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01	The Medical Center Director evaluates and determines any additional reasons for noncompliance and ensures action items are fully implemented when problems or opportunities for improvement are identified.
02	The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures that practitioners with similar training and privileges complete ongoing professional practice evaluations
03	The Medical Center Director evaluates and determines any additional reasons for noncompliance and makes certain that Provider Exit Review Forms are completed within seven business days of licensed independent practitioners' departure from the medical center.
04	The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures that suicide prevention coordinators complete suicide prevention safety plans within the required time frame and include contact information for professional agencies.
05	The Medical Center Director evaluates and determines any additional reasons for noncompliance and makes certain that employees complete annual suicide prevention refresher training.
06	The Chief of Staff evaluates and determines any additional reasons for noncompliance and makes certain the Women Veterans Health Committee meets regularly, appoints required members who consistently attend meetings, and reports to executive leaders.
07	The Associate Director for Patient Care Services evaluates and determines any additional reasons for noncompliance and ensures the Chief of Sterile Processing Services enforces the endoscopy clinic reprocessing area's daily cleaning schedule.
08	The Associate Director for Patient Care Services evaluates and determines any additional reasons for noncompliance and ensures that temperature and humidity ranges are monitored and maintained in the Sterile Processing Services main supply room and endoscopy clinic reprocessing area.
09	The Associate Director for Patient Care Services evaluates and determines any additional reasons for noncompliance and ensures that all staff who reprocess reusable medical equipment receive monthly continuing education.
1	Determine the allowability of \$66,509 in questioned costs (\$56,199 ineligible and \$10,310 unsupported) on pages 16 and 22 of the audit report and recover any amount that is unallowable.
2	Verify that The Asia Foundation corrects the two instances of material noncompliance detailed on pages 28 to 39 of the audit report.
1	We recommend the PBS NCR Regional Commissioner take appropriate corrective action to ensure that the personnel responsible for the award and administration of the contract to replace the cooling towers at the BOP headquarters building understand their responsibilities with respect to: a. Adhering to applicable regulations and GSA policies; b. Complying with the GSAM and internal policies governing the transition from one contracting officer to the next; c. Maintaining complete and accurate contract documentation in accordance with the FAR and Agency policies; and d. Entering accurate and complete contract information in FPDS-NG.
2	We recommended the PBS NCR Regional Commissioner take appropriate corrective action to ensure that the inaccurate entries in FPDS-NG identified in the audit report are corrected.
ISS.1-1	We recommend the JCT Site Manager address the resource-related risks pertaining to training.
ISS.2-1	We recommend the JCT Site Manager address the resource-related risks pertaining to budgetary needs for general maintenance.
OIG-AR-21-08.01	The Office of the Chief Information Officer implement a technical control to provide automated alerts to identify when core infrastructure system security logs are not being collected.
OIG-AR-21-08.02	Establish roles and responsibilities for security analysts and OCIO divisions for analyzing and reviewing events of interest.
OIG-AR-21-08.03	Document the objective for each "Use Case" and the actions to be taken when events of interest are triggered.
OIG-AR-21-08.04	Develop near real-time alerts for events of interest that are high risk to the Commission.
1	Verify that Hand in Hand: Center for Jewish-Arab Education in Israel corrects the two material instances of noncompliance detailed on pages 18 to 20 of the audit report.
1	Determine the allowability of \$371,643 in questioned costs (\$9,393 ineligible and \$362,250 unsupported) on pages 19-20 and 26 of the audit report and recover any amount that is unallowable.
2	Verify that Virginia Polytechnic Institute and State University corrects the material weakness in internal control detailed on pages 19 to 25 the audit report.
3	Verify that Virginia Polytechnic Institute and State University corrects the material instance of noncompliance detailed on pages 26 to 29 of the audit report.
1	Determine the allowability of \$31,584 in ineligible questioned costs on page 29 of the audit report and recover any amount that is unallowable.
2	Verify that Palladium International, LLC corrects the material instance of noncompliance detailed on pages 28 and 29 of the audit report.
1	Establish a data strategy implementation project plan with milestones that consider mission priorities and current and expected staffing levels to track the progress of the data management program maturation against the current Data and Analytics Strategy Implementation Plan.

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2	Develop and implement a Data Quality Plan that supports the collection and maintenance of data related to identified key CPSC open data sets.
3	Identify and assign responsibilities to all of the resources who have data governance roles and responsibilities. These resources should include, at a minimum, data owners and data stewards, and those resources should be trained on their responsibilities.
4	Dedicate resources to the data management program based on a needs assessment, which should be revisited as the FDS action plans are published. Supplementary resources to consider adding may include data architects, data scientists, data analysts, and training resources.
1	We recommend that Millennium Challenge Corporation determine the allowability of \$ 765,431.79 in questioned costs (\$ 765,431.79 unsupported), on pages 14 and 26 of the audit report and recover any amount that is unallowable.
1	Develop and implement a process for issuing documented directives on implementing foreign policy guidance to humanitarian programs to the Bureau for Humanitarian Assistance. This process should consider the impact of directives on the Bureau for Humanitarian Assistance's ability to adhere to humanitarian principles and risk appetite.
2	In coordination with the Bureau for Management, review and revise Automated Directives System chapter 251 to incorporate Foreign Assistance Manual Volume 2, chapter 060 requirements for adhering to humanitarian principles outlined in the Good Humanitarian Donorship.
5	In coordination with the Bureau for Policy, Planning, and Learning, complete a documented review of USAID's development assistance portfolio in Venezuela to determine whether to develop and implement a Strategic Framework, in accordance with Automated Directives System chapter 201 requirements.
6	In coordination with the Bureaus for Latin America and the Caribbean and Policy, Planning, and Learning, complete a documented review of USAID/South America Regional's development assistance portfolio in Brazil, Ecuador, and Peru to determine whether to develop and implement a Strategic Framework, in accordance with Automated Directives System chapter 201 requirements.
01	The Veterans Crisis Line Director conducts a full review of the Veterans Crisis Line staff's management of caller 1's contacts, including the responder's conduct, consults with Human Resources and General Counsel Offices, and takes action as warranted.
02	The Veterans Crisis Line Director ensures leaders' awareness and understanding of administrative investigation board policy and procedures as applicable to the Veterans Crisis Line.
03	The Montana VA Health Care System Director ensures that primary care providers include and document assessment and care plans for patients with mental health conditions.
04	The Montana VA Health Care System Director makes certain that primary care providers comply with Veterans Health Administration policy regarding the electronic health record documentation of patients' non-VA health records.
05	The Executive Director, Office of Mental Health and Suicide Prevention, consults with relevant Veterans Health Administration program offices, including the National Center for Patient Safety, to establish applicable quality management processes and expectations including staff reporting of adverse events and close calls.
06	The Veterans Crisis Line Director evaluates Veterans Crisis Line leaders' expectations regarding the percentage of silent monitored calls completed and establishes benchmarks for individual staff requirements.
07	The Veterans Crisis Line Director makes certain that root cause analyses are conducted as required by Veterans Health Administration policy.
08	The Executive Director, Office of Mental Health and Suicide Prevention, determines if Veterans Health Administration disclosure policies apply to the Veterans Crisis Line and establishes procedures as appropriate.
09	The Veterans Crisis Line Director ensures processes are developed to promote responders' communication regarding emergency dispatch for disconnected callers.
10	The Veterans Crisis Line Director conducts a full review of Veterans Crisis Line staff members' contacts and rescue management with caller 2, consults with the Human Resources and General Counsel Offices, and takes action as warranted.
11	The Veterans Crisis Line Director strengthens supervisory oversight of social service assistants and clearly communicates expectations to all supervisory levels.
4	We recommend the Assistant Secretary for Mine Safety and Health: Update the Citation and Order Writing Handbook to clarify situations when multiple safeguards can be issued for a single mine and to correct any examples that do not comply with the instructions listed in the Handbook.
2	STATUS OF RECOMMENDATIONS: AUDIT OF NRC'S DRUG-FREE WORKPLACE PROGRAM IMPLEMENTATION
1	We recommend that the U.S. Election Assistance Commission's Finance Office enhance the documentation, monitoring, and enforcement of its file management procedures over the purchase card program.
1-1	SENSITIVE BUT UNCLASSIFIED
2-1	SENSITIVE BUT UNCLASSIFIED
2-2	SENSITIVE BUT UNCLASSIFIED
2-3	SENSITIVE BUT UNCLASSIFIED
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10-1	SENSITIVE BUT UNCLASSIFIED
10-2	SENSITIVE BUT UNCLASSIFIED
11-1	SENSITIVE BUT UNCLASSIFIED
1	We recommend EEOC's Office of Information Technology (OIT) review and remediate critical risk and high-risk vulnerabilities in accordance with EEOC OIT's assessment of risk. Where risk acceptance is required for vulnerabilities based on EEOC's network operation, we recommend that EEOC formally document the risk acceptance along with any associated mitigation activities.
1	Determine whether its outreach efforts efficiently and effectively had the desired impact of informing SSI recipients about the availability of Achieving a Better Life Experience (ABLE) accounts.
1	The Office of Inspector General recommended that the Office of Programs allocate resources for the Railroad Retirement Board's Unemployment and Programs Support Division - Sickness and Unemployment Benefit Section to work on fraud referrals as provided in the Adjudication Instruction Manual, Part 16, and as instructed by the Office of Inspector General, Office of Investigations.
2	Review the 53 cases with multiple ABLE accounts listed in Modernized Supplemental Security Income Claims System, correct any inaccurate account information in the records, and determine whether any ABLE account balances are countable resources.
3	Ensure the full effectiveness of the system alert that requires staff to resolve State-reported ABLE account information before completing redeterminations for recipients who own ABLE accounts.
4	Issue an Administrative Message to remind staff to review and rectify ABLE account information reported by States that conflicts with account information already posted in SSA records to avoid multiple postings of the same ABLE accounts and to ensure staff properly account for resources in all ABLE accounts owned by recipients.
1-1	Department of the Treasury (Treasury) management should review payments issued under the Payroll Support Program (PSP1) to ensure awarded amounts are allowable per the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and Treasury guidance.
1-2	Department of the Treasury (Treasury) management should remedy the incorrect amounts awarded under the Payroll Support Program (PSP1).
1	Incorporate the provisions of OMB Policy Letter 11-01 guidance into the FDIC Acquisition Policy Manual (August 2008) and Acquisition Procedures, Guidance and Information document (January 2020).
2	Identify Critical Functions during the procurement planning, award, and contract management phases of the acquisition process.
3	Assess whether the FDIC's Enterprise Risk Management program should identify the impact of procured Critical Functions, and procurement risk related to contractors performing Critical Functions, within the FDIC's Risk Inventory.
4	Conduct a procurement risk assessment for Critical Functions during the procurement planning process, for each contract involving Critical Functions. As part of the procurement risk assessment, include a cost effectiveness analysis.
5	Develop and implement a management oversight strategy for Critical Functions during the procurement planning process, for each contract involving Critical Functions.
5	Develop and implement a management oversight strategy for Critical Functions during the procurement planning process, for each contract involving Critical Functions.
6	Determine the contract structure during the solicitation and award process for the procurement of a Critical Function.
7	Revise the management oversight strategy for the procured Critical Functions performed under the BOAs for Managed Security Services Provider and Security and Privacy Professional Services to ensure that the strategy aligns with best practices.
8	Identify missing or insufficient controls in the BOAs and task orders for Managed Security Services Provider and Security and Privacy Professional Services, and implement appropriate corrective actions or compensating controls.
9	Implement periodic reviews for procured Critical Functions, including for the BOAs and task orders for Managed Security Services Provider and Security and Privacy Professional Services.
3	

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10	Determine when and how to assess for contractor over-reliance as part of the management oversight strategy.
11	Implement corrective actions when the FDIC determines it is over-reliant on a contractor for a procured Critical Function.
12	Report to the Board about the Procurement Risk Assessments, Management Oversight Strategies, and contract provisions that address identified risks for planned Critical Functions during the procurement planning phase of the acquisition, for its consideration.
13	Report to the Board about the Award Profile Reports and corresponding status reports for procured Critical Functions during the contract management phase of the acquisition process on an individual and aggregate contract basis, for its consideration.
01	The Under Secretary for Health clarifies requirements for colonoscopy quality indicators for professional practice evaluation and ensures a process is in place to monitor compliance.
02	The Under Secretary for Health strengthens requirements for colonoscopy quality assurance monitoring that includes analysis of quality indicators to identify trends and monitors for compliance.
03	The Under Secretary for Health, in conjunction with the National Gastroenterology Program Director, evaluates implementation of standardized endoscopy software across Veterans Health Administration facilities where colonoscopies are performed and takes action as indicated.
Finding 1, Rec. 1	Direct UAF to provide documentation supporting that it has repaid or otherwise credited the \$14,964 of questioned Award Cash Management Service drawdowns associated with unreturned credits.
Finding 1, Rec. 2	Direct UAF to provide additional training to the individual(s) responsible for making draws within NSF's Award Cash Management Service system to ensure that UAF appropriately incorporates credits when calculating the total amount to draw down from, or return to, NSF.
Finding 2, Rec. 1	Direct UAF to provide documentation supporting that it has repaid or otherwise credited the \$10,704 of questioned indirect costs for which it has agreed to reimburse NSF.
Finding 2, Rec. 2	Direct UAF to strengthen its administrative and management processes and training procedures for ensuring that it appropriately applies indirect costs to costs charged to Federal awards. Updated processes could include: a. Requiring an annual review of sponsored award accounts that UAF established to track participant support costs to ensure that the accounts do not apply indirect costs. b. Requiring that personnel manually review purchase card transactions that exceed \$5,000 to evaluate whether UAF should account for the purchase(s) as equipment.
Finding 3, Rec. 1	Direct UAF to provide documentation supporting that it has repaid or otherwise credited the \$2,938 of questioned travel and other direct costs for which it has agreed to reimburse NSF.
Finding 3, Rec. 2	Direct UAF to strengthen its policies and procedures related to creating and retaining documentation, including introducing additional controls to help ensure that UAF appropriately creates and maintains all documentation necessary to support the allowability of expenses charged to sponsored programs.
Finding 3, Rec. 3	Direct UAF to provide additional training regarding the types of travel expenses that are allowable and unallowable under Federal and NSF regulation and UAF policy. This training should specifically address how to account for expenses claimed by non-UAF employees for which UAF has received a travel credit.
Finding 3, Rec. 4	Direct UAF to establish clear guidance regarding the allowability of credit card convenience fees.
Finding 3, Rec. 5	Direct UAF to strengthen its administrative and management processes and procedures surrounding the approval of travel expense reports. Updated procedures could include: a. Conducting annual training for those individuals responsible for reviewing and approving expense reports within each department. b. Requiring personnel to perform additional procedures when a traveler diverts from their original travel itinerary.
Finding 4, Rec. 1	Direct UAF to update its current practices for establishing indirect cost rates to ensure that UAF applies indirect costs to NSF awards using the rate(s) established in the appropriate Negotiated Indirect Cost Rate Agreement.
Finding 1, Rec. 1	Direct UKRF to provide documentation supporting that it has repaid or otherwise credited the \$33,151 of questioned materials and supplies costs for which it has agreed to reimburse NSF.
Finding 1, Rec. 2	Direct UKRF to implement additional NSF grant close-out procedures that require the Principal Investigator to evaluate whether they should remove any expenses associated with unused materials and supplies from the NSF award.
1	We recommend the Assistant Secretary for Mine Safety and Health: Provide refresher training to inspectors and supervisors on complying with MSHA guidance for each violation type.
2	We recommend the Assistant Secretary for Mine Safety and Health: Provide training on how to determine the subsequent inspection when multiple inspections overlap, enter violations into the system in the same chronological order identified, be specific when writing the "Area or Equipment" entry, and when it is appropriate to list "No area affected" for an order.

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3	We recommend the Assistant Secretary for Mine Safety and Health: Update system controls to improve compliance of MSHA violations with the Mine Act and MSHA guidance in the following instances: a. Verify only authorized violation types used; b. Include all required phrases automatically in the "Condition or Practice" entry when the inspector selects 103(a) citations, 104(g)(1) orders, 104(e)(1)/104(e)(2) orders, or 107(a) orders; c. Ensure 104(d) orders and 104(g)(1) orders cite eligible CFR sections; d. Verify the correlations between the CFR or Mine Act sections of 104(b) orders and the original violation; e. Verify 104(d)(1) orders, 104(d)(2) orders, 104(e)(1) orders, and 104(e)(2) orders reference the correct "initial action" by including additional crucial attributes in the system controls, such as issue date, event number, and event start date; f. Verify orders have the "Area or Equipment" entry populated when initially issuing the violation; g. Apply system controls to modifications done directly in MCAS, such as modifications due to court decisions or settlements; h. Identify modifications needed to other violations when vacating or modifying a violation; i. Verify the reasonableness of the due dates and provide warnings to inspectors when due dates appear longer than necessary; and j. Provide a warning message to inspectors when trying to issue a safeguard at a mine that would lead to multiple safeguards citing the same regulation issued for a single mine.
5	We recommend the Assistant Secretary for Mine Safety and Health: Improve the violations termination process by decreasing the percentage of future untimely terminations, improving the use of 104(b) orders, and not allowing due dates to be extended unless for specific, justified reasons listed on the violation form.
6	We recommend the Assistant Secretary for Mine Safety and Health: Provide training on how to write specific supporting reasons on the violation forms or other documentation (e.g., vacate memos) when extending, modifying, or vacating violations.
7	We recommend the Assistant Secretary for Mine Safety and Health: Develop a metric to measure performance and an internal control to verify timely uploading of violations from the inspector's laptop/tablet into MCAS.
8	We recommend the Assistant Secretary for Mine Safety and Health: Complete periodic reviews to determine whether MSHA personnel are meeting the timely upload and recording of violations in MCAS, terminating violations by the due date, and effectively using 104(b) orders.
9	We recommend the Assistant Secretary for Mine Safety and Health: Simplify the design of the supervisory checklists by revising compound questions into simple questions answerable by a single response (yes, no, or not applicable) and provide refresher training on the quantity completion requirements, how to properly complete and review the checklist, and the importance of providing feedback using the checklist.
10	We recommend the Assistant Secretary for Mine Safety and Health: Work with the Solicitor's Office and the Federal Mine Safety and Health Review Commission to implement a process to ensure violations listed in settlement agreements or court decisions still comply with the Mine Act and Mathies test.
1	Determine whether its outreach efforts efficiently and effectively had the desired impact of informing SSI recipients about the availability of Achieving a Better Life Experience (ABLE) accounts.
1	Include systems supporting critical building services in FDIC-owned Facilities in the FDIC's systems inventory.
1	Include systems supporting critical building services in FDIC-owned Facilities in the FDIC's systems inventory.
EVL-2021-003-1	FHFA should define the term "supervisory concern" as it is used in FHFA's corporate governance regulation.
1	Enforce standard operating procedures requiring clearly defined performance goals and include performance targets in all future SBDC and WBC cooperative agreements and grants to objectively measure performance results
2	Collect and analyze the CARES Act entrepreneurial development cooperative agreement recipient's performance results and establish a framework for setting goals for technical assistance programs in response to future disasters. Retain the analysis in program files for future guidance.
1	We recommend that the FAS Commissioner ensure that contracts awarded to resellers under the Packaged Office Furniture program meet federal regulations and FAS policy by developing and implementing a plan to remove current solicitation language that does not require contractors to submit a CSP disclosure under SIN 33721P, Packaged Office Furniture.
2	We recommend that the FAS Commissioner ensure that contracts awarded to resellers under the Packaged Office Furniture program meet federal regulations and FAS policy by developing and implementing controls to ensure compliance with Federal Acquisition Regulation 15.4, Contract Pricing; GSA Acquisition Regulation 538.270, Evaluation of Federal Supply Schedule (FSS) offers; and FAS Policy and Procedure 2018-03, Proper Documentation of Price Analysis Decisions - Federal Supply Schedule (FSS) Program. a. Require FAS contracting officers to obtain CSP disclosures on all SINs under the Packaged Office Furniture program. b. Ensure that a formal price analysis, which achieves fair and reasonable pricing, is conducted on Packaged Office Furniture SIN items awarded under current contracts to determine if the contract pricing is fair and reasonable.
EVL-2021-003-1	FHFA should define the term "supervisory concern" as it is used in FHFA's corporate governance regulation.
EVL-2021-003-2	FHFA should develop examination guidance that explains how supervisory concerns should be described and categorized in the Reports of Examination, establishes the Division of Enterprise Regulation's expectations for timely and appropriate remediation for each such concern, and prescribes how such concerns should be monitored until they are fully remediated.
1	Update the DOI Purchase Card Program Policy and establish a universal audit framework to be applied equally across all DOI bureaus, requiring audits with established procedures on all transactions that meet the high-risk factors established by the Office of Acquisition and Property Management, including transactions that appear to be prohibited split purchases.
2	Require that all records related to purchase card transactions (e.g., quotes, invoices, vouchers) be entered and maintained in a centralized online system (such as CitiManager or the FBMS) for ease of oversight and to improve internal controls.
3	Require that all bureau audits of transactions be captured and fully documented in a centralized online system to improve oversight and internal controls.

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1	We recommend the Executive Associate Director of Enforcement and Removal Operations direct the Phoenix Enforcement and Removal Field Office responsible for LPCC to: Ensure compliance and remedial action is taken to address LPCC's use of force incidents and allegations of detainee mistreatment by staff when warranted.
2	Ensure LPCC provides detainees appropriate face coverings and ensures proper social distancing among detainees.
3	Ensure that, for detainees in segregation, LPCC provides access to laundry, legal materials, haircuts, required recreation time outside their cells, and (for those in administrative segregation) the commissary.
6	Review LPCC's grievance policy, processes, and procedures to ensure adherence with requirements.
7	Ensure LPCC records and maintains a detainee request log and properly files detainee requests.
8	Ensure detainees consistent and appropriate access to ICE ERO deportation officers by identifying time, duration, and location of ICE facility visits.
1	Publish metrics that measure performance of NextGen improvements across the NAS.
2	Develop and implement a process that incorporates interim adjusted benefit projections and interim implementation analyses to support prioritization of NextGen programs and deployment locations.
3	Update and provide stakeholders a risk adjusted NextGen benefit projection.
AUD-2021-006-1	FHFA should implement multifactor authentication for [redacted] for Employment Matters Tracking System database servers.
AUD-2021-006-2	FHFA should send Employment Matters Tracking System [redacted] for correlation and analysis.
AUD-2021-007-1	FHFA should ensure that the Division of Enterprise Regulation uses its full range of available examination activities, including targeted examinations and when appropriate, enhanced risk monitoring, to provide comprehensive assessments of known areas of high risk, like Fannie Mae's reliance on third-party vendors.
1	Include systems supporting critical building services in FDIC-owned facilities in the FDIC's systems inventory.
2	Implement the NIST Risk Management Framework for systems supporting critical building services.
3	Modify the Facilities Management Contract to define security requirements for systems that support critical building services in FDIC-owned facilities.
5	Ensure that Oversight Managers assigned to other FDIC contracts have obtained signed Confidentiality Agreements for all contractor and subcontractor personnel required to sign such agreements.
6	Provide training to Oversight Managers to ensure that Confidentiality Agreements are consistently executed and maintained as required by FDIC policy.
8	Conduct training to ensure that all Oversight Managers understand the requirement for contractor and subcontractor personnel to complete Information Security and Privacy Awareness Training and Insider Threat and Counterintelligence Awareness Training.
9	Ensure that Oversight Managers assigned to other FDIC contracts have verified the completion of Information Security and Privacy Awareness Training and Insider Threat and Counterintelligence Awareness Training for contractor and subcontractor personnel without network access.
10	Include a provision in future contracts requiring contractor and subcontractor personnel to complete Insider Threat and Counterintelligence Awareness Training.
1	Monitor the use of structured interviews and provide periodic reports tracking the use of structured interviews to senior Bureau officials, such as division and office leaders and the chief operating officer.
2	Update policies and procedures to a. require documentation of changes to the planned assessment process after a position has been posted. b. provide additional guidance for hiring managers on the use of structured interviews and selection of interview panelists.
3	Strengthen internal controls to more accurately identify qualified internal Bureau applicants and conduct interviews, as required.
4	Review current schedule C reporting practices and requirements, identify additional ways to increase public transparency on the use of these positions, and update relevant guidance accordingly.
5	Align policy, procedure, and guidance documents with the actual practices related to identifying Subject Matter Experts early in the hiring process and requiring Subject Matter Expert signatures on combined rating sheets.
6	Improve the consistency and timeliness of hiring documentation by a. updating the hiring process documentation requirements to specify the required timing and level of detail. b. updating relevant policies and procedures as well as the job analysis and selection forms to ensure that all key information is captured. c. providing training to relevant staff on documentation requirements.
7	Implement automated system controls to ensure that key date fields are completed for all hiring actions in the Hiring Tracker database.
8	Update the Measuring and Reporting Time to Hire Standard Operating Procedure to include a. comprehensive guidance on documenting purposeful omissions in the Hiring Tracker data entry form. b. Office of Human Capital practices for reviewing the Hiring Tracker database for accuracy and completeness.

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9	Require training for staff responsible for entering information into the Hiring Tracker database on a. using the Hiring Tracker data entry form and database. b. the updated SOP so that practices align with established processes.
10	Review current hiring practices and identify potential opportunities to incorporate additional practices to cultivate a diverse workforce, such as monitoring the use of restrictive hiring authorities and other practices, including using noncompetitive details; removing names from resumes during the hiring manager's resume review; and using demographically diverse interview panels.
1	The Office of Inspector General recommended that the Office of Programs allocate resources for the Railroad Retirement Board's Unemployment and Programs Support Division – Sickness and Unemployment Benefit Section to work on fraud referrals as provided in the Adjudication Instruction Manual, Part 16, and as instructed by the Office of Inspector General, Office of Investigations.
1	We recommend that USAID/Zimbabwe verify that Linkages for Economic Advancement of the Disadvantaged corrects the one instance of material noncompliance detailed on page 27 of the audit report.
1	EAC should review the Office's calculation of lost interest and require the Office to deposit to the Election Security grant fund the amount of interest funds lost due to the delay in interest being earned.
2	EAC should require the Office of the Florida Secretary of State (FLSOS) to perform a reconciliation of the grant activity for the Election Security funds and ensure that all expenditures and program income earned are fully disclosed.
3	EAC should require the FLSOS to prepare and submit a revised financial report to the EAC for Election Security funds and the prior HAVA fund activities as of September 30, 2019.
4	EAC should require the FLSOS to include all items purchased with federal funds on an inventory listing that complies with state laws and procedures.
5	EAC should require the FLSOS to implement policies and procedures to ensure items purchased with federal funds that have a value or cost over \$1,000 are included in the state's financial system as property and included in an annual physical inventory as required by state laws and procedures
6	EAC should require the FLSOS to implement procedures to ensure that all subrecipients are properly monitored and all property purchased with federal funds is placed on a compliant property record.
1	Strengthen FSIS Directives to ensure determinations for waivers are better documented, including providing guidance on the detail needed in the documentation of project managers' assessments of waiver criteria.
2	Ensure program managers have access to FootPrints training or a point of contact to improve the use of the system.
1	The Office of Inspector General recommended that the Office of Programs allocate resources for the Railroad Retirement Board's Unemployment and Programs Support Division – Sickness and Unemployment Benefit Section to work on fraud referrals as provided in the Adjudication Instruction Manual, Part 16, and as instructed by the Office of Inspector General, Office of Investigations.
2	The Office of Inspector General recommended that the Executive Committee commit additional resources necessary to ensure the implementation of an automated debt recovery process for CARES Act payments.
1	We recommend the CBP Executive Assistant Commissioner, Office of Field Operations (OFO), ensure that requests to store drug amounts exceeding established thresholds are automatically denied and that an AAG appeal letter accompany any waiver requests.
2	We recommend the CBP Executive Assistant Commissioner, OFO, collaborate with drug seizing agents and testing laboratories to create an interagency agreement specifying that laboratories will return the threshold amount and the bulk drugs packaged separately so that CBP can destroy the bulk, or excess amount.
3	We recommend the CBP Executive Assistant Commissioner, OFO, develop additional controls to ensure case files are complete and contain all the required documentation to store excess drugs.
4	We recommend the CBP Executive Assistant Commissioner, CBP, analyze paper case files from FY 2013 and older to determine whether all the stored drugs are necessary as evidence and destroy excess quantities.
1	We recommend that USAID/Management/Office of Acquisition and Assistance/Cost, Audit and Support Division verify that The QED Group, LLC corrects the one material weakness in internal control detailed on page 15 of the audit report.
1	We recommend that USAID Office of Acquisition and Assistance, Cost, Audit and Support Division verify that Global Business Solutions, Inc. corrects the material weakness in internal control detailed on pages 13 through 15 of the audit report.
1	We recommend that the USAID's Office of Acquisition and Assistance Cost, Audit and Support Division: verify that Links Media, LLC corrects the material weakness in internal control detailed on pages 2 and 14 of the examination report.
1	Determine the allowability of \$34,388 in questioned costs (\$14,089 ineligible and \$20,299 unsupported) detailed on page 20 of the audit report and recover any amounts that is unallowable.
2	Verify that Hand in Hand: Center for Jewish-Arab Education in Israel, corrects the two material internal control weaknesses detailed on pages 16 and 17 of the audit report.
3	Verify that Hand in Hand: Center for Jewish-Arab Education in Israel, corrects the instance of material noncompliance detailed on page 19 of the audit report.
1	Revise policy to clarify the role and the extent of involvement of the contracting officer on a project design team to ensure compliance with the Federal Acquisition Regulation.

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2	Develop and implement guidance outlining the minimum supporting documentation required for key decisions influencing the design of an award.
3	Develop and implement guidance to help prepare risk assessments, mitigation plans, and plans during project design that take into account the consequences of failing to achieve goals in accordance with the Federal Acquisition Regulation.
4	Develop and implement guidance to help address heightened risks posed by the use of single-source awards, specifically the increased potential for award protests, underperformance by the sole implementer, and lack of competition, in pre-award risk assessments.
5	Develop and implement guidance to help evaluate proposed management information systems by verifying system capabilities, such as by requesting case studies.
6	Conduct a review of the verification process used to determine the completeness and accuracy of the Global Health Supply Chain - Procurement and Supply Management technical evaluation committee's consideration of information about bidders' past performance to identify gaps that allowed errors to occur, and implement a plan to correct those gaps.
7	Develop and implement guidance to help operating units develop timelines for preprocurement and procurement activities so that operating units understand the time requirements for steps in procurement process.
9	Work with Chemonics to conduct a review to determine the effectiveness and efficiency of regional distribution centers and implement a plan of action to correct any inefficiencies identified.
1	We recommend the Assistant Secretary for Employment and Training: Make a final determination on the legality and permissibility of pre-enrollment behavioral assessment tools, such as drug screenings, trial periods, or personality or aptitude tests that would be appropriate for use within Job Corps.
2	We recommend the Assistant Secretary for Employment and Training: Perform cost/benefit analyses to determine which, if any, of these pre-enrollment behavioral suitability assessment tools would be beneficial to Job Corps.
3	We recommend the Assistant Secretary for Employment and Training: Incorporate the results of recommendations 1 and 2, as appropriate, in revising guidance to improve the assessment process.
4	We recommend the Assistant Secretary for Employment and Training: Evaluate the funding needs of Center Mental Health Consultant and Trainee Employee Assistance Program Specialists Center functions to determine if adjustments are needed to adequately support students with mental health or substance abuse issues.
1	Work with the Department to pursue legal authority to allow for the retention of interest earned on settlement funds.
2	Return the allotted settlement funds from the assigned Washington Office subaccount to the appropriate settlement account.
3	Reinforce existing guidance to ensure that only FS units with approved detail work plans are allotted settlement funds and budget authority.
1	Document and implement procedures to ensure its FFR report costs are accurate.
2	Document and implement internal controls that ensure it adheres to its written FFR reporting policy.
3	Document and implement internal controls that ensure FFR costs are supported.
4	Document and implement monitoring procedures that ensure reported sub-award costs are incurred within the award period.
5	Document and implement monitoring procedures that ensure only allowable costs are included on its FFRs.
6	Update its documented procedures to ensure honorific sub-awards are excluded from its FFRs.
7	Provide any additional support for Traditional Arts costs to the Arts Endowment for its review.
8	Document and implement policy and procedures to ensure Federal Financial Accountability and Transparency Act reporting requirements are met.
9	Document and implement internal controls to ensure all subrecipients are notified of the Federal award requirements.
10	Document and implement procedures that ensure final reports are submitted on time.
11	We recommend the Arts Endowment disallow \$2,787,525 in overstated FFR costs for the 2017 award.
12	We recommend the Arts Endowment disallow \$8,203 in unsupported sub-award costs for the 2015 award.
13	We recommend the Arts Endowment disallow \$134,608 in sub-award costs incurred outside the award period - \$73,263 for the 2016 award and \$61,345 for the 2017 award.
14	We recommend the Arts Endowment disallow \$3,906 in unallowable subrecipient costs - \$2,180 for the 2015 award and \$1,726 for the 2017 award.
15	We recommend the Arts Endowment disallow \$80,000 in honorific sub-award costs - \$40,000 each for the 2015 and 2017 awards.
16	We recommend the Arts Endowment reviews any additional support provided for Traditional Arts costs and determine allowability.
AUD-2021-005-1	Going forward, FHFA should ensure a risk assessment for Common Securitization Solutions, LLC (CSS) is prepared and approved annually in accordance with Division of Enterprise Regulation requirements.

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AUD-2021-005-2	FHFA should include all required components, including the Financial Crimes and Model components, when preparing the annual risk assessment for CSS.
01	The Phoenix VA Health Care System Director conducts a full review of the patient's care to determine if administrative action is warranted, consulting with Human Resources and General Counsel offices as appropriate.
02	The Phoenix VA Health Care System Director ensures that staff complete suicide risk assessments consistent with Veterans Health Administration and Phoenix VA Health Care System policies.
03	The Phoenix VA Health Care System Director ensures timely and accurate completion of electronic health record documentation.
04	The Phoenix VA Health Care System Director evaluates the community care psychology consult authorization timeliness and takes action as warranted.
05	The Phoenix VA Health Care System Director conducts a review of Primary Care Clinic missed appointment procedures and ensures patient follow-up and staff training, as appropriate.
06	The Phoenix VA Health Care System Director evaluates scheduling accuracy of mental health community care psychology consults and takes action as appropriate.
07	The Phoenix VA Health Care System Director ensures timely completion of behavioral health autopsies, consistent with Veterans Health Administration policy, and monitors for ongoing compliance.
1	We recommend that the USAID's Office of Acquisition and Assistance Cost, Audit and Support Division determine the allowability of \$83,760 (unsupported) in direct questioned costs on pages 5 and 6, and 10 to 11 of the report and recover any amount that is unallowable, _x000D_ _x000D_
1	The Director, Campus Collection, should review CSCO over-aged inventory that has not been assigned to be worked or has not had any actions taken on or before the 45th day after the IRS received date and determine what steps can be taken to minimize the over-aged inventory status, taking into consideration available resources to timely resolve taxpayer requests.
2	The Director, Headquarters Collection SB/SE, should create clear time frame criteria for CSCO EQRS Attribute 913 against which employees should be measured for adherence to this timeliness quality standard and clarify the IRM for any difference in dates used to evaluate employee versus organizational compliance with timeliness requirements.
3	The Director, Campus Collection SB/SE, should analyze and address issues preventing CSCO correspondence from being batched within the current three-business-day requirement and encourage the timely assignment of incoming correspondence so that resolution to taxpayer issues are not further delayed.
4	The Director, Campus Collection SB/SE, should clarify identified IRM time frame inconsistencies for the batching of incoming TDA and TDI correspondence and provide training to CSCO employees related to these updated IRMs.
5	The Director, Campus Collection, should conduct a study to determine options for more timely processing of CSCO undelivered mail.
1	Take action to record deaths on the Numident, terminate payments, and initiate collection of overpayments, as appropriate, for the remaining beneficiaries we identified.
2	Add death information to the Numident, as appropriate, for the 8,773 non-beneficiaries with dates of death we identified using Colorado records.
OIG-A-21-04-1	We recommend OFA enhance its training of key employees and establish reconciliation and review protocols, with enhanced precision and appropriate follow up over construction in progress, including cutoff accruals.
OIG-A-21-04-2	We recommend formal analytical review procedures be implemented during its quarterly closing to assist in the evaluation of fluctuations, and the basis for such fluctuations.
1	USAID/Afghanistan develop and implement a mission policy requiring the completion of a comprehensive risk assessment which identifies programs that the mission is considering retaining, reducing, or eliminating, including the risks to their sustainability, how it plans to address those risks, and the optimal number and type of staffing needed to oversee remaining programs. The mission should coordinate with the Office of Afghanistan Affairs and develop the risk assessment in consultation with key stakeholders, including Congress, mission staff, and the Office of Human Capital and Talent Management.
2	USAID/Afghanistan establish requirements in the mission policy that the comprehensive risk assessment be updated annually, or as needed, and that the results be communicated to Congress and key internal stakeholders.
1	We recommend that USAID/Southern Africa determine the allowability of \$255,157 in questioned costs (\$237,730 ineligible, \$17,427 unsupported) on pages 17, 25, and 26 of the forensic report and recover any amount that is unallowable.
1	Create a comprehensive surge detention capacity contingency plan that considers Customs and Border Protection apprehension levels, and ensure a process exists for its implementation during future surges.
2	Standardize documentation required in alien files that Customs and Border Protection needs to include for transfer of aliens from Customs and Border Protection to Immigration and Customs Enforcement, Enforcement and Removal Operations custody that will apply to all field offices.
3	We recommend the Commissioner, Customs and Border Protection: Identify strategies and solutions Customs and Border Protection's Border Patrol sectors and Office of Field Operations field offices used during the 2019 surge to manage delays in detainee transfers to partner agencies, determine the best practices that can be implemented during future surges, and communicate these best practices across the organization, and ensure a process exists for their implementation during future surges.

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4	We recommend the Commissioner, Customs and Border Protection: Conduct an inventory of infrastructure enhancements acquired during the 2019 surge and incorporate these into planning and staging for future migrant surges.
5	We recommend the Commissioner, Customs and Border Protection: Provide guidance to Border Patrol sectors to incorporate Immigration and Customs Enforcement, Enforcement and Removal Operations and Health and Human Services capacity in risk assessments for future migrant surge planning.
6	We recommend the Secretary, Department of Homeland Security: Ensure Customs and Border Protection and Immigration and Customs Enforcement establish, draft, and coordinate thresholds, in consultation with the DHS Office of Strategy, Policy, and Plans with approval from the Secretary, for when DHS will request a whole-of-government approach to address transportation, case processing, and detention gaps during migrant surges.
01	The Medical Center Director audits the Dental Service Chief's relative value unit productivity metric for fiscal years 2018 and 2019 and determines whether any erroneous payments for performance were made and issues bills of collection if deemed appropriate.
AUD-2021-004-1	Going forward, FHFA should ensure Annual Risk Profiles include all significant risk response action items designed to reduce identified residual risks, such as FHFA's organizational optimization Blueprint project, along with identifying the owners of those risk response action items and target completion dates.
AUD-2021-004-2	FHFA should develop written policies and procedures for its Enterprise Risk Management program.
1	Verify that Unistream corrects the instance of material noncompliance detailed on page 17 of the audit report.
1	Review the OIG identified potential duplicate disbursements for eligibility and take action to recover any improper payments as applicable
2	Review SBA controls related to all PPP loan reviews to ensure that duplicate loans are not forgiven and not subject to an SBA guaranty, as appropriate
3	Strengthen E-Tran controls for future PPP type programs, which includes keeping E-Tran controls that align with program requirements on at all times
4	Review the issues that SBA identified involving the actions of lenders, such as providing incorrectly formatted data and submitting the same application through multiple platforms, and determine how to strengthen controls and guidance as appropriate to ensure lenders meet program requirements for future PPP type programs
EVL-2021-001-1	FHFA, as conservator, should determine the appropriate disciplinary action against the CEO for his non-disclosure and untimely disclosures of conflict of interest matters.
EVL-2021-001-2	FHFA, as conservator, should provide timely instruction to the Fannie Mae Board regarding Fannie Mae Ethics' authority to interpret CEO mitigation plans where new facts are presented.
EVL-2021-001-3	In accordance with Recommendation 2, FHFA, as conservator, should direct the Fannie Mae Board and/or management to amend and clarify the appropriate conflict of interest governance documents to identify all instances in which Fannie Mae Ethics is required to submit conflict of interest matters involving the CEO to the Fannie Mae Board of Directors' Nominating and Corporate Governance Committee for its resolution.
1	The Bureau of Administration should direct the Central Commissary and Recreation Fund Board of Directors to update its bylaws.
2	The Bureau of Administration should revise its 10-year cash flow projection as planned to reflect the projected decrease in revenue and present this analysis to the Central Fund Board.
3	The Bureau of Administration should develop and implement a monitoring process to ensure employee associations comply with Department requirements to remit remaining proceeds from temporary duty quarters to the Bureau of Overseas Buildings Operations.
1	Conduct a study to determine if there continues to be an issue with public barriers at licensed exhibitors with potentially dangerous animals. If the results indicate an issue, determine and implement the necessary corrective actions (i.e., new regulations, training, and/or guidance).
2	Consult with OGC to determine if APHIS has the authority under the AWA to require exhibitors to report animal escapes and/or attacks to APHIS. If APHIS does have the necessary authority, take action to ensure exhibitors report animal escapes and/or attacks to APHIS.
3	Document the procedures for canceling a regulatory proposal, including the reason for any removal.
4	Develop and implement controls for Animal Care assistant directors to monitor adherence to RBIS frequency to ensure that inspections are conducted in a timely manner.
1	Provide the support staff and equipment necessary at the JFK IMF to adequately inspect mail in a timely manner.
2	Ensure that information on seizure of prohibited substances or items at JFK IMF is recorded in SEACATS within 24 hours, as required.
3	Conduct an analysis and revise the targeting methodologies as appropriate for JFK IMF to increase the effective rate of the mail targeting process.
4	Establish a process for JFK IMF to identify and reconcile targeted mail that is not provided by USPS.
5	Implement the necessary controls to secure mail in CBP's possession at the JFK IMF.

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6	We recommend the Acting Assistant Commissioner for the Office of Information and Technology create policy and procedures to ensure that all required system patches and registry keys are correctly applied.
7	We recommend the Executive Assistant Commissioner for the Office of Field Operations develop a plan to improve the controls and reliability of the local database used to monitor targeted international mail.
8	We recommend the Acting Assistant Commissioner for the Office of Information and Technology, Executive Assistant Commissioner for the Office of Field Operations, and Acting Executive Assistant Commissioner for Operations Support work with the DHS Privacy Office to ensure the Unclaimed/Abandonment database complies with DHS privacy policies.
01	The Under Secretary for Health evaluates veteran access to VA Video Connect, including availability of equipment and reliable internet connectivity necessary to use VA Video Connect, and takes appropriate action.
02	The Under Secretary for Health reviews the provision of veteran VA Video Connect training and support, and takes appropriate action
01	The Under Secretary for Health maintains consistent acting or interim leaders and expedites hiring of permanent leaders at the Central Alabama Veterans Health Care System.
02	The VA Southeast Network Director ensures continued collaboration with the Central Alabama Veterans Health Care System to facilitate compliance with guidelines related to view alert management and monitors for ongoing efficiency and sustainability.
03	The Central Alabama Veterans Health Care System Director will continue to evaluate and assess the Central Alabama Veterans Health Care System's view alert management process, effectiveness of its action plan, and modify as indicated.
04	The Central Alabama Veterans Health Care System Director ensures that initial and ongoing provider training and support for the clinical management of view alerts is provided, and monitors compliance.
05	The Central Alabama Veterans Health Care System Director issues guidance and ensures providers are trained on a clearly defined process for the designation of surrogates and the associated responsibilities, and monitors compliance.
06	The Central Alabama Veterans Health Care System Director evaluates the two cases discussed in this report to determine if an institutional disclosure or formal quality management review is needed and takes action accordingly.
07	The Central Alabama Veterans Health Care System Director conducts a retrospective review focusing on the unmanaged abnormal laboratory test and imaging results to include those that have the most potential for adverse clinical outcomes to ensure patients received follow-up care as required by Veterans Health Administration policy.
08	The Central Alabama Veterans Health Care System Director conducts a retrospective review focusing on unscheduled community care consults that were discontinued after 90 days that have the most potential for adverse clinical outcomes to ensure patients received follow-up care as required by Veterans Health Administration policy.
09	The Central Alabama Veterans Health Care System Director ensures the development and implementation of a policy to address the communication of all test results to ordering providers, or designee, and to patients as required by Veterans Health Administration policy, and monitors compliance.
10	The Central Alabama Veterans Health Care System Director ensures that audits of abnormal laboratory and imaging test results, and unscheduled community care consults that were discontinued after 90 days, are completed to verify providers have managed the associated view alerts, and monitors compliance.
11	The Central Alabama Veterans Health Care System Director ensures that pending actions are completed for the 33 patient cases with clinical issues referred to the system by the Office of the Inspector General.
1	We recommend that the USAID's Office of Acquisition and Assistance Cost, Audit and Support Division: determine the allowability of \$100,250 (\$22,152 ineligible, \$78,098 unsupported) in direct questioned costs on pages 5, 6, and 52 through 56 of the report and recover any amount that is unallowable. x000D_ x000D_ x000D_
1	We recommend that USAID/M/OAA/CAS/CAM determine the allowability of \$32,833 in questioned costs (\$28,256 ineligible, \$4,577 unsupported) on x000D_ pages I-7 and I-51 of the audit report and recover any amount that is x000D_ unallowable.
2	We recommend that USAID/M/OAA/CAS/CAM verify that Acción Contra el Hambre corrects the one instance of material noncompliance detailed on pages III-1 and III-2 of the audit report.
1	Develop and implement a policy that requires corrective action plans to: 1) correct the identified deficiency, 2) produce recommended improvements, or 3) demonstrate the audit finding is either invalid or does not warrant FEMA action. In addition, this policy will direct FEMA regional offices to retain all supporting documentation used in satisfying the submitted corrective action plans.
2	Update FEMA Directive 116-1 to require regional program offices to maintain records and track the status of referred debt.
3	Direct the Office of the Chief Financial Officer to provide updates of FFC debt recovery to the appropriate regional program offices, as required by FEMA Directive 116-1.
4	Review and update, as necessary, all applicable policies to reflect the changes to the statute of limitations created by the Disaster Recovery Reform Act of 2018 for Section 705(a) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act.
5	Revise FEMA's process to routinely review all internal policies and procedures when Federal laws and regulations affecting FEMA change to ensure internal policies and procedures remain compliant and required changes are timely.
2	The Small Business/Self-Employed Division Director, Collection, should evaluate the predictive model to determine whether refinements could improve the correlation of the predicted recovery rate and actual recovery rate for the highest income individual taxpayers with a balance due.

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7	The Small Business/Self-Employed Division, Director, Collection, should consider conducting ROCS that focus on high-income taxpayer TDA cases in locations where high-income taxpayer cases far outweigh the number of revenue officers assigned to those areas.
1	Develop a policy on project management that establishes the required components of a comprehensive project plan for large, complex, multidivision initiatives and that describes how these components should be documented and updated. Examples of components that should be documented include project governance, scope, schedule, and budget.
2	Direct project managers to ensure that a. the architectural and engineering firm submits key status documents, such as biweekly meeting minutes and monthly status reports, as required under each contract, and that project managers maintain these documents in the project file. b. project managers maintain a current approved project schedule and document any significant changes to the schedule in the project file.
1	Develop and implement models based on criteria to prioritize requests for ASIAs safety information across the ASIAs communities.
2	Disseminate ASIAs aggregated, confidential national-level metrics, such as known risk monitoring, on a regular basis to the Safety Analysis and Promotion Division and principal aviation safety inspectors.
3	Determine if the ASIAs non-confidential information is beneficial to Flight Standards inspectors, and if so, implement guidance to field-level personnel so that inspectors have an understanding of how, when, and why they should use the system.
1	We recommend that USAID's Office of Acquisition and Assistance, Cost, Audit and Support Division: verify that International Relief and Development Holdings, Inc. and Affiliates corrects the material weakness in internal control detailed on page 31 of the audit report.
1	Transfer \$28,174 from election auditing costs that were inappropriately allocated and thus unsupported.
2	Allocate program income based on proportional benefit or based on a documented allocation methodology that is applied consistently.
3	Implement procedures to ensure that for items which benefit multiple projects or activities, the allocation of program income earned or expenditures incurred is based on the proportional benefit, or on a reasonable documented basis.
4	Include all items purchased with federal funds on an inventory listing that is compliant with state laws and procedures.
5	Implement policies and procedures to ensure items shipped directly to the Counties are included in the eMARS accounting system and included in an annual physical inventory as required by state laws and procedures.
6	EAC require the Board to implement a policy or procedure to ensure amounts reported by the Fiscal Officer for inclusion on the Statewide Schedule of Expenditures of Federal Awards (SEFA) are accurate and are properly identified by CFDA title and number.
1	Ensure FEMA and New York State's Division of Homeland Security and Emergency Services document its plan to address the current backlog of completed projects, as well as the upcoming wave of projects pending closeout.
2	Request New York State's Division of Homeland Security and Emergency Services document its procedures related to providing timely training to subrecipients on required closeout procedures that includes clear and comprehensive guidance on the supporting documents, forms, and timelines required to meet closeout regulations.
3	In coordination with New York State's Division of Homeland Security and Emergency Services, document an effective procedure for communicating any and all changes to the Region's interpretation or implementation of FEMA policy in a timely manner to subrecipients impacted by the change.

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