Office of Inspector General

U.S. Consumer Product Safety Commission

Semiannual Report to Congress
April 1, 2019 – September 30, 2019

October 30, 2019

Vision Statement

We are agents of positive change striving for continuous improvements in our agency's management and program operations as well as within the Office of Inspector General.

Statement of Principles

We will:

Work with the Commission and the Congress to improve program management

Maximize the positive impact and ensure the independence and objectivity of our audits, investigations, and other reviews

Use our investigations and other reviews to increase government integrity and recommend improved systems to prevent fraud, waste, and abuse

Be innovative, question existing procedures, and suggest improvements

Build relationships with program managers based on a shared commitment to improving program operations and effectiveness

Strive to continually improve the quality and usefulness of our products

Work together to address government-wide issues

Office of Inspector General
U. S. Consumer Product Safety Commission

October 30, 2019

TO: Robert S. Adler, Acting Chairman
Elliot F. Kaye, Commissioner
Dana Baiocco, Commissioner
Peter A. Feldman, Commissioner

FROM: Christopher W. Dentel, Inspector General

SUBJECT: Transmittal of Semiannual Report

I am pleased to present this Semiannual Report summarizing the activities of our office for the period April 1, 2019, through September 30, 2019. The U.S. Consumer Product Safety Commission (CPSC) Office of Inspector General (OIG) remains committed to promoting the economy, efficiency, and effectiveness of the CPSC's programs and operations. Our audits, investigations, and other activities highlighted in this report demonstrate this ongoing commitment.

Our audit and investigative work reflects our commitment to keep Congress, the Commission, and the public fully and currently informed of our findings and recommendations regarding CPSC programs and operations in a way that is transparent to both our internal and external stakeholders. I commend and thank my hardworking team for their efforts and dedication to our important mission. I also want to thank the Commission and the CPSC's staff for their ongoing support of our office.

In addition to our work with the CPSC, the OIG continues to be involved with the Council of the Inspectors General on Integrity and Efficiency and the Council of Counsels to the Inspectors General on issues of interest to the entire OIG community.

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Background

U.S. Consumer Product Safety Commission

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency created in 1972, under the provisions of the Consumer Product Safety Act (Public Law 92-573), to protect the public against unreasonable risks of injuries associated with consumer products. The CPSC's mission is "Keeping Consumers Safe." Congress granted the CPSC broad authority to issue and enforce standards prescribing performance requirements, warnings, or instructions regarding the use of consumer products under the Consumer Product Safety Act and the Consumer Product Safety Improvement Act of 2008. The CPSC also regulates products covered by the Virginia Graeme Baker Pool and Spa Safety Act, the Children's Gasoline Burn Prevention Act, the Flammable Fabrics Act, the Federal Hazardous Substances Act, the Poison Prevention Packaging Act, and the Refrigerator Safety Act.

By statute, the CPSC is headed by five Commissioners appointed by the President with the advice and consent of the Senate. The Chairman of the CPSC is designated by the President as the principal executive officer of the Commission. The CPSC's headquarters is located in Bethesda, MD. The CPSC also operates the National Product Testing and Evaluation Center in nearby Rockville, MD. The agency has field personnel throughout the country.

Office of Inspector General

The Office of Inspector General (OIG) is an independent office established under the provisions of the Inspector General Act of 1978 (IG Act), as amended. The CPSC OIG was established on April 9, 1989. Mr. Dentel was named Inspector General in 2004.

The IG Act was amended by the Inspector General Empowerment Act of 2016. The Inspector General Empowerment Act safeguards OIG access to agency information and mandates additional reporting to increase transparency in government operations.

The IG Act gives the Inspector General the authority and responsibility to:

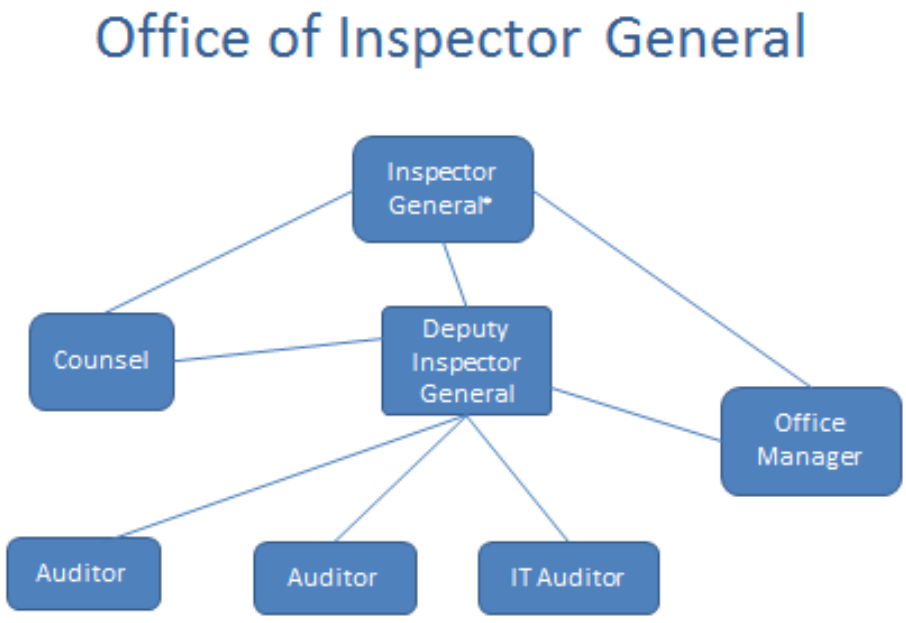
- conduct and supervise audits and investigations of the CPSC's programs and operations

- provide leadership, coordination, and recommend policies for activities designed to promote economy, efficiency, and effectiveness in the administration of the CPSC's programs and operations

- prevent and detect fraud, waste, and abuse of the CPSC's programs and operations

- keep the Commissioners and the Congress fully and currently informed about problems and deficiencies relating to the administration of the CPSC's programs and operations and the need for progress or corrective action

We strive to offer sensible recommendations to increase the efficiency and effectiveness of the CPSC in its mission to protect the public against unreasonable risks of injuries associated with consumer products. We focus our available resources on high-risk areas and continuously seek ways to provide value to our stakeholders.



Audit Program

During this semiannual period, the OIG completed three audits or reviews. At the end of the reporting period, six audits or reviews are ongoing.

Completed Reports

REVIEW OF PERSONAL PROPERTY MANAGEMENT SYSTEM AND PRACTICES FOR THE CALENDAR YEAR 2017
Transmitted: May 31, 2019
For the full report click here

The OIG contracted with Kearney & Company (Kearney) to perform an assessment of the CPSC's control over personal property. The objective of this review was to obtain an independent review of the controls over personal property items, from initial data entry through routine accounting control to disposal. This review focused on whether the CPSC's internal control over personal property ensures efficient and effective use of CPSC resources in support of the Commission's mission. The review was performed in accordance with Council of the Inspectors General on Integrity and Efficiency (CIGIE) Quality Standards for Inspection and Evaluation (QSIE).

Overall, we found that the CPSC's Personal Property Management System and practices were neither compliant with government-wide guidance nor operating effectively. To improve the CPSC's Property Management System and processes we made 25 recommendations and all remain open.

REVIEW OF THE CPSC'S COMPLIANCE WITH THE IPERA FOR FY 2018
Transmitted: June 3, 2019
For the full report click here

The OIG contracted with Kearney to perform a review of the CPSC's compliance with the reporting requirements contained in the Improper Payments Elimination and Recovery Act (IPERA), as amended by the Improper Payments Elimination and Recovery Improvement Act of 2012, for transactions in Fiscal Year (FY) 2018. The review was performed in accordance with CIGIE QSIE. The review focuses on the CPSC's compliance with the six elements identified as criteria in the Office of Management and Budget's (OMB) Memorandum (M) 18-20 for payment accuracy, as well as overall program internal controls.

Overall, we determined that that the CPSC exceeded statutory improper payment thresholds for non-payroll activities for FY 2018. Although the CPSC has taken steps to address this issue, those steps were not in place until FY 2019. Kearney did not make any recommendations related to this finding as the CPSC had completed its corrective actions prior to the issuance of the report.

PENETRATION AND VULNERABILITY ASSESSMENT OF CPSC'S INFORMATION TECHNOLOGY SYSTEMS
Transmitted: June 11, 2019
For the full report click here

The OIG contracted with Defense Point Security, a management consulting firm, to perform a penetration and vulnerability assessment of the CPSC network. The objective of this penetration test was to assess the security of the CPSC's information technology infrastructure by safely attempting to exploit security vulnerabilities. The review was performed in accordance with CIGIE QSIE. The review focused on the CSPC's resilience to cyberattack by outside actors.

Overall, we found that the CPSC had not designed its information technology infrastructure to be compliant with government-wide guidance and was not adequately secure. To improve the CPSC's information technology infrastructure we made 40 recommendations and 34 remain open.

Ongoing Projects

EVALUATION OF CPSC's FEDERAL INFORMATION SECURITY MODERNIZATION ACT IMPLEMENTAITON FOR FY 2019

The OIG contracted with Richard S. Carson & Associates, Inc. (Carson), a management consulting firm, to perform a review of the CPSC's compliance with the reporting requirements of the Federal Information Security Modernization Act (FISMA) for FY 2019. The objective of this review is to determine the effectiveness of the CPSC's information security program in accordance with the FY 2019 FISMA reporting requirements, issued by Department of Homeland Security and OMB M-19-02. The review is being performed in accordance with CIGIE QSIE.

AUDIT OF THE CPSC'S COMPLIANCE WITH THE DIGITAL ACCOUNTABILITY AND TRANSPARENCY ACT

The Digital Accountability and Transparency Act (DATA Act), in part, requires federal agencies to report financial and contract data in accordance with the established government-wide financial data standards in USAspending.gov. The DATA Act also requires the Inspector General of each federal agency to review a statistically valid sample of the spending data submitted by its federal agency and to submit to Congress a publicly available report assessing the completeness, accuracy, timeliness, and quality of the data sampled and the implementation and use of the government-wide data standards by the federal agency. The scope of this audit is FY 2019, first quarter (October 1, 2018 – December 31, 2018) data. This audit is being performed in accordance with Generally Accepted Government Auditing Standards (GAGAS).

AUDIT OF THE CPSC'S FY 2019 FINANCIAL STATEMENTS

The OIG contracted with CliftonLarsonAllen, LLP, an independent public accounting firm, to perform an independent audit of the CPSC's financial statements according to all current standards, for the period ended September 30, 2019. The objective of this audit is to determine whether the CPSC's financial statements present fairly the financial position of the agency and are compliant with relevant laws and regulations. The CPSC is required to submit audited financial statements in accordance with the Accountability of Tax Dollars Act of 2002, which retroactively implements the Chief Financial Officers Act of 1990 for smaller agencies, including the CPSC. This audit is being performed in accordance with GAGAS.

AUDIT OF THE CPSC'S POOL SAFELY GRANTS PROGRAM

The OIG is auditing the CPSC's Pool Safely Grants Program (PSGP) for all grants awarded prior to September 30, 2018. The PSGP provides awardees assistance to implement enforcement and education programs to prevent the drowning and drain entrapments of children in pools and spas. The objective of this audit is to assess agency compliance with the laws and regulations that govern the PSGP, the overall effectiveness of the PSGP, and the adequacy of the agency's internal controls over the program. The audit is being performed in accordance with GAGAS.

AUDIT OF THE CPSC'S POSITION DESIGNATION PROCESS

The OIG is auditing the CPSC position designation process. Each covered federal position is required to have a designation level (Tier 1 through 5), depending on the sensitivity and risk level of the position. The objectives are to determine whether all positions in the CPSC are appropriately designated and whether all CPSC employees and contractors have the appropriate background investigation completed. The audit is being performed in accordance with GAGAS.

REVIEW OF THE CPSC's NEISS PROGRAM

The OIG has contracted with Kearney to review the CPSC's National Electronic Injury Surveillance System (NEISS) program. NEISS data averages 350,000 records per year and can be used to raise consumer awareness of emerging product safety hazards, to support detailed studies that provide data on the number and types of injuries associated with specific products, and to inform standards development. Our objectives are to determine whether the CPSC has policies and procedures in place to effectively evaluate NEISS data quality and provide adequate oversight to NEISS coordinators. Specifically, we want to assess how the CPSC verifies data quality in NEISS reports with respect to the dimensions of accuracy, validity, consistency, completeness, timeliness, and the fulfillment of user needs. Kearney will review NEISS data from July 1, 2013 – June 30, 2019 and related policies and procedures. The review will be conducted in accordance with CIGIE QSIE.

Previously Issued Reports with Open Recommendations

Please see Appendix D for a consolidated list of open recommendations.

CONSUMER PRODUCT SAFETY RISK MANAGEMENT SYSTEM INFORMATION SECURITY REVIEW REPORT
Transmitted: June 5, 2012
For the full report click here

The objective of this review was to evaluate the application of the Risk Management Framework to the Consumer Product Safety Risk Management System (CPSRMS). The Consumer Product Safety Improvement Act of 2008 requires the CPSC to implement a publicly accessible and searchable database of consumer product incident reports called CPSRMS. The period of the review was December 2010 through February 2011 and the work was performed in accordance with CIGIE QSIE. Overall, we found there were several inconsistencies and weaknesses in the security certification and assessment of CPSRMS. There were eight consolidated recommendations associated with this report and seven remain open.

OPPORTUNITIES EXIST TO ENSURE CPSC EMPLOYEES ARE SATISFYING IN GOOD FAITH THEIR JUST FINANCIAL OBLIGATIONS
Transmitted: September 30, 2014
For the full report click here

The objective was to determine whether the CPSC had established adequate internal controls over employee wage garnishments and appropriate tax withholdings. The OIG conducted a review of the CPSC's efforts to ensure its employees were satisfying their financial obligations in good faith, especially those related to federal, state, or local taxes. This review was conducted under CIGIE QSIE. We also assessed the CPSC's compliance with identified applicable laws, regulations, and court ordered judgments. We determined that the CPSC Office of Human Resources Management had not established proper oversight procedures over wage garnishments processed by their service provider, the Interior Business Center of the U.S. Department of the Interior. There were two consolidated recommendations associated with this report and both remain open.

FY 2013 THIRD-PARTY LABORATORY ACCREDITATION PROGRAM PERFORMANCE AUDIT
Transmitted: February 23, 2015
For the full report click here

The objective of this audit was to assess the adequacy of the CPSC's procedures for accrediting laboratory assessment bodies. The OIG conducted this audit under GAGAS. This audit also included follow-up on the CPSC's implementation of recommendations from an earlier audit. We found that the CPSC had made significant improvements from the prior audit; however, the CPSC performed certain controls that were not documented in its written policies and procedures. There were two consolidated recommendations associated with this report and both remain open.

AUDIT OF THE FREEDOM OF INFORMATION ACT PROGRAM
Transmitted: September 30, 2015
For the full report click here

The objective of this audit was to determine whether the CPSC had developed proper internal controls over its Freedom of Information Act (FOIA) program. This included assessing the adequacy of the policies and procedures to comply with the FOIA laws and regulations. We also examined fee assessments for FOIA requests processed between October 1, 2008, and September 30, 2013. The OIG conducted this audit under GAGAS. We found that although the CPSC had a functioning program, we identified several internal control weaknesses and noted that the program did not comply with certain policies and procedures mandated by the FOIA. There were 11 consolidated recommendations associated with this report and seven remain open.

CYBERSECURITY INFORMATION SHARING ACT OF 2015 REVIEW REPORT
Transmitted: August 14, 2016
For the full report click here

The objective of this review was to determine whether the CPSC had established the policies, procedures, and practices required by the Cybersecurity Act for agency systems that contain Personally Identifiable Information. The OIG completed this work in accordance with CIGIE QSIE. During this review, we also considered whether standards for logical access were appropriate. We found the CPSC had not achieved a number of the requirements set forth in the Cybersecurity Act or developed appropriate logical access policies and procedures. There were five consolidated recommendations associated with this report and all five remain open.

REPORT ON THE PERFORMANCE AUDIT OF INTERNAL CONTROLS OVER CONTRACT MANAGEMENT AND ADMINISTRATION FOR FISCAL YEAR 2016
Transmitted: July 25, 2017
For the full report click here

The objective of this audit was to ascertain whether the CPSC had established and implemented effective internal controls to guide its contract and acquisitions management process for its firm-fixed-price contracts and whether the contract monitoring process utilized by the CPSC adhered to applicable federal laws and regulations. The OIG contracted with Kearney to complete this audit in accordance with GAGAS. They made 14 recommendations to improve CPSC contract management and one remains open.

AUDIT OF THE TELEWORK PROGRAM FOR FISCAL YEAR 2016
Transmitted: September 29, 2017
For the full report click here

The objectives of this audit were to determine if the CPSC had an effective program in place to capitalize on the benefits of telework, established adequate internal controls over telework, and administered the telework program in accordance with federal laws, regulations, guidance, and agency policy. The audit was performed in accordance with GAGAS. Overall, we found that the agency had a policy but it was not entirely effective and did not fully comply with federal laws, regulations, and agency policy. We made nine recommendations to improve the program and five remain open.

AUDIT OF THE OCCUPANT EMERGENCY PROGRAM FOR FISCAL YEAR 2017
Transmitted: June 7, 2018
For the full report click here

The OIG audited the CPSC's Occupant Emergency Program (OEP) in place for FY 2017. The purpose of an OEP is to reduce the threat of harm to personnel, property, and other assets within a federal facility in the event of an emergency. The objective of this audit was to determine program effectiveness and compliance with the Interagency Security Committee Guide and other criteria. The audit was performed in accordance with GAGAS. Overall, we found that the CPSC's OEP was not compliant with government-wide guidance and was not operating effectively. To improve the safety of CPSC employees we made 12 recommendations and 10 remain open.

EVALUATION OF CPSC'S FISMA IMPLEMENTATION FOR FY 2018
Transmitted: October 31, 2018
For the full report click here

The OIG contracted with Carson, a management consulting firm, to perform a review of the CPSC's compliance with the reporting requirements of FISMA for FY 2018. The objective of this review was to determine the effectiveness of the CPSC's information security program in accordance with the FY 2018 FISMA reporting requirements, issued by the Department of Homeland Security and OMB M-18-02. The review was performed in accordance with CIGIE QSIE.

Carson found that the CPSC was not compliant with all of FISMA's requirements. However, the CPSC was making progress in implementing many of FISMA's requirements. Carson made 52 recommendations to improve the CPSC's information security posture.

AUDIT OF THE CPSC'S DIRECTIVES SYSTEM
Transmitted: March 21, 2019
For the full report click here

The OIG conducted an audit of the CPSC's Directives System. The objective of this audit was to determine whether the CPSC's policies and procedures for the Directives System comply with federal regulations and procedures and are effective in helping agency staff meet the CPSC's mission. This audit was performed in accordance with GAGAS and focused on management of the CPSC Directives System prior to March 31, 2018.

Overall, we found that the CPSC's Directives System was not fully compliant with government-wide requirements, its own policies, or fully effective in helping staff to meet the CPSC's mission. We made two recommendations to improve the Directives System and one remains open.

Investigative Program

The OIG investigates complaints and information received concerning possible violations of laws, rules, and regulations, as well as claims of mismanagement, abuse of authority, and waste of funds. These investigations are in response to allegations, complaints, and information received from CPSC's employees, other government agencies, contractors, and concerned individuals. The objective of this program is to maintain the integrity of the CPSC and ensure individuals of a fair, impartial, and independent investigation.

Several individuals contacted the OIG directly during the reporting period to discuss their concerns about matters involving CPSC programs and activities. During the reporting period, the OIG did not conduct any investigations involving a senior government employee where allegations of misconduct were substantiated nor did the OIG receive any actionable allegations of whistleblower retaliation. The table below summarizes the disposition of complaints and investigative work performed from April 1, 2019, through September 30, 2019.

Investigation Status	Count
Open as of April 1, 2019	6
Opened during reporting period	7
Closed during reporting period	6
Transferred to other Departments/Agencies	2
Referred to Department of Justice for Criminal Prosecution	0
Referred for State/Local Criminal Prosecution	0
Total Indictments/ Information from Prior Referrals	0
Open as of September 30, 2019	5

In developing the above statistical table, each case was entered into the appropriate rows based on its ultimate outcome.

Reportable Investigations

19-11 OIG was requested to determine cause(s) and extent of the unauthorized disclosure and the release of In Depth Investigation reports. The complaint is currently under investigation.

19-12 Complaint alleged a CPSC employee had committed misconduct to include illegal drug use and fraud. The complaint is currently under investigation.

19-13 Complaint alleged a CPSC employee was misusing government resources by operating a private business during the duty day. This complaint has been referred to agency management for resolution.

19-14 Complainant called regarding whistleblowers' rights but left the wrong contact information. OIG was unable to return the call so the complaint was closed.

19-15 Complaint alleged that a former employee may have committed an ethics violation. The complaint is currently under investigation.

19-16 Complaint alleged irregularities with the use of lab reports. The matter is still pending before the agency and no final agency action has been taken. OIG is monitoring the agency response but it is not yet ripe for OIG action.

19-17 Complaint alleged a lack of fire safety in senior housing units in town. This complaint is outside of the jurisdiction of the OIG and the complainant was referred to the appropriate agency for resolution.

Other Activities

Legislation and Regulatory Review

The OIG reviews internal and external regulations and legislation that affect the OIG specifically, or the CPSC's programs and activities, generally. The following were reviewed and commented upon during the reporting period:

Anti-Deficiency Act
Consumer Product Safety Act
Consumer Product Safety Improvement Act of 2008
Digital Accountability and Transparency Act
Dr. Chris Kirkpatrick Whistleblower Protection Act of 2017
Ethics Regulations
Federal Acquisition Regulations
Federal Employee Antidiscrimination Act of 2019, H.R. 135
Federal Information Security Modernization Act
Federal Sector Equal Employment Opportunity Complaint Processing Regulations
Federal Travel Regulations
Freedom of Information Act
Good Accounting Obligation in Government Act
Hatch Act
Improper Payments Elimination and Recovery Improvement Act
Inspector General Act of 1978, as amended
Inspector General Empowerment Act of 2016
National Archives and Records Administration General Records Schedules and Regulations
Office of Management and Budget Circulars
Office of Personnel Management Regulations on Administrative Leave Act
Privacy Program
Prohibited Personnel Practices
Records Management Policies and Regulations
Standards of Conduct for Government Employees
Uniform Grant Guidance
Whistleblower Protection Enhancement Act

OIG Coordination

COUNCIL OF THE INSPECTORS GENERAL ON INTEGRITY AND EFFICIENCY

The Inspector General maintains active membership in CIGIE and its associated subcommittees. CIGIE identifies, reviews, and discusses issues that are of interest to the entire OIG community. The Inspector General serves on the Legislation Committee and as an adjunct instructor for the CIGIE Training Institute. The Inspector General regularly attends meetings held by CIGIE and their joint meetings with the U.S. Government Accountability Office. The OIG's staff attended seminars and training sessions sponsored or approved by CIGIE.

COUNCIL OF COUNSELS TO THE INSPECTORS GENERAL

The Counsel to the Inspector General is a member of the Council of Counsels to the Inspectors General. The Council considers legal issues of interest to the Offices of Inspectors General. During the review period, the Counsel met with peers to discuss items of mutual interest to all OIGs.

Appendix A: Cross-Reference to Reporting Requirements of the IG Act

Citation	Reporting Requirements	Page(s)
Section 4(a)(2)	Review of legislation and regulations.	15
Section 5(a)(1)	Significant problems, abuses, and deficiencies.	5-6, 13
Section 5(a)(2)	Recommendations with respect to significant problems, abuses, and deficiencies.	5-6
Section 5(a)(3)	Prior significant recommendations on which corrective action has not been completed.	9-12, 20-29
Section 5(a)(4)	Summary of matters referred to prosecutorial authorities and results.	NA
Section 5(a)(5)	Summary of each report made to head of agency when information was refused.	NA
Section 5(a)(6)	List of audit, inspection, evaluation reports by subject matter, showing dollar value of questioned costs and of recommendations that funds be put to better use.	NA
Section 5(a)(7)	Summary of each particularly significant report.	5-6
Section 5(a)(8)	Table showing number of audit, inspection, and evaluation reports and dollar value of questioned costs for reports.	NA
Section 5(a)(9)	Table showing number of audit, inspection, and evaluation reports and dollar value of recommendations that funds be put to better use.	NA
Section 5(a)(10)	Summary of each audit, inspection, and evaluation report issued before this reporting period for which no management decision was made by end of the reporting period, no establishment comment was returned within 60 days; or for those with any outstanding unimplemented recommendations, including the potential aggregate cost savings.	9-12
Section 5(a)(11)	Significant revised management decisions.	NA
Section 5(a)(12)	Significant management decisions with which the IG disagrees.	NA
Section 5(a)(13)	Information under section 804(b) of Federal Financial Management Improvement Act of 1996.	NA
Section 5(a)(14)	Results of peer review.	18
Section 5(a)(15)	Outstanding recommendations from any peer review conducted by another OIG.	NA
Section 5(a)(16)	Any peer reviews performed of another OIG.	18
Section 5(a)(17)	Statistical table showing total number of investigative reports, referrals, and results of referrals.	13
Section 5(a)(18)	Metrics used to develop data for table in section 5(a) (17).	13
Section 5(a)(19)	Report on each investigation involving a senior government official where allegations of misconduct are substantiated.	NA
Section 5(a)(20)	Detailed description of whistleblower retaliation.	NA
Section 5(a)(21)	Detailed description of attempt to interfere with OIG independence.	NA
Section 5(a)(22)	Detailed description of every inspection, evaluation, and audit closed and not publicly disclosed, and every investigation of senior government employee closed and not publicly disclosed.	NA

Appendix B: Peer Review

GAGAS require each audit organization to obtain an external review of its system of quality control every three years and make the results publicly available.

On March 30, 2017, the National Endowment for the Humanities Office of Inspector General issued a report of its External Peer Review of our audit organization and opined that our system of quality control for the year ending September 30, 2016, had been "suitably designed and complied with to provide our office with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects." Audit organizations can receive a rating of pass, pass with deficiencies, or fail. We received an External Peer Review rating of pass with no accompanying letter of comment. A copy of this peer review is on our website.
For the full report click here.

The CPSC OIG last completed a peer review on March 20, 2019, for the United States International Trade Commission Office of Inspector General. We gave an External Peer Review rating of pass with no accompanying letter of comment. No deficiencies were noted and no formal recommendations were made in that review.

Appendix C: Statement Regarding Plain Writing

We strive to follow the Plain Writing Act of 2010. The act requires that government documents be clear, concise, well-organized, and follow other best practices appropriate to the subject or field and intended audience.

The abbreviations we use in this report are listed below.

Table of Abbreviations	
Carson	Richard S. Carson & Associates, Inc.
CIGIE	Council of the Inspectors General on Integrity and Efficiency
CPSC	U.S. Consumer Product Safety Commission
CPSRMS	Consumer Product Safety Risk Management System
DATA Act	Digital Accountability and Transparency Act
FISMA	Federal Information Security Modernization Act
FOIA	Freedom of Information Act
FY	Fiscal Year
GAGAS	Generally Accepted Government Auditing Standards
IG Act	The Inspector General Act of 1978, as amended
IPERA	Improper Payments Elimination and Recovery Act
Kearney	Kearney & Company
M	Memorandum
NEISS	National Electronic Injury Surveillance System
OEP	Occupant Emergency Program
OIG	Office of Inspector General
OMB	Office of Management and Budget
PSGP	Pool Safely Grants Program
QSIE	Quality Standards for Inspection and Evaluation

Appendix D: Consolidated List of Open Recommendations

During this reporting period, management continued to make progress in closing open recommendations. In addition, as a reflection of the changing FISMA metrics, this table includes only the recommendations from the most recent FISMA report.

Report Name and Date	*Consolidated Recommendations*
Consumer Product Safety Risk Management System Information Security Review Report (RMS) June 5, 2012	RMS-1. Identify the participants of the CPSC Risk Executive Council and define specific tasks/milestones for implementing the proposed Risk Management Framework. RMS-2. Develop an Enterprise Architecture that includes a comprehensive IT security architecture using the CIO Council's guidance and incorporate this into the Security Control Documents. RMS-3. Fully document the implementation of the security controls. RMS-4. Update the CPSRMS SSP to be the single authoritative system security document. RMS-5. Update the POA&M to include the missing information, as required by OMB M-4-25. RMS-7. Analyze and document whether all of the information types outlined in the NIST 800-60 framework were appropriately included or excluded from the CPSRMS Security Categorization document. RMS-8. Define the specific Public Access controls in place/planned.
Opportunities Exist to Ensure CPSC Employees Are Satisfying in Good Faith Their Just Financial Obligations (Debt) September 30, 2014	Debt-1. Management develops and documents an internal process to effectively and actively monitor employee wage garnishments pursuant to a lawful court order and transferred from the Department of the Treasury's Treasury Offset Program. Debt-2. Management develops a process to regularly, at least annually, review employee exemption and withholding status for reasonableness.
FY 2013 Third-Party Laboratory Accreditation Program Performance Audit (Lab) February 23, 2015	Lab-1. Establish policies and procedures to document: 1) the actions performed by the CPSC when there is a delay in a laboratory's submission of a valid CPSC Audit or Update Certificate application, and 2) criteria for deregistration. Lab-2. Establish policies and procedures to document its due diligence over ensuring that Independent Laboratory Accreditation Cooperation is carrying out its testing and accreditation of laboratories to support certification by CPSC.

Report Name and Date	*Consolidated Recommendations*
Audit of the Freedom of Information Act Program (FOIA) September 30, 2015	FOIA-1. Revise and implement the CPSC FOIA Program directive and related appendices to ensure consistency with current legal requirements established by the FOIA to include document retention, training, fee assessment requirements, program monitoring, revenue reconciliation, timely updating of the public reading room. FOIA–3. Management develops SOP consistent with current FOIA legislation related to receipt, processing, and tracking of FOIA requests for IDI files. FOIA–5. Management develops a record retention schedule that complies with all current document retention requirements. FOIA–6. Management develops an effective FOIA monitoring system to measure timeliness of completion of all FOIA requests within statutory deadlines whether they should be assessed fees. FOIA–8. Develop and utilize guidance to determine subject(s) of frequent requests in the "reading room" and perform timely updates to reflect frequent requests. FOIA–10. Management develops standard operating procedures to provide guidance on compiling the annual report to the DOJ to include a documented supervisory review and sign-off. FOIA–11. Management documents a review of the data fields in FOIAXpress for accuracy, completeness, and timeliness.
Cybersecurity Information Sharing Act of 2015 Review Report (Cyber) August 14, 2016	Cyber-1. Management updates, develops, and publishes general access control and logical access control policies and procedures for all systems that permit access to PII. Cyber-2. Provide training or document training completion by individual system owners on establishing, implementing, and maintaining logical access policies and procedures for systems that contain PII. Cyber-3. The General Access Control Policy and attendant procedures should be updated to include the elements outlined in the report. Cyber-4. Develop, document, and maintain a software inventory including license management policies and procedures. Cyber–5. Comply with and enforce HSPD-12 multifactor authentication supported by the Personal Identity Verification Card.
Report on the Performance Audit of Internal Controls over Contract Management and Administration for Fiscal Year 2016 (Contracts) July 25, 2017	Contracts-8. Obtain an attestation or audit of PRISM general and application controls routinely, preferably annually, and implement the resulting recommendations.

Report Name and Date	*Consolidated Recommendations*
Audit of the Telework Program for Fiscal Year 2016 (Telework) September 29, 2017	Telework-1. Develop and implement a telework policy that is compliant with current federal laws, regulations, and OPM best practices where appropriate. Telework-2. Align agency practice and telework policy regarding employee participation and position eligibility. Telework-3. Document all decisions made with regard to position eligibility, individual participation including policy exceptions, participation limits, and termination of telework agreements. Telework-4. Design and implement a process to ensure that telework files are complete and regularly reviewed, at least biennially. Telework-5. Implement a process to validate telework information reported to outside parties and used for internal decision-making to internal source data on a routine basis.
Audit of the Occupant Emergency Program for Fiscal Year 2017 (OEP) June 7, 2018	OEP-1. Clearly define all the roles to be used in the agency's OEP. OEP-3. Develop and implement an effective communication strategy to include ongoing awareness and general information for all facility occupants about the OEP and expectations. OEP-4. Develop and implement policies employing multiple communication channels for notifying staff during drills and emergency situations. OEP-5. Develop and implement occupant accountability procedures to be practiced during drills and used during emergencies. OEP-6. Develop and implement an effective OEP team training program with drills and exercises to include all team members at least annually. OEP-7. Develop and implement a corrective action process that reviews the results of all drills, exercises, and actual emergencies and documents whether to update OEP guidance, including showing the updated guidance. OEP-8. Develop and implement procedures to address the needs of individuals requiring additional assistance. These procedures should include a process to routinely update the list of persons requiring assistance. OEP-9. Develop and implement procedures to maintain, retain, and update OEP program documents at least semiannually. OEP-10. Develop and implement an annual round-table discussion with OEP coordinators and teams. OEP-11. Develop and implement facility-specific policies and procedures.

Report Name and Date	*Consolidated Recommendations*
Evaluation of CPSC's FISMA Implementation for FY 2018 (FISMA) October 31, 2018	FISMA-1. Obtain completed annual A&A packages with valid ATO for all of the CPSC's major systems. FISMA-2. REDACTED. FISMA-3. Develop, document, and implement a process for determining and defining system boundaries in accordance with NIST guidance. FISMA-4. Develop, document, and implement a process to classify agency systems as "major" or "minor" in accordance with OMB Circular A-130. FISMA-5. Establish and implement a policy and procedures to manage software licenses using automated monitoring and expiration notifications. FISMA-6. REDACTED FISMA-7. Define and document the taxonomy of the CPSC's systems to be classified as one of the following types: IT system (e.g., proprietary and/or owned by the CPSC), application (e.g., commercial off-the-shelf, government off-the-shelf, or custom software), laptops and/or personal computers, service (e.g., external services that support the CPSC's operational mission, facility, or Social Media) in accordance with FEA. FISMA-8. REDACTED FISMA-9. REDACTED FISMA-10. REDACTED FISMA-11. Define and implement identification and authentication policies and procedures. FISMA-12. Automatically revoke temporary and emergency access after a specified period of time. FISMA-13. Define and document a strategy (which include specific milestones) to implement FICAM. FISMA-14. Integrate ICAM strategy and activities into the enterprise architecture and ISCM. FISMA-15. Modify the Security and Awareness Training policy to ensure CPSC personnel that affect security and privacy (e.g., Executive Risk Council) are required to participate in role- based and/or specialized training. FISMA-16. Perform an assessment of the knowledge, skills, and abilities of CPSC personnel with significant security responsibilities.

Report Name and Date	*Consolidated Recommendations*
	FISMA-17. Develop/tailor security training content for all CPSC personnel with significant security responsibilities, and provide this training to the appropriate individuals. FISMA-18. Perform a gap analysis to identify all NIST SP 800-53, Rev 4 security controls that were not documented and assessed. FISMA-19. Document the implementation of all relevant security controls identified in the gap analysis. FISMA-20. Assess the implementation of all relevant security controls that were identified in the gap analysis. FISMA-21. Update the implementation statements for the program management family of controls in the GSS LAN's SSP to facilitate an assessment of the effectiveness of those controls. FISMA-22. Update the GSS LAN SSP to clearly indicate which controls are common controls, and who is responsible for their implementation. FISMA-23. Update the CPSC ISCM Plan to specify the assessment frequency, monitoring frequency, and annual assessment testing schedule for the program management family of security controls, and the privacy controls. FISMA-24. Develop an EA to be integrated into the Risk Management Process. FISMA-25. Develop and enforce a CM plan to ensure it includes all requisite information. FISMA-26. Develop and implement a set of CM procedures in accordance with the inherited CM Policy which includes appropriate measures for all hardware, software, and supporting infrastructure (e.g., equipment, networks, and operating systems). FISMA-27. REDACTED FISMA-28. Further define the resource designations for a Change Control Board. FISMA-29. Identify and document the characteristics of items that are to be placed under CM control. FISMA-30. Establish measures to evaluate, coordinate, and approve/disapprove the implementation of changes. FISMA-31. REDACTED

Report Name and Date	*Consolidated Recommendations*
	FISMA-32. Define and document all the critical capabilities that the CPSC manages internally as part of the TIC program Managed Trusted Internet Protocol Service. FISMA-33. Develop and document a robust and formal approach to contingency planning for agency systems and processes using the appropriate guidance (e.g., NIST SP 800-34/53, FCD1, NIST CSF, and NARA guidance). FISMA-34. Develop, document, and distribute all required Contingency Planning documents (e.g., organization-wide COOP and BIA, Disaster Recovery Plan, BCPs, and ISCPs) in accordance with appropriate federal and best practice guidance. FISMA-35. Test the set of documented contingency plans. FISMA-36. Integrate documented contingency plans with the other relevant agency planning areas. FISMA-37. Develop, document, and distribute all required procedures for the destruction or reuse of media containing PII or other sensitive agency data (e.g., proprietary information). FISMA-38. REDACTED FISMA-39. REDACTED FISMA-40. Establish and implement policies and procedures to require coordination between EXIT and procurement to facilitate identification and incorporation of the appropriate contract clauses within all contracts. FISMA-41. Develop and implement an ERM program based on NIST guidance and guidance from the ERM Playbook (A-123, Section II requirement). This includes establishing a cross-departmental risk executive (function) lead by senior management to provide both a departmental and organization level view of risk to the top decision makers within the CPSC. FISMA-42. Identify, document, and implement a strategy to determine the organizational risk tolerance and adequately document the approach in the Risk Management Strategy, policies, and procedures. FISMA-43. Integrate the established strategy for identifying organizational risk tolerance into the ISCM plan. FISMA-44. Establish and implement policies and procedures that require the documentation of POA&Ms with the OMB-required level of granularity. FISMA-45. Establish appropriate dates to remediate issues reported and documented as part of the POA&M process. FISMA-46. Track all changes to POA&M milestones and milestone dates.

Report Name and Date	*Consolidated Recommendations*
	FISMA-47. Establish criteria to ensure analytics are performed on monthly reporting data and subsequently reported to management. FISMA-48. REDACTED FISMA-49. REDACTED FISMA-50. REDACTED FISMA-51. Identify and implement appropriate profiling techniques to baseline network operations and the characteristics of expected data flows for users and systems. FISMA-52. REDACTED
Audit of the CPSC's Directives System (Directives) March 21, 2019	Directives-2. Update directives to ensure they align with directives system policies and procedures as well as reflect the current CPSC organizational structure and operations.
Review of Personal Property Management System and Practices for the Calendar Year 2017 (PMS) May 31, 2019	PMS-1. Develop and implement a process for receiving and accepting goods and services in accordance with all applicable regulatory requirements. This process should include developing or adjusting an existing government form (e.g., receiving report) that meets these requirements to standardize the receipt and acceptance of goods and services at the CPSC. PMS-2. Provide training to CPSC personnel on the revised receipt and acceptance process. PMS-3. Develop and document a position on whether compliance samples constitute personal property and are subject to capitalization thresholds. This position should be supported with appropriate accounting standards and other applicable criteria. PMS-4. Review this position on a periodic basis to ensure that it remains consistent with current accounting standards. PMS-5. Develop and implement procedures to periodically inventory compliance sample items. PMS-6. Update the CPSC policies to reflect the new inventory procedures. PMS-7. Develop and implement controls to ensure that the data entered into PMS and IFS is accurate and consistent with CPSC policies and procedures. PMS-8. Develop procedures to review applicable regulations and laws on an annual basis in order to ensure the property management policies and procedures remain accurate and complete. PMS-9. Perform and document a formal analysis on the PMS operating environment and system mission to determine the appropriate system categorization for PMS.

Report Name and Date	*Consolidated Recommendations*
	PMS-10. Upon a justifiable determination of the PMS system categorization, design, implement, and assess the PMS security controls and formally authorize PMS to operate in accordance with CPSC organizational security policies and procedures as well as other applicable government standards. PMS-11. Establish and implement POA&M management procedures to ensure that all identified security weaknesses, including PMS application-specific and inherited control weaknesses, are fully documented and tracked. PMS-12. Establish and implement POA&M management procedures to ensure that estimated remediation timeframes are established for security weaknesses and based on the levels of risk and level of effort defined in the POA&Ms. PMS-13. Establish and implement POA&M management procedures to ensure that changes to estimated completion dates should be documented and reflected in the POA&M tracker. PMS-14. Estimated completion dates should be documented and reflected in the POA&M tracker. PMS-15. Perform and document a formal analysis of PMS's operating environment and system mission to determine the appropriate risk level categorization for PMS. PMS-16. Upon a justifiable determination of PMS's system categorization, design and implement standard procedures for requesting and approving user access to roles and resources in PMS. PMS-17. Develop, approve, and implement procedures to ensure that standard users and administrators are included in the periodic review of PMS user access and that the custodian user access is validated appropriately when performing the review. PMS-18. Update the PMS Internal Control Document, or equivalent documentation, to reflect PMS's updated process. PMS-19. Complete and document the periodic review for all PMS users in accordance with PMS's updated procedures. PMS-20. Perform and document a risk analysis to identify SoD conflicts that may exist between PMS and other CPSC systems. PMS-21. Upon completion of the risk analysis, develop and implement procedures to ensure that CPSC users do not have unmonitored conflicting access across multiple systems. PMS-22. Perform and document a risk analysis to identify potential SoD conflicts within PMS. PMS-23. Upon the completion of the risk analysis noted above, management should develop and implement procedures that ensure PMS users do not have sufficient access to allow the unmonitored execution of incompatible transactions. PMS-24. Update and implement configuration change management procedures which include requirements to perform and document quality control reviews. PMS-25. Develop and implement procedures to log, track, and maintain a list of changes made to the PMS application.

Penetration and Vulnerability Assessment of CPSC's Information Technology Systems (PT) June 11, 2019	PT-1. REDACTED PT-2. REDACTED PT-3. REDACTED PT-5. REDACTED PT-6. REDACTED PT-7. REDACTED PT-8. REDACTED PT-9. REDACTED PT-11. REDACTED PT-12. REDACTED PT-13. REDACTED PT-14. REDACTED PT-15. REDACTED PT-16. REDACTED PT-17. REDACTED PT-18. REDACTED PT-19. REDACTED PT-20. REDACTED PT-21. REDACTED PT-22. REDACTED PT-23. REDACTED PT-24. REDACTED PT-25. REDACTED PT-27. REDACTED PT-28. REDACTED PT-29. REDACTED PT-31. REDACTED PT-32. REDACTED

Report Name and Date	*Consolidated Recommendations*
	PT-33. REDACTED PT-34. REDACTED PT-35. REDACTED PT-36. REDACTED PT-38. REDACTED PT-39. REDACTED

CONTACT US

If you want to confidentially report or discuss any instance of misconduct, fraud, waste, abuse, or mismanagement involving CPSC's programs and operations, please contact the CPSC Office of Inspector General.

Call:

301-504-7906
1-866-230-6229

On-line complaint form:

Click here for complaint form.
Click here for CPSC OIG Website.

Write:

Office of Inspector General
Consumer Product Safety Commission
4330 East-West Highway, Room 702
Bethesda MD 20814