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07	The District Director identifies reasons for noncompliance, ensures clients are provided a copy of their completed safety plan as required, and monitors compliance across all zone vet centers.
06	The District Director identifies reasons for noncompliance; ensures clinical staff complete safety plans for clients who are assessed at intermediate or high suicide risk level in either acute, chronic, or both categories as required; and monitors compliance across all zone vet centers.
05	The District Director identifies reasons for noncompliance with consultation requirements for clients who are assessed at intermediate or high suicide risk level in either acute, chronic, or both categories; ensures consultation requirements are met; and monitors compliance.
04	The District Director and zone leaders identify reasons for noncompliance, ensure Readjustment Counseling Service policy confidentiality requirements are followed when collaborating care with the support VA medical facility for shared clients at high risk for suicide, and monitor compliance across all zone vet centers.
03	The Readjustment Counseling Service Chief Officer ensures the High Risk Suicide Flag SharePoint site functions as intended and includes accurate data.
02	The District Director identifies reasons for noncompliance with timely documentation requirements of high-risk client contacts and outcomes in the electronic record and High Risk Suicide Flag SharePoint site, ensures requirements are met, and monitors compliance.
01	The District Director monitors compliance with leaders' completion of morbidity and mortality reviews for client deaths by suicide, including timeliness, as required.
2	USAID/India Verify that PSMRI corrects the 1 instance of material noncompliance detailed on pages 40 and 41 of the audit report.
1	USAID India verify that PSMRI corrects the 1 material weakness in internal control detailed on pages 34 and 35 of the audit report.
02	The Hospital Director ensures staff conduct environment of care inspections in non patient care areas at least once per fiscal year.
01	The Veterans Integrated Service Network Director ensures the Veterans Integrated Service Network Chief Medical Officer oversees the hospital's privileging process.
08	The Director ensures providers complete the Comprehensive Suicide Risk Evaluation the same day as a patient's positive suicide risk screen in ambulatory care settings.
06	The Director ensures staff check over-the-door alarms in mental health inpatient units with corridor doors to patient sleeping rooms according to the manufacturer's guidelines.
05	The Associate Director ensures Environmental Management Services staff keep areas used by patients clean and orderly.
02	The Director ensures staff conduct environment of care inspections in patient care areas at least twice per fiscal year.
05	The Hospital Director ensures providers complete the Comprehensive Suicide Risk Evaluation on the same day as a patient's positive suicide risk screen in all ambulatory care settings.
24-A-07-047.02	We recommend that the Kansas Department of Health and Environment improve its oversight of the estate recovery contractor's performance by: verifying that the contractor files liens and initiates probate in a timely manner; confirming that the contractor's current process for MMIS claims verification is accurate; and verifying that the contractor performs applicable estate recovery procedures (including the opening of cases, sending of notices, and independent asset research) for deceased Medicaid recipients.
24-A-07-047.01	We recommend that the Kansas Department of Health and Environment improve its estate recovery program by confirming that all deceased Medicaid recipients who are subject to estate recovery are identified and by providing relevant information on those recipients to the contractor in a timely manner so as to give the contractor adequate time to file liens and initiate probate.
04	The Medical Center Director ensures providers complete the Comprehensive Suicide Risk Evaluation following a patient's positive suicide risk screen.
03	The Medical Center Director ensures the Suicide Prevention Coordinator reports suicide-related events to mental health leaders and quality management staff at least monthly.
02	The Medical Center Director ensures staff follow the manufacturer's guidelines for checking over-the-door alarms for patient sleeping rooms in the Inpatient Psychiatry Unit.
01	The Medical Center Director ensures staff document VA police response times to panic alarm testing in the Inpatient Psychiatry Unit.
08	The Director ensures the Suicide Prevention Coordinator reports suicide-related events monthly to quality management staff.
07	The Associate Director ensures staff document VA police response times for panic alarm testing in the mental health inpatient unit.

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06	The Associate Director ensures staff inspect, test, and maintain medical equipment.
05	The Associate Director ensures staff use solid bottom shelves in storage areas.
04	The Associate Director ensures staff keep furnishings and walls in good repair.
03	The Associate Director ensures Environmental Management Service staff keep areas used by patients clean and orderly.
20	We recommend that EAC work with Wyoming to implement procedures to ensure that subgrantees are properly informed of the federal requirements related to interest income and the need for subgrantees to report interest income earned, if applicable.
19	We recommend that EAC work with West Virginia to: a. Determine the proper allocation of interest for September 2018 and to correct the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.
18	We recommend that EAC work with Vermont to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Section 251 Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.
17	We recommend that EAC work with Utah to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income. d. Determine the amount of lost interest due to the delay in investing 2018 Election Security funds and ensure that the amount is deposited into the election fund. e. Implement procedures to ensure that the Treasury is notified in a timely manner of the need to earn interest on future HAVA grants.
16	We recommend that EAC work with South Dakota to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Section 251 Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.
15	We recommend that EAC work with South Carolina to: a. Develop proper allocation calculation procedures, recalculate the interest allocations from the inception of the 2018 Election Security grant using this methodology, and correct the reporting of interest income on the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports. b. Implement procedures to ensure that proper supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
14	We recommend that EAC work with Puerto Rico to ensure that interest is now being properly credited to HAVA grant funds in a timely manner and that all lost interest is properly calculated and deposited into the election fund.
13	We recommend that EAC work with New Mexico to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.
12	We recommend that EAC work with New Hampshire to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports, including determining the proper reporting on the Section 251 Federal Financial Reports for the Voter Checklist sales. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
11	We recommend that EAC work with Mississippi to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports and to ensure that supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income. d. Determine the amount of any lost interest due to the delays in the earning of interest on the 2022 Election Security grant funds, and the amount should be deposited into the election fund. e. Implement procedures to ensure that future EAC grants are deposited into an interest-bearing election fund on a timely basis.
10	We recommend that EAC work with Maine to: a. Determine the amount of lost interest due to the delay in establishing the funds as interest bearing with the Treasury and ensure that the amount is deposited into the election fund. b. Implement procedures to ensure that the Treasury is notified in a timely manner of the need to earn interest on future HAVA grants.
9	We recommend that EAC work with Louisiana to implement procedures to ensure that proper supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports.
8	We recommend that EAC work with Kentucky to: a. Determine that the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports are properly corrected to reflect the revised interest allocations. b. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.

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7	We recommend that EAC work with Kansas to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports.
6	We recommend that EAC work with Illinois to ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
5	We recommend that EAC work with Hawaii to: a. Determine the amount of any lost interest due to the delays in the earning of interest on the 2022 Election Security grant funds, and to ensure the amount is deposited into the election fund. b. Determine the amount of Election Security interest that was incorrectly posted to the accounting system fund for the Section 101 and Section 251 grants, move the amounts to the appropriate fund in the accounting system, and file corrected Federal Financial Reports for the September 30, 2022, and any subsequently filed, Election Security, Section 101 and Section 251 grants. c. Implement procedures to ensure that future EAC grants are deposited into an interest-bearing election fund on a timely basis.
4	We recommend that EAC work with Florida to ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
3	We recommend that EAC work with Connecticut to: a. Correct the interest income reported on the September 30, 2022, and any subsequently filed, Election Security Federal Financial Reports. b. Implement procedures to ensure accurate reporting on future Federal Financial Reports and to ensure that supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income. d. Implement procedures to ensure that subgrantees are properly informed of the federal requirements related to interest income and the need for subgrantees to report interest income earned, if applicable.
2	We recommend that EAC work with Alabama to: a. Determine an adequate allocation methodology, recalculate the interest allocations from the inception of the 2018 Election Security grant using this methodology, and correct the reporting of interest income on the September 30, 2022, and any subsequently filed, Election Security and Section 251 Federal Financial Reports. b. Implement procedures to ensure that proper supporting documentation is maintained to support the amounts reported to EAC on the Federal Financial Reports. c. Ensure the implementation of proper written policies and procedures regarding the calculation and reporting of interest income.
1	We recommend that EAC strengthen the procedures for monitoring grantees' compliance with the applicable requirements for interest income earned on HAVA grant funds.
03	The Associate Director ensures staff check inventory in clean and sterile storerooms and remove expired or outdated items.
02	The Chief of Staff ensures the Executive Committee of the Medical Staff/Credentials Committee recommends continuation of licensed independent practitioners' privileges based on Ongoing Professional Practice Evaluation results.
01	The Chief of Staff ensures service chiefs recommend continued privileges based on Ongoing Professional Practice Evaluation activities.
4.1	Periodically review and update the RTR inspection guidance in accordance with IMC 0040.
3.1	Establish a plan and milestones to fully implement the use of the RPS to support oversight of the RTR inspection program
2.3	Periodically review the RTR training program to ensure consistency, effectiveness, and relevance.
2.2	Track post-qualification and refresher training.
2.1	Update the RTR training guidance to include specific courses and hours for refresher training.
1.2	Establish guidance and training for recording and approving the RTR inspection hours to specific CACs.
1.1	Update and implement guidance applicable to the NRC's current timekeeping system
04	The Director ensures staff check over-the-door alarms on the mental health inpatient unit according to the manufacturer's guidelines.
03	The Associate Director ensures staff keep patient areas clean and free from undue wear.
13	Recommendation is not publicly available.
12	Recommendation is not publicly available.
11	Recommendation is not publicly available.
10	Recommendation is not publicly available.
9	Recommendation is not publicly available.
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6	Recommendation is not publicly available.
5	Recommendation is not publicly available.
4	Recommendation is not publicly available.
3	Recommendation is not publicly available.
2	Recommendation is not publicly available.
1	Recommendation is not publicly available.
06	The Director ensures providers complete the Comprehensive Suicide Risk Evaluation on the same day as a patient's positive suicide risk screen in all ambulatory care settings.
05	The Director ensures staff keep interior spaces in the Inpatient Psychiatry Unit safe and suitable for care.
04	The Director ensures staff test over-the-door alarms in the Inpatient Psychiatry Unit per the manufacturer's recommendations.
03	The Director ensures staff test panic alarms in the Inpatient Psychiatry Unit at least quarterly and record testing in a log, including police response times.
02	The Director ensures staff conduct environment of care inspections in patient care areas as required.
01	The Chief of Staff ensures service chiefs report Focused Professional Practice Evaluation results to an executive committee of the medical staff for consideration in privileging recommendations.
4	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, prioritize and process the business application retirement request backlog.
3	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, update policies to incorporate best practice considerations based on risk.
2	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, update process documentation and implement effective controls to prevent duplicate requests and automatically require field completion.
1	We recommend the Vice President and Chief Information and Digital Officer, Technology and Innovation, implement clear ownership and accountability for the application retirement process by monitoring and managing the process to ensure applications are retired in a timely manner
08	The under secretary for health to ensure the Office of Integrated Veteran Care routinely evaluates the third-party administrator's network adequacy performance reports to ensure the reports are sufficiently reliable and comply with contract requirements, and then holds third-party administrators accountable for resolving identified issues.
07	The under secretary for health to ensure the Office of Integrated Veteran Care conducts Advanced Medical Cost Management Solution training for community care staff at each facility on evaluating network adequacy through the tool.
06	The under secretary for health to ensure the Office of Integrated Veteran Care develops its own network adequacy performance reports for each facility and communicates the results to the facilities monthly.
05	The under secretary for health to ensure the Office of Integrated Veteran Care evaluates the effectiveness of the third-party administrators' quarterly and monthly reports for assessing network adequacy and then, if needed, modifies the language in its current contracts and makes changes to the applicable contract language for future Community Care Network contracts.
04	The under secretary for health to ensure the Office of Integrated Veteran Care develops and communicates to facilities a standard process to request and document their needs for additional providers.
03	The under secretary for health to ensure the Office of Integrated Veteran Care develops a mechanism for facilities to effectively report, track, and monitor challenges with access to specialty care services; trains all relevant staff on how to use the mechanism; make sure facilities use the mechanism routinely; and then helps facilities resolve access challenges.
02	The under secretary for health to ensure the Office of Integrated Veteran Care develops a process to make sure the third-party administrators regularly update their Community Care Network provider lists to reflect accurate provider contact information and annotate providers who are not currently accepting VA patients.
01	The under secretary for health to ensure the Office of Integrated Veteran Care holds future third-party administrators accountable for operational readiness and provider network adequacy at each facility by the time the contracts are implemented.
12	The Medical Center Director ensures designated staff complete the Comprehensive Suicide Risk Evaluation on the same calendar day as a positive suicide risk screen, when clinically appropriate, for all ambulatory care patients.

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11	The Veterans Integrated Service Network Director ensures compliance with VHA Directive 1860, Biomedical Engineering Performance Monitoring and Improvement, for oversight structure of the medical center's biomedical program.
10	The Veterans Integrated Service Network Director ensures the Medical Center Director has sufficient biomedical staff and confirms they inspect and test all medical equipment for scheduled maintenance.
09	The Medical Center Director ensures staff check all mental health inpatient unit ceiling tiles semiannually.
08	The Medical Center Director ensures staff test over-the-door alarms based on the manufacturer's recommendations for mental health inpatient unit sleeping rooms.
07	The Medical Center Director ensures staff document police response times to panic alarm testing in the mental health inpatient unit.
06	The Associate Director ensures staff keep patient care areas safe and clean.
05	The Associate Director ensures the Comprehensive Environment of Care Rounds Coordinator or designee schedules environment of care inspections and staff complete and document them at the required frequency.
04	The Chief of Staff ensures service chiefs use specialty-specific criteria in the professional practice evaluations of licensed independent practitioners.
03	The Chief of Staff ensures service chiefs complete Ongoing Professional Practice Evaluations prior to repriviling to ensure continuous delivery of quality care.
02	The Chief of Staff ensures the Medical Staff Executive Committee reviews data provided by the Peer Review Committee to determine the need for further action.
01	The Chief of Staff ensures staff record the Peer Review Committee's formal discussions related to changes in peer review level assignments in the meeting minutes.
02	The Under Secretary for Health reviews previous removals of healthcare providers from VA employment as required by VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 § 108 to determine whether the reason(s) for those removals were for violation of policy related to the safe and appropriate care of veterans, and takes action as warranted.
01	The Under Secretary for Health reviews the criteria and processes used to identify and exclude healthcare providers removed from VA employment for violation of policy related to safe and appropriate care of veterans, and takes action as warranted.
05	The Under Secretary for Health considers establishing policy and clinical practice guidance related to attention deficit hyperactivity disorder diagnostic assessment and treatment with a stimulant and takes action as warranted.
04	The Under Secretary for Health evaluates the adequacy of the referral processes related to complex mental health disorders, such as attention deficit hyperactivity disorder, and takes action as warranted.
03	The Under Secretary for Health evaluates the prescription drug monitoring program query adherence goal for initial stimulant prescribing and takes action as warranted.
02	The Under Secretary for Health ensures Veterans Health Administration prescribers assess risks and contraindications associated with stimulant prescribing.
01	The Under Secretary for Health ensures Veterans Health Administration prescribers establish a diagnosis based on a complete and documented assessment prior to initiation of a stimulant to treat attention deficit hyperactivity disorder.
10	The Director ensures providers complete the Comprehensive Suicide Risk Evaluation following a patient's positive suicide risk screen.
02	The Chief of Staff ensures service chiefs recommend repriviling based, in part, on Ongoing Professional Practice Evaluation activities.
01	The Chief of Staff ensures service chiefs define the time frames for Focused Professional Practice Evaluations.
12	The Chief of Staff ensures designated staff complete the Comprehensive Suicide Risk Evaluation the same calendar day, when logistically feasible and clinically appropriate, for all ambulatory care patients with a positive suicide risk screen.
11	The Medical Center Director ensures staff keep patient care areas safe and clean.
10	The Medical Center Director ensures staff post hazard warning signs on all access doors where potentially infectious materials are located.
09	The Medical Center Director ensures staff maintain a safe environment in the Inpatient Mental Health Unit.
08	The Medical Center Director ensures staff follow the manufacturer's recommendations for testing over-the-door alarms on Inpatient Mental Health Unit sleeping room doors.

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07	The Medical Center Director ensures staff document police response times to panic alarm testing in the Inpatient Mental Health Unit.
06	The Medical Center Director ensures the comprehensive environment of care coordinator schedules environment of care inspections at the required frequency and verifies staff complete and document them.
05	The Veterans Integrated Service Network Chief Medical Officer provides effective oversight of credentialing and privileging processes at the healthcare system.
04	The Chief of Staff ensures staff report licensed independent practitioners' Focused Professional Practice Evaluation results to the Clinical Executive Board.
03	The Chief of Staff ensures service chiefs recommend reprivileging for licensed independent practitioners based, in part, on Ongoing Professional Practice Evaluation data.
02	The Medical Center Director ensures staff complete a root cause analysis for all patient safety events assigned an actual or potential safety assessment code score of 3.
01	The Medical Center Director ensures leaders identify and evaluate sentinel events and conduct and document institutional disclosures when criteria are met.
03	The Chief of Staff ensures designated staff complete the Comprehensive Suicide Risk Evaluation the same calendar day, when logistically feasible and clinically appropriate, for all ambulatory care patients with a positive suicide risk screen.
02	The Veterans Integrated Service Network Director ensures network staff track and monitor home oxygen vendor completion of root cause analyses when sentinel events occur.
1	Develop and implement procedures to routinely conduct a staffing needs assessment throughout a disaster to ensure recovery centers are adequately staffed based on customer demand and workload.
03	The Chief of Staff ensures providers complete the Comprehensive Suicide Risk Evaluation on the same day as a patient's positive suicide risk screen in ambulatory care settings.
02	The Chief of Staff ensures service chiefs recommend continued privileges for licensed independent practitioners based, in part, on Ongoing Professional Practice Evaluation activities.
01	The Chief of Staff ensures providers with equivalent specialized training and similar privileges complete licensed independent practitioners' Ongoing Professional Practice Evaluations.
1	USDA OIG has determined that this recommendation contains sensitive information and will not be publicly released due to privacy concerns.
3	Develop and implement a policy to require Headquarters' concurrence when Division Offices are making procedural revisions to their standard operating procedures for reviewing and approving STIPs to ensure continued alignment with the Agency's standards prescribed in its template.
2	Identify a list of any outstanding technical assistance requests from Division Offices and State DOTs for IJJA guidance clarifications and fulfill them.
2023-CR-001-09	We recommend that FWS require the Department to Implement controls that include maintaining records sufficient to determine the accurate impact of any future potential record of labor mischarging.
2023-CR-001-08	We recommend that FWS require the Department to Implement preventive controls to ensure that employees are performing their assigned tasks and that payroll charges are accurate.
2024-FO-0005-002-B	Update OCFO's travel card monitoring procedures to obtain, review, and monitor the IBA Use report on a regular basis to ensure compliance with purchases required to be made on the government travel card.
2024-FO-0005-002-A	Develop and fully implement a departmentwide policy for the monthly transaction review process that requires program office participation and timely completion of the review and certification.
2024-FO-0005-001-A	Develop a standard operating procedure for the monthly transaction review that aligns with the HUD policy and includes specific procedures on how to (1) identify and review common transactions that raise the level of risk in the program (for example, personal use purchases, other prohibited purchases, unauthorized purchases or services, split purchases, fraudulent purchases, FAR violation purchases, etc.), (2) methodically select transactions for investigation, and (3) follow up on identified potential improper transactions, including record-keeping requirements.
6	Perform oversight procedures as required in OMB Circular A-11 and SOP 90 44. Specifically, ensure that post-implementation reviews, business case closeouts, TechStat sessions, operational analyses, and lessons learned are completed.
5	Establish and implement controls to ensure all investments in the control phase are rated by the Chief Information Officer monthly using baseline factors, such as contractor cost oversight and schedule performance, and apply corrective measures as necessary as required by SOP 90 44.
4	Update procedures to provide specific guidance to agency investment managers on how to utilize earned value principles to measure investment progress against both the current approved baseline and the original baseline for all major investments as required by SOP 90 52 1 and OMB Circular A-130.

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3	Ensure program offices create business cases prior to approval of the investment to ensure project scope, risks, and costs are fully vetted as required by SOP 90 44.
2	Ensure the architecture review board reviews new investments to confirm compatibility with agency systems and ensure the Business Technology Investment Council approves new investments prior to purchase, as required by SOPs 90 52 1 and 90 44.
1	Update its business case for the MySBA investment in accordance with SOP 90 44 SBA Information Technology and Capital Planning and Investment Control Standard Operating Procedures.
29(c)	Conducting annual training sessions on financial reporting requirements for subgrantee personnel who are responsible for submitting PERs.
29(b)	Issuing waivers for or enforcing actions on, subgrantees that do not provide accurate financial reports on a timely basis.
29(a)	Contacting subgrantees that are consistently non-compliant with AmeriCorps grant reporting requirements and discussing the reporting requirements outlined in their grants.
29	Require that the Commission strengthen its administrative and management controls and processes over the timeliness of subgrantee financial reporting. Processes should include:
28(b)	Requiring reporting extensions from AmeriCorps if the Commission does not believe that it will be able to meet established FFR due dates.
28(a)	Implementing updated procedures to ensure it submits FFRs to AmeriCorps on a timely basis.
28	Require that the Commission strengthen its administrative and management controls and processes for the timeliness of financial reporting. Processes should include:
27	Require the Commission to verify that MI begin tracking its Federal awards and expenditures within its general ledger accounting system. Specifically, MI's accounting system should enable MI to identify all Federal costs and match costs reported in the PERs submitted to the Commission.
26	Require the Commission to implement controls regarding the submission of drawdown requests. Specifically, the Commission should perform timely reconciliations of its financial records and ensure that it only draws down funds once the reconciliation is complete, such that cash on hand from drawdowns does not exceed its existing expenditures.
25(c)	Track and monitor member service hours to ensure that members do not spend more than 20 percent of their service hours performing training activities.
25(b)	Calculate the member's daily service hours based on the times the member signs in and out each day.
25(a)	Verify that the data reported to eGrants is accurate prior to submission.
25	Require the Commission to provide a training session for all current and future AmeriCorps members and site supervisors that discusses timekeeping procedures to ensure members and supervisors appropriately report hours to AmeriCorps. Specifically, training activities should include information regarding how to:
24	Require the Commission to periodically reconcile subgrantee member timesheets to verify that the subgrantees appropriately calculated the total hours recorded on the timesheets and, if the subgrantees did not appropriately calculate the hours, perform corrective actions in a timely manner.
23	Disallow and recover the \$3,098 in questioned education awards on AmeriCorps Grant Number 19AFHPR001.
22	Require the Commission to determine whether AmeriCorps members who served at MI in 2016 and 2019 should receive \$20,794 in additional living allowance payments.
21	Require the Commission to train its subgrantees on best practices to avoid claiming unallowable costs. The training should include how to ensure the subgrantees appropriately disburse member living allowances and do not report duplicate payments for reimbursement.
20(b)	Employees understand how to document trip costs to demonstrate that costs did not increase due to combining personal and business travel.
20(a)	The Commission and its subgrantees calculate all payroll expenses charged to AmeriCorps grants using a rate commensurate with the employee's established salary and the level of effort the employee dedicated to the AmeriCorps program.
20	Require the Commission and its subgrantees to implement additional internal controls and establish additional policies and procedures to ensure that they only charge allowable costs to AmeriCorps Commission support grants. The additional controls should ensure that:
19	Recover the \$5,377 in questioned Federal costs from the Commission and disallow the \$1,445 in questioned match costs on AmeriCorps Grant Numbers 16CAHPR001, 16TAHRP001, 19CAHPR001, 16AFHPR001, and 19AFHPR001.
18(c)	Training on how to appropriately complete member enrollment and exit procedures, including how to verify that the subgrantee has appropriately completed the templates.

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18(b)	Contract, enrollment form, exit form, and end-of-term evaluation templates that subgrantees can use to ensure appropriate enrollment, evaluation, and exiting of ASN members.
18(a)	Detailed procedures regarding how to document that a member meets the education requirements.
18	Require that the Commission create templates and member training resources designed to ensure that subgrantees appropriately enroll and exit ASN members. Subgrantee resources should include:
17	Require that the Commission update its subgrantee monitoring policies to include procedures to verify that subgrantees appropriately enroll and exit all ASN members.
16	Recover the \$18,887 in questioned Federal costs on AmeriCorps Grant Number 16AFHPR001 from the Commission.
15	Require the Commission to provide its subgrantees with additional training and guidance regarding how to appropriately exit members, including members with CPCs. This guidance should include procedures designed to ensure its subgrantees receive and maintain a detailed justification that documents the reason(s) for the member's exit and verifies that the circumstances causing the member to exit represent an allowable CPC prior to certifying that the member is eligible for an education award.
14	Disallow and recover the \$27,364 in questioned education awards on AmeriCorps Grant Numbers 16AFHPR001 and 19AFHPR001.
13	Require the Commission and its subgrantees to obtain and document the required components of the NSCHCs using agency-approved vendors, consistent with 45 C.F.R. §2540.204(b).
12	Disallow and recover the \$23,499 in questioned education awards on AmeriCorps Grant Numbers 16AFHPR001 and 19AFHPR001.
11	Recover the \$38,148 in questioned Federal costs from the Commission and disallow the \$1,500 in questioned match costs on AmeriCorps Grant Numbers 16AFHPR001 and 19AFHPR001.
10	Require the Commission to ensure MI provides detailed accounting records from its general ledger to support the costs reported in its PERs before the Commission reimburses MI for the costs. This requirement should remain in place until MI updates its general ledger accounting system to appropriately identify Federal funds received and expended, as required per Federal regulations.
9	Require the Commission to implement a process for reconciling its accounting system records to the costs reported on its FFRs on a quarterly basis and work with AmeriCorps to identify and resolve any discrepancies as necessary.
8	Recover the \$69,756 in questioned Federal costs from the Commission and disallow the \$23,869 in questioned match costs on AmeriCorps Grant Numbers 16CAHPR001, 16AFHPR001, 16TAHPR001, and 19AFHPR001.
7	Require the Commission to provide subrecipients with further guidance on the nature of F&A costs and conduct training to ensure subrecipients claim and report F&A costs consistent with AmeriCorps' Terms and Conditions.
6	Require the Commission to update its PER review process to include verifying grantees only claim match costs for costs directly assignable to AmeriCorps grants.
5	Disallow the \$100,409 in questioned match costs on AmeriCorps Grant Numbers 16AFHPR001 and 19AFHPR001
4(e)	The business purpose of trips taken.
4(d)	The benefit and value received of training activities.
4(c)	That charged consultant costs are consistent with professional service agreements.
4(b)	The benefit and value of in-kind contributions claimed as match costs, including other operating cost contributions such as office space, utilities, parking costs, and donated supplies.
4(a)	Personnel and fringe benefit costs, including that they are consistent with organizational policies, the employee's salary appointment, and the amount of effort the employee dedicated to the grant.
4	Require the establishment of clear guidance regarding how to evaluate and document the allowability of costs, including in-kind contributed costs, reported on AmeriCorps grants, and provide the Commission and its subrecipients with training on the guidance. Updated guidance should address how to document:
3	Recover the \$52,919 in questioned Federal costs from the Commission and disallow the \$259,225 in questioned match costs on AmeriCorps Grant Numbers 16CAHPR001, 16AFHPR001, 19CAHPR001, and 19AFHPR001.
2	Require the Commission to update its AmeriCorps State Policy and Procedure Manual to state that the Commission must base its subgrantee monitoring plans on each subrecipient's risk of noncompliance, including risks regarding potential fraud and conflicts of interest.
1(d)	Evaluates subgrantee performance against communicated performance measures.
1(c)	Communicates subgrantee performance measures.

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1(b)	Performs and documents annual subgrantee monitoring activities.
1(a)	Performs and documents the results of subgrantee risk assessments.
1	Instruct its Office of Regional Operations to implement an oversight mechanism to ensure that the Commission:
D-2024-2072-DEV0SO-0001-0002.b.4	Rec. 2.b: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director issue a memorandum to the DoD contracting officers to advise them of the policy updates made in response to Recommendation 2.a.
D-2024-2072-DEV0SO-0001-0002.b.3	Rec. 2.b: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director issue a memorandum to the DoD contracting officers to advise them of the policy updates made in response to Recommendation 2.a.
D-2024-2072-DEV0SO-0001-0002.b.2	Rec. 2.b: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director issue a memorandum to the DoD contracting officers to advise them of the policy updates made in response to Recommendation 2.a.
D-2024-2072-DEV0SO-0001-0002.b.1	Rec. 2.b: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director issue a memorandum to the DoD contracting officers to advise them of the policy updates made in response to Recommendation 2.a.
D-2024-2072-DEV0SO-0001-0002.a.2.4	Rec. 2.a.2: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director update and implement their Component policies to indicate that the Defense Contract Management Agency's Financial Capability Team is available to assist them in determining financial responsibility of prospective contractors.
D-2024-2072-DEV0SO-0001-0002.a.2.3	Rec. 2.a.2: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director update and implement their Component policies to indicate that the Defense Contract Management Agency's Financial Capability Team is available to assist them in determining financial responsibility of prospective contractors.
D-2024-2072-DEV0SO-0001-0002.a.2.2	Rec. 2.a.2: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director update and implement their Component policies to indicate that the Defense Contract Management Agency's Financial Capability Team is available to assist them in determining financial responsibility of prospective contractors.
D-2024-2072-DEV0SO-0001-0002.a.2.1	Rec. 2.a.2: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director update and implement their Component policies to indicate that the Defense Contract Management Agency's Financial Capability Team is available to assist them in determining financial responsibility of prospective contractors.
D-2024-2072-DEV0SO-0001-0002.a.1.4	Rec. 2.a.1: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director update and implement their Component policies to describe the types and extent of financial information required to document contracting officer financial responsibility determinations and to maintain the documentation in the contract file in accordance with the Defense Federal Acquisition Regulation Supplement 232.072-2.
D-2024-2072-DEV0SO-0001-0002.a.1.3	Rec. 2.a.1: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director update and implement their Component policies to describe the types and extent of financial information required to document contracting officer financial responsibility determinations and to maintain the documentation in the contract file in accordance with the Defense Federal Acquisition Regulation Supplement 232.072-2.
D-2024-2072-DEV0SO-0001-0002.a.1.2	Rec. 2.a.1: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director update and implement their Component policies to describe the types and extent of financial information required to document contracting officer financial responsibility determinations and to maintain the documentation in the contract file in accordance with the Defense Federal Acquisition Regulation Supplement 232.072-2.

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D-2024-2072-DEV0SO-0001-0002.a1.1	Rec. 2.a.1: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement); Deputy Assistant Secretary of the Navy (Procurement); Deputy Assistant Secretary of the Air Force (Acquisition, Technology and Logistics); and Defense Logistics Agency Acquisition Director update and implement their Component policies to describe the types and extent of financial information required to document contracting officer financial responsibility determinations and to maintain the documentation in the contract file in accordance with the Defense Federal Acquisition Regulation Supplement 232.072-2.
D-2024-2072-DEV0SO-0001-0001.b.4	Rec. 1.b: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement), Deputy Assistant Secretary of the Navy (Procurement), Associate Deputy Assistant Secretary of the Air Force (Acquisition, Technology, and Logistics), and Defense Logistics Agency Acquisition Director require the contracting officers for the 35 open contracts identified in Appendix B to include sufficient documentation in the contract file to support the results of the reevaluation of financial responsibility.
D-2024-2072-DEV0SO-0001-0001.b.3	Rec. 1.b: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement), Deputy Assistant Secretary of the Navy (Procurement), Associate Deputy Assistant Secretary of the Air Force (Acquisition, Technology, and Logistics), and Defense Logistics Agency Acquisition Director require the contracting officers for the 35 open contracts identified in Appendix B to include sufficient documentation in the contract file to support the results of the reevaluation of financial responsibility.
D-2024-2072-DEV0SO-0001-0001.b.2	Rec. 1.b: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement), Deputy Assistant Secretary of the Navy (Procurement), Associate Deputy Assistant Secretary of the Air Force (Acquisition, Technology, and Logistics), and Defense Logistics Agency Acquisition Director require the contracting officers for the 35 open contracts identified in Appendix B to include sufficient documentation in the contract file to support the results of the reevaluation of financial responsibility.
D-2024-2072-DEV0SO-0001-0001.b.1	Rec. 1.b: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement), Deputy Assistant Secretary of the Navy (Procurement), Associate Deputy Assistant Secretary of the Air Force (Acquisition, Technology, and Logistics), and Defense Logistics Agency Acquisition Director require the contracting officers for the 35 open contracts identified in Appendix B to include sufficient documentation in the contract file to support the results of the reevaluation of financial responsibility.
D-2024-2072-DEV0SO-0001-0001.a.4	Rec. 1.a: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement), Deputy Assistant Secretary of the Navy (Procurement), Associate Deputy Assistant Secretary of the Air Force (Acquisition, Technology, and Logistics), and Defense Logistics Agency Acquisition Director require the contracting officers for the 35 open contracts identified in Appendix B to reevaluate the contractors' financial capability.
D-2024-2072-DEV0SO-0001-0001.a.3	Rec. 1.a: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement), Deputy Assistant Secretary of the Navy (Procurement), Associate Deputy Assistant Secretary of the Air Force (Acquisition, Technology, and Logistics), and Defense Logistics Agency Acquisition Director require the contracting officers for the 35 open contracts identified in Appendix B to reevaluate the contractors' financial capability.
D-2024-2072-DEV0SO-0001-0001.a.2	Rec. 1.a: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement), Deputy Assistant Secretary of the Navy (Procurement), Associate Deputy Assistant Secretary of the Air Force (Acquisition, Technology, and Logistics), and Defense Logistics Agency Acquisition Director require the contracting officers for the 35 open contracts identified in Appendix B to reevaluate the contractors' financial capability.
D-2024-2072-DEV0SO-0001-0001.a.1	Rec. 1.a: The DoD OIG recommended that the Deputy Assistant Secretary of the Army (Procurement), Deputy Assistant Secretary of the Navy (Procurement), Associate Deputy Assistant Secretary of the Air Force (Acquisition, Technology, and Logistics), and Defense Logistics Agency Acquisition Director require the contracting officers for the 35 open contracts identified in Appendix B to reevaluate the contractors' financial capability.
18	Require YouthBuild to verify that all subgrantees' policies align with Federal regulations for training limitations.
17	Require YouthBuild to enhance member timekeeping policies to align with Federal regulations for training limitations.
16	Require YouthBuild to determine the allowability, allocability, and reasonability of Change Inc.'s occupancy expenses and ensure that staff salary costs reported as Match costs are charged by grant activity or specific cost objective.
15	Disallow and recover \$7,533 in Federal costs and disallow \$8,242 in match costs and recover the associated Federal costs from YouthBuild due to errors at Change Inc. that were not identified by YouthBuild during monthly ARR reporting or subgrantee site visits.
14	Disallow and recover \$40,384 in Federal costs from YouthBuild due to ineligible living allowance payments and insufficient member exit procedures at Philadelphia Youth for Change Charter School that were not identified by YouthBuild during monthly ARR reporting or subgrantee site visits.
13	Require YouthBuild to verify that Crispus Attucks Charter School, and all YouthBuild subgrantees, do not use grant funding received from DOL grants to meet matching requirements. If DOL grant funds were used to meet matching requirements, AmeriCorps should disallow the match costs and recover the associated Federal costs from YouthBuild.

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12	Disallow and recover \$1,590 in Federal costs from YouthBuild due to staff timekeeping errors at Crispus Attucks Charter School that were not identified by YouthBuild during monthly ARR reporting or subgrantee site visits.
11	Provide additional training to YouthBuild on AmeriCorps policies and subgrantee monitoring.
10	Direct YouthBuild to perform a comprehensive assessment of YouthBuild's subgrantees and determine whether any of their other subgrantees are following the same non-compliant practices as SJCC and provide the results to AmeriCorps Office of Monitoring and AmeriCorps OIG in a timely manner.
9	Assess all current AmeriCorps funding to SJCC for the same violations noted in this report.
8	Disallow and recover all grant funds associated with AmeriCorps funding received by SJCC through YouthBuild during the audit period.
7	Require YouthBuild to update its member timekeeping policy and procedures to align with Federal regulations and AmeriCorps grant terms and conditions to include adequate internal controls and documentation to provide reasonable assurance that YouthBuild and its subgrantees are adequately managing AmeriCorps funds.
6	Assess the remaining \$9,042,686 of at-risk funds to determine if sufficient supporting documentation for the hours claimed exists. If sufficient documentation does not exist, recover from YouthBuild the \$1,349,717 already paid by the Trust and require that YouthBuild pay the \$7,692,969 outstanding AmeriCorps Education awards yet to be distributed to members.
5	Require that YouthBuild pay the \$3,087,791 outstanding AmeriCorps Education awards yet to be distributed to the members of subgrantees within the audit.
4	Recover from YouthBuild \$520,827 of education awards that were paid to members for subgrantees within the audit scope.
3	AmeriCorps issue consistent, direct, and transparent communication to all AmeriCorps grantees to provide clarification on the current matching requirements for member living allowance and member support costs.
2	AmeriCorps' Office of General Counsel perform a comprehensive review of all Federal Statutes and Federal Regulations to identify inconsistent guidance, make appropriate corrections to the Federal Regulations, and provide the results to AmeriCorps OIG and AmeriCorps Office of Monitoring.
1	AmeriCorps' Office of General Counsel update all applicable Federal Regulations addressing Federal share limitations and matching requirements for member living allowance and member support costs to align with the NCSA, as amended by the Serve America Act.
EVL-2024-002-1	FHFA should define the role and responsibilities of FHFA personnel involved in the review of the proposed determinations submitted by the Enterprises, including personnel from the Division of Enterprise Regulation, with respect to performing and documenting the evaluation of the impact of a change in credit score models required by section 1254.8(d) of the Regulation and the review and Agency decision required by section 1254.9(a).
AUD-2024-003-1	FHFA should ensure DER develops and implements written policies and procedures for conducting reviews of nonbank seller/servicers, to include but not limited to, procedures, internal controls, and documentation requirements.
AUD-2024-003-1	FHFA should ensure DER develops and implements written policies and procedures for conducting reviews of nonbank seller/servicers, to include but not limited to, procedures, internal controls, and documentation requirements.
AUD-2024-004-1	FHFA should re-enforce EPB 2014-01 requirements to the examination staff through reminders, training, or other forms of communication that conveys requirements for documenting sampling approaches, supervisory review of these approaches, and testing results.
4	The Chief Management Officer should develop and implement a process to ensure that travel vouchers are completed properly.
3	The Chief Management Officer should develop and implement a process to ensure compliance with the requirements of OMB Circular No. A-123, Appendix B, including, but not limited to, convenience checks, data analytics, sustainability and environmental purchasing, maintaining narrative and statistical reports for agency's own use, and reporting statistical data to GSA.
2	The Chief Management Officer should develop and implement a process for tracking purchase and travel cardholder activity status and training due dates.
1	The Chief Management Officer should update purchase card, convenience check, and travel card program policies and procedures to ensure training, reporting, and micro-purchase threshold requirements are accurate.
3	The Report is subject to extensive redactions based on applicable Freedom of Information Act (FOIA) exemptions.
2	The Report is subject to extensive redactions based on applicable Freedom of Information Act (FOIA) exemptions.

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1	The Report is subject to extensive redactions based on applicable Freedom of Information Act (FOIA) exemptions.
EVL-2024-002-4	FHFA should require the Enterprises to include in their proposed determinations: (a) explicit statements that a credit score model did or did not pass the Enterprise Business Assessment, (b) the specific criteria in section 1254.8(b) that the model did not pass, and (c) the reasons for disapproval of the application. This step would ensure that FHFA has the benefit of relevant and meaningful details when it conducts its independent analysis under section 1254.8(d).
EVL-2024-002-3	FHFA should clarify the extent to which FHFA expects the Enterprise Business Assessments to discuss the impact of a new credit score model or models on the Enterprises' operations and risk management in terms of FHFA's prudential management and operations standards and relevant governance regulations. To ensure that the Enterprises evaluate the impact of a new credit score model relative to the Agency's prudential standards and risk management requirements, FHFA should explain what it means by "in accordance with" in this context.
EVL-2024-002-2	FHFA should clearly document in the decision record FHFA's conclusion that any credit score model the Agency approves is consistent with the safe and sound operation of the Enterprises. Such a step would better demonstrate FHFA's fulfillment of its responsibility under the Economic Growth Act and the Regulation.
EVL-2024-002-1	FHFA should define the role and responsibilities of FHFA personnel involved in the review of the proposed determinations submitted by the Enterprises, including personnel from the Division of Enterprise Regulation, with respect to performing and documenting the evaluation of the impact of a change in credit score models required by section 1254.8(d) of the Regulation and the review and Agency decision required by section 1254.9(a).
AUD-2024-003-2	FHFA should ensure Division of Enterprise Regulation's Nonbank Seller Servicer Risk Monitoring Branch develops and implements written policies and procedures to guide the risk monitoring and analysis process, to include but not limited to, procedures and internal controls.
AUD-2024-003-1	FHFA should ensure the Division of Enterprise Regulation develops and implements written policies and procedures for conducting reviews of nonbank seller/servicers, to include but not limited to, procedures, internal controls, and documentation requirements.
AUD-2024-004-1	FHFA's Deputy Director, Division of Federal Home Loan Bank Regulation, should re-enforce EPB 2014-01 requirements to the examination staff through reminders, training, or other forms of communication that conveys requirements for documenting sampling approaches, supervisory review of these approaches, and testing results.
02	Train all appropriate Veteran Readiness and Employment regional office staff on manual requirement to verify the programs are approved for use before selecting participants and to verify facility codes match from authorization through enrollment.
01	Develop and implement policies and system controls to ensure all programs approved for use by vocational rehabilitation counselors for Veteran Readiness and Employment participants meet the requirements of applicable laws and regulations
D-2024-2068-DEV0PD-0001-0002.c	Rec. 2.c: The DoD OIG recommended that, before implementing any currently proposed change to the structure of the military information support operations workforce, the Commander of the U.S. Army Special Operations Command conduct a Capabilities-Based Assessment that considers restructuring existing or creating new military information support operations units that better match current operational demand.
D-2024-2068-DEV0PD-0001-0002.b	Rec. 2.b: The DoD OIG recommended that, before implementing any currently proposed change to the structure of the military information support operations workforce, the Commander of the U.S. Army Special Operations Command conduct a Capabilities-Based Assessment that considers commissioning officers directly into a conventional Psychological Operations career field.
D-2024-2068-DEV0PD-0001-0002.a	Rec. 2.a: The DoD OIG recommended that, before implementing any currently proposed change to the structure of the military information support operations workforce, the Commander of the U.S. Army Special Operations Command conduct a Capabilities-Based Assessment that considers establishing a conventional military information support operations capability in the Army's active component.
D-2024-2068-DEV0PD-0001-0001	Rec. 1: The DoD OIG recommended that the Under Secretary of Defense for Personnel and Readiness monitor and conduct annual reviews of the recruitment, training, and promotion of the Information Operations Career Force, including military information support operations forces, in accordance with DoD Instruction 3608.11, and make appropriate recommendations to the Secretary of Defense and the Services.
2.1	We recommend that in order to address the heightened risk associated with ARP ESSER funds, the Assistant Secretary for the Office of Elementary and Secondary Education require Illinois to design and incorporate into its documented procedures for reviewing LEA reimbursement requests protocols to sample LEA expenditures charged to ARP ESSER and review supporting documentation to ensure that applicable Federal, State, and local requirements are met.
1.1	We recommend that the Assistant Secretary for the Office of Elementary and Secondary Education require Illinois to direct any LEAs that have not yet applied but plan to apply for ARP ESSER funds, to submit their ARP ESSER grant applications and plans to Illinois as soon as possible.

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OIG-A-24-07-03	Develop written policies and procedures for future Smithsonian Institution construction projects utilizing the Construction Manager as Constructor (CMc) delivery method to contractually require CMc's to retain best value supporting documentation, including the resulting analyses performed, that justifies the selection of all successful subcontractors.
OIG-A-24-07-02	Develop written procedures that document OPDC's approval if fewer than three bids are received when awarding subcontracts on future Smithsonian Institution construction projects utilizing the Construction Manager as Constructor delivery method.
OIG-A-24-07-01	Develop procedures and steps to ensure the offices maintain written documentation of the following on future Smithsonian Institution (SI) construction projects utilizing the Construction Manager as Constructor (CMc) delivery method: a. Review of the CMc's best value assessments, as well as SI's participation in and approval of / concurrence with the selection of subcontractors, as required by the project's contract. b. Steps taken when evaluating the bid amounts in the absence of preferred competition levels, including the reasons why any potential subcontractors were disqualified from consideration. c. Review of subcontract price quotations with the CMc's recommendation of whom to award and why.
19	Finalize and implement the draft SOP for oversight of 49 C.F.R. § 228.407.
18	Finalize the process document for conducting a baseline review of all passenger railroads subject to 49 C.F.R. § 228.407 and complete the baseline review.
17	Develop, document, and implement guidance on producing Annual Enforcement Reports, including parameters for what information is included or updated, and validating the accuracy of reported data.
16	Formalize existing RCC enforcement process guidance in a standard operating procedure, memo, or manual and provide training for users of RCS, including data quality steps.
15	Document the current RCS configuration that shows formulas for calculations performed by the system and data sources.
14	Correct the RCS error that results in incorrect case-level violation counts.
12	Document and implement HOS oversight planning processes, including guidance on data sources that should be used to inform planning.
11	Develop, document, and implement a review process that includes the HOS SME to check the accuracy of HOS-related inspection reports.
10	Develop and implement training for OP and S&TC Division specialists and inspectors on reporting HOS-related inspections correctly, including the mandatory use of activity code 228 in conjunction with either HSL or 228P, and the meaning of those activity codes.
9	Modify the Railroad Inspection System for Personal Computers (RISPC) to only accept correct HOS-related inspection report entries and add activity codes to record defects and violations of 49 C.F.R. § 228.407.
8	Update the OP Compliance Manual, the Signal Compliance Programs and Policies, and/or General Manual to clarify the definitions of HOS-related activity codes for OP and S&TC disciplines so that inspectors can accurately record activities that do not result in findings of noncompliance and include specific guidance to inspectors completing HOS-related inspection reports, including the correct use of source codes for specific HOS activities, and when multiple same-day HOS reports should be created.
7	Evaluate inspector and SME staffing needs based on data to effectively perform HOS oversight, including audits, and document the results.
6	Develop and implement centralized storage for key HOS audit documents, such as executive summaries, inspection reports, or other pertinent correspondence.
4	Improve how excess service reports are submitted by railroads or processed by FRA to facilitate data collection and analysis.
2	Develop, document, and implement a process to routinely analyze HOS complaint data to identify trends and communicate results to enforcement staff.
1	We recommend that USAID/BHA verify that Relief Society of Tigray in Ethiopia corrects the one instance of material noncompliance detailed on page 39 of the audit report.
05	The Medical Center Director ensures providers complete the Comprehensive Suicide Risk Evaluation following a patient's positive suicide risk screen.
04	The Medical Center Director ensures the Suicide Prevention Coordinator reports suicide-related events to mental health leaders and quality management staff at least monthly.
03	The Medical Center Director ensures staff conduct environment of care inspections in patient care areas at the required frequency.
02	The Chief of Staff ensures service chiefs monitor licensed independent practitioners' performance by regularly conducting Ongoing Professional Practice Evaluations.
01	The Chief of Staff ensures medical staff review and document licensed independent practitioners' Focused Professional Practice Evaluation results and report them to the Medical Executive Board.

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D-2024-0069-D000FL-0001-0002	Rec. 2: The DoD OIG recommended that, until the Navy completes its migration to the Navy Enterprise Resource Planning system, the Assistant Secretary of the Navy (Financial Management and Comptroller), in coordination with the Department of the Navy Chief Information Officer, develop and implement effective internal controls to prevent over-execution in the Navy Standard Accounting, Budgeting, and Reporting System.
D-2024-0069-D000FL-0001-0001.b	Rec. 1.b: The DoD OIG recommended that the Assistant Secretary of the Navy (Financial Management & Comptroller) update the Navy Financial Management and Budget procedure documentation to address the specific controls put in place to monitor and prevent over-execution of supplemental funding in the Navy Standard Accounting, Budgeting, and Reporting System.
D-2024-0069-D000FL-0001-0001.a	Rec. 1.a: The DoD OIG recommended that the Assistant Secretary of the Navy (Financial Management & Comptroller) develop and implement corrective actions to address the over-execution that occurred in the Navy Standard Accounting, Budgeting, and Reporting System for the September 2022 reporting period.
5	Review the 16,345 applicants that disclosed having an affiliated business to determine if the amounts collectively awarded to the applicant and affiliates exceeded the \$10 million maximum and recover any excess awards.
4	In accordance with Public Law 117-2, § 5003(a)(4)(A)(i) take immediate action to review and recover improper payments from the 14 affiliated business groups disclosed by RRF applicants for a total of \$55,067,326 in excess funds paid, beyond the \$10 million limit per affiliated group.
3	Review the 3,443 applicants awarded funds totaling \$376,583,100 that self-certified as a brewery or inn, to determine if they met the 33 percent onsite sales eligibility requirement and recover any funds from applicants that did not meet the requirement.
2	Validate historical sales for 47,565 awards designated or treated as Tier 2 that failed or did not receive IRS validation. Recover any excess funds paid that are attributable to unverified historical sales data.
1	Develop a plan for future similar programs to leverage applicable existing SBA data sources when determining eligibility and monitoring awards. The plan should include requirements to evaluate effectiveness of the use of the data as controls to reduce risk of improper payments.
2	We recommend that USAID/M/OAA/CAS/CAM verify that Alliance for a Green Revolution in Africa corrects the one instance of material noncompliance detailed on pages 22 to 23 of the audit report.
1	We recommend that USAID/M/OAA/CAS/CAM determine the allowability of \$36,297 in ineligible questioned costs on pages 12 and 13 of the audit report and recover any amount that is unallowable.
3-1	U.S. Customs and Border Protection (CBP) Commissioner should ensure the Office of Chief Counsel (OCC) establishes documented policies for processing delinquent duty, liquidated damage, and penalty cases, and include its organization structure, roles and responsibilities, and delegations of authority.
2-3	U.S. Customs and Border Protection (CBP) Commissioner should ensure Office of Trade (OT) and Office of Field Operations (OFO) officials assess the need for performance metrics once the Commercial Enforcement Analysis and Response (CEAR) standard operating procedures (SOP) are updated as recommended above in item 4.
2-2	U.S. Customs and Border Protection (CBP) Commissioner should ensure Office of Trade (OT) and Office of Field Operations (OFO) officials responsible for oversight of the Commercial Enforcement Analysis and Response (CEAR) process review and update the CEAR standard operating procedures (SOP) to ensure the SOPs continue to be relevant and effective in meeting objectives and addressing risks.
2-1	U.S. Customs and Border Protection (CBP) Commissioner should ensure Office of Trade (OT) and Office of Field Operations (OFO) officials responsible for oversight of the Commercial Enforcement Analysis and Response (CEAR) process monitor referrals made to Immigration and Customs Enforcement Homeland Security Investigations (ICE HSI) and ensure established mechanisms to track ICE HSI referrals are followed.
1-2	U.S. Customs and Border Protection (CBP) Commissioner should ensure Trade Remedy Law Enforcement Directorate (TRLED) staff coordinates with appropriate internal offices to track revenue recovered from the e-Allegations program and uses the information to evaluate the program's performance in achieving objectives.
1-1	U.S. Customs and Border Protection (CBP) Commissioner should ensure that Trade Remedy Law Enforcement Directorate (TRLED) officials enhance procedures to ensure that the statuses of e-Allegations cases are timely, accurate, and complete in its information system, Analysis and Referral Management (ARM) system; monitor those procedures to ensure that they are working as intended; and assess the need for related training.

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