1	Finalize the improper payment alignment strategy for Old-Age, Survivors, and Disability Insurance computations overpayment deficiency dollars.
1	OIG recommends that EXIM's Chief Financial Officer revise the payment integrity risk assessment questionnaires, and the associated training, to ensure clarity and tailor questions specifically to the unique aspects of each program to avoid ambiguities and promote consistency in responses.
6	The Security Services Office implements an internal database to house investigation and clearance documentation.
5	The Security Services Office develops and implements a required training framework for its Security Specialists and program personnel.
4	The Security Services Office develops and implements adequate internal policies and standard operating procedures.
3	The Office of the Chief Management Officer and Security Services Office assign the staffing and resources necessary to conduct pending reinvestigations.
2	The Security Services Office communicates and coordinates with the Human Resources Office to obtain the PDs and PDTs needed for reinvestigations.
1	The Security Services Office determines the number of pending investigations, including pending investigations awaiting a PD update and PDT.
02	Reduce improper and unknown payments to below 10 percent for the Purchased Long-Term Services and Supports Program. This is a repeat recommendation from the OIG's FY 2022 report.
01	Reduce improper and unknown payments to below 10 percent for the Pension Program. This is a repeat recommendation from the OIG's FY 2022 report.
1	Review and appropriately resolve hold codes related to the 5,044 7(a) loans to determine impact on 7(a) eligibility and seek remedy or repayment of all 7(a) loans deemed ineligible.
01	The El Paso VA Health Care System Director ensures Behavioral Health Service policies and guidance are in alignment with federal laws and Texas and New Mexico state laws specific to the system's emergency detention orders, and educates behavioral health licensed independent practitioners on the policies, as needed.
2	DFC's Vice President and Chief Financial Officer should revise DFC's PIIA procedures to include more effective steps to respond to the OMB Annual Data Call.
1	DFC's Vice President and Chief Financial Officer respond to the OMB Annual Data Call as required.
3	Publish improper payment and unknown payment estimates for NST in the accompanying materials provided with future annual financial statements in accordance with OMB guidance. (Modified FY 2022 Recommendation 5)
2	Assess whether FFRs were submitted by eligible organizations during the FFR data pull process, as required by OMB. If it is determined that any grant recipients were ineligible to receive the grant, AmeriCorps should include the entire amount of FFR expenses as an improper payment.
1	Reconcile the differences between grantees' internal accounting records and FFRs to determine the propriety of the component payments or require grantees to perform this reconciliation. In addition, AmeriCorps should report any remaining unmatched reporting errors as improper payments to ensure accuracy, reliability, and consistency of their improper payment reporting. (Modified FY 2022 Recommendation 2.1)
2	Develop goals specific to wait times for customers in the office and time customers wait for scheduled appointments.
1	Develop and/or enhance systems to capture data that measure the effectiveness of initiatives to reduce customer wait times.
3	Update initial claim and post-entitlement processes to more explicitly request claimants and beneficiaries report whether they have received, will receive, or expect to receive workers' compensation benefit payment information.
2	Evaluate the feasibility of a legislative proposal requiring states to provide workers' compensation payment information to SSA.
1	Develop the 35 sample cases where Illinois or Texas workers' compensation benefit payment data were not reflected in beneficiaries' payment records and establish overpayments, as appropriate.
4	We recommend the Vice President, Environment and Sustainability determine what information is needed to be submitted in the campgrounds' annual operating plans, if any, and enforce the requirement. If the Tennessee Valley Authority determines annual operating plans are not necessary, then instead require one submission at the onset of the agreement and only require a new submission to reflect relevant changes, as needed. If this requirement is removed, add a "no change" confirmation to the standard review items to be completed during Natural Resources representatives' compliance inspections.
3	We recommend the Vice President, Environment and Sustainability take action to obtain the appropriate amount of security assurance for the one exception noted and confirm the Tennessee Valley Authority holds the appropriate amount of security assurance for all other active commercial reservoir land use agreements.
2	We recommend the Vice President, Environment and Sustainability develop specific guidance for the threshold at which the Tennessee Valley Authority should request additional security assurance amounts from operators.
1	We recommend the Vice President, Environment and Sustainability, develop specific guidance for Natural Resources representatives that includes a timeline and specific steps representatives should follow when an operator is not providing required gross revenues documentation. Consider developing standardized letters or notifications that can be sent to the operators that include the contract language and ramifications of noncompliance.

1	We recommend the Senior Vice President, Generation Projects and Fleet Services, implement a process to determine the appropriate level of Original Equipment Manufacturer oversight needed for future projects.
13	The Office of Programs should develop additional controls to ensure that the medical services contractor regularly submits the six required timeliness reports in accordance with their contract requirements.
12	The Office of Programs should develop an internal control, replacing internal control number 14-3 from the Office of Administration's Chart of Controls in the Disability Benefits Division's Chart of Controls, to ensure that the medical licenses, insurance, and annual training certifications are reviewed on a timely basis.
11	The Office of Programs should work with Acquisition Management to modify the language in Contract 1, dated December 1, 2020, to require that the medical services contractor submit medical licenses, insurance, and annual training certifications on an annual basis.
10	The Office of Programs should work with Acquisition Management to include language in the next medical services contract requiring that if consultation sessions with the consultants occur online, payments are in 30-minute increments in which consultation occurs, instead of the entire 4-hour window.
9	The Office of Programs should work with Office of Administration to revise the approval process in the Disability Claims Manual so that claims examiners do not approve payment for medical opinions and develop a new process for the Contracting Officer's Representative or the Alternate Contracting Officer's Representatives to review and approve payment for medical opinions.
8	The Office of Programs should work with Office of Administration to determine if additional Contracting Officer's Representatives are required to ensure proper contractual and technical oversight and monitoring of the medical opinions contract.
7	The Office of Programs should review the 11 incomplete medical opinions to determine if the missing information from the medical opinion would change the disability determination and expand the review of medical opinions if disability determinations are found to be impacted.
6	The Office of Programs should work with the RRB's Executive Committee to retrain applicable employees regarding the medical opinion approval process and document retention requirements to ensure the evaluation of medical opinions follows RRB's internal controls.
4	The Office of Programs should retrain the examiners to sign each medical opinion they review and ensure that current medical evidence is included.
3	The Office of Programs should create controls that require the Contracting Officer's Representative to sample medical opinions and review them for acceptability on a routine basis.
2	The Office of Programs should require a secondary authorizer to review each medical opinion.
5	The Office of Programs should work with the RRB's Executive Committee to determine which RRB employees should be provided annual training regarding the review and acceptance of medical opinions to ensure RRB's internal controls for the usage of medical opinions in the disability determination process are designed and operating effectively.
1	The Office of Programs should create a cover sheet with a checklist that allows the Contracting Officer's Representative to verify that the following requirements have been met: The claims examiner signed and dated form G-137 SUP, via a written/electronic signature or a "sticky note;" and Current medical evidence is included in each medical opinion.
12	The Chief of Staff ensures the suicide prevention coordinators conduct, track, and report a minimum of five suicide prevention outreach activities each month.
11	The Chief of Staff ensures clinical staff notify the suicide prevention team when patients report suicidal behaviors during the Comprehensive Suicide Risk Evaluation.
10	The Chief of Staff ensures designated staff complete the Comprehensive Suicide Risk Evaluation the same calendar day, when logistically feasible and clinically appropriate, for all ambulatory care patients with a positive suicide risk screen.
09	The Executive Director ensures staff test panic alarms in the Acute Psychiatric Unit and document VA police response times.
08	The Executive Director ensures staff follow the manufacturer's recommendations for testing over-the-door alarms for sleeping rooms in the Acute Psychiatric Unit.
07	The Veterans Integrated Service Network Chief Medical Officer oversees the healthcare system's privileging processes.
06	The Chief of Staff ensures the Healthcare Delivery Council or an appropriately identified executive committee of the medical staff reviews professional practice evaluation results.
05	The Chief of Staff ensures practitioners with equivalent specialized training and similar privileges complete Ongoing Professional Practice Evaluations.
04	The Chief of Staff ensures service chiefs consider specialty-specific data during licensed independent practitioners' Ongoing Professional Practice Evaluations.
03	The Chief of Staff ensures service chiefs regularly complete Ongoing Professional Practice Evaluations for licensed independent practitioners.
02	The Chief of Staff ensures service chiefs initiate Focused Professional Practice Evaluations for newly appointed licensed independent practitioners.
01	The Executive Director ensures staff complete root cause analyses for sentinel events.

10	Design and implement a formal review process to ensure corrective actions plans developed, implemented, and published are adequately addressing the true root causes of improper and unknown payments.
9	Design and document adequate review procedures to ensure that the results of the sample meet the PIIA objectives.
8	Design and implement effective communication and review processes with responsible staff involved in the payment integrity reporting process to ensure compliance for the reporting of new programs and activities.
7	Exercise effective management review controls over the statistician's work product by verifying that the documentation of the sampling and estimation methodology plans comprehensively outlines the details of the implemented sampling and extrapolation methodology, while maintaining statistical validity.
6	Collaborate with the responsible staff involved in the payment integrity reporting process to ensure timely and complete reconciliations are performed on the populations subject to sampling for improper payment reviews.
5	Formally document and implement additional preventative and monitoring controls to determine the eligibility of loans prior to loan approval and payments and loan guaranty purchases.
4	Design and implement enforceable actions and controls to hold lenders accountable for not providing all documentation requested for loan samples in a timely manner.
3	Enhance existing procedures using the framework in the Government Accountability Office's Green Book to design and implement robust internal and quality control processes to ensure complete and accurate reporting of annual improper payment results and formalized risk assessment processes to ensure all programs and activities are considered sufficiently to meet PIIA reporting objectives.
2	Proactively seek and obtain guidance from OMB in the first year of a new program's implementation and develop a plan to ensure compliance with PIIA reporting requirements, as needed.
1	Continue to provide training and collaborate with program office staff to ensure the timely and complete reconciliation of the population of transactions used for estimating improper payments to the general ledger is performed, as needed.
1	Verify that Co-Impact corrects the four instances of material noncompliance detailed on pages 22 to 27 of the audit report.
3	Assess the current examiner in charge case study assessment feedback process and determine how to enhance the feedback provided to examiners while safeguarding the content of the examiner in charge case study assessment. Based on the results of the assessment, update guidance to clearly outline expectations for delivering specific, actionable examiner in charge case study assessment feedback and develop and implement training on those expectations.
2	Develop a standardized process for Supervision Learning and Development and the regions to collaborate when providing supplemental Examiner Commissioning Program support to examiners who are preparing for the Examiner Commissioning Program.
1	Issue guidance that clearly defines responsibilities and outlines expectations for those serving in Examiner Commissioning Program support roles, including (a) mentors on their support during an examiner's acting examiner in charge assignment; (b) regional training leads on their support during rotations; and (c) field managers on providing support, identifying examinations, and selecting acting examiner in charge assignments for examiners pursuing commissioning.
5	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, properly secure and control physical access to all business network assets at the hydroelectric facility in accordance with National Institute of Standards and Technology Special Publication 800-53.
4	We recommend the Senior Vice President, Power Operations, create baseline configurations and implement a process to verify that baseline configurations are followed and maintained as required by Power Operations' location specific standard operating procedure.
3	We recommend the Senior Vice President, Power Operations, revise procedures to require unique passwords for assets, local accounts, and services.
2	We recommend the Senior Vice President, Power Operations, remove the decommissioned asset from the network and follow the operational technology asset inventory validation as required by Power Operations' Standard Operating Procedure 12.862.
1	We recommend the Senior Vice President, Power Operations, implement planned design changes to address network redundancy and implement additional changes to address single points of failure.
25	We recommended the Assistant Secretary for Information and Technology implement improved procedures for monitoring contractor-managed systems and services and ensure information security controls adequately protect VA sensitive systems and data.
24	We recommended the Assistant Secretary for Information and Technology develop a comprehensive inventory process to identify connected hardware, software, and firmware used to support VA applications and operations.
23	We recommended the Assistant Secretary for Information and Technology implement improved processes to monitor for unauthorized changes to system components and the installation of prohibited software on all agency devices and platforms.
22	We recommended the Assistant Secretary for Information and Technology implement improved measures to ensure that all security controls are assessed in accordance with VA policy and that identified issues or weaknesses are adequately documented and tracked within POA&Ms.
21	We recommended the Assistant Secretary for Information and Technology implement improved safeguards to identify and prevent unauthorized vulnerability scans on VA networks.

20	We recommended the Assistant Secretary for Information and Technology ensure that systems and applications are adequately logged and monitored to facilitate an agency-wide awareness of information security events.
19	We recommended the Assistant Secretary for Information and Technology ensure contingency plans for all systems and applications are updated and tested in accordance with VA requirements.
18	We recommended the Assistant Secretary for Information and Technology implement improved procedures to ensure that system outages and disruptions are tracked to specific system boundaries and that interdependent systems are considered for the purposes of tracking and measuring against stated system recovery time objectives.
17	We recommended the Assistant Secretary for Information and Technology implement improved procedures to enforce standardized system development and change control processes that integrates information security throughout the life cycle of each system.
16	We recommended the Assistant Secretary for Information and Technology implement improved processes to ensure that all devices and platforms are evaluated using credentialed vulnerability assessments.
15	We recommended the Assistant Secretary for Information and Technology enhance procedures for tracking security responsibilities for networks, devices, and components not managed by the Office of Information and Technology to ensure vulnerabilities are remediated in a timely manner.
14	We recommended the Assistant Secretary for Information and Technology implement improved controls that restrict vulnerable medical devices from unnecessary access to the general network.
13	We recommended the Assistant Secretary for Information and Technology maintain a complete and accurate security baseline configuration for all platforms and ensure all baselines are appropriately monitored for compliance with established VA security standards.
12	We recommended the Assistant Secretary for Information and Technology implement improved processes for tracking and resolving vulnerabilities that cannot be addressed within policy timeframes. Implement more effective patch and vulnerability management processes to mitigate identified security deficiencies and reduce applicable security risks.
11	We recommended the Assistant Secretary for Information and Technology implement more effective automated mechanisms to continuously identify and remediate security deficiencies on VA's network infrastructure, database platforms, and web application servers.
10	We recommended the Office of Personnel Security, Human Resources, and Contract Offices strengthen processes to ensure appropriate levels of background investigations are completed for applicable VA employees and contractors.
09	We recommended the Office of Personnel Security, Human Resources, and Contract Offices implement improved processes for establishing and maintaining accurate investigation data within VA systems used for background investigations.
08	We recommended the Assistant Secretary for Information and Technology enable system audit logs on all critical systems and platforms and conduct centralized reviews of security violations across the enterprise.
07	We recommended the Assistant Secretary for Information and Technology implement periodic reviews to minimize accounts and permissions in excess of required functional responsibilities, and to remove unauthorized or unnecessary accounts.
06	We recommended the Assistant Secretary for Information and Technology implement improved processes to ensure compliance with VA password policy and security standards on domain controls, operating systems, databases, applications, and network devices.
05	We recommended the Assistant Secretary for Information and Technology implement improved processes for reviewing and updating key security documentation, including control assessments on a risk-based rotation or as needed. Such updates will ensure all required information is included and accurately reflects the current environment.
04	We recommended the Assistant Secretary for Information and Technology develop mechanisms to ensure system security plans reflect current operational environments, include an accurate status of the implementation of system security controls, and all applicable security controls are properly evaluated.
03	We recommended the Assistant Secretary for Information and Technology implement controls to ensure that system stewards and responsible officials obtain appropriate documentation prior to closing Plans of Action and Milestones.
02	We recommended the Assistant Secretary for Information and Technology implement improved mechanisms to ensure system stewards and Information System Security Officers follow procedures for establishing, tracking, and updating Plans of Action and Milestones for all known risks and weaknesses including those identified during security control assessments.
01	We recommended the Assistant Secretary for Information and Technology consistently implement an improved continuous monitoring program in accordance with the NIST Risk Management Framework. Specifically, implement an independent security control assessment process to evaluate the effectiveness of security controls prior to granting authorization decisions.
3	We recommend that the Chief Information Officer require the Information Technology Division (ITD) to reconcile the ITD Authorized Access List against the United States Capitol Police Access Clearance Definition Report, at the end of every calendar quarter in accordance with ITD Authorized Data Center Proxy Card Access List Maintenance standard operating procedure.
2	We recommend that the Chief Information Officer require the Information Technology Division (ITD) to perform an annual validation of the ITD Authorized Access List, in accordance with ITD Authorized Data Center Proxy Card Access List Maintenance standard operating procedure.

1	We recommend that the Chief Information Officer require the Information Technology Division (ITD) to create and maintain an ITD Authorized Access List, in accordance with the ITD Authorized Data Center Proxy Card Access List Maintenance standard operating procedure.
9	EXIM's Office of Policy Analysis and International Relations should conduct an analysis of the potential impacts of lowering the mandated domestic content policy for EXIM programs targeted to sub-Saharan Africa on U.S. jobs and present its findings to EXIM's Board of Directors.
8	The Lead Office or Officials should devise a plan to directly engage U.S. businesses that are not already engaging with EXIM's sub-Saharan Africa programs.
7	EXIM's Office of Global Business Development should devise a detailed plan to directly engage importers in sub-Saharan Africa that are not already engaging with EXIM's sub-Saharan Africa programs. The office must ensure that the plan is incorporated as an integral part of the overarching strategy devised by the Lead Office or Officials.
6	EXIM's Office of Board Authorized Finance and Office of General Counsel should conduct a comprehensive review of the post-authorization process to identify the primary factors within the documentation phase that contribute to the lag between authorization and disbursements and devise strategies to remedy these shortcomings.
5	The Lead Office or Officials should establish effective metrics to measure EXIM's Sub-Saharan Africa Mandate performance to inform the growth strategy (e.g., the number of U.S. exporters, lenders, and importers in sub-Saharan Africa reached, relationships established, total commitments and authorizations, and export value). The Sub-Saharan Africa Mandate performance metrics should also be incorporated within the next EXIM Annual Performance Plan.
4	The Lead Office or Officials should develop an actionable plan to enhance collaborative efforts with the Department of Commerce, the Trade Promotion Coordinating Committee (TPCC), and other relevant government agencies, such that EXIM could play a more prominent role in trade discussions and initiatives concerning sub-Saharan Africa.
3	EXIM's Office of the Chair should integrate the Sub-Saharan Africa Mandate strategy within the broader EXIM Strategic Plan to re-enforce that the Sub-Saharan Africa Mandate is central to EXIM's overall strategic planning.
2	The Lead Office or Officials should develop a sub-Saharan Africa specific strategy to address the Sub-Saharan Africa Mandate. This strategy should provide a unified direction and shared vision of EXIM offices and staff and communicate EXIM's commitments and strategy to interagency partners in the U.S. Government and other stakeholders with a focus to promote the expansion of EXIM's financial commitments in sub-Saharan Africa.
1	EXIM's Office of the Chair should designate a lead office or officials responsible for coordinating development, oversight, and implementation of a sub-Saharan Africa specific strategy to address the Sub-Saharan Africa Mandate (hereafter referred to as the "Lead Office or Officials"). The Lead Office or Officials should have an explicit responsibility and authority to coordinate and guide the mandate's implementation across all relevant EXIM offices, liaise with external stakeholders, including but not limited to the Sub-Saharan Africa Advisory Committee (SAAC) and other U.S. Government agencies and between sub-Saharan Africa importers and U.S. exporters to rebuild relationships, establish and monitor key performance indicators, and report regularly to the Board of Directors, EXIM Chair, and SAAC.
1	Resolve the $1,350 in unallowable direct and indirect costs.
1	USAID/Armenia verify that Eurasia Partnership Foundation corrects the instance of material noncompliance detailed on pages 20 to 21 of the audit report.
2	Develop policies, procedures, and checklists for the review and timely submission of the payment integrity information to OMB.
1	Assess the resource requirements necessary to ensure the timely submission of the required OMB information by the established deadline.
1	The Executive Director incorporate the statutory language at 5 U.S.C. § 2302(b)(13)(A) into the six policies, forms, and agreements identified above.
11	We recommend TVA management revise Order of Precedence clauses that allow a purchase order to have compensation terms that are different from the compensation terms of the blanket contract.
10	We recommend TVA management establish policies to prevent instances of work being performed under a purchase order subsequent to the contract's termination date.
9	We recommend TVA management implement procedures to (1) confirm information in TVA's Enterprise Asset Management system are consistent with contract documentation and (2) ensure contract modifications to change the contract term or monetary limit are made through a formal, written amendment, when required by the contract.
8	We recommend TVA management revise TVA-SPP-04.004 to include requirements for communicating changes in field invoice approver assignments that is consistent with the language in TVA-SPP-04.002.
7	We recommend TVA management revise policies to provide guidance on the FIA's responsibilities for approving invoices when the purchase order's compensation terms are not provided for in the associated blanket contract.
6	We recommend TVA management revise policies to emphasize the importance of contracting officer's responsibility to ensure a purchase order's compensation terms are provided for in the blanket contract.
5	We recommend TVA management assess the adequacy of the online field invoice approver training related to the field invoice approver's responsibilities for reviewing all commercial terms, communicating with the contracting officer to understand the contract's pricing structure, and utilizing the invoice review checklist as a reference during the invoice review process.
4	We recommend TVA management require and establish a frequency for online refresher training.

3	We recommend TVA management establish an automatic reporting mechanism to communicate (1) contract modifications to the field invoice approver and (2) changes in field invoice approver assignments for existing purchase orders to contracting officers.
2	We recommend TVA management revise policies to clarify the contracting officer's and contract technical steward's responsibility to (1) monitor the invoice approval process and (2) engage in clear and frequent communication with the field invoice approver.
1	We recommend TVA management implement procedures to (1) assess the clarity, conciseness, and completeness of compensation terms and (2) ensure contract terms establish an invoice format that includes sufficient detail.
AUD-2024-005-2	FHFA should ensure OFLO documents its quality control review process of adverse examination findings in policy and procedures.
AUD-2024-005-1	FHFA should ensure OFLO documents its process for monitoring and tracking referrals to the Deparment of Housing and Urban Development or the Department of Justice.
09	Make certain that the Medical Disability Examination Office develops a plan with the vendors to determine if each veteran seeking an exam requires accessibility arrangements prior to scheduling.
08	Review and analyze all veteran complaints related to exam facilities received through all entities and perform complaint-based site visits or create action plans, as necessary.
07	Enforce contractual requirements for vendors to conduct inspections and recertify all facilities to ensure ADA and OSHA compliance.
06	Ensure the Medical Disability Examination Office is conducting complaint-based contract facility inspections.
05	Complete a standardized training plan for staff who conduct site visits at contract exam facilities to include ADA and OSHA compliance.
04	Update the Medical Disability Examination Office site visit checklist to include a focus on specific ADA and OSHA criteria required by contracts with exam vendors.
03	Develop and implement formal standard operating procedures for the contract exam facility site visits detailing roles, responsibilities, objectives, and monitoring.
02	Comply with the requirements of the customer satisfaction survey contract to route exam comment cards directly between the survey vendor and veteran.
01	Formalize the executive director's intent by requiring the submission to the OIG of a related plan and documentation of progress on implementing VA's maintenance of an independent and updated list of contract facilities.
5	We recommend the Under Secretary for Strategy, Policy, and Plans coordinate with USCIS and ICE to develop guidelines for consideration of factors such as derogatory information and prior decisions on benefit requests during the re-parole and extension of parole processes.
4	We recommend the DHS Secretary clarify DHS component responsibility for monitoring and addressing parole expiration for OAW parolees without other long-term status to ensure individuals are lawfully present in the United States after parole expiration.
3	We recommend the Director of USCIS and Director of ICE continue to review and update records for OAW parolees to improve data accuracy for individual records.
2	We recommend the Director of USCIS and Director of ICE update the USCISICE MOA in consideration of USCIS data access limitations.
1	We recommend the Director of USCIS develop USCIS guidelines on terminating OAW parole and making referrals to ICE for enforcement action.
1	Document the oversight reviews and/or tools RMA will use to ensure that WFRP activities are performed in accordance with program requirements. Also, RMA should establish a policy and develop procedures to ensure WFRP activities and data are reviewed in a consistent and regular manner.
2	We recommend that USAID's Office of Acquisition and Assistance, Cost, Audit and Support Division verify that the African Institute for Development Policy corrects the six instances of material noncompliance detailed in the audit report.
1	We recommend that USAID's Office of Acquisition and Assistance, Cost, Audit and Support Division determine the allowability of the $744,195 direct questioned costs ($2,713 ineligible and $741,482 unsupported) on pages 32, 44, 55, and 63 of the audit report and recover any unallowable amount.
4	Reexamine procedures to better ensure recovery of Orion jettisoned hardware for the Artemis II mission.
3	Require EGS conduct additional verification and validation for launch imagery equipment prior to launch attempts should launch conditions change.
2	Conduct analysis of Orion separation bolts using updated models that account for char loss, design modifications, and operational changes to Orion prior to launch of the Artemis II mission.
1	Ensure the root cause of Orion heat shield char liberation is well understood prior to launch of the Artemis II mission.

5	We recommend that the PBS Commissioner ensure that PBS contracting officials improve oversight of O&M contractors' compliance with the terms and conditions of their GSA contracts.
4	We recommend that the PBS Commissioner ensure that PBS contracting officials thoroughly review and understand the O&M contracts' QCP inspection requirements.
3	We recommend that the PBS Commissioner ensure that PBS contracting officials ensure that the O&M contract language clearly specifies the time requirements for routine service request completion and that the requirements are communicated to O&M contractors.
2	We recommend that the PBS Commissioner ensure that PBS contracting officials confirm and enforce O&M contractor compliance with contractual requirements governing: "Personnel" and "Contractor Key Personnel"; and contingency plans for "Loss of the Contractor's onsite personnel."
1	We recommend that the PBS Commissioner ensure that PBS contracting officials emphasize the evaluation of O&M contractors' proposed staffing and communicate with onsite PBS staff prior to contract award to ensure contract terms and conditions can be fully met.
6	We recommend the Director for the Office of Labor-Management Standards implement specific collaborative processes for sharing persuader activity and other relevant information with the National Labor Relations Board, including specifying information needs, procedures and timelines for sharing information, resource sharing, and interagency training needs.
5	We recommend the Director for the Office of Labor-Management Standards increase awareness of the tip line through enhanced publicity, such as posting it on DOL's complaint webpage.
4	We recommend the Director for the Office of Labor-Management Standards implement written tip line policies and procedures to standardize the intake, tracking, and resolution processes.
3	We recommend the Director for the Office of Labor-Management Standards develop an online system to intake, track, and monitor tips from receipt to completion, including anonymity protection.
2	We recommend the Director for the Office of Labor-Management Standards implement quality control measures to improve the usefulness of reported information by—at a minimum—ensuring requirements for: completion of required fields, validated addresses, ability to efficiently cross-match corresponding reports, and tax identification number inclusion.
1	We recommend the Director for the Office of Labor-Management Standards outline requirements needed to strengthen enforcement authority to align with the Labor-Management Reporting and Disclosure Act of 1959's intentions to protect workers' rights and interests to unionize by recommending rule changes or legislative changes to increase employer and consultant compliance.
2	USAID/Afghanistan verify that TMT corrects the five instances of material noncompliance detailed on pages 20-30 of the audit report.
1	USAID/Afghanistan determine the allowability of the $79,488 of ineligible questioned costs as reported on page 13 and detailed on pages 20-25 of the audit report and recover any amount that is unallowable._x000D_
04	Ensure that the performance plan of the chief of community care has standards related to the metrics for community care.
03	Continue to increase specialty provider availability in VA and the community for veterans assigned to the Martinsburg VA medical facility.
02	Conduct a strategic business evaluation of the community care department's workflow processes to determine if there are alternatives that could improve consult processing and scheduling efficiency and timeliness.
3	Establish a process to identify the company's unique information requirements related to its role on future capital projects and communicate these requirements to its partners.
2	Assess where information-sharing expectations between the company and NJ Transit may continue to differ on the Portal North Bridge project and determine a course of action to remedy them, including amending the agreement if necessary.
1	Establish a process to take future projects' constructability into account when assessing track outage and force account needs.
05	The Chief of Staff ensures providers complete the Comprehensive Suicide Risk Evaluation on the same day as a patient's positive suicide risk screen in all ambulatory care settings.
04	The Assistant Director ensures staff document VA police response times for panic alarm testing in the inpatient mental health unit.
01	The Chief of Staff ensures service chiefs recommend continued privileges for licensed independent practitioners based on Ongoing Professional Practice Evaluation activities, and the Medical Executive Committee recommends them based on evaluation results.
5	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to implement standard operating procedures to standardize the supervisory review process, including tracking and evaluating aggregate errors identified during reviews and ensure appropriate corrective actions are taken.
4	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to regularly update the quality assurance recommendation tracker with the status and action taken on all recommendations.

3	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to establish criteria to determine which quality assurance recommendations require action and should be tracked.
2	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to regularly assess progress toward meeting performance metrics and goals related to claims processing, which track the process from start to finish, and publicly report results.
1	We recommend the Director for Office of Workers' Compensation Programs require the Division of Energy Employees Occupational Illness Compensation to formally establish and implement performance metrics and goals related to claims processing, which track the process from start to finish, to include remand time for those claims not sent to the National Institute of Occupational Safety and Health and/or did not have a hearing held.
3	We recommend that the PBS NCR Regional Commissioner take the actions listed below to improve asbestos management in Building 40: develop and maintain an accurate, current, and comprehensive ACM inventory; upon completion of the ACM inventory, assess hazards arising from the ACM in the building and implement appropriate actions to mitigate or eliminate those hazards; ensure all required asbestos records are maintained in the Inventory Reporting Information System; enforce the asbestos management requirements established in the Building 40 operations and maintenance contract; update, enforce, and administer the Building 40 asbestos management plan; and notify tenants of ACM inventory annually.
2	We recommend that the PBS NCR Regional Commissioner comprehensively train PBS NCR management and staff so that they have a clear understanding of PBS's asbestos management policy and their roles and responsibilities for effectively and safely managing ACM in GSA-owned facilities.
1	We recommend that the PBS NCR Regional Commissioner conduct a comprehensive assessment of PBS NCR's asbestos management program and implement internal controls to ensure adherence to federal regulations and PBS asbestos management policy.
07	The Chief of Staff ensures clinical staff notify the suicide prevention team when patients report suicidal behaviors during the Comprehensive Suicide Risk Evaluation.
06	The Chief of Staff ensures suicide prevention coordinators conduct, track, and report a minimum of five suicide prevention outreach activities each month.
05	The Chief of Staff ensures designated staff complete the Comprehensive Suicide Risk Evaluation the same calendar day, when logistically feasible and clinically appropriate, for all ambulatory care patients with a positive suicide risk screen.
04	The Medical Center Director ensures staff follow the manufacturer's recommendations for testing over-the-door alarms on mental health inpatient unit sleeping room doors.
03	The Chief of Staff ensures service chiefs include service-specific criteria in the Ongoing Professional Practice Evaluations of licensed independent practitioners.
02	The Chief of Staff ensures the Clinical Executive Board reviews professional practice evaluation data for licensed independent practitioners.
01	The Chief of Staff ensures service chiefs regularly complete Ongoing Professional Practice Evaluations for licensed independent practitioners.
6	Establish a course of action and timeline for individual Artemis system design changes before beginning integrated system assembly stacking operations.
5	Develop a corrective action plan to mitigate or prevent the recurrence of uninterpretable Orion telemetry data for the Artemis II mission.
07	The VA New Mexico Health Care System Director ensures the facility's Sterile Processing Service identifies and resolves high-level disinfection documentation errors as they occur, prior to use of associated reusable medical devices on patients.
06	The VA New Mexico Health Care System Director ensures Sterile Processing Service leaders demonstrate clear communication of Sterile Processing Service staff roles and responsibilities in accordance with Veterans Health Administration High Reliability Organization principles and values.
05	The VA New Mexico Health Care System Director ensures Sterile Processing Service has a formal process in place to sustain daily quality assurance reviews and monitors compliance.
04	The VA New Mexico Health Care System Director ensures Sterile Processing Service has a process to communicate all instances when high-level disinfection documentation cannot be located to the associated clinical services when the reusable medical devices was used in patient care.
03	The VA Desert Pacific Healthcare Network Director ensures audit results are shared with the Sterile Processing Advisory Board per Veterans Health Administration requirements.
02	The VA Desert Pacific Healthcare Network Director ensures entry of audit results into the Sterile Processing Accountability Tool within the required time frame.
01	The VA Desert Pacific Healthcare Network Director strengthens Sterile Processing Service oversight to ensure timely communication of audit findings with action plan expectations to facility leaders.
3	The most current projection of NextGen benefits for completed and planned implementations.
2	Current total NextGen modernization expenditures from all FAA budget sources.

1	An update on the status and future milestones of NextGen programs and their capabilities, including Trajectory Based Operations.
7	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, implement baselines, baseline monitoring, and deviation risk tracking as required by TVA policy.
6	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, update TVA policy to align with best practice for baseline configuration reviews.
5	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, identify and review service accounts used for wireless infrastructure to ensure all service accounts are appropriately secured where technically and operationally possible.
4	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, design and implement a process to identify and remediate primary user accounts that should not be included in privileged access groups.
3	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, take action to remediate both instances of insecure protocols in use where technically and operationally possible.
2	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, implement the planned project to upgrade software and hardware to supported versions.
05	The Under Secretary for Health promotes the establishment of partnerships of VA medical centers with community resources to address social determinants of health/health-related social needs.
04	The Under Secretary for Health promotes the use of health equity tools across VA medical centers.
03	The Under Secretary for Health evaluates barriers to assessing social determinants of health/health-related social needs when patients are discharged from VA medical centers.
02	The Under Secretary for Health considers the implementation of a standardized electronic health record template, such as the Assessing Circumstances and Offering Resources for Needs tool, that includes the assessment of social determinants of health/health-related social needs of hospitalized patients.
01	The Under Secretary for Health considers the need for a national policy establishing the inclusion of social determinants of health/health-related social needs into discharge assessment and planning.
24-21-04	We recommend the Grantee develop policies and procedures to ensure performance progress reports are submitted to ARC no later than 30 days after the close of a reporting period.
24-21-03	The Grantee improve policies and procedures for subrecipients to establish considerations for assigning a PI for subawards including the PI to be independent from the subrecipient organization, define minimum subrecipient monitoring requirements, and provide for secondary review of PI monitoring activities.
24-21-02	The Grantee work with ARC management to resolve the questioned cost of $424 in non-ARC match funds.
24-21-01	The Grantee improve policies and procedures to ensure financial information is accurately reported to ARC including a process for determining whether requests for funds are reimbursements or advances and ensuring costs are not duplicated in between reporting periods.
7	Require OCHCO, Mission Directorates, and Centers collaborate to identify and incorporate critical Agency workforce needs when developing future STEM engagement activities and develop a plan that increases the number of STEM engagement activities aimed at skilled trade occupations.
6	Require all NASA organizations capture STEM engagement activities in STEM Gateway.
5	Re-evaluate jurisdictions eligible for EPSCoR funds to ensure effective and equitable distribution of Agency funds.
4	Develop a standardized grant process that ensures mandatory performance reporting and that expiration dates are tracked and monitored to meet requirements and develop practices to ensure grant recipients are reporting subrecipient awards over $30,000 as required.
3	Determine and apply relevant NASA project management policy requirements to existing project plans or record their exclusion and appropriately address budget risk in project plans, including planning for various funding scenarios.
2	Develop a procedure to ensure OSTEM tracks and reports funding for all Agency STEM engagement activities.
1	Re-evaluate the OSTEM performance goals to ensure they are distinct and well correlated with outcomes.
1	Create processing timeframes for returned funds for current and future disaster programs.
02	The Chief of Staff ensures service chiefs document Focused Professional Practice Evaluation results in licensed independent practitioners' profiles.
01	The Executive Director ensures the Chief of Staff conducts institutional disclosures for applicable sentinel events.
02	The Chief of Staff ensures providers complete the Comprehensive Suicide Risk Evaluation on the same day as a patient's positive suicide risk screen in ambulatory care settings.
01	The Chief of Staff ensures service chiefs incorporate service-specific criteria in professional practice evaluations.

03	The Under Secretary for Health, Veterans Integrated Service Network directors, and facility leaders ensure staff enter data into the local cancer registry database in a timely manner.
02	The Under Secretary for Health and National Oncology Program staff offer a range of services for patients diagnosed with breast cancer, including rehabilitative services, through the Women's Oncology System of Excellence.
4	The Commissioner, SB/SE Division, and Chief, Criminal Investigation, should identify opportunities to partner with the EPA to use the agency's expertise and data when selecting, conducting examinations and investigations involving taxpayers that claimed biofuel tax credits and revise the MOU as needed.
3	The Commissioner, SB/SE Division, should evaluate if there are opportunities to include biofuel tax credit claims made on the Form 4136 into ongoing examination initiatives involving biofuel.
2	The Commissioner, SB/SE Division, should establish a Compliance Initiative Project to conduct examinations of the 42 taxpayers reported in Figure 5 to ensure the validity of the biofuel tax credits that were claimed and that these taxpayers are properly registered and have the required certificates (that contain a valid registration number).
1	The Commissioner, Wage and Investment Division, should engage with the Department of the Treasury's Office of Tax Policy to develop a legislative proposal to require that taxpayers claiming biofuel tax credits provide information that they are properly registered (if applicable) or that they provided the required Certificate of Biodiesel when income tax returns are filed.
24-A-07-064.02	We recommend that the Missouri Department of Health and Senior Services consider implementing additional monitoring activities whenever the State receives large supplemental funding disbursements.
24-A-07-064.01	We recommend that the Missouri Department of Health and Senior Services require Area Agencies on Aging (AAAs) to track expenditures for supplemental awards by funding source, when required by Federal guidance, especially in instances of pandemic-related or other disaster relief funding. Specifically, none of the 10 AAAs in Missouri could give us separate accounting records that delineated the CARES Act expenditures to support the charges against the Federal award for these nutrition services.
24-A-01-065.02	We recommend that the Centers for Medicare & Medicaid Services improve its procedures, which may require seeking legislative authority, for setting and adjusting rates for new CDLTs during a PHE by providing the MACs with the flexibility needed to set and adjust payment rates that would cover the laboratory costs of providing services when responding to a PHE.
24-A-01-065.01	We recommend that the Centers for Medicare & Medicaid Services establish procedures to improve communication among all stakeholders involved in setting new CDLT rates during a PHE.
24-A-03-059.05	We recommend that the Administration for Strategic Preparedness and Response report any Antideficiency Act violations identified.
24-A-03-059.04	We recommend that the Administration for Strategic Preparedness and Response review the 10 remaining sampled employees that we could not interview to determine whether any salaries were improperly charged to BARDA appropriations and identify potential Antideficiency Act violations.
24-A-03-059.03	We recommend that the Administration for Strategic Preparedness and Response maintain documentation of the work performed by employees whose salaries are paid using BARDA funds to ensure that appropriations are used for their intended purposes in accordance with Federal requirements.
24-A-03-059.02	We recommend that the Administration for Strategic Preparedness and Response review the FY 2018 and 2019 JFA allocation methodologies along with the methodologies used during subsequent FYs to determine whether the costs were allocated to each office based on appropriate methodologies, and correct any improper allocations to avoid potential Antideficiency Act violations.
24-A-03-059.01	We recommend that the Administration for Strategic Preparedness and Response develop internal written policies and procedures for the JFA process that align with Federal requirements and include the use of allocation methodologies that accurately reflect the benefiting offices' use of the product or service.
24-A-18-056.05	We recommend Alabama perform more robust technical testing of web-facing systems that includes the emulation of an adversary's tactics and techniques on a defined reoccurring basis in order to better assess the effectiveness of NIST 800-53 controls.
24-A-18-056.04	We recommend Alabama implement procedures to periodically verify that its developers are adhering to secure coding standards and remediating vulnerabilities before releasing code to production.
24-A-18-056.03	We recommend Alabama require its developers to follow secure coding standards and best practices, at a minimum, such as those recommended by NIST SP 800-218 or the Open Web Application Security Project (OWASP), when developing web applications.
24-A-18-056.02	We recommend Alabama evaluate its current vulnerability scanning tools and update if necessary in order to better detect system flaws (e.g., common web server vulnerabilities) in its MMIS and E&E system and software components.
24-A-18-056.01	We recommend that the Alabama Medicaid Agency remediate the six control findings OIG identified.
24-E-02-014.04	CMS should increase monitoring of Medicare and Medicaid enrollees' use of behavioral health services and identify vulnerabilities.
24-E-02-014.03	CMS should use network adequacy standards to drive an increase in behavioral health providers in Medicare Advantage and Medicaid.
24-E-02-014.02	CMS should explore options to expand Medicare and Medicaid coverage to additional behavioral health providers.
24-E-02-014.01	CMS should take steps to encourage more behavioral health providers to serve Medicare and Medicaid enrollees.

24-A-04-052.01	We recommend that Thailand's Ministry of Public Health develop and implement policies and procedures that address the retention of employee timesheets and FFR and audit reporting requirements for Federal awards.
24-E-01-012.02	CMS should require nursing homes to systematically document facility-initiated discharges in information available to CMS and States to enhance oversight.
24-E-01-012.01	CMS should provide a standard notice template to help nursing homes provide complete and accurate information to residents facing discharge and Ombudsmen.
24-A-07-060.02	We recommend that the Alabama Medicaid Agency improve TCM program oversight by giving additional guidance to TCM providers regarding: billing of services, to verify that they are allowable and nonduplicative; case manager hiring practices, to verify adherence with the State plan's qualification requirements; target group eligibility screening processes, so that only eligible individuals receive TCM services; and the maintenance of supporting documentation for billed services.
24-A-07-060.01	We recommend that the Alabama Medicaid Agency refund to the Federal government $5,039,433 (Federal Share) in overpayments.
24-A-18-057.05	We recommend ACF conduct testing of its cloud information systems that includes the emulation of an adversary's tactics and techniques on a defined reoccurring basis.
24-A-18-057.04	We reccomend ACF leverage cloud security assessment tools to identify misconfigurations and weak cybersecurity controls in its cloud infrastructure.
24-A-18-057.03	We recommend ACF update its cloud security procedures to include detailed steps for operational staff to effectively implement cloud security baselines in accordance with HHS requirements.
24-A-18-057.02	We reccomend ACF remediate the 19 security control findings in accordance with NIST SP 800-53.
24-A-18-057.01	We recommend ACF update and maintain a complete and accurate inventory of information systems hosted in the cloud.
06	The Chief of Staff ensures designated staff complete the Comprehensive Suicide Risk Evaluation the same calendar day, when logistically feasible and clinically appropriate, for all ambulatory care patients with a positive suicide risk screen.
05	The Director ensures staff maintain a safe environment in the Emergency Department for mental health patients.
04	The Director ensures staff maintain a safe environment in the mental health inpatient unit.
03	The Director ensures staff regularly test panic alarms in the mental health inpatient unit and document VA police response times.
02	The Associate Director ensures staff keep patient care areas safe and clean.
01	The Chief of Staff ensures service chiefs document professional practice evaluation results in practitioners' profiles, and the Medical Executive Committee reviews service chiefs' recommendations along with clinical competence information when making privileging recommendations to the Director.
1	We recommend that USAID's Office of Acquisition and Assistance, Cost, Audit and Support Division determine the allowability of $45,253 in questioned costs ($23,999 ineligible, $21,254 unsupported) on pages III-2 and III-3 of the audit report and recover any amount that is unallowable.
1	Establish formal procedures for obtaining and reviewing appropriate supporting documentation to ensure sales and investments are accurately reported.
7	Review and update ICE's contract with Golden State by assessing housing requirements and determining an appropriate guaranteed minimum to avoid excessive payment for unused bed space.
5	Ensure staff's communication with detainees adheres to standards, including: a. requests are responded to within 3 business days; b. requests are responded to in a detainee's preferred language; and c. copies of detainee requests are kept in the detainee's file.
3	Collect medical grievances within 24 hours of submission by a detainee and ensure staff maintain a copy of all paper medical grievances in the detainee's medical file.
2	Include a timestamp on the classification documentations for initial classification of each detainee and ensure staff maintain all classification paperwork, to include reclassification, in the detainee's file.
1	Establish a plan to reduce wait times for optometry appointments.
12	District leaders and the Gainesville Vet Center Director determine reasons for noncompliance, ensure completion of fire and/or safety inspections, and monitor compliance.
11	District leaders and the Gainesville Vet Center Director determine reasons for noncompliance, ensure completion of fire and/or safety inspections, and monitor compliance.
10	District leaders and the Ft. Myers, Naples, and San Juan Vet Center Directors determine reasons for noncompliance, ensure outreach activities are tailored to the cultural demographics of the vet center's veteran service area, and monitor compliance.
09	District leaders and the Ft Lauderdale, Ft. Myers, Naples, and San Juan Vet Center Directors determine reasons for noncompliance and ensure outreach plans include all required strategic components.
08	District leaders and the Gainesville and Lakeland Vet Center Directors determine reasons for noncompliance and ensure outreach plans are completed.

07	District leaders and the Ft. Lauderdale, Ft. Myers, Gainesville, Lakeland, and San Juan Vet Center Directors determine reasons for noncompliance, develop processes to ensure all staff complete mandatory trainings, and monitor compliance.
06	District leaders and the Ft. Lauderdale, Gainesville, and Lakeland Vet Center Directors determine reasons for noncompliance with monthly active counseling records, ensure chart audits are completed as required, and monitor compliance.
02	District leaders and the Lakeland Vet Center Director, determine reasons for noncompliance with High Risk Suicide Flag SharePoint site requirements and the tracking of continuity of care for at-risk clients, take action to ensure requirements are met, and monitor compliance.
07	The District Director identifies reasons for noncompliance, ensures clients are provided a copy of their completed safety plan as required, and monitors compliance across all zone vet centers.
06	The District Director identifies reasons for noncompliance; ensures clinical staff complete safety plans for clients who are assessed at intermediate or high suicide risk level in either acute, chronic, or both categories as required; and monitors compliance across all zone vet centers.
05	The District Director identifies reasons for noncompliance with consultation requirements for clients who are assessed at intermediate or high suicide risk level in either acute, chronic, or both categories; ensures consultation requirements are met; and monitors compliance.
04	The District Director and zone leaders identify reasons for noncompliance, ensure Readjustment Counseling Service policy confidentiality requirements are followed when collaborating care with the support VA medical facility for shared clients at high risk for suicide, and monitor compliance across all zone vet centers.
03	The Readjustment Counseling Service Chief Officer ensures the High Risk Suicide Flag SharePoint site functions as intended and includes accurate data.
02	The District Director identifies reasons for noncompliance with timely documentation requirements of high-risk client contacts and outcomes in the electronic record and High Risk Suicide Flag SharePoint site, ensures requirements are met, and monitors compliance.
01	The District Director monitors compliance with leaders' completion of morbidity and mortality reviews for client deaths by suicide, including timeliness, as required.
2	USAID/India Verify that PSMRI corrects the 1 instance of material noncompliance detailed on pages 40 and 41 of the audit report.
1	USAID India verify that PSMRI corrects the 1 material weakness in internal control detailed on pages 34 and 35 of the audit report.
4	We recommend the Director, Facilities Management, evaluate assets in poor and failed condition and determine if corrective actions are needed.
3	We recommend the Director, Facilities Management, develop guidance for performing roof inspections, including buildings to be inspected and required frequency.
2	We recommend the Director, Facilities Management, develop guidance for performing condition assessments, including the frequency and responsible organization.
1	We recommend the Director, Facilities Management, develop a plan to assess building and infrastructure safety risks.
6	The Assistant Commissioner of the Office of General Supplies and Services should ensure all foreign gifts and decorations sold to the public are reviewed and approved by the Secretary of State in accordance with 5 U.S.C. § 7342.
5	The Assistant Commissioner of the Office of General Supplies and Services should ensure the program's compliance with 41 C.F.R. § 102–42 and internal policies for all foreign gifts and decorations reported to GSA.
4	The Assistant Commissioner of the Office of General Supplies and Services should conduct a security risk assessment to determine the risks of possible theft or loss of foreign gifts and decorations at both storage locations and throughout the lifecycle of the program.
3	The Assistant Commissioner of the Office of General Supplies and Services should conduct an annual foreign gifts inventory, update the database for accuracy, and properly dispose of gifts with no value.
2	The Assistant Commissioner of the Office of General Supplies and Services should properly dispose of all prohibited gifts in inventory and ensure none is accepted moving forward.
1	The Assistant Commissioner of the Office of General Supplies and Services should update and finalize the Foreign Gifts and Decorations Program's standard operating procedures to reflect current practices, ensure compliance with federal requirements, and instill management controls over the disposition of foreign gifts and decorations.
5	Work with relevant stakeholders to determine whether to continue using the feedback loop and, if so, how to increase its effectiveness, including a) determining which categories of cases to prioritize or remove, b) better ensuring cases are sent to the correct staff, and c) minimizing redundancy with other sources to the extent practical.
4	Measure and report performance to senior leadership on the call abandonment rate and the number of calls on hold for long periods. Assess the costs and benefits of improving in these two areas and use that assessment to establish goals to assess performance over time.

3	Work with the Digital Technology department to establish a process to regularly report to Marketing and Operations department officials and senior leadership on the Customer Communications Team's performance meeting the new goals for sending communications to customers about en route delays.

Displaying 1 - 300 of 300