



U.S. Consumer Product Safety Commission OFFICE OF INSPECTOR GENERAL



Semiannual Report to Congress

October 1, 2021 to March 31, 2022

April 29, 2022

22-O-04



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.



Top 10 Most Significant Open Recommendations from the Office of Inspector General to the Consumer Product Safety Commission

1. Develop and implement an internal control system covering the operations of its programs. (FMFIA)
2. Develop effective written policies and procedures to govern agency operations. (DIRECTIVES)
3. Develop and implement an Enterprise Risk Management (ERM) program to allow agency officials to utilize risk management principles in the operations of the agency. (FISMA)
4. Ensure that management officials are aware of OIG recommendations that impact their areas of responsibility and actively work toward implementing said recommendations. (BREACH)
5. Improve data management by developing a data governance framework. (NEISS)
6. Improve the effectiveness of agency communication and other outreach efforts by implementing a risk assessment process. (OCM)
7. Develop and implement an effective cost accounting system. (NEISS)
8. Develop and implement written guidance governing the CPSC's use of statements of assurance to meet its requirements under the FMFIA. (BREACH)
9. Develop and implement supply chain risk management policies and procedures. (FISMA)
10. Assess the IT security risks previously identified and develop a corrective action plan that prioritizes addressing the most critical risks and establishes a timeline for taking corrective action. (FISMA)



MESSAGE FROM THE INSPECTOR GENERAL



I am pleased to submit the Semiannual Report to Congress for the U.S. Consumer Product Safety Commission (CPSC) Office of Inspector General (OIG). This report details the work of the OIG in its oversight of the CPSC for the first half of Fiscal Year (FY) 2022. We have

begun our return to the office and continue to work with OPM to reorganize and expand oversight of the CPSC as it grows and evolves. My professional and dedicated staff have remained focused on work that improves the CPSC's ability to achieve its mission as well as continuing to fight fraud, waste, and abuse.

FY 2022 has brought both challenges and opportunities. As a result of its funding shortfall, the agency has reduced the resources available to us. However, with the arrival of the new Chair and a more active role being taken by the commissioners, the CPSC has placed greater emphasis on closing recommendations and, as detailed at page 20, over twice as many recommendations were closed this reporting period (45) as last (18).

After operating largely under emergency telework throughout the pandemic, the CPSC has now directed supervisors to return to the office and plans to bring all staff back this May. This will be accomplished through a pilot telework program that will allow up to four days per week of telework and require hoteling of employees who telework more than half-time.

Congress has appropriated the CPSC \$50 million in pandemic-related funding. The CPSC has begun utilizing the funding to increase their port coverage as well as address ongoing information technology and administrative needs. As reported in the prior

Semiannual Report, we are concerned that the internal control challenges currently facing the agency may adversely impact the CPSC's utilization of the additional funding it is receiving. The agency's recent decision to not provide our office the previously agreed-to position aggravates this risk. As detailed in our Audits of the CPSC's Implementation of the Federal Managers' Financial Integrity Act and Grants Program, the CPSC has still not established and implemented a formal internal controls program over its operations or a more effective cost accounting system.

Additionally, there remains a misalignment between how the CPSC identifies programmatic or operational activities, how it measures the performance of these activities, and how it reports these activities. Without an effective internal control program, the CPSC may not be able to identify and address appropriate risks or measure whether programs are operating as intended.

Finally, as discussed in greater detail on page 15, and in our prior semiannual report, the CPSC's Chief Information Officer has acted to prevent OIG investigators from directly accessing agency emails, thus delaying ongoing investigations. To resume our work until the matter can be appropriately resolved, we have reluctantly agreed to a proposal made by the then acting Chairman to allow an agency information technology specialist to conduct email searches on our behalf. We have raised this issue with the new Chair and are hoping for a resolution that restores our direct access.

We look forward to the return to the office and the opportunities and challenges that will come with it.

Christopher W. Dentel, Inspector General

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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, by the Consumer Product Safety Act (CPSA). In addition to the CPSA, as amended by the Consumer Product Safety Improvement Act of 2008 (CPSIA), and Public Law No. 112-28, the CPSC administers other laws, such as the Federal Hazardous Substances Act, the Flammable Fabrics Act, the Poison Prevention Packaging Act, the Refrigerator Safety Act, the Virginia Graeme Baker Pool and Spa Safety Act, the Child Safety Protection Act, the Labeling of Hazardous Art Materials Act, the Children's Gasoline Burn Prevention Act, the Drywall Safety Act of 2012, and the Child Nicotine Poisoning Prevention Act.

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 CPSA and the CPSIA, as well as numerous other laws.

By statute, the CPSC is headed by five commissioners appointed by the president with the advice and consent of the Senate. One of the commissioners is designated by the president and confirmed by the Senate to serve as the Chairman of the CPSC. The chairman is the principal executive officer of the Commission. During this last six-month period, the Senate confirmed a new chairman and commissioner. The CPSC is currently headed by three commissioners and the chairman.

The Commission recently released its Annual Performance Report which outlines the agency's accomplishments during the last fiscal year as well as management's self-identified priorities and challenges. These priorities are: Robust Import Surveillance, Vigorous Compliance, Expand Hazard Identification, Build Diversity and Seek Product Safety Equity, Enhance Communications Capabilities and Reach, and Invest in Technology.

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. Christopher W. Dentel was named Inspector General in 2004.

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.



We are committed to:

- Working with the Commission and the Congress to improve program management.
- Maximizing the positive impact and ensuring the independence and objectivity of our audits, investigations, and other reviews.
- Using our investigations and other reviews to increase government integrity and recommend improved systems to prevent fraud, waste, and abuse.
- Being innovative, questioning existing procedures, and suggesting improvements.
- Building relationships with program managers based on a shared commitment to improving program operations and effectiveness.
- Striving to continually improve the quality and usefulness of our products.
- Working together to address government-wide issues.

We offer actionable 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.

The OIG is committed to building an integrated planning framework beginning with its risk assessment process. The office conducts annual risk assessments of both its own operations as well as the agency as a whole. These risk assessments include widely used variables such as program size, change in program size, turnover, media and Congressional attention, as well as complaints received by the OIG about the program in question. The OIG uses the results of these assessments to identify the Top Management and Performance Challenges facing the CPSC and to develop its annual audit plan.

Top Management and Performance Challenges Facing the CPSC for FY 2022

1. Internal Control System
2. Enterprise Risk Management
3. Resource Management
4. Information Technology Security

As a result of our internal risk assessment, we decided to upgrade and integrate our office audit, investigative, and administrative software into a single FedRAMP-compliant cloud-based solution. We hope the full implementation of this software will lower our risk profile and improve our efficiency. As a first step, the OIG used this software to automate our risk assessment and reporting processes. While there have been some growing pains, this SAR is the first published report to be developed within the software.



Audit Program

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

Reports Completed During this Reporting Period

Evaluation of the CPSC's FISMA Implementation for FY 2021

Transmitted: October 29, 2021

For the full report click [here](#)

The OIG contracted with Williams, Adley & Company-DC, LLP (Williams Adley) to review the CPSC's compliance with the reporting requirements of the Federal Information Security Modernization Act (FISMA) for fiscal year (FY) 2021. The objective of this review was to determine the effectiveness of the CPSC's information security program in accordance with the FY 2021 FISMA reporting requirements issued by the Department of Homeland Security and Office of Management and Budget (OMB) Memorandum (M)-21-02, *FY 2020-2021 Guidance on Federal Information Security and Privacy Management Requirements*. The review was performed in accordance with Council of the Inspectors General for Integrity and Efficiency (CIGIE) *Quality Standards for Inspection and Evaluation* (QSIE). Williams Adley found that the CPSC was not compliant with all of FISMA's requirements. However, the CPSC was making progress in implementing many FISMA requirements. Williams Adley made 47 recommendations to improve the CPSC's information security posture. The CPSC's progress in resolving these recommendations will be evaluated as part of the FY 2022 FISMA evaluation.

Audit of the CPSC's Compliance with the DATA Act

Transmitted: November 4, 2021

For the full report click [here](#)

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 on 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 as well as the implementation and use of the government-wide data standards by the federal agency. The scope of this audit was FY 2021, first quarter (October 1, 2020 – December 31, 2020) data. This audit was performed in accordance with *Generally Accepted Government Auditing Standards* (GAGAS).

Overall, we found that the CPSC implemented the government-wide data standards in accordance with the implementation guidance provided by OMB and the Department of the Treasury. This marks the last of three mandated Office of Inspector General DATA Act reports due to Congress.



Audit of the Consumer Product Safety Commission's Fiscal Year 2021 Financial Statements

Transmitted: November 15, 2021

For the full report click [here](#)

The OIG contracted with CliftonLarsonAllen, LLP (CLA), 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, 2021. The objective of this audit was to determine whether the CPSC's financial statements presented fairly the financial position of the agency and complied with relevant laws and regulations. The CPSC was 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. CLA found that financial statements presented fairly the financial position of the agency and complied with relevant laws and regulations. This audit was performed in accordance with GAGAS.

Evaluation of the CPSC's NIST Cybersecurity Framework Implementation

Transmitted: January 18, 2022

For the full report click [here](#)

The OIG contracted with Williams Adley to perform a review of the CPSC's implementation of the National Institute of Standards and Technology Cybersecurity Framework (NIST CSF). The objective of this requirement was to obtain an independent evaluation of the CPSC's implementation of the NIST CSF. The review was performed in accordance with CIGIE QSIE. Williams Adley found that the CPSC had developed a high-level action plan for the NIST CSF in 2017, however, the CPSC had not implemented that plan. Williams Adley made five recommendations to meet the requirements set forth by the NIST CSF and improve the CPSC's information security posture.

Ongoing Projects

Human Resources Assessment

The OIG contracted with AE Strategies (AES) to evaluate the CPSC's human resources function's ability to provide adequate support to the CPSC as the agency experiences a period of rapid growth. AES will evaluate the human resources function through three lenses: tactical agency support including completing transactional services for the CPSC; strategic agency policy support such as helping the CPSC plan for future human capital needs; and management of the CPSC's human resources function. This work will be performed using Office of Personnel Management assessment tools to measure effectiveness of federal human resources functions.

Audit of the Consumer Product Safety Commission's Fiscal Year 2022 Financial Statements

The OIG contracted with CLA, 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, 2022. The objective of this audit is to determine whether the



CPSC's financial statements presented fairly the financial position of the agency and complied 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.

Evaluation of the CPSC's FISMA Implementation for FY 2022

The OIG contracted with Williams Adley to perform a review of the CPSC's compliance with FISMA for FY 2022. The objective of this review is to determine the effectiveness of the CPSC's information security program in accordance with the FY 2022 FISMA reporting requirements, issued by the Department of Homeland Security and OMB's M-22-05, *Fiscal Year 2021-2022 Guidance on Federal Information Security and Privacy Management Requirements*. The review is being performed in accordance with CIGIE QSiE.

Review of the CPSC's Compliance with the Payment Integrity Information Act for FY 2021

The OIG contracted with Kearney & Company (Kearney) to perform a review of the CPSC's compliance with the reporting requirements contained in the Payment Integrity Information Act (PIIA), for transactions in FY 2021. The review focuses on the CPSC's compliance with the elements identified as criteria in the OMB guidance, as well as overall program internal controls. The review is being performed 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. CPSIA requires the CPSC to implement a publicly accessible and searchable database of consumer product incident reports. The period of the review was December 2010 through February 2011. 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 this database. There were eight consolidated recommendations made with this report and five remain open.

Cybersecurity Information Sharing Act of 2015 Review Report

Transmitted: August 4, 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 of 2015 for agency systems that contain Personally Identifiable Information. During this review, we also considered whether



standards for logical access were appropriate. The OIG completed this work in accordance with CIGIE QSIE. We found the CPSC had not achieved a number of the requirements set forth in the Cybersecurity Act of 2015 or developed appropriate logical access policies and procedures. There were five consolidated recommendations associated with this report and all five remain 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 in place for FY 2017. The purpose of an Occupant Emergency Program is to reduce the threat of harm to personnel, property, and other assets within a federal facility in the event of an emergency. The objectives of this audit were to determine program effectiveness and compliance with the *Occupant Emergency Program: An Interagency Security Committee Guide* and other criteria. The audit was performed in accordance with GAGAS. Overall, we found that the CPSC's Occupant Emergency Program was not compliant with government-wide guidance and was not operating effectively. To improve the safety of CPSC employees and other assets we made 12 recommendations and 6 remain open.

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 as of March 31, 2018. The objectives of this audit were to determine whether the CPSC's policies and procedures for the Directives System complied with federal regulations and procedures and were effective in helping agency staff meet the CPSC's mission. This audit was performed in accordance with GAGAS. 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.



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 to perform an assessment of the CPSC's control over personal property. The objective was to obtain an independent review of the controls over personal property items, from initial data entry through routine accounting control to disposal. The review was performed in accordance with CIGIE QSIE. Overall, Kearney 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 Kearney made 25 recommendations and 18 remain open.

Report on the Penetration and Vulnerability Assessment of the CPSC's Information Technology Systems

Transmitted: June 11, 2019

For the full report click [here](#)

The OIG contracted with Defense Point Security 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. Overall, Defense Point Security found that the CPSC had not designed its information technology infrastructure to be compliant with government-wide guidance and that its information technology infrastructure was not adequately secure. To improve the CPSC's information technology infrastructure DPS made 40 recommendations and 13 remain open.

Audit of the CPSC's Grants Program

Transmitted: September 25, 2020

For the full report click [here](#)

The OIG audited the CPSC's Pool Safely Grants Program (PSGP) for all grants awarded prior to September 30, 2018. The objectives of this audit were to assess agency compliance with the laws and regulations that govern the PSGP, the overall effectiveness of the PSGP, the adequacy of the PSGP's internal control environment, and management's monitoring and administration of the program. The audit was performed in accordance with GAGAS. The OIG determined that the PSGP was not effective; and the audit identified \$1,722,084 in questioned costs.¹ To improve the CPSC's grant's program we made 22 recommendations and one remains open.

¹ Questioned costs are those costs that are questioned by the CPSC OIG because of an alleged violation of a provision of a law, regulation, contract, grant, cooperative agreement, or other agreement or document governing the expenditure of funds; costs not supported by adequate documentation; or a finding that the expenditure of funds for the intended purpose is unnecessary or unreasonable.



Report of Investigation Regarding the 2019 Clearinghouse Data Breach

Transmitted: September 25, 2020

For the full report click [here](#)

The OIG was asked to investigate a data breach involving the CPSC's Clearinghouse. We determined that the scope of the data breach exceeded the CPSC's estimate in terms of both duration and quantity. The data breach was caused by a combination of mismanagement and incompetence. CPSC employees caused the data breach by inappropriately releasing confidential information. The CPSC's reliance on Clearinghouse management to assess the scope of the breach led to a minimization of the scope of the data breach and adversely affected the CPSC's efforts to respond to the data breach. We found a near total lack of: supervisory review, documented policies and procedures, and training for non-supervisory and first level supervisory employees carrying out Clearinghouse duties. These problems were compounded by management's lack of integrity regarding the dearth of properly designed and implemented internal controls. For years, agency management signed statements of assurance affirming that there were effective internal controls in place over the Clearinghouse, despite knowing this was not true. We made 40 recommendations to improve the program and 34 remain open.

Review of NEISS Data Quality and Oversight

Transmitted: November 9, 2020

For the full report click [here](#)

The OIG contracted with Kearney to review the CPSC's National Electronic Injury Surveillance System (NEISS) program. The NEISS program creates an average of 350,000 records per year. The data contained in these records 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. The review was conducted in accordance with CIGIE QSIE. Kearney determined that the NEISS program did not have an adequate data governance program in place to ensure data quality. Additionally, the CPSC could not provide documentation to establish that a legal opinion was obtained before the CPSC expanded the NEISS program to include data on injuries outside of the CPSC's

jurisdiction. Finally, the CPSC could not provide sufficient documentation to support estimated costs charged to other federal agencies as required by the Economy Act when using Interagency Agreements. This review made 12 recommendations to improve NEISS data governance and support the methodology to determine costs charged to other agencies and 6 remain open.



Audit of the CPSC's Office of Communications Management's Strategic Goals

Transmitted: February 9, 2021

For the full report click [here](#)

The OIG audited the CPSC's Office of Communications Management's (OCM) strategic goals for FYs 2018 and 2019. The objectives of the audit were to assess OCM's methodology for developing key performance measures, implementing their strategic initiatives, and reporting on the results of the effectiveness of those strategic initiatives. Additionally, we assessed OCM's internal controls over the dissemination of consumer product safety information and collaboration with stakeholders. The audit was conducted in accordance with GAGAS. The OIG determined that OCM met or exceeded their targeted number of communications to the public. However, we identified several areas where OCM's internal controls over its performance reporting could be improved, particularly in the area of tracking communication quality and effectiveness. The OIG made 11 recommendations to improve data quality and reliability and 1 remains open.

Evaluation of the CPSC's Implementation of the Federal Data Strategy

Transmitted: April 16, 2021

For the full report click [here](#)

The OIG contracted with Williams Adley to perform a review of the CPSC's implementation of the Federal Data Strategy. The objective of this requirement was to obtain an independent evaluation of the CPSC's implementation of the OMB M-19-18, *Federal Data Strategy - A Framework for Consistency*, and associated OMB-issued action plans. The review was performed in accordance with CIGIE QSIE. Williams Adley found that the CPSC completed the required agency actions described in the most recent action plan published by OMB. The report contained four recommendations and all four remain open.

Review of the CPSC's Equal Employment Opportunity Program

Transmitted: April 27, 2021

For the full report click [here](#)

The OIG contracted with GKA, P.C., to perform an independent review of the CPSC's Equal Employment Opportunity (EEO) program. The objectives of this review were to determine whether the EEO program complied with all statutory requirements and to assess the accuracy, completeness, and reliability of the information EEO reported to the U.S. Equal Employment Opportunity Commission. This review was performed in accordance with CIGIE QSIE. The report contained four recommendations to strengthen the program and all four remain open.

Audit of the CPSC's Position Designation and Suitability Program

Transmitted: April 29, 2021

For the full report click [here](#)

The OIG audited the CPSC position designation process. Each covered federal position is required to have a designation level (Tier 1 through Tier 5), depending on the sensitivity and risk level of the position. The objectives of this audit were to determine whether all positions in the CPSC were appropriately designated and whether all CPSC employees and contractors have the appropriate background investigation completed. The audit was performed in accordance with GAGAS. The audit identified \$49,631 in questioned costs.² The OIG made 13 recommendations and 12 remain open. The agency did not concur with one of the recommendations.

Audit of the CPSC's Implementation of FMFIA for FYs 2018 and 2019

Transmitted: May 12, 2021

For the full report click [here](#)

The OIG contracted with Kearney to perform an audit of the CPSC's compliance in FYs 2018 and 2019 with the Federal Managers' Financial Integrity Act (FMFIA). Kearney was also charged with evaluating the effectiveness of the CPSC's processes to assess internal control over program operations, as reported in the Chairman's Management Assurance Statement in the Agency Financial Report. The review was performed in accordance with GAGAS. Kearney determined that the CPSC did not comply with the FMFIA in FYs 2018 and 2019. Specifically, a misalignment existed between how the CPSC identified programmatic or operational activities, how it measured the performance of these activities, and how it reported these activities. Additionally, although the CPSC implemented metrics to monitor the performance of its strategic goals and objectives, it did not establish and implement a formal internal controls program over its operations as required by the Government Accountability Office's, *Standards for Internal Control in the Federal Government*, and OMB Circular A-123, *Management's Responsibility for Internal Control*. The report made seven recommendations and all seven remain open.

²Ibid.

Investigative Program

The OIG investigates complaints and information received from the CPSC's employees, other government agencies, and members of the public concerning possible violations of laws, rules, and regulations, as well as claims of mismanagement, abuse of authority, fraud, and waste of funds. The objectives of this program are 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 October 1, 2021 through March 31, 2022.

Investigation Status	Count
Open as of October 1, 2021	5
Opened during reporting period	33
Closed during reporting period	2
Transferred to other Departments/Agencies	30
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 March 31, 2022	6

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

Reportable Investigations

2022-I-003 Complaint alleged it was improper for the Office of General Counsel to nullify the Commissioners' vote over a procedural matter. Based on the available information we decided to investigate the following matters: 1) the authority and propriety of the Office of General Counsel to nullify the FY 2022 Operating Plan vote due to a procedural violation; 2) the origin of the nullification course of action; 3) the propriety of the Commissioners' votes on the FY 2022 Operating Plan; 4) the origin of the unauthorized release of the privileged legal review to the Washington Post. The complaint is currently under investigation.

2022-I-009 Complaint alleged that the methodology used to collect samples was wasteful. This complaint was a follow-on complaint to 21-I-63 (from the previous reporting period). The complaints are currently under investigation.



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:

American Rescue Plan Act of 2021
Anti-Deficiency Act
Commission Decision Making Procedures
Consolidated Appropriations Act 2021 and 2022
Consumer Product Safety Act
Consumer Product Safety Commission Regulations
Consumer Product Safety Improvement Act of 2008
Coronavirus Aid, Relief, and Economic Security Act (2020)
Economy Act
Ethics Regulations
Executive Order 14043
Families First Coronavirus Response Act
Federal Acquisition Regulations
Freedom of Information Act
Good Accounting Obligation in Government Act
Inspector General Act of 1978, as amended
Office of Management and Budget Circulars and Memoranda
Office of Personnel Management Classification Standards
Privacy Program
Prohibited Personnel Practices
Public Disclosure of Information, 15 U.S.C. 2055
Records Management Policies and Regulations
Standards of Conduct for Government Employees
Virginia Graeme Baker Pool and Spa Safety Act
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 and Inspection and Evaluation Committees, the Audit Peer Review Subcommittee, 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 Government Accountability Office.

The OIG's staff attended seminars and training sessions sponsored or approved by CIGIE. OIG staff are also active participants in a variety of CIGIE subgroups including but not limited to the Deputy Inspectors General group, the management and planning group, and groups covering topics such as investigations, information technology, FISMA, PIIA, and financial statement audits.

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 (CCIG). 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. The Counsel also participates in the CCIG Employment law working group, CCIG Investigative Counsel working group, Freedom of Information Act working group, and Small OIG Counsel group.

Instances of CPSC Interference with OIG Access

Section 5(a)(21) of the Inspector General Act of 1978, as amended, requires a detailed description of any attempt by the establishment (in this instance the CPSC) to interfere with the independence of the CPSC OIG. This potential interference includes budget constraints designed to limit the OIG's capabilities and incidents where the agency resisted OIG oversight or delayed OIG access to information. During this reporting period, the OIG continues to experience agency interference with access to information.

On August 12, 2021, the Chief Information Officer (CIO) informed the Inspector General that the Office of Information and Technology Services (EXIT) was adopting a new policy regarding access to email systems and would no longer allow the OIG to directly access and search agency email. The stated reason for this change was the CPSC's desire to prevent individuals other than EXIT staff from having access to the CPSC's email system. However, EXIT continues to allow contractors to maintain the access now being denied the OIG. The CIO's proposal was to have EXIT staff conduct searches relating to OIG investigations and require that we inform the CIO and/or a Deputy Executive Director of the details of our requests for searches. This would impinge on OIG independence and violate both the privacy and due process rights of the subjects and witnesses involved in our investigations.

This issue was raised to then acting Chairman Adler in the summer 2021. He chose to accept the CIO's position and continued to deny the OIG direct access to agency email for use in investigations. To allow our office to resume its work until the matter could be more appropriately resolved, we reluctantly agreed to allow an agency information technology specialist to conduct email searches on our behalf with no coordination or sharing of information regarding same with the CIO or Deputy Executive Director. This issue has been raised with the current Chair and we continue to work to resolve the matter.

Significant Management Decisions with which the Inspector General Disagrees

Section 5(a)(12) of the Inspector General Act of 1978, as amended, requires reporting of any significant management decision with which the Inspector General disagrees. The CPSC has received \$50 million in American Rescue Plan Act of 2021 (ARPA) funding as well as receiving additional funding for its grants program. Further, the CPSC is seeking a substantial increase in funding over the next several years in order to allow it to better deal with evolving issues related to consumer safety. In order to provide adequate oversight for FY 2022 this office sought and received agency approval to receive an additional \$48,000 for obtaining contractor oversight services as well as an additional fulltime equivalent position to provide organic oversight of agency programs including the use of ARPA funds in FY 2022.

The agency received substantially less annual budgetary funding for FY 2022 than had been anticipated. As a result, this office was informed that it would receive neither the requested position nor the additional contract funding. Although we acknowledge the fiscal challenges facing the agency, we feel it is shortsighted to cut oversight at a time when the agency is facing increased oversight challenges. Examples of these challenges include ensuring that the CPSC's ARPA funding is used effectively as well as in accordance with the criteria provided by congress and monitoring the operations of its grants program.

Both the ARPA funds and grants program represent high risk areas to the CPSC. The ARPA funding's risk factors include its relative size to the agency's budget as a whole and the specificity of the associated congressional criteria for its use. These risks are aggravated by the CPSC's ongoing challenges involving internal control and cost accounting. The grants process is inherently risky due to the complexity of the grant rules and the possibility of fraud. These risks are compounded by the relative lack of agency experience dealing with grants and the CPSC's lack of a permanent grants manager. We are beginning an audit which will address two of the ARPA target areas. However, we do not have the required staff to address any additional ARPA areas at this time.

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.	13
Section 5(a)(1)	Significant problems, abuses, and deficiencies.	4-5
Section 5(a)(2)	Recommendations with respect to significant problems, abuses, and deficiencies.	4-5
Section 5(a)(3)	Prior significant recommendations on which corrective action has not been completed.	6-11, 21-25
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, and 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.	4-5
Section 5(a)(8)	Table showing the number of audit, inspection, and evaluation reports and dollar value of questioned costs for reports.	NA
Section 5(a)(9)	Table showing the 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.	6-11, 21-25
Section 5(a)(11)	Significant revised management decisions.	NA
Section 5(a)(12)	Significant management decisions with which the Inspector General disagrees.	16
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.	12
Section 5(a)(18)	Metrics used to develop data for table in section 5(a) (17).	12
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.	15
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 Reviews

The OIG has in the past completed work under both GAGAS and CIGIE QSIE. Each standard-setting body requires the organization to obtain an external review of its system of quality control every three years and make the results publicly available. The OIG continues to perform work utilizing GAGAS but now only utilizes CIGIE QSIE for work that is contracted out.

GAGAS Peer Reviews

On February 24, 2020, the Corporation for National and Community Service 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, 2019, had been "suitably designed and complied with to provide the CPSC OIG 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. A copy of this peer review is on our [website](#).

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 the United States International Trade Commission OIG an External Peer Review rating of pass.

Inspection and Evaluation (I&E) Peer Reviews

On August 25, 2020, the Pension Benefit Guaranty Corporation Office of Inspector General issued a report of its Modified External Peer Review of our I&E organization and opined that our internal policies and procedures for the period ending June 30, 2020, were current and consistent with covered CIGIE QSIE standards. The seven required standards are Quality Control, Planning, Data Collection and Analysis, Evidence, Records Maintenance, Reporting, and Follow-up. The External Peer review was changed to a Modified Peer Review due to the impact and logistics of doing field work during a pandemic. For the full report click [here](#).

The CPSC OIG led the peer review team that reviewed the Office of Personnel Management Office of Inspector General's I&E Organization. On December 16, 2019, we opined that their policies and procedures and work done for the period ending June 30, 2019, were current and consistent with the covered Blue Book standards.



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	
AES	AE Strategies
ARPA	American Rescue Plan Act of 2021
CCIG	Council of Counsels to the Inspectors General
CIGIE	Council of the Inspectors General on Integrity and Efficiency
CIO	Chief Information Officer
CLA	CliftonLarsonAllen, LLP
CPSA	Consumer Product Safety Act
CPSIA	Consumer Product Safety Improvement Act of 2008
CPSC or Commission	U.S. Consumer Product Safety Commission
DATA Act	The Digital Accountability and Transparency Act
EEO	Office of Equal Employment Opportunity and Minority Enterprise
EXIT	Office of Information and Technology Services
FISMA	Federal Information Security Modernization Act
FMFIA	Federal Managers' Financial Integrity Act
FY	Fiscal Year
GAGAS	Generally Accepted Government Auditing Standards
I&E	Inspection and Evaluation
IG Act	The Inspector General Act of 1978, as amended
Kearney	Kearney & Company
M	Memorandum
NEISS	National Electronic Injury Surveillance System
NIST CSF	National Institute of Standards and Technology Cybersecurity Framework
OCM	Office of Communications Management
OIG	Office of Inspector General
OMB	Office of Management and Budget
PIIA	Payment Integrity Information Act
PSGP	Pool Safely Grants Program
QSIE	Quality Standards for Inspection and Evaluation
Williams Adley	Williams, Adley & Company-DC, LLP



Appendix D: Status of Recommendations

During this most recent reporting period, we closed 45 recommendations. This is an improvement over the prior reporting period during which only 18 recommendations were closed. This improvement is particularly noteworthy given that it reversed what had been a downward trend in the number of recommendations closed per reporting period. The enhanced closure rate appears to be directly related to an increased emphasis placed on the closing of recommendations by both the Chair and the other commissioners. The Chair has ensured that closing recommendations is a priority for the agency; and the commissioners voted to require that recommendations be either closed within six months or an explanation provided to the Commission as to why they were not closed. This chart provides a summary of reports with open recommendations as of the end of the semiannual period and shows progress made during the last six months.

Summary of Recommendation Implementation Progress							
Report Short Title	Report Date	Total Recommendations	Closed Prior to October 1, 2021	Open as of October 1, 2021	Closed during the period	Open as of March 31, 2022	Total Days Past Due as of March 31, 2022
RMS	6/5/2012	8	3	5	0	5	3406
Debt	9/30/2014	2	0	2	2	0	-
FOIA	9/30/2015	11	4	7	7	0	-
CYBER	8/14/2016	5	0	5	0	5	1875
TELEWORK	9/29/2017	9	4	5	0	5	1464
OEP	6/7/2018	12	2	10	4	6	1213
DIRECTIVES	3/21/2019	2	1	1	0	1	926
PROPERTY	5/31/2019	25	7	18	0	18	855
PENTEST	6/11/2019	40	26	14	1	13	844
GRANTS	9/25/2020	22	11	11	10	1	372
BREACH	9/25/2020	40	0	40	6	34	372
NEISS	11/9/2020	12	2	10	4	6	337
OCM	2/19/2021	11	0	11	10	1	225
FDS	4/16/2021	4	0	4	0	4	169
EEO	4/27/2021	4	0	4	0	4	158
PD	4/29/2021	13	0	13	1	12	156
FMFIA	5/12/2021	7	0	7	0	7	143
		227	60	167	45	122	

*This chart does not include any recommendations from the Financial Statement Audit and FISMA. Those recommendations, if any, are addressed in the annual audit process.

The table that follows shows all open recommendations as of the end of the current semiannual period.

Reports With Open 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-8. Define the specific Public Access controls in place/planned.

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.

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-6. Develop and implement an effective OEP team training program with drills and exercises to include all team members at least annually.

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.

Audit of the CPSC'S Directives System (DIRECTIVES)

March 21, 2019

Directives-2. Ensure directives are updated to align with the current directives system policies and procedures as well as reflect the current CPSC organizational structure and operations.



Reports With Open Recommendations

Review of Personal Property Management System and Practices for the Calendar Year 2017 (PROPERTY)

May 31, 2019

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.

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-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 (PENTEST)

June 11, 2019

PT-1. REDACTED

PT-2. REDACTED

PT-7. REDACTED

PT-12. REDACTED

PT-13. REDACTED

PT-17. REDACTED

PT-18. REDACTED

PT-20. REDACTED

PT-29. REDACTED

PT-32. REDACTED

PT-35. REDACTED

PT-36. REDACTED

PT-38. REDACTED



Reports With Open Recommendations

AUDIT OF THE CPSC'S GRANTS PROGRAM (GRANTS)

September 25, 2020

GRANTS-11. Obtain a written opinion from Office of General Counsel staff on the appropriateness of using VGB Act grant funds to pay for swimming lessons, whether such use violated the Purpose Act and, if a violation of the Purpose Act occurred, whether or not this violation constitutes an Anti-Deficiency Act violation.

REPORT OF INVESTIGATION REGARDING THE 2019 CLEARINGHOUSE DATA BREACH (BREACH)

Transmitted: September 25, 2020

BREACH-1. Reconvene the BRT to assess the full extent of the breach, and base its response on the totality of the breach.

BREACH-2. Establish blanket purchase agreements for identity monitoring, credit monitoring, and other related services for data breach victims.

BREACH-3. Complete and publish a document describing lessons learned after the BRT completes its work related to this breach.

BREACH-4. Complete and document annual tabletop exercises. The tabletop exercises test the breach response plan and help ensure that members of the team are familiar with the plan and understand their specific roles. Tabletop exercises should be used to practice a coordinated response to a breach, to further refine and validate the breach response plan, and to identify potential weaknesses in the agency's response capabilities.

BREACH-5. Conduct an annual Breach Response Policy plan review.

BREACH-6. Establish and complete an annual schedule to review blanket purchase agreements for adequacy, complete and document the tabletop exercise, and publish the updated annual Breach Response Policy plan review.

BREACH-7. Develop and document a comprehensive crisis communication plan. This plan should include a process to ensure that there is an authoritative source for data related to any incident.

BREACH-8. The crisis communication plan should include annual tabletop exercises and annual plan reviews.

BREACH-9. The CPSC should document the results of each crisis communication plan annual tabletop exercise.

BREACH-10. The CPSC should publish the resulting comprehensive crisis communication plan after any update.

BREACH-11. Develop a process to ensure that all information reported to Congress and otherwise publicly reported is reviewed for accuracy and correctly contextualized and described.

BREACH-12. Review all available data and establish an accurate identification of all data inadvertently released, internally and externally, from 2010 to 2019.

BREACH-13. Obtain an independent review of a sample of Clearinghouse responses prior to 2010 to determine the need for an expanded scope of the review.

BREACH-14. Establish policies and procedures to ensure that when the agency reports data related to a data breach or other violation of law or regulation, the reported data has been independently verified by a person outside of the responsible organization.

BREACH-15. Establish a process for communicating and enforcing the implementation of recommendations previously agreed to by management, as required by law.

BREACH-17. Implement a single data extraction tool to allow maximum functionality in searching multiple product codes while adequately blocking protected data from release. This tool should default to block ALL fields which may contain 6(b) information and PII data. This data tool must contain a standardized data dictionary to limit placement of restricted information to identified fields.

BREACH-18. Once the new tool in Recommendation 17 is implemented, turn off and remove all other data extraction tools from the CPSC inventory of available IT tools.

BREACH-19. Limit access to the underlying database and the data extraction tool to those with a bona fide need for access.

BREACH-21. Require training for all Clearinghouse staff, up to and including the AED for EPHA, on the use and functionality of this new tool, procedures for responding to requests for information, and requirements to protect 6(b) information and PII data. Include this training as part of the onboarding for all Clearinghouse staff, up to and including the AED for EPHA.

BREACH-22. Annually update and require refresher training for all Clearinghouse staff on the use of the data extraction tool and policies and procedures for accomplishing Clearinghouse work, up to and including the AED for EPHA.

BREACH-23. Develop, disseminate, provide training, and implement policies and procedures on how to use this new data extraction tool to all Clearinghouse staff, up to and including the AED for EPHA. These policies must include step-by-step instructions and checklists to aid staff in completing routine tasks. These policies must include guides and checklists for supervisory review of Clearinghouse staff work.

BREACH-24. Require additional training for Clearinghouse supervisory staff, up to and including the AED for EPHA, on effective review of Clearinghouse staff output.

BREACH-25. Annually update and require refresher training for Clearinghouse supervisory staff, up to and including the AED for EPHA, on the effective review of Clearinghouse staff output.

BREACH-26. Develop, implement, and require training for all Clearinghouse staff, up to and including the AED for EPHA, on a tracking system to monitor Clearinghouse receipt and fulfillment of all Clearinghouse data requests.

BREACH-27. Require supervisory review of all completed Clearinghouse data requests.



Reports With Open Recommendations

BREACH-28. Use the data from the tracking system to develop and publish annual statistics related to the work of the Clearinghouse.

BREACH-29. Require initial and annual refresher training for all staff on the importance of protecting 6(b) information and PII, including the rights of individuals and businesses, and how to recognize 6(b) information and PII in documents and how to securely handle this information.

BREACH-30. Enforce Principle of Least Privilege and limit access to data on the P-drive to individuals with a bona fide “need to know.”

BREACH-32. Determine, document, and implement a structure for the Clearinghouse.

BREACH-34. Require the Office of Human Resources Management (Human Resources) to provide consultation to ensure that the organizational structure in EPDSI meets the current operational needs, meets span of control best practices, and perform a skills gap analysis. Human Resources will provide a written report of its findings.

BREACH-35. Implement the recommendations from the Human Resources study.

BREACH-37. Design, document, and implement control activities to respond to the results of the completed risk assessment process.

BREACH-38. Develop and implement written guidance on the importance of the statements of assurance process and the related documentation requirements.

BREACH-40. Consider disciplinary action for the supervisors who did not accurately report the status of internal controls in the statements of assurance they produced. Document the results of the disciplinary review, to include the analysis supporting any decision to not perform disciplinary action.

Review of the National Electronic Injury Surveillance System Data (NEISS)

November 9, 2020

NEISS-4. Report to the OIG as to whether an Anti-Deficiency Act violation occurred.

NEISS-5. Stop incurring costs on behalf of other federal agencies in support of the NEISS program based upon a legal determination as recommended in Finding 1, if applicable.

NEISS-6. Develop and implement an effective process to ensure that estimated costs identified in Interagency Agreements are properly supported and representative of “the actual costs of goods or services provided.”

NEISS-7. Develop a data governance framework to ensure that data is managed appropriately and in accordance with programmatic and regulatory requirements.

NEISS-10. Develop policies and procedures to effectively support managing automated data and quality assurance protocols, to include ensuring that errors are appropriately remediated.

NEISS-11. Update and provide training on a routine basis, preferably annually, to address issues found in data entry since the last training.

Audit of CPSC's Office of Communications Management Strategic Goals (OCM)

February 19, 2021

OCM-10. Implement a risk assessment process to determine where to focus efforts in terms of usefulness and improving message effectiveness.

Evaluation of the CPSC's Implementation of the Federal Data Strategy (FDS)

April 16, 2021

FDS-1. Establish a data strategy implementation project plan with milestones that consider mission priorities and current and expected staffing levels to track the progress of the data management program maturation against the current Data and Analytics Strategy Implementation Plan.

FDS-2. Develop and implement a Data Quality Plan that supports the collection and maintenance of data related to identified key CPSC open data sets.

FDS-3. Identify and assign responsibilities to all of the resources who have data governance roles and responsibilities. These resources should include, at a minimum, data owners and data stewards, and those resources should be trained on their responsibilities.

FDS-4. Dedicate resources to the data management program based on a needs assessment, which should be revisited as the FDS action plans are published. Supplementary resources to consider adding may include data architects, data scientists, data analysts, and training resources.

Reports With Open Recommendations

Review of the CPSC's Equal Employment Opportunity Program (EEO)

April 27, 2021

- EEO- 1.** Establish policies and procedures that require and document alternative dispute resolution training for all the agency managers and supervisors.
- EEO- 2.** Establish a regular interval for alternative dispute resolution training, preferably at least annually.
- EEO- 3.** Enforce counselor, investigator, and Alternative Dispute Resolution training requirements in accordance with EEOC Management Directive 110.
- EEO- 4.** Implement written policies and procedures to document and maintain independent contractor training compliance with EEOC Management Directive 110. The documentation should, at a minimum, include the name of the trainee, the nature and type of training, the provider, and the date of training. For neutrals the documentation should include evidence of practical training and references.

Audit of the CPSC's Position Designation and Suitability Program (PD)

April 29, 2021

- PD-1.** Update and implement EXRM directives, policies, and procedures regarding position designation to reflect current EXRM operations and address current OPM policies and guidelines.
- PD-2.** Develop and maintain an accessible database with all information required to effectively manage the position designation and suitability program. At a minimum, this system should contain the name of the employee or contractor, position number and title, position designation, tier of background investigation completed, entry-on-duty date, date the background investigation was requested, date the background investigation was completed, whether it was an initial investigation or reinvestigation, whether reciprocity was applied, and reinvestigation due date.
- PD-4.** Use the information developed in Recommendation Two to track an employee's investigation versus the designation of their position and ensure they are properly aligned.
- PD-5.** Use an automated tool to track when employee and contractor reinvestigations are due.
- PD-6.** Update the investigations of employees whose completed investigation has exceeded the five-year reinvestigation requirement.
- PD-7.** Allocate the appropriate resources going forward to ensure that all reinvestigations are initiated on or before the due date.
- PD-8.** Establish a process to include Office of Human Resources Management during the drafting of the statement of work to determine the appropriate investigative tier for contractors prior to when the request for quotes is released to potential vendors.
- PD-9.** Develop a formal documented process (directive or standard operating procedure) for onboarding contractors.
- PD-10.** Develop a system to communicate any changes in the onboarding process to contracting officer's representatives and other personnel involved in the onboarding of employees and contractors.
- PD-11.** Develop and document a systematic and repeatable risk assessment process to evaluate the risk of applying reciprocity for incoming contractors.
- PD-12.** Regarding contractors, develop and maintain an accessible database containing the information outlined in Recommendation Two, as well as the contract number, similar CPSC position, contractor name, employer, and name of contracting officer's representative.
- PD-13.** Complete the work required to fully implement OPM's recommendations from 2017.

Audit of the CPSC's Implementation of FMFIA for FYs 2018 and 2019 (FMFIA)

May 12, 2021

- FMFIA-1.** Provide guidance identifying programs and/or activities as a part of its internal guidance and in accordance with achieving its mission requirements.
- FMFIA-2.** Align programs and/or activities with applicable reporting requirements.
- FMFIA-3.** Report programs and/or activities in accordance with applicable Federal criteria.
- FMFIA-4.** Provide training to CPSC program managers on how to develop and implement a formal internal controls program in accordance with Standards for Internal Control in the Federal Government, OMB Circular A-123, and CPSC policies and procedures.
- FMFIA-5.** Develop a formal internal controls program over operations for CPSC programs.
- FMFIA-6.** Evaluate staffing needs within the Office of Financial Management, Planning and Evaluation to support internal controls and FMFIA reporting requirements.
- FMFIA-7.** Establish formal lines of communication between the Office of Financial Management, Planning and Evaluation and CPSC program management for the purpose of assessing and monitoring internal control programs and compliance with FMFIA requirements.





For more information on this report please contact us at CPSC-OIG@cpsc.gov

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