



**U.S. AbilityOne Commission
Office of Inspector General**

AUDIT REPORT

**Audit of the Commission's Open
Recommendations**

OA-2025-03

September 29, 2025



**U.S. AbilityOne Commission
Office of Inspector General**

355 E Street SW (OIG Suite 335)
Washington, DC 20024-3243

September 29, 2025

MEMORANDUM

TO: Robert D. Hogue
Chairperson
U.S. AbilityOne Commission

Kimberly M. Zeich
Executive Director
U.S. AbilityOne Commission

FROM: Carla Smith *Carla Smith*
Acting Inspector General
U.S. AbilityOne Commission OIG

SUBJECT: Final Report of the Audit of the U.S. AbilityOne Commission's Open Recommendations

We are pleased to transmit the following final audit report on the U.S. AbilityOne Commission's Open Recommendations. The U.S. AbilityOne Commission Office of Inspector General (OIG), Office of Audit and Evaluation conducted the audit and issued this report.

We appreciate the Commission's assistance during the course of the audit. If you have any questions, please contact me or Lauretta A. L. Joseph, Assistant IG for Audit and Evaluation at 571-329-3419 or at ljoseph@oig.abilityone.gov.

cc: Christina Brandt
Vice Chairperson
U.S. AbilityOne Commission

Kelvin Wood
Chief of Staff
U.S. AbilityOne Commission

U.S. AbilityOne Commission Office of Inspector General, Office of Audit and Evaluation



Results in Brief

Audit of the Commission's Open Recommendations

Office of Inspector General Report No. OA 2025 03 Report Date: September 29, 2025

Why We Performed This Audit

The Office of Inspector General (OIG) initiated this review based upon Office and Management Budget Circular A-50, which states that the resolution and follow-up of audit, inspection, and evaluation recommendations is an integral part of effective management and is a shared responsibility of agency management officials and auditors. Our objective was to review and summarize the Commission's open recommendations, identify any challenges to closing recommendations, and consider alternative actions for recommendations that may no longer be relevant due to changes in the Commission's policies and procedures.

What We Audited

To accomplish our objective the OIG, analyzed the open recommendations from prior reports, reviewed applicable criteria related to the resolution of recommendations, and conducted interviews. The audit covered the period December 1, 2020, through August 31, 2025. The audit was performed in accordance with the U.S. Government Accountability Office's Generally Accepted Government Auditing Standards.

What We Found

The Commission is working to modernize the AbilityOne Program, including implementing its new Cooperative Agreements with the Central Nonprofit Agencies (CNA) and updating its Program policies. As a result of the modernization efforts and updated agreements and policies, the OIG agreed to close 20 of the 55 open recommendations. Additionally, the Commission and the OIG have a renewed understanding that should improve communication and collaboration during future audits and closure process.

What We Recommend

The OIG has no specific recommendations associated with this report.

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Objectives and Background

Objective

The objective of our audit was to review and summarize the Commission's open recommendations, identify any challenges to closing recommendations, and consider alternative actions for recommendations that may no longer be relevant due to changes in the Commission's policies and procedures.

Background

Inspector General Act of 1978 (IG Act, 5 U.S.C. §§ 401-24)

The IG Act, as amended, states that the OIG is responsible for conducting audits, evaluations, and investigations, recommending policies and procedures that promote economy, efficiency, and effectiveness of agency resources and programs, and detecting and preventing fraud, waste, abuse, and mismanagement.¹ The IG Act requires the IG to keep the Commission and Congress fully and currently informed about deficiencies in the Commission's operations, recommend corrective actions, and report on the progress implementing the recommended corrective actions.²

Office of Management and Budget (OMB) Circular A-50

The resolution and follow-up of audit, inspection, and evaluation recommendations is an integral part of effective management and is a shared responsibility of agency management officials and auditors. Corrective actions taken by management to resolve findings and recommendations are essential to managing risk and improving the effectiveness and efficiency of government operations.³ Inspectors General or other audit officials are responsible for collaboratively and effectively working with agency follow-up officials to resolve audit, inspection, or evaluation recommendations.⁴

As of March 31, 2025, the Commission had 55 open recommendations, of which 21 were open less than 1 year and 34 were open for more than 1 year. Although the Commission had corrective actions planned for all 55 of the open recommendations, implementation of those corrective actions had not been completed.

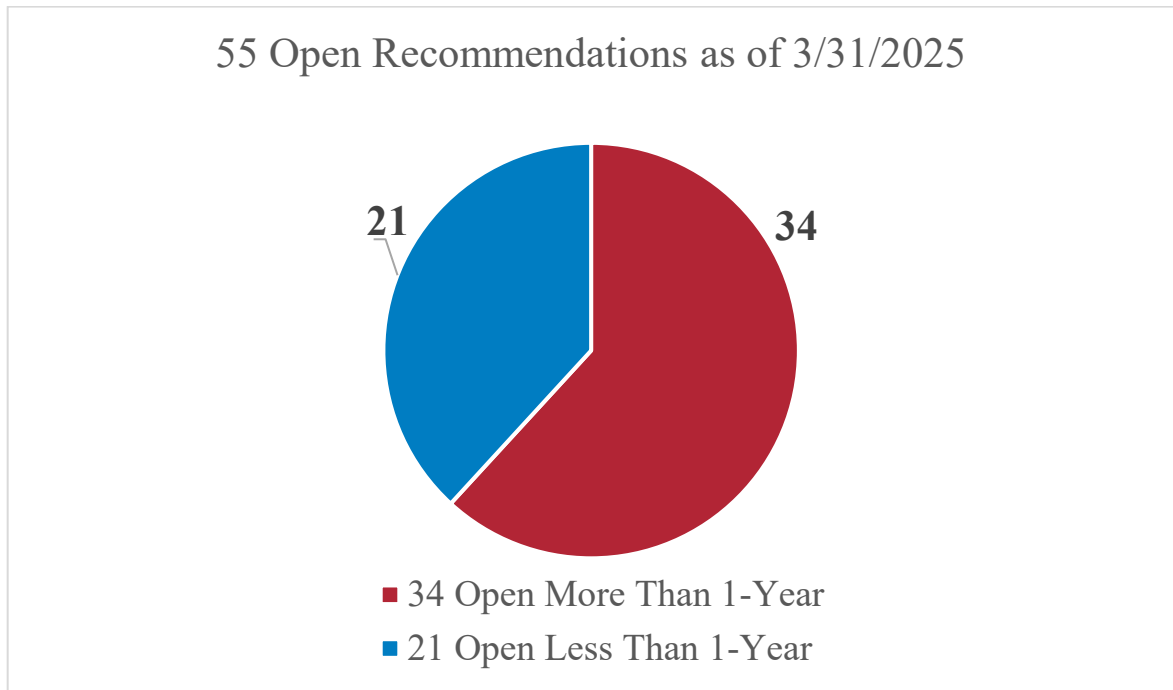
¹ IG Act, Section 404(a)(1-3)

² IG Act, Section 404(a)(5)

³ Section I.5

⁴ Section II.4(4)

Figure 1 – Pie chart showing the number of recommendations open more than 1 Year (34) and open less than 1 Year (21)



Scope and Methodology

The audit covered the period December 1, 2020, through February 28, 2025, but was expanded to include audit resolution actions through August 31, 2025. The OIG conducted its work from April 2025, through August 2025. To accomplish our objective the OIG:

- Analyzed data and information related to open recommendations from prior reports,
- Identified and reviewed applicable laws, regulations, policies, and procedures related to the resolution of recommendations, and
- Interviewed key personnel responsible for resolving recommendations.

The OIG conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our objective(s). The OIG believes that the evidence obtained provides a reasonable basis for our conclusions based on our objective.

Results

The Commission's Program Modernization Efforts Resulted in the Closure of Several Open Recommendations

The Commission is working to modernize the AbilityOne Program, including implementing its new Cooperative Agreements⁵ with the Central Nonprofit Agencies (CNA) and updating its Program policies. As a result of the modernization efforts and updated agreements and policies, the OIG agreed to close 20 of the 55 open recommendations. Additionally, the Commission and the OIG have a renewed understanding that should improve communication and collaboration during future audits and closure process.

Modernization Efforts Resulted in the Closure of Several Open Recommendations

As of March 31, 2025, the Commission had 55 open recommendations; 34 of which were open for more than one year.

During the audit, the OIG reviewed all 55 open recommendations, including:

- 8 identified by the Commission as overcome by events,
- 29 with status updates provided by the Commission, and
- 18 remaining that did not have status updates.

The OIG determined that 19 of the 55 recommendations could be closed based on the Commission's supporting documentation and actions taken.⁶ These actions included, but were not limited to, the newly executed Cooperative Agreements with its CNAs and the issuance of multiple new or updated Commission policies.⁷

For example, there were two recommendations that addressed the Quality Assurance Surveillance Plan process included in the old Cooperative Agreements. It outlined how the government would monitor and ensure the quality of service and products delivered by participating nonprofit agencies. The performance measures in the Quality Assurance Surveillance Plan were unclear. As part of its program modernization efforts, the Commission entered into new Cooperative Agreements with the CNAs that were signed in December of 2024. These new Cooperative Agreements replaced the Quality Assurance Surveillance Plan with more specific performance measures. The new performance measures emphasize that the CNAs are responsible for managing

⁵ The Cooperative Agreements outline the (1) services that the CNA's shall generally provide to the Commission and (2) performance measures for those services. The current Cooperative Agreements were executed in December 2024.

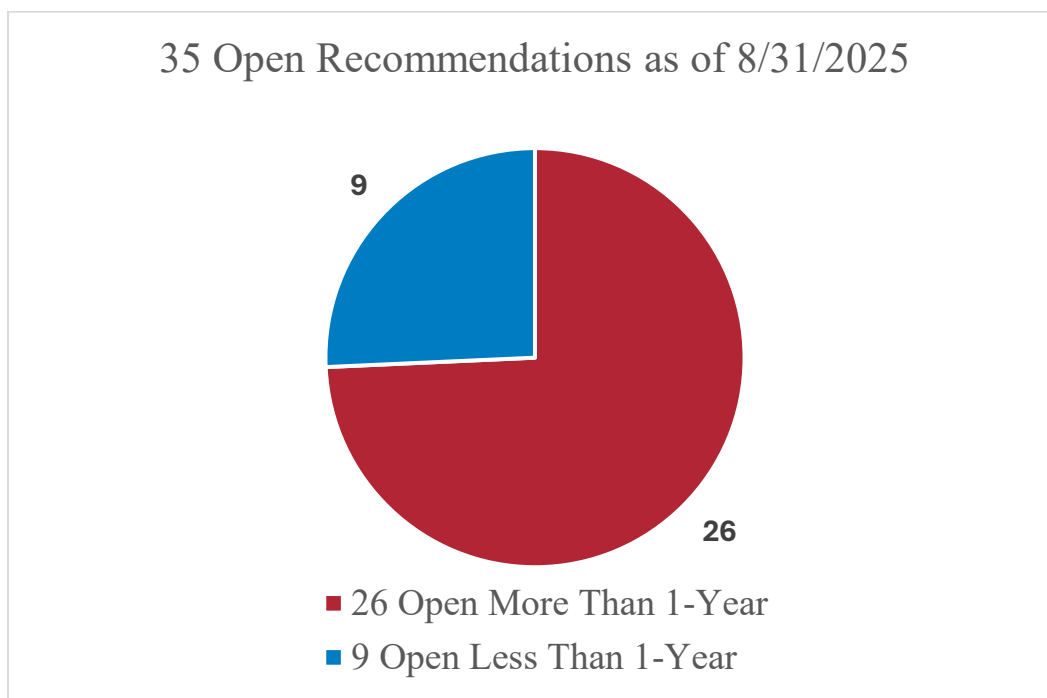
⁶ For the eight recommendations the Commission believed were overcome by events, we were able to identify that the new Cooperative Agreements or updated Policies addressed the intent of the recommendations.

⁷ Some of the open recommendations were related to the Commission's previous Cooperative Agreements and policies which have since been updated.

quality controls and ensuring that their performance meets the terms of the contract. Therefore, we determined that the updated Cooperative Agreements were sufficient to close these recommendations.

Additionally, the Commission requested closure of one recommendation that included updates to its public-facing website after the audit was announced, but before the fieldwork began. Therefore, 20 of the 55 open recommendations were closed during the audit. See Appendix A and B for the recommendations that were closed during this audit and those that remain open.

Figure 2 – Pie chart showing the number of recommendations remaining open (35) and whether they were open more (26) or less (9) than 1 Year.



Challenges to Closing Recommendations

Commission staff said that in the past, the Commission did not always explain its position on certain recommendations and instead would just accept the recommendations in their management response. This led to difficulty implementing those recommendations, particularly when the Commission is working to modernize the program. For instance, there were two audit reports that had very similar recommendations⁸ about harmonizing the Commission's Policies with the Cooperative Agreements. The Commission updated the Cooperative Agreements in December 2024 and has been actively working to update its Policies. However, the Commission said that it currently has limited staffing and resources and must balance its workload to ensure it meets its statutory responsibilities.

⁸ See Appendix B, OCD-2020-07 and OCD-2022-01

The OIG also identified that communication and collaboration between the Commission and the Office of the Inspector General needed improvement. The OIG found the lack of communication contributed to the number of open recommendations. For instance, Commission staff said that there were times the Commission was uncertain of what documentation to provide because when a recommendation was determined not implemented, the OIG said that it could not collaborate with agency follow-up officials to resolve audit, inspection, or evaluation recommendations. Moving forward, the Commission and the OIG have agreed to improve their communication to effectively work together, in alignment with the requirements in OMB Circular A-50.

Conclusions

The Commission is working to modernize the AbilityOne Program, including but not limited to, implementing new Cooperative Agreements with CNAs and completing policy updates. As a result, the OIG closed 20 of the 55 open recommendations and the Commission and the OIG have a renewed understanding that should improve communication and collaboration during the (1) audits and (2) recommendation development, resolution, and closure process moving forward. The list of the 20 recommendations closed is cited in Appendix A and the list of the 35 remaining open recommendations is cited in Appendix B.

Management's Response and Our Evaluation

The Commission's Executive Director concurred with the audit report. We appreciate the Commission's responsiveness during the audit and look forward to continued collaboration as the Commission works toward implementation of its remaining open recommendations. The Commission did not have technical comments to the draft report. See Appendix C for the Commission's management response.

Appendix

Appendix A Management Comments



U.S. ABILITYONE COMMISSION

355 E STREET SW, SUITE 325

WASHINGTON, DC 20024

September 9, 2025

MEMORANDUM FOR THE INSPECTOR GENERAL

FROM: Kimberly M. Zeich, Executive Director

SUBJECT: Management Response (Audit of Open Recommendations)

On behalf of the U.S. AbilityOne Commission (Commission), we have reviewed the draft audit report of September 4, 2025, in which your team reviewed the Commission's open audit recommendations. We commend the Office of Audit's professional and constructive approach to this evaluation, as well as their commitment of time and resources to provide a thorough review.

We reviewed the report for technical accuracy and have no comments or revisions to suggest. We concur with the report and look forward to continuing our work with you as we close open audit recommendations.

**KIMBERLY
ZEICH**

Kimberly M. Zeich
Executive Director

Digitally signed by KIMBERLY
ZEICH
Date: 2025.09.09 18:01:17
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Appendix B Recommendations Closed During the Audit

Recommendation Number	Recommendation	Implemented?	Close Date	Closed
PMO-2020-05	We recommend the Commission implement better practices for the QASP process that include additions to the QASP plan or a separate procedure that outlines how the QASP and KPI measurements are developed and the basis for measurements. Link to Report	Yes	7/28/2025	Yes
BOP-2021-05	Require the CNAs to include specific criteria for considering the size of NPAs in their recommendation decisions. As part of this, develop metrics for assessing the CNAs on the equitable distribution of projects and monitor progress on an annual basis, consistent with the Standards for Internal Controls in the Federal Government Link to Report	Yes	7/28/2025	Yes
BOP-2021-06	Conduct a study to determine whether a different mix of different sized NPAs could help increase the number of people employed through the program and their total work hours. Link to Report	Yes	7/28/2025	Yes
BOP-2021-16	Review the process for extracting and tabulating data to assess the CNAs' performance including new PLIMS data fields and standard reports. The review should include documenting these processes, prioritizing enhancements, and establishing a timeline for implementation. Link to Report	Yes	7/28/2025	Yes
BOP-2021-18	Establish and document a process to ensure final PLIMS data files and other calculations supporting the metrics in assessing and reporting the CNAs' performance on PL additions and other PL transactions are maintained in a centralized location; and all assumptions, adjustments, and decisions made to adjust CNA final metric ratings based on the calculated results are documented. Link to Report	Yes	7/28/2025	Yes
BOP-2021-19	Establish and document a process to evaluate the PLIMS information for new metrics prior to including the new metrics in the CNAs' QASPs. Link to Report	Yes	7/28/2025	Yes
OCD-2022-10	Review the seven standard PLIMS compliance reports, determine the source of data included, and evaluate whether any	Yes	7/28/2025	Yes

Recommendation Number	Recommendation	Implemented?	Close Date	Closed
	updates are needed or if the report should be discontinued. Determine whether any new reports should be created. Prioritize identified updates to existing reports and/or new reports and establish a timeline for implementation. Link to Report			
OCD-2024-01	Implement internal controls to oversee the reporting and data validation process. Link to Report	Yes	7/28/2025	Yes
PMO-2020-01	We recommend the Commission require the Commission Staff to develop and implement effective policy and procedures on the Program Fee Ceiling criteria and methodology for determining the fee ceiling on the CNAs including aligning legacy and draft policy with the criteria in the Cooperative Agreements. Link to Report	Yes	6/20/2025	Yes
PMO-2020-02	The Commission should follow GAO 14-704G, Standards for Internal Control in the Federal Government, Principles 10-15. The principles will assist the Commission to develop, design, and implement timely guidance that is supported by quality information. Link to Report	Yes	7/25/2025	Yes
BOP-2020-11	We recommend the Commission to ensure the CNAs have access to clear and complete guidance to follow when responding to Commission requests, enforcing the Commission's regulatory requirements and meeting the requirements of the Agreements. Link to Report	Yes	5/30/2025	Yes
BOP-2021-02	Update policy 51.301 to include clarifying the meaning of equitable and transparent distributions, consistent with Standards for Internal Controls in the Federal Government and prior GAO recommendations. Link to Report	Yes	6/30/2025	Yes
BOP-2021-07	Identify metrics for assessing transparency and monitor progress on an annual basis, consistent with the Standards for Internal Controls in the Federal Government. Link to Report	Yes	4/28/2025	Yes
BOP-2021-09	Update D&F policy 51.207 to improve transparency by clearly stating its use, purpose, and implementation including how D&F authority delegated to designated Commission staff is required to be approved	Yes	4/30/2025	Yes

Recommendation Number	Recommendation	Implemented?	Close Date	Closed
	by Commission members, documented, and periodically updated. Link to Report			
OCP-2024-01	Create detailed criteria in the cooperative agreements on the data validation controls they expect the CNAs to apply. Link to Report	Yes	5/23/2025	Yes
OCP-2024-02	Research data elements needed to achieve Program objectives and revise the corresponding cooperative agreements with CNAs. Link to Report	Yes	5/21/2025	Yes
OCP-2024-06	Update its COWP policy to ensure that it has appropriately evaluated and assigned its warrant threshold designations. This evaluation should be based on the contracting officer's qualifications and experience, the current and anticipated award volume, and the assessed need for the warrant levels. Link to Report	Yes	4/24/2025	Yes
OCG-2024-01	Revisit/review controls related to updating website contents to ensure current and accurate information is published. Link to Report	Yes	4/4/2025	No ⁹
BOP-2021-08	Develop a systematic approach to reviewing and updating policies and procedures every five years as needed in accordance with policy 51.101 including documentation of the review performed, whether updates are needed, and the prioritization of identified updates. Link to Report	Yes	8/22/2025	Yes
BOP 2021-17	Evaluate the security and functionality of PLIMS after enhancements are completed and determine whether the upgraded version of PLIMS addresses the Commission's needs or should be replaced. Link to Report	Yes	8/25/2025	Yes
Total Recommendations Closed				20

⁹ This recommendation was closed but not attributed to status updates provided by the Commission during the audit, therefore we considered this recommendation as closed during the Commission's normal course of business.

Appendix C Recommendations Remaining Open

Recommendation Number	Recommendation	Corrective Action Plan	Date Opened	Final Action Target Date
OCD-2020-07	We recommend the Commission ensure the Commission's Agreements are harmonized with compliance enforcement protocol to ensure they are capable of meeting the regulatory requirements of the Agreements by the Commission and CNAs. Link to Report	Yes	4/8/2020	12/31/2025
BOP-2021-12	Develop comprehensive written documentation of the procedures performed by Commission staff for reviewing and evaluating PL additions including the approval process under D&F authority. Link to Report	Yes	7/20/2021	9/30/2025
CFO-2022-29	Fulfill the requirements of 31 USC §1517(b) by reporting the FY 2019 and FY 2020 violations to the President, Congress, and the Comptroller General of the United States. Link to Report	Yes	11/15/2022	11/30/2025
CIO-2022-05	The Commission should follow their vulnerability remediation policies. Link to Report	Yes	12/6/2022	11/30/2025
CIO-2022-06	Scanning should be run on a monthly basis, however if there are medium, high and/or critical vulnerabilities, then they should be remediated, and the scan should be repeated and run again. Link to Report	Yes	12/6/2022	11/30/2025
CIO-2022-07	Update the configuration settings on the servers to comply with the Commission's IT Policy and ensure only essential capabilities are being provided. Link to Report	Yes	12/6/2022	11/30/2025
CIO-2022-01	Evaluate the Supply Chain policy against the requirements of NIST 800-53 Rev. 5 to ensure compliance with each of the individual controls. Link to Report	Yes	12/6/2022	11/30/2025
CIO-2022-04	Ensure that a BIA is prepared, completed and approved. After the initial BIA is put in place, it should be updated whenever significant updates to the GSS are implemented. Link to Report	Yes	12/6/2022	11/30/2025
OCD-2022-01	In accordance with Policy 51.101, review and update all compliance policies, including determining whether updates are needed to improve clarity, remove inconsistencies, and ensure harmonization with the Cooperative Agreements. Link to Report	Yes	12/20/2022	12/31/2025
OCD-2022-05	Develop comprehensive written documentation of the procedures to be performed by	Yes	12/20/2022	12/31/2025

Recommendation Number	Recommendation	Corrective Action Plan	Date Opened	Final Action Target Date
	<p>Commission staff for reviewing, evaluating, and approving or rejecting compliance transaction packages CNAs submit to PLIMS. The procedures should include roles and responsibilities with an appropriate segregation of duties and documentation requirements in PLIMS. For CVR transactions, also incorporate the following:</p> <p>a. OCD staff protocols and requirements for requesting access to detailed supporting documentation provided by the NPAs to the CNAs to independently verify NPA compliance with statutes, regulations, and Commission policies. The protocols should take into consideration identified risks such as NPA past performance, overall trends in compliance deficiencies, external factors such as civil settlements, and the Commission’s plan for conducting compliance visits to NPAs during the FY.</p> <p>b. OCD staff documentation requirements in PLIMS, including any follow-up with the CNA for discrepancies between the Commission’s results and the CNA’s reported results. Link to Report</p>			
OCD-2022-06	<p>Develop comprehensive written documentation of the procedures to be performed by Commission OCD staff for reviewing, reconciling, and processing manual compliance reports and transactions submitted by the CNAs and/or NPAs outside of PLIMS. The procedures should also include the following:</p> <p>a. Roles and responsibilities with an appropriate segregation of duties.</p> <p>b. Follow-up on compliance exceptions reported.</p> <p>c. Reconciliation of manual data to PLIMS.</p> <p>d. Review of quarterly and annual AR&C extracts, including data supporting the NPA’s 75% ODLH requirement.</p> <p>e. Documentation requirements, including the use and frequency of PLIMS reports and summarizing compliance findings and actions, preferably in PLIMS. Evaluate the feasibility of using the NPA Comments and/or NPA Compliance Action screens in PLIMS.</p> <p>f. Maintenance of records. Link to Report</p>	Yes	12/20/2022	12/31/2025

Recommendation Number	Recommendation	Corrective Action Plan	Date Opened	Final Action Target Date
OCD-2022-07	<p>Review each CNA's NPA Oversight Protocol for conducting RRAVs and update to improve comparability of data provided and reported to the Commission as follows:</p> <ul style="list-style-type: none"> a. Standardize the sampling methodology used by the CNAs and the Commission to test certain key compliance areas during RRAVs such that comparable data is reported to PLIMS for NPA compliance deficiencies. b. Harmonize the CNAs' RRAV Checklists and the Commission's Compliance Review Checklist such that the procedures performed are consistent. c. Standardize the methodology for aggregating and reporting summarized results of compliance deficiencies for the FY in the End of Year AR&C Analysis. d. Standardize the documentation the CNAs are required to submit to the Commission for CVR transactions. Link to Report 	Yes	12/20/2022	12/31/2025
OCD-2022-09	<p>Identify updates needed for CVR transaction data reported in PLIMS as follows:</p> <ul style="list-style-type: none"> a. Review the information available from each CNA's proprietary system for CVR transaction packages, determine the current mapping of data fields to PLIMS, and identify whether any updates are needed to improve clarity or correct inconsistencies between CNAs. (Finding 3) b. Evaluate whether any new data fields should be added to PLIMS to provide the Commission with additional insights, to better inform decision making. c. Determine whether any updates are needed to the eleven (11) individual compliance categories to improve clarity or respond to changes in regulations. d. Prioritize identified updates and establish a timeline for implementation. Link to Report 	Yes	12/20/2022	12/31/2025
OCD-2022-11	<p>Develop written standard operating procedures for the specific procedures it requires Commission OCD staff to perform when conducting an NPA compliance visit including the documentation requirements and reporting to PLIMS (Finding 4B). The procedures should also include the following related to joint visits with the CNA:</p> <ul style="list-style-type: none"> a. The rationale and factors to be considered in making the decision to conduct a joint visit 	Yes	12/20/2022	12/31/2025

Recommendation Number	Recommendation	Corrective Action Plan	Date Opened	Final Action Target Date
	<p>with the CNA versus a stand-alone visit to the NPA as well as the scope of the review. (Finding 4B)</p> <p>b. Develop a protocol for communicating the roles and responsibilities of the Commission and CNA reviewers to the NPA including the scope of the Commission's review and coordination with the CNA.</p> <p>c. Determine the format of the Commission reviewer's separate written documentation of procedures he/she performed and results, including findings requiring corrective action by the NPA. This should include timely transmission of this documentation to the CNA for submission with the CNA's CVR transaction to PLIMS and the process to ensure the CNA tracks and closes-out any required corrective actions.</p> <p>d. Determine whether to implement a formal appeals process that would be available to NPAs to assist in resolving disputes with Commission findings. Link to Report</p>			
CIO-2023-01	The AbilityOne Commission should implement and undergo an annual Risk Assessment utilizing the latest NIST documents. Link to Report	Yes	11/15/2023	11/30/2025
CIO-2023-02	The AbilityOne Commission should develop a privacy policy in accordance with the privacy related controls contained within NIST 800-53, Revision 5. Link to Report	Yes	11/15/2023	11/30/2025
BOP-2024-01	<p>Update the Commission's compliance policies to incorporate all key elements in the AbilityOne and FAR regulations regarding contract performance which includes product quality. Further, add procedural guidance, including documentation requirements, that is complete and sufficient to implement the policies. Key elements include the following:</p> <p>a. NPA quality systems in place to furnish products that meet Government specifications under the contract and correct product deficiencies prior to delivery;</p> <p>b. Reporting of quality complaints including handling of inquiries and disputes; and</p> <p>c. Monitoring and evaluation of NPA compliance with these requirements. Link to Report</p>	Yes	1/31/2024	12/31/2025

Recommendation Number	Recommendation	Corrective Action Plan	Date Opened	Final Action Target Date
BOP-2024-02	The Commission should determine and develop written documentation of criteria/metrics, data needed from all stakeholders (i.e., NPAs, CNAs, and Federal customers), reporting tools and/or mechanisms, and procedures needed to monitor, evaluate, and assess NPA compliance with contract performance requirements including strict adherence to quality standards. This should include documentation of this evaluation and assessment of NPA compliance in PLIMS. Link to Report	Yes	1/31/2024	12/31/2025
BOP-2024-03	Develop and implement written procedures that provide Commission requirements and guidelines to CNAs regarding quality control processes they have established to oversee and assist NPAs to ensure successful contract performance and compliance in furnishing a product to the Government. This should include all key elements (e.g., assessment and tracking of quality complaints, types of technical assistance provided to NPAs, documentation requirements, and frequency of interactions with NPAs) and ensure data provided to the Commission is comparable and sufficient to inform their decision-making. Link to Report	Yes	1/31/2024	12/31/2025
OCD-2024-02	Create a standard operating procedure to collect and handle data and define roles and responsibilities for enhanced operational efficiency. Link to Report	Yes	6/26/2024	9/30/2025
OCP-2024-03	Develop a unified information system for use by the Commission, CNAs, and NPAs participating in the Program. Link to Report	Yes	6/26/2024	4/30/2026
OCS-2024-01	Enhance the Commission's internal controls related to oversight of third-party service providers and implement performance monitoring procedures. These procedures should allow for the effective tracking of the service providers' actual deliverables against the requirements prescribed in the IAA. Link to Report	Yes	6/27/2024	9/30/2024
OCS-2024-02	Evaluate third-party service providers' performance against the milestones and timeline expectations identified in the IAA or SLA. The evaluation mechanisms and tools	Yes	6/27/2024	11/30/2024

Recommendation Number	Recommendation	Corrective Action Plan	Date Opened	Final Action Target Date
	should incorporate any performance metrics outlined in the IAA or SLA. Link to Report			
OCS-2024-03	Enhance its procedures over the review of, and reconciliation between, the data on the Request for Personnel Action (SF-52) and the Notification of Personnel Action (SF-50) for the same personnel event, to ensure that the Commission detects and addresses discrepancies in a timely manner. Link to Report	Yes	6/27/2024	11/30/2024
OCS-2024-04	Implement measures to ensure that LC3 Solutions properly completes and processes SF-52s in accordance with the nature of the personnel event. Link to Report	Yes	6/27/2024	11/30/2024
OCS-2024-05	Implement measures to facilitate closer coordination with GSA CABS to ensure that it processes and approves SF-50s in a timely manner, and that it only makes retroactive approvals based on the conditions described in the OPM GPPA. Link to Report	Yes	6/27/2024	11/30/2024
OED-2025-07	Meet with Commission members and stakeholders to determine whether incorporating evidence-building into its next strategic planning process would assist the Commission in identifying key areas for improvement and improve outcomes to ensure a comprehensive and evidence-based approach for measuring the progress toward goals and objectives in the AbilityOne program. This determination should include, but not be limited to, meetings, information sessions, determinations of key learning areas, and how the information will be used in its next strategic planning process. Link to Report	Yes	12/19/2024	12/31/2025
OED-2025-08	Meet with Commission members and stakeholders to determine whether incorporating internal program evaluations into its next strategic planning process would assist the Commission in better informing stakeholders about the program's impact and contributions. This determination should include, but not be limited to, meetings, information sessions, determinations of potential program evaluations, and how information from those potential evaluations will be used in its next strategic planning process. Link to Report	Yes	12/19/2024	12/31/2025

Recommendation Number	Recommendation	Corrective Action Plan	Date Opened	Final Action Target Date
OED-2025-09	Enhance its ability to track and monitor progress and the successful implementation of agency goals by establishing and incorporating quantitative measures into its 2026-2030 strategic plan. Link to Report	Yes	12/19/2024	12/31/2025
CFO-2025-01	Ensure the appropriate individuals are trained through a structured ERM program training to increase knowledge and understanding throughout the organization and share key takeaways and materials with employees at all levels to effectively contribute to the organization's program success. Link to Report	Yes	12/20/2024	9/20/2025
CFO-2025-02	Assess and update the Commission's existing policies and procedures to ensure compliance with federal requirements and that the policies and procedures reflect the processes that it wants to adopt. Link to Report	Yes	12/20/2024	12/31/2025
CFO-2025-03	Research and adopt an appropriate ERM maturity model. Link to Report	Yes	12/20/2024	12/31/2025
CFO-2025-04	Develop and implement effective key controls that identify risks and assign the Commission's risk tolerances by aligning each control objective with the appropriate control activity and completing an updated entity-level control and results assessment. Link to Report	Yes	12/20/2024	4/30/2026
CFO-2025-05	Include a process in the ERM program to include documenting management's determination of key process decisions for its other process considerations. Link to Report	Yes	12/20/2024	12/31/2025
CFO-2025-06	Develop and implement a process for tracking the consolidation of risks. Link to Report	Yes	12/20/2024	12/31/2025
Total Recommendations Remaining Open				35

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Office of Inspector General

U.S. AbilityOne Commission

Committee for Purchase from People Who Are Blind or Severely Disabled (CPPBSD)

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abilityone.oversight.gov