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1	<a href="#">Provide guidance identifying programs and/or activities as a part of its internal guidance and in accordance with achieving its mission requirements.</a>
2	<a href="#">Align programs and/or activities with applicable reporting requirements.</a>
3	<a href="#">Report programs and/or activities in accordance with applicable Federal criteria.</a>
4	<a href="#">Provide training to CPSC program managers on how to develop and implement a formal internal controls program in accordance with Standards for Internal Control in the Federal Government, OMB Circular A-123, and CPSC policies and procedures.</a>
5	<a href="#">Develop a formal internal controls program over operations for CPSC programs.</a>
6	<a href="#">Evaluate staffing needs within the Office of Financial Management, Planning and Evaluation to support internal controls and FMFIA reporting requirements.</a>
7	<a href="#">Establish formal lines of communication between the Office of Financial Management, Planning and Evaluation and CPSC program management for the purpose of assessing and monitoring internal control programs and compliance with FMFIA requirements.</a>
01	<a href="#">The Under Secretary for Health ensures actions are taken to clarify and broadly disseminate adjudicator expectations for follow-up of an unreturned INV Form 41.</a>
02	<a href="#">The Louis A. Johnson Medical Center Director ensures Pharmacy Service utilizes the required Veterans Health Information Systems and Technology Architecture Automatic Replenishment System to record medication usage data and maintain the records for inventory accountability.</a>
03	<a href="#">The Veterans Integrated Service Network 5 Director conducts management reviews of the care of patients 1-10 as discussed in this report and takes action as indicated.</a>
04	<a href="#">The Louis A. Johnson VA Medical Center Director reviews the availability and timeliness of endocrinology consults, and takes any corrective action needed.</a>
05	<a href="#">The Veterans Integrated Service Network 5 Director ensures evaluation of quality of care concerns or other irregularities (beyond hypoglycemia) of: cases provided by the OIG; cases that may otherwise be pertinent or concerning; and cases brought forward by patients and/or family members who express concerns or make other inquiries about care they received from Ms. Mays. As determined by the VISN, clinical experts external to the facility should be utilized when appropriate.</a>
06	<a href="#">The Louis A. Johnson Medical Center Director develops and disseminates guidance on clinical communication(s) to ensure that patient care and outcomes are routinely discussed in appropriate forums, such as interdisciplinary team meetings, and the discussions are documented.</a>
07	<a href="#">The Louis A. Johnson Medical Center Director ensures that close observation documentation is readily available in the electronic health record, and monitors for compliance.</a>
08	<a href="#">The Louis A. Johnson Medical Center Director ensures clinical documentation reviews are completed timely for patient safety and continuity of care.</a>
09	<a href="#">The Louis A. Johnson VA Medical Center Director evaluates the factors and processes surrounding employees' failures to report and follow up on the unexplained hypoglycemic events, and takes action to ensure appropriate reporting of actual or potential patient safety events, system vulnerabilities, or other unexpected events that offer opportunities for lessons learned.</a>
10	<a href="#">The Louis A. Johnson Medical Center Director requires that all staff are trained on reporting patient safety events using the correct reporting system and monitors for compliance.</a>
11	<a href="#">The Louis A. Johnson Medical Center Director ensures that the interdisciplinary mortality review workgroup meet as required with appropriate reporting through oversight council(s), and monitors for compliance.</a>
12	<a href="#">The Louis A. Johnson Medical Center Director ensures that oversight and reporting practices align with Louis A. Johnson Medical Center policy requirements.</a>
13	<a href="#">The Under Secretary for Health determines the potential advantage of a rescue medication flagging system as an additional tool to evaluate unexplained adverse patient events, including but not limited to mortalities, and takes action as indicated.</a>
14	<a href="#">The Louis A. Johnson VA Medical Center Director takes action to prioritize and continue efforts to promote a strong culture of safety, such as periodic facility-wide refresher patient safety training or additional patient safety stand downs when indicated, and monitors for effectiveness.</a>
15	<a href="#">The Under Secretary for Health reevaluates how the Veterans Health Administration collects, reviews, and analyzes mortality data from VA facilities, and takes action to address identified gaps and weaknesses, as indicated.</a>
1	<a href="#">Verify that National Society for Earthquake Technology - Nepal corrects the one material weaknesses in internal control detailed on pages 25 and 26 of the audit report, _x000D_</a>
2	<a href="#">Verify that NSET corrects the two instances of material noncompliance detailed on pages 34 and 35 of the audit report.</a>

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1	<a href="#">Determine the allowability of \$1,575,557 (\$1,573,877 ineligible and \$1,680 unsupported) in questioned costs as detailed in Table 1 on pages 2-3 of this memorandum and recover any amount that is unallowable.</a>
01	<a href="#">The Chillicothe VA Medical Center Director develops an oversight plan to address concerns regarding the employee's compliance with Sterile Processing Services' procedures as identified by facility and Veterans Integrated Services Network leaders and the Clinical Episode Review Team and confirms effective resolution.</a>
01	<a href="#">The Veterans Integrated Service Network Director consults with the VA Office of Mental Health and Suicide Prevention to review the classification and commitment of patients to the long-stay mental health recovery unit in the facility's community living center, and makes recommendations to ensure the provision of safe mental health care to patients at the Chillicothe VA Medical Center.</a>
02	<a href="#">The Veterans Integrated Service Network Director conducts a comprehensive review of the patient's calendar year 2019 mental health care, including psychiatric care and medication management, and makes recommendations to the facility, if indicated.</a>
03	<a href="#">The Chillicothe VA Medical Center Director establishes a review process to ensure that community living center assessments clearly align the service offerings of the community living center with the individual needs of patients.</a>
04	<a href="#">The Chillicothe VA Medical Center Director ensures development of a process to address the care needs of patients who are determined inappropriate for community living center admission.</a>
05	<a href="#">The Chillicothe VA Medical Center Director establishes a review process to ensure that community living center care plans are consistent with applicable Veterans Health Administration policy and communicated to the community living center staff caring for patients.</a>
06	<a href="#">The Chillicothe VA Medical Center Director ensures all community living center long-stay mental health recovery unit staff receive mental health training and pass competency evaluations to provide care specific to the needs of the population served.</a>
07	<a href="#">The Chillicothe VA Medical Center Director ensures that all facility staff are trained on, and comply with, the facility policy concerning patient behavior management.</a>
08	<a href="#">The Chillicothe VA Medical Center Director ensures that all facility community living center staff report near-miss and actual missing patient events to patient safety staff and monitors for compliance.</a>
09	<a href="#">The Chillicothe VA Medical Center Director ensures that patient safety staff review reported events for patterns or trends indicating risks to patients with a need for mitigation and confirms that effective mitigation strategies are initiated.</a>
10	<a href="#">The Chillicothe VA Medical Center Director ensures all facility community living center staff receive initial orientation on how to prevent and respond to missing patient events, activating all alerts and involving all relevant staff, as required.</a>
11	<a href="#">The Chillicothe VA Medical Center Director reviews the facility's policy on missing patients, ensures that it clearly outlines actions staff should take to prevent missing patient events, and verifies that relevant staff are trained and knowledgeable about such actions.</a>
12	<a href="#">The Chillicothe VA Medical Center Director ensures that VA police officers receive training and resources to provide missing patient alerts to all facility staff and appropriate law enforcement agencies.</a>
1	<a href="#">Develop a process to maintain and track all identity theft complaints.</a>
2	<a href="#">Develop a process to provide status updates to each complainant alleging identity theft.</a>
3	<a href="#">Complete and formalize a process to restore identity theft victims to their condition prior to the fraud. The process should include steps to stop the loan billing statements, prevent delinquency collections, release them from loan liability and UCC liens.</a>
4	<a href="#">Develop a process to remove any fraudulent loans and related UCC filing fees from its financial records.</a>
5	<a href="#">Review over 150,000 returned billing statements and resolve any that involve identity theft, then refer fraudulent loans to OIG.</a>
1	<a href="#">Revise the Development Information Solution system's cost savings plan in accordance with Office of Management and Budget's Capital Planning Guidance to determine the effects that the delayed decommissioning of redundant systems may have on the related costs to maintain the systems longer.</a>
2	<a href="#">Document and implement lessons learned for system users that incorporates the successes achieved by the past deployments in adopting the Development Information Solution system.</a>
3	<a href="#">Develop and implement a process to validate the data between Foreign Assistance Coordination and Tracking System Info and the Development Information Solution system to maximize its value per GAO's Agile Assessment Guide.</a>
4	<a href="#">Develop a plan in coordination with mission executive officers, program offices and bureaus to validate participation and adoption of the Development Information Solution system to reduce reliance on external systems or components for tracking, monitoring, or reporting performance data as called for by the DIS Business Case.</a>

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01	<a href="#">The Medical Center Director evaluates and determines any additional reasons for noncompliance and ensures the Executive Quality Leadership Council recommends and takes action in response to identified problems or opportunities for improvement.</a>
02	<a href="#">The Chief of Staff evaluates and determines any additional reasons for noncompliance and makes certain that the Chief of Medicine includes the minimum gastroenterology-specific criteria for ongoing professional practice evaluations of licensed independent gastroenterology practitioners.</a>
03	<a href="#">The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures that providers with similar training and privileges complete ongoing professional practice evaluations of licensed independent practitioners.</a>
04	<a href="#">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 healthcare practitioners' departure from the medical center.</a>
05	<a href="#">The Chief of Staff evaluates and determines any additional reasons for noncompliance and ensures providers complete and document goals of care conversations prior to hospice referrals.</a>
08	<a href="#">The Associate Director for Patient Care Services evaluates and determines any additional reasons for noncompliance and ensures that all current Sterile Processing Services employees complete Level 1 training and all new employees complete Level 1 training within 90 days of hire.</a>
09	<a href="#">The Associate Director for Patient Care Services evaluates and determines any additional reasons for noncompliance and ensures that Sterile Processing Services employees complete competency assessments that align with standard operating procedures and manufacturers' instructions for use.</a>
1	<a href="#">We recommend the AOC coordinate with legislative stakeholders to draft legislation that would incorporate the following: • Add the Office of Chief Security Officer to an advisory or consultative role to assist in the plans and execution of securing the Capitol campus for large public gatherings, and • require communication, coordination and collaboration between the AOC, Capitol Police Board, and U.S. Capitol Police.</a>
2	<a href="#">We recommend the AOC Office of the Chief Security Officer coordinate with U.S. Capitol Police to draft a memorandum of agreement to support the roles and responsibilities and services required for preparation and execution of the perimeter security plans for large public events.</a>
3	<a href="#">We recommend the AOC Office of the Chief Security Officer establish well-defined policies and procedures with a preparation checklist for jurisdictions based on the severity of threat that provides clear guidance on execution of support activities related to coordination, mobilization, de-mobilization, asset protection and reporting of activities associated with special events across the Capitol campus.</a>
4	<a href="#">We recommend the AOC coordinate with the U.S. Capitol Police Board and legislative stakeholders to evaluate the overall focus on campus security, and reevaluate the responsibilities for design, installation and maintenance of the Capitol campus security systems and determine who should execute those responsibilities.</a>
5	<a href="#">We recommend the AOC Office of the Chief Security Officer hold a security briefing with AOC senior leadership for each event, which highlights the security threats and risks identified during their monitoring and received from coordinating agencies along with AOC's approach to manage such risks and instructions for jurisdictions to execute the developed preparation checklist.</a>
6	<a href="#">We recommend the AOC inform the U.S. Capitol Police of the deferred security maintenance work elements prior to large public gatherings and events on the Capitol campus.</a>
1	<a href="#">We recommend that USAID/Tanzania determine the allowability of \$28,000_x000D_ in ineligible questioned costs for overcharged indirect costs on page_x000D_16 of the audit report and recover any amount that is unallowable.</a>
1	<a href="#">We recommend the Secretary, in coordination with DHS components and FPS, establish and implement a plan, policy, and process to improve preparedness for multi-component response to future incidents of civil disturbance at Federal facilities, including: A. a process for designating DHS component personnel under 40 U.S.C. §1315 and verification of required legal training completion; B. equipment and training needs and requirements; and C. consistent tactics and operational policies.</a>
2	<a href="#">We recommend the Director of the Federal Protective Service establish contingency plans, including necessary equipment, for responding to civil disturbance at high-risk Federal facilities based on Facility Security Assessments, non-binding agreements with state and local law enforcement, and expected level of support.</a>
1	<a href="#">Ensure Pulaski implements a color-coded visual identification system to easily identify detainees based on their classification levels.</a>
3	<a href="#">Ensure Pulaski staff complete and record the results of visual welfare checks for detainees in segregation once every 30 minutes.</a>
4	<a href="#">Ensure the Pulaski Medical Unit develops chronic care guidelines, and provides routine and emergency dental care.</a>
Finding 1, Rec. 1	<a href="#">Resolve the \$49,814 in questioned capital expenses for which Clemson has not agreed to reimburse NSF and direct Clemson to repay or otherwise remove the sustained questioned costs from its NSF awards.</a>

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Finding 1, Rec. 2	<a href="#">Direct Clemson to provide documentation supporting that it has repaid or otherwise credited the \$33,434 of questioned capital expenses, subawards, and participant support costs for which it has agreed to reimburse NSF.</a>
Finding 1, Rec. 3	<a href="#">Direct Clemson to strengthen its monitoring procedures and internal control processes for applying indirect costs to Federal awards. Updated procedures could include: a. Requiring that personnel assess whether Clemson should capitalize ongoing and future construction projects. Specifically, Clemson should consider Federal regulation specific to the capitalization of construction related to additions to, improvements to, alterations of, or reconfigurations of Clemson buildings when Clemson uses Federal funding to finance construction. b. Requiring that personnel manually review capitalized charges made to an award to ensure that Clemson has included all applicable costs in the capitalized amount. Specifically, Clemson should consider whether capitalized costs account for items such as installation, shipping, and sales tax before capitalizing the expense. c. Requiring additional training for personnel who review and approve computer charges that exceed \$5,000 to ensure that they are able to identify whether Clemson appropriately categorized the goods as supplies or equipment. d. Implementing an annual review process for costs charged to awards that include funding for subaward expenses that exceed \$25,000 to ensure that Clemson is appropriately segregating these expenses in accounts that it has excluded from its Modified Total Direct Cost base. e. Implementing an annual review process for costs charged to awards that include funding for participant support costs to ensure that Clemson is appropriately segregating these expenses in accounts that it has excluded from its Modified Total Direct Cost base.</a>
Finding 2, Rec. 1	<a href="#">Resolve the \$20,471 in questioned unallocable equipment, travel, and publication expenses for which Clemson has not agreed to reimburse NSF and direct Clemson to repay or otherwise remove the sustained questioned costs from its NSF awards.</a>
Finding 2, Rec. 2	<a href="#">Direct Clemson to provide documentation supporting that it has repaid or otherwise credited the \$36,847 of questioned equipment, travel, other direct costs, and publication costs for which it has agreed to reimburse NSF.</a>
Finding 2, Rec. 3	<a href="#">Direct Clemson to strengthen its administrative and management controls and processes for allocating expenses to sponsored projects. Updated processes could include: a. Implementing additional procedures requiring the Office of Grants and Contracts Administration to review and approve all non-salary expenses charged to NSF awards within 90 days of the award's expiration date. b. Requiring Principal Investigators or other designated staff to both document and justify the allocation methodologies they used when charging expenses to sponsored projects. c. Establishing a procedure to justify allocating travel expenses to specific NSF awards by confirming travel charged to an award contributes to the grant objectives.</a>
Finding 2, Rec. 4	<a href="#">Direct Clemson to encourage Principal Investigators to identify and report all awardrelated travel in their annual reports to NSF.</a>
Finding 2, Rec. 5	<a href="#">Direct Clemson to implement a process to ensure that personnel review the reasonableness of all employee, non-employee, and participant travel days and charges at the time of reimbursement.</a>
Finding 2, Rec. 6	<a href="#">Direct Clemson's Office of Grants and Contracts Administration to provide training on how to assess the methodology for allocating publication costs across each sponsored award acknowledged in the publication and document the justification for this methodology.</a>
Finding 3, Rec. 1	<a href="#">Resolve the \$58,000 in questioned computer cluster node expenses for which Clemson has not agreed to reimburse NSF and direct Clemson to repay or otherwise remove the sustained questioned costs from its NSF awards.</a>
Finding 3, Rec. 2	<a href="#">Direct Clemson to periodically assess the fee structure and period allotted for access to the computer cluster node infrastructure. Updated procedures could include: a. Requiring the Office of Grants and Contracts Administration to assess whether projects require access to the computer infrastructure. b. Establishing the time and fee structure as a specialized service center to ensure appropriate cost objective control.</a>
Finding 3, Rec. 3	<a href="#">Direct Clemson to strengthen its administrative and management procedures and internal controls for allocating expenses to sponsored projects. Updated procedures could include: a. Requiring the Office of Grants and Contracts Administration to provide training on allocation methodology for costs incurred on sponsored projects. b. Requiring Principal Investigators or other designated staff to review and justify the allocation methodologies they used when charging computer cluster node costs to sponsored projects.</a>
Finding 4, Rec. 1	<a href="#">Resolve the \$4,396 in questioned participant support and service center expenses for which Clemson has not agreed to reimburse NSF and direct Clemson to repay or otherwise remove the sustained questioned costs from its NSF awards.</a>
Finding 4, Rec. 2	<a href="#">Direct Clemson to provide documentation supporting that it has repaid or otherwise credited the \$41,224 of questioned consultant and travel costs for which it has agreed to reimburse NSF.</a>

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Finding 4, Rec. 3	<a href="#">Direct Clemson to strengthen its policies and procedures related to creating and retaining documentation, including introducing additional controls to help ensure that it appropriately creates and maintains all documentation necessary to support the allowability of expenses charged to sponsored programs. Updated procedures could include: a. Conducting annual training for individuals responsible for reviewing and approving consultant expenses, including training regarding what documentation Clemson must maintain to support consultant rates charged. b. Establishing clear guidance regarding what documentation Clemson must maintain in cases in which an individual books their own airfare. c. Establishing clear guidance as to who is required to fill out a timesheet with hours worked when they are being paid using an hourly rate. The guidance could further indicate that those who earn a stipend are exempt from the requirement to fill out a timesheet. d. Establishing clear guidance regarding the specialized service facility agreements and rate documentation that Clemson must maintain. Additional guidance should include clear instructions regarding how to document service agreements, develop and bill for services using approved specialized service facility rates, and document the cost of services invoiced by outside service providers.</a>
Finding 5, Rec. 1	<a href="#">Resolve the \$2,151 in questioned travel and salary costs for which Clemson has not agreed to reimburse NSF and direct Clemson to repay or otherwise remove the sustained questioned costs from its NSF awards.</a>
Finding 5, Rec. 2	<a href="#">Direct Clemson to provide documentation supporting that it has repaid or otherwise credited the \$21,538 of questioned travel and participant support costs for which it has agreed to reimburse NSF.</a>
Finding 5, Rec. 3	<a href="#">Direct Clemson to strengthen its policies and procedures related to creating and retaining documentation, including introducing additional controls to help ensure that it appropriately creates and maintains all documentation necessary to support the allowability of expenses charged to sponsored programs.</a>
Finding 5, Rec. 4	<a href="#">Direct Clemson to strengthen its administrative and management processes and procedures surrounding the approval of travel expense reports. Updated procedures could include: a. Establishing clear guidance regarding the allowability of registration fees when individuals are no longer able to attend the event. b. Developing a procedure to evaluate travel that occurs near the end of an award and remove any travel costs associated with trips that occur after the award expires. c. Conducting annual training for individuals responsible for reviewing and approving expense reports within each department, to define what expenses are allowable on a sponsored program. d. Establishing clear guidance regarding the booking of lodging and what constitutes moderately priced accommodations. e. Reviewing all foreign airfare purchases before charging them to sponsored programs to verify that the airfare complies with the Fly America Act.</a>
Finding 5, Rec. 5	<a href="#">Direct Clemson to establish clear guidance regarding the allowability of participant support funding for employee travel.</a>
Finding 5, Rec. 6	<a href="#">Direct Clemson to establish procedures to ensure that its salary payments do not exceed the employee's Institutional Base Salary.</a>
Finding 6, Rec. 1	<a href="#">Direct Clemson to provide documentation supporting that it has repaid or otherwise credited the \$8,565 of questioned indirect costs for which it has agreed to reimburse NSF.</a>
Finding 6, Rec. 2	<a href="#">Direct Clemson to update its current proposal submission and award set-up practices to require that, when setting up accounts established for supplemental funding for NSF awards, personnel ensure that the accounts apply indirect costs as directed by the supplemental funding letter.</a>
Finding 7, Rec. 1	<a href="#">Direct Clemson to ensure that it has performed risk evaluations for all subawards issued prior to June 2018 and that these risk evaluations remain active, to validate the agreements in accordance with Federal regulations.</a>
Finding 8, Rec. 1	<a href="#">Direct Clemson to update its current pre-award procedures and internal controls for reviewing NSF proposal budgets to ensure that all costs included in the participant support cost budget comply with NSF terms and conditions.</a>
Finding 8, Rec. 2	<a href="#">Direct Clemson to update its current procedures and internal controls to ensure that Principal Investigators submit final reports to NSF in accordance with NSF's terms and conditions. Updated procedures should require Clemson to verify the submission of the final report with both the Principal Investigators and NSF during project close-out or when the Principal Investigator is leaving Clemson.</a>
Finding 9, Rec. 1	<a href="#">Direct Clemson to strengthen its administrative and management procedures for equipment expenditures to ensure that the Office of Grants and Contracts Administration approves all equipment purchased with non-sponsored funds and subsequently transferred to sponsored funds.</a>
Finding 9, Rec. 2	<a href="#">Direct Clemson to strengthen its administrative and management procedures to confirm it has completed the subrecipient documentation package before approving non-budgeted subawards.</a>
Finding 9, Rec. 3	<a href="#">Direct Clemson to strengthen its administrative and management procedures and internal controls related to the effort certification process. Updated procedures could include requiring Office of Grants and Contracts Administration personnel to follow up with any personnel that do not certify their effort reports within 30 days.</a>
Finding 9, Rec. 4	<a href="#">Direct Clemson to strengthen its administrative and management processes surrounding document retention for purchases on sponsored awards.</a>
Finding 9, Rec. 5	<a href="#">Direct Clemson to strengthen its directives, procedures, and internal controls for obtaining approval for foreign travel before the trip occurs.</a>

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Finding 9, Rec. 6	<a href="#">Direct Clemson to strengthen its directives, procedures, and internal controls for procuring contract services on sponsored projects. Updated processes could include the following: a. Conducting annual training for those individuals who procure contract services, including Principal Investigators. The training should include topics such as the process for obtaining approvals for contractors on sponsored programs, the documentation needed before work begins, and the purchase order process required before issuing payment. b. Requiring individuals who initiate contract services to complete the applicable information in the appropriate procurement forms, as required by Clemson policy for contracted service agreements on sponsored projects.</a>
Finding 9, Rec. 7	<a href="#">Direct Clemson to strengthen its procedures and internal controls for reviewing account codes that are required to incur indirect costs. Updated procedures could include an annual indirect cost reconciliation.</a>
Finding 10, Rec. 1	<a href="#">Direct Clemson to update its current award set-up practices to require that, when setting up accounts established for NSF awards, personnel ensure that the accounts apply indirect costs using the rates that were established in the Negotiated Indirect Cost Rate Agreement in effect as of the date of the NSF grant award (except in instances where the award letter or supplement letter specifies otherwise), rather than using the rates included within the original grant proposal.</a>
Finding 10, Rec. 2	<a href="#">Direct Clemson to require its subawardees to apply indirect costs using the rates that were established in the Negotiated Indirect Cost Rate Agreement in effect as of the date the subaward was granted, rather than using the rates included within the subaward budget and proposal.</a>
1	<a href="#">We recommend that the USAID's Office of Acquisition and Assistance Cost, Audit and Support Division: determine the allowability of \$339,200 (\$339,200 unsupported) in direct questioned costs on pages 5, and 61 through 64 of the report and recover any amount that is unallowable.</a>
2	<a href="#">We recommend that the USAID's Office of Acquisition and Assistance Cost, Audit and Support Division: verify that Nexant, Inc. corrects the material weaknesses in internal control detailed on pages 2 and 13 through 16 of the audit report. _x000D_ _x000D_</a>
01	<a href="#">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.</a>
02	<a href="#">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.</a>
03	<a href="#">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.</a>
04	<a href="#">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.</a>
05	<a href="#">We recommended the Assistant Secretary for Information and Technology Implement improved processes for reviewing and updating key security documents such as security plans, risk assessments, and interconnection agreements on an annual basis and ensure the information accurately reflects the current environment.</a>
06	<a href="#">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.</a>
07	<a href="#">We recommended the Assistant Secretary for Information and Technology implement periodic reviews to minimize access by system users with incompatible roles, permissions in excess of required functional responsibilities, and unauthorized accounts.</a>
08	<a href="#">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.</a>
09	<a href="#">We recommended the Office of Personnel Security strengthen processes to ensure appropriate levels of background investigations are completed for applicable VA employees and contractors and applicable investigation data is accurately tracked within the authoritative system of record.</a>
10	<a href="#">We recommended the Office of Personnel Security formalize the Position Descriptions and methodology used within the Human Resource business processes to ensure that employees with similar positions are required to have the same level of background investigation.</a>
11	<a href="#">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.</a>
12	<a href="#">We recommended the Assistant Secretary for Information and Technology implement a more effective patch and vulnerability management program to address security deficiencies identified during our assessments of VA's web applications, database platforms, network infrastructure, and workstations.</a>

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13	<a href="#">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 implemented for compliance with established VA security standards.</a>
14	<a href="#">We recommended the Assistant Secretary for Information and Technology implement improved network access controls that restrict medical devices from systems hosted on the general network.</a>
15	<a href="#">We recommended the Assistant Secretary for Information and Technology consolidate the security responsibilities for networks not managed by the Office of Information and Technology, under a common control for each site and ensure vulnerabilities are remediated in a timely manner.</a>
16	<a href="#">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.</a>
17	<a href="#">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.</a>
18	<a href="#">We recommended the Assistant Secretary for Information and Technology review system boundaries, recovery priorities, system components, and system interdependencies and implement appropriate mechanisms to ensure that established system recovery objectives are met.</a>
19	<a href="#">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.</a>
20	<a href="#">We recommended the Assistant Secretary for Information and Technology implement more effective agency-wide incident response procedures to ensure timely notification, reporting, updating, and resolution of computer security incidents in accordance with VA standards.</a>
21	<a href="#">We recommended the Assistant Secretary for Information and Technology ensure that VA's Cybersecurity Operations Center has full access to all security incident data to facilitate an agency-wide awareness of information security events.</a>
22	<a href="#">We recommended the Assistant Secretary for Information and Technology implement improved safeguards to identify and prevent unauthorized vulnerability scans on VA networks.</a>
23	<a href="#">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&amp;Ms.</a>
24	<a href="#">We recommended the Assistant Secretary for Information and Technology fully develop a comprehensive list of approved and unapproved software and implement continuous monitoring processes to prevent the use of prohibited software on agency devices.</a>
25	<a href="#">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 programs and operations.</a>
26	<a href="#">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.</a>
1	<a href="#">Update and implement EXRM directives, policies, and procedures regarding position designation to reflect current EXRM operations and address current OPM policies and guidelines.</a>
2	<a href="#">Develop and maintain an accessible database with all information required to effectively manage the position designation and suitability program. At a minimum, this system should contain the name of the employee or contractor, position number and title, position designation, tier of background investigation completed, entry-on-duty date, date the background investigation was requested, date the background investigation was completed, whether it was an initial investigation or reinvestigation, whether reciprocity was applied, and reinvestigation due date.</a>
3	<a href="#">Use the information developed in the database from Recommendation Two to project future budgeting and staff workload requirements.</a>
4	<a href="#">Use the information developed in Recommendation Two to track an employee's investigation versus the designation of their position and ensure they are properly aligned.</a>
5	<a href="#">Use an automated tool to track when employee and contractor reinvestigations are due.</a>
6	<a href="#">Update the investigations of employees whose completed investigation has exceeded the five-year reinvestigation requirement.</a>
7	<a href="#">Allocate the appropriate resources going forward to ensure that all reinvestigations are initiated on or before the due date.</a>
8	<a href="#">Establish a process to include Office of Human Resources Management during the drafting of the statement of work to determine the appropriate investigative tier for contractors prior to when the request for quotes is released to potential vendors.</a>

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9	<a href="#">Develop a formal documented process (directive or standard operating procedure) for onboarding contractors.</a>
10	<a href="#">Develop a system to communicate any changes in the onboarding process to contracting officer's representatives and other personnel involved in the onboarding of employees and contractors.</a>
11	<a href="#">Develop and document a systematic and repeatable risk assessment process to evaluate the risk of applying reciprocity for incoming contractors.</a>
12	<a href="#">Regarding contractors, develop and maintain an accessible database containing the information outlined in Recommendation Two, as well as the contract number, similar CPSC position, contractor name, employer, and name of contracting officer's representative.</a>
13	<a href="#">Complete the work required to fully implement OPM's recommendations from 2017.</a>
1	<a href="#">We recommend TVA seek any and all TLA reimbursements of \$131,100 from the contractor for TLA payments made to contract employee.</a>
1	<a href="#">Verify that Chemonics International Inc. corrects the material instance of noncompliance detailed on pages 23 to 28 of the audit report</a>
1	<a href="#">Establish policies and procedures that require and document alternative dispute resolution training for all the agency managers and supervisors.</a>
2	<a href="#">Establish a regular interval for alternative dispute resolution training, preferably at least annually.</a>
3	<a href="#">Enforce counselor, investigator, and Alternative Dispute Resolution training requirements in accordance with EEOC Management Directive 110.</a>
4	<a href="#">Implement written policies and procedures to document and maintain independent contractor training compliance with EEOC Management Directive 110. The documentation should, at a minimum, include the name of the trainee, the nature and type of training, the provider, and the date of training. For neutrals the documentation should include evidence of practical training and references.</a>
1	<a href="#">Verify the New Mexico Disability Determination Services cross-trained employees to ensure the timely submission of financial reports.</a>
2	<a href="#">Verify the New Mexico Disability Determination Services established an appropriate process to maintain and document medical license verifications.</a>
1	<a href="#">The Chief Security Officer in coordination with AOC organizational leaders, review AOC organizational Emergency Management Policies, develop and implement standardized emergency incident procedures to address active shooter, workplace violence, protestors and civil disturbances.</a>
2	<a href="#">The Chief Security Officer in coordination with the U.S. Capitol Police Board, review AOC protective actions to determine if current protective action definitions and categories are sufficient for emergency incident responses.</a>
3	<a href="#">The Chief Security Officer in coordination with AOC Training and Employee Development, review the AOC Emergency Management training and exercise program, develop and implement AOC training and exercise curriculum to address active shooter, workplace violence, protestors and civil disturbances.</a>
4	<a href="#">The Chief Security Officer in coordination with the Emergency Management Task Force, develop a quarterly, integrated training and exercise program to address active shooter, work place violence, protestors and civil disturbances for the AOC, and all other legislative branch organizations that work and serve inside the Capitol complex.</a>
1	<a href="#">We recommend that Millennium Challenge Corporation determine the allowability of \$ 987,010.06 in questioned costs (\$ 987,010.06 ineligible) on page 7 of the audit report and recover any amount that is unallowable.</a>
2	<a href="#">We recommend that Millennium Challenge Corporation verify that MCA-Morocco corrects the two material weaknesses in internal control detailed on page 27 of the audit report.</a>
1	<a href="#">We recommend that USAID/M/OAA/CAS/CAM verify that Solidarités International corrects the two instances of material noncompliance detailed on pages III-1 to III-3 of the audit report.</a>
1	<a href="#">We recommend that USAID/Southern Africa determine the allowability of \$80,266 in ineligible questioned costs (\$77,321 in overcharged indirect costs and \$2,945 on page 14 of the audit report) and recover any amount that is unallowable.</a>
1	<a href="#">Determine the allowability of \$1,168,204 (\$11,256 ineligible; \$1,156,948 unsupported) in questioned costs as detailed in Table 1 on page 2 of this memorandum and recover any amount that is unallowable.</a>
1	<a href="#">Determine the allowability of \$61,833 in total ineligible questioned costs (\$7,856 related to the fund accountability statement and \$53,977 related to the cost share contribution) detailed on pages 27 to 35 of the audit report and recover any amount that is unallowable.</a>
2	<a href="#">Verify that American University of Afghanistan corrects the one material weakness in internal control detailed on pages 31 to 35 the audit report.</a>



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3	<a href="#">Verify that American University of Afghanistan corrects the one instance of material noncompliance detailed on pages 27 to 30 of the audit report.</a>
01	<a href="#">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.</a>
02	<a href="#">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</a>
03	<a href="#">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.</a>
04	<a href="#">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.</a>
05	<a href="#">The Medical Center Director evaluates and determines any additional reasons for noncompliance and makes certain that employees complete annual suicide prevention refresher training.</a>
06	<a href="#">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.</a>
07	<a href="#">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.</a>
08	<a href="#">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.</a>
09	<a href="#">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.</a>
1	<a href="#">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.</a>
2	<a href="#">Verify that The Asia Foundation corrects the two instances of material noncompliance detailed on pages 28 to 39 of the audit report.</a>
1	<a href="#">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.</a>
2	<a href="#">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.</a>
D-2021-0077-D000AX-0001-001b	<a href="#">Coordinate with the General Services Administration to update the Federal Procurement Data System-Next Generation database to more accurately capture data related to other transactions awarded through consortiums.</a>
D-2021-0077-D000AX-0001-0002	<a href="#">Coordinate with the General Services Administration to update the Federal Procurement Data System-Next Generation database to more accurately capture data related to other transactions awarded through consortiums.</a>
D-2021-0077-D000AX-0001-0003	<a href="#">Reinforce guidelines or implement additional best practices to ensure other transactions awarded through consortiums use competition to the maximum extent practicable as required.</a>
D-2021-0077-D000AX-0001-0004	<a href="#">Implement additional guidance or best practices that ensure contracting personnel maintain documentation for major decisions made to support the award of an other transaction agreement in the other transaction agreement file.</a>
D-2021-0077-D000AX-0001-0005	<a href="#">Clarify its policy for determining the approval level required for project awards when using consortiums and ensure the guidance is uniformly applied and implemented by contracting personnel.</a>
D-2021-0077-D000AX-0001-0006	<a href="#">Assess and determine whether it will require the inclusion of basic protest language in other transaction solicitations and establish processes or best practices to address those protests of other transaction agreements.</a>
D-2021-0077-D000AX-0001-0007	<a href="#">Establish Department of Defense-level training specific to awarding other transactions through consortiums that ensures Agreements Officers receive training to demonstrate expertise in executing, managing, and administering complex acquisition instruments, and can function in a less structured environment where prudent judgment is essential.</a>

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D-2021-0077-D000AX-0001-0008	<a href="#">Implement Department of Defense-level guidance establishing a standard Agreements Officer delegation and warrant process.</a>
D-2021-0077-D000AX-0001-0009	<a href="#">Implement guidelines or best practices for contracting personnel to consider when negotiating consortium management fees to ensure the Department of Defense receives the best value when working with a consortium management organization.</a>
D-2021-0077-D000AX-0001-0010	<a href="#">Establish requirements to vet consortium members upon membership to identify which members meet applicable security requirements for future opportunities.</a>
D-2021-0077-D000AX-0001-0011	<a href="#">Establish controls to ensure that the consortium management organization only disseminates controlled and restricted information to consortium members with proper security clearance.</a>
D-2021-0077-D000AX-0001-0012	<a href="#">Provide guidance requiring that contracting personnel check the System for Award Management prior to the award of an other transaction through a consortium, to determine and document if a contractor is registered in the System for Award Management and is not on the excluded parties list. For those contractors not registered in the System for Award Management, provide additional review requirements that must be performed and documented prior to award to ensure they are able to do business with the Government.</a>
D-2021-0077-D000AX-0001-0013	<a href="#">Develop procedures to require security reviews of solicitation and supplementary information, including the aggregate of all information being provided in the solicitations to ensure potential sensitive information is not revealed by the compilation of information.</a>
ISS.1-1	<a href="#">We recommend the JCT Site Manager address the resource-related risks pertaining to training.</a>
ISS.2-1	<a href="#">We recommend the JCT Site Manager address the resource-related risks pertaining to budgetary needs for general maintenance.</a>
OIG-AR-21-08.01	<a href="#">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.</a>
OIG-AR-21-08.02	<a href="#">Establish roles and responsibilities for security analysts and OCIO divisions for analyzing and reviewing events of interest.</a>
OIG-AR-21-08.03	<a href="#">Document the objective for each "Use Case" and the actions to be taken when events of interest are triggered.</a>
OIG-AR-21-08.04	<a href="#">Develop near real-time alerts for events of interest that are high risk to the Commission.</a>
1	<a href="#">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.</a>
1	<a href="#">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.</a>
2	<a href="#">Verify that Virginia Polytechnic Institute and State University corrects the material weakness in internal control detailed on pages 19 to 25 the audit report.</a>
3	<a href="#">Verify that Virginia Polytechnic Institute and State University corrects the material instance of noncompliance detailed on pages 26 to 29 of the audit report.</a>
1	<a href="#">Determine the allowability of \$31,584 in ineligible questioned costs on page 29 of the audit report and recover any amount that is unallowable.</a>
2	<a href="#">Verify that Palladium International, LLC corrects the material instance of noncompliance detailed on pages 28 and 29 of the audit report.</a>
1	<a href="#">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.</a>
2	<a href="#">Develop and implement a Data Quality Plan that supports the collection and maintenance of data related to identified key CPSC open data sets.</a>
3	<a href="#">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.</a>
4	<a href="#">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.</a>
1	<a href="#">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.</a>
1	<a href="#">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.</a>

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2	<a href="#">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.</a>
5	<a href="#">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.</a>
6	<a href="#">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.</a>
01	<a href="#">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.</a>
02	<a href="#">The Veterans Crisis Line Director ensures leaders' awareness and understanding of administrative investigation board policy and procedures as applicable to the Veterans Crisis Line.</a>
03	<a href="#">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.</a>
04	<a href="#">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.</a>
05	<a href="#">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.</a>
06	<a href="#">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.</a>
07	<a href="#">The Veterans Crisis Line Director makes certain that root cause analyses are conducted as required by Veterans Health Administration policy.</a>
08	<a href="#">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.</a>
09	<a href="#">The Veterans Crisis Line Director ensures processes are developed to promote responders' communication regarding emergency dispatch for disconnected callers.</a>
10	<a href="#">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.</a>
11	<a href="#">The Veterans Crisis Line Director strengthens supervisory oversight of social service assistants and clearly communicates expectations to all supervisory levels.</a>
1	<a href="#">TVA make a final determination as to the intent and ownership of said tools. If determined to be employee recognition, TVA should document appropriate approval in accordance with TVA-SPP-11.418, Employee Recognition and Acknowledgement, and report all taxable fringe benefits to the IRS in accordance with federal law.</a>
2	<a href="#">The employees and contractor who received the tools be informed of how this determination affects them.</a>
3	<a href="#">Refresher training be provided to PCC management on proper employee recognition and acknowledgement in an effort to limit future incidents.</a>
2	<b>STATUS OF RECOMMENDATIONS: AUDIT OF NRC'S DRUG-FREE WORKPLACE PROGRAM IMPLEMENTATION</b>
D-2021-0075-D000RM-0001-0001	<a href="#">The Report is Classified</a>
1	<a href="#">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.</a>
1-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
2-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
2-2	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
2-3	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
2-4	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
3-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
4-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>

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5-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
5-2	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
6-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
7-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
7-2	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
8-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
9-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
9-2	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
10-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
10-2	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
11-1	<a href="#">SENSITIVE BUT UNCLASSIFIED</a>
D-2021-0074-D000AV-0001-0001.a	<a href="#">Rec. 1.a: The DoD OIG recommended that the U.S. Army Corps of Engineers Director of Contracting complete an after-action review following the completion of the coronavirus disease-2019 mission to identify best practices and areas of improvement when issuing undefinitized contract actions, including establishing attainable definitization schedules and definitizing contract actions within those schedules, to reduce the risk of complications occurring during future emergency situations.</a>
D-2021-0072-D000AT-0001-0001	<a href="#">The DoD OIG recommended that the Director of Manpower and Personnel for the National Guard Bureau change how the academies develop their annual budget request.</a>
D-2021-0072-D000AT-0002-0001	<a href="#">The DoD OIG recommended that the Director of Manpower and Personnel for the National Guard Bureau require National Guard Bureau officials to identify all Challenge Program cooperative agreements that are still open after 1 year and either close them or require the grantee to provide an explanation along with the supporting documentation for why they cannot be closed.</a>
D-2021-0072-D000AT-0002-0002	<a href="#">The DoD OIG recommended that the Executive Director of Acquisition for the National Guard Bureau require National Guard Bureau Grants and Cooperative Agreement Oversight and Compliance officials provide standardized guidance on the prompt return of deobligated funds and provide training to National Guard Bureau officials responsible for closeout to ensure deobligated funds are promptly returned.</a>
D-2021-0072-D000AT-0002-0003	<a href="#">The DoD OIG recommended that the Office of the Under Secretary of Defense for Research and Engineering issue guidance that emphasizes that awarding agencies need to close out cooperative agreements that were issued after November 2020 within 1 year of the end of the period of performance. This guidance should also emphasize that extensions should not be granted unless the grantee provides a valid justification along with supporting documentation for not being able to submit the final closeout report.</a>
D-2021-0072-D000AT-0003-0001	<a href="#">The DoD OIG recommended that the Assistant Secretary of Defense for Manpower and Reserve Affairs, in coordination with the Director of Manpower and Personnel for the National Guard Bureau, establish and implement a plan to identify whether the Challenge Program is achieving long-term benefits of providing opportunities for cadets to be productive citizens. The plan should include a process for collecting data beyond 1 year.</a>
D-2021-0072-D000AT-0003-0002.a	<a href="#">The DoD OIG recommended that the Director of Manpower and Personnel for the National Guard Bureau require the National Guard Bureau Office of Youth Programs to enforce Challenge Program requirements to hold academies accountable for not meeting program requirements and goals, or obtain a waiver from the Chief of the National Guard Bureau for not taking action on an academy that is not meeting program requirements and goals.</a>
D-2021-0072-D000AT-0003-0002.b	<a href="#">The DoD OIG recommended that the Director of Manpower and Personnel for the National Guard Bureau require the National Guard Bureau Office of Youth Programs to disapprove future state plans that do not comply with the National Guard Bureau guidance including recommended sanctions for not meeting graduation goals and require the Indiana Hoosier, Kentucky Bluegrass, and Maryland Freestate Challenge Academies to update their FY 2020 state plans to include recommended sanctions.</a>
1	<a href="#">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.</a>
1	<a href="#">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.</a>
1	<a href="#">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.</a>
2	<a href="#">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.</a>

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3	<a href="#">Ensure the full effectiveness of the system alert that requires staff to resolve State-reported ABLÉ account information before completing redeterminations for recipients who own ABLÉ accounts.</a>
4	<a href="#">Issue an Administrative Message to remind staff to review and rectify ABLÉ account information reported by States that conflicts with account information already posted in SSA records to avoid multiple postings of the same ABLÉ accounts and to ensure staff properly account for resources in all ABLÉ accounts owned by recipients.</a>
D-2021-2067-DEV0PD-0001-0001.a	<a href="#">Rec. 1.a: The DoD OIG recommended that the Commander of United States Indo-Pacific Command update Commander, United States Indo-Pacific Command, "Concept Plan 5003-18 for Pandemic and Emerging Infectious Disease," February 1, 2019, to incorporate the policies, procedures, and responsibilities for executing mission essential staff functions in a socially distanced or telework environment, and send the updated Concept Plan to U.S. Northern Command for review, as required by U.S. Northern Command, "Department of Defense Global Campaign Plan for Pandemic Influenza and Infectious Disease 3551-13," October 15, 2013.</a>
D-2021-2067-DEV0PD-0001-0001.b	<a href="#">Rec. 1.b: The DoD OIG recommended that the Commander of United States Indo-Pacific Command finalize and issue the annex to Commander, United States Indo-Pacific Command, "Headquarters Continuity of Operations Plan," June 19, 2015, and update the plan with lessons learned from the coronavirus disease-19 pandemic response.</a>
D-2021-2067-DEV0PD-0001-0001.c	<a href="#">Rec. 1.c: The DoD OIG recommended that the Commander of United States Indo-Pacific Command develop a plan to integrate pandemic response activities from Commander, United States Indo-Pacific Command, "Concept Plan 5003-18 for Pandemic and Emerging Infectious Disease," February 1, 2019, and continuity of operations activities from Commander, United States Indo-Pacific Command, "Headquarters Continuity of Operations Plan," June 19, 2015, into United States Indo-Pacific Command's Joint Exercise Program.</a>
D-2021-2067-DEV0PD-0001-0001.d	<a href="#">This recommendation is CUI</a>
D-2021-2067-DEV0PD-0001-0001.e	<a href="#">This recommendation is CUI</a>
D-2021-2068-DEV0PD-0001-0001.a	<a href="#">Rec. 1.a: The DoD OIG recommended that the Commander of United States Southern Command updated the United States Southern Command, "Continuity of Operations (COOP) Plan," March 26, 2019, and incorporate the policies and procedures, and responsibilities for executing mission essential functions in socially distanced or telework environment, including situations of mass telework and alternative work schedules.</a>
D-2021-2068-DEV0PD-0001-0001.b	<a href="#">Rec. 1.b: The DoD OIG recommended that the Commander of United States Southern Command develop a detailed mass telework policy and a plan to identify and distribute any necessary software and equipment to support mass telework scenarios, including identifying resources to conduct classified operations.</a>
D-2021-2068-DEV0PD-0001-0001.c	<a href="#">This recommendation is CUI</a>
1-1	<a href="#">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.</a>
1-2	<a href="#">Department of the Treasury (Treasury) management should remedy the incorrect amounts awarded under the Payroll Support Program (PSP1).</a>
1	<a href="#">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).</a>
2	<a href="#">Identify Critical Functions during the procurement planning, award, and contract management phases of the acquisition process.</a>
3	<a href="#">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.</a>
4	<a href="#">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.</a>
5	<a href="#">Develop and implement a management oversight strategy for Critical Functions during the procurement planning process, for each contract involving Critical Functions.</a>
5	<a href="#">Develop and implement a management oversight strategy for Critical Functions during the procurement planning process, for each contract involving Critical Functions.</a>
6	<a href="#">Determine the contract structure during the solicitation and award process for the procurement of a Critical Function.</a>
7	<a href="#">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.</a>
8	<a href="#">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.</a>

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9	<a href="#">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.</a>
10	<a href="#">Determine when and how to assess for contractor over-reliance as part of the management oversight strategy.</a>
11	<a href="#">Implement corrective actions when the FDIC determines it is over-reliant on a contractor for a procured Critical Function.</a>
12	<a href="#">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.</a>
13	<a href="#">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.</a>
01	<a href="#">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.</a>
02	<a href="#">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.</a>
03	<a href="#">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.</a>
D-2021-0069-D000RL-0001-0001.3	<a href="#">Rec. 1: The DoD OIG recommended that the Commanders of the U.S. Army Training and Doctrine Command; Marine Corps Training and Education Command; Naval Education and Training Command; Naval Service Training Command; and Air Education and Training Command develop procedures to ensure compliance with the implementation of COVID-19 guidance at basic training centers.</a>
D-2021-0069-D000RL-0001-0002.1	<a href="#">Rec. 2: The DoD OIG recommended that the Commanders of Marine Corps Training and Education Command and Air Education and Training Command develop procedures to ensure compliance with screening and testing of recruits and training personnel, including procedures for timely testing and delivery of results.</a>
D-2021-0069-D000RL-0001-0004.1	<a href="#">Rec. 4: The DoD OIG recommended that the Commanders of the Marine Corps Training and Education Command; Naval Education and Training Command; Naval Service Training Command; and Air Education and Training Command develop procedures to ensure compliance with the use of cleaning supplies necessary for basic training.</a>
D-2021-0069-D000RL-0001-0004.2	<a href="#">Rec. 4: The DoD OIG recommended that the Commanders of the Marine Corps Training and Education Command; Naval Education and Training Command; Naval Service Training Command; and Air Education and Training Command develop procedures to ensure compliance with the use of cleaning supplies necessary for basic training.</a>
D-2021-0069-D000RL-0001-0005.1	<a href="#">Rec. 5: The DoD OIG recommended that the Commanders of the Naval Education and Training Command; Naval Service Training Command; and Air Education and Training Command assess manpower requirements for training personnel to ensure compliance with COVID-19 procedures required by DoD guidance and take appropriate action based on that assessment.</a>
D-2021-0069-D000RL-0001-0005.2	<a href="#">Rec. 5: The DoD OIG recommended that the Commanders of the Naval Education and Training Command; Naval Service Training Command; and Air Education and Training Command assess manpower requirements for training personnel to ensure compliance with COVID-19 procedures required by DoD guidance and take appropriate action based on that assessment.</a>
Finding 1, Rec. 1	<a href="#">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.</a>
Finding 1, Rec. 2	<a href="#">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.</a>
Finding 2, Rec. 1	<a href="#">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.</a>
Finding 2, Rec. 2	<a href="#">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.</a>
Finding 3, Rec. 1	<a href="#">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.</a>
Finding 3, Rec. 2	<a href="#">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.</a>

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Finding 3, Rec. 3	<a href="#">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.</a>
Finding 3, Rec. 4	<a href="#">Direct UAF to establish clear guidance regarding the allowability of credit card convenience fees.</a>
Finding 3, Rec. 5	<a href="#">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.</a>

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