDC SeaTac documentation. Employee totals are as of December 1, 2024; inmate totals are as of December 9, 2024.

Inspection Results

Inmate Healthcare

Our unannounced inspection of FDC SeaTac identified numerous serious issues with the provision of inmate healthcare. Many of these issues stemmed from what Health Services Department leadership described as a staffing crisis. At the time of our inspection, half of FDC SeaTac's authorized Health Services positions were vacant and only 10 employees were available to perform duties that the BOP estimated would be appropriate for a staff of 40. We found that the severe staffing shortage in FDC SeaTac's Health Services Department was a significant driver for many of the other issues that we identified regarding the provision of inmate healthcare. According to FDC SeaTac Health Services Department leadership, the institution had to prioritize the provision of emergency care to inmates, and we identified extensive delays in care for both routine and serious health concerns. Without dedicated personnel to conduct bloodwork, for example, FDC SeaTac accumulated a backlog of hundreds of laboratory orders, which impaired diagnosis and management of some inmates' chronic medical conditions. We found that the short-staffed Health Services Department also was largely unable to meet inmates' preventive healthcare screening needs or conduct health intake screenings appropriately, and Health Services Department leadership acknowledged challenges in providing both routine and preventive healthcare at FDC SeaTac. In addition, we observed unsafe medication management and administration practices, as well as unsanitary and disorganized conditions throughout the Health Services Department. Collectively, the healthcare available to these inmates in federal custody was unacceptable and created risks of undetected illness, worsening of medical conditions, adverse medication effects, and spread of disease to employees or other inmates.

Upon completion of the on-site portion of the inspection, we immediately reported our serious healthcare concerns to BOP leadership and the Deputy Attorney General. In response, the BOP sent a team composed of Central Office (headquarters) and Regional Office medical experts to provide support to FDC SeaTac in December 2024 and January 2025. In conjunction with this surge personnel support, the BOP conducted a multidivisional assessment of FDC SeaTac's Health Services Department operations and needs. In its report, the BOP's assessment team acknowledged that FDC SeaTac's Health Services Department staffing level was a crisis and recommended that the BOP: (1) evaluate staffing levels to address insufficient numbers of clinical and nonclinical employees, (2) prioritize increased recruitment for vacant Health Services Department positions, (3) improve communication between the Health Services Department and FDC SeaTac Executive Leadership, and (4) expand telehealth capabilities at the institution.

Below, we provide details on the areas of concern that our inspection work revealed, as well as additional recommendations for actions that we believe are necessary to address the deficiencies we identified in FDC SeaTac's provision of inmate healthcare.

Health Services Department Staffing Challenges

At the time of our inspection, FDC SeaTac's Health Services Department was severely understaffed, with only 10 of 20 authorized positions filled. Notably, the Clinical Director position had been vacant for at least 18 months, only three of nine nursing positions were filled, and only one of the two pharmacist positions was filled. FDC SeaTac Executive Leadership acknowledged the severe staffing shortages in the Health Services Department, with Health Services Department leadership calling the situation a "crisis" and stating that the institution generally prioritizes emergency care over other healthcare needs.

As of November 2024, the BOP's staffing projection tool calculated that FDC SeaTac's Health Services Department needed 40 positions—double its existing authorization—to effectively execute its mission. The Warden at FDC SeaTac agreed that, in addition to filling all of the Health Services Department's authorized positions, having more Health Services employees would better position FDC SeaTac to effectively provide the necessary level of healthcare for inmates. Drivers of the healthcare staffing shortages at FDC SeaTac have included a high cost of living and the availability of better-paying jobs across the state of Washington. According to the Department of Labor, the average salary of nursing positions in the Seattle-Tacoma area is $174,048 and the average physician position salary is $272,314. However, both the average nursing position and physician position salaries at FDC SeaTac are less than the surrounding area. Specifically, nursing positions at FDC SeaTac earn an average salary of $98,589 while physician positions at the institution earn an average salary of $268,732. Unlike nurses and physicians in non-correctional settings, all healthcare employees at FDC SeaTac must undergo law enforcement training, which includes a physical fitness test and medical screening, and Correctional Officer training; these requirements may deter or disqualify otherwise qualified applicants.

As noted above, the OIG raised the issue of critical healthcare staffing shortages and related consequences with BOP and Department leadership and shortly after our inspection the BOP sent surge personnel to temporarily fulfill healthcare functions at FDC SeaTac. While this surge of support resulted in a plan of action to help address some of the immediate healthcare issues, we remain concerned that the institution will not be able to provide healthcare consistent with BOP and community standards until it addresses its healthcare staffing shortages. We encourage the BOP to continue its efforts to address the recommendations of the BOP Regional and Central Office medical experts who visited the institution following our inspection, particularly in the area of recruiting.

Relevant Prior OIG Work: BOP Medical Staffing Challenges

In a March 2016 report that evaluated the BOP's medical staffing challenges, the OIG 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; at that time, 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 for more information about these reports.

We note that the One Big Beautiful Act (Pub. L. No. 119-21), signed into law on July 4, 2025, has made available to the BOP $3 billion to hire and train new employees, including medical employees, and to fund salaries and benefits of current employees. The OIG intends to conduct oversight of how the BOP uses these funds.

Delays in Treating Both Routine and Serious Health Conditions

We identified concerning delays in the provision of healthcare to inmates for issues both routine and serious in nature due in significant part to low staffing in the Health Services Department. In addition, our inspection found that FDC SeaTac was inconsistently tracking inmate requests for healthcare, in violation of BOP policy, which impaired its ability to identify all inmates who were awaiting care. We also found that it was not unusual for inmates who requested medical care for routine and serious health complaints to wait several months before seeing a medical provider at FDC SeaTac. Inmates who required nonemergency medical treatment from an outside medical provider experienced additional delays throughout the process of completing a medical appointment with a community-based provider.

Inmate Case Study: Delays in Accessing Medical Care After Multiple Sick Call Requests

We reviewed the medical records of an inmate with an abdominal hernia approximately the size of a basketball. While on site, we observed this inmate and immediately expressed our concerns to the physician, who then promptly evaluated the inmate. Concerningly, this evaluation took place nearly 4 months after the inmate's initial physical examination, during which the inmate reported increased abdominal pain and swelling. The BOP reported that it did not have any records of sick call requests for this condition; however, the inmate told us that they previously submitted multiple sick call requests without being seen by a medical provider.

After the inmate saw the FDC SeaTac medical provider, the inmate waited an additional 6 days to see an outside medical provider for the untreated hernia. When the inmate finally saw the outside medical provider, the provider determined that they were not properly equipped to treat a hernia of this size and complexity and that it would most likely require extensive abdominal wall reconstruction surgery. We note that this inmate was released from BOP custody before additional medical care could be provided.

We find this specific case troubling, given that untreated hernias can quickly progress and rupture inside the abdomen, potentially causing life-threatening conditions that require immediate emergency medical care.

Source: OIG observations and analysis of BOP medical records

Unaddressed Sick Call Requests Delaying Inmate Healthcare

Inmates generally may request medical care by submitting a paper or electronic form, known as a "sick call request." At the time of our inspection, we identified breakdowns in FDC SeaTac's ability to track and maintain accountability for these inmate requests. Although BOP policy dictates that all medical processes—including sick call requests, patient care, treatment, and services—be logged and tracked in the Bureau Electronic Medical Records System (BEMR), Health Services Department employees did not log all such requests. Specifically, we learned through discussions with employees that some paper sick call request forms were never entered into BEMR and were not retained. Additionally, a Health Services Department employee said that some electronic sick call request forms were stored on a local computer rather than being entered into BEMR. These inconsistent and decentralized approaches made it impossible for the BOP or the OIG to: (1) reliably determine how many inmates had submitted requests for medical care and (2) identify whether all inmates who had made such requests had already received care or were still waiting to be seen by a healthcare provider. Several inmates told us that they had submitted multiple sick call requests without receiving a response from the Health Services Department, and many shared that they had experienced difficulty receiving medical care for both routine and serious conditions.

Among the sick call requests that the Health Services Department did upload to BEMR, we found that the department was inconsistent and at times delinquent both in addressing the requests for care and in accurately tracking the actions it had taken in response to medical concerns. Specifically, when we reviewed

the inmate sick call requests that were documented in BEMR between December 2022 and December 2024, we found that 168 inmate sick call requests were labeled to indicate that the requesting inmate had not been seen by a provider and we identified several examples of what appeared to be very old and unaddressed requests. When we reviewed a sample of individual inmate medical records, we found that some of these designations were inaccurate, as the inmate had ultimately been seen by a provider; others showed no evidence of follow-up with a provider.

Specifically, we scrutinized 29 of the total 168 inmate sick call requests made during our period of review, some of which derived from the same requesting individual. We selected the most serious complaints, such as respiratory illness, sexually transmitted infections, and severe pain. According to BEMR documentation, the majority of these 29 requests were submitted in 2024, but 2 were submitted in 2023, and 1 dated back to 2022. For 11 of these 29 sick call requests the inmate ultimately saw a healthcare provider, although we found that it took an average of 2.4 months from the initial sick call request to the date the inmate was ultimately seen. During the interim, the inmates could not complete diagnostic tests and did not receive medication or treatment for the medical and mental health conditions for which they had requested medical attention.

For the remaining 18 of the 29 (62 percent) serious sick call requests that were pending in BEMR at the time of our inspection, there was no evidence available as of January 2025 that the inmates who made these requests had been seen by a healthcare provider to address their medical complaint. BOP policy states that, ordinarily, inmates with sick call requests to address routine complaints should be evaluated by a medical provider within 2 weeks while inmates with more serious medical complaints should be evaluated more promptly. As described above, our analysis showed that, for those inmates who had seen a provider, FDC SeaTac was unable to adhere to the BOP's prescribed timeliness guidelines. Moreover, we found that the 18 sick call requests that remained unaddressed at the time of our inspection were on average 5 months old. The oldest unaddressed sick call request was nearly a year old and contained complaints about a respiratory illness and an unidentified preexisting disorder; however, we did not find any evidence that the inmate had been seen by an institution healthcare provider since the request was originally submitted in December 2023.

These examples demonstrate very concerning delays and lack of follow-up at FDC SeaTac in situations when inmates believe they have healthcare issues that need to be addressed. We learned from discussions with an inmate and a doctor at the institution that inmates may resort to feigning medical emergencies so that they may be seen more quickly for less serious, nonemergency complaints. FDC SeaTac's shortcomings in appropriately logging all inmate requests for healthcare, tracking the status of these requests, and following up on them within the BOP's timeliness guidelines impair the BOP in providing necessary care and could lead to serious health consequences for inmates.

To improve accountability and timeliness for inmate requests for healthcare, we recommend that the BOP:

1. Ensure that FDC SeaTac follows the BOP Patient Care policy for sick call requests by adjusting its processes to log all inmate sick call requests from inmates, regardless of method of request, into the Bureau Electronic Medical Records System.

2. Develop and implement a plan to regularly review the age and status of all sick call requests, and

ensure that all inmate sick call requests are addressed by the Health Services Department consistent with BOP policy.

Delays in the Outside Medical Appointment Process

We found that inmates experienced significant delays receiving medical care when their needs required the involvement of outside medical providers. When inmates require nonemergency medical treatment in specialties such as ophthalmology, neurology, oncology, and cardiology, which cannot be performed at FDC SeaTac, they must be scheduled to see an outside medical provider. To help schedule and manage medical treatment for inmates outside FDC SeaTac, the institution has a contract with a comprehensive medical services company. Once a medical visit is scheduled by the comprehensive medical services company, FDC SeaTac employees escort the inmate to and from the appointment and supervise the inmate during the appointment.

Inmate Case Study: Delays in Receiving Outside Medical Care for Breast Cancer Screening

One inmate medical case file demonstrated a delay of nearly a year and a half from the inmate's initial sick call request until receipt of results from outside medical care encounters. This inmate had a family history of breast cancer and had complained to FDC SeaTac employees about a breast lump; but an ultrasound appointment at an outside medical facility did not occur for nearly 14 months after the initial sick call request.

When the inmate finally had the appointment, the ultrasound identified a lump in the inmate's breast; a month later, a biopsy was taken to determine whether the lump was cancerous. FDC SeaTac did not receive the biopsy results until a month and a half after the biopsy was completed.

While the results of this inmate medical case ultimately did not indicate breast cancer, delays in completing outside medical appointments limit timely medical care of inmates and may result in serious medical conditions persisting undiagnosed and untreated.

Source: OIG analysis of BOP medical records

We found that inmates experienced delays throughout the process of receiving medical care outside the institution, often having to wait many months before seeing the needed medical provider. Between October 2023 and December 2024, BOP records indicated that 481 outside medical appointments were ordered and approved by BOP medical providers for inmates at FDC SeaTac. At the time of our inspection, 360 of those appointments had been completed (i.e., the inmate saw a provider) in an average of 2.5 months and 121 had yet to be completed. Of the 121 appointments yet to be completed, 91 appointments had not even been scheduled and had been pending for an average of 7.4 months. The remaining 30 appointments had been scheduled but had not yet occurred; in these instances, there was an average delay of 4.5 months from when the appointment was originally ordered and the date the outside medical appointment was due to be completed.

We identified three factors that contributed to the delays involving care from outside medical providers. First, the institution lacked a Clinical Director—a role which is responsible for evaluating requests for outside medical appointments and discussing some requests with the BOP's Regional Office for approval. At the time of our inspection, the Clinical Director position at FDC SeaTac had been vacant for at least 18 months. Second, outside medical providers at times independently rescheduled, delayed, or canceled appointments, which we acknowledge as generally beyond the control of the BOP. Finally, the comprehensive medical services company responsible for scheduling outside appointments was overdue in both scheduling appointments and submitting some medical records resulting from these appointments back to FDC SeaTac. According to the contract terms, outside medical appointments should be scheduled within 14 days of the referral date and medical records from the outside medical provider should be provided to the institution within 10 days after the appointment. An FDC SeaTac nurse expressed frustration with delayed outside medical appointments, stating that it may take multiple months for inmates with serious medical conditions to be seen by an outside medical provider.

Inmate Case Study: Delays Receiving Outside Medical Care for Worsening Vision and Eye Pain

One inmate medical case file we reviewed involved an inmate who experienced a 3-month delay receiving outside medical care. After the inmate reported symptoms of worsening vision and eye pain, which could have been indicative of retinal detachment, the inmate waited nearly a month to see an outside ophthalmologist.

During the initial visit, the ophthalmologist completed a laser eye procedure on one eye and recommended that the inmate return 4 weeks later for a laser eye procedure on the other eye; however, FDC SeaTac was delinquent in approving the second procedure by 2 months. We note that in January 2025, before any additional procedures or laboratory tests could be completed, the inmate, who was in detained status, was released from BOP custody.

Source: OIG analysis of BOP medical records

Relevant Prior OIG Work: Delayed Outside Medical Appointments

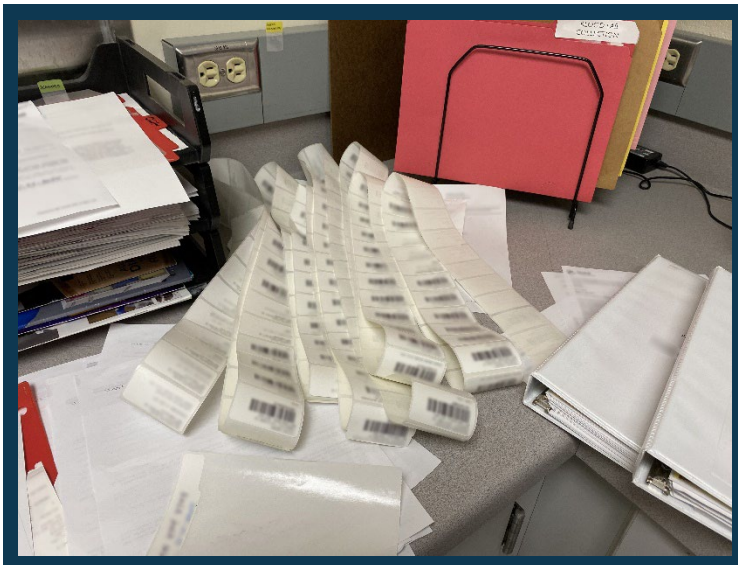
Our March 2022 audit report on the BOP's use of comprehensive medical services contracts to facilitate outside medical care for inmates noted that outside medical appointments can be rescheduled for unanticipated reasons, including rescheduling initiated by the medical provider. This audit found that the BOP does not adequately track canceled or rescheduled inmate appointments, rendering it impossible 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 FDC SeaTac, this recommendation remained open.

Our subsequent inspection work has identified specific examples of this concern. In our May 2024 inspection report of Federal Correctional Institution (FCI) Sheridan, we identified a backlog of 387 unscheduled outside medical appointments caused, in part, by outside medical providers canceling appointments. Similarly, in our December 2024 inspection report of Federal Medical Center (FMC) Devens, we also found that outside medical providers canceling appointments contributed to a scheduling backlog for outside medical trips. Our recent work has found that the BOP has yet to implement a national process to track the wait times for canceled or rescheduled inmate medical appointments, identify causes of canceled or rescheduled appointments, or ensure that contractors are rescheduling inmate appointments in a timely way following a cancellation.

See Appendix 2 for more information about these reports.

Backlog of Laboratory Tests

At the time of our inspection, FDC SeaTac had not had a phlebotomist, a medical professional responsible for drawing blood samples and preparing the samples for testing, on staff since June 2024. As a result, FDC SeaTac had a backlog of 480 laboratory orders more than 30 days past due, as of November 2024. According to Health Services Department employees, as a consequence of this phlebotomist vacancy, they were not able to diagnose medical conditions through lab testing and could not consistently monitor inmates with chronic conditions that require regular blood work. For example, individuals with diabetes require monitoring and management of blood sugar levels and A1C tests, which are blood tests that measure the average amount of sugar in one's blood, to support management of this chronic condition. Based on inmate medical records available at the time of our inspection, we found that more than half of FDC SeaTac inmates with a diabetes diagnosis did not receive A1C tests in accordance with the BOP's clinical guidance-recommended timeframes. Without A1C readings from up-to-date bloodwork, clinicians lack complete information to inform their approach to treatment.



Printed Labels for Unfulfilled Laboratory Orders Left Unattended and for Which Health Services Department Employees Could Not Account

Source: OIG, December 2024 (Personal Information Blurred)

We note that the BOP's Western Regional Office was aware of the phlebotomist vacancy and resulting backlog and the BOP attempted to triage this backlog as part of its surge personnel response following our inspection fieldwork. Between December 2024 and January 2025, a BOP employee from another federal institution was temporarily assigned to FDC SeaTac for 2 weeks to address laboratory testing needs.

To improve the Health Services Department's ability to keep up with the demand for laboratory tests needed to monitor inmates' medical conditions, we recommend that the BOP:

3. Implement a plan to ensure timely completion of laboratory orders at FDC SeaTac and address any backlogs that may persist.

Lack of Preventive Healthcare Screenings

We found that, due to staffing shortages in the Health Services Department, FDC SeaTac was largely unable to meet the preventive healthcare screening needs of sentenced inmates at the institution. Specifically, cognitive impairment screening and colorectal cancer (CRC) screening were not completed according to the BOP's Clinical Guidelines for Preventive Health Care Screening. Health Services Department employees acknowledged the lack of routine and preventive healthcare at FDC SeaTac and told us that they must prioritize providing emergency care—such as for infectious disease, difficulty breathing, or bleeding—over routine and preventive healthcare.

Cognitive Impairment Screening

At the time of our inspection, the BOP's clinical guidance stated that sentenced inmates over age 50 without recognized signs or symptoms of cognitive impairment should be routinely screened for cognitive impairment. We reviewed the medical records of all sentenced inmates over age 50 at FDC SeaTac and found that, as of December 20, 2024, none of the 23 inmates over age 50 had received a cognitive impairment screening at the institution. Of these 23 inmates, 14 had recently arrived at FDC SeaTac and/or were newly eligible for screening due to their age. However, nine inmates had been at FDC SeaTac for over a year without receiving a cognitive impairment screening. After receiving a draft of this report, the BOP told us that the BOP's Clinical Guidelines for Preventive Health Care Screening were updated effective December 31, 2024, to remove the requirements for cognitive impairment screenings in older adults, citing the need for more research to assess the benefit of routine screening.

Inmate Case Study: Delayed CRC Screening and Follow-up

For individuals at increased risk for CRC, general cancer screening guidelines, which BOP clinical guidance follows, recommend screening before age 45, more frequent screenings, and/or specific tests for CRC early detection. One medical case we reviewed showed that, after experiencing symptoms consistent with CRC, an inmate waited nearly a month to receive a CRC screening test despite being at increased risk because of a family history of CRC. After completing this screening test, the inmate received a positive result. However, following this positive result, we found that nearly 5 months elapsed without the inmate receiving a gastroenterologist consultation or a colonoscopy. These findings mirror the OIG's findings in the broader evaluation of the BOP's CRC screening practices and follow-up, which found that, following a positive CRC screening test result, the majority of inmates waited 3–9 months for a colonoscopy.

Source: OIG analysis of BOP medical records

Colorectal Cancer Screening

The BOP's clinical guidance states that sentenced inmates at average risk for CRC should be offered an annual CRC screening test from ages 45 to 75. If the screening test indicates a positive result, a colonoscopy is recommended. We found that during the year preceding our inspection at FDC SeaTac 82 percent (49 of 60) of average-risk inmates had not been offered an annual CRC screening. Although many sentenced inmates were relatively new to FDC SeaTac, nearly one-quarter (11 of 49) of these inmates had been at the institution for over a year without receiving a CRC screening offer. These findings mirror the OIG's findings in our broader evaluation of the BOP's CRC screening practices and follow-up, which found that across the BOP less than two-thirds of average-risk inmates were offered a CRC screening.[1]

[1] See Appendix 2.

We believe that the lack of age-appropriate preventive healthcare screening may delay the respective diagnoses of these conditions, causing them to worsen without appropriate medical care.

To ensure that all inmates receive appropriate preventive healthcare screenings, we recommend that the BOP:

4. Ensure that all FDC SeaTac inmates receive age-appropriate preventive healthcare screenings as outlined in the BOP's Clinical Guidelines for Preventive Health Care Screening.

Delayed Health Intake Screenings

The BOP's Patient Care policy states that health intake screenings should be conducted within 24 hours of the inmate's arrival at an institution. As part of initial health intake screenings, the BOP policy also requires that female inmates receive a pregnancy test within 14–30 days of arrival at a BOP institution, depending on the inmate's medical care needs. Health intake screenings are necessary to identify: (1) urgent medical, oral, and mental health needs, all of which may require follow-up care; (2) signs of drug or alcohol use; (3) the presence of infectious diseases; (4) disabilities; and (5) medications that may need to be continued. However, health intake and pregnancy screenings were delayed at FDC SeaTac, due in part to insufficient staffing within the Health Services Department.

We found that 29 percent (108 of 368) of inmates who arrived at FDC SeaTac in the 6 months prior to our inspection did not receive the required health intake screening within 24 hours of arrival to the institution. Of these inmates, nearly half were not screened until more than 1 week after arrival, which included seven who were not screened until more than 30 days after arrival. Two of the seven inmates were not screened until more than 100 days after arrival. Delayed health intake screenings can cause conditions to go undetected and increase the risk that otherwise addressable conditions become medical emergencies if inmates' conditions remain untreated. They can also cause disruptions in ongoing care, such as a lapse in an inmate's medication refills. Further, while infectious disease screenings are part of the standard intake process, delays to intake screening potentially allow the spread of communicable diseases across an institution.

Decrease in Infectious Disease Screenings

Infectious disease screening is an important part of an inmate's health intake screening and is intended to identify diseases that could spread within the institution if left untreated. As mentioned above, in the Inmate Healthcare section of this report, the BOP deployed a team of headquarters and regional officials in December 2024 to assess the operations of the Health Services Department at FDC SeaTac.

As part of that assessment, the BOP identified a decrease in completed infectious disease screenings for the human immunodeficiency virus and hepatitis C among inmates at FDC SeaTac since the spring of 2024. The BOP attributed this decrease in screenings to staffing shortages and found that FDC SeaTac had an inadequate number of clinicians available to diagnose or document individual cases of infectious disease.

The BOP's resulting report affirmed the importance of documenting infectious diseases in internal BOP health management systems to ensure that the BOP Central Office is aware of disease rates and able to intervene if infectious disease cases approach outbreak levels.

Source: BOP assessment team report

We also found that only 38 percent (29 of 77) of female inmates who arrived at the institution between June 2024 and December 2024 received a pregnancy test as part of their initial health intake screening at FDC

SeaTac, despite BOP policy requiring a test within 14–30 days of arrival depending on the inmate's medical care needs. We did not find evidence that the other 48 female inmates received a pregnancy test as part of their intake at FDC SeaTac. Furthermore, the 29 female inmates who did receive a pregnancy test waited an average of 51 days after their arrival to be tested. We also determined that delayed pregnancy testing was not limited to the period of our inspection and was a known issue by Health Services Department leadership. According to a 2023 internal FDC SeaTac evaluation report, the Health Services Department identified that not all pregnancy tests between 2022 and 2023 were being completed according to BOP policy. Lapses in this area of inmate healthcare are concerning because early identification of pregnancy allows the BOP the opportunity to provide necessary prenatal care. Moreover, the timing of pregnancy testing is critical to determining whether an inmate was already pregnant prior to incarceration and therefore eliminating the potential issues arising from an inmate becoming pregnant while in federal custody.

To improve the BOP's ability to detect and manage incoming inmates' health conditions, we recommend that the BOP:

5. Implement a plan to ensure that FDC SeaTac health intake screenings, including pregnancy tests, are completed in a timely manner, according to BOP policy, and that any overdue screenings are promptly completed.

Unsafe Medication Administration and Management Practices

At FDC SeaTac, we identified several unsafe practices during medication administration (a process known as "pill line") that violated the BOP's Pharmacy Services policy and could cause medication complications, medication administration errors, and adverse medical reactions. According to BOP policy, institutions must ensure that inmate medications are appropriately packaged in vials that are light or moisture resistant and labeled with the inmate's name and register number. BOP policy also requires that inmates present two forms of identification to Health Services Department employees prior to being administered medication. We found the following examples of noncompliance with these requirements among Health Services Department employees and the associated risks:

Table 1

Unsafe Medication Administration Practices and Their Associated Risks

Unsafe Practices	Risks
Crushing medication ahead of time, reusing one bag to crush multiple medications, and storing multiple crushed medications in the same bag	Drug cross-contamination and adverse reactions
Removing medication from its packaging hours before the next pill line and storing it inside clear plastic bags	Medication complications from exposure to heat and moisture that may alter the chemical properties of the medication and cause negative side effects

Table 1 (Cont'd)

Unsafe Practices	Risks
Retaining unused, crushed medications to reuse them in a future pill line	Administration of incorrect medication due to inability to identify crushed medication and decreased medication effectiveness due to degradation over time
Inconsistent and inaccurate labeling of plastic bags containing medication that should have the inmate's full name and register number	Administration of incorrect medication or administration of medication to an inmate for whom it was not prescribed
Inconsistent adherence to 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

We also found that an FDC SeaTac employee did not follow BOP policy for documenting inmate medication compliance, such as whether an inmate attended pill line and received their medication, attended pill line and refused their medication, or was absent from pill line entirely. The BOP's Pharmacy Services policy states that the administration of medication must be documented promptly, yet we observed that one employee did not document inmate medication compliance or noncompliance during pill line. Instead, this employee relied on memory to document pill line attendance after the conclusion of the entire institution's pill line schedule, a multi-hour process. Inconsistent pill line documentation practices increase the risk of medication errors that may contribute to inappropriate medication use or inmate harm.

In addition, we found that FDC SeaTac's Health Services Department was unable to administer inmate medications at regular times, which can be inconsistent with the administration protocols for certain medications and can negatively affect inmate health outcomes. At the time of our inspection, the schedule for morning and evening pill line at FDC SeaTac called for medication administration approximately every 12 hours: at 6 a.m. and 6 p.m. However, Health Services Department employees told us that, due to staffing shortages, "evening" pill line was often conducted earlier than 6 p.m. They told us that the specific time varied from day to day; but they shared that evening pill line, which included insulin administration, sometimes took place at 2 p.m. and had occurred as early as 12 p.m. These variations are concerning because many medications, including insulin used for the management of diabetes, require a consistent time interval between doses. Accordingly, the BOP's Clinical Guidelines for the Management of Diabetes describes the coordination of insulin administration as "critical" and advises that institutions consider developing local processes to ensure that insulin dosing is timed appropriately. Providing insulin at inconsistent times can make it more difficult for diabetic inmates to control their

Inmate Case Study: Consequences of Irregularly Timed Insulin Administration

One inmate medical case file we reviewed described how a diabetic inmate frequently received insulin at inconsistent times. This led to an emergency room visit and, in the following months, four separate incidents in which the inmate lost consciousness, all due to low blood sugar.

Source: OIG analysis of BOP medical records

glycemic levels, and BOP healthcare providers acknowledged this as a challenge to managing the care of inmates with the condition.

Lastly, within the FDC SeaTac pharmacy itself, we observed lapses in the control of both narcotics and sensitive health information. We found one safe containing narcotic medications unlocked and open, which violated the BOP's Pharmacy Services policy requiring that all controlled substances be secured in a safe prior to administration. Of further concern, when we alerted pharmacy employees about this unsecured safe containing narcotic medications, it took the employees multiple attempts to lock the safe to secure its contents. Failure to secure controlled substances creates the risk that unauthorized employees may gain access to unsecured medications. We believe that this compromises the overall safety and security of the institution and that steps should be taken for enhanced management controls in the pharmacy.

We determined that the problematic issues with medication administration described above were neither limited to the time of our inspection nor unknown to Health Services Department leadership. Health Services Department quarterly reports that we reviewed showed that FDC SeaTac leadership identified multiple medication administration errors, including duplicate orders of insulin written for multiple inmates, an inmate receiving the incorrect dosage of insulin, and incomplete documentation of medication administration on the medication administration record. When we discussed the medication management and administration issues with Health Services Department leadership, they said that they would address the issues. In January 2025, FDC SeaTac reported that it had developed new pharmacy procedures to ensure that all inmates have two forms of identification to show at pill line; pre-crushed medications are no longer administered; medications are dispensed from light-resistant, moisture-resistant vials, not plastic bags; and employees administering pill line document inmate medication compliance promptly, as required by BOP policy. FDC SeaTac also required Health Services Department employees to complete additional training on pill line practices in accordance with BOP guidance. These efforts notwithstanding, we believe that risks in the management of the pharmacy and administration of medication may persist.

To promote appropriate medication administration and management practices, we recommend that the BOP:

6. Monitor FDC SeaTac to ensure that the corrective actions described in our report have resulted in lasting improvements to medication administration.

7. Ensure that the pharmacy implements enhanced management controls that adhere to BOP policy for Pharmacy Services regarding securing controlled substances in a safe.

8. Develop and implement a strategy for consistent and timely administration of evening pill line, including insulin, to support appropriate medication management.

Unsanitary and Disorganized Conditions in the Health Services Department

BOP institutions must maintain a sanitary medical environment, consistent with the BOP Infectious Disease Management policy. BOP employees are responsible for maintaining the cleanliness of medical areas and can also employ inmate orderlies to clean. However, during our inspection of several Health Services Department areas, we observed unsanitary and disorganized conditions that undermined the quality of healthcare at FDC SeaTac and posed risks to both employees and inmates.

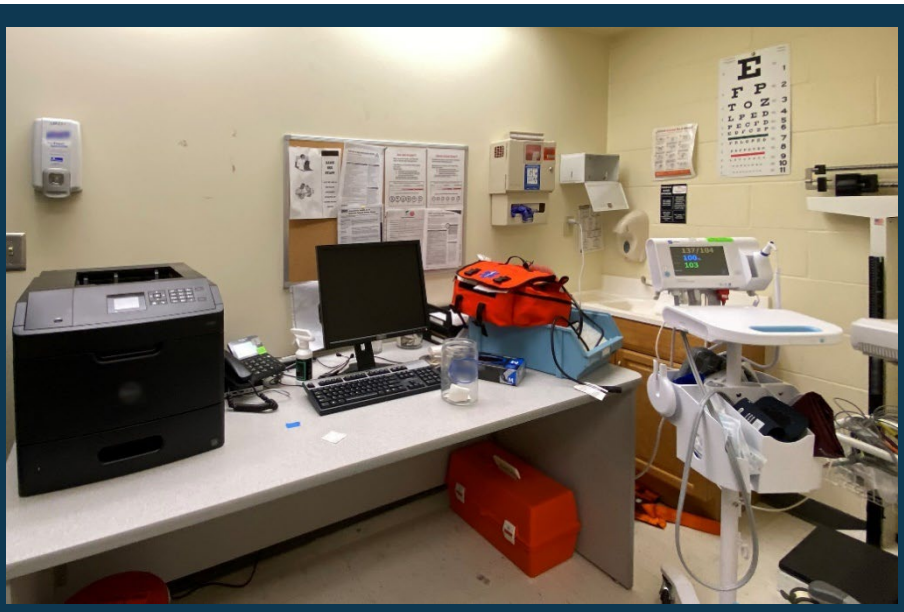
Specifically, we identified unsanitary conditions in areas including medical examination rooms, a trauma room, a quarantine isolation room, suicide watch cells, Special Housing Unit (SHU) examination rooms, and the laboratory. We found overflowing trash cans and hazardous waste containers; debris and dust on the floor of several examination rooms; an examination room containing used medical supplies that were not disposed of; a dirty examination table in one examination room; and, in one examination room sink, employees' personal dishes and leftover food, which attracted insects. We also observed, in the hallway outside the suicide watch cell, an inmate food tray that was left for an unknown period of time and was attracting insects.

An Overflowing Trash Can in a SHU Medical Examination Room

Source: OIG, December 2024 (Product Information Blurred)

When we alerted FDC SeaTac's Health Services Department leadership to these conditions, they told us that the Health Services Department had been without an inmate orderly for several weeks leading up to our inspection. Health Services Department leadership acknowledged that sanitation duties fall to department employees and leadership but said that, due to the low staffing levels of the Health Services Department, they were unable to meet sanitary requirements. Due to the OIG's concerns, Health Services Department leadership assigned a temporary inmate orderly to sanitize the Health Services Department while we were on site. We note that this was a temporary measure and was inadequate even at the time of our inspection. We found that, despite this measure, some examination rooms remained dirty for the duration of our time on site. The conditions we observed in the Health Services Department constituted an unacceptable state of sanitation for a healthcare setting, which, in some instances, could increase the risk of diseases spreading to employees or other inmates.

In addition to unsanitary conditions, we observed within the Health Services Department several disorganized areas, which created other challenges for the effective provision of inmate medical care. Specifically, we found disorganized medical equipment and supplies, as well as cluttered countertops and desks in examination rooms. These conditions could cause difficulties accessing equipment during medical emergencies or examinations to the detriment of inmates' medical care.



A Disorganized SHU Medical Examination Room

Source: OIG, December 2024 (Product Information Blurred)

During our observations of FDC SeaTac's laboratory, we found unrefrigerated vials of collected lab specimens sitting on a countertop for an unknown period of time, as well as used laboratory tools and vials of collected lab specimens improperly disposed of inside a sharp objects container. The improper storage and disposal of medical specimens and waste creates accountability concerns and can lead to contamination and infectious disease exposure for inmates and employees who use these areas. We also observed several unused, expired culture swabs. We note that expired tests and supplies may yield inaccurate results, possibly leading to misdiagnosis of inmate health conditions.

Left, Vials of Collected Lab Specimens, Unrefrigerated, Sitting on a Countertop in a Laboratory Room; *Middle,* Vials of Lab Specimens Improperly Disposed of in a Sharp Objects Container in a Laboratory Room; *Right,* Expired Culture Swabs from September 2024 in the Laboratory

Source: OIG, December 2024 (Left Image Personal and Product Information Blurred, Middle Image Product Information Blurred, and Right Image Red Square Added and Product Information Blurred)

To ensure that inmates receive medical care in a clean and organized environment, we recommend that the BOP:

9. Ensure that FDC SeaTac adheres to BOP policy for sanitation and organization in the Health Services Department.

Safety and Security

In addition to the serious issues with the administration of healthcare that we identified at FDC SeaTac, we identified several significant issues that affected the safety and security of the institution. Specifically, at the time of our inspection the Correctional Services Department was staffed at only 69 percent. Further, our review of security camera footage from November and December 2024 showed that Correctional Officers did not consistently complete required inmate-monitoring rounds, which increases the potential for inmate self-harm, violence, or other illicit activities. We also found that FDC SeaTac did not conduct random pat searches of employees across all shifts, which is a violation of BOP policy. Further, FDC SeaTac exempted visiting attorneys entering the institution from pat searches and other institution security measures, required by BOP policy, which are designed to mitigate the risk that illegal drugs and other dangerous contraband are introduced into the institution. Finally, we found that institution radios, which employees use to communicate routine and emergency messages to one another, were unable to maintain a battery charge throughout an entire shift and lacked an important emergency notification feature that indicates when an employee has fallen.

Correctional Officer Staffing Challenges

As described extensively in previous OIG oversight products (see Appendix 2), staffing shortages and employee allocation are among the chief and long-standing operational challenges facing the BOP enterprise-wide. Staffing shortages at FDC SeaTac have particularly affected the Correctional Services Department, which is composed primarily of Correctional Officers who are vital to the safety and security of the institution as they are responsible for providing round-the-clock supervision of inmates. At the time of our inspection, FDC SeaTac's Correctional Services Department was staffed at only 69 percent of its authorized complement (86 of 124 positions filled). This shortage required the institution to adopt stopgap measures that contributed to low morale and exhaustion among employees, and it ultimately impeded the institution's ability to house its rated population capacity, as described below.

Due to the extent of vacancies in Correctional Services positions, in January 2024 the BOP's Western Regional Office temporarily reduced the number of inmates that could be housed at FDC SeaTac. This resulted in a reduction from FDC SeaTac's total rated capacity of 1,004 inmates down to an adjusted ceiling of 756 inmates. We note that FDC SeaTac's population was only 660 in December 2024. Even with an inmate population well below its rated capacity, to maintain coverage of correctional posts FDC SeaTac regularly had to adopt two stopgap measures used widely across the BOP: (1) mandatory and voluntary overtime and (2) temporary assignment of non-Correctional Officer personnel into Correctional Officer positions, a practice known as augmentation. We found that FDC SeaTac employees performed 39,472 hours of work through overtime and 5,993 hours of work through augmentation to cover Correctional Officer posts in the year prior to our inspection. As discussed previously, FDC SeaTac had been operating at a reduced total capacity since January 2024; however, we found that even with this reduction the institution still heavily relied on overtime and augmentation to maintain coverage of all correctional posts.

To adequately supervise the FDC SeaTac inmate population at its rated capacity of 1,004 inmates, the BOP's staffing projection tool estimates that FDC SeaTac would need to fill a total of 161 Correctional Services Department positions. This number is significantly greater than both its current authorized position total (124) and its filled position total (86). The Warden said that operations at FDC SeaTac would be improved if it were able to fill more Correctional Services positions; however, we found that alleviating the staffing shortages at FDC SeaTac has been difficult for the BOP due to a high cost of living and better paying jobs across the state of Washington. Specifically, Correctional Officers at FDC SeaTac earn on average $76,209 per year, considerably less than the average annual salary of $82,860 for state and local Correctional Officers who work in the Seattle-Tacoma metropolitan area. We note that, in the year prior to our inspection, special hiring incentives helped FDC SeaTac onboard 35 new employees, the majority of whom filled Correctional Officer positions.

Failure to Complete Rounds

FDC SeaTac Correctional Officers are required to complete irregularly timed inmate-monitoring rounds within each 30-minute block of time while working a housing unit post. However, after reviewing 120 hours of overnight security camera footage from November and December 2024, we found that Correctional Officers completed only 41 percent of required rounds in five general population housing units during those hours. Further, in some of these housing units, multiple hours passed without Correctional Officers completing rounds. This is a significant concern because failure to complete inmate-monitoring rounds can increase risks of inmate self-harm; violence toward employees or other inmates; and other illicit activities, including the circulation and use of illegal drugs.

Relevant Prior OIG Work and Related Recommendations: Inmate-Monitoring Rounds

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.

Additionally, during the OIG's past inspections of FCI Tallahassee, FCI Sheridan, and FMC Devens, we identified shortcomings with inmate-monitoring rounds similar to those we identified at FDC SeaTac.

See Appendix 2 for more information about these reports.

Ongoing Camera Upgrades and Persistent Radio Deficiencies

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 requires the BOP to address camera system deficiencies and make necessary upgrades to security camera systems BOP-wide. The Prison Camera Reform Act also requires the BOP to address radio system deficiencies at all BOP institutions.

At the time of our inspection, we found that, consistent with the requirements of the act, FDC SeaTac's cameras were being upgraded to record digital video and that by March 2025 all cameras had been fully upgraded. However, inconsistent with the act's requirements, we found unaddressed radio system deficiencies, including employee radios that were unable to maintain a battery charge throughout an employee's entire shift and radios that did not have an emergency notification feature that indicates when an employee has fallen. FDC SeaTac employees repeatedly expressed concern and frustration with the radios, informing us that these deficiencies create safety and security risks for employees and inmates.

Potential for Contraband Introduction

Contraband is defined as prohibited materials such as weapons, drugs, currency, tobacco, telephones, and other electronic devices that may pose grave dangers to employees, inmates, and visitors. As described extensively in previous OIG oversight products, contraband introduction is a long-standing safety and security challenge BOP-wide. As part of the BOP's contraband interdiction strategy, BOP policy requires that all employees and visitors pass through security screening measures, such as electronic, visual, and physical searches, prior to entering a BOP institution. Since October 2024, the BOP policy has also required institutions to conduct random pat searches (i.e., a search of the person entering the institution that entails an employee pressing their hands on the person's clothing and belongings to determine whether prohibited items are present) of at least 30 employees across all shifts on a monthly basis.

We found that at the time of our inspection, in December 2024, FDC SeaTac was not conducting random employee pat searches in accordance with the October 2024 policy and began the searches in February

2025—after our inspection and more than 4 months after the revised national policy took effect. We reviewed BOP-provided documentation of all FDC SeaTac employee pat searches from February to March 2025 and found that the searches were conducted only during the daytime shift, which is inconsistent with the policy's requirement that employee pat searches be conducted across all shifts. For example, in March 2025, FDC SeaTac conducted all 30 of its monthly minimum pat searches during the daytime shift. Twenty-four of these searches were conducted in the span of 15 minutes, and most of the remainder were conducted shortly thereafter. Available records also indicated that in many instances two or more employees were searched simultaneously. While BOP policy does not specify the duration of pat searches, we are concerned that this approach reduces the efficacy and intention of the BOP's contraband interdiction strategy.

Further, we found that FDC SeaTac deviated from BOP policy for visitor entrance and search procedures by implementing an institution-specific order explicitly exempting visiting attorneys from pat searches. In addition, employees at FDC SeaTac told us that they were instructed by institution management not to subject attorneys to additional security screening procedures, such as clearing the walk-through metal detector, undergoing random electronic drug screenings, and presenting valid photographic identification and legal credentials upon entry to the institution. While it is vitally important that the BOP facilitate the efficient entry of legal counsel into its institutions, we note that BOP policy considers all visitors, including legal counsel, to be potential sources for the introduction of contraband.

As a result of FDC SeaTac's practices regarding employee and visitor searches, we believe that there is an increased risk that employees and visitors may introduce contraband into the institution, thereby jeopardizing its safety and security. Therefore, we recommend that the BOP:

10. Ensure that FDC SeaTac 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.

11. Ensure that FDC SeaTac's visitor entrance and search procedures and practices align with BOP policy.

Relevant Prior OIG Work and Related Recommendations: The BOP's Contraband Interdiction Efforts

The BOP, like most prison systems, faces the persistent problem of contraband smuggling. The BOP focuses various interdiction activities aimed at stopping the supply of drugs and other contraband by focusing on institutions' points of entry. As far back as January 2003, the OIG has identified challenges that the BOP faced interdicting contraband from sources including visitors, employees, and mail. A 2016 OIG report on the BOP's contraband interdiction efforts reviewed the BOP's security procedures, including BOP policies that governed searches of visitors, inmates, and employees. This report noted that the BOP policy covering searches of visitors requires the same methods that BOP employees are subjected to, including electronic, pat, visual, and drug screenings. The OIG made 11 recommendations for additional improvements to further deter contraband introduction and to make BOP institutions safer for inmates, employees, and the public. Five of these recommendations called on the BOP to more effectively deter the introduction of contraband from its own employees, including through measures such as routine, random searches. The OIG has since closed the recommendations from the 2016 report on the basis of improvements the BOP has made, including the revision of its national policy covering employee searches, which includes a pat search requirement that took effect in October 2024.

Our OIG inspections of FCI Waseca, FCI Tallahassee, FCI Sheridan, FCI Lewisburg, and FMC Devens found that the introduction of drugs and other contraband at BOP institutions continues to hinder the BOP's mission of providing a safe and secure environment for inmates, employees, and the public. As outlined above, deficiencies in screening procedures and a failure to implement effective search policies can lead to security vulnerabilities and exploitable weaknesses.

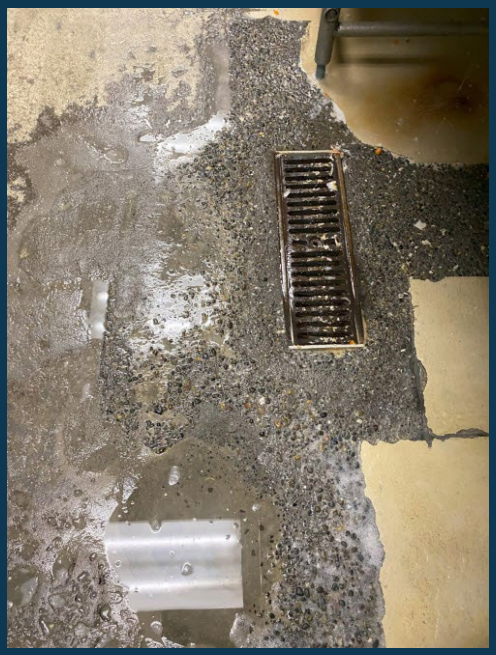
See Appendix 2 for more information about these reports.

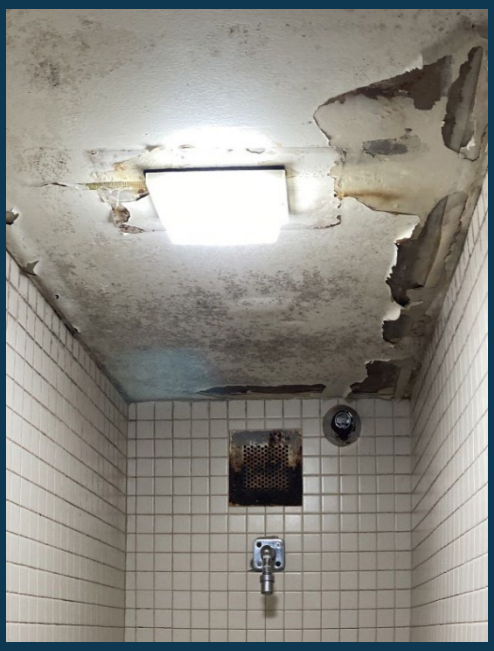
Physical Conditions and Infrastructure

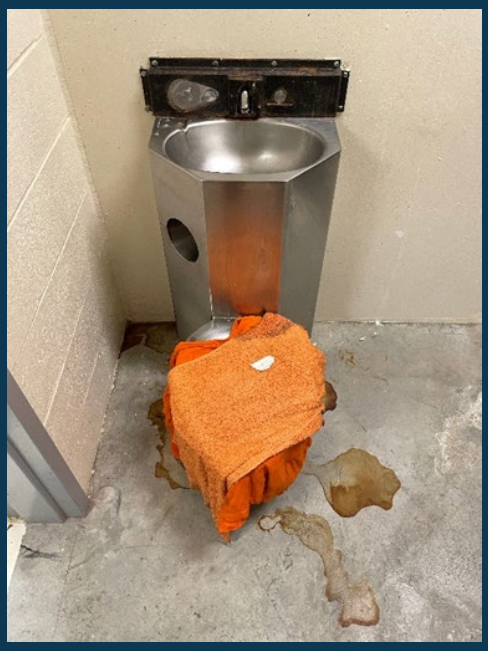
At the time of our inspection, we identified unaddressed repair issues, such as leaking pipes and evidence of water damage; inconsistent shower water temperatures in inmate housing units; and evidence of rodents in two areas of the institution. We also found that FDC SeaTac required millions in upgrades to infrastructure and major equipment, including its heating, ventilation, and air-conditioning (HVAC) system. At the time of the inspection, the institution was in the process of replacing a portion of a roof that had caused water leaks in the visitation room, although it had not made progress on repairing or replacing other infrastructure elements. As described below, the BOP has recently received significant additional funding to support widespread infrastructure needs across the BOP and the OIG will continue to monitor developments in this area.

Leaking Pipes and Water Damage

FDC SeaTac Facilities Department employees told us that leaking pipes were a common infrastructure issue; they attributed the cause of some leaks to the degradation of ground-level pipes that were covered with coarse material when they were originally laid, as well as destructive inmate behavior such as efforts to transport contraband through the pipe network. We also observed eroded flooring in the kitchen's dishwashing area, water damage around inmate showers, and several leaking toilets and sinks in inmate housing units. While water damage in these areas may be to a certain extent unavoidable given the wear and tear a detention center experiences, the amount of damage we observed at FDC SeaTac indicates that these issues may not always be addressed in a timely manner.







Upper Left, Puddle of Water and Flooring Erosion in the Dishwashing Area of the Food Service Department Caused by Leaking Pipes; *Upper Right,* a Clogged Toilet in an Inmate's Cell with a Towel Laid across the Back of the Toilet to Absorb Water; *Bottom Left,* An Inmate Shower with Evidence of Water Damage; *Bottom Right,* Clogged Toilet in the SHU

Source: OIG, December 2024 (Upper Left Image OIG Employee Reflection Removed and Upper Right Image Product Information Blurred)

Shower Temperatures

We found that many showers in inmate housing units produced water with temperatures outside the BOP's acceptable range of 100–120 degrees Fahrenheit. Specifically, we measured the water temperature in a sample of 30 showers, with at least 1 shower sampled in all general population housing units, and found that 11 of these showers produced water that was either too cold or too hot according to BOP policy. Notably, in one female general population housing unit, we tested three out of four showers and found that the sampled showers did not produce any hot water, with water temperatures measuring between 58 and 77 degrees. We also tested six showers in unoccupied SHU cells and found that the water temperature in all of them was above 120 degrees; one shower produced water with a temperature of 140 degrees. A water temperature of 140 degrees is hot enough to cause serious burns to skin in only a few seconds. Although these SHU cells were unoccupied at the time of our inspection, the cells could be used in the future and shower temperatures, if not adjusted, pose a serious safety risk.

Presence of Rodents

We observed evidence of rodent droppings in an HVAC unit room and near the trash compactor area of the institution's warehouse. FDC SeaTac employees told us that rodents were an ongoing problem in these areas and expressed concern that rodents were present on multiple levels of the institution.

Left, Evidence of Rodent Droppings on a Piece of Equipment inside a Room That Contained an HVAC Unit, *Right,* Evidence of Rodent Droppings on the Ground Near the Trash Compactor Area

Source: OIG, December 2024 (Left Image Company Information Blurred)

Unaddressed Major Equipment Upgrades

Finally, Facilities Department employees told us that many of the institution's systems are approaching the end of their projected lifespan and need to be updated. They estimated the total cost of this work to be over $4 million. Notably, FDC SeaTac's HVAC system, while operational, was nearing the end of its useful life and will need an upgrade estimated to cost $2.5 million. FDC SeaTac has requested funds from the Western Regional Office to address these issues; however, due to the BOP's limited budgetary resources for infrastructure repair and replacement, the request was unfunded at the time of our inspection. We are concerned that, if these repairs are not made soon, equipment will fail, which would not only negatively affect the conditions of confinement for inmates but would also cause repair and replacement costs to exceed current estimated levels.

This issue is not unique to FDC SeaTac. The BOP estimated that as of November 2024 it had a $3 billion backlog of infrastructure maintenance and repairs across all of its institutions.[2] While the BOP has not yet made progress in repairing or updating FDC SeaTac's infrastructure, recent legislation has made available to the BOP $2 billion for the purpose of addressing maintenance and repair needs at its institutions.

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. As of the publication of this report on FDC SeaTac, these recommendations remain open. See Appendix 2 for more information about this report.

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

[2] This data is included in a document titled "A Funding Proposal to Address Critical Safety Needs Across the Federal Prison System," which DOJ submitted to the U.S. Senate Committee on the Judiciary on November 7, 2024.

Conclusion and Recommendations

Conclusion

Our unannounced inspection identified several serious issues at FDC SeaTac related to inmate healthcare quality, institution-wide staffing, and contraband interdiction. Notably, substantial shortages of healthcare employees and Correctional Officers—an issue at many BOP institutions—have created widespread and troubling operational challenges at FDC SeaTac that substantially affect the health, welfare, and safety of employees and inmates. Below is a summary of our findings:

Inmate Healthcare

Serious issues affect FDC SeaTac's provision of healthcare to inmates:

- Severe understaffing of the Health Services Department, with only 10 of 20 total positions filled, was described by the institution's Health Services Department leadership as a "crisis."
- We identified serious healthcare issues, which included:
  - delays in treating both routine and serious health conditions,
  - a backlog of laboratory tests,
  - lack of preventive healthcare screenings,
  - delayed health intake screenings,
  - unsafe medication administration and management practices, and
  - unsanitary and disorganized conditions in the Health Services Department.
- Health Services Department leadership acknowledged challenges in providing routine and preventive healthcare at FDC SeaTac and told us that generally they prioritize emergency care over other healthcare needs.

Safety and Security

Several issues affect the safety and security of the institution:

- The Correctional Services Department was staffed at only 69 percent of its authorized complement (86 of 124 positions filled).
- Our review of security camera footage from November and December 2024 showed that Correctional Officers did not consistently complete required inmate-monitoring rounds.
  - Failure to complete these rounds increases the risk of inmate self-harm, violence toward employees or other inmates, and other illicit activities such as the introduction and use of illegal drugs.
- FDC SeaTac did not conduct random pat searches of employees across all shifts and exempted visiting attorneys entering the institution from pat searches and other security measures required by BOP policy. These security measures are designed to mitigate the risk that illegal drugs and other dangerous contraband are introduced into the institution.

Infrastructure

Several minor repair issues present operational challenges:

- unaddressed minor repairs, such as leaking pipes and evidence of water damage;
- inconsistent shower water temperatures in inmate housing units; and
- evidence of rodents in two areas of the institution.

Recommendations

To ensure effective operations at FDC SeaTac and safe conditions of confinement for the inmates housed there, we recommend that the BOP:

1. Ensure that FDC SeaTac follows the BOP Patient Care policy for sick call requests by adjusting its processes to log all inmate sick call requests from inmates, regardless of method of request, into the Bureau Electronic Medical Records System.

2. Develop and implement a plan to regularly review the age and status of all sick call requests, and ensure that all inmate sick call requests are addressed by the Health Services Department consistent with BOP policy.

3. Implement a plan to ensure timely completion of laboratory orders at FDC SeaTac and address any backlogs that may persist.

4. Ensure that all FDC SeaTac inmates receive age-appropriate preventive healthcare screenings as outlined in the BOP's Clinical Guidelines for Preventive Health Care Screening.

5. Implement a plan to ensure that FDC SeaTac health intake screenings, including pregnancy tests, are completed in a timely manner, according to BOP policy, and that any overdue screenings are promptly completed.

6. Monitor FDC SeaTac to ensure that the corrective actions described in our report have resulted in lasting improvements to medication administration.

7. Ensure that the pharmacy implements enhanced management controls that adhere to BOP policy for Pharmacy Services regarding securing controlled substances in a safe.

8. Develop and implement a strategy for consistent and timely administration of evening pill line, including insulin, to support appropriate medication management.

9. Ensure that FDC SeaTac adheres to BOP policy for sanitation and organization in the Health Services Department.

10. Ensure that FDC SeaTac 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.

11. Ensure that FDC SeaTac's visitor entrance and search procedures and practices align with BOP policy.

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 facilities, as appropriate. We selected FDC SeaTac as a site for inspection to better understand and assess the conditions of confinement for inmates at a Federal Detention Center. Pursuant to the OIG's planned procedures for initiating an inspection, which we had previously shared with the BOP, the OIG notified FDC SeaTac at approximately 8 a.m. on December 9, 2024, that it would be initiating an inspection beginning at noon that day. The OIG team, which consisted of 13 OIG employees and 1 medical subject matter expert contracted by the OIG, conducted the on-site inspection Monday, December 9, through Thursday, December 12, 2024. The focus of our inspection 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 December 2023. The scope of this inspection did not include specialized testing to definitively determine, for example, the potential presence of mold or other hazardous substances.

Inspection Methodology

To better understand FDC SeaTac's operations, we toured the institution, interviewed inmates and employees, and reviewed its operational records.

Observations

We toured the interior and exterior of the administrative-security institution, including:

- general population inmate housing units,
- the Special Housing Units (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 warehouses, and
- food preparation areas.

We also reviewed security camera footage and evaluated 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 inmate housing areas.

Interviews

We conducted on-site interviews with FDC SeaTac inmates who were housed in the general population and SHUs, as well as institution employees. Employees we interviewed included the Warden and Associate Wardens, one of whom serves as the institution's Prison Rape Elimination Act Coordinator; an employee in the Legal Department; supervisory and nonsupervisory Correctional Officers; healthcare providers; psychologists; case managers; food service employees; and employees responsible for institution safety, facilities management, human resources, and the trust fund program. Following our on-site work at FDC SeaTac, we conducted virtual follow-up interviews with selected FDC SeaTac employees, as well as employees at the BOP's Western Regional and Central Offices.

General Document Review and Analysis

We reviewed FDC SeaTac records related to facilities management, staffing levels, use of overtime and augmentation, use of restrictive housing, provision of inmate healthcare, camera and radio functions, completion of rounds, search and screening procedures, employee misconduct, sexual abuse reporting and tracking, inmate programming, and FIRST STEP Act implementation.

Healthcare-related Review and Analysis

We reviewed FDC SeaTac's operational documentation related to the provision, access, and quality of inmate medical and mental healthcare services provided. Specifically, our review included assessments of the following:

- implementation of the BOP's Clinical Guidelines for Preventive Health Care Screening in the areas of intake screening, preventive healthcare screening, cognitive impairment screening, colorectal cancer screening, chronic care clinics, tuberculosis screening, management of diabetes, and 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, privileges, and practice agreements; and
- case studies on inmate health and continuity of care concerns.

External Subject Matter Experts Assisting the OIG

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

Appendix 2: DOJ OIG and Other Oversight Agency Related Work

DOJ OIG Compendium of BOP Oversight Products

I. 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

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

III. *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

IV. *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

V. *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

VI. *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

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

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

VIII. 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-review-federal-bureau-prisons-strategies-identify-communicate-and-remedy

IX. 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

X. 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

XI. 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

XII. 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

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

DOJ OIG Reports on BOP Inmate Healthcare

XIV. *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

XV. *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

XVI. *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

DOJ OIG Reports on Safety and Security in BOP Institutions

XVII. *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

XVIII. *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

XIX. *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

XX. *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 Report on BOP Infrastructure

XXI. *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

Appendix 3: BOP Policies and Clinical Guidance Cited

Topic Discussed in Report	Relevant Program Statement or Clinical Guidance	Link
Patient Care	6031.05, CN-2 Patient Care March 14, 2025	www.bop.gov/policy/progstat/6031_005_cn-2.pdf (accessed April 4, 2025)
Intake Screening	5290.15 Intake Screening March 30, 2009	www.bop.gov/policy/progstat/5290_015.pdf (accessed June 12, 2025)
Health Information Management	6090.04 Health Information Management March 2, 2015	www.bop.gov/policy/progstat/6090_004.pdf (accessed April 4, 2025)
Pharmacy Services	6360.02 Pharmacy Services October 24, 2022	www.bop.gov/policy/progstat/6360_002.pdf (accessed April 4, 2025)
Preventive Healthcare	Preventive Health Care Screening July 2022	www.bop.gov/resources/pdfs/preventive_health_care_cg_2022.pdf (accessed April 4, 2025)
Management of Diabetes	Management of Diabetes March 2017	www.bop.gov/resources/pdfs/201703_diabetes.pdf (accessed April 4, 2025)
Infectious Disease Management	6190.04 Infectious Disease Management June 3, 2014	www.bop.gov/policy/progstat/6190_004.pdf (accessed April 4, 2025)
Escorted Trips	5538.08 Escorted Trips April 8, 2024	www.bop.gov/policy/progstat/5538.08.pdf (accessed April 8, 2025)
Health Services Quality Improvement	6013.01 Health Services Quality Improvement January 15, 2005	www.bop.gov/policy/progstat/6013_001.pdf (accessed April 4, 2025)
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.

Searching Visitors in BOP Facilities	5510.15 Searching, Detaining, or Arresting Visitors to Bureau Grounds and Facilities July 17, 2013	www.bop.gov/policy/progstat/5510_015.pdf (accessed April 4, 2025)
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 April 4, 2025)
Facilities Operations Manual	4200.12, CN-2 Facilities Operations Manual March 26, 2025	www.bop.gov/policy/progstat/4200_12_CN-2.pdf (accessed April 4, 2025)
Ion Spectrometry Device Program	5522.02 Ion Spectrometry Device Program April 1, 2015	www.bop.gov/policy/progstat/5522_002.pdf (accessed April 10, 2025)
Visiting Regulations	5267.09, CN-1 Visiting Regulations August 1, 2023	www.bop.gov/policy/progstat/5267.09cn-1.pdf (accessed April 10, 2025)

Appendix 4: The BOP's Response to the Draft Report

U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director *Washington, DC 20534*

August 27, 2025

MEMORANDUM FOR ALLISON E. RUSSO, ASSISTANT INSPECTOR GENERAL
EVALUATION AND INSPECTIONS DIVISION

FROM: William K. Marshall III, Director

SUBJECT: Response to the Office of Inspector General's (OIG) Draft Report A-2025-001, Inspection of the Federal Bureau of Prisons' Federal Detention Center (FDC) SeaTac

The Federal Bureau of Prisons (BOP) appreciates the opportunity to respond formally to the Office of the Inspector General's (OIG) draft report entitled, "Inspection of the Federal Bureau of Prisons' Federal Detention Center SeaTac" (the Report) and address the OIG's findings and recommendations.

After the conclusion of the site visit to the Federal Detention Center in SeaTac, Washington (FDC SeaTac), OIG leadership contacted BOP leadership to express concerns about FDC SeaTac's staffing of healthcare providers and the delivery of medical care and treatment. In response to these serious concerns, BOP leadership sent six individuals to FDC SeaTac to provide immediate support (two on the week of December 23, 2024, and four on the week of December 30, 2024). Additionally, the BOP's Health Services Division (HSD) established the FDC SeaTac Urgent Action Team (UAT) in January 2025 as an interdivisional team responsible for evaluating and addressing the delivery of inmate healthcare and improving the efficiency of that healthcare. This interdivisional team included officials from BOP's Health Services Division, Administration Division, and Human Resource Management Division. The UAT facilitated implementation of the following corrective actions aimed at improving employee staffing numbers and the delivery of healthcare at FDC SeaTac, as described below.

Recruitment & Retention

Low staffing remains a critical issue at FDC SeaTac. Non-competitive pay is a significant impediment to attracting and keeping staff. Specifically, retention incentives for FDC SeaTac staff were recently decreased from 25% to 13%, although use of the Above the Minimum Rate incentive and Accelerated Promotion for Registered Nurses (RNs) and Advanced Practice Providers (APPs) has continued. Retention incentives were decreased across the agency, and in some cases, eliminated, effective March 23, 2025, in response to ongoing budget constraints. The agency understands the critical role retention incentives play in supporting our dedicated employees, so this decision was not made lightly. However, the financial challenges necessitated this action to ensure the long-term stability of the agency and to maintain operations across the board. This decision reflected the BOP's continued commitment to

protecting jobs and minimizing the impact on our workforce. The BOP will continue to monitor the budget situation and adjust its financial strategy as needed to ensure the agency can continue fulfilling its vital mission while supporting its dedicated employees.

That stated, the BOP's National Recruitment Office (NRO) supports clinicians through the USAJOBS process, conducting weekly applicant reviews to ensure documentation and qualifications are complete. A targeted marketing campaign in the Seattle-Tacoma area, including partnerships with over 23 local universities, aims to boost applicant flow.

Staffing
To urgently address critical Health Services staffing concerns at FDC SeaTac, the BOP issued Temporary Duty (TDY) requests for a wide range of clinical and dental positions. Nurse Practitioners at FDC SeaTac have been working as clinical nurses, performing screenings, urgent care evaluations, and taking patient histories. Dictation software was deployed to speed documentation, and staffing priorities were guided by a review of overdue reports. One of the Western Regional Office Physicians serves as the Acting Clinical Director at FDC SeaTac and provides onsite patient care one week per month. Regular TDYs are scheduled for credentialing, telemedicine support, and nursing coverage, shifting to quarterly in May 2025. A Senior Commissioned Officer Student Training & Externship Program (SRCOSTEP) nurse officer arrived mid-May 2025.

Budgeting
In an effort to address concerns regarding the delivery of health care at FDC SeaTac, funds were allocated for ongoing TDY, overtime, and medical trip escorts to allow for increased medical trips to the community specialist providers each day as well as support for completion of required chronic care clinics, vaccinations, preventive health exams and completion of intake history and physicals.

Telemedicine
Telemedicine capabilities at FDC SeaTac have also been expanded for routine, specialty, and urgent care. An onsite information technology contact evaluated infrastructure upgrades, including additional Video Teleconference units and network access. Regional Physicians and Regional Nursing Coordinators are supporting telemedicine both remotely and onsite, while a contract vendor explores local support options. After this expansion, telemedicine encounters have increased by 77% in 2025 versus 2024.

Health Programs
The BOP's Office of Medical Designation and Transportation (OMDT) is responsible for reviewing inmates with high-risk medical conditions for possible redesignation across the BOP. This includes expediting Care 3 inmate transfers and closely monitoring Care 3 and 4 patients for appropriate relocation. Specific to FDC SeaTac, OMDT closely reviewed cases to facilitate transfers for the inmates who required higher level of care when clinically appropriate due to the medical staffing challenges.

In addition to the above corrective action plans that have occurred since OIG's site inspection of FDC SeaTac, the BOP concurs with the OIG recommendations and will implement the following, as described below:

Recommendation One: Ensure that FDC SeaTac follows the BOP Patient Care policy for sick call requests by adjusting its processes to log all inmate sick call requests from inmates, regardless of method of request, into the Bureau Electronic Medical Records System.

BOP Response: The BOP concurs with this recommendation. FDC SeaTac ensures it follows Program Statement (PS) 6031.05, *Patient Care*, for sick call requests by adjusting its processes to log all inmate sick call requests from inmates, regardless of method of request, into the Bureau Electronic Medical Records System (BEMR). The BOP provided OIG with evidence that inmate requests have been added to the scheduler in BEMR as sick call requests, and all repeat requests are added to the original instead of being added as new requests. These reports are provided to the Associate Warden on a weekly basis. As such, the BOP respectfully requests closure of this recommendation.

Recommendation Two: Develop and implement a plan to regularly review the age and status of all sick call requests and ensure that all inmate sick call requests are addressed by the Health Services Department consistent with BOP policy.

BOP Response: The BOP concurs with this recommendation. FDC SeaTac developed and implemented a plan to regularly review the age and status of all sick call requests. FDC SeaTac ensures all inmate sick call requests are addressed by the Health Services Department consistent with BOP policy. FDC SeaTac requires submission of weekly reports for provider review that list all sick call requests older than two weeks, for action as deemed appropriate. The BOP provided OIG with an example of the report submitted weekly by the HSA or designee to the Associate Warden and Clinical Director.

Recommendation Three: Implement a plan to ensure timely completion of laboratory orders at FDC SeaTac and address any backlogs that may persist.

BOP Response: The BOP concurs with this recommendation. FDC SeaTac is implementing a plan to ensure timely completion of laboratory orders and address any backlogs that may persist. Primarily this is being done through the solicitation of a new phlebotomist contract, which is currently underway. Historically it has taken more than six months to identify and hire a suitable contract phlebotomist. In the interim, temporary duty assistance from other BOP institutions has been requested until a phlebotomist can be secured. FDC SeaTac will provide further documentation to OIG for the implementation of a plan to ensure timely completion of laboratory orders and address backlogs once a new phlebotomist contract is awarded.

Recommendation Four: Ensure that all FDC SeaTac inmates receive age-appropriate preventive healthcare screenings as outlined in the BOP's Clinical Guidelines for Preventive Health Care Screening.

BOP Response: The BOP concurs with this recommendation. FDC SeaTac will ensure all inmates receive age-appropriate preventive healthcare screenings as outlined in BOP's Clinical Practice Guidelines for Preventive Healthcare Screening. Due to the transient nature of the presentence inmate population at FDC SeaTac, emphasis is being placed on preventive health screening. For those inmates with positive results, treatment decisions will be made individually according to guidance recommendations.

Successful preventive health screening depends on timely completion of laboratory orders. Accordingly, recommendation three is a critical first step in resolving this recommendation. Additionally, efforts are underway to integrate preventive health screening into the routine medical intake process. FDC SeaTac currently completes a monthly Risk Reduction and Resource Management Plan report which is sent to the Associate Warden and Regional HSA. This report will be updated to include details of FDC SeaTac' compliance with preventative healthcare screening and will be submitted to OIG by the next status update.

Recommendation Five: Implement a plan to ensure that FDC SeaTac health intake screenings, including pregnancy tests, are completed in a timely manner, according to BOP policy, and that any overdue screenings are promptly completed.

BOP Response: The BOP concurs with this recommendation. FDC SeaTac implemented a plan to ensure health intake screenings, including pregnancy tests, are completed in a timely manner, according to BOP policy, and any overdue screenings are promptly completed.

Since the OIG site visit, it has become standard procedure to process pregnancy tests upon intake. At FDC SeaTac, Correctional Systems is collaborating with Health Services to collect urine samples when Health Services is not available. Additionally, efforts are being made to adjust the Health Services staffing schedule, so staff are more available to screen new intakes at their time of arrival.

To evidence implementation of a plan to ensure heath intake screenings are completed in a timely manner according to BOP policy and that overdue screenings are promptly completed, FDC SeaTac's HSA or designee is providing a weekly report describing missed/overdue medical intake screenings to all clinical providers and applicable Associate Wardens. The BOP will submit an example of this report to OIG with the next status update.

Recommendation Six: Monitor FDC SeaTac to ensure that the corrective actions described in our report have resulted in lasting improvements to medication administration.

BOP Response: The BOP concurs with this recommendation and is monitoring FDC SeaTac to ensure the corrective actions described above have resulted in lasting improvements to medication administration. FDC SeaTac appreciates the importance of a medication administration and distribution system that is both routine and timely. Such predictability significantly contributes to inmate health outcomes. Efforts are ongoing to ensure necessary staffing to accomplish this important health services function. To demonstrate corrective actions have resulted in lasting improvements to medication administration, the BOP provided OIG with FDC SeaTac's updated Policy and Procedure Statement for Pharmacy Services dated January 15, 2025, clarifying the required medication administration safety measures, including patient identification.

Recommendation Seven: Ensure that the pharmacy implements enhanced management controls that adhere to BOP policy for Pharmacy Services regarding securing controlled substances in a safe.

BOP Response: The BOP concurs with this recommendation and will ensure FDC SeaTac implements enhanced management controls that adhere to BOP policy for Pharmacy Services regarding securing controlled substances in a safe. Management controls have been enhanced through evaluation and inspection confirmed through continuous daily and on-going surveillance. The safe remains secured at all times and continues to be stored in a vault room with a unique key to which only the Institution Chief Pharmacist and pharmacist designee(s) have the combination and/or key. Inventory audits and reports have been completed as scheduled and stipulated by PS 6360.02, *Pharmacy Services*, without discrepancy. The BOP provided OIG with evidence of the quarterly narcotic inventory audits and reports for quarters 2 and 3 of fiscal year 2025. Additionally, the BOP provided OIG with FDC SeaTac's updated Policy and Procedure Statement for Pharmacy Services dated January 15, 2025, clarifying controlled substance storage requirements. As such, the BOP respectfully requests closure of this recommendation.

Recommendation Eight: Develop and implement a strategy for consistent and timely administration of evening pill line, including insulin, to support appropriate medication management.

BOP Response: The BOP concurs with this recommendation. The Health Services Division (HSD) recognizes the important nature of this recommendation and concurs. A strategy is being developed for the consistent and timely administration of evening pill line, including insulin, to support appropriate medication management. HSD notes, however, that improved timing of administration may not result in better control of glycemic levels due to the significant number of factors that can affect blood sugar. As such, improved glycemic control may be an imperfect measure of success for consistent insulin administration.

Further, FDC SeaTac recognizes the fundamental importance of coordinating meals with insulin administration. FDC SeaTac Health Services, Food Service and Custody officials are evaluating methods to synchronize delivery of meals and insulin. Additionally, consideration is being made to prescribe longer-acting insulins which are not as time sensitive and to provide inmates with glucometers to better monitor their blood sugar levels.

Recommendation Nine: Ensure that FDC SeaTac adheres to BOP policy for sanitation and organization in the Health Services Department.

BOP Response: The BOP concurs with this recommendation. FDC SeaTac will ensure adherence to BOP policy for sanitation and organization in the Health Services Department. Specifically, FDC SeaTac will ensure compliance with PS 6010.05, *Health Services Administration*, and PS 1600.14, *National Occupational Safety and Health Policy*, by requiring a weekly sanitation inspection report for health services, to include satellite examination rooms, be sent to the applicable Associate Warden. These inspections will begin the week of August 25, 2025. BOP will provide OIG with examples of the weekly sanitation report with the next status update.

Recommendation Ten: Ensure that FDC SeaTac 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. FDC SeaTac ensures random employee pat searches are conducted in accordance with BOP policy requirements, including those governing the frequency and timing of the searches to be conducted across all shifts. To provide evidence of full compliance with BOP policy, the BOP provided OIG examples of random pat-search of employee forms for FDC SeaTac (BP-A0991) for March 2025, April 2025, May 2025, June 2025, July 2025, and August 2025. As such, the BOP respectfully requests closure of this recommendation.

Recommendation Eleven: Ensure that FDC SeaTac's visitor entrance and search procedures and practices align with BOP policy.

BOP Response: The BOP concurs with this recommendation. FDC SeaTac has taken steps to ensure that visitor entrance and search procedures and practices align with BOP policy, to include revising the Front Lobby Post Orders. The BOP provided OIG with the revised Front Lobby Post Orders from August 2025. As such, the BOP respectfully requests closure of this recommendation.

Appendix 5: OIG Analysis of the BOP's Response

The OIG provided a draft of this report to the BOP for its comment. The BOP's formal response is included in Appendix 4 to this report.

In its formal response, the BOP concurred with our recommendations in this report and described actions that it has already taken to rectify the findings. The BOP also provided additional documentation to supplement the formal response included in Appendix 4, which described and demonstrated in more specificity the corrective actions it has undertaken at FDC SeaTac. The BOP has taken numerous steps to begin addressing the issues identified in our report. On the basis of these actions, the BOP requested that the OIG close four recommendations in advance of the public issuance of this report. The updates and documentation that the BOP provided helped demonstrate progress in several areas, and we are encouraged by the steps the BOP has taken to address inmate healthcare concerns and other issues identified in our report. However, given the scale and scope of the issues that we identified through our inspection, and the recent nature of some of the corrective actions the BOP has taken, the BOP needs to demonstrate that it can effectuate operational improvements at FDC SeaTac for a more sustained period before the OIG can conclude that the BOP has adequately addressed the problems about which we made recommendations. We will monitor the BOP's efforts to remedy the issues identified at FDC SeaTac as part of our oversight of the BOP's corrective actions to address both the specific issues addressed in the recommendations below and the systemic issues identified in our prior work.

The OIG's analysis of the BOP's response and supporting materials regarding specific recommendations, as well as a discussion of the actions necessary to close these recommendations, is below. Please respond to all recommendations by December 10, 2025.

Recommendation 1

Ensure that FDC SeaTac follows the BOP Patient Care policy for sick call requests by adjusting its processes to log all inmate sick call requests from inmates, regardless of method of request, into the Bureau Electronic Medical Records System.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP reported that FDC SeaTac will adjust its processes to log all inmate sick call requests, regardless of method of request, into the Bureau Electronic Medical Records System (BEMR) as required by Program Statement (PS) 6031.05, Patient Care. The BOP provided the OIG with evidence that inmate sick call requests were added into BEMR and that all repeat requests were added to the original sick call requests and not logged as new requests in BEMR. The BOP stated that reports are provided to the Associate Warden on a weekly basis. The BOP requested closure of this recommendation.

OIG Analysis: The BOP's actions are responsive to this recommendation. To close this recommendation, please provide copies of the weekly reports provided to the Associate Warden dated from August 2025 through November 2025 documenting that all sick call requests were added into BEMR as required by policy. Also, provide documentation that outlines how FDC SeaTac will ensure employees upload all inmate sick call requests into BEMR regardless of the initial method of request.

Recommendation 2

Develop and implement a plan to regularly review the age and status of all sick call requests and ensure that all inmate sick call requests are addressed by the Health Services Department consistent with BOP policy.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP stated that FDC SeaTac developed and implemented a plan to regularly review the age and status of all sick call requests to ensure that all inmate sick call requests are addressed by the Health Services Department consistent with policy. The BOP stated that FDC SeaTac submits weekly reports to a medical provider for appropriate action on all sick call requests older than 2 weeks. The BOP provided the OIG with an example of this weekly report.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide a copy of the plan FDC SeaTac developed and implemented to regularly review the age and status of all inmates sick call requests to ensure that all sick call requests are addressed by the Health Services Department consistent with policy. Also, ensure that this plan outlines specific steps to be taken to resolve all sick call requests older than 2 weeks.

Recommendation 3

Implement a plan to ensure timely completion of laboratory orders at FDC SeaTac and address any backlogs that may persist.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP reported that FDC SeaTac is implementing a plan to ensure timely completion of laboratory orders and to address the remaining laboratory order backlog. The BOP stated that FDC SeaTac is seeking to award a contract to hire an on-site phlebotomist and noted that in the past it has taken more than 6 months to develop and award a contract. In the interim, the BOP has requested TDY support from other BOP institutions until a phlebotomist is hired. The BOP stated that it will provide the OIG with a plan to ensure timely completion of laboratory orders and to address the laboratory order backlog once the contract for a phlebotomist is awarded.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide a copy of the BOP's plan to ensure timely completion of laboratory orders and to address the laboratory order backlog at FDC SeaTac. Also, provide updates about the progress made by TDY employees to address laboratory orders at FDC SeaTac and the status of the remaining backlog. Lastly, provide the status of efforts to award a contract to hire an on-site phlebotomist.

Recommendation 4

Ensure that all FDC SeaTac inmates receive age-appropriate preventive healthcare screenings as outlined in the BOP's Clinical Guidelines for Preventive Health Care Screening.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP reported that FDC SeaTac will ensure that all inmates receive age-appropriate preventive healthcare screenings as outlined in the BOP's Clinical Practice Guidelines for Preventive Health Care Screening. The BOP plans to prioritize preventive health screenings for pre-sentenced inmates and stated that treatment decisions will be made according to BOP's clinical guidance. Also, the BOP emphasized that timely completion of laboratory orders (which the BOP said it is working on through its corrective actions for Recommendation 3) is a critical first step in resolving this recommendation, in addition to integrating preventive health screenings into the intake process at FDC SeaTac. Further, the BOP reported that FDC SeaTac completes a monthly Risk Reduction and Resource Management Plan report for the Associate Warden and Regional Health Services Administrator and that the institution will update the report to include FDC SeaTac's compliance with preventive healthcare screenings.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide a copy of the monthly Risk Reduction and Resource Management Plan report for the Associate Warden and Regional Health Services Administrator that documents how FDC SeaTac will ensure that all inmates receive age-appropriate preventive healthcare screening as outlined in the BOP's Clinical Guidelines for Preventive Health Care Screening. Ensure that this plan includes elements about prioritization of preventive health screenings for pre-sentenced inmates and incorporation of preventive health screenings in the intake process at FDC SeaTac.

Recommendation 5

Implement a plan to ensure that FDC SeaTac health intake screenings, including pregnancy tests, are completed in a timely manner, according to BOP policy, and that any overdue screenings are promptly completed.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP stated that FDC SeaTac has implemented a plan to ensure that health intake screenings, including pregnancy tests, are completed in a timely manner and that any overdue screenings are promptly completed according to policy. The BOP stated that, since the OIG's on-site inspection, FDC SeaTac processes inmate pregnancy tests during initial intake at the institution and has Correctional Systems employees assist the Health Services Department in collecting urine samples for pregnancy tests when Health Services Department employees are unavailable. Additionally, the BOP described efforts to adjust the Health Services Department staffing schedule so that employees are available to conduct inmate intake screening at the time of the inmates' arrivals. The BOP stated that FDC SeaTac's Health Services Administrator or designee provides a weekly report describing missed and/or overdue medical intake screenings to all clinical providers and applicable Associate Wardens. The BOP stated that it will submit an example of this weekly report to the OIG.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide a copy of the weekly report describing missed and/or overdue medical intake screenings for inmates between August 2025 through November 2025. Also, provide a copy of the plan that was implemented to ensure that all health intake screenings, including pregnancy tests, are completed in a timely manner and that any overdue screenings are promptly completed according to policy.

Recommendation 6

Monitor FDC SeaTac to ensure that the corrective actions described in our report have resulted in lasting improvements to medication administration.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP reported that it is monitoring FDC SeaTac to ensure that the corrective actions described in its recently updated Policy and Procedure Statement for Pharmacy Services will result in lasting improvements to medication administration. The BOP stated that the Policy and Procedure Statement was updated on January 15, 2025, and that it clarified requirements for medication administration safety measures and patient identification. Also, the BOP described the importance of a routine and timely medication administration and distribution system and stated that these systems influence inmate health outcomes. The BOP stated that efforts are ongoing to ensure necessary staffing numbers for medication administration at FDC SeaTac.

OIG Analysis: The BOP's actions are responsive to this recommendation. To close this recommendation, please provide documentation that shows how the updated Policy and Procedure Statement was implemented consistent with corrective action plans developed by the BOP and how employees responsible for medication administration are oriented and trained according to the updated policies and procedures.

Recommendation 7

Ensure that the pharmacy implements enhanced management controls that adhere to BOP policy for Pharmacy Services regarding securing controlled substances in a safe.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP reported it will ensure that FDC SeaTac implements enhanced management controls that adhere to BOP policy for Pharmacy Services regarding securing controlled substances in a safe. The BOP stated that the safe is secured at all times, which was confirmed by daily surveillance. Further, the BOP stated that the safe is stored in a room for which only the Chief Pharmacist and pharmacist designee(s) have keys and that only these employees know the combination to the safe. The BOP stated that narcotic inventory audits were completed as required by PS 6360.02, Pharmacy Services, and no issues were found. The BOP provided the OIG with evidence of the narcotic inventory audits for 2025 and a copy of the updated Policy and Procedure Statement for Pharmacy Services dated January 15, 2025, clarifying controlled substance storage requirements. The BOP requested closure of this recommendation.

OIG Analysis: The BOP's actions are responsive to this recommendation. To close this recommendation, please provide documentation of the daily surveillance conducted for enhanced management control of the safe containing controlled substances from August 2025 through November 2025.

Recommendation 8

Develop and implement a strategy for consistent and timely administration of evening pill line, including insulin, to support appropriate medication management.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP described implementing a strategy for the consistent and timely administration of evening pill line, including insulin, to support appropriate medication management at FDC SeaTac. The Health Services Department at FDC SeaTac noted that improved timing of administration may not result in better control of glycemic levels due to a significant number of factors that may affect blood sugar, and that glycemic control may be an imperfect measure of consistent insulin administration. Further, the BOP described the importance of coordinating meals with insulin administration and explained that FDC SeaTac's Health Services, Food Service, and Correctional Services Departments are evaluating methods to synchronize delivery of meals and insulin. Additionally, the BOP stated that it is considering providing inmates with longer-acting insulins and glucometers to better monitor blood sugar levels.

OIG Analysis: The BOP's actions are responsive to this recommendation. Please provide a copy of the strategy for the consistent and timely administration of evening pill line, including insulin, to support appropriate medication management at FDC SeaTac. Also, provide documentation to show methods of synchronization of meal delivery and insulin administration among the Health Services, Food Service, and Correctional Services Departments. Lastly, please provide an update on the BOP's determination regarding the usage of longer-acting insulins and glucometers to better monitor inmate blood sugar levels.

Recommendation 9

Ensure that FDC SeaTac adheres to BOP policy for sanitation and organization in the Health Services Department.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP reported that FDC SeaTac will ensure sanitation and organization in the Health Services Department as required by BOP policy. Specifically, the BOP stated that FDC SeaTac will comply with PS 6010.05, Health Services Administration, and PS 1600.14, National Occupational Safety and Health Policy, by requiring weekly sanitation inspection reports of health services, including satellite examination rooms. These weekly reports will be sent to the applicable Associate Warden. The BOP stated that the weekly sanitation inspections would begin the week of August 25, 2025, and that the BOP will provide the OIG with examples of the weekly sanitation report.

OIG Analysis: The BOP's actions are responsive to this recommendation. To close this recommendation, please provide copies of the completed weekly sanitation inspection reports for health services, including all satellite examination rooms, from August 2025 through November 2025.

Recommendation 10

Ensure that FDC SeaTac 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 stated that FDC SeaTac ensures that random employee pat searches are conducted in accordance with BOP policy requirements, including those governing the frequency and timing of the searches to be conducted across all shifts. To demonstrate compliance with BOP policy, the BOP provided forms BP-A0991 for each month, March through August 2025, documenting random pat searches of employees. The BOP requested closure of this recommendation.

OIG Analysis: The BOP's actions are responsive to this recommendation. The documentation that the BOP provided from six months in 2025 showed varying degrees of adherence to BOP policy for required random pat searches of employees. To close this recommendation, please provide documentation from September 2025 through November 2025 demonstrating that random pat searches of employees were conducted on a monthly basis across all shifts as required by BOP policy.

Recommendation 11

Ensure that FDC SeaTac's visitor entrance and search procedures and practices align with BOP policy.

Status: Resolved.

BOP Response: The BOP concurred with this recommendation. The BOP stated that FDC SeaTac has taken steps to ensure that visitor entrance and search procedures and practices align with BOP policy, which included revising its Front Lobby Post Orders. The BOP provided the OIG with a draft of FDC SeaTac's revised Front Lobby Post Orders from August 2025. The BOP requested closure of this recommendation.

OIG Analysis: The BOP's actions are responsive to this recommendation. To close this recommendation, please state whether the drafted post orders must be approved by the local union or any other entity before the post orders are considered official, and provide the Front Lobby Post Orders with the Captain's or other designee's signature once finalized.