
Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General

December 2020



Message from the Chair and Vice Chair of the Council of the Inspectors General on Integrity and Efficiency Inspection and Evaluation Committee

Offices of Inspectors General (OIGs) promote economy, efficiency, and effectiveness and prevent and detect fraud, waste, and abuse in government programs and operations. OIGs play an important role in accountability, transparency, and oversight in government. Inspections and evaluations (I&Es) are a flexible and efficient tool for OIGs, and the *Quality Standards for Inspection and Evaluation* provide the OIG community a solid foundation for this important work.

In 2017, the Council of the Inspectors General on Integrity and Efficiency (CIGIE) approved the first implementation of an external I&E peer review process. The purpose of the peer review is to support a fully professional I&E function across the OIG community. The peer review process provides assurance to OIGs and their stakeholders of the I&E organization's compliance with standards. We are pleased to present the revised December 2020 *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* (I&E Peer Review Guide).

The I&E Peer Review Guide implements the CIGIE I&E Committee's peer review program. The Guide provides CIGIE members with information on the implementation of peer review requirements from CIGIE and the *Quality Standards for Inspection and Evaluation*. The December 2020 I&E Peer Review Guide is based on changes adopted by both the I&E Committee and CIGIE and it supersedes the September 2019 Guide. The December 2020 I&E Peer Review Guide:

- Distinguishes between the Peer Review Report and Letter of Comments, emphasizing that the report and letter are two separate products,
- Implements the new peer review team approach with one OIG reviewing another, and
- Clarifies wording throughout (for example, use of checklists, dispute resolution escalation procedures, semiannual reporting requirements, and peer review team qualifications).

This revision has gone through an extensive deliberative process, including comments and input from members of the I&E Roundtable, I&E Committee, and members of CIGIE.

We are grateful to the members of the I&E Peer Review Working Group and those that contributed to the effort or provided feedback during the revision process. The I&E Committee welcomes any suggestions for continuous improvements to the peer review program. Please direct your suggestions to iepr@cigie.gov.

This December 2020 revision is effective for peer reviews beginning in April 2021.

Sincerely,

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I&E Committee Chair
Inspector General
Farm Credit Administration

Mark Greenblatt
I&E Committee Vice Chair
Inspector General
Department of the Interior

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Policy for Inspection and Evaluation External Peer Reviews

I. Purpose

- i. The *Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General* (Guide) provides policy guidance for the Council of the Inspectors General on Integrity and Efficiency (CIGIE) members performing external peer reviews¹ of CIGIE organizations that conduct inspections and evaluations (I&E)² in accordance with the *Quality Standards for Inspection and Evaluation* (Blue Book).
- ii. The CIGIE external peer review program is designed to assure Offices of Inspectors General (OIG) and their stakeholders of an I&E organization's³ compliance with covered Blue Book standards. External peer reviews provide a level of objectivity and independence in making this determination as well as a learning opportunity for both the I&E organization under review (Reviewed Organization) and the I&E organization conducting the external peer review (Reviewing OIG). Specifically, the Reviewed Organization benefits from constructive feedback and/or validation of its work products and processes and the Reviewing OIG gains exposure to a different approach to conducting I&E work—potentially producing more robust I&E work across OIGs. The peer reviews discussed in this Guide, like I&Es themselves, can and should be designed to fit different circumstances across the community.
- iii. This Guide remains in effect until superseded or rescinded by the I&E Committee. The I&E Committee may also approve and publish a summary of interim technical clarifications and changes to the Guide, as appropriate.

II. External Peer Review Program

- i. The I&E Committee manages and oversees the external peer review program. The I&E Peer Review Working Group is the I&E Committee's designee for managing peer review-related activities, unless otherwise directed by the I&E Committee.
- ii. This Guide discusses two types of peer reviews—the required *External Peer Review* and the *Modified Peer Review*. The peer review of an OIG's I&E organization covers seven Blue Book standards: Quality Control, Planning, Data Collection and Analysis, Evidence, Records Maintenance, Reporting, and Followup. The external peer review assesses whether an I&E organization's internal policies and procedures are consistent with the seven covered Blue Book standards and its reports complied with those standards and the I&E organization's

¹ External I&E peer reviews are required as of January 17, 2017. The CIGIE membership adopted and approved the requirement for Offices of Inspectors General that conduct I&Es in accordance with the Blue Book.

² The Blue Book defines I&Es as systematic and independent assessments of the design, implementation, and/or results of an agency's operations, programs, or policies. They provide information that is timely, credible, and useful for agency managers, policymakers, and others.

³ The term "I&E organization" is used throughout the Guide to designate the entity or staff that performs work in accordance with the Blue Book standards. OIGs may have a single organization performing both I&Es and audits.

associated internal policies and procedures. A modified peer review assesses whether the internal policies and procedures of an I&E organization that has not published I&E reports during the appropriate 3-year period are consistent with covered Blue Book standards and, if properly implemented, should result in the issuance of I&E reports that comply with the covered Blue Book standards.

iii. The peer review and the resulting report must be objective and independent. The reviews should be conducted to maximize efficiency and minimize unnecessary burdens on the Reviewed Organization and the Reviewing OIG.

iv. The Reviewing OIG is responsible for reporting results of the external peer review in a written report and, if appropriate, a separate letter of comment. The peer review report (Peer Review Report) will not include an overall rating such as “pass/fail” or “compliant/non-compliant.”⁴ However, the report must state whether the Reviewed Organization’s internal policies and procedures were generally consistent with the seven covered Blue Book standards. The report also must state whether the Reviewed Organization’s work generally complied with covered Blue Book standards. The Peer Review Report should also include significant noncompliances and recommendations, as appropriate.

v. The Reviewed Organization should make the Peer Review Report publicly available and may provide copies of the report and, if issued, the Letter of Comment to the head of its agency and appropriate oversight bodies. The Reviewing OIG must e-mail a copy of the final Peer Review Report and, if issued, the Letter of Comment, to the I&E Peer Review Working Group, which will forward the Peer Review Report and, if issued, the Letter of Comment to the Chairs of CIGIE and the I&E Committee.

vi. As required by the Inspector General Act of 1978, as amended (IG Act), the Reviewed Organization is required to disclose the performance and the results of its most recent external peer review in its Semiannual Report to Congress (SAR). The Reviewed Organization’s SAR also must list any recommendations from previous peer reviews that are outstanding or have not been fully implemented. The Reviewing OIG must report required information on the Reviewed Organization’s external peer review in its SAR.⁵

vii. At the end of the second year of each 3-year cycle, the I&E Committee or its designee will evaluate the external peer review process, including its effectiveness. This evaluation may lead to revisions and improvements to the external peer review process that would be recommended to the full CIGIE membership for approval, and, if approved, would be reflected in this Guide for the next cycle.

⁴ Currently, unlike External Peer Review reports for audit or investigative organizations, the I&E Peer Review Report will not provide an overall rating. For example, the report will not contain a statement, such as “The Reviewed Organization has received an External Peer Review rating of pass” or the Reviewed Organization has received an overall External Peer Review rating of noncompliant.

⁵ The requirement to include this information in an OIG’s SAR is contained in Section 5 (14), (15), and (16) of the Inspector General Act of 1978, as amended. Section 989C of PL III-203 [also known as the “Dodd-Frank Act”] revised the IG Act to include these requirements. Guidance is available in the CIGIE Implementing Guidance for OIG Reporting of Peer Review Results in Semiannual Reports to the Congress. This requirement does not include the Letter of Comment.

Guidelines for Conducting the External Peer Review

I. Preface

The standard for Maintaining Quality Assurance in the *Quality Standards for Federal Offices of Inspector General*⁶ provides general guidance for performing an external peer review. The Reviewing OIG should use this section of the Guide and professional judgment to conduct a peer review of the Reviewed Organization and to ensure the adequacy and consistency of the external peer review process across I&E organizations.

II. General Considerations

Requirement for and Timing of an External Peer Review

1. Generally, an I&E organization's first external peer review will occur after it has completed 3 years of I&E work in accordance with Blue Book standards.

- a. An I&E organization that issued at least one report in accordance with Blue Book standards during the 3 years prior to the start of the peer review cycle, regardless of when during the 3 years the reports were issued, must obtain an I&E external peer review.⁷
- b. An I&E organization that did not issue I&E reports during the 3 years prior to the start of the peer review cycle but conducted I&E work and/or had internal policies and procedures for conducting I&E work and plans to perform I&E work under Blue Book standards should obtain a modified external peer review.

2. An I&E organization's first external peer review must be conducted no later than 5 years after the date of issuance of the I&E organization's first final report.

3. After the initial peer review, I&E organizations that issue reports in accordance with the Blue Book are required to have an external peer review⁸ every 3 years.

Changes to the Peer Review Schedule

4. An I&E organization may request a change from an external to a modified peer review⁹ when the I&E organization:

⁶ The CIGIE *Quality Standards for Federal Offices of Inspector General, August 2012*, is also known as the Silver Book.

⁷ For example, to be required to have an external peer review for the schedule starting April 1, 2021, the I&E organization would have issued its report(s) between April 1, 2018, and March 31, 2021.

⁸ I&E organizations that had an external or modified peer review conducted during the prior 3-year cycle will automatically be scheduled for an external peer review for the subsequent 3-year cycle.

⁹ A request to change from an external peer review to a modified peer review should be submitted to the IEPRWG at iepr@cigie.gov by the head of the I&E organization or their designee. The request form is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>

- a. did not conduct I&E work or issue I&E reports in accordance with the Blue Book standards during the 3 years after its prior peer review;¹⁰ and
- b. plans to perform I&E work or issue I&E reports in the future.

5. An I&E organization should request removal from the I&E schedule¹¹ when the I&E organization:

- a. did not conduct I&E work or issue I&E reports in accordance with Blue Book standards during the 3 years after its prior peer review;¹² and
- b. does not plan to conduct I&E work in the future.

The I&E Committee will review and approve each request on a case-by-case basis.

III. Objectives of the External Peer Review

The external peer review of an OIG's I&E organization is designed to determine whether the Reviewed Organization's internal policies and procedures are consistent with covered Blue Book standards and whether the reviewed reports¹³ generally complied with the covered Blue Book standards and the Reviewed Organization's associated internal policies and procedures.

IV. Scope of the External Peer Review

1. At a minimum, all external peer reviews of a Reviewed Organization must include an assessment of the following seven standards:

- **Quality Control.** Each OIG organization that conducts I&Es should have appropriate internal quality controls for that work.
- **Planning.** I&Es are to be adequately planned.
- **Data Collection and Analysis.** The collection of information and data will be focused on the organizations, program, activity, or function being inspected or evaluated, consistent with the I&E objectives, and will be sufficient to provide a reasonable basis for reaching conclusions.
- **Evidence.** Evidence supporting I&E findings, conclusions, and recommendations should be sufficient, competent, and relevant and should lead a reasonable person to sustain the findings, conclusions, and recommendations.
- **Records Maintenance.** All relevant documentation generated, obtained, and used in supporting the I&E findings, conclusions, and recommendations should be retained for an appropriate period of time.

¹⁰ For instance, the 3-year period would start on July 1, 2019, and end on June 30, 2022, when a Reviewed Organization's prior peer review covered the 3 years ending June 30, 2019.

¹¹ The IG or their designee must submit a formal request for removal to the I&E Committee through iepr@cigie.gov. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>

¹² For instance, the 3-year period would start on July 1, 2019, and end on June 30, 2022, when a Reviewed Organization's prior peer review covered the 3 years ending June 30, 2019.

¹³ The review of reports includes the review of the project documentation supporting or associated with the report.

- **Reporting.** I&E reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.
- **Followup.** Appropriate followup will be performed to ensure that any I&E recommendations made to the Department/Agency officials are adequately considered and appropriately addressed.

2. The IG of the Reviewed Organization or the IG's designee may request that the Reviewing OIG test compliance with additional Blue Book standard(s) or part(s) of other standard(s). However, the Reviewed Organization and the Reviewing OIG should consider the time needed to perform the additional review and the impact on milestone dates. The Reviewing OIG should be able to issue the final report by the required due date, either September 30 or March 31. Changes to the scope of the standard peer review should be documented in the project file and must be noted in the Scope and Methodology section of the Peer Review Report (Appendix A), as well as in the Memorandum of Understanding (MOU) (Appendix C).

3. The Reviewing OIG should select a representative sample of reports issued by the Reviewed Organization covering the 1-year period prior to the start of the peer review. However, the Reviewing OIG may expand this period to the 3 years prior to the start of the peer review. Considerations in report selection could include different categories or types of reports; reports with varying topics, lengths, or methodologies; or reports issued by different teams, divisions, components, or groups in the Reviewed Organization.

4. The number of reports to be reviewed depends on the size of the Reviewed Organization.

- For Reviewed Organizations categorized as "small," two reports should be reviewed.¹⁴
- For Reviewed Organizations categorized as "medium," three reports should be reviewed.
- For Reviewed Organizations categorized as "large," four reports should be reviewed.

The Reviewing OIG and Reviewed Organization may agree to have more, but not fewer, reports reviewed as long as the additional work will not impact the Reviewing OIG's ability to meet the final report date established by the peer review schedule.

5. The Reviewing OIG should consider the size and complexity of the Reviewed Organization's structure and work in applying the Blue Book standards. For example, small Reviewed Organizations that do not have formal, written internal policies and procedures should not automatically be considered noncompliant with Blue Book standards.

6. The Reviewing OIG should use the Policies and Procedures Review Checklist (Appendix D) to help guide its assessment of the Reviewed Organization's policies and procedures.¹⁵ The Reviewing OIG should also use the Report Review Checklist (Appendix E) to help guide its

¹⁴ When a small Reviewed Organization issued only one report during the 3-year timeframe, then the Reviewing OIG will only review the one report issued. The Reviewing OIG should not review a report from a different timeframe than the timeframe established for the peer review.

¹⁵ Interpretation as to whether a Reviewed Organization's internal policies and procedures were generally consistent with a specific Blue Book requirement should rely on the Blue Book itself, not the checklist question.

assessment of the reviewed reports¹⁶ compliance with the seven Blue Book standards¹⁷ and the associated internal policies and procedures.¹⁸ The Reviewing OIG should adjust the checklist, as appropriate, based on the collective professional judgment of individuals on its team and to cover guidelines for any additional standards included in the review.

V. Modified Peer Review

1. A modified peer review is conducted for an OIG with an I&E organization that did not issue any I&E reports during the applicable 3-year period, maintains internal policies and procedures for performing I&E work, and plans to perform such work in the future. In these cases, a peer review helps ensure that the organization's established¹⁹ internal I&E policies and procedures are current²⁰ and consistent with Blue Book standards. A modified peer review also may determine whether the I&E organization's established policies and procedures, if implemented as expected, would result in compliance with the covered Blue Book standards and other mutually agreed-to standard(s).

2. The Reviewing OIG must modify or adjust the scope and methodology of the modified peer review based on the situation. In general, once the Reviewing OIG completes the review of the Reviewed Organization's internal policies and procedures using Appendix D, the Reviewing OIG should complete its project documentation and start drafting the report.

3. The Reviewing OIG should modify the Peer Review Report Template (Appendix A) to fit the scope of the review conducted; the significant noncompliances identified; and recommendations. The Scope and Methodology section also should state that a modified peer review was performed.

4. To issue a Letter of Comment, if appropriate, the Reviewing OIG should modify the Letter of Comment Template (Appendix B) to fit the items, findings, and noncompliances identified; and recommendations.

VI. I&E Committee Scheduling and Coordination of the External Peer Review

1. External peer reviews are to be performed based on a 3-year schedule. The I&E Committee, or its designee,²¹ will oversee and maintain the peer review process and schedule. The

¹⁶ The report review includes a review of the project documentation supporting or associated with the report.

¹⁷ Interpretation as to whether a report generally complied with a specific Blue Book requirement should rely on the Blue Book itself, not the checklist question.

¹⁸ Generally, a separate Appendix D checklist should be completed for each set of internal policies and procedures that is reviewed. Similarly, a separate Appendix E checklist should be completed for each report that is reviewed.

¹⁹ For purposes of this exemption or implementation of the modified peer review process, internal policies and procedures must be written to be considered 'established'. The written policies and procedures may be informal, e.g., not formally approved by the I&E organization's management, but they must constitute guidelines that the I&E organization staff routinely follow. Non-written policies and procedures should not be the basis for a peer review, absent I&E work to verify compliance with them.

²⁰ Policies and procedures are current if they are periodically updated and they describe the internal policies and procedures the Reviewed Organization intends to follow to implement the Blue Book standards covered by the peer review.

²¹ As stated previously, the I&E Peer Review Working Group (IEPRWG) is the I&E Committee's designee for managing external peer review-related activities, unless otherwise directed by the I&E Committee.

Committee may permit and arrange an earlier or non-required peer review when requested by an IG or the IG's designee, provided another I&E organization is available and the requested review would not negatively affect the conduct of required peer reviews. The Committee may also postpone an I&E organization's peer review when formally requested by an IG.²²

2. Prior to the start of each 3-year cycle, the I&E organizations must provide to the I&E Committee information and data, as requested, to aid in the scheduling process. For scheduling purposes, the size of the I&E organization will be considered. I&E organizations will be assigned to categories, such as small, medium, and large, to facilitate management of the peer review process.

3. The I&E Committee should consider the following factors in setting the schedule: (1) the number of I&E organization staff members dedicated to I&E work, (2) pertinent measures of staff time spent performing I&E work, and (3) the number and types of I&E reports issued.

4. The I&E Committee should arrange the peer review schedule so that various sized I&E organizations are reviewed each cycle. Scheduling is dependent on factors, such as the availability of the Reviewed Organization's and the Reviewing OIG's staffs and CIGIE's ability to hold the peer review training/coordination session. Once an initial peer review is conducted on a Reviewed Organization, subsequent peer reviews will generally be conducted every 3 years. The I&E Committee may adjust the schedule, as appropriate.

5. An I&E organization that has uncorrected noncompliances with at least three different covered Blue Book standards from a prior I&E peer review may not conduct an external peer review.

6. The I&E Committee should coordinate scheduling of the Reviewed Organizations' I&E peer reviews with those of the Audit and Investigation Committees, when possible.

7. The I&E Peer Review Working Group maintains a list of POCs for Reviewed Organizations and Reviewing OIGs. The I&E Peer Review Working Group will provide the names and contact information for the POCs to the Reviewed Organization and Reviewing OIGs, respectively, approximately 60 days in advance of the starting date for a peer review so that the two OIGs can start the MOU (see Appendix C) coordination process.

8. External peer reviews of Reviewed Organizations in the Intelligence Community (IC) will be conducted using the processes outlined in this Guide.²³ However, peer reviews of IC I&E organizations may be staffed by teams comprised of one or more Reviewing OIGs with similar missions and clearance requirements as the Reviewed Organization.

VII. CIGIE Training Institute's Responsibilities for Peer Review Training and Coordination

²² The OIG must submit a formal request for a change to the peer review schedule to the I&E Committee. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

²³ The IC I&E organizations will establish a peer review schedule and share it with the I&E Peer Review Working Group for record keeping and coordination purposes.

1. CIGIE will hold a mandatory 1-day external peer review training/coordination session for the primary and/or secondary points of contact (POC(s)) from the Reviewed Organizations and Reviewing OIGs. The I&E Peer Review Working Group will provide CIGIE with the participants' names, contact information, and assignments 30 days prior to the date of the peer review training. If CIGIE does not receive the pertinent information in the allotted timeframe, it reserves the right to reschedule the training, as necessary. Because of the importance of the training/coordination session, the primary and/or secondary POCs from the Reviewed Organization and Reviewing OIG are required to attend. CIGIE also reserves the right to limit attendance. If a POC seeks an attendance waiver, they must send a request to the I&E Peer Review Working Group for approval.²⁴ The Working Group will only waive the attendance requirement in rare circumstances.

2. Prior to attending training, participants are expected to become familiar with the information in this Guide, including the respective responsibilities of the Reviewing OIG and the Reviewed Organization. CIGIE will send participants a list of documents and other information they should bring to the session, if not already provided to the Reviewed Organization or Reviewing OIG.

3. The I&E Committee will identify and communicate to CIGIE expected performance capabilities of peer reviewers related to the peer review process. CIGIE will then develop and deliver learning experiences linked to those desired performance-based outcomes.

4. Coordination between the Reviewing OIG and the Reviewed Organization is a planned, structured component of the training/coordination session. Other key components of the required training are:

- a. ensuring participants understand the purpose of the external peer review and the process for conducting peer reviews;
- b. completing the Work Plan Template (Appendix F); and
- c. discussing and determining logistical arrangements and other requirements for obtaining access to needed information, people, facilities, etc.

VIII. Responsibilities of the Reviewed Organization

1. The Reviewed Organization must notify the I&E Committee of any security clearance or other access requirements or other prerequisites for peer reviewers before the I&E Committee schedules the review. Early identification of any special requirements will help facilitate the assignment of a Reviewing OIG that has staff that may meet the requirements to conduct the peer review.

2. The Reviewed Organization must designate both primary and secondary POC(s) who are responsible for handling the administrative and logistical arrangements for the external peer

²⁴ Questions on the I&E peer review process, requests for a waiver regarding attendance at the training/coordination session, or requests for changes to the peer review schedule can be sent to the I&E Peer Review Working Group at iepr@cigie.gov. The formal request form for a peer review schedule change is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>.

review and coordination within the Reviewed Organization. Personnel from the Reviewed Organization should review this Guide to familiarize themselves with the process and its requirements.

3. The Reviewed Organization's POC(s) must attend CIGIE's 1-day training/coordination session. Prior to attending training, participants are expected to become familiar with the information in this Guide. The POC(s) should also have a signed MOU in place prior to the training/coordination session. The Reviewed Organization POC(s) attending the session should be prepared to provide the following information to the Reviewing OIG, if not already provided:

- a. availability of Reviewed Organization personnel needed to schedule key peer review events, such as the entrance meeting and onsite field visit;
- b. a list of all I&E reports, grouped by types,²⁵ issued during the 3 years prior to the start of the peer review; and
- c. a list of any other report(s) the Reviewed Organization would like the Reviewing OIG to include in the review.

4. Also, at the CIGIE 1-day training/coordination session, the Reviewed Organization POC(s) should provide, or be prepared to discuss with the Reviewing OIG, how and when they will provide the following information, when available:

- a. a copy of the most recently issued Peer Review Report and, if issued, the Letter of Comment.
- b. relevant policies, procedures, guidelines, handbooks and/or manuals related to processes the organization followed in conducting, reporting, and ensuring the quality of I&E projects;
- c. a crosswalk of the organization's internal policies and procedures relative to the Blue Book standards;
- d. the I&E work plan for the period covered by the peer review;
- e. an organization chart, including POCs for relevant processes, such as followup, IT help desk, and software technical help;
- f. a written description of corrective action(s) taken in response to the prior peer review recommendations, the status of any open recommendations or corrective actions, and an explanation for the open status;
- g. internal quality assurance reports relevant to the policies and procedures, or reports being reviewed; and
- h. the Reviewed Organization or OIG policies and procedures for contracting out I&E work.

²⁵ For example, memorandum versus full report, compliance reviews versus policy reviews, or I&E organization staff versus contractor performed. The Reviewed Organization should determine the categories used based on the types of projects its I&E organization conducts.

5. If the necessary information, reports, or supporting documents are not made available prior to or at the peer review training/coordination session, the Reviewed Organization POC(s) and the Reviewing OIG POC(s) should agree on how, and by what date, the Reviewed Organization will deliver the materials to the Reviewing OIG. The Reviewed Organization should provide timely access to the requested materials to help ensure the peer review will be completed within the required timeframe. The Reviewed Organization is responsible for providing workspace for any onsite review.

6. The Reviewed Organization POC(s) will provide, when requested by the Reviewing OIG, access to the Reviewed Organization's internal policies and procedures, reports, or project files addressed in the previous peer review report.

IX. Responsibilities of the Reviewing OIG

1. The Reviewing OIG should ensure that personnel assigned to conduct the external peer review are qualified and collectively possess adequate professional competency. "Qualified" generally means staff members capable of determining whether the Reviewed Organization's internal policies and procedures are consistent with the covered Blue Book standards and whether the Reviewed Organization's I&E projects and reports complied with the covered Blue Book standards and the Reviewed Organization's associated internal policies and procedures. Reviewing OIGs should make every effort to assign staff members with recent experience conducting and/or reviewing I&E work in accordance with the Blue Book standards. Assigned staff should possess the collective knowledge, skills, abilities, and experience necessary to complete an I&E peer review.

2. It is the responsibility of each Reviewing OIG to determine the number of staff they will assign to complete the peer review by the date established on the peer review schedule. Reviewing OIGs should consider the Reviewed Organization's security requirements relating to access to their workspace, OIG IT systems, and documents and records when assigning personnel to conduct peer review activities. To minimize remote access issues, assignments should consider the location of work papers in relation to the location of the Reviewing OIG.

3. The Reviewing OIG's primary and/or secondary POC(s) who will lead or conduct the peer review must attend the CIGIE's 1-day training/coordination session. The POC(s) will ensure that other staff assigned to conduct peer review perform their roles and responsibilities effectively and familiarize themselves with the peer review process and requirements described in this Guide. Staff assigned as peer reviewers should also read the Reviewed Organization's last two SARs in preparation for the review.

4. The Reviewing OIG is also responsible for:

- a. paying for all required travel;
- b. managing the overall peer review and ensuring the review complies with this Guide;
- c. performing logistical, administrative, and project management activities, such as coordinating the signing of the MOU, documenting the work plan, arranging entrance and exit meetings, and requesting additional information or clarification from the Reviewed Organization;

- d. obtaining access to the Reviewed Organization's prior peer review project documentation, when needed;
- e. providing the Reviewed Organization with the draft and final Peer Review Report and draft and final Letter of Comment, when applicable, for review and comment;
- f. obtaining the Reviewed Organization's comments on the draft Peer Review Report and Letter of Comment, when applicable;
- g. issuing the final Peer Review Report and, if issued, the final Letter of Comment to the Reviewed Organization's management;
- h. sending the final Peer Review Report and, if issued, the final Letter of Comment to the Chairs of CIGIE and the I&E Committee through the I&E Peer Review Working Group;
- i. storing and maintaining documents generated to support findings, conclusions, and recommendations;
- j. reporting required information on external peer reviews conducted in its SAR;
- k. reporting instances of fraud, illegal acts, or abuse, if any, to the appropriate authorities, as required by law or regulation, and to the Committee, as appropriate;
- l. responding to requests for information, including questions regarding the peer review and requests for access to Reviewing OIG documents; and
- m. resolving disagreements with the Reviewed Organization that rise to the IG level, if any.

X. Planning and Performing the External Peer Review

Timeframe for Completing the Peer Review

1. The I&E Committee will establish the timeframe, generally 6 months, for assigned peer reviews, including start dates and dates for issuance of final peer review reports. The CIGIE Training Institute's Audit, Inspection, & Evaluation Academy will determine the date of the training/coordination session. The Reviewing OIG should include key milestones dates in the Work Plan (Appendix F) and the MOU (Appendix C).
2. I&E organization officials from the Reviewed Organization and Reviewing OIG should agree with the general timeframe and specific dates for entrance and exit meetings; report issuance dates; and due dates for receipt of the Reviewed Organization management responses and/or comments on the report. I&E organizations have maximum flexibility in setting the review schedule. If additional time is needed to complete the review and issue the final report, the Reviewing OIG should request an extension from the I&E Committee.²⁶

MOU

3. An MOU (Appendix C) is required to ensure mutual agreement on the fundamental aspects of the external peer review and to avoid misunderstandings. The Reviewed Organization and Reviewing OIG must sign an MOU, indicating their agreement and understanding of the peer review process requirements. The MOU should address any special requirements for the

²⁶ The request for an extension to the final report issuance date should be sent to the I&E Committee through the I&E Peer Review Working Group at iepr@cigie.gov. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbaba243638299c7a1fe3a69d4>.

review, such as clearances required to access or handle personally identifiable information at the Reviewed Organization. The Reviewing OIG and the Reviewed Organization should revise and adjust the MOU and Addendum template to fit the specific circumstances for the peer review.

4. To ensure a timely start to the peer review, the Reviewing OIG and Reviewed Organization should start the MOU coordination process when the POC information is provided. If either the Reviewed Organization or Reviewing OIG believe that MOU coordination may take more than 60 days, either party may request the POC information at an earlier date.²⁷ The I&E Peer Review Working Group may provide the POC information when available. The MOU should be signed prior to the training/coordination session to facilitate planning activities and resolve issues that the Reviewing OIG and Reviewed Organization consider significant to conducting the peer review before beginning the peer review.

Planning

5. The following steps should be performed before the entrance meeting:

- a. have all parties sign the MOU (Appendix C);
- b. finalize the Work Plan (Appendix F); and
- c. review pertinent information and documents provided by the Reviewed Organization POC(s).

Entrance Meeting

6. The Reviewing OIG should hold an entrance meeting with the Reviewed Organization to discuss the ground rules of the review and facilitate conduct of the review. The Reviewed Organization's I&E officials should brief the Reviewing OIG on the organization's structure, work practices, and policies. The Reviewed Organization may conduct other required or beneficial briefings after the entrance meeting or at a mutually agreed-on time. Both parties should work collaboratively to ensure that the review is performed efficiently, effectively, and completed in the required timeframe.

Revising the Work Plan

7. The Reviewing OIG may revise the work plan based on information and discussions at the entrance meeting. Revisions may include changes, such as the reports selected for review or milestone dates. Both parties should agree to the changes and document the revisions.

Conducting the Peer Review

8. This Guide includes three tools to help the Reviewing OIG conduct and document its review:

- a. a Process Checklist (Appendix G) to guide the Reviewing OIG as it conducts its reviews;
- b. a Policies and Procedures Review Checklist (Appendix D) to guide the peer reviewer(s) in

²⁷ Circumstances taking additional time may include a requirement for specific additional wording in the MOU or availability of individuals who need to coordinate on or sign the MOU.

assessing the Reviewed Organization's internal policies and procedures against each of the covered Blue Book standards; and

- c. a Report Review Checklist (Appendix E) to guide the peer reviewer(s) in determining whether the reports selected for review and the associated documentation complied with the covered Blue Book standards and the Reviewed Organization's associated internal policies and procedures.

9. The Reviewing OIG should determine the most efficient and effective way to review the selected reports. The Reviewing OIG should arrange access to an electronic work paper system prior to the review. When possible, the Reviewing OIG may choose to access and review work papers and/or project documentation prior to the onsite portion of the review to make time spent onsite more productive.

10. The Reviewing OIG should follow the agreed-upon work plan and the Process Checklist (Appendix G).

Review of Implementation of Prior Peer Review Report Recommendations

11. The Reviewing OIG should review the Reviewed Organization's previous peer review report and assess the organization's implementation of the report's recommendations, if any. The Reviewing OIG may request access to the prior peer review project documentation from the prior Reviewing Organization, if needed.

12. The Reviewing OIG should assess the accuracy and completeness of the Reviewed Organization's description/representation of:

- a. the corrective action(s) taken in response to the prior peer review recommendations;
- b. the status of any open recommendations or corrective actions; and
- c. the explanation for the open status of any recommendations or corrective actions.

13. The Peer Review Report should include findings and conclusions related to the implementation. The Reviewing OIG will need to include this information in its SAR.

Review of Policies and Procedures

14. The Reviewing OIG should assess and form a conclusion as to whether the Reviewed Organization's policies and procedures, if properly performed and implemented, generally address each of the covered Blue Book standards. Doing so will provide the Reviewing OIG with the foundation necessary to assess whether the Reviewed Organization generally complied with its own policies and procedures and whether, overall, the Reviewed Organization's work complied with the covered Blue Book standards.

15. If the Reviewing OIG needs further clarification of the Reviewed Organization's policies and procedures, it should forward the related questions to the Reviewed Organization POC(s). The Reviewing OIG should document its assessment and conclusion(s) in the Policies and Procedures Review Checklist (Appendix D). However, the interpretation as to whether a Reviewed Organization's policies and procedures are or were generally consistent with or, if properly implemented, would result in work conducted in compliance with a specific Blue Book

requirement should rely on the Blue Book itself, not the checklist question.

Review of Selected Reports

16. Reports selected for review are to be listed in the Work Plan Template (Appendix F). The Reviewing OIG should review the assigned report by comparing the report and its documentation to the Blue Book standards and the Reviewed Organization's internal policies and procedures. The Blue Book fully defines all requirements related to the standards used in the review. The Reviewing OIG should use the Report Review Checklist (Appendix E) as a guide when conducting and documenting each review. However, interpretation as to whether a report generally complied with a specific Blue Book requirement should rely on the Blue Book itself, not the checklist question.

17. For each assigned report(s), the reviewer(s) from the Reviewing OIG must trace the report's findings back to the work papers and/or project documentation and determine whether the report's conclusions and recommendations logically flow from the documented findings. The reviewer also may speak with individuals who conducted the project(s) to gain insight into the report(s) being reviewed. After completing the review, the Reviewing OIG should identify findings on potential noncompliances with parts of or a covered standard. The peer review team then determines whether a finding or set of findings rise to the level of a noncompliance. A noncompliance indicates that the Reviewed Organization generally did not comply with one or more of the covered Blue Book standards. Findings that do not rise to the level of a noncompliance may be included in the Letter of Comment, as appropriate, based on their significance, in other written comments, or provided verbally. Findings that rise to the level of a noncompliance should be included in the Peer Review Report or, if issued, the Letter of Comment depending on their significance. The Reviewing OIG also should discuss appropriate recommendations for noncompliances and findings.

18. For I&E reports selected for review that were conducted and issued by an outside contractor, the Reviewing OIG should determine whether the Reviewed Organization issued and implemented policies and procedures for overseeing or monitoring the contractor's work to ensure compliance with the covered Blue Book standards and contractual requirements. Oversight or monitoring activities may be reflected in quality control or quality assurance reviews of the contractor's work or in the monitoring of compliance with contract requirements by a Contracting Officer or someone in a similar position. Findings or noncompliances related to a Reviewed OIG's contractor monitoring practices are not included in the Peer Review Report. These findings or noncompliances should be included in the Letter of Comment, in other formal or informal written comments, or provided verbally. For situations where the Reviewed Organization contracted with a contractor to perform part of the work for a report or the Reviewed Organization takes full responsibility for the contractor's work, the peer review team should treat the report as if the work was conducted by and the report issued by the Reviewed Organization. The peer review team should review the report using the Appendix E checklist and report any identified findings or noncompliances accordingly.

19. The Reviewing OIG is encouraged to informally discuss with the Reviewed Organization's POCs any factual issues or concerns identified during the review. Early resolution of these issues may make the exit meeting more productive and efficient.

Documentation Requirements

20. The Reviewing OIG must document the work performed that supports the peer review report so other informed stakeholders know how the team reached its conclusion(s). The Reviewing OIG also must document any additional standards reviewed or steps performed, and any changes made to or limitations encountered pertinent to the scope of the review.

21. The Reviewing OIG should use the Policies and Procedures Review Checklist (Appendix D) to document the comparison of the Reviewed Organization's policies and procedures to the covered Blue Book standards. For each standard, documentation²⁸ should include:

- a. reference(s) to the Reviewed Organization's policies and procedures that address the standard's requirements and other guidance the Reviewing OIG considers significant;
- b. items, findings, or noncompliances the Reviewing OIG identified²⁹;
- c. pertinent comments on or explanations for the conclusion(s) reached regarding consistency with the standard; and
- d. the Reviewing OIG's recommendation(s) or suggestion(s), if any, for addressing items, findings, or noncompliances identified or improvements to existing guidance.

22. The Reviewing OIG should use the Report Review Checklist (Appendix E) to document reviews of the selected reports. For each covered standard, documentation³⁰ should include:

- a. the requirements of the specific Blue Book standard;
- b. whether the report and associated or supporting project documentation generally complied with the Blue Book standards and the organization's internal policies and procedures;
- c. compliance issues, concerns identified, or findings, if any, with references to applicable reviewed report's work papers or documentation;
- d. comments explaining the reason(s) for the conclusion on the reviewed report; and
- e. recommendations or suggestions for addressing items, findings, or instances of noncompliances identified in the reviewed report.

23. The Reviewing OIG may seek technical clarification, Blue Book interpretations, or general Blue Book assistance from subject matter experts on the I&E Peer Review Working Group, as needed.³¹

²⁸ Appendix D when completed without modification may not document all required items. The Reviewing OIG should decide the most efficient way to document the items not documented on the completed Appendix D.

²⁹ A finding or noncompliance generally indicates that the reviewer identified a gap between the Blue Book standard and the Reviewed Organization's internal policies and procedures. A noncompliance would indicate that the gap was significant, e.g., that a Blue Book requirement was not addressed.

³⁰ Appendix E when completed without modification may not document all the required items. The Reviewing OIG should decide the most efficient way to document the items not documented on the completed Appendix E.

³¹ The I&E Peer Review Working Group may be contacted at iepr@cigie.gov.

24. The Reviewing OIG should prepare a summary of the results of the individual report reviews that addresses each covered standard. The summary should document the basis for the team's assessment of whether the reviewed reports generally complied with the required standards and the Reviewed Organization's associated policies and procedures.

25. Copies of the Reviewed Organization's project file documentation or work papers or its internal policies and procedures are not required and should be minimized. The Reviewing OIG should determine whether a copy of the Reviewed Organization's policies and procedures is integral to overall documentation and, therefore, needed in the peer review project file.

XI. Reporting External Peer Review Results

General Considerations

1. The reporting process must include:

- a. an exit meeting;
- b. a draft Peer Review Report and, as appropriate, a Letter of Comment;
- c. the Reviewed Organization's comments on the draft Peer Review Report and, if applicable, the Letter of Comment;
- d. the Reviewing OIG's consideration of the Reviewed Organization's comments; and
- e. a final Peer Review Report and, if appropriate, a Letter of Comment.

2. The team should use the Peer Review Report Template (Appendix A) to draft the Peer Review Report and the Letter of Comment Template (Appendix B), when applicable. The final Peer Review Report should include the Reviewed Organization's comments to the draft Peer Review Report as an enclosure. The Reviewed Organization's comments to the Letter of Comment should also be included as an enclosure to the final Letter of Comment, if issued.

3. The time periods for completing the various stages are established in the signed MOU. The time period may be adjusted when both the Reviewing OIG and the Reviewed Organization agree to the change as long as the final report issuance date is no later than the date established by the I&E Committee. The Reviewing OIG should request an extension of the final report issuance date from the I&E Committee by submitting the request to the I&E Peer Review Working Group.³² The request should provide the reason why additional time is needed to issue the final report.

4. The Peer Review Report should only note noncompliances or recommendations when the Reviewing OIG identified significant noncompliances resulting in a conclusion that a covered Blue Book standard was generally not complied with.

5. The Reviewing OIG is encouraged to provide informal written or verbal comments to the Reviewed Organization on observations, suggestions, best practices, or any other situations that were not included in the Peer Review Report or, if issued, the Letter of Comment.

³² The request for an extension to the final report issuance date should be sent to the I&E Peer Review Working Group at iepr@cigie.gov. The formal request form is located at <https://app.smartsheet.com/b/form/df3fcbfbeb243638299c7a1fe3a69d4>

Considerations for Identification of Significant Noncompliances

6. Findings that the Reviewing OIG determines are significant noncompliances with one or more of the covered Blue Book standards are included in the Peer Review Report. Noncompliances that do not rise to the level of a significant noncompliance, but if uncorrected could become significant, should be included in the Letter of Comment. A noncompliance is only included in the Peer Review Report or the Letter of Comment, not both.

7. The significance of identified noncompliances in the reviewed reports generally can be determined by the extent to which a report could not be relied on due to the failure of the report and supporting inspection work, including documentation, to comply with the covered Blue Book standards. The reliance that stakeholders can place on the Reviewed Organization's reports may be impacted when one of the following conditions or combination of conditions exists:

- a. The evidence presented is untrue or inaccurate, and the report(s) does not accurately describe the findings.
- b. The findings and conclusions are not supported by sufficient, competent, or relevant evidence.³³
- c. The evidence included in the report(s) does not support the correctness and reasonableness of the findings and conclusions.
- d. The report and supporting documentation do not address the stated or announced objectives. The report does not accurately describe the inspection scope, methodology, and findings; and the conclusions are not consistent with the scope of work or objectives.
- e. The report contains significant errors in logic and reasoning.

8. The pervasiveness of the noncompliance should also be considered when determining whether a noncompliance is significant. The level of pervasiveness is related to how many reports issued by how many different organizational units exhibit the identified noncompliance or condition. A single, isolated or non-systemic noncompliance generally is insufficient to support including a noncompliance in the Peer Review Report unless extraordinary circumstances prevail. For example, the magnitude of the noncompliance significantly or irretrievably impacted the Reviewed Organization's credibility.

9. When determining whether an identified noncompliance with a covered Blue Book standard is significant, the extent of the noncompliance in relation to the important elements or aspects of the standard should also be considered, given the flexibility provided by the standards. Reasonableness and judgment should be used when assessing compliance with Blue Book standards. The Reviewing OIG generally should support conclusions that the Reviewed Organization has not complied with a Blue Book standard by citing the specific criteria for the noncompliance and providing the basis for the conclusion.

³³ Whether the findings and conclusions are supported by sufficient, competent, and relevant evidence as documented in the project documentation is a matter of professional judgment. The Blue Book standard uses a 'reasonable person' test.

10. Generally, gaps identified between the Reviewed Organization's internal policies and procedures and the Blue Book standards alone should not be considered a significant noncompliance and included in the Peer Review Report. However, the Reviewing OIG may determine that Blue Book standard areas or topics that the internal policies and procedures do not address are a significant noncompliance when:

- a. the Reviewed Organization's internal policies and procedures do not adequately address one or more key aspects or elements of a covered Blue Book standard. By not addressing all key aspects or elements, the internal policies and procedures would not help prevent or detect significant noncompliances in the Reviewed Organization's reports or supporting work or its compliance with laws or regulations; or
- b. the Reviewing OIG identified a related significant and pervasive noncompliance in the reviewed reports. For significant noncompliances identified in the reviewed reports, the causes of the noncompliances need to be examined, particularly as to whether a gap in the internal policies and procedures was the sole or contributing factor. Causes resulting from such gaps may be of greater concern because the Reviewed Organization's internal policies and procedures should contain the necessary processes, methods, and measures to preclude, or timely detect, noncompliances with Blue Book standards. If the noncompliance identified in reviewed reports was due to the lack of compliance with the internal policies and procedures, the internal policies and procedures may need to be clarified or strengthened to increase compliance.

Exit Meeting

11. At the end of the review, the Reviewing OIG must hold an exit meeting with the head of the Reviewed Organization and any other individuals the head of the Reviewed Organization would like to include. The Reviewing OIG must provide an early version of the draft report, also known as a discussion draft, and, as appropriate, the letter of comment, at the exit meeting and respond to the Reviewed Organization's questions. The draft report document should include the reviewed reports, the process the team used to conduct the review, and the Reviewing OIG's conclusions regarding the Reviewed Organization's compliance with the covered Blue Book standards. Providing the Reviewed Organization's POC with a copy of the written documents in advance of the exit meeting should facilitate discussions, the resolution of any outstanding factual disagreements, and issuance of the draft and final reports.

Draft Report and Letter of Comment

12. The Reviewing OIG should draft the peer review report using the template in Appendix A. The draft report must include a Scope and Methodology enclosure.

13. The Peer Review Report (Appendix A) should:

- a. state that the required review was conducted in accordance with the I&E Committee guidance as described in the *CIGIE Guide for Conducting Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General*;
- b. explain the objectives of the peer review;

- c. list the seven Blue Book standards the review covered, plus the addition of other standards reviewed, and the reason they were included;
- d. provide an overall assessment of the Reviewed Organization's compliance with the covered Blue Book standards; and
- e. describe significant noncompliances identified during the review with appropriate recommendations.

14. The Scope and Methodology Enclosure should:

- a. list the individual reports reviewed and the time period from which the reports were selected;
- b. explain the basis for report selection, including whether the Reviewed Organization suggested a report that was reviewed;
- c. state whether recommendations made in prior external peer review report(s) were reviewed;
- d. explain any constraints on the Reviewing OIG's ability to exercise its professional judgment;
- e. identify any issues or circumstances that may affect the independence of the Reviewing OIG and the mitigating actions taken; and
- f. explain significant changes to the peer review process described in this Guide.

15. When issued, the Letter of Comment (Appendix B) should contain findings that could lead to a reasonable possibility that the Reviewed Organization would not comply with all significant requirements of a covered Blue Book standard. It should also include recommendations addressing the findings and a summary of management official comments, if received.

16. The Reviewing OIG should consider any additional information the Reviewed Organization provided during, or as the result of, the exit meeting prior to issuing its draft report and, if applicable, a letter of comment. The draft report and, if applicable, the letter of comment should be issued within the time period agreed to in the MOU. The time period may be increased by mutual agreement, provided it does not adversely affect the Reviewing OIG's ability to issue the final report by the due date set by the I&E Committee.

Reviewed Organization Officials' Comments on Draft Peer Review Report and Letter of Comment

17. To ensure the objectivity, accuracy, and completeness of the report finding(s), the Reviewed Organization officials should have a minimum of 15 calendar days to review the draft report and, if applicable, the letter of comment and submit written comments. The signed MOU should provide the agreed-to time period. The time period may be extended by mutual agreement, provided it does not adversely affect the Reviewing OIG's ability to issue the final report by the due date set by the I&E Committee.

18. The Reviewed Organization may provide:

- a. separate comments addressing the Peer Review Report and/or separate comments addressing the Letter of Comment, when applicable; or
- b. one set of comments addressing both the Peer Review Report and the Letter of Comment, when applicable.

The Reviewing OIG should review the Reviewed Organization officials' comments and determine what revisions, if any, should be made to the draft Peer Review Report or, if issued, the Letter of Comment. The Reviewing OIG may discuss the Reviewed Organization officials' comments with them to obtain further clarification or information.

Dispute Resolution Process

19. Before a final peer review report is issued, OIGs should make every effort to resolve areas of disagreement. The Reviewing OIG and the Reviewed Organization are encouraged to resolve areas of disagreement prior to issuing the final Peer Review Report or Letter of Comment, if applicable. The Reviewing OIG and the Reviewed Organization may seek technical clarification, Blue Book interpretations, or general Blue Book assistance from subject matter experts on the I&E Peer Review Working Group, as needed. If disputes remain unresolved at the working level, they should be elevated first to the respective Assistant IGs or equivalent executives and then to the respective IGs for resolution. If both OIGs are still unable to resolve areas of disagreement, one or both IGs may submit the dispute to the Chairs of the I&E Committee. The I&E Committee will review the areas of disagreement and recommend an appropriate course of action to facilitate resolution of the dispute. If either OIG disagrees with the recommendation of the I&E Committee, either OIG may appeal the I&E Committee's recommendation to the CIGIE Executive Council for mediation and final decision.

Final Report and Letter of Comment

20. The Reviewed Organization's written comments should be included as an enclosure to the final report as follows:

- Comments to the draft Peer Review Report should be included as an enclosure to the final Peer Review Report.
- Comments to a draft Letter of Comment should be included as an enclosure to the final Letter of Comment.
- Comments that address both the draft Peer Review Report and the draft Letter of Comment should be provided as an enclosure to the final Peer Review Report and final Letter of Comment.

21. Either the IG of the Reviewing OIG or the IG's designee must sign and issue the report on its OIG letterhead.

22. The Reviewing OIG should provide the final Peer Review Report and, if issued, the final Letter of Comment to the Reviewed Organization within the time period established in the MOU.

Letter of Comment³⁴

23. A Letter of Comment should be issued with the Peer Review Report when the Reviewing OIG identifies findings that could lead to a reasonable possibility that the Reviewed Organization would not comply with all significant requirements of a covered Blue Book standard. The Letter of Comment should include the findings that were not sufficiently significant to affect the overall determination on the Reviewed Organization's compliance with a covered Blue Book standard. Findings included in a Letter of Comment should not be included in the Peer Review Report. The Letter of Comment should provide reasonably detailed descriptions of the finding and recommendations to enable the Reviewed Organization to take appropriate actions. Citing the applicable covered Blue Book standard(s) aids the Reviewed Organization to understand the basis or importance of the identified finding.

Report Distribution, SAR Reporting Requirements, and Followup

24. The Reviewed Organization should make the final Peer Review Report publicly available and may provide copies of the report to the head of its agency and appropriate oversight bodies. The Reviewing OIG will provide both the final Peer Review Report and, if issued, the final Letter of Comment to the Chairs of CIGIE and the I&E Committee through the I&E Peer Review Working Group.³⁵

25. The Reviewed Organization is responsible for implementing recommendations in the Peer Review Report. The Reviewed Organization's subsequent peer review should include followup on the implementation of prior recommendations.

26. The Reviewed Organization should also include an appendix in its SAR, containing the results of the peer review. The appendix should include a list of unimplemented or partially implemented recommendations from previous peer reviews, including a statement describing the status of these recommendations and why the recommendation has not been fully implemented.

27. The Reviewing OIG should also report required information on the Reviewed Organization's peer review in its SAR.

XII. Maintenance and Disposition of Review Documentation

Storage and Maintenance of Review Documentation

1. The Reviewing OIG is responsible for storage and maintenance of Reviewing OIG-generated documents. The Reviewing OIG should either handle record retention/archival/destruction responsibilities under its existing policies and procedures for I&E work, or, at a minimum, retain the records until the Reviewed Organization's subsequent peer review is completed. The Reviewing OIG should apply the same custody, physical, and electronic security practices to the external peer review documentation that it applies to its own I&E documentation. These

³⁴ The Reviewed Organization is not required to make a Letter of Comment, if issued, publicly available. The Peer Review Report should be made publicly available.

³⁵ The Peer Review Report and, if issued, Letter of Comment should be emailed to IEPR@cigie.gov.

policies should include safeguards against unauthorized use or access to the documentation. The Reviewing OIG will provide the subsequent Reviewing OIG with access to the documentation on request.

Disposition of Review Documentation

2. The Reviewed Organization should have access on request to the peer review team's documentation during the draft report comment period and after the issuance of the final report. If either OIG receives a request, such as Freedom of Information Act requests, litigation or discovery demands, or requests from oversight bodies for documentation that was obtained from the other OIG during the peer review, the OIG receiving the request should not release or disseminate such documentation without first consulting with the other OIG, and obtaining, if possible, the other OIG's release or dissemination recommendations. Depending on the nature of the request, the Reviewing OIG may need to refer the request for documentation to the Reviewed Organization for further processing. For details on the handling of such requests, see the MOU signed by both parties and its addendum. Appendix C has a template for the MOU and the addendum. The Reviewing OIG and Reviewed organization should revise and adjust the template, as needed, to fit the specific circumstances for the peer review.

Glossary

The following terms are used throughout the Guide:

Covered Blue Book Standards. Inspection and Evaluation (I&E) peer reviews assess a Reviewed Organization's consistency and compliance with 7 of 14 Blue Book standards. The seven covered Blue Book standards are Quality Control, Planning, Data Collection and Analysis, Evidence, Records Maintenance, Reporting, and Followup. The seven covered standards were selected based on input from the heads of I&E organizations that they would benefit more from insight and visibility into compliance with these seven standards than other more subjective standards.

External Peer Review. An external peer review is required of Offices of the Inspector General (OIGs) that issued reports in accordance with the CIGIE *Quality Standards for Inspection and Evaluation* (Blue Book) during the appropriate 3-year period. The objective of the external peer review is to assess whether an OIG's I&E organization's internal policies and procedures are consistent with the seven covered Blue Book standards and its reports and associated or supporting project documentation complied with those standards and the I&E organization's associated internal policies and procedures. The seven covered Blue Book standards are Quality Control, Planning, Data Collection and Analysis, Evidence, Records Maintenance, Reporting, and Followup.

Finding. A peer review finding is a determination or conclusion based on one or more related items or conditions identified by the peer review team regarding a Reviewed Organization's compliance with the covered Blue Book standards. A finding identified by the peer review team indicates that a reviewed report(s), including the associated and supporting project documentation, did not comply with all or part of a covered Blue Book standard. A gap between the Reviewed Organization's internal policies and procedures and all or part of a covered Blue Book standard could also be identified as a finding. The peer review team determines whether one or more findings rise to the level of noncompliance, significant noncompliance, or does not rise to either level. A finding not rising to the level of a noncompliance or significant noncompliance is communicated in an appropriate manner to the Reviewed Organization, either in a Letter of Comment, other written form, or verbally, depending on the finding's significance or importance.

Inspection and Evaluation (I&E). Inspections and evaluations are systematic and independent assessments of the design, implementation, and/or results of an agency's operations, programs, or policies and are performed in accordance with the CIGIE *Quality Standards for Inspection and Evaluation*. They provide information that is timely, credible, and useful for agency managers, policymakers, and other stakeholders.

I&E Peer Review Working Group. The I&E Peer Review Working Group (IEPRWG) acts as the I&E Committee's designee for managing peer review-related activities, unless otherwise directed by the I&E Committee. The I&E Peer Review Working Group activities include establishing and maintaining the peer review schedule, revising and updating the Guide,

issuing tools and guidance to assist in conducting peer reviews, answering peer review related questions, providing advice on I&E peer reviews, and participating in peer review training activities. General questions on the peer review process can be sent to the working group at iepr@cigie.gov. Requests for changes to the peer review schedule, type of peer review to be performed, or final peer review report due date can be submitted using the formal request form located at <https://app.smartsheet.com/b/form/df3fcbfbeba243638299c7a1fe3a69d4>.

Letter of Comment. A Letter of Comment is issued with the Peer Review Report when the Reviewing OIG identifies findings or instances of noncompliances that could lead to a reasonable possibility that the Reviewed Organization would not comply with all significant requirements of a covered Blue Book standard. It also includes the findings and/or instances of noncompliances that were not significant to affect the overall determination on a reviewed report's, including the associated or supporting project documentation, compliance with a covered Blue Book standard. A Letter of Comment is not always required and does not need to be made publicly available.

Memorandum of Understanding. The Memorandum of Understanding (MOU) is an agreement between the Reviewing OIG and the Reviewed Organization that is not legally binding. It outlines their responsibilities for the peer review and describes the peer review's scope, methodology, reporting process, and administrative and other matters.

Modified Peer Review. A Reviewed OIG may request a modified peer review when their I&E Organization has internal policies and procedures and has not conducted I&E work or issued reports in accordance with the Blue Book during the appropriate 3-year period. A modified peer review assesses whether the internal policies and procedures are consistent with covered Blue Book standards and should, if properly implemented, result in the issuance of I&E reports that comply with the covered Blue Book standards.

Noncompliance. A noncompliance is one or more related findings identified by the peer review team indicating that a reviewed report(s), including the associated and supporting project documentation, did not comply with one or more requirements of a covered Blue Book standard. Findings related to gaps identified between the Reviewed Organization's internal policies and procedures and a covered Blue Book standard may be a noncompliance if the peer review team determines that the gap could contribute to the Reviewed Organization not complying with the requirement(s) of a covered Blue Book standard. Noncompliances that do not rise to the level of a significant noncompliance, but if uncorrected, could become significant in conducting future work, are included in the Letter of Comment.

Peer Review Report. The purpose of the Peer Review Report is to communicate the results of the external peer review, including the overall conclusion as to whether the Reviewed Organization's internal policies and procedures were generally consistent with the covered Blue Book standards and the reviewed reports generally complied with the covered Blue Book standards. For a modified peer review, the Peer Review Report only includes an overall conclusion as to whether the Reviewed Organization's internal policies and procedures were generally consistent with the covered Blue Book standards. A Peer Review Report also includes the scope and methodology of the review and any identified significant noncompliances with

the covered Blue Book Standards and recommendations. The Reviewed Organization should make the Peer Review Report publicly available.

Reviewed Organization. The Reviewed Organization is the OIG I&E organization undergoing a peer review. For purposes of an I&E peer review, generally all of an OIG's components, offices, divisions, or activities that conducted I&Es or issued I&E reports in accordance with the Blue Book during the appropriate 3-year period are considered as one I&E organization.

Significant Noncompliance. A significant noncompliance is one or more instances of noncompliance with all or part of a requirement(s) of a covered Blue Book standard that the peer review team determines significantly impacted the reliability or accuracy of a reviewed report(s). Generally, gaps identified between the Reviewed Organization's internal policies and procedures and the Blue Book standards alone are not considered a significant noncompliance unless the internal policies and procedures do not adequately address one or more key aspects or elements of a covered Blue Book standard. The nature, cause, pattern, or pervasiveness of a noncompliance can be considered when determining the significance of a noncompliance. Given the flexibility of the Blue Book standards, the extent that a standard was not complied with should be considered when instances of noncompliance are identified.

Qualified. Staff members who are assigned by the Reviewing OIG to perform a peer review should collectively have the knowledge, skills, abilities, and experience necessary to conduct the peer review successfully. Generally, assigned staff members should be capable of determining whether the Reviewed Organization's internal policies and procedures are consistent with the covered Blue Book standards and whether its I&E reports complied with the covered Blue Book standards and the Reviewed Organization's associated internal policies and procedures.

Members of the I&E Peer Review Working Group

Caitlin Bliss, Department of State OIG
Angela Choy, Federal Housing Finance Agency OIG
Cindy Cobham, Department of State OIG*
Amanda Freeman, CIGIE
Kevin Golladay, Department of Health and Human Services OIG
Veronica Green, Department of State OIG
Colin Heffernan, Securities and Exchange Commission OIG
Melissa Mulhollen, Securities and Exchange Commission OIG
Nina Murphy, Equal Employment Opportunity Commission OIG
Vicki Pruner, Department of the Interior OIG
William Scott, Jr., Office of Personnel Management OIG
Diane Stetler, Department of Defense OIG
Karen Suga, Intelligence Community OIG

This list includes the members of the I&E Peer Review Working Group (IEPRWG) who participated in the revision of the Guide from January 2020 through September 2020

*Chair of the I&E Peer Review Working Group until June 2020

Questions or comments may be provided to the IEPRWG at iepr@cigie.gov.

Appendix A: Peer Review Report Template

(Reviewing OIG Letterhead)

External [Replace with “Modified”, if appropriate] Peer Review Report [Insert “Draft”, if applicable]

(Date)[Date the report is made final and delivered to the Reviewed Office of Inspector General (OIG). Put “TBD” on draft version]

To (Name), Inspector General [Or name and title of head of the Reviewed Organization’s Inspection and Evaluation (I&E) Organization]
(Name of Agency)

This required external [Replace with “modified,” if applicable] peer review was conducted in accordance with the Council of the Inspectors General on Integrity and Efficiency (CIGIE) Inspection and Evaluation Committee guidance as contained in the CIGIE *Guide for Conducting Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General (Blue Book)*. The peer review was conducted from [Insert date of entrance meeting] through [Insert date of final report].

The Reviewing OIG assessed the extent to which [Insert Name of Reviewed Organization] complied with the seven covered [Adjust the number if additional standards were covered] Blue Book standards, specifically: Quality Control; Planning; Data Collections and Analysis; Evidence; Records Maintenance; Reporting; and Followup. [Insert any additional standards covered and the rationale for their inclusion.] This assessment included a review of the [Insert Name of Reviewed Organization]’s internal policies and procedures [Insert issuance date and any other identifying information, such as title] implementing the seven covered [Adjust for any added standard(s)] CIGIE *Quality Standards for Inspection and Evaluation*, January 2012. It also included a review of selected inspection and evaluation reports issued between [Insert Date] and [Insert Date] to determine whether the reports complied with the covered Blue Book standards and the [Insert Name of Reviewed Organization]’s internal policies and procedures. [Do not include this sentence for a modified peer review.]

Overall Conclusion

The Reviewing OIG determined that the [Name of Reviewed Organization]’s policies and procedures generally [Insert either “were consistent with”, “were not consistent with”, or “were consistent with XX (Insert appropriate number) of] the seven Blue Book standards addressed in the external peer review. [List the Blue Book standard(s) or part of standards that the internal policies and procedures were generally not consistent with.] Of the XX [Insert number of reports reviewed] reports reviewed, XX [Insert appropriate number of reports] generally complied with [Replace with “did not comply with”, when appropriate] the seven covered Blue Book standards. [Do not include the last sentence for modified peer review.]

Descriptions of Significant Noncompliance(s) [Insert when one or more significant noncompliances are identified]

We noted the following significant noncompliance(s) during our review:

[Describe each significant noncompliance identified in terms of the applicable Blue Book standard(s) and noncompliance with the Reviewed Organization’s internal policies and procedures, when applicable.]

[Example provided below]

1. Noncompliance – Reporting Standard. We identified significant errors in two of four I&E reports reviewed that affected the factual accuracy of the reports. Each of the two I&E divisions reviewed issued one of the reports. The Blue Book reporting standard states that reports should present factual data accurately, fairly, and objectively. The **[Insert Reviewed Organization’s name]** internal policies and procedures adequately addressed implementation of the reporting standard requirements by requiring a quality control as recommended in the quality standard. However, the I&E division did not adequately implement the required quality control procedure. The errors found, and the impact the errors had on the factual accuracy of the reports, are summarized below:
 - Report No. XX, Title (Date). The report stated that the actions taken by the program office were in noncompliance with Departmental Regulation No. XX Title. The evidence in the project documentation shows that the program office was in compliance with the regulation as it existed at the time the program office took the action. However, the change to the regulation that lowered the threshold for requiring the specific action that was the basis for citing the noncompliance was not effective until six months later. Therefore, the report finding was inaccurate, and the recommendation was not applicable. The internal policies and procedures require an independent reference review of all reports to verify the factual accuracy prior to issuance. Due to time constraints the independent reference review was not performed.

Recommendation – **[Insert Reviewed Organization’s name]** OIG should implement a quality control check to verify that the required independent reference review is performed on all reports.

Views of Responsible Official. Agree. The OIG will review its current process for tracking completed independent reference reviews and identify and implement an appropriate control.

- Report No. XX, Title (Date). The report stated that the responsible management official had taken the appropriate actions needed to ensure that a certain activity related to the health and safety of a work force had occurred. The evidence supporting the finding and conclusion in the report was a statement from the responsible management official explaining what steps had been taken and concluding that the activity had occurred with the expected result. The inspector did not verify the information in the management official’s statement as required by the inspection plan. Therefore, the report finding was inaccurate and incorrectly provided stakeholders assurance that the work force was adequately protected from a specific threat. The required supervisory review of the

project documentation or the report was not performed due to the inspector's experience level and years of experience.

Recommendation – **[Insert Reviewed Organization's name]** OIG should verify that the required supervisory review of the project documentation and report occurred prior to final report issuance.

Views of Responsible Official. Agree. Final reports will not be issued without a signed statement by the supervisor that the required duties have been performed.

2. Noncompliance – **[Describe in format as shown above]**

Enclosure 2 to this report includes the response by **[Insert Reviewed Organization's name]** OIG to the above deficiencies.

[Insert this sentence when a Letter of Comment is issued.] We have issued a Letter of Comment dated **[Insert date]** that describes findings that were not considered to sufficiently impact compliance with a covered Blue Book standard.

The **[Insert Name of Reviewed Organization]** management officials provided a response to our Peer Review Report (Enclosure 2) in which they agreed with **[Insert or "disagreed with", when appropriate] XX [Insert number of recommendations agreed with or disagreed with, as appropriate]** of **XX [Insert total number of recommendations]** recommendations.

/s/

[Insert Name], [Inspector General or their designee]

Enclosure(s)

As stated

ENCLOSURE 1: Scope and Methodology

The [Insert Name of the Reviewing OIG] selected the following [Insert number of reports reviewed] reports for review. [Insert an explanation of the basis or methods used to select the reports. If the Reviewed Organization suggested certain reports for consideration, identify the report(s) included for that reason.]

[If the peer review included a review of the Reviewed Organization's monitoring or oversight of a contracted out I&E, explain the work performed.]

[Any changes to the scope or methodology for the review (i.e., agreements on streamlining for smaller I&E units as appropriate) should be documented in this section.]

[List each report reviewed including title, number, and date issued. Indicate any reviewed report that was performed by a contractor.]

The [Insert Name of the Reviewing OIG] conducted an onsite visit(s) on [Insert appropriate dates]. [Briefly describe additional methods used in conducting the review, such as interviews or briefings.]

[Describe any constraints on the Reviewing OIG's ability to exercise its professional judgment and state the impact of this constraint(s) on the peer review.]

[Describe any limitation on or impairment to the Reviewing OIG's independence, as well as mitigating actions taken, if applicable.]

ENCLOSURE 2: Reviewed Organization Comments to Draft Peer Review Report

Reviewed Organization's comments to the draft Peer Review Report, when provided, should be included as an enclosure to the final Peer Review Report.

Appendix B: Letter of Comment Template

[Place on Reviewing OIG Letterhead]

[Date]

To [Insert Name], Inspector General
[Insert Name of Reviewed Organization]

We have reviewed the internal policies and procedures for implementing the seven covered Blue Book standards for the I&E organization of [Insert Reviewed Organization] Office of Inspector General (OIG) in effect for [Insert the appropriate time period or date]. We also reviewed **XX** [Insert number of reports reviewed] reports for compliance with the same seven [Replace seven with the appropriate number if additional standards were reviewed] Blue Book standards and the [Insert Reviewed Organization] OIG's internal policies and procedures. We issued our Peer Review Report on [Insert the date] in which we summarized our overall conclusions as to the I&E organization's compliance with the covered Blue Book standards. That report should be read in conjunction with the comments in this letter, which were considered in reaching our conclusions. The finding(s) described below was (were) not considered to be of sufficient significance to impact our overall conclusions. The finding(s) also did not rise to the level of a significant noncompliance affecting whether a covered Blue Book standard was complied with.³⁶

[Examples provided below:]

Finding 1. Quality Control – Required Checklist and Certification Not Completed

The Blue Book Quality Control standard states that OIGs should have appropriate internal quality controls for inspections. The OIG's internal policies and procedures require an independent reference review be performed on all I&E final reports prior to issuance. As part of the independent reference review, the reviewer is to complete a checklist to ensure that the review was properly completed. The reviewer also should sign a certification that all identified deficiencies have been resolved. For two of four reviewed reports, the independent reference reviewers did not complete the entire checklist and did not sign the required certification. Our review of the reports and the associated project documentation did not identify any significant factual errors.

Recommendation. OIG management should revise its I&E report review checklist to include a review item for the completion of the independent reference review checklist and certification.

Views of Responsible Official. Agree.

³⁶ A finding is only included in the Letter of Comment. It is not included in the Peer Review Report because the finding did not rise to the level of a significant noncompliance.

Finding 2. Records Maintenance

The Blue Book record maintenance standard generally provides that all relevant documentation supporting the report should be retained for an appropriate period of time. The OIG's policies and procedures require that electronic work paper files be finalized and 'locked down' 30 days after issuance of the final report. For 1 of 4 reviewed reports, the final electronic work paper file was inadvertently deleted from the electronic project file system. The OIG's information management staff were able to recreate, through the use of backup files, the majority of the project documentation supporting the report. A complete version of the final electronic project file could not be recreated because backup files are only done every 30 days. The recreated project file provided sufficient information and documentation to determine whether the report complied with the covered Blue Book standards.

Recommendation. OIG management should implement additional safeguard procedures for electronic project files or have electronic project files backed up every 72 hours as required by federal regulations and agency policies.

Views of Responsible Official. Agree.

Finding 3. Quality Control – Supervision

The Blue Book quality standard describes supervision as a key aspect of inspection quality control. The OIG's policies and procedures require that supervisors be involved and review work on an ongoing basis throughout the inspection. For 1 of 4 reviewed reports, the supervisory review of the work occurred at the end of the inspection. According to the supervisors involved, this occurred because other ongoing, higher priority inspections required their participation and attention. When review of the work is delayed until the end of the inspection, greater risk exists that problems with the work performed, such as failure to obtain needed evidence as planned or misinterpretation of criteria, will not be identified until it is too late to correct.

Recommendation. OIG management should review the workload assigned to supervisors involved and determine whether the workload was reasonable based on the experience of the assigned staff, the number of assigned projects, and the complexity of the assigned subject matter or area. Using the results of that review, OIG management should decide whether:

1. the supervisors could have reasonably been expected to comply with the OIG's policy requiring an ongoing review of all inspection work;
2. workload needs to be rebalanced among supervisors; or
3. other factors, such as a lack of training, prevented the supervisors from complying with the OIG policy.

Views of Responsible Official. Agree. OIG management will review the assignment of supervisors and determine what, if any, changes would appropriately address the identified noncompliance.

/s/

[Insert Name], Inspector General

Enclosure

ENCLOSURE: Reviewed Organization Comments to Draft Letter of Comment

Reviewed Organization's comments to the draft Letter of Comment, when provided, should be included as an enclosure to the final Letter of Comment.

Appendix C: Memorandum of Understanding Template

EXTERNAL PEER REVIEW MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN THE OFFICES OF THE INSPECTORS GENERAL (OIGs) OF *[INSERT REVIEWING OIG]* AND *[INSERT REVIEWED ORGANIZATION]*

I. PURPOSE

The purpose of this MOU is to ensure a mutual understanding between *[Insert name of Reviewing OIG]*, Reviewing OIG, and *[Insert name of Reviewed OIG I&E Organization]*, Reviewed Organization, regarding the external peer review *[Replace with modified, if applicable]* of the Reviewed Organization to establish that such review is covered by the *Guide for Conducting Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspectors General* (the Guide) issued by the Council of the Inspectors General on Integrity and Efficiency (CIGIE) Inspection and Evaluation (I&E) Committee, and to establish other terms and conditions of the review.

II. AUTHORITY

The parties enter into this MOU pursuant to the authority of the Inspector General Act of 1978, 5 U.S.C. App.3, as amended.

III. SCOPE

The external *[Replace with modified if applicable]* peer review will include an assessment of the Reviewed Organization's internal policies and procedures implementing the seven covered CIGIE *Quality Standards for Inspection and Evaluation* (Blue Book), January 2012. The seven covered Blue Book standards include Quality Control, Planning, Data Collection and Analysis, Evidence, Records Maintenance, Reporting, and Followup. The review will include a review of selected inspection and evaluation reports issued between *[Insert Date]* and *[Insert Date]* to assess the reports' compliance with Blue Book standards and the Reviewed Organization's internal policies and procedures.[delete the last sentence for a modified peer review.]

IV. REVIEW APPROACH

The Guide will be used to conduct the review. As set forth in the Guide, the Reviewing OIG will:

- a. exercise professional judgment in all matters relating to planning, performing, and reporting the results of the external peer review;
- b. assess the adequacy of the Reviewed Organization's internal policies and procedures in relation to the Blue Book standards listed in the Scope section of this MOU;
- c. select the inspection and evaluation reports it believes are necessary to meet the review objectives; *[Delete for a modified peer review]*
- d. review reports from field offices of the Reviewed Organization, if applicable, as well as at OIG Headquarters; *[Delete for a modified peer review]*

- e. evaluate the selected reports' compliance with Blue Book standards listed in the Scope section of this MOU and the Reviewed Organization's associated internal policies and procedures; *[Delete for a modified peer review]* and
- f. discuss with the Reviewed Organization in advance, any appropriate changes to the checklist, scope, or methodology of the review.

In the event of a conflict between the Guide and this MOU, the MOU will control.

V. ROLES AND RESPONSIBILITIES

The Reviewed Organization agrees to:

- a. designate an individual to facilitate administrative support and to provide the peer reviewers from the Reviewing OIG with the appropriate office space, desks, telephone service, and access to copying facilities;
- b. provide the Reviewing OIG access to and training on all required information technology systems, e.g., intranet or SharePoint sites or electronic work paper software needed to conduct the review;
- c. provide the Reviewing OIG access to all requested Reviewed Organization personnel;
- d. allow the Reviewing OIG access to all inspection and evaluation documents, operational manuals, and other files the Reviewing OIG deems necessary to conduct the external peer review;
- e. provide the Reviewing OIG with appropriate information and training regarding document security requirements at the start of the review;
- f. e-mail all requested non-sensitive data and files to a designated individual from the Reviewing OIG; and
- g. retain all storage media used to transfer authorized files to the Reviewing OIG's equipment.

The Reviewing OIG agrees to:

- a. assign staff to perform the peer review that are qualified and possess the collective knowledge, skills, abilities, and experience necessary to conduct an I&E peer review;
- b. only obtain sensitive Reviewed Organization documents by means agreed on with the Reviewed Organization, e.g., delivery server, USB drive, or key fob;
- c. not access the internet or VPN;
- d. not print, save, or otherwise transfer any sensitive data to its own equipment unless explicitly authorized to do so by the Reviewed Organization;
- e. assert that sensitive data, such as personally identifiable information is protected against unauthorized access or use;
- f. not duplicate, re-type, etc., any sensitive information received from the Reviewed Organization onto the Reviewing OIG's equipment;

- g. assume responsibility for possession of any Reviewed Organization documents it receives and safeguard sensitive data, including, but not limited to, complying with all personally identifiable information breach reporting and incident handling per OMB M-17-12, as well as, Reviewed Organization breach notification procedures;
- h. respond to requests for information or access to documents, including questions regarding the specific external peer review as specified in the Addendum of this MOU; and
- i. report any instances of fraud, illegal acts, or abuse to the appropriate authorities as required by law or regulation and to the CIGIE I&E and Integrity Committee Chairs, if appropriate.

VI. EXTERNAL PEER REVIEW MILESTONES

The Reviewed Organization represents that the following is the Reviewing OIG's estimated timeline for its review:

Milestone	Date to be Completed
Reviewing OIG and Reviewed Organization hold entrance meeting.	
Reviewing OIG completes its review, and summarizes results (findings, conclusions, and recommendations).	
Reviewing OIG and Reviewed Organization hold exit meeting.	
Reviewing OIG provides draft Peer Review Report and Letter of Comment, if applicable, to Reviewed Organization.	
Reviewed Organization provides Reviewing OIG with written comments on the draft Peer Review Report and Letter of Comment, when applicable.	
Final Peer Review Report and Letter of Comment, when applicable, delivered to Reviewed Organization and to Chairs of CIGIE and the I&E Committee through its designated representatives at iepr@cigie.gov .	

VII. DISPOSITION OF REVIEW DOCUMENTS

For purposes of this MOU, the term "document" or "documents" means all writings and recorded material in any form or medium including, but not limited to, records, writings, data, information, files, recordings, and communications, either provided to the Reviewing OIG by the Reviewed Organization or created by the Reviewing OIG during its review.

The Reviewing OIG will prepare appropriate documentation to support the work performed and the review results. The Reviewing OIG will maintain all supporting and original documents created

and used by the Reviewing OIG in accordance with its record retention procedures, or until after a subsequent peer review of the Reviewed Organization is performed, whichever comes later.

The Reviewed Organization must have access to the Reviewing OIG's original supporting documents on request during the comment period and after the issuance of the final report.

If either OIG receives a request, such as Freedom of Information Act, other legal demands, or third - party requests, for documentation that was obtained from the other OIG during the peer review, the OIG receiving the request will not release or disseminate such documentation without first consulting with the other OIG, and obtaining, if possible, the other OIG's release or dissemination recommendations. Depending on the nature of the request, the Reviewing OIG may need to refer the request for documentation to the Reviewed Organization for further processing. The Reviewing OIG and the Reviewed Organization agree that Freedom of Information Act, other legal demands, and third party requests for external peer review documents will be handled in accordance with the procedures set out in the Guide and the Addendum of this MOU.

VIII. Semiannual Reports to Congress

[Insert name of Reviewed Organization] OIG and ***[Insert name of Reviewing OIG]*** OIG will report on this peer review in their respective semiannual reports to Congress under the Inspector General Act of 1978, as amended, 5 U.S.C. App.3, § 5(a)(14) to (16), and consistent with the CIGIE Implementing Guidance for OIG Reporting of Peer Review Results in Semiannual Reports to the Congress. Specifically, ***[Insert name of Reviewed Organization]*** OIG will report on the peer review conducted by ***[Insert name of Reviewing OIG]*** OIG for the applicable semiannual reporting periods, and provide a list of any outstanding recommendations from prior External or Modified Peer Review Reports that have not been fully implemented, including a statement describing the status of the implementation and why implementation is not complete. ***[Insert name of Reviewing OIG]*** OIG will report on this peer review for the applicable semiannual reporting periods, and will include a list of any outstanding recommendations from prior External or Modified Peer Review Reports that remain outstanding or have not been fully implemented. In this regard, ***[Insert name of Reviewed Organization]*** OIG will coordinate with ***[Insert name of Reviewing OIG]*** OIG as necessary so that ***[Insert name of Reviewing OIG]*** OIG can meet this reporting responsibility. These requirements do not apply to outstanding recommendations from the any prior external or modified peer reviews' letters of comment.

IX. POINTS OF CONTACT

Reviewing OIG:

Primary POC: ***[Insert name, title, OIG, email address, and phone number]***

Secondary POC: ***[Insert name, title, OIG, email address, and phone number]***

Reviewed Organization:

Primary POC: ***[Insert name, title, OIG, email address, and phone number]***

Secondary POC: ***[Insert name, title, OIG, email address, and phone number]***

IIX. OIG OFFICIALS

The undersigned are in agreement with the conditions contained in this MOU.

_____ Date _____
[Insert name, title, and OIG for responsible I&E official at Reviewing OIG]

_____ Date _____
[Insert name, title, and OIG, for responsible I&E official at Reviewed Organization]

ADDENDUM

Additional Information Related to Disposition of Review Documentation

When requests or legal demands for peer review documents are received by the Reviewing OIG, the Reviewing OIG is responsible for coordinating and responding to the requester. The Reviewing OIG will consider the documents it received from the Reviewed Organization to be within the Reviewed Organization's possession and control.

For requests or legal demands received by the Reviewed Organization for peer review documents, the Reviewed Organization will consider the documents it provided to the Reviewing OIG to still be within the Reviewed Organization's possession and control. If, as part of its efforts to respond to such requests or legal demands, the Reviewed Organization needs access to any documents that it provided to the Reviewing OIG, the Reviewed Organization shall be given access, on its request, to the documents and may review and/or copy the documents (or, if agreed on by the parties, the Reviewing OIG will make copies of the documents and provide those copies to the Reviewed Organization).

For requests under the FOIA (5 U.S.C. 552), the Reviewing OIG will:

- a) provide documents supplied by the Reviewed Organization to the Reviewed Organization for response directly to the requester; and
- b) consult with the Reviewed Organization regarding the Reviewed Organization's information contained in documents generated by the Reviewing OIG and obtain the Reviewed Organization's disclosure recommendations and legal basis therefor relative to such information, provided that the Reviewing OIG (or, where applicable, the Reviewing OIG's FOIA release authority) has final say as to the response to the FOIA requester.

In all cases, the Reviewed Organization and Reviewing OIG will comply with statutory provisions; regulations; if applicable, implementing guidance from the Reviewed Organization's FOIA release authority; and applicable case law and authorities in determining the response to the FOIA request.

For discovery demands under the applicable rules of civil procedure or similar legal process and other legal authorities--to include subpoenas--for some or all of the peer review documents, the Reviewing OIG will advise the Reviewed Organization of the existence of such demands, and will advise the litigating parties or adjudicative body that some or all of the requested documents being sought belong to the Reviewed Organization. The Reviewed Organization will have the responsibility to:

- a) advise the Reviewing OIG whether or under what circumstances to produce the documents being sought; or
- b) intervene or otherwise communicate with the litigating parties or adjudicative body regarding the production of such documents or the obtaining of protective orders or equivalent, as permitted under applicable law.

For requests from oversight bodies, such as the Government Accountability Office or reviewing bodies empowered to examine peer reviewing entities, the Reviewing OIG will advise the Reviewed Organization of the existence of such request and will advise the oversight body that some or all of the requested documents belong to the Reviewed Organization. The Reviewed Organization will have the responsibility to:

- a) advise the Reviewing OIG whether or under what circumstances to provide the requested documents; or
- b) communicate with the oversight body regarding the requested documentation.

Appendix D: Policy and Procedures Review Checklist

REVIEWED ORGANIZATION _____

PERIOD REVIEWED _____

POLICIES AND
PROCEDURES
REVIEWED _____

NAME OF REVIEWER(S) _____

DATE COMPLETED _____

A. Policies and Procedures Review Checklist Purpose and Instructions

1. General

Peer reviewers should use this checklist as a guide to determine whether (1) the Reviewed Organization's policies and procedures are consistent with or address each of the seven covered Blue Book standards, and whether (2) the policies and procedures, if properly adopted and performed, would implement each of the seven covered standards. This appendix should be used in conducting both an External Peer Review and a Modified Peer Review. Generally, a separate checklist should be completed for each set of internal policies and procedures that is reviewed. Peer reviewers may streamline this checklist to conduct reviews for smaller I&E units, as appropriate. All changes should be discussed with the Reviewed Organization before conducting the review. Peer reviewers should keep in mind the flexibility offered by the Blue Book, and that overall conclusions should be based on the totality of the information about the Reviewed Organization, when completing the checklists.

2. Use of This Checklist

a. Each section in this checklist corresponds to one of the seven covered Blue Book standards. The checklist may be amended to include any additional Blue Book standard(s) covered in the peer review. To facilitate the review, references to the pertinent Blue Book standards are provided; for additional information, the reviewer should refer to the Blue Book.

b. The Reviewing OIG should provide a **"Yes," "No," or "N/A [Not Applicable],"** answer to each question, reflecting its assessment of the Reviewed Organization's policies and procedures. However, interpretation as to whether the Reviewed Organization's policies and procedures are consistent with or adequately address specific Blue Book requirement should rely on the Blue Book itself, not the checklist question. The Reviewing OIG also should provide a narrative explanation or comment supporting each determination. If the Reviewing OIG found that the Reviewed Organization's policies and procedures did not adequately address a standard or part of a standard, the Reviewing OIG should ask the Reviewed Organization's Point of Contact (POC) how the Reviewed Organization's internal guidance addresses the standard in order to determine whether the guidance is consistent with or adequately addressed the Blue Book. The completed checklist should be included in the peer review project file.

Modified Peer Review

c. For a Modified Peer Review, the Reviewing OIG should answer each question by considering whether the Reviewed Organization's policies and procedures: (1) are current and (2) if adopted and properly performed, address each of the seven covered Blue Book standards. If the Reviewed Organization does not have written policies and procedures, the Reviewing OIG considers the adopted practices used by the Reviewed Organization and how the Reviewed Organization ensures that the I&E staff is aware of the practices.

d. When conducting a modified peer review of an OIG's I&E organization that during the 3-year period did not perform and report on I&E projects in compliance with Blue Book standards and did not have internal policies and procedures for performing such work, the Reviewing OIG should modify the checklist as appropriate.

QUALITY CONTROL <i>Each OIG organization that conducts inspections should have appropriate internal quality controls for that work. The nature and the extent of these internal controls and their associated documentation will be dependent on a number of factors, such as the size and structure of the organization and cost-benefit considerations.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
Overall, are the I&E organization’s policies and procedures generally consistent with this standard?					
Does the I&E organization have policies and procedures consistent with the standard on:					
-- internal quality controls appropriate for the organization’s work;					
-- quality control mechanisms that provide an independent assessment of inspection processes and work as appropriate;					
-- documentation of the execution of the quality control mechanisms; and					
-- retention of the documentation for the quality control mechanisms?					
Does the organization have policies and procedures for supervisory reviews to help ensure:					
--the inspection is adequately planned;					
--the inspection work plan is followed, and any deviations are authorized;					
--the inspection objectives are met; and					
--findings, conclusions, and recommendations are adequately supported by evidence?					

PLANNING					
Inspections are to be adequately planned.					
<i>Research, work planning, and coordination should be thorough enough, within the time constraints of the inspection, to ensure that the inspection objectives are met.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
Overall, are the I&E organization's policies and procedures generally consistent with this standard?					
Does the I&E organization have policies and procedures consistent with the standard on:					
-- coordination of its work with other inspection, audit, and investigative entities or other organizations that could be affected;					
--a process for researching and selecting inspection topics;					
-- consideration of the relevance of the topic, impact of potential outcomes, and customer needs;					
--reviews of existing data, literature, and discussions with program officials and other key personnel to facilitate understanding of the program/activity to be inspected;					
--attempts to identify results of previous relevant reviews;					
--followup on known significant findings and recommendations directly related to the current inspection;					
--identification of applicable criteria;					

PLANNING Inspections are to be adequately planned. <i>Research, work planning, and coordination should be thorough enough, within the time constraints of the inspection, to ensure that the inspection objectives are met.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
--development of project designs/work plans;					
--having work plans that include a clearly defined inspection objective(s), scope, and methodology; and					
--identification of classified or sensitive information to ensure its protection?					

DATA COLLECTION AND ANALYSIS <i>The collection of information and data will be focused on the organization, program, activity, or function being inspected, consistent with the inspection objectives, and will be sufficient to provide a reasonable basis for reaching conclusions.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
Overall, are the I&E organization's policies and procedures generally consistent with this standard?					
Does the I&E organization have policies and procedures consistent with the standard on:					
--information sources in supporting documentation are described in sufficient detail to assess the adequacy of the information;					
-- reviews to determine whether data obtained is sufficiently accurate and reliable;					

DATA COLLECTION AND ANALYSIS <i>The collection of information and data will be focused on the organization, program, activity, or function being inspected, consistent with the inspection objectives, and will be sufficient to provide a reasonable basis for reaching conclusions.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
-- collection of sufficiently reliable and valid data to address the objectives of the inspection;					
-- confidentiality of individuals who provide information, as appropriate;					
--adequate safeguarding of sensitive, personal, proprietary, or classified information;					
-- information is presented appropriately and logically, with documentation to support the interpretation of the data;					
-- supervisory reviews and other safeguards to protect inspection findings from distortions due to biases; and/or personal feelings;					
-- identification of the elements of the finding(s) (criteria, condition, cause, and effect), as appropriate; and					
-- elements of the finding(s) that address inspection objectives?					

EVIDENCE <i>Evidence supporting inspection findings, conclusions, and recommendations should be sufficient, competent, and relevant and should lead a reasonable person to sustain the findings, conclusions, and recommendations.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
Overall, are the I&E organization’s policies and procedures generally consistent with this standard?					
Does the I&E organization have policies and procedures consistent with the standard on:					
-- sufficient evidence exists to persuade a knowledgeable person that the findings are valid;					
--competent evidence was collected and evaluated using reasonable methods given the source (independent, from system with internal controls, etc.) and type (documentary, testimonial, etc.) of evidence; and					
-- the relevance of evidence gathered to its use, (i.e., it has a logical relationship and importance to the issue is it being used to prove or disprove)?					

RECORDS MAINTENANCE <i>All relevant documentation generated, obtained, and used in supporting inspection findings, conclusions, and recommendations should be retained for an appropriate period of time.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
Overall, are the I&E organization’s policies and procedures generally consistent with this standard?					
Does the I&E organization have policies and procedures consistent with the standard on:					
-- supporting information generated and collected as part of an inspection is effectively organized to allow efficient data analysis and provide a sound basis for findings, conclusions, and recommendations;					
--supporting documentation that documents the nature and scope of inspection work performed;					
--supervisory and team leader reviews are evidenced in the inspection documentation;					
-- safe custody and retention of inspection documentation, to include compliance with any records disposal schedule approved by the National Archives and Records Administration &/ the agency; and					
-- documents used to support inspection findings, but maintained by the agency, are not lost, destroyed, or altered?					

REPORTING

Inspection reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.

Various means may be used to report on the results of inspection work, e.g., written reports, oral presentations, videos, or slide presentations. The content of the reporting will be affected by the specific means used and the purpose it is serving. Regardless of the means used, there should be retrievable documentation of the reporting.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
Overall, are the I&E organization’s policies and procedures generally consistent with this standard?					
Does the I&E organization have policies and procedures consistent with the standard on:					
-- reports describe the objective(s), scope, and methodology of the inspection, and state that they were conducted in accordance with the CIGIE Quality Standards for Inspection and Evaluation;					
-- reports provide readers with the context needed to understand the subject matter being inspected and the impact of any report recommendations;					
-- report language is clear and concise, and written in terms intelligible to the intended recipients and informed professionals;					
--findings are supported by sufficient, competent, and relevant evidence;					
--conclusions are logical inferences about the inspected program or activity based on the inspection findings;					

REPORTING

Inspection reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.

Various means may be used to report on the results of inspection work, e.g., written reports, oral presentations, videos, or slide presentations. The content of the reporting will be affected by the specific means used and the purpose it is serving. Regardless of the means used, there should be retrievable documentation of the reporting.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
--recommendations are addressed to management officials who can act on them; are not prescriptive: and are presented so as to clearly convey what needs to be corrected or achieved;					
-- advance reviews and comments from responsible officials regarding the content of reports are requested , and included or summarized in the report, if appropriate; and					
-- reports are distributed to the officials responsible for acting on the findings and recommendations and in accordance with agency-specific policies and applicable laws?					

FOLLOWUP

Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriately addressed.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
Overall, are the I&E organization’s policies and procedures generally consistent with this standard?					

FOLLOWUP <i>Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriately addressed.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify the Pertinent Policies and Procedures)
Does the I&E organization have policies and procedures consistent with the standard on:					
-- assessing whether agency officials have taken timely, complete, and reasonable actions, agreed to by agency management, to correct problems identified in inspection reports;					
--taking specific followup actions guided by the followup and resolution policies of each OIG, in accordance with Office of Management and Budget Circular No. A-50, as amended; and					
--performing followup work to verify whether agreed-on corrective actions were fully and properly implemented?					

END OF CHECKLIST

Appendix E: Report Review Checklist

REVIEWED ORGANIZATION _____

PERIOD REVIEWED _____

REPORT/PROJECT
REVIEWED _____

NAME OF REVIEWER _____

DATE COMPLETED _____

A. Report Review Checklist Purpose and Instructions

1. General

Peer reviewers from the Reviewing OIG should use this checklist as a guide to determine whether the report selected for review and its associated documentation complied with: (1) the seven covered Blue Book standards, and (2) the Reviewed Organization's associated internal policies and procedures. The Reviewing OIG should assess each report's compliance with the covered Blue Book standards and internal policies and procedures, as appropriate, whether the Reviewing OIG has determined that the Reviewed Organization's internal policies and procedures adequately or sufficiently address the reviewed standards. A separate checklist should be completed for each report reviewed. Peer reviewers should keep in mind the flexibility offered by the Blue Book. The overall conclusion as to whether a report generally complied with each standard should be based on the totality of the information gathered and assessed related to the requirements of that standard. Peer reviewers should not use this checklist to review the Reviewed Organization's monitoring or oversight of a contracted out I&E if the contractor signed the report and the Reviewed Organization did not endorse or take responsibility for the report. Additional information on peer review responsibilities for reviewing the Reviewed Organization's monitoring or overseeing contracted out I&Es is available in Section X., "Planning and Performing the External Peer Review," paragraph 18.

2. Use of This Checklist

- a. Each section and question in this checklist corresponds to one of the seven Blue Book standards required by this Guide. The checklist should be amended to include additional Blue Book standard(s), if any, included in the scope of the peer review. To facilitate the review, references to the pertinent Blue Book standards are provided. For additional information, the reviewer should refer to the Blue Book. The Reviewing OIG may modify the checklist to address organization internal policies and procedures.
- b. The Reviewing OIG should answer the questions listed as **"Yes," "No," or "N/A [Not Applicable]"** based on their assessment of whether the report and project documentation complied with the covered Blue Book standards and the Reviewed Organization's associated internal policies and procedures. However, interpretation as to whether a report complied with a specific Blue Book requirement should rely on the Blue Book itself, not the checklist question. The reviewer also should provide a narrative explanation or comment to support each response. The completed checklist should be included in the peer review project file.

QUALITY CONTROL

Each OIG organization that conducts inspections should have appropriate internal quality controls for that work.

The nature and the extent of these internal controls and their associated documentation will be dependent on a number of factors, such as the size and structure of the organization and cost-benefit considerations.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Did the reviewed report generally comply with the Quality Control standard?					
Did the project team generally comply with the Reviewed Organization’s internal policies and procedures implementing the Quality Control standard?					
Is there documentation or other evidence that an independent assessment and/or independent review was conducted of the inspection processes or work?					
Does the project file include documentation demonstrating an adequate level of supervision over the work conducted?					
In the absence of written, policies and procedures, is there documentation or other evidence of appropriate quality control over the report reviewed, such as an independent assessment of the inspection processes and work conducted or an adequate level of supervision over the work conducted?					

PLANNING <i>Inspections are to be adequately planned.</i> <i>Research, work planning, and coordination should be thorough enough, within the time constraints of the inspection, to ensure that the inspection objectives are met.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Did the reviewed report generally comply with the Planning standard?					
Did the project team generally comply with the Reviewed Organization’s internal policies and procedures implementing the Planning standard?					
In the absence of written internal policies and procedures to implement the Planning standard, is there documentation or other evidence demonstrating that the inspection was adequately planned?					
Did selection of the inspection topic consider: --the relevance of the topic, --the significance, and impact of potential outcomes, and/or --the needs of the agency or other stakeholders?					
Does the project documentation demonstrate coordination of the planned work with other inspection, audit, and investigative entities, as appropriate?					

PLANNING

Inspections are to be adequately planned.

Research, work planning, and coordination should be thorough enough, within the time constraints of the inspection, to ensure that the inspection objectives are met.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Does the project file show research, such as reviewing existing data and literature, holding discussions with program and other appropriate officials, and identifying relevant results from previous reviews, to facilitate the understanding and of the program or activity being inspected?					
Does the project file show consideration of performing followup on known significant findings and recommendations that directly relate to the current inspection?					
Does the project file show development of a work plan that clearly defines the inspection objective(s), scope, and methodology?					

DATA COLLECTION AND ANALYSIS

The collection of information and data will be focused on the organization, program, activity, or function being inspected, consistent with the inspection objectives, and will be sufficient to provide a reasonable basis for reaching conclusions.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Did the reviewed report generally comply with the Data Collection and Analysis standard?					

DATA COLLECTION AND ANALYSIS <i>The collection of information and data will be focused on the organization, program, activity, or function being inspected, consistent with the inspection objectives, and will be sufficient to provide a reasonable basis for reaching conclusions.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Did the project team generally comply with the Reviewed Organization’s internal policies and procedures implementing the Data Collection and Analysis standard?					
In the absence of written internal policies and procedures on data collection and analysis, is there documentation or other evidence that the project team collected information and data sufficient to provide a reasonable basis for reaching the conclusions in the reviewed project?					
Is the project documentation of the information collected sufficient to allow reviewers to assess the adequacy of the project’s sources of information?					
Does the project file adequately document that collection methods used by the project team resulted in sufficiently reliable and valid data to address the objectives of the inspection?					
Does the project file demonstrate that: -- the confidentiality of individuals providing information was maintained, as appropriate?					
– safeguards for sensitive, personal, proprietary, or classified information were in place, as appropriate?					

DATA COLLECTION AND ANALYSIS <i>The collection of information and data will be focused on the organization, program, activity, or function being inspected, consistent with the inspection objectives, and will be sufficient to provide a reasonable basis for reaching conclusions.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Is the data appropriately and logically presented and adequately documented in the work papers to ensure supportable interpretations?					
Does the project file document that data was reviewed for accuracy and reliability, and, when appropriate, the methods used to collect, process, and report the data were reviewed and revised?					
Does the report satisfy the inspection objectives and address elements of the finding(s) (criteria, condition, cause, and effect), as applicable?					

EVIDENCE <i>Evidence supporting inspection findings, conclusions, and recommendations should be sufficient, competent, and relevant and should lead a reasonable person to sustain the findings, conclusions, and recommendations.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Did the reviewed report generally comply with the Evidence standard?					
Did the project team generally comply with the Reviewed Organization’s internal policies and procedures implementing the Evidence standard?					

EVIDENCE <i>Evidence supporting inspection findings, conclusions, and recommendations should be sufficient, competent, and relevant and should lead a reasonable person to sustain the findings, conclusions, and recommendations.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
In the absence of written internal policies and procedures on evidence, is there documentation or other evidence that the project team collected sufficient, competent, and relevant evidence to support the inspection findings, conclusions, and recommendations?					
Did the project team use reasonable collection and evaluation methods to obtain reliable and best obtainable evidence (e.g., independent source, from a system with internal controls, physical evidence, testimonial evidence from individuals who are not biased or with complete knowledge)?					
Did the project team obtain and document sufficient evidence to persuade a knowledgeable person that the findings were valid?					
Is the evidence logically related and important to the issue being addressed?					

RECORDS MAINTENANCE <i>All relevant documentation generated, obtained, and used in supporting inspection findings, conclusions, and recommendations should be retained for an appropriate period of time.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Did the reviewed report generally comply with the Records Maintenance standard?					
In the absence of written internal policies and procedures on records maintenance, is there documentation or other evidence that the project team retained the relevant documentation supporting the inspection findings, conclusions, and recommendations?					
Did the project team generally comply with the Reviewed Organization’s internal policies and procedures implementing the Records Maintenance standard?					
Did the supporting documentation provide: --a record of the nature and scope of the inspections work performed; and --evidence of supervisory or team leader review?					

RECORDS MAINTENANCE <i>All relevant documentation generated, obtained, and used in supporting inspection findings, conclusions, and recommendations should be retained for an appropriate period of time.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Is the inspection documentation maintained (retained, marked, etc.?) -- in accordance with Reviewed Organization's specific document management processes or requirements for safe custody, including ensuring that documents supporting inspection findings not maintained in the project file but by agency management are appropriately safeguarded?					
--in accordance with the records retention and disposal schedule approved by the National Archives and Records Administration and/or the agency?					

REPORTING <i>Inspection reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.</i> <i>Various means may be used to report on the results of inspection work, e.g., written reports, oral presentations, videos, or slide presentations. The content of the reporting will be affected by the specific means used and the purpose it is serving. Regardless of the means used, there should be retrievable documentation of the reporting.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Did the reviewed report generally comply with the Reporting standard?					

REPORTING

Inspection reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.

Various means may be used to report on the results of inspection work, e.g., written reports, oral presentations, videos, or slide presentations. The content of the reporting will be affected by the specific means used and the purpose it is serving. Regardless of the means used, there should be retrievable documentation of the reporting.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
In the absence of written internal policies and procedures on reporting, is there evidence that the project team presented: -- factual data accurately, fairly, and objectively; and --findings conclusions, and recommendations in a persuasive manner?					
Are the findings, conclusions, and recommendations presented in accordance with the Reviewed Organization’s policies and procedures?					
Does the project file contain a copy of the report and/or other means used to communicate inspection results?					
Is the report language clear and concise, considering that some inspections deal with highly technical material?					
Based on the review of the project file, does the report: --accurately describe the inspection’s objective(s), scope, and methodology; and					

REPORTING

Inspection reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.

Various means may be used to report on the results of inspection work, e.g., written reports, oral presentations, videos, or slide presentations. The content of the reporting will be affected by the specific means used and the purpose it is serving. Regardless of the means used, there should be retrievable documentation of the reporting.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
--state that the inspection was conducted in accordance with the CIGIE Quality Standards for Inspection and Evaluation?					
Does the final report provide the reader with sufficient context to understand the subject matter reviewed and the impact of the report's recommendations, if any?					
Are findings supported by sufficient, competent, and relevant evidence?					
Are conclusions logical inferences about the inspected program or activity, based on the inspection findings?					
Are recommendations crafted to clearly convey what needs to be corrected or achieved, but not overly prescriptive; and addressed to the appropriate management officials?					
Did the project team request management comments from responsible officials on the content of the report and include the comments or a summary of the comments in the final report?					
If applicable, was the confidentiality of individuals providing information appropriately maintained during the reporting process?					

REPORTING

Inspection reporting shall present factual data accurately, fairly, and objectively and present findings, conclusions, and recommendations in a persuasive manner.

Various means may be used to report on the results of inspection work, e.g., written reports, oral presentations, videos, or slide presentations. The content of the reporting will be affected by the specific means used and the purpose it is serving. Regardless of the means used, there should be retrievable documentation of the reporting.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Based on responses to above and any other applicable information, was the report timely, complete, accurate, objective, convincing, clear, and concise?					
Did the Reviewed Organization distribute the report: --to the officials responsible for acting on the findings and recommendations; and					
--in compliance with the Reviewed Organization's internal policies and all applicable legal and regulatory requirements (e.g., Privacy Act, FOIA, security, HIPPA, contractor proprietary information)?					

FOLLOWUP

Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriately addressed.

	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Did the reviewed report generally comply with the Followup standard?					

FOLLOWUP <i>Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriately addressed.</i>					
	Yes	No	N/A	Reviewing OIG Explanation and Comments	Reference (Identify Applicable Project Documentation)
Did the project team conduct followup in accordance with the Reviewed Organization's policies and procedures?					
In the absence of written internal policies and procedures on followup, is there documentation that the I&E organization took actions to determine whether agency officials have taken timely, complete, and reasonable actions to correct problems identified in inspection reports and previously agreed on by management?					

END OF CHECKLIST

Appendix F: Work Plan Template

1. Reviewed Organization

Name of I&E Organization being reviewed	
Head of the I&E Organization	<i>(Name, title, phone number, and email of IG or I&E Organization Executive)</i>
Primary POC	<i>(Name, phone number, and email)</i>
Secondary POC	<i>(Name, phone number, and email)</i>

2. Reviewing OIG

Name of I&E Organization conducting external or modified peer review	
Head of the Reviewing OIG	<i>(Name, title, phone number, and email of IG or I&E Organization Executive)</i>
Primary POC/Review Team Leader	<i>(Name, phone number, and email)</i>
Secondary POC	<i>(Name, phone number, and email)</i>
	<i>(Name, phone number, and email of other reviewers. Add more rows as needed.)</i>

3. Scope & Methodology of Peer Review

Time period during which reviewed reports were published.	
Number of reports to be reviewed, ³⁷ by report type (memorandum report, management alert, compliance review, policy review, contracted out, etc.).	
Any changes to checklist, scope, or methodology agreed to by the Reviewing OIG and Reviewed Organization prior to the review.	

4. Reports selected for review by the Reviewing OIG

Title of Report, Report Number, and Date issued	Report Type	I&E Report Manager	Name of Individual from Reviewing OIG Assigned to Conduct Review
1.			
2.			
3.			
4.			

5. Will additional Blue Book standards be covered in the review? Yes or No. If yes, which ones?

6. Describe how the Reviewing OIG selected reports for review.

³⁷ For large Reviewed Organizations four reports will be reviewed. For medium Reviewed Organizations three reports will be reviewed. For small Reviewed Organizations two reports will be reviewed.

7. Describe the approach for obtaining access to background materials (Reviewed Organization’s policies, procedures, annual work plans, etc.).

8. Describe the approach for obtaining access to project designs/plans, work papers, and other supporting materials for the sample of reports to be reviewed.

9. Describe the approach to conducting interviews with I&E organization staff and managers.

10. Review Milestones

Milestone	Date to be Completed
Attend training.	
Hold entrance meeting and obtain required briefings and access needed to perform review.	
Team members complete individual reviews of policies and procedures, reports, and work papers; discuss summaries, conclusions, and recommendations; and draft point paper or discussion draft report and letter of comment, as applicable, for exit meeting.	
Exit meeting held.	
Draft report and letter of comment, if applicable, delivered to Reviewed Organization.	
Reviewed Organization provides the Reviewing OIG with written comments on draft report and letter of comment, if applicable.	
Final report and letter of comment, if issued, delivered to the Reviewed Organization and Chairs of the Council of the Inspectors General on Integrity and Efficiency (CIGIE) and the I&E Committee.	

11. Comments on other matters related to the review.

Appendix G: Process Checklist

The process checklist is meant to be used by peer reviewers from the Reviewing OIG to conduct the external or modified peer review. This checklist is flexible both with regard to the steps performed and the order of their accomplishment and should be adjusted, as appropriate.

A. Preliminary steps:

1. Obtain the names of the points of contact (POCs) and signatures from senior executives from the Reviewing OIG and Reviewed Organization on the memorandum of understanding (MOU) prior to the training/coordination session.
2. Review the CIGIE Guide for Conducting Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspectors General.
3. Review the CIGIE Quality Standards for Inspection and Evaluation (the Blue Book), which is the basis of the review.
4. Attend the required training/coordination session provided by the CIGIE Training Institute's Audit, Inspection, & Evaluation Academy (the Academy).
5. Review the list of reports issued by the Reviewed Organization and select representative reports for review:
 - a. One report from each report category/type.
 - b. Reports with varying topics, lengths, methodologies, etc.
 - c. An appropriate number of reports as time and resources permit.³⁸
 - d. Documentation of the basis or methods used to select reports for review.
6. Complete the Work Plan Template (Appendix F), establishing a general approach with the timeframe for completing the peer review established in the MOU.
7. Document any changes to checklist(s), scope, or methodology as agreed on with the Reviewed Organization.

B. During or shortly after the Academy's training/coordination session, request and review these materials from the Reviewed Organization and determine how they may be used in the peer review:

1. All relevant policies, procedures, guidelines, and manuals related to processes the I&E organization follows in conducting I&E projects, reporting project results, and ensuring work product quality.

³⁸ The Reviewing OIG should select a sample of reports (typically two reports for small OIGs, three reports for medium OIGs, and four reports for large OIGs) issued by the Reviewed Organization covering the one-year period prior to the start of the peer review cycle. However, the Reviewing OIG may expand this period to the three years prior to the start of the peer review cycle in order to select a representative sample of reports.

2. The I&E annual work plan or similar document, if one exists.
3. The previous external peer review report, if applicable.
4. A written description of corrective action(s) taken in response to the previous peer review recommendations, the status of any open recommendations or corrective actions, and an explanation for the open status.
5. Additional information required or useful to conducting the peer review.

C. Prior to beginning the peer review work, obtain the following from the Reviewed Organization:

1. Access to electronic materials.
2. Access to facilities or workspace needed for onsite review.
3. Access to the Reviewed Organization's IT resources, e.g., intranet, if needed.
4. Access to organization staff in order to conduct interviews.
5. Assurances that staff are aware an external peer review is being conducted.

D. Arrange and hold an entrance meeting with the Reviewed Organization:

1. Describe the scope of the review, including the seven covered Blue Book standards.
2. Identify which reports will be reviewed.
3. Provide projected onsite start and end dates, if planned.
4. Obtain additional documentation or information, as needed, from written materials or briefings.

E. Review the Reviewed Organization's Policies and Procedures (see Appendix D):

1. Assess, discuss, and reach a conclusion about whether the Reviewed Organization's policies and procedures generally address or cover each of the seven Blue Book standards and other covered standard(s), if any. When possible, this should be completed before the review of the selected reports.
2. Document the review, including conclusions and proposed recommendations and note any suggestions for improvement, and/or best practices identified.

F. Review the Reviewed Organization's Reports (see Appendix E):

1. Assign reports to peer reviewer(s) for review.
2. Request project designs/plans, work papers, and other supporting materials for the reports selected.
3. Determine the process to be used to review the individual reports.
4. Review the selected reports against:

-
- a. covered Blue Book standards,
 - b. policies, procedures, guidelines, standards, and/or I&E organization quality assurance processes, and
 - c. Report Review Checklist (Appendix E).
5. Examine work papers/documentation to trace:
 - a. findings,
 - b. conclusions, and
 - c. recommendations.
 6. Interview the I&E project teams to gain insight on reports and supporting documentation, as necessary.
 7. Review other documentation or conduct other interviews necessary for team members to fully assess whether the Reviewed Organization has generally complied with the seven covered Blue Book standards and any other standards that were assessed.
 8. Document the reviews of the selected reports.
 9. Discuss individual review findings and conclusions.
 10. Summarize overall findings, conclusions, and recommendations for the selected reports. Note suggestions for improvement or best practices identified in the selected reports.
 11. Document the overall summary of the reviewed reports and supporting documentation.

G. Review the Reviewed Organization’s corrective action(s) taken in response to the previous peer review recommendations:

1. Request written descriptions of corrective action(s) taken in response to the previous peer review recommendations, the status of open recommendations or corrective actions, if any, and explanations for open status.
2. Assess, discuss, and reach a conclusion about whether the Reviewed Organization’s written description accurately and completely describes the status of the previous peer review report recommendation(s).
3. Document this assessment, including the conclusions reached and proposed recommendations, if any.

H. Conduct an exit meeting with the Reviewed Organization:

1. At, or in advance of the exit meeting, provide the Reviewed Organization with a preliminary written point paper, discussion draft report and, if appropriate, letter of comment, or draft report and , if applicable, the letter of comment that includes peer review results, findings, conclusions, and recommendations.
2. Present a summary of findings and/or note other pertinent observations, including best practices, that are not included in the draft report or letter of comment, if appropriate.

3. Discuss process and issuance dates for the draft and final reports. Request that the Reviewed Organization provide written comments to the review team within the agreed-to timeframe in the MOU. Permit the Reviewed Organization at least 15 calendar days after receipt of draft report and letter of comment, if applicable, to provide comments. The peer reviewer(s) may provide the draft report and letter of comment, if applicable, at the exit meeting.
4. Revise the review's findings, conclusions, recommendations, if appropriate, based on information from the exit meeting.

I. Prepare a draft of the Peer Review Report and, if appropriate, the Letter of Comment for the Reviewed Organization. This may be done immediately after completing the review work or after the exit meeting.

1. Use the Peer Review Report Template (Appendix A) to prepare a draft Peer Review Report. If appropriate, use the Letter of Comment Template (Appendix B) to draft the Letter of Comment. Provide the official draft Peer Review Report and, if appropriate, the Letter of Comment to the Reviewed Organization's officials for review and written comment. Request that the Reviewed Organization's officials provide written comments by the agreed-to date.

J. Finalize Peer Review Report and, if issued, the Letter of Comment:

1. Review the Reviewed Organization's written comments and determine any associated changes to the draft Peer Review Report or, when applicable, the Letter of Comment.
2. Finalize the report and letter of comment, if applicable, by attaching written comments, making necessary changes, and obtaining the Reviewing OIG IG's or I&E organization executive's signature.
3. Deliver the final Peer Review Report and, if issued, the Letter of Comment to the Reviewed Organization IG or I&E organization executive no later than the agreed-to date or after resolution or clarification of issues discussed in the Reviewed Organization officials' comments.
4. Provide copies of the final Peer Review Report and, if issued, the Letter of Comment to the Chairs of CIGIE and the I&E Committee through its designated representatives.³⁹⁴⁰

³⁹ The I&E Peer Review Working Group is the I&E Committee's designated representative. The final Peer Review Report and, if issued, the Letter of Comment should be e-mailed to iepr@cigie.net.

⁴⁰ For peer review reports that are classified, an unclassified summary and recommendations will be forwarded to the I&E Committee.