Federal Election Commission

Office of Inspector General

Review of Outstanding Recommendations as of August 2018

September 2018

Assignment No. OIG-18-03

Office of Inspector General's
Review of
Outstanding Recommendations as of
August 2018

Report Revisions

Per Commission Directive 50: *Audit Follow-up*, the Office of Management and Budget's Circulars A-50, *Audit Follow Up* and A-123, *Management's Responsibility for Enterprise Risk Management and Internal Controls (as revised)*, management is required to timely implement corrective actions to address reported deficiencies in agency programs. Since fiscal year (FY) 2012, as a courtesy to governance, the Office of Inspector General (OIG) has provided the Commission with semiannual reports regarding the status of management's corrective actions for deficiencies that have been outstanding for six months or more. The OIG's objective in issuing these Commission reports is to provide governance with an understanding of the risks that exist in the FEC's environment, and ensure management is held accountable for sufficiently and timely addressing those risks.

Starting FY 2019, the OIG will be revising our follow-up process and providing an annual Commission report regarding outstanding recommendations. As in the past, the report will still contain the OIG's review of recommendations that have been outstanding for six months or more and any progress management has made to address these recommendations. The report will be issued as of February of each year. Although the OIG will only be submitting an annual report, follow-up on outstanding recommendations will still be conducted biannually, documented, and tracked in real-time in the OIG's reporting database.

Summary of Review

For the last semiannual status report of FY 2018, the OIG reviewed and assessed management's latest corrective action plans provided to the Commission as of May 2018 for the six audits and inspections reported in our previous report, *Review of Outstanding Recommendations as of March 2018*. In addition, for this report we included the *Required Review Under the DATA Act* (Data Act) audit report released November 2017, as its recommendations have been outstanding for six months or more.

Collectively, these audits and inspections had 58 outstanding recommendations that required follow-up for this review period. Based on the results of the follow-up review, the OIG was able to close 8 of the 58 outstanding recommendations. The details of the OIG‘s review is included in the body of this report, along with the an attachment of the OIG's corrective action plan (CAP) report containing the official status of all outstanding recommendations.

Table Summary of Results

The table below summarizes the progress made by FEC management since the OIG's last reporting period and the total outstanding recommendations as of August 2018.

OIG Audits/Inspection	*Total Outstanding Recommendations as of March 2018*	*Total Closed*	*Total Open as of August 2018*[1]
2010 Follow-up Audit of Privacy and Data Protection *7 years outstanding*	25	2	23
2010 Follow-up Audit of Procurement and Contract Management *6 years outstanding*	1	0	1
Inspection of the FEC's Disaster Recovery Plan and Continuity of Operations Plans *5 years outstanding*	9	2	7
Audit of the FEC's Office of Human Resources *4 years outstanding*	5	2	3
Inspection of FEC's Compliance with FMFIA/OMB A-123 *4 years outstanding*	5	1	4
Audit of the FEC Telework Programs *2 years outstanding*	9	0	9
Required Review Under the DATA Act *9 months outstanding*	4	1	3
Total Outstanding Recommendations			**50**

[1] Column numbers may include recommendations that management has disagreed with or has not adequately implemented, and the OIG concludes that these recommendations are still open.

Audit Follow-up Meetings/Communications

Closed Audits/Inspections[2]

The OIG did not close any audits or inspections this review period.

Open Audits/Inspections

A. Required Review Under the DATA Act

The *FEC OIG's Required Review under the DATA Act* (DATA Act Audit) was released in November 2017. The DATA Act Audit report identified four recommendations. This is the first follow-up for the DATA Act Audit. In August 2018, the OIG met with the DATA Act program members to discuss the status of the open recommendations. The OIG acknowledges that FEC Management has implemented revised quarterly reconciliation and certification processes and procedures. The OIG has reviewed the revised procedures and note they are adequately designed to address the DATA Act requirements related to ensuring data files are complete, accurate, and of quality. The OIG recorded the status update in our tracking database, and was able to close one of four recommendations. However, the OIG was informed that there are still some issues with the DATA Act files submitted to another agency with responsibilities in posting the FEC's data. FEC management is continuing to work with the Federal Shared Service Provider to determine the root cause and correct these issues. Until the existing data issues are resolved and the IG can verify that the control processes are operating effectively, the remaining recommendations cannot be closed. There are three outstanding recommendations for this reporting period.

For details on current outstanding recommendations, see Attachment A

B. 2010 Follow-up Audit of Privacy and Data Protection

For the *2010 Follow-up Audit of Privacy and Data Protection* (Privacy Audit), the OIG's *Review of Outstanding Recommendations as of March 2018* report identified 25 open recommendations. For this review period, the OIG reviewed management's May 2018 CAP sent to the Commission and also met with the FEC's new Privacy Team leader to discuss the open items. Based on the OIG's meeting with the Privacy Team leader, the Privacy Audit CAP has been updated with revised implementation dates and current

[2] An audit or inspection is closed when the OIG determines that all applicable recommendations have been adequately addressed and/or management has determined that it will accept the risks of not implementing the OIG's recommendation.

corrective actions to address the identified issues for the first time since February 2015. In addition, the OIG was able to close 2 of the 25 open recommendations based on our follow-up review.

For details on current outstanding recommendations, see Attachment B

C. 2010 Follow-up Audit of Procurement and Contract Management

The *2010 Follow-up Audit of Procurement and Contract Management* was issued in June 2011. The OIG's *Review of Outstanding Recommendations as of March 2018* report identified only one open recommendation related to the updated Directive 66, which is the overarching agency-wide policy for procurement and acquisitions. This recommendation is still open this reporting period.

For details on current outstanding recommendations, see Attachment C

D. Inspection of the FEC's Disaster Recovery Plan and Continuity of Operations Plans

The *Inspection of the FEC's Disaster Recovery Plan and Continuity of Operations Plans* (COOP Inspection) report was released in January 2013. The OIG's *Review of Outstanding Recommendations as of March 2018* report identified nine outstanding recommendations. The OIG reviewed management's May 2018 CAP sent to the Commission and noted two recommendations that had been implemented related to COOP training. The OIG recorded the management's activity in our tracking database and closed the two recommendations, leaving seven outstanding recommendations for this reporting period.

For details on current outstanding recommendations, see Attachment D

E. Audit of the FEC's Office of Human Resources

The *Audit of the Federal Election Commission's Office of Human Resources* (OHR Audit) report was issued in July 2013. The OIG's *Review of Outstanding Recommendations as of March 2018* report identified five open recommendations for the OHR audit report. The OIG met with the Director of OHR to discuss status of open recommendations. The OIG confirmed that the OHR has converted all hiring related processes to the USA Staffing automated system which follows the standard OPM 80 day hiring model. This new system utilizes workflow and has automated the hiring process including the tracking of each vacancy. The OIG also acknowledges that a standard operating procedures manual was also developed for this new process. Therefore, the OIG was able to close two of the five open recommendations related to the hiring and selection process. There are three outstanding recommendations for this reporting period.

For details on current outstanding recommendations, see Attachment E

F. Inspection of FEC's Compliance with FMFIA/OMB Circular A-123

The *Inspection of FEC's Compliance with FMFIA/OMB Circular A-123* (A-123 Inspection*)* was released in June 2014. The OIG's *Review of Outstanding Recommendations as of March 2018* report identified five open recommendations for the A-123 Inspection report. Through follow-up inquiries with OCFO and a member of the A-123 Task Force, the OIG confirmed that the revised Directive 53 was submitted to the Commission for review and approval. Also, the OIG reviewed supporting documentation related to the process for ensuring any new program office members to be involved in the annual ICR process are trained timely. The OIG verified that this process has been fully implemented, and was able to close one of the five open recommendation. The OIG notes that OMB recently rolled out a new A-123 Appendix A that aligns the annual ICR assessment process with the guidance around the implementation of an Enterprise Risk Management (ERM) framework, which require risk assessments to incorporate ERM concepts and fraud risk assessments. This new guidance may require additional documentation and/or changes to the annual ICR process. The OIG will assess once these new requirements have been fully implemented. Therefore, four outstanding recommendations remain open for this reporting period.

For details on current outstanding recommendations, see Attachment F

G. Audit of the FEC's Telework Programs

The *Audit of the FEC's Telework Programs* (Telework Audit) was released in June 2016. The OIG's *Review of Outstanding Recommendations as of March 2018* report identified nine open recommendations for the Telework Audit report. The OIG reviewed management's May 2018 CAP sent to the Commission and noted a revised implementation date for generating telework reports to be utilized to monitor and assess the telework programs. The OIG recorded the status update in our tracking database. However, we are unable to close any recommendations until corrective actions are fully implemented and are operating effectively. Therefore, there are still nine outstanding recommendations for this reporting period.

For details on current outstanding recommendations, see Attachment G

Background

As required by the Inspector General Act of 1978, as amended, the OIG is responsible for conducting audits of the FEC's programs and operations. In addition to conducting and supervising audits, the OIG also has the responsibility to conduct audit follow-ups to ensure that management has effectively implemented OIG recommendations. Audit follow-up, including the timely implementation of audit recommendations by FEC management, is required by Office of Management and Budget Circular A-50, *Audit Follow-up*, as revised, and FEC Directive 50: *Audit Follow-up.*

At the conclusion of each OIG audit and inspection, it is management's responsibility to develop a corrective action plan (CAP). The CAP identifies the plan management has developed to address the OIG's findings and recommendations. The CAP should detail the following:

1. assignment of Audit Follow-up Official, who is responsible for overseeing the corrective action;
2. OIG finding(s);
3. OIG recommendation(s);
4. detailed corrective action to implement the OIG's recommendation(s);
5. FEC staff person with responsibility to implement each task; and
6. expected completion dates.

Once management drafts the CAP, the OIG then reviews the CAP and provides comments to management regarding the sufficiency of their planned corrective actions to address the OIG's findings. Management reviews the OIG's comments, finalizes the CAP, and then provides the final CAP to the Commission with a courtesy copy to the OIG.

FEC Directive 50 requires management to:

> *(3) Conduct regular meetings with the Inspector General throughout the year to follow-up on outstanding findings and recommendations, and include reports of these meetings in the written corrective action plan and semi-annual reports required to be presented to the Commission…;*

In order to work effectively with FEC management in adhering to FEC Directive 50, and to ensure continuous monitoring and adequate and timely audit resolution, the OIG communicates with management at least semiannually to discuss the status of outstanding OIG recommendations. If management has implemented any corrective action(s), the OIG schedules a meeting with management to discuss the implementation of the corrective action(s), and the OIG then reviews evidence of the corrective action (e.g., new/updated policies, procedures, and processes to improve internal controls).

To provide management with timely feedback and the results of our review prior to management's reporting deadlines to the Commission in May and November, the OIG conducts a scheduled review of outstanding recommendations as of February and August of each year, and provides an annual report to the Commission. The semiannual meetings are also intended to assist the audit follow-up official in following provisions 4 through 6 of Directive 50, which are listed as follows:

> *(4) Respond in a timely manner to all audit reports;*
> *(5) Engage in a good faith effort to resolve all disagreements; and*
> *(6) Produce semi-annual reports that are submitted to the agency head.*

The official status (open/closed) of OIG recommendations is determined by the OIG once the OIG has verified that management has adequately implemented the corrective actions. The Inspector General can also make a decision to close recommendations or seek resolution from the Commission for recommendations where the OIG and management disagree. Lastly, the number of outstanding recommendations is also reported to the Commission and Congress in the OIG's Semiannual Reports to Congress.

ATTACHMENTS

A – G

*Corrective Action Plans are as of September 25, 2018

Recommendation	Actual Issue Date	Estimated Implementation Date	Last Status Update	Revised Implementation Date	Days Past Due	OIG Follow-up
Attachment A: Data Act Audit						
The SAO should ensure adequate control procedures are implemented to ensure data files are complete, accurate, timely, reconciled, and properly linked.	11/30/2017	6/1/2018	The DATA Act quarterly reconciliation and certification procedures have been updated. Also, File D1 is now reviewed monthly to identify and correct any errors prior to the submission. The SAO reviews the reconciliation spreadsheet and meets with the DATA Act program group to discuss data issues identified prior to certifying the DATA files in the Broker.	Not Provided	**116**	The OIG reviewed the updated reconciliation and certification procedures and they appear adequate to satisfy DATA Act requirements related to ensuring data files are complete, accurate, and of quality. OIG confirmed that File D1 is also reviewed monthly to identify and correct errors timely. However, there are still some data quality and recurring data linkage issues. The OIG was informed that some of these issues require corrective actions by the FSSP. Although, FEC management continues to work with the FSSP to resolve data issues, the FSSP will not guarantee that data will be corrected or DATA files will be resubmitted to the Broker. OIG notes that until corrective actions have been fully implemented to ensure accurate DATA Files are submitted to the Broker, this recommendation can not be closed.
The FEC DATA Act PMO and Senior Accountable Official (SAO) should work with the FSSP to ensure appropriate corrective actions are implemented to ensure all future DATA Act submissions are submitted on time and the files are complete	11/30/2017	6/1/2018	All DATA files are being submitted to the Broker on time. However, there are still some accuracy and quality issues identified with some of the DATA files, but they are not always corrected by the FSSP and the FSSP will not commit to resubmit files. FEC management continues to work with the FSSP to resolve data issues.	Not Provided	**116**	OIG notes that until these data issues can be resolved, this recommendation can not be closed.
The SAO should ensure that proper controls are in place to ensure all non-financial data related to standard data elements are entered into the procurement system correctly.	11/30/2017	6/1/2018	Procurement is reviewing policies and procedures and is in the process of retraining and reeducating program offices in how to initiate an enter award data into Comprizon. Also, DATA Act program staff is reviewing File D1 monthly to identify any issues prior to the quarterly submission.	Not Provided	**116**	Procurement is reviewing policies and procedures and is in the process of retraining and reeducating program offices in how to initiate an enter award data into Comprizon. Also, DATA Act program staff is reviewing File D1 monthly to identify any issues prior to the quarterly submission. This recommendation can not be closed enter the OIG can verify that the process is operating effectively.

Recommendation	Actual Issue Date	Estimated Implementation Date	Last Status Update	Revised Implementation Date	Days Past Due	OIG Follow-up
Attachment B: 2010 Follow-up Audit of Privacy and Data Protection						
Should develop and maintain a comprehensive list of all vendors that handle PII.	3/31/2011	9/30/2011	Work with the Contracting Officer and CORs to develop a process to maintain a comprehensive list of PII vendors.	10/1/2018	**-6**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Develop a standardized template to allow system managers to accurately document SORs independently of the Privacy Team.	3/31/2011	2/29/2012	Develop a form template to send to managers to submit any SOR additions.	10/1/2018	**-6**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Enhance existing guidelines and procedures to include timelines and deadlines that promote regular review and timely updates to SORs.	3/31/2011	1/31/2012	Create a biennial (every 2 years) SOR review policy and review checklist and documentation of that review to be signed by the Chief Privacy Officer to ensure SORs reviewed.	10/1/2018	**-6**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Develop and implement policies and procedures that define monitoring and reporting processes to ensure SORs are updated and amendments published in accordance with Federal regulations by: 1) providing regular training to FEC managers and SOR system owners/managers; 2) establish deadlines, based on the legal requirements of OMB A-130, for documenting the new SORs, revisions to existing SORs, and publish the updated SORN; 3) providing legal assessment of potential changes in SORs and quality assuring the SORs produced by system owners/managers; 4) including performance standards in employee performance plans that are linked to successful compliance with Federal regulations; and 5) requiring regular reporting of compliance with the timelines to the Commission.	3/31/2011	3/31/2012	Send a memo to FEC managers explaining the institution and use of the SOR addition form and requesting any SOR additions by Dec 2018. By March 31, 2019, the privacy counsel will conduct the first biennial SOR review and update the SORs for the FEC. After this first review, the privacy team will continue conducting legal assessments of potential system of record changes and also will accept submissions of SORs using the SOR addition request form from managers outside the Privacy Team. A record of the Biennial SOR reviews will be kept for the IG to review. Privacy Counsels standards include reference to keeping accurate records and reviewing departments for changes.	11/1/2018	**-37**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Complete legal reviews of OMB memoranda on a more timely basis and consistently communicate the results of the affected stakeholders, with a copy to the co-Chief Privacy Officers.	3/31/2011	6/30/2011	OGC will create a policy memo and tracking system to ensure new OMB memoranda are reviewed and make this system available for IG review.	11/1/2018	**-37**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Finalize the evaluation of the draft STSI recommendations and develop, document and implement a corrective action plan as necessary. Progress against the corrective action plan should be formally and periodically reported to management.	3/31/2011	2/29/2012	Review STSI report, notate on report which action items correspond to the CAP and refer IG to the current CAP plan to resolve those joint STSI and CAP audit items. If any items on the STSI plan do not correspond to the CAP plan these will be addressed and resolved. This document will be provided to the IG.	11/1/2018	**-37**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.

ISSO, Physical Security Officer, and/or division management should conduct regular walkthroughs to ensure that agency staff complies with privacy and information security standards are being met. Implementation of these action items are subject to Commission notification and/or approval.	3/31/2011	9/30/2011	Create a policy to conduct yearly walkthroughs to ensure staff comply with privacy and information security standards. Document findings. Make log documenting yearly walkthroughs available to IG for inspection.	12/1/2018	**-67**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Contracting Officer and COTRs should enforce the requirement for contractors to certify secure destruction or return of FEC information in both paper and electronic format	3/31/2011	9/30/2011	Create and institute an exit checklist for contracts that are ending that ensures that contractors return or securely destroy FEC information when no longer needed.	12/1/2018	**-67**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Should establish policy and procedures requiring COTRs to inspect the physical space occupied by contractors when the contractor departs to ensure paper and electronic records are securely disposed of or filed	3/31/2011	9/30/2011	Create and institute an exit checklist for contracts that are ending that includes an inspection of contractor-occupied space after termination of the contract.	12/1/2018	**-67**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Update and maintain the inventory of all systems that contain PII for all the divisions. A potential approach is to use the templates created by STSI and have each division update their current listing and implement business processes to continually update the inventory based on new or revised handling and storage of PII. A full review could be conducted by the divisions at least annually and would help support the biennial Privacy Act Systems of Records update process.	3/31/2011	4/30/2012	Update the 2009 PII review inventory and provide proof of this procedure to the IG.	2/1/2019	**-129**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Provide the Privacy Team's SSN Reduction Plan Phase 1 report to the applicable division heads, and work with those offices to prepare action plans to address the findings in the report.	3/31/2011	3/31/2012	Audit and inventory Social Security Number and PII usage within FEC. Interview information owners and determine whether PII and SSN collection and storage is necessary. Prepare spreadsheet reporting these findings to IG. (4c) Remediate by eliminating unnecessary uses of PII and SSNs (4d) and reporting results to IG. This process will be completed once per fiscal year. A record will be kept noting that we	2/1/2019	**-129**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Complete Phase 2 and Phase 3 of the "FEC's Plan to Review and Reduce Holdings of Personally Identifiable Information and Eliminate Unnecessary Use of Social Security Numbers In Response to OMB Memorandum M-07-16, Safeguarding Against and Responding to the Breach of Personally Identifiable Information" as soon as practical. This can be accomplished by providing the STSI results to the divisions and requesting a response on the ability to reduce or eliminate the questionable uses of social security numbers already identified by the contractor.	3/31/2011	3/31/2012	Audit and inventory Social Security Number and PII usage within FEC. Interview information owners and determine whether PII and SSN collection and storage is necessary. Prepare spreadsheet reporting these findings to IG. (4c) Remediate by eliminating unnecessary uses of PII and SSNs (4d) and reporting results to IG. This process will be completed once per fiscal year. A record will be kept noting that we completed this process each year.	2/1/2019	**-129**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.

Include a record in the inventory listing of whether the device is encrypted or not.	3/31/2011	9/30/2011	Management will provide a report that shows that devices are encrypted.	2/1/2019	**-129**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Work with the Physical Security Officer, the FEC Records Officer, and FEC management to incorporate SORs assessment processes into electronic and paper records management processes.	3/31/2011	3/31/2012	Management will consider whether in undocumented SORs exist in the Records Management processes (Commission Secretary Office) and Physical Security procedures (badging system info, etc.) if in paper or electronic form.	5/1/2019	**-218**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Division managers should work with the Physical Security Officer and the Records Officer to assess records management and secure storage needs and address failures to adequately secure sensitive information noted during the walkthrough.	3/31/2011	9/30/2011	Resolve issues found in walkthrough. Include in the discussion the pros and cons of locking suite doors after business hours.	7/1/2019	**-279**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Should review on a regular basis all of the privacy and data security policies, procedures, standards and guidelines on a defined timeframe (e.g., annually), and they should be dated, and updated as necessary and include a point of contact if employees have questions.	3/31/2011	3/31/2012	Conduct and keep a log of annual reviews of all privacy policies. Make log available to IG for inspection. The first privacy inspection will be conducted April 2019	10/30/2019	**-400**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Should develop a policy and supporting procedures to assess and approve vendors with access to FEC PII to reasonably ensure that the vendor has adequate controls in place to protect the information before any PII is provided to the vendor.	3/31/2011	9/30/2011	Collaborate with the Contracting Officer to document or develop policies and supporting procedures that require prospective contractors to provide evidence of internal controls that will safeguard the agency’s sensitive information or PII that the contractor has access to.	11/1/2019	**-402**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Should formally document the process used to review the FEC’s vendors and the results should be retained to evidence the review procedures performed. In addition, there should be documented management approval from the department head that is the source of the information to be shared with the vendor and either of the co-Chief Privacy Officers before the vendor is provided access to FEC PII. There may be more than one department head that should review and approve a specific vendor if the PII affected pertains to more than one department.	3/31/2011	9/30/2011	Work with Contracting Officer to document or develop a process for reviewing and documenting vendor privacy controls.	11/1/2019	**-402**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Conduct privacy impact assessments in accordance with Section 522, or create an alternative process for ensuring that privacy risks associated with PII are documented, assessed and remediated as necessary.	3/31/2011	11/30/2011	OCFO has an ERM process in development per the new A123 guidance that assesses risk agency-wide and could cover this recommendation. Privacy Counsel will meet with Gilbert and discuss, then provide further action plan. Management is researching and developing a solution to address the recommendation.	12/1/2019	**-432**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.

Comply with OMB memoranda, or in the event of statutory exemption and a decision not to voluntary comply, document that sufficient controls exist to mitigate the need to comply. Where compliance is not adopted due to resource constraints or other reasons, document the legal assessment, risk analysis, and cost-benefit to the FEC.	3/31/2011	6/30/2011	Management is researching and developing a solution to address the recommendation	12/1/2019	**-432**	Will review management's planned corrective action once identified.
Identify and implement a governance framework (e.g., NIST, the AICPA's Generally Accepted Privacy Principles (GAPP)), to ensure that controls within the FEC to protect PII are appropriately identified, documented, and implemented.	3/31/2011	4/30/2012	Management is researching and developing a solution to address the recommendation.	12/1/2019	**-432**	Will review management's planned corrective action once identified.
Conduct a risk assessment annually for all existing and new applications that collect, process, transmit or store PII. If PIAs were performed, a risk assessment component could be built into that process to accomplish both the PIA and risk assessment recommendations.	3/31/2011	5/31/2012	Conduct an informal risk assessment of agency PII. This could possibly be resolved with Gilbert's risk mgt process further research needed.	12/1/2019	**-432**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Prepare a documented corrective action plan for any deficiency noted for each risk assessment performed and report progress periodically until all corrective actions are implemented. The corrective action plan should be approved by management.	3/31/2011	9/30/2012	Prepare a corrective action plan for what is found in 5A.	12/1/2019	**-432**	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.

Recommendation	Actual Issue Date	Estimated Implementation Date	Last Status Update	Revised Implementation Date	Days Past Due	OIG Follow-up
Attachment C: 2010 Follow-up Audit of Procurement and Contract Management						
Complete the revisions to procurement policies and ensure that the procurement directive is finalized and issued within FY 2011.	6/6/2011	1/30/2012	OIG confirmed that Procurement has either updated or created appropriate Proc Pros to address current procurement practices and internal control procedures that are aligned with the FAR. However, this recommendation can not be closed until senior management makes a decision whether Directive 66 is still warranted or not. If so, Directive 66 should be finalized and approved by the Commission. The Acting CFO plans to add this to list of topics to be placed on the Commission's calendar within the next 6 months.	Not Provided	**2430**	There was no progress made on this recommendations.

Recommendation	Actual Issue Date	Estimated Implementation Date	Last Status Update	Revised Implementation Date	Days Past Due	OIG Follow-up
Attachment D: Inspection of the FEC's Disaster Recovery and Continuity of Operations Plan						
Update all Continuity of Operation Plan (COOP) and Disaster Recovery Plan (DRP) personnel contact information to reflect the most current information and distribute the updated plans to the appropriate officials by February 2013.	1/30/2013	6/30/2013	Management has updated the COOP list as part of its phased approach and dtermines the action to be completed.	3/31/2017	**543**	The OIG reviewed the COOP personnel listing and selected a sample of 32 personnel to verify if all 32 personnel were equipped to carryout their designated COOP roles in the event of a disruption to the FEC's normal business operations. The OIG recieved 16 responses from the 32 personnel selected, and 6 of the 16 had not been provided an agency tablet to perform their COOP duties. This review was documented in the OIG's outstanding recommendations report as of March 2018 and no further updates have been made by management after report issuance. Thus, the recommendation remains open, although management considers it closed. The OIG notes that management is currently in the process of issuing updated tablets for COOP.
We recommend that COOP/DRP training is provided at least annually. Personnel newly appointed to COOP roles should receive training shortly thereafter joining the FEC if training has already been conducted for the year.	1/30/2013	7/31/2013	Training implemented May 2018 and will be conducted yearly.	6/30/2017	**452**	Although management issued training via skillport, the OIG noted signficant issues with the structure of the documented training that prevents an adequate assessement of COOP training results. In addition, an annual test plan of the COOP has not been scheduled. These issues were documented in the OIG's Review of Outstanding Recommendations As of March 2018 report. No further updates have been made by management since report issuance.
We recommend that FEC install and test a backup media reader in the alternative disaster recovery site.	1/30/2013	6/30/2013	In reviewing various scenarios as well as our current backup infrastructure, we believe a more updated solution should be considered like off-site vaulting adn cloud backups. We are working to compare backup solutions from the top industry cloud providers as well as off-site vaulting providers to dermine which	6/30/2017	**452**	Per management's May 2018 CAP to the Commission, management is assessing a new corrective action to address this open recommendation. No revised due date provided.

Implement and document a policy that includes: • Who is responsible for updating and monitoring the contact information in the FEC's COOPs and DRP to reflect current information; • An organization-defined frequency for updating the FEC's COOP/DRP contact information; and • "Required" information that must be provided for those personnel with COOP responsibilities (i.e. FEC office#, FEC blackberry#, personal cell phone and/or home number).	1/30/2013	6/30/2013	Currently working with Deputy SD to determine the role where this responsibility should lay and update the COOP with this information. No policy required.	12/29/2017	**270**	Management has not provided a revised date for completion. The OIG disagrees that a policy is not requried as this role and the associated tasks should be inlcuded in a policy for consistent implementation.
Within the fiscal year (FY13), develop and implement a test plan to fully test the ITD DRP, with a target date to begin testing on or before June 2013.	1/30/2013	12/31/2013	Work has started to determine the functions and processes requiring testing. One plan doesn't work for all systems so this will be a lengthy process as we address each system individually.	12/29/2017	**270**	Corrective action has not been completed for this open recommendation and no revised implementation date provided.
Ensure the disaster recovery Kofax server is updated to mirror the Kofax production server by June 2013.	1/30/2013	12/31/2013	A theoretical test plan has been devised and the team is working to validate this theory with a more concrete plan,	12/29/2017	**270**	Corrective action has not yet been implemented and no revised date provided for the additional planning.
Procure the necessary hardware/software to fully test the data entry application needed for Disclosure by December 2013	1/30/2013	12/31/2013	Based on further review, we have determined there is no need to purchase hardware/software to test Data Entry however more time is required to determine how best to conduct a test - end of FY 2018.	9/30/2018	**-5**	Management is assessing a new corrective action to address this open recommendation and has revised the implementation due date to the end of FY 2018.

Recommendation	Actual Issue Date	Estimated Implementation Date	Last Status Update	Revised Implementation Date	Days Past Due	OIG Follow Up
Attachment E: Audit of the FEC's Office of Human Resources						
Once the Remedy customer request tracking system is implemented, OHR Management should determine the most effective way to use the automated system to improve the HR On Demand process and leverage the new system to streamline other related processes and procedures. In addition, this new process along with other related processes should be formally documented in a policy and/or standard operating procedures(SOP). The policies/SOPs should clearly document each OHR members' role and responsibilities, as well as details about the technical and operational components of the processes.	7/31/2013	9/30/2013	Rememdy is not being used and has been terminated. OHR on Demand is primary communication tool.	Not provided	**1821**	The OIG was informed by the Director of OHR that OCIO is still exploring a new online correspondence tracking system called Service Now to replace the Remedy System/HR On Demand. The Director of OHR also noted that OHR is not the only program office set to use the new tracking system, and therefore he does not have the final decision on what system will be selected. The FEC OIG notes that until a new system or an effective tool to track and monitor the timeliness of customer inquiries has been fully implemented, this recommendation can not be closed.
OHR should periodically (at least annually) review all HR- related policies and procedures for the agency and for the OHR to ensure policies and procedures are accurate and relevant, and update as needed.	7/31/2013	10/1/2013	New DHR reorganizing all HR policies to allow more frequent updates and better procedural approach. Plan to incorporate wiki tools to improve agency visibility of all procedures.	Not provided	**1820**	The Director of OHR has performed an assessment to identifying all HR/personnel related policies, directives, and SOPs that need to be revised, rescinded, and/or created to comply with current regulations/laws/guidance. As of July 2018, FEC OHR is now working with OPM's HR Solutions group to take the necessary corrective actions to update/create the neccesaary policies and procedures. To date, the following SOPs/policies have been completed: the retirement SOP, new fingerprinting SOP, and the Staff Acquistion process SOP. The OIG will verify once this recommendation has been fully implemented.
All policies and procedures should be posted in a central location accessible to all FEC staff (ex: FECNet [FEC intranet], the FEC computer server). In addition, when policies and procedures are updated they should be reposted and an email sent to all FEC staff on the changes/updates.	7/31/2013	9/30/2013	(1) Policies/procedures will be updated as policies are approved. (2) New DHR reorganizing all HR policies to allow more frequent updates and better procedural approach. Plan to incorporate wiki tools to improve agency visibility of all procedures. Working with IT to upgrade OHR website, pending hiring IT web designer.	Not provided	**1821**	The OIG will verify once this recommendation has been fully implemented.

Recommendation	Actual Issue Date	Estimated Implementation Date	Last Status Update	Revised Implementation Date	Days Past Due	OIG Follow-up
Attachment F: Inspection of FEC's Compliance with FMFIA/ OMB A-123						
The Office of the Chief Financial Officer (OCFO) should ensure sufficient information is included in the internal control review (ICR) packages submitted by program offices by making the ICR report mandatory.	6/17/2014	12/31/2014	In 09-2015, the Acting CFO created the A-123 task force. The purpose of the A-123 Task Force is to develop recommendations for implementing and/or revising FEC's internal control framework to comply with the newOMB A-123 guidance. Detailed procedures and training for annual internal review process included risk assessments. ICR guidance is provided annually. The FEC's A-123 Task Force has revised Directive 53 and it was approved by the Commission.on September 6, 2018.	Not Provided	**1364**	The OIG acknowledges that the annual ICR process was revised, a new control assessment template was rolled out for the FY 2016 review period, and Directive 53 has been updated to include the current ICR process. Per review of the FY 2017 control assessments submitted by program offices, OIG concludes some offices did not provide sufficient information to satisfy the instructions and compliance with A-123. For instance, some offices did not provide adequate documentation for some of the 17 principles, some offices did not include specific program information, some offices did not list internal control issues identified. Also, OIG notes that OMB recently rolled out a new A-123 Appendix A to align with the guidance around the implementation of an Enterprise Risk Management (ERM) framework and the DATA Act.This may require additional documentation and/or changes to the annual ICR process. The OIG will assess once the revised Directive 53 has been fully implemented and we can confirm that they are operating effectively and adequate to comply with the additional A-123 requirements.
OCFO should require any item marked as high risk on the VAC is explained in the respective program office’s ICR Report.	6/17/2014	12/31/2014	The new ICR assessment template currently requires items marked as high risk to be explained in the respective program offices report.	Not Provided	**1364**	The new ICR process and assessment template requires any internal control high risk ratings to be identified and explained.However, per review of the FY 2017 control assessments submitted by program offices, OIG concludes some offices did not provide sufficient information to satisfy internal control risk ratings or identify all known control issues. Also, OIG notes that OMB recently rolled out a new A-123 Appendix A to align with the guidance around the implementation of an Enterprise Risk Management (ERM) framework and the DATA Act.This may require additional documentation and/or changes to the annual ICR process. The OIG will assess once these new requirements have been fully implemented

As a best practice, program managers with the assistance of OCFO, should be trained on how to conduct an inherent risk assessment for all mission critical programs. Going forward, these inherent risk assessments should be reviewed annually as part of the ICR process.	6/17/2014	12/31/2014	Initial internal control training was provided by Management Concepts in 2016. In addition A-123 Task Force members trained the appropriate staff on FEC's new annual ICR process prior to the FY 2017 assessments were completed..	Not Provided	**1364**	OIG acknowledges that training was conducted by Management Concepts and by the A-123 Task Force. However, per review of the FY 2017 control assessments submitted by program offices, OIG concludes that additional training may be required. Especially in light of the fact that OMB recently rolled out a new A-123 Appendix A to align with the guidance around the implementation of an Enterprise Risk Management (ERM) framework and the DATA Act.This may require additional documentation and/or changes to the annual ICR process. The OIG will assess once these new requirements have been fully implemented.
The OCFO should improve their review process by paying special attention to the methodologies for the risk ratings and explanations of control issues for reasonableness, and to ensure all internal control issues are properly reported and potential material control weaknesses are identified.	6/17/2014	12/31/2014	The OCFO will follow-up with program offices. OCFO relies on program offices for control weaknesses. We review that they are reported forward. We also review the conclusions provided are supported and check to see that they are aligned. Establishment of SMC- Membership includes top management that is knowledgeable in program office responsibilities. This allows for comprehensive internal control review and risk identification.	Not Provided	**1364**	The OIG notes that the FY 2017 CFO summary which compiles the results of all program offices ICRs used to form the basis for recommending an agency-wide unqualified statement of assurance did not adequately disclose information related to known control issues. According to FMFIA, which is incorporated into A-123 guidance, the agency is still required to disclose all control issues (regardless if they are significant, material weaknesses or not) to the applicable oversight members responsible for providing the overall agency-wide assurance letter. In addition, the new A-123 requirements which require risk assessments to incorporate ERM concepts and fraud risk assessments went into effect in FY 2017. The OIG acknowledges that the FEC has established the SMC which is similar to a Risk Committee. The SMC has developed an ERM implementation plan and the initial risk profile.This recommendation can not be closed until additional oversight procedures are fully implemented to ensure compliance with these new requirements are operating effectively.

Recommendation	Actual Issue Date	Estimated Implementation Date	Last Status Update	Revised Implementation Date	Days Past Due	OIG Follow-up
Attachment G: Audit of the FEC's Telework Program						
The TMO or designee should reinforce telework policies and procedures to supervisors and staff annually (and as needed based on results of monitored activity).	6/28/2016	1/31/2017	TMO to send periodic reminder emails to all staff concerning Telework procedures. Ongoing	12/30/2018	-96	The OIG notes that emails are routinely sent during Telework open enrollment which references compliance with telework policies. However, the OIG did not obtain any documentation to support specific training related to telework hours where administered. This recommendation will remain open until the OIG can confirm that telework training has been conducted and/or telework policies related to properly recording telework hours have been reinforced and is operating effectively.
The TMO or designee should implement a control procedure to ensure all employees that are participating in the telework program have an approved telework application on file.	6/28/2016	9/30/2016	Reviewed annually	12/30/2018	-96	The OIG has not been able to confirm that this procedure is operating effectively.
The TMO or designee should periodically (at least annually) assess the telework programs and determine if policies and procedures need to be updated to reflect changes in standard practices and/or update for other reasons.	6/28/2016	9/30/2016	On-going	12/30/2018	-96	The OIG to confirm once the monitoring procedures have been fully implemented and we can verify that controls around telework are operating effectively.
Management should ensure telework policies and training materials give clear explanations as to when each type of telework pay category should be used. Also, the TMO should hold refresher training.	6/28/2016	9/30/2016	Complete, included in WebTA program.	12/30/2018	-96	The OIG notes that the revised telework pay categories incorporated into the new WebTA system are aligned with the pay categories in the NBU/BU policies. However, the OIG did not obtain any documentation to support specific training related to telework hours where administered. This recommendation will remain open until the OIG can confirm that telework training has been conducted and/or monitoring procedures have been full implemented and shows that controls around telework are operating effectively.
Managers should ensure that episodic telework is only used for its intended purpose which is defined in the OPM federal telework guidance and FEC Telework policies as "sporadic, short period of time."	6/28/2016	9/30/2016	Reminder notice to all staff to comply with Telework policies go out periodically. Recommend that this item is closed.	12/30/2018	-96	The OIG to confirm once the monitoring procedures have been fully implemented and we can verify that controls around episodic telework are operating effectively.
The TMO or designee should periodically monitor telework activity to ensure episodic telework is being used properly, and to identify excessive use of episodic telework. The OIG suggests that WebTA telework reports could be generated to assist in this process.	6/28/2016	9/30/2016	Report development and testing in progress, estimated completion date is December 2018.	12/30/2018	-96	The OIG to confirm once this recommendation has been fully implemented.

FEC telework policies should state whether employees can request and/or be granted special telework arrangements (any arrangement outside the normal policy), as well as list the criteria that will be used for determining whether or not an employee can be approved for a special telework arrangement. If special telework arrangements are to be allowed, even if on a temporary basis, they should be documented in writing separate from the standard telework application and should include the anticipated timeframe of the special arrangement. Consideration should be given to have all special telework arrangements approved by the Staff Director, General Counsel, or Chief Financial Officer, as appropriate, along with notification to the TMO.	6/28/2016	1/31/2017	Special telework requests are handled through the FEC's Reasonable Accommodation Process through the EEO office, with documented evidence that special circumstances exist. No further action required, recommend this item to be closed.	12/30/2018	-96	The OIG was informed that FEC's standard telework business practice does not allow for special telework arrangements outside the policy except for arrangements that are granted through the reasonable accommodation process. However, the OIG has reason to believe that special telework arrangements have been made subsequent to this audit report. However, we did not confirm whether the arrangement(s) were approved through the reasonable accommodation program. The OIG still recommends that Management should consider revising the NBU telework policy to explicitly state that special telework arrangements that fall outside the policy guidelines must be documented either as part of a reasonable accommodation plan or authorized and memorialized (i.e. email) by the TMO. Similar language should also be proposed during the next LMA negotiations. In addition, the OIG suggests that management should ensure that the annual review procedures to be implemented will incorporate steps that would be able to identify these types of arrangements and to verify they were properly approved and granted equitably.
The TMO or designee should perform monitoring of the telework programs at least annually. The WebTA telework activity reports could be generated and reviewed to perform monitoring and evaluation of the telework programs. Currently these reports are generated to respond to occasional OPM telework data calls. For example, some of the reports list the names of the employees who telework more days than the policies allow and break it down by the actual number of days teleworked. A sample of employees who appear to telework more days than are allowed per policy could be followed up on to determine if the data is accurate, proper documentation exists, explanations are reasonable, and/or telework activity is not incompliance with applicable policies.	6/28/2016	9/30/2016	Report development and testing in progress, estimated completion date December 2018.	12/30/2018	-96	The OIG to confirm once this recommendation has been fully implemented.
The TMO or designee should implement tools and processes to evaluate the effectiveness of the FEC’s telework programs.	6/28/2016	9/30/2016	Report development and testing in progress, estimated completion date December 2018.	12/30/2018	-96	The OIG to confirm once this recommendation has been fully implemented.

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