2020 Peer Review Tool Kit

**December 2020 (Peer Review Guide)**

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# External Peer Review Process

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# Engagement Letter/Document Request

*(Peer review teams may use this document as a template for requesting documents or information from the Reviewed Organization. The information or documents requested should be adjusted based on what the Reviewed Organization has previously provided as required by the Guide. The peer review team does not have to send a formal request in the form of a letter. Wording from this template may be used for an e-mail request.)*

(Reviewed Organization)

Inspector General

Address

City, State Zip

Dear X Inspector General,

The Council of the Inspectors General on Integrity and Efficiency (CIGIE) Peer Review Schedule indicates that the (Name of Reviewing Organization) Office of Inspector General (OIG) is responsible for conducting a peer review of the (Reviewed Organization) OIG’s inspection and evaluation (I&E) function. This review will cover the three-year period ended Month DD, 20XX.

The peer review will be conducted based on the CIGIE Guide for Conducting External Peer Reviews of Inspection and Evaluation Organizations of Federal Offices of Inspector General (December 2020). Based on a preliminary review of your office’s semi-annual reports covering the appropriate period, it appears that (Reviewed Organization) OIG completed # I&E engagements. Accordingly, the peer review to be performed will be an external peer review. The peer review process has several steps, including, but not limited to, preliminary work, an entrance conference, fieldwork, an exit conference, and draft/final report.

Additionally, I am requesting the following documents on or before Month DD, 20XX. Please indicate if you do not have any of the document(s) requested. Whenever possible, I would prefer to receive electronic copies of documentation.

1. Completed Appendix D, "Policies and Procedures Review Checklist," December 2020, of the CIGIE peer review guide;
2. (Reviewed Organization) Policy Manual (or documentation that governs standards for the performance of I&Es, including policies and procedures for contracting out I&E work);
3. (Reviewed Organization) OIG Strategic Plan;
4. I&E work plan(s) for the period of review;
5. Internal Quality Assurance Review Reports for the period of review (if applicable);
6. (Reviewed Organization) OIG Organizational Chart;
7. Any documentation that speaks to (Reviewed Organization) OIG’s reporting structure including staff series and grades, professional designations, advanced degrees, specialized skills, etc.

The team lead for this review is Name. He/She may be reached at email or at 123-555-5555. Thank you and we look forward to working with you and your team.

Sincerely,

Name

Inspector General

Reviewing Organization

# Entrance Conference Agenda

# Project Title:

# OIG Project No:

# Date:

**Team Members**

Add all project team members

**Objective**

To conduct a Peer Review of X OIG to ensure compliance with appliable Blue Book standards.

**Scope and Methodology**

OIGs are assessed on their compliance with each of the standards designated by CIGIE’s Inspections and Evaluations (I&E) Committee. The Blue Book standards currently covered by an external peer review include: (1) Quality Control, (2) Planning, (3) Data Collection and Analysis, (4) Evidence, (5) Records Maintenance, (6) Reporting, and (7) Followup. The OIG assigned to assess compliance, called the Reviewing OIG, determines whether an OIG’s internal policies and procedures address each standard, and whether the reviewed reports generally complied with Blue Book standards and followed internal policies and procedures. The peer review covers reports that state the work was conducted in accordance with the Blue Book and that were issued by an OIG within the 3-year period.

**OIG Operating Procedures**

* To stay within our scope, maintain the integrity of the process, and protect individuals’ privacy and objectivity, we prefer to limit our meetings to staff with whom we request to meet. We will conduct follow-on meetings with interested stakeholders, as requested.
* We may request and receive documents directly from staff. Staff members should let us know if they do not have or cannot easily obtain requested documents, and we will determine whether they are necessary.
* To enable analysis before meetings, we request that staff send documents as soon as they become available.
* We will keep the peer review coordinator informed of our meeting schedules and document requests and may reach out for assistance, as needed.

**Inspection/Evaluation Process**

The Reviewing OIG typically selects a representative sample of reports issued by the Reviewed Organization covering the 1-year period prior to the start of the peer review. Reviewing the most recently issued reports provides the Reviewed Organization timely, useful information. However, the peer review covers reports issued during the applicable 3-year period. The Reviewing OIG may decide to select reports issued in the other 2 years to obtain a representative sample of reports. 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. The number of reports to be reviewed depends on the size of the Reviewed Organization, e.g., four reports for large Reviewed Organizations, three reports for medium Reviewed Organizations, and two reports for small Reviewed Organizations.

**Peer Review Report**

The Peer Review Report will provide the peer review team’s overall conclusions as to the Reviewed Organization’s general compliance with the covered Blue Book standards, and specific findings and recommendations, if any. The report includes findings that are significant noncompliances with one or more of the covered Blue Book standards.

# 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.

1. 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](#_bookmark57)

##### [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]***

#### 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.

#### 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.

#### 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.]

#### REVIEW APPROACH

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

* 1. exercise professional judgment in all matters relating to planning, performing, and reporting the results of the external peer review;
	2. 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;
	3. select the inspection and evaluation reports it believes are necessary to meet the review objectives; ***[Delete for a modified peer review]***
	4. review reports from field offices of the Reviewed Organization, if applicable, as well as at OIG Headquarters; ***[Delete for a modified peer review]***
	5. 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
	6. 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.

#### ROLES AND RESPONSIBILITIES

The Reviewed Organization agrees to:

* 1. 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;
	2. 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;
	3. provide the Reviewing OIG access to all requested Reviewed Organization personnel;
	4. 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;
	5. provide the Reviewing OIG with appropriate information and training regarding document security requirements at the start of the review;
	6. e-mail all requested non-sensitive data and files to a designated individual from the Reviewing OIG; and
	7. retain all storage media used to transfer authorized files to the Reviewing OIG’s equipment.

The Reviewing OIG agrees to:

1. 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;
2. only obtain sensitive Reviewed Organization documents by means agreed on with the Reviewed Organization, e.g., delivery server, USB drive, or key fob;
3. not access the internet or VPN;
4. not print, save, or otherwise transfer any sensitive data to its own equipment unless explicitly authorized to do so by the Reviewed Organization;
5. assert that sensitive data, such as personally identifiable information is protected against unauthorized access or use;
6. not duplicate, re-type, etc., any sensitive information received from the Reviewed Organization onto the Reviewing OIG’s equipment;
7. 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;
8. 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
9. 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.

#### 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. |  |

#### 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.

##### 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.

#### 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]***

#### 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:

1. provide documents supplied by the Reviewed Organization to the Reviewed Organization for response directly to the requester; and
2. 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:

1. advise the Reviewing OIG whether or under what circumstances to produce the documents being sought; or
2. 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:

1. advise the Reviewing OIG whether or under what circumstances to provide the requested documents; or
2. 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

##### 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.

##### Use of This Checklist

* 1. 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.
	2. 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

* 1. 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.
	2. 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.

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| **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 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? |  |  |  |  |  |

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| **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 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; |  |  |  |  |  |

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| **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 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? |  |  |  |  |  |

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| **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 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; |  |  |  |  |  |

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| **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 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 personalfeelings; |  |  |  |  |  |
| -- 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? |  |  |  |  |  |

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| **EVIDENCE*****Evidence supporting inspection findings, conclusions, and recommendationsshould be sufficient, competent, and relevant and should lead a reasonable person to sustain the findings, conclusions, and recommendations.*** |
|  | **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.) ofevidence; 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)? |  |  |  |  |  |

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| **RECORDS MAINTENANCE*****All relevant documentation generated, obtained, and used in supporting inspection findings, conclusions, and recommendations should be retained for an appropriate period of time.*** |
|  | **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 approvedby 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? |  |  |  |  |  |

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| **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 inaccordance 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 theintended 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; |  |  |  |  |  |

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| **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? |  |  |  |  |  |

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| **FOLLOWUP*****Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriatelyaddressed.*** |
|  | **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?** |  |  |  |  |  |

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| **FOLLOWUP*****Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriatelyaddressed.*** |
|  | **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 problemsidentified 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

##### 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.

##### Use of This Checklist

* + - 1. 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.
			2. 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.

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| **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 overthe work conducted? |  |  |  |  |  |

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| **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)** |
| **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 thePlanning standard? |  |  |  |  |  |
| In the absence of written internal policies and procedures to implement the Planning standard, is there documentation or other evidence demonstrating that theinspection 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, asappropriate? |  |  |  |  |  |

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| **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 theprogram or activity being inspected? |  |  |  |  |  |
| Does the project file show consideration of performing followup on known significant findings and recommendationsthat 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? |  |  |  |  |  |

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| **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?** |  |  |  |  |  |

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| **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 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 sufficientlyreliable 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? |  |  |  |  |  |

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| **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)** |
| 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 thefinding(s) (criteria, condition, cause, and effect), as applicable? |  |  |  |  |  |

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| **EVIDENCE*****Evidence supporting inspection findings, conclusions, and recommendationsshould be sufficient, competent, and relevant and should lead a reasonable person to sustain the findings, conclusions, and recommendations.*** |
|  | **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 theEvidence standard? |  |  |  |  |  |

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| **EVIDENCE*****Evidence supporting inspection findings, conclusions, and recommendationsshould be sufficient, competent, and relevant and should lead a reasonable person to sustain the findings, conclusions, and recommendations.*** |
|  | **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 completeknowledge)? |  |  |  |  |  |
| Did the project team obtain and document sufficient evidence to persuade a knowledgeable person that the findingswere valid? |  |  |  |  |  |
| Is the evidence logically related and important to the issue being addressed? |  |  |  |  |  |

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| **RECORDS MAINTENANCE*****All relevant documentation generated, obtained, and used in supporting inspection findings, conclusions, and recommendations should be retained for an appropriate period of time.*** |
|  | **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 theinspection findings, conclusions, and recommendations? |  |  |  |  |  |
| Did the project team generally comply with the Reviewed Organization’s internal policies and procedures implementing theRecords 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? |  |  |  |  |  |

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| **RECORDS MAINTENANCE*****All relevant documentation generated, obtained, and used in supporting inspection findings, conclusions, and recommendations should be retained for an appropriate period of time.*** |
|  | **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? |  |  |  |  |  |

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| **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)** |
| **Did the reviewed report generally comply with the Reporting standard?** |  |  |  |  |  |

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| **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 |  |  |  |  |  |

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| **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 ofthe comments in the final report? |  |  |  |  |  |
| If applicable, was the confidentiality of individuals providing information appropriately maintained during the reporting process? |  |  |  |  |  |

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| **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 proprietaryinformation)? |  |  |  |  |  |

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| **FOLLOWUP*****Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriatelyaddressed.*** |
|  | **Yes** | **No** | **N/A** | **Reviewing OIG Explanation and Comments** | **Reference (Identify Applicable Project Documentation)** |
| **Did the reviewed report generally comply with the Followup standard?** |  |  |  |  |  |

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| **FOLLOWUP*****Appropriate followup will be performed to ensure that any inspection recommendations made to Department/Agency officials are adequately considered and appropriatelyaddressed.*** |
|  | **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 andpreviously agreed on by management? |  |  |  |  |  |

#### END OF CHECKLIST

# Appendix F: Work Plan Template

##### Reviewed Organization

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

##### Reviewing OIG

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

##### Scope & Methodology of Peer Review

|  |  |
| --- | --- |
| Time period during which reviewed reports were published. |  |
| Number of reports to be reviewed,[37](#_bookmark63) 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. |  |

##### 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. |  |  |  |

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

##### 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.

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

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

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

##### 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, ifapplicable. |  |
| 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. |  |

##### 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.

##### 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:
		1. One report from each report category/type.
		2. Reports with varying topics, lengths, methodologies, etc.
		3. An appropriate number of reports as time and resources permit.[38](#_bookmark65)
		4. 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.

##### 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.

* 1. The I&E annual work plan or similar document, if one exists.
	2. The previous external peer review report, if applicable.
	3. 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.
	4. Additional information required or useful to conducting the peer review.

##### 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.

##### 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.

##### 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.

##### 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:
		1. covered Blue Book standards,
		2. policies, procedures, guidelines, standards, and/or I&E organization quality assurance processes, and
		3. Report Review Checklist (Appendix E).
	5. Examine work papers/documentation to trace:
		1. findings,
		2. conclusions, and
		3. 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.

##### 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.

##### 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.

##### 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.

##### 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.[39](#_bookmark66)[40](#_bookmark67)

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.

# Exit Conference Agenda

# Project Title:

# OIG Project No:

# Date:

**Team Members**

Add all project team members

**Objective**

To conduct a Peer Review of X OIG to ensure compliance with appliable Blue Book standards.

**Scope and Methodology**

OIGs are assessed on their compliance with each of the standards designated by CIGIE’s Inspections and Evaluations (I&E) Committee. The Blue Book standards currently covered by an external peer review include: (1) Quality Control, (2) Planning, (3) Data Collection and Analysis, (4) Evidence, (5) Records Maintenance, (6) Reporting, and (7) Followup. The OIG assigned to assess compliance, called the Reviewing OIG, determines whether an OIG’s internal policies and procedures address each standard, and whether the reviewed reports generally complied with Blue Book standards and followed internal policies and procedures. The peer review covers reports that state the work was conducted in accordance with the Blue Book and that were issued by an OIG within the 3-year period.

**Inspection/Evaluation Review**

* Outline the reports included as part of the peer Review

**Report Findings**

* Outline any findings resulting from the review.
* The Peer Review Report will provide the peer review team’s overall conclusions as to the Reviewed Organization’s general compliance with the covered Blue Book standards, and specific findings and recommendations, if any. The report includes findings that are significant noncompliances with one or more of the covered Blue Book standards.

**Findings Discussion/Addressing 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 (and Letter of Comment, if issued). 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 IEPRWG, 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 I&E Committee’s recommendation, that OIG may appeal the I&E Committee’s recommendation to the CIGIE Executive Council for mediation and final decision.