



Peace Corps Office of
INSPECTOR GENERAL

Post Re-Entry Review

Final Report
Post Re-Entry Health and Safety
Review of Peace Corps/Dominican Republic

IG-23-06-E
June 2023



EXECUTIVE SUMMARY

OVERVIEW

On August 24, 2021, the Peace Corps notified the United States Congress that Peace Corps/Dominican Republic (hereafter referred to as “the post”) intended to resume operations in December 2021. The first intake arrived in March 2022 with 13 Volunteers, including 2 reinstated Volunteers. On September 29, 2022, the Office of Inspector General announced this review to assess the post’s compliance with specific agency policies and procedures related to Volunteer and trainee health and safety, and the re-entry process.

WHAT WE FOUND

In performing our compliance review, we determined that Peace Corps/Dominican Republic substantially complied with agency policies and procedures related to the reentry process, emergency preparedness, and Volunteer training. However, we identified six areas of non-compliance. We found that: 1) the Medical Action Plan (MAP) was missing information; 2) the Medical Facility Assessments were not completed for all facilities and the physician assessments were missing education and training information; 3) post site history files did not contain all the required information regarding site development; 4) the post did not properly record serious crime incidents in the Volunteer Information Database Application but did implement measures that mitigated risk; 5) staff did not document approved exceptions to their site selection criteria; and 6) some staff members did not complete the mandatory training prior to Volunteers arriving at the post.

RECOMMENDATIONS IN BRIEF

Our report contains four recommendations directed to the post. We recommend that: 1) all required sections of the MAP, Regional Medical Action Plan, and Individual Medical Action Plans are completed; 2) all information fields on the provider assessment attachments are completed; 3) justification for any exception approved in the relevant housing criteria checklist is documented; and 4) staff timely complete all mandatory trainings.

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BACKGROUND

In response to the COVID-19 pandemic, the Peace Corps evacuated all Volunteers from overseas posts in March 2020. The agency created the Return to Service working group in April 2020 to facilitate the process of resuming overseas operations. This working group issued the Country Re-Entry Guide (CREG) on June 30, 2020, to guide overseas posts through the planning and preparation process for returning Volunteers to service. The CREG incorporated input from various offices, including Office of Health Services, Office of Safety and Security, Office of Global Operations, and the regional offices (Africa; Inter-America and the Pacific; and Europe, Mediterranean and Asia). The agency also issued “Supporting Volunteer Health, Safety and Security: Roadmap to Updated Policies and Procedures” in 2022 to alert staff about new and existing guidelines and procedures that overseas posts must complete prior to the return of Volunteers and trainees.

On August 24, 2021, the Peace Corps notified the United States Congress that Peace Corps/Dominican Republic intended to resume operations in December 2021. The first intake arrived in March 2022 with 13 Volunteers, including 2 reinstated Volunteers.

OBJECTIVE, SCOPE, AND METHODOLOGY

On September 28, 2022, the Office of the Inspector General (OIG) announced this review to assess Peace Corps/Dominican Republic’s compliance with agency policies and procedures related to Volunteer and trainee health and safety, and the re-entry process. We assessed the following questions to achieve the report’s objective:

Re-Entry Process

- Were CREG criteria for the external and internal review processes met?

Health Care

- Did the Medical Action Plan (MAP) meet the Peace Corps Medical Technical Guideline (TG) 385 requirements?
- Did the Medical Facility Assessments (MFAs) meet the TG 204 requirements?
- Have Volunteers received, or are scheduled to receive, medical site visits?

Emergency Preparedness¹

- Had the post’s Emergency Action Plan (EAP) been updated?
- Is the Volunteer contact information up to date in the post’s Volunteer Information Database Application (VIDA)?

¹ Although an assessment of Volunteers’ familiarity with their consolidation points was included in our evaluation plan, we did not collect sufficient information to suitably assess the question.

Site Preparation

- Do the site history files meet the requirements of Safety and Security Instruction (SSI) 401?
- Do the site history files include information on serious crimes, per SSI 401 and the Site History File Interim Guidance?
- Do sites and housing meet the criteria in the post's Site Management Manual?

Training

- Are the mandatory reorientation training sessions for trainees scheduled on the training calendar?
- Did training records show that post staff met the requirements for mandatory training?

The scope of this review included the post's activities and practices from 2020 to 2022.² This review was conducted from Peace Corps headquarters with travel to the post, and the fieldwork occurred from October to December 2022. The Evaluation Unit conducted our review using the following methodology:

We reviewed:

- The agency's certifications of the external and internal factors checklists to confirm they were completed, as defined by the CREG.³
- The post's MAP, records of Peace Corps Volunteer medical site visits, and MFAs for compliance with TG 385 and 204.
- The medical site visit schedule to confirm each Volunteer was scheduled to receive a visit, as required by TG 204.
- The post's EAP to confirm it had been updated based on the most recent template (2019) and that it covers all agencywide EAP requirements.
- The Volunteers' contact information in VIDA to ensure compliance with SSI 603.
- Site selection criteria and conducted housing inspection records to confirm compliance with Manual Section (MS) 270.
- A sample of site history files to confirm that it contained the required documentation of the site development process.
- A sample of site history files to determine if serious crime incidents were noted, including interviews with post staff about the process for vetting sites.

² The agency extended training completion deadlines for some trainings. Therefore, we also reviewed training documentation from 2023.

³ In reviewing agency certifications of external and internal review procedures, OIG did not verify that the agency implemented the actions contained in the checklist.

Peace Corps Office of Inspector General

- The Volunteer reorientation and pre-service training schedules to confirm that the required sessions were included.
- The staff training records for the completion of the required training on Sexual Assault Risk Reduction and Response (SARRR) procedures, Death of a Volunteer (DOV) procedures, Security Incident Management Systems (SIMS) certification, and EAP refresher training. We also verified staff's familiarity with DOV procedures and the Security Incident Reporting Guide (SIRG) and its emergency notification flow chart.

To support our analyses, we conducted in-person and virtual interviews with relevant staff in the Dominican Republic.

This review was conducted in accordance with the *Quality Standards for Inspection and Evaluation*, issued by the Council of the Inspectors General on Integrity and Efficiency.

REVIEW RESULTS

The results of our review, as outlined in Table 1, show the policy and procedure requirements that the post met or did not meet.

Table 1: Results of OIG Review of the Post’s Compliance with Selected Policies and Procedures Related to Volunteer and trainee Health and Safety, and Re-entry

Compliance Review Results			
Areas Reviewed	Result	Observations	
External Factors	Met	The criteria, as outlined in the CREG for the external review process, were met in re-opening this post.	
Internal Factors	Met	The criteria, as outlined in the CREG for the internal review process, were met in re-opening this post.	
Medical Action Plan	Not Met	The MAP did not contain the required information, including the Peace Corps headquarters duty officer email and phone number, titles of embassy staff, domestic airline information, and several medical facilities’ points of contact, addresses, and hours of operation. Additionally, the post did not complete a Regional Medical Action Plan (RMAP) nor all the Individual Medical Action Plans (IMAP).	
Medical Facility and Provider Assessments	Not Met	Not all medical facilities referenced in the MAP were associated with facility assessments as TG 204 requires, and two provider assessments were missing education and training information.	
EAP Review	Met	The post’s EAP met the requirements of MS 270 and SSI 602.	
Site Contact Information	Met	Volunteer contact information met the requirements of SSI 603.	
Site History Files Contents	Met	The post’s management of site history files generally met the requirements of the post-specific policy. However, a few sites were missing their required documents or had documents that were incomplete.	
Crime Incidents in Site History Files	Not Met	The post did not timely note the ID number for all serious crime incidents in the notes section of VIDA, as SSI 401 requires.	
Site Criteria	Met	Volunteer sites were developed following the requirements of MS 270.	
Housing Criteria	Not Met	Some Volunteers did not have bars on their windows, and the Safety and Security Manager (SSM) did not document the justification for approving housing without bars on windows.	
Volunteer and Trainee Training	Met	All required training topics were covered during re-orientation and pre-service training.	
Staff Training	SARRR, SIMS, DOV, and EAP	Not Met	Staff did not receive all required training prior to the arrival of Volunteers, as SSI 101, 120 and the Safety Roadmap requires.
	Familiarity with DOV Procedures	Met	Required staff were familiar with the DOV procedures.
	Familiarity with emergency notification flow chart and SIRG	Met	Required staff were familiar with the emergency notification flow chart and SIRG.

The Medical Action Plan Was Missing Information

TG 385 provides direction on the components and organization of a comprehensive MAP, which incorporates the Post Medical Action Plan (PMAP), Regional Medical Action Plans (RMAP), and Individual Medical Action Plans (IMAP). According to TG 385, the MAP must be regularly updated to properly handle urgent or emergent medical needs of Volunteers and should be used to assist a temporary duty (TDY) or backup provider in the event of an emergency. We found that the MAP was missing required information in several areas, including both the Peace Corps duty officer and key embassy staff names and contact information, and domestic airline information. We also found that the hours of operation, facility address, and point of contact were missing for several medical facilities listed in the MAP. The post should determine whether there are domestic airlines for use, and, if so, include the airline, website information, and all other missing information in its update of the MAP.

We found that the RMAP did not list any health care resources outside the capital. Staff disclosed that they do not have concerns because Volunteers have access to the healthcare resources near the capital and those resources are listed in the MAP. However, OIG notes that in some cases Volunteers can be more than 3 to 4 hours away via private transportation from the capital. Staff told us that by conducting additional site visits, they could collect more information and assess additional clinics and hospitals for Volunteers to use outside the capital. As the post continues to receive more Volunteers who are placed further from the capital, it should ensure the RMAP includes all relevant and available information regarding regionally specific facilities, providers, and resources, as required.

We also found that only one region had an emergency transportation provider listed in the RMAP. Staff explained that there was a private company that could be used in an emergency in the other regions, however, the transportation company's information was not included in the RMAP. Additionally, we found that laboratory and local healthcare clinics were listed without an address, as required.

We found that two IMAPs were missing. For new health unit staff, and any provider on TDY or serving as a back-up, incomplete or missing PMAPs, RMAPs, and IMAPs could cause confusion and delays when responding to an emergency and attempting to obtain information. Full completion of this information will help ensure that staff are prepared to respond to Volunteer medical emergencies.

Lastly, TG 385 requires that the posts annually review their MAPs and conduct a tabletop exercise to ensure they can address urgent or emergent medical needs of Volunteers; a report of the tabletop exercise must be completed using Attachment E of the MAP. The Safety Roadmap also require posts to conduct a COVID-19 tabletop exercise and document the results in Attachment I of the MAP. We found that Attachments E and I were completed, but the forms did not have spaces for completion dates or signatures verifying completion, so this information was not included. Additionally, Attachment I did not include a list of participants. While not required, including this information is a practice that facilitates good records management and effective

oversight. Peace Corps should consider including spaces for completion dates, signatures, and participants on the TG attachment forms.

We recommend:

- 1. The country director ensures that all required sections of the Medical Action Plan are completed, including the Regional Medical Action Plan and Individual Medical Action Plans.**

Medical Facility Assessments Were Not Completed for All Facilities and Physician Assessments Were Missing Education and Training Information

TG 204 requires that at least once every 3 years, Peace Corps Medical Officers (PCMO) visit and assess all healthcare facilities and consultants that have been selected to provide healthcare to Volunteers before Volunteer use. TG 385 also requires the post to document these assessments. We found the post did not complete its medical facility assessments for all healthcare facilities listed in the MAP; two medical facilities were not assessed. However, the country director told us that the post neither uses nor intends to use those two facilities and that staff intend to remove them from the MAP.⁴

We also found that there were provider assessments for all consultants referenced in the MAP. However, one provider assessment was missing its residency and training information, and another was missing its education information. Post staff acknowledged that education and training information should have been completed and have followed up with the providers to obtain it.

The medical facility and provider assessments help ensure that the medical facilities where Volunteers may receive care are appropriate for their needs, and that the consultants have the appropriate training, skills, and experience to address Volunteer medical needs. We are concerned that the post has approved providers without practicing due diligence because there are two providers without the verified education and training. If the two providers we identified are used without proper vetting of their education and training, there could be a risk that Volunteers would not receive adequate medical care.

We recommend:

- 2. The country director ensures that all information fields on the provider assessment attachments are completed.**

⁴ We are not issuing a recommendation to complete the missing medical facility assessments because the post agreed to remove them from the MAP.

Post Site History Files Did Not Contain All Required Information Regarding Site Development

We reviewed the site history files in VIDA for compliance with the post's Standard Operating Procedures for Site History File Management, which incorporated required forms from the agency's SSIs. We found that almost all the required documentation for 13 active sites; however, one site was missing two forms (Site Identification Form and Host Family Reputation Survey) and three sites each had one form with missing information. For those three sites, the following forms were missing information: Diversity and Inclusion Sexual Harassment Guide (missing Sexual Harassment portion) and the Host Family Criteria Checklist. However, we confirmed that all site history files included an approved host family assessment and housing checklist, which helps to ensure that each host family and house is appropriate for Volunteer placement.

Missing documents and information can demonstrate noncompliance and could impact site history file oversight. However, because of the small number of missing items and the 100 percent completion of the host family assessments and housing checklists, OIG does not have significant concerns regarding site history files.

Post Did Not Properly Record Serious Crime Incidents in VIDA But Implemented Measures That Mitigated Risk

According to MS 270, the quality of a Volunteer's site, housing, and work assignment are critical features of a safe Volunteer experience, and each post must ensure that site history captures any security incidents that could affect future Volunteer placements. The October 2018 publication of SSI 401 states that identification (ID) numbers for certain incidents, including serious crimes, must be inputted into VIDA under "security incident" in the notes section for the site.

Post staff told us that prior to September 2022, staff did not put the required information in the notes section in VIDA out of concern that adding the ID number would display the date of incident, which staff considered personally identifiable information (PII) when attached to a specific site.⁵ Even though the post did not comply with SSI 401 until October 2022, OIG determined that the post complied with the Interim Site History File Guidance (ISHFG), which mitigated the risk of placing a Volunteer without due consideration of or strategies to mitigate a past crime incident at the site.

The ISHFG was first issued June 2021 to provide interim measures for the post to take to comply with SSI 401.⁶ In our review of compliance with the ISHFG, we found that the post had a process for reviewing all electronic and paper files for each site being considered for Volunteer placement and documented justifications and mitigation strategies when reusing sites with previously documented security incidents. The country director and headquarters also confirmed

⁵ Headquarters staff told us that following the agency's transition to record security incidents in a new system, SIMS, certain fields were viewable to only those with the appropriate permissions. In addition, the definition of PII was expanded, and some staff that could see location data in the previous system could no longer view that information.

⁶ This guidance was further updated in August 2022. However, the December 2021 version of the guidance was applicable to the sites we reviewed.

that the post has completed the site history file cleaning process with headquarters.⁷ As a result, comprehensive data on site history, including serious crime and security incidents, are viewable in VIDA to authorized users. Therefore, we have no concerns regarding posts' consideration of prior serious crime incidents.

The ISHFG issued in December 2021 also requires that if a proposed site has a documented security incident, and the Safety and Security Manager determines there are no ongoing security concerns that would preclude assigning a new Volunteer, then staff should document why the threat no longer exists. We found that the post met this requirement by documenting decisions using an internal tracking sheet.⁸

Staff Did Not Document Approved Exceptions to Their Site Selection Criteria

We found that one out of the five Volunteer sites reviewed was out of compliance with the post's site selection procedures as the Volunteer's room window did not have an inside lock, as required. Two out of five Volunteer sites were also out of compliance as their windows were without bars. Post staff approved all these windows because they were either made of aluminum slats that did not fully open or were located on the second floor. However, staff did not document this approval on the completed housing checklist. Staff agreed that such exceptions and justifications should be noted on the housing checklist.

Windows that do not meet required safety standards pose a significant risk to Volunteer safety; if justification and approved exceptions are not documented, post management may be unaware of any exceptions granted for Volunteer housing after due consideration.

We recommend:

- 3. The Safety and Security Manager documents justification for any exception approved in the relevant housing criteria checklist.**

Some Staff Did Not Complete Mandatory Training Prior to Volunteers Arriving at the Post

SSI 101 lists the mandatory safety and security related training that staff must complete and SSI 120 establishes the required training for all Designated Staff.⁹ In addition, the "Supporting Volunteer Health, Safety and Security: Roadmap to Updated Policies and Procedures" Update #4 requires other SARRR policies and procedures trainings for certain staff and identifies the SIRG, emergency notification flow chart, and DOV procedures as guidance that certain staff should be

⁷ In May 2023, the agency completed the Global Site History Cleanup Project, an extensive crime incident data cleaning process for all posts.

⁸ In April 2023, SSI 401 was revised, and the Interim Site History File Guidance was rescinded. Thus, the requirements to record serious crimes in VIDA and document justifications for Volunteer placement if a serious crime occurred were removed.

⁹ According to SSI 120, Designated Staff at the post are PCMOs, Sexual Assault Response Liaisons, Safety Security Managers (SSM), Safety and Security Assistants, back-up SSMs, as needed, and Peace Corps Safety and Security Officers in some circumstances and the post's six Designated Staff.

familiar. Through interviews, we determined that most staff were familiar with the guidance as required.

We found that the post did not meet the mandatory training requirements for the annual EAP Refresher training. Staff told us that prior to our review, the post completed the EAP refresher training with select staff but were unaware that all staff are required to take the training per SSI 101. Certain staff must also complete the DOV tabletop exercise. We found that the post did not keep a record of participants for the DOV tabletop exercise, so we were only able to confirm completion of those who retained email records. While not a requirement, maintaining a record of participants is a best practice for the post to consider. We also found that one staff member did not complete the New Designated Staff training prior to the arrival of the Volunteers in March 2022.¹⁰ OIG is concerned that any untrained staff may fail to follow the correct protocol when responding to an emergency.

We recommend:

- 4. The country director ensures that required staff receive and timely complete all mandatory trainings.**

¹⁰ We also found that 1 staff who arrived after Volunteers did not complete the SIMS training within 45 days of entry, which is the required timeline for completion.

LIST OF RECOMMENDATIONS

WE RECOMMEND:

1. The country director ensures that all required sections of the Medical Action Plan are completed, including the Regional Medical Action Plan and Individual Medical Action Plans.
2. The country director ensures that all information fields on the provider assessment attachments are completed.
3. The Safety and Security Manager documents justification for any exception approved in the relevant housing criteria checklist.
4. The country director ensures that required staff receive and timely complete all mandatory trainings.

APPENDIX A: INTERVIEWS CONDUCTED

As part of this review, we conducted interviews with nine members of post staff and one member of headquarters (see Table 2 for more information on positions interviewed).

Table 2: Interviews Conducted with PC/Post Staff

Position	Location (Post, headquarters, other)
Country Director	Post
Director of Management and Operations	Post
Director of Programming and Training	Post
Peace Corps Medical Officer (3)	Post
Safety and Security Assistant	Post
Safety and Security Manager	Post
Training Director	Post
Regional Security Advisor	HQ

APPENDIX B: LIST OF ACRONYMS

COTE	Calendar of Training Events
CREG	Country Re-Entry Guide
DOV	Death of a Volunteer
EAP	Emergency Action Plan
ID	Identification
IMAP	Individual Medical Action Plans
ISHFG	Interim Site History File Guidance
KPA	Kate Puzey Peace Corps Volunteer Protection Act of 2011
MAP	Medical Action Plan
MFA	Medical Facility Assessment
MS	Manual Section
OIG	Office of Inspector General
PCMO	Peace Corps Medical Officer
PMAP	Post Medical Action Plan
PST	Pre-Service Training
RMAP	Regional Medical Action Plan
SARRR	Sexual Assault Risk Reduction and Response
SIRG	Security Incident Reporting Guide
SIMS	Security Incident Management System
SSI	Safety and Security Instruction
SSM	Safety and Security Manager
TDY	Temporary Duty
TG	Technical Guidance
VIDA	Volunteer Information Database Application

APPENDIX C: AGENCY RESPONSE TO THE PRELIMINARY REPORT



MEMORANDUM

To: Joaquin Ferrao, Inspector General

Through: Emily Haimowitz, Chief Compliance & Risk Officer

EMILY
HAIMOWITZ

Digitally signed by EMILY
HAIMOWITZ

From: Michael McCabe, Regional Director, Inter-America and Pacific Operations (IAP)

MICHAEL
MCCABE

Jennifer McGowan, Country Director, Peace Corps/Dominican Republic

McGowan,
Jennifer

Digitally signed by McGowan,
Jennifer

Jim Golden, Acting Associate Director, Office of Health Services

Golden, James

Digitally signed by Golden, James
Date: 2023.06.07 17:11:23 -0407

Date: June 9, 2023

CC: Thomas Peng, Chief of Operations and Administration
Lauren Stephens, Chief of Staff
Scott Beale, Associate Director, Office of Global Operations
Meredith Giordano, Deputy Director, Office of Global Operations
Leslie McCuaig, Chief of Operations, IAP Region
Ken Puvak, Chief of Operations, IAP Region
Rebecca Luria-Phillips, Acting Chief of Programming and Training, IAP Region
Gonzalo Molina, Chief Administrative Officer, IAP Region
Katrina Castner, Supervisory Country Desk Officer, IAP Region
Branden Gallia, Country Desk Officer, Dominican Republic
Joshua O'Donnell, Regional Security Advisor, IAP Region
David Fleisig, Acting Associate Director, Office of Safety & Security
Gregory Yeich, Compliance Officer

Subject: Agency Response to the Preliminary Report on the Post Re-Entry Health and Safety Review of Peace Corps/Dominican Republic (Project No. 23-EVAL-02)

Thank you for the opportunity to respond to this preliminary report from the Office of Inspector General. Enclosed please find the agency's response to the recommendations made by the Inspector General as outlined in the OIG's Preliminary Report on the Post Re-Entry Health and Safety Review of Peace Corps/Dominican Republic (Project No. 23-EVAL-02) sent to the agency on April 5, 2023.

Recommendation 1: That the country director ensures that all required sections of the Medical Action Plan are completed, including the Regional Action Plan and Individual Medical Action Plans.

Agency Response - Concur:

The post updated the Post Medical Action Plan (MAP) and Individual Medical Action Plans (IMAP) to ensure that all information was complete. In consultation with the Office of Health Services, and given the accessibility of Santo Domingo due to the small size of the country, the post identified one referral healthcare facility for the country. This facility is in Santo Domingo and the post designated all Volunteers within a single region. The post completed a TG 204 Attachment C: Healthcare Facility Assessment Worksheet for the referral facilities. Community healthcare facilities that may receive Volunteers in an emergency have been identified in the north and south of the country. These facilities will not be used for regular referrals of Volunteers. Post completed TG 204 Attachment L: Community Healthcare Facility Survey for these two non-referral facilities.

Documents Submitted:

- Updated MAP
- TG 204 Attachment L: Community Healthcare Facility Survey for emergency care medical facility in north
- TG 204 Attachment L: Community Healthcare Facility Survey for emergency care medical facility in south
- IMAPs for two Volunteers missing sites at the time of the evaluation

Status and Timeline for Completion: June 2023

Recommendation 2: That the country director ensures that all information fields on the provider assessment attachments are completed.

Agency Response - Concur:

The post updated the Healthcare Facility Assessment for the referral facility to ensure complete information, and removed from the MAP the two facilities listed which were not currently being used by the post. In addition, the post updated residency, training, and education information, which was missing from TG 204 Attachment G: Consultant Evaluation Worksheet for two providers.

Documents Submitted:

- TG 204 Attachment C: Healthcare Facility Assessment
- TG 204 Attachment G for ENT
- TG 204 Attachment G for Cardiologist

Status and Timeline for Completion: June 2023

Recommendation 3: That the Safety and Security Manager document justification for any exception approved in the relevant housing criteria checklist.

Agency Response - Concur:

The Safety and Security Manager added a security note in VIDA with the justification for each housing exception.

Documents Submitted:

- Screenshots of security notes in VIDA

Status and Timeline for Completion: June 2023

Recommendation 4: That the country director ensures that required staff receive and timely complete all mandatory trainings.

Agency Response - Concur:

In May 2023, the post conducted an Emergency Action Plan (EAP) All Staff training. Moving forward, the country director and the post Human Resource Specialist will continue to monitor the Learning Space and post-led mandatory training to ensure timely completion and accurate attendance documentation. Any staff absent during post-led mandatory training will receive the training at a later date. Additionally, immediately after resolving a technical oversight in October 2022, one staff completed the New Designated Staff Training.

Documents Submitted:

- Attendance documentation for May 2023 EAP All Staff Training
- Staff member's completion record for New Designated Staff Training

Status and Timeline for Completion: June 2023

APPENDIX D: OIG COMMENTS

In response to the preliminary report, management concurred with all four recommendations and provided documentation of actions it took to address the issues that prompted the recommendation. OIG reviewed the documentation and will close recommendations 1, 2, 3, and 4. We wish to note that in closing recommendations, we are not certifying that the agency has taken these actions or that we have reviewed their effect. Certifying compliance and verifying effectiveness are management's responsibilities. However, when we feel it is warranted, we may conduct a follow-up review to confirm that action has been taken and to evaluate the impact.

REVIEW PURPOSE, COMPLETION, AND OIG CONTACT

REVIEW PURPOSE

In 1989, OIG was established under the Inspector General Act of 1978 and is an independent entity within the Peace Corps. The purpose of OIG is to prevent and detect fraud, waste, abuse, and mismanagement and to promote economy, effectiveness, and efficiency in government. The Inspector General is under the general supervision of the Peace Corps Director and reports both to the Director and Congress.

The Evaluation Unit provides senior management with independent evaluations and reviews of management and operations of the Peace Corps, including overseas posts and domestic offices. OIG evaluators identify best practices and recommend program improvements to comply with Peace Corps policies.

REVIEW COMPLETION

This review was conducted under the direction of Assistant Inspector General for Evaluations Reuben Marshall, by Senior Evaluator Tanique Carter, Program Analyst Kareen Vares and Lead Auditor Hal Nanavati. Additional contributions were made by Senior Evaluator Erin Balch.

OIG CONTACT

Following issuance of the final report, a stakeholder survey will be conducted to help us improve our products. If you wish to comment further on the quality or usefulness of this report, please contact Assistant Inspector General for Evaluations Reuben Marshall at rmarshall2@peacecorpsig.gov.

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Anyone knowing of wasteful practices, abuse, mismanagement, fraud, or unlawful activity involving Peace Corps programs or personnel should contact the Office of Inspector General. Reports or complaints can also be made anonymously.

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Mail: Peace Corps Office of Inspector General
Paul D. Coverdell Peace Corps Headquarters
1275 First St. NE
Washington, D.C. 20526

For General Information:

Main Office: 202.692.2900

Website: peacecorpsoig.gov

 Twitter: twitter.com/PCOIG