



PEACE CORPS
Office of Inspector General

Post Re-Entry Review

Final
Post Re-entry Health and Safety
Review of Peace Corps/Colombia

IG-23-01-E
December 2022



EXECUTIVE SUMMARY

OVERVIEW

On November 1, 2021, the Peace Corps notified the United States Congress that Peace Corps/Colombia (hereafter referred to as “the post”) intended to resume operations. The post initially planned to intake 6 reinstated Volunteers in February 2022 and 18 new Peace Corps Volunteers in April 2022. The first intake arrived in April of 2022 with 16 Volunteers and 1 Peace Corps Response Volunteer. On June 14, 2022, the Office of Inspector General announced this review to assess the post’s compliance with specific agency policies and procedures related to Volunteer/trainee health and safety, and the reentry process.

WHAT WE FOUND

Our review found that the post generally complied with relevant policies and procedures. However, we identified four areas of noncompliance that require management’s attention. We found that: 1) additional oversight will improve the effectiveness of the Medical Action Plan (MAP) and Medical Facility Assessments; 2) post site history files did not contain required information regarding site development or security incidents; 3) Volunteers did not complete all mandatory training prior to arriving at site; and 4) some staff did not complete mandatory training prior to Volunteers arriving at the post.

RECOMMENDATIONS IN BRIEF

Our review contains six recommendations directed to the post. We recommend that the post ensure that the MAP is complete with all of the information fields, and to include the Death of a Volunteer policies and procedures. We also recommend that all required tabletop exercises are conducted and reported on the related MAP attachments. We also recommend that the post review the Medical Facility Assessments and ensure that all the information fields are completed. We recommend that the post fully comply with Peace Corps Safety and Security Instruction 401 by correctly documenting all relevant security incidents in the Volunteer Information Database Application. Finally, we recommend that the post ensure that all trainees are assigned and have completed the required modules during pre-service training.

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BACKGROUND

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

On November 1, 2021, the Peace Corps notified the United States Congress that Peace Corps/Colombia intended to resume operations. The post initially planned to intake 6 reinstated Volunteers in February 2022 and 18 new Peace Corps Volunteers in April 2022. The first intake arrived in April of 2022 with 16 Volunteers and 1 Peace Corps Response Volunteer.

OBJECTIVE, SCOPE, & METHODOLOGY

On June 14, 2022, the Office of the Inspector General (OIG) announced this review to assess Peace Corps/Colombia’s compliance with agency policies and procedures related to Volunteer/trainee health and safety, and the re-entry process. We assessed the following researchable questions to achieve the objective:

Re-Entry Process

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

Health Care

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

Emergency Preparedness

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

Site Preparation

- Do site history files meet the requirements of Safety and Security Instruction (SSI) 401?
- Do site history files include information on serious crimes per SSI 401?

Training

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

The scope of this review included the post's activities and practices from 2020 to 2022. This review was conducted from Peace Corps headquarters without travel to the post and the fieldwork occurred from June to August 2022. The Evaluation Unit reviewed documentation provided by the agency using the following methodology:

We reviewed:

- The agency certifications of the external and internal factors checklists to confirm they were completed as defined by the CREG.¹
- The post's MAP, records of Peace Corps Volunteer medical site visits, and MFAs for compliance with TG 385 and 204.
- The medical site visit schedule to confirm Volunteers were scheduled to receive one, as required by TG 204. We reviewed a sample of site history files to confirm that they contained required documentation of the site development process.
- A sample of site history files to determine if serious crime incidents were noted and interviewed post staff about the process for vetting sites.
- The Volunteer reorientation and pre-service training schedules to confirm that required sessions were included.
- The Staff training records for completion of required training on Sexual Assault Risk Reduction and Response (SARRR) procedures, Death of a Volunteer (DOV) procedures, Security Incident Management Systems (SIMS) certification, and EAP refresher training. We also verified staff's familiarity with DOV procedures, the Security Incident Reporting Guide (SIRG) and its emergency notification tables.

¹ In reviewing agency certifications of external and internal review procedures, OIG did not assess the criteria for meeting the external and internal factors.

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- The post's EAP to confirm updates based on the 2019 template and that it included the COVID-19 analysis.
- The Volunteers' contact information in VIDA to ensure compliance with SSI 603.

When questions arose from this documentation review, we conducted virtual interviews with relevant staff in Colombia.

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

REVIEW RESULTS

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

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

Compliance Review Results			
Areas Reviewed	Result	Observations	
External Factors	Met	The criteria as outlined in the CREG for the External Review Process were met in re-opening this post.	
Internal Factors	Met	The criteria as outlined in the CREG for the Internal Review Process were met in re-opening this post.	
Medical Action Plan	Not Met	The MAP components met most of the requirements of TG 385. However, we found the MAP and Regional MAP were missing information for several facilities, such as addresses and hours of operation. We also found the post did not complete MAP Attachment E: Tabletop Exercise Report and partially completed MAP Attachment I: COVID-19 Tabletop Exercise Report.	
Facility Assessments	Not Met	All Medical Facility Assessments were submitted as TG 204 requires, but 2 assessments were missing information.	
Site Contact Information	Met	Volunteer contact information met the requirements of SSI 603.	
Site History Files Contents	Not Met	The Post’s management of site history files generally met the requirements of SSI 401 and post specific policy. However, we found that 2 sites reviewed were missing 1 required document.	
Crime Incidents in Site History Files	Not Met	The Post did not note the ID number for all serious crime incidents in the notes section of VIDA as SSI 401 requires.	
Volunteer/Trainee Training	Not Met	All but 1 required training topics were covered during re-orientation and pre-service training. We found that most Volunteers did not complete the BHO Health and Wellness Return to Service Modules as the CREG requires.	
Staff Training	SARRR, SIMS, DOV, and EAP	Not Met	Staff did not receive all required training prior to the arrival of Volunteers, as SSI 101, 120 and the Safety Roadmap requires. However, by the end of OIG fieldwork, most staff had received the required training.
	Familiarity with DOV Procedures	Met	Required staff were familiar with the DOV procedures.
	Familiarity with emergency notification tables and SIRG	Met	Required staff were familiar with the emergency notification table and SIRG.
EAP Review	Met	The Post’s EAP met the requirements of MS 270 and SSI 602.	

The Medical Action Plan Was Missing Information

Technical Guideline (TG) 385 provides direction on the components and organization of a comprehensive Medical Action Plan (MAP), which incorporates a Post Medical Action Plan (PMAP), Regional Medical Action Plans (RMAPs) and Individual Medical Action Plans (IMAPs). According to TG 385, the MAP must be regularly updated to properly handle urgent or emergent medical needs of Volunteers and should assist a temporary duty (TDY) or backup Peace Corps medical officer (PCMO) in the event of an emergency. We found that the PMAP was missing information for several facilities, such as addresses and hours of operation. Also, the RMAP for the Caribbean Region was missing information regarding imaging and emergency transfusion centers. The missing information could cause confusion and delays in an emergency, particularly for TDY or backup PCMOs as staff attempted to obtain the information.

TG 385 requires that posts annually review their MAP and conduct a tabletop exercise to ensure they can address urgent or emergent medical needs of Volunteers. A report of the tabletop exercise must be included in Attachment E of the MAP. We found that post did not complete this attachment. The Internal Factors Checklist and the Safety Roadmap also require posts to conduct a COVID-19 Tabletop Exercise and document the results in Attachment I of the MAP. We found that Attachment I was partially complete, and staff told us that they thought the COVID-19 tabletop exercise met the TG 385 requirement, and therefore did not conduct another tabletop exercise nor complete Attachment E. However, the agency requires completion of both tabletop exercises and completion of Attachment I and E.

Lastly, we requested the post's "Death of a Volunteer" policy and procedures (DOV) and staff at the post provided an outdated version from April 2018. We observed that a copy of the DOV was not included in the MAP as required. Some staff were not aware that the DOV was updated in November 2021. Including the DOV in the MAP will help ensure that in the event of an emergency, staff are referencing and following the most recent procedures.

We recommend:

- 1. That the country director ensures that all information fields on the Medical Action Plan are completed.**
- 2. That the country director ensures that all required tabletop exercises are conducted and reported on the related Medical Action Plan attachments.**
- 3. That Peace Corps medical officers include the most recently updated Death of a Volunteer policies and procedures in the Medical Action Plan.**

The Medical Facility Assessments Were Missing Information

TG 204 provides requirements for PCMO assessments of local healthcare facilities and consultants. We found that the post's Medical Facility Assessments were submitted in the required timeframe, but two assessments were missing information, including air ambulance availability and pharmacy operations. Staff told OIG they would update the assessments. Complete Medical Facility Assessments will enable the post to respond quickly and effectively to a Volunteer medical emergency.

We recommend:

- 4. That the country director ensures that all information fields on the medical facility assessments are completed.**

Post Site History Files Did Not Contain Required Information Regarding Site Development or Security Incidents

According to MS 270, the quality of a Volunteer's site, housing, and work assignment is a critical feature of a safe Volunteer experience, and each post must ensure that site history captures security incidents that could affect future Volunteer placements. SSI 401 outlines procedures and requirements for maintaining site history files. The December 2021 publication of SSI 401 states that identification (ID) numbers for certain incidents, including serious crimes, must be inputted in VIDA under "security incident" in the notes section for the site.² We randomly selected 11 serious crime incidents that occurred within the last 10 years to confirm their ID numbers were correctly noted in VIDA. We found that the post was not fully in compliance with SSI 401. Of the 11 incidents reviewed, two incidents were not noted anywhere in the VIDA site history file. Both incidents occurred at the same site, which was under development and consideration for Volunteer placement. We also found that four incidents were documented in VIDA using their ID number, but not in the notes section as required. Five incidents were documented correctly with their ID numbers in the notes section.

When we informed staff of the missing crime incidents in VIDA, staff told us that they believed there was an error with VIDA but would update the site history file. We confirmed that post staff have since updated VIDA with the missing information. OIG is concerned that any crime incident information that is not properly documented or missing from VIDA poses a risk that

² VIDA is the Volunteer Information Database Application that allows for the tracking and management of Volunteer information, Volunteer counterparts, host agencies, and other partners involved in Volunteer projects.

staff might not review the incident details to ensure the site is safe or to consider mitigation strategies that could be adopted.

In addition to noting serious crime incidents, MS 270 requires that the post establish and apply a process for developing, selecting, and approving sites. According to SSI 401, site history files must contain certain documents regarding site identification, work location, and housing. We reviewed the site history files for four current sites and found that two were missing a required document: one was missing the sexual assault prevention guide for schools and the other was missing the school agreement form. This was an area of noncompliance and OIG is concerned about missing documentation as it can impact oversight. However, we concluded that the amount of missing documents did not indicate systemic issues nor warrant an OIG recommendation.

We recommend:

- 5. That the country director and director for programming and training ensure that all relevant security incidents are correctly documented in the Volunteer Information Database Application.**

Volunteers Did Not Complete All Mandatory Training Prior to Arriving at Site

The Office of Health Services provided guidance on health and wellness training to all Volunteers returning to or entering service. There are 20 topics that must be covered during return to service training. We found that most Volunteers had not completed the Behavioral Health and Outreach Health and Wellness Return to Service modules.

The training records showed that just three Volunteers completed the modules before swearing-in. The post's Learning Space course showed that Volunteers must complete the modules by October 3, 2022. However, the CREG recommends that all modules be completed within 10 days of an invitee arriving at post, which occurred in April. This course, which covers topics such as social distancing, integration stress, and resilience, was intended to assist Volunteers in managing pandemic-related behavioral health, and OIG believes should be completed before Volunteers arrive at site.

We recommend:

- 6. That the director of programming and training ensure that all trainees are assigned the Behavioral Health and Outreach Health and Wellness Return to Service modules and complete them during pre-service training.**

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

According to the Safety Roadmap, all staff must complete mandatory training prior to Volunteers' arrival, which in Colombia was April 2022. The post provided training records for staff that indicated two staff did not complete the annual in-person Sexual Assault Risk Reduction and Response (SARRR) refresher training prior to the Volunteer input. However, OIG was not concerned because these two staff onboarded after the training was provided and their onboarding training included SARRR training. The training records also indicated that one of the new staff did not complete the Supporting Volunteer Victims of Sexual Assault training, which is required within 30 days of onboarding, one staff did not complete the DOV tabletop, and six staff did not complete the EAP annual refresher training.³ Although staff did not complete the training prior to Volunteers' arrival, we confirmed that all staff had completed the training by the end of OIG fieldwork. OIG is concerned that untrained staff may have impacted the effectiveness of emergency preparedness and responding to Volunteer's reporting crimes during pre-service training. However, since staff eventually completed the training OIG is not issuing a recommendation on this matter.

The Safety Roadmap also identified the SIRG, emergency notification tables, and DOV procedures as guidance that should be familiar to key staff. Through interviews, we determined that staff were familiar with the information contained in the SIRG, emergency notification tables, and DOV procedures. However, not all staff knew where to find the emergency notification tables and DOV procedures. We believe that by including the DOV procedures in the MAP as we have recommended, staff will know where to find them.

³ One additional staff did not complete any required training due to recently onboarding. Therefore, we did not include the staff in these figures.

LIST OF RECOMMENDATIONS

WE RECOMMEND:

1. That the country director ensures that all information fields on the Medical Action Plan are completed.
2. That the country director ensures that all required tabletop exercises are conducted and reported on the related Medical Action Plan attachments.
3. That Peace Corps medical officers include the most recently updated Death of a Volunteer policies and procedures in the Medical Action Plan.
4. That the country director ensures that all information fields on the Medical Facility Assessments are completed.
5. That the country director and director for programming and training ensure that all relevant security incidents are correctly documented in the Volunteer Information Database Application.
6. That the director of programming and training ensure that all trainees are assigned the Behavioral Health and Outreach Health and Wellness Return to Service modules and complete them during pre-service training.

APPENDIX A: INTERVIEWS CONDUCTED

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

Table 2: Interviews Conducted with PC/Post Staff

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

APPENDIX B: LIST OF ACRONYMS

OIG	Office of Inspector General
CREG	Country Re-Entry Guide
OGO	Office of Global Operations
SARRR	Sexual Assault Risk Reduction and Response
KPA	Kate Puzey Peace Corps Volunteer Protection Act of 2011
HQ	Headquarters
MTG	Medical Technical Guidance
SSI	Safety and Security Instruction
MS	Manual Section
SSM	Safety and Security Manager
SSA	Safety and Security Assistant
PCMO	Peace Corps Medical Officer
CD	Country Director
DPT	Director of Programming and Training
V/T	Volunteers or Trainees
MAP	Medical Action Plan
EAP	Emergency Action Plan
DOV	Death of a Volunteer
PMAP	Post Medical Action Plan
COTE	Calendar of Training Events
PST	Pre-Service Training
SIMS	Security Incident Management System
VIDA	Volunteer Information Database Application
SIRG	Security Incident Reporting Guide

APPENDIX C: AGENCY RESPONSE TO THE PRELIMINARY REPORT



MEMORANDUM

To: Joaquin Ferrao, Acting Inspector General

Through: Emily Haimowitz, Chief Compliance Officer EMILY HAIMOWITZ Digitally signed by EMILY HAIMOWITZ Date: 2022.12.04 21:56:27 -05'00'
Signature

From: Mike McCabe, Regional Director, IAP Region MICHAEL MCCABE Digitally signed by MICHAEL MCCABE Date: 2022.12.07 11:18:38 +12'00'
Signature

Matthew Carlson, Country Director, Peace Corps/Colombia Carlson, Matthew Digitally signed by Carlson, Matthew Date: 2022.12.01 13:38:31 -08'00'
Signature

Date: December 7, 2022

CC: Lauren Stephens, Chief of Staff
Scott Beale, Associate Director for Global Operations
Meredith Giordano, Deputy Director for Global Operations
Leslie McCuaig, Chief of Operations, IAP Region
Eleanor Bedford, Chief of Programming and Training, IAP Region
Gonzalo Molina, Chief Administrative Officer, IAP Region
Katrina Castner, Supervisory Country Desk Officer, IAP Region
Andrea Aribé, Country Desk Officer, Colombia
Joshua O'Donnell, Regional Security Advisor, IAP Region
Shawn Bardwell, Associate Director, Safety & Security
Victor Sloan, Associate Director, Office of Health Services
Katie Downes-Angus, Compliance Accountability Officer
Gregory Yeich, Compliance Officer

Subject: Agency Response to the Preliminary Report on the Post Re-Entry Health and Safety Review of Peace Corps/Colombia (Project No. 23-EVAL-01)

Thank you for the opportunity to respond to this preliminary report from the Office of Inspector General (OIG). Enclosed please find the agency's response to the recommendation made by the Inspector General as outlined in the OIG's Preliminary Report on the Post Re-Entry Health and Safety Review of Peace Corps/Colombia (Project No. 23-EVAL-01) sent to the agency on October 25, 2022.

Recommendation 1

That the country director ensures that all information fields on the Medical Action Plan are completed.

Concur

Response:

Post updated the Post Medical Action Plan and Regional Medical Action Plan to ensure that all empty fields have been completed.

Documents Submitted:

- Updated Post Medical Action Plan
- Updated Regional Medical Action Plan

Status and Timeline for Completion: December 2022

Recommendation 2

That the country director ensures that all required tabletop exercises are conducted and reported on the related Medical Action Plan attachments.

Concur

Response:

In September 2021, the Office of Health Services (OHS) issued TG 204 Attachment M, Peace Corps Return to Service Healthcare Assessments, with the purpose of providing a timeline of the assessments required to be completed by posts. OHS required posts to complete the assessments outlined in that attachment, including TG 385 Attachment I, Medical Action Plan: Table Top for COVID-19. This list of assessments is for the post's activities to return to service. OHS did not update TG 385 to remove the requirement for TG 385 Attachment E because after the first cohort of Volunteers returns to each post, the requirements will return to including TG 385 Attachment E.

Post completed the required tabletop exercise in March 2022 and has updated TG 385 Attachment I to ensure it has been fully completed.

Documents Submitted:

- Updated TG385 Attachment I: Table Top for COVID-19

Status and Timeline for Completion: December 2022

Recommendation 3

That Peace Corps medical officers include the most recently updated Death of a Volunteer policies and procedures in the Medical Action Plan.

Concur

Response:

Post updated the Medical Action Plan to include all policies and procedures associated with a Death of a Volunteer, specifically TG 165: Volunteer Death.

Documents Submitted:

- Updated Post Medical Action Plan

Status and Timeline for Completion: December 2022

Recommendation 4

That the country director ensures that all information fields on the Medical Facility Assessments are completed.

Concur

Response:

Post updated the Medical Facility Assessments to ensure the air ambulance availability and pharmacy operations have complete information.

Documents Submitted:

- Updated Post Medical Facility Assessments

Status and Timeline for Completion: December 2022

Recommendation 5

That the country director and director for programming and training ensure that all relevant security incidents are correctly documented in the Volunteer Information Database Application.

Concur

Response:

Post updated the Standard Operating Procedure (SOP) for Site Files Management to include the process for ensuring all relevant security incidents are documented correctly in VIDA. Post has implemented the SOP by ensuring all active sites where serious crime had occurred had a note in VIDA as required.

It is important to note that the Peace Corps has updated its Security Incident Management System and one of the new features is that it automatically populates the incident number into VIDA. The incident number will appear in a new section called “incidents.” The

agency is in the process of updating its written guidance to include a change in where incident numbers will be documented.

Documents to be Submitted:

- Updated PC/Colombia Site Files Management SOP
- Notification that incident numbers have been updated to all respective sites in VIDA

Status and Timeline for Completion: March 2023

Recommendation 6

That the director of programming and training ensure that all trainees are assigned the Behavioral Health and Outreach Health and Wellness Return to Service modules and complete them during pre-service training.

Concur

Response:

All Trainees and Volunteers have now completed the Behavioral Health and Outreach Health and Wellness Return to Service training modules. In addition, post is monitoring completion of these modules in their pre-departure platform.

Documents Submitted:

- Behavioral Health and Outreach Health and Wellness Return to Service Training Records for All Trainees and Volunteers in country
- Screenshot of pre-departure platform

Status and Timeline for Completion: December 2022

APPENDIX D: OIG COMMENTS

In its response to the preliminary report, management concurred with the 6 recommendations and provided documentation of actions it took to address the issues that prompted recommendations 1, 2, 3, 4 and 6. OIG reviewed the documentation, and we will close recommendations 1, 2, 3, 4 and 6. We wish to note that in closing these recommendations, we are not certifying that the agency has taken these actions or that we have reviewed their effect. Certifying compliance and verifying effectiveness are management's responsibilities. However, when we feel it is warranted, we may conduct a follow-up review to confirm that action has been taken and to evaluate the impact.

APPENDIX E: REVIEW PURPOSE, COMPLETION AND OIG CONTACT

REVIEW PURPOSE

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

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

REVIEW COMPLETION

This review was conducted under the direction of Assistant Inspector General for Evaluations Reuben Marshall, by Program Analyst Kareen Sanchez and Senior Evaluator Tanique Carter. Additional contributions were made by Senior Evaluator Paul Romeo.

OIG CONTACT

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

Help Promote the Integrity, Efficiency, and Effectiveness of the Peace Corps

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

Contact OIG

Reporting Hotline:

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Toll-Free (U.S. only): 800.233.5874

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