Federal Election Commission
Washington, DC 20463

November 28, 2018

<u>**MEMORANDUM**</u>

TO: The Commission

THROUGH: Alec Palmer   *AP by MAH*
                 Staff Director
                 Chief Information Officer

FROM: Katie A. Higginbothom   *MAH*
                 Co-Chief Privacy Officer
                 Acting Deputy Staff Director for Management and Administration

                 Gregory R. Baker *GRB*
                 Co-Chief Privacy Officer
                 Deputy General Counsel - Administration

SUBJECT: Privacy & Data Protection Follow-Up Audit Updated Corrective
                 Action Plan

    The Privacy Team typically circulates to the Commission, on a biannual basis, an update to management's corrective action plan from the 2010 Privacy and Data Protection Follow-Up Audit. In March 2011, the Office of Inspector General issued its final audit report from the 2010 Privacy and Data Protection Follow-Up Audit, and on June 8, 2011, the Privacy Team circulated to the Commission management's Corrective Action Plan (CAP) to address the audit recommendations.

    With the very recent hiring by the Administrative Law Team of an attorney with significant experience in handling Privacy Act-related matters, the Privacy Team now has additional staff resources to devote to addressing the CAP recommendations. With these additional resources, in the past 4 months the Privacy Team has closed out CAP recommendations 3B, 10B, 11A, 12A, and 13.

    The Privacy Team intends to, among other things, continue to work to ensure that necessary privacy and security controls are fully instituted, and believe we can close out CAP recommendations 4A, 4B, 4C, 4D, 7A, 7D, 7E, 7F, 8D, 12B, 12D, and 12E in this fiscal year. Attached is an updated version of the corrective action plan provided for informational purposes.

    Please feel free to contact the Co-Chief Privacy Officers if you have any questions.

FEC Management Document

Project Name: T-2010: Follow-up Audit of Privacy and Data Protection

Recommendation Title	Agreed Upon Date	Recommendation	Mitigation Strategy	Planned Corrective Action	Estimated Implementation Date	OIG Status Update	Revised Implementation Date	Recommendation # Aud.	Owner	Reviewer/Status
Policy for Vendor Access to PII	3/31/2011	(11B) Should develop a policy and supporting procedures to assess and approve vendors with access to FEC PII to reasonably ensure that the vendor has adequate controls in place to protect the information before any PII is provided to the vendor.	Collaborate with the Contracting Officer and Chief Financial Officer to develop policies and supporting procedures that will require prospective contractors to provide evidence of internal controls that will safeguard the agency's sensitive information or PII that the contractor has access to.	9/30/2011	Contracting has developed a tracking spreadsheet to track vendors that handle PII and revised the COR responsibilities letter to include language which obligated the COR to alert the Contracting Officer to new contracts where vendors handle PII so that the Contractor can add the vendor to the spreadsheet. The revised COR letter and the tracking spreadsheet have been sent to the IG.	1/21/2019	-53	Katrina Sutphin	To verify policy implementation, the OIG requested the the most recent signed COR designation letter from the Contracting Officer. Upon review of a COR letter that was effective as of October 3, 2018, the updates proposed to resolve this item were not included in the letter. Management must make sure this corrective action has been implemented for all new contracts in order to sufficiently close this recommendation. See attachments included for Status update - 11/9/18 MF
Approval of Vendor Access to PII	3/31/2011	(11C) Should formally document the process used to review the FEC's vendors and the results should be retained to evidence the review procedures performed. In addition, there should be documented management approval from the department head that is the source of the information to be shared with the vendor and either of the co-Chief Privacy Officers before the vendor is provided access to FEC PII. There may be more than one department head that should review and approve a specific vendor if the PII affected pertains to more than one department.	Work with Contracting Officer to develop a process for reviewing and documenting vendor privacy controls. Create a CPO privacy approval process that vendors must undergo before gaining access to FEC PII. Evaluate various options for accomplishing this goal.	9/30/2011	Work with Contracting Officer to document or develop a process for reviewing and documenting vendor privacy controls.	11/1/2019	-337	Katrina Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Timely Updates to SORs	3/31/2011	(12B) Enhance existing guidelines and procedures to include timelines and deadlines that promote regular review and timely updates to SORs.	Update the SORNs Review Guidelines and the Procedures for Conducting the Circular A-130 System of Records Notices Review to include internal benchmarks and goals for biennial reviews and updates of SORNs and SORs.	1/31/2012	OGC has agreed to a biennial (every 2 years) review of the SORs which the privacy attorney will be conducting by March 31, 2019. This review as a matter of course will include all FEC departments including the Physical Security Officer, the FEC Records Officer, and FEC Management, Facilities, and every area of the FEC. The policy that states we will conduct this review every two years was sent to the IG as was the SOR 'checklist' which tells us in total what SORs we currently have. After the policy you will find the form we intend to fill out for each SOR to ensure the SOR has been properly reviewed	5/1/2019	-153	Katrina Sutphin	The OIG reviewed management's status update to conduct a review by March 31, 2019. Once the review is conducted, the OIG will be able to assess the results of the corrective actions taken. Until that time, the recommendation remains open. The OIG revised the implementation due date to correlate with management's stated review period. 11/9/208 - MF
SORs Assessment of electronic and paper records	3/31/2011	(12D) Work with the Physical Security Officer, the FEC Records Officer, and FEC management to incorporate SORs assessment processes into electronic and paper records management processes.	Work with the Administrative Services and the Commission Secretary's Office to ensure that SORs are considered during records management and physical security operations.	3/31/2012	OGC has agreed to a biennial (every 2 years) review of the SORs which the privacy attorney will be conducting by March 31, 2019. This review as a matter of course will include all FEC departments including the Physical Security Officer, the FEC Records Officer, and FEC Management, Facilities, and every area of the FEC. The policy that states we will conduct this review every two years was sent to the IG as was the SOR 'checklist' which tells us in total what SORs we currently have. After the policy you will find the form we intend to fill out for each SOR to ensure the SOR has been properly reviewed	5/1/2019	-153	Katrina Sutphin	The OIG reviewed management's status update to conduct a review by March 31, 2019. Once the review is conducted, the OIG will be able to assess the results of the corrective actions taken. Until that time, the recommendation remains open. The OIG revised the implementation due date to correlate with management's stated review period. 11/9/208 - MF
Policy for Monitoring and Reporting SORs	3/31/2011	(12E) Develop and implement policies and procedures that define monitoring and reporting processes to ensure SORs are updated and amendments published in accordance with Federal regulations by: 1) providing regular training to FEC managers and SOR system owners/managers; 2) establish deadlines, based on the legal requirements of OMB A-130, for documenting the new SORs, revisions to existing SORs, and publish the updated SORN; 3) providing legal assessment of potential changes in SORs and quality assuring the SORs produced by system owners/managers; 4) including performance standards in employee performance plans that are linked to successful compliance with Federal regulations; and 5) requiring regular reporting of compliance with the timelines to the Commission.	Develop privacy system manager training. Create internal benchmarks or goals to meet SORNs publication deadlines. Continue conducting legal assessments of potential system of record changes.	3/31/2012	Send a memo to FEC managers explaining the institution and use of the SOR addition form and requesting any SOR additions by Dec 2018. By March 31, 2019, the privacy counsel will conduct the first biennial SOR review and update the SORs for the FEC. After this first review, the privacy team will continue conducting legal assessments of potential system of record changes and also will accept submissions of SORs using the SOR addition request form from managers outside the Privacy Team. A record of the biennial SOR reviews will be kept for the IG to review. Privacy Counsels standards include reference to keeping accurate records and reviewing departments for changes.	1/21/2019	-53	Katrina Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Privacy Impact Assessments	3/31/2011	(2A) Conduct privacy impact assessments in accordance with Section 522, or create an alternative process for ensuring that privacy risks associated with PII are documented, assessed and remediated as necessary.	Create a privacy impact evaluation process to track the information collected in, and system controls for, information systems.	11/30/2011	OCFO has an ERM process in development per the new A123 guidance that assesses risk agency-wide and could cover this recommendation. Privacy Counsel will meet with Gilbert and discuss, then provide further action plan. Management is researching and developing a solution to address the recommendation.	12/1/2019	-367	Katrina Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Compliance with OMB guidance	3/31/2011	(2B) Comply with OMB memoranda, or in the event of statutory exemption and a decision not to voluntary comply, document that sufficient controls exist to mitigate the need to comply. Where compliance is not adopted due to resource constraints or other reasons, document the legal assessment, risk analysis, and cost-benefit to the FEC.	Conduct an informal cost-benefit analysis of privacy-related OMB requirements when the agency is exempt from such requirements.	5/30/2011	Management is researching and developing a solution to address the recommendation	12/1/2019	-367	Katrina Sutphin	Will review management's planned corrective action once identified.
Governance Framework to Protect PII	3/31/2011	(2C) Identify and implement a governance framework (e.g., NIST, the AICPA's Generally Accepted Privacy Principles (GAPP)), to ensure that controls within the FEC to protect PII are appropriately identified, documented, and implemented.	Review the AICPA Generally Accepted Privacy Principles (GAPP) and determine it is feasible to implement as a privacy governance framework for the agency, in whole or in part.	4/30/2012	Management is researching and developing a solution to address the recommendation.	12/1/2019	-367	Katrina Sutphin	Will review management's planned corrective action once identified.
Inventory of Systems with PII	3/31/2011	(4A) Update and maintain the inventory of all systems that contain PII for all the divisions. A potential approach is to use the templates created by STSI and have each division update their current listing and implement business processes to continually update the inventory based on new or revised handling and storage of PII. A full review could be conducted by the divisions at least annually and would help support the biennial Privacy Act Systems of Records update process.	Update the 2009 PII review inventory. Note: These action items are subject to the availability of contractor funds and Commission notification.	4/30/2012	Update the 2009 PII review inventory and provide proof of this procedure to the IG.	2/1/2019	-64	Katrina Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.

Finding	Date	Recommendation	Response	Management Response	Date	Corrective Action Plan	Date	Days	POC	Status
CAP of STSI recommendations	3/31/2011	(4B) Finalize the evaluation of the draft STSI recommendations and develop, document and implement a corrective action plan as necessary. Progress against the corrective action plan should be formally and periodically reported to management.	Agree	Complete review of evaluation report recommendations, approval of the recommendations, and prepare an action plan for addressing the approved recommendations.	2/29/2012	Review STSI report, notate on report which action items correspond to the CAP and refer IG to the current CAP plan to resolve those joint STSI and CAP audit items. If any items on the STSI plan do not correspond to the CAP plan these will be addressed and resolved. This document will be provided to the IG.	1/21/2019	-53	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
SSN Reduction Plan	3/31/2011	(4C) Provide the Privacy Team's SSN Reduction Plan Phase 1 report to the applicable division heads, and work with those offices to prepare action plans to address the findings in the report.	Agree	Approve the SSN Reduction Plan Phase 1 report and work with division heads to address the report findings.	3/31/2012	Audit and inventory Social Security Number and PII usage within FEC. Interview information owners and determine whether PII and SSN collection and storage is necessary. Prepare spreadsheet reporting these findings to IG. (4c) Remediate by eliminating unnecessary uses of PII and SSNs (4d) and reporting results to IG. This process will be completed once per fiscal year. A record will be kept noting that we completed this process each year.	2/1/2019	-64	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Comply with OMB M-07-16	3/31/2011	(4D) Complete Phase 2 and Phase 3 of the "FEC's Plan to Review and Reduce Holdings of Personally Identifiable Information and Eliminate Unnecessary Use of Social Security Numbers in Response to OMB Memorandum M-07-16, Safeguarding Against and Responding to the Breach of Personally Identifiable Information" as soon as practical. This can be accomplished by providing the STSI results to the divisions and requesting a response on the ability to reduce or eliminate the questionable uses of social security numbers already identified by the contractor.	Agree	Complete Phases 2 and 3 of the plan by disclosing the findings of the Phase 1 report to the applicable division heads, and work with division heads to address the report findings.	3/31/2012	Audit and inventory Social Security Number and PII usage within FEC. Interview information owners and determine whether PII and SSN collection and storage is necessary. Prepare spreadsheet reporting these findings to IG. (4c) Remediate by eliminating unnecessary uses of PII and SSNs (4d) and reporting results to IG. This process will be completed once per fiscal year. A record will be kept noting that we completed this process each year.	2/1/2019	-64	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Annual Risk Assessment of Systems with PII	3/31/2011	(5A) Conduct a risk assessment annually for all existing and new applications that collect, process, transmit or store PII. If PIAs were performed, a risk assessment component could be built into that process to accomplish both the PIA and risk assessment recommendations.	Agree	Conduct an informal risk assessment of agency PII during the biennial PII Review. Note: These action items are subject to the availability of contractor funds and Commission notification or approval.	5/31/2012	Conduct an informal risk assessment of agency PII. This could possibly be resolved with Gilbert's risk mgt process further research needed.	12/1/2019	-367	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Develop CAP for risk assessment deficiencies	3/31/2011	(5B) Prepare a documented corrective action plan for any deficiency noted for each risk assessment performed and report progress periodically until all corrective actions are implemented. The corrective action plan should be approved by management.	Agree	Prepare an informal documented assessment of the findings from the next biennial PII review, with recommended action items. Note: These action items may be subject to the availability of contractor funds for the 2011 PII Review.	9/30/2012	Prepare a corrective action plan for what is found in 5A.	12/1/2019	-367	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Identification of Encrypted Devices	3/31/2011	(6E) Include a record in the inventory listing of whether the device is encrypted or not.	Agree	Management does not concur with this recommendation and refers to its response in the final audit report.	9/30/2011	Management will provide a report that shows that devices are encrypted.	2/1/2019	-64	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Regular Privacy Walkthroughs	3/31/2011	(7A) ISSO, Physical Security Officer, and/or division management should conduct regular walkthroughs to ensure that agency staff complies with privacy and information security standards are being met. Implementation of these action items are subject to Commission notification and/or approval.	Agree	ISSO, Physical Security Officer and other management officials as appropriate will conduct walkthroughs of the building to ensure privacy and information security standards are being met. Implementation of these action items are subject to Commission not	9/30/2011	Create a policy to conduct yearly walkthroughs to ensure staff comply with privacy and information security standards. Document findings. Make log documenting yearly walkthroughs available to IG for inspection.	12/1/2018	-2	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Address Failures to Secure Sensitive Information	3/31/2011	(7D) Division managers should work with the Physical Security Officer and the Records Officer to assess records management and secure storage needs and address failures to adequately secure sensitive information noted during the walkthrough.	Agree	Discuss with the Physical Security Officer and the Records Officer security concerns for storage areas and records management raised during the security walkthroughs. Include in the discussion the pros and cons of locking suite doors after business hours. Implementation of these action items are subject to Commission approval if the security walkthroughs.	9/30/2011	Resolve issues found in walkthrough. Include in discussion the pros and cons of locking suite doors after business hours.	7/1/2019	-214	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Contractor Certification of Secure Destruction	3/31/2011	(7E) Contracting Officer and COTRs should enforce the requirement for contractors to certify secure destruction or return of FEC information in both paper and electronic format.	Agree	Assist the Contracting Officer in developing a process for ensuring contractors return or securely destroy FEC information when no longer needed.	9/30/2011	Create and institute an exit checklist for contracts that are ending that ensures that contractors return or securely destroy FEC information when no longer needed.	12/1/2018	-2	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
COR Policies	3/31/2011	(7F) Should establish policy and procedures requiring COTRs to inspect the physical space occupied by contractors when the contractor departs to ensure paper and electronic records are securely disposed of or filed	Agree	Work with the Contracting Officer to develop policies and procedures regarding COTR inspection of contractor-occupied space after termination of the contract.	9/30/2011	Create and institute an exit checklist for contracts that are ending that includes an inspection of contractor-occupied space after termination of the contract.	12/1/2018	-2	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.
Annual Review of Privacy Policies	3/31/2011	(8D) Should review on a regular basis all of the privacy and data security policies, procedures, standards and guidelines on a defined timeframe (e.g., annually), and they should be dated, and updated as necessary and include a point of contact if employees have questions.	Agree	Conduct a biennial review of the privacy policies and continue the annual review of IT security policies. As part of these reviews, ensure that the policies contain a point of contact and effective and revision dates.	3/31/2012	Conduct and keep a log of annual reviews of all privacy policies. Make log available to IG for inspection. The first privacy inspection will be conducted April 2019	10/30/2019	-335	Katrina_Sutphin	Reviewed management's updated corrective action plan and will assess the adequacy of implementation once completed.

THE FEDERAL ELECTION COMMISSION
Washington, DC 20463

MEMORANDUM

TO: The Commission

FROM: Gilbert Ford
           Acting Chief Financial Officer

SUBJECT: Corrective Action Plan (CAP) for the Inspection of FEC'S Compliance with
           FMFIA/OMB Circular A-123

DATE: November 29, 2018

The Office of Inspector General (OIG) conducted an inspection that focused on the compliance
with FMFIA/OMB Circular A-123 within the FEC.

Attached please find an updated Corrective Action Plan that includes the findings and the status
of the findings as of November 2018. There were a total of 8 items, of which 5 items have been
closed. The OCFO will continue to work with the OIG on closing the remaining 3 items.

 If you have any questions, please feel free to contact me. Thank you.

cc: Inspector General

Recommendation Title	Actual Issue Date	Recommendation	Managment Response	Planned Corrective Actions	Estimated Implementation Date	Last Status Update	Revised Implementation Date	Recommendation Age	Owner	Follow Up Notes
Project Name: T-Inspection of FEC's Compliance with FMFIA/ OMB A-123										
Mandatory ICR Report	6/17/2014	The Office of the Chief Financial Officer (OCFO) should ensure sufficient information is included in the internal control review (ICR) packages submitted by program offices by making the ICR report mandatory.	Partially Agree	OCFO Management partially agrees with recommendation number one. The OCFO agrees with the OIG's conclusion that "the FEC is generally in compliance with FMFIA/OMB A-123 annual internal control assessment requirements." Under the guidance of Directive 53, the Commission delegated the responsibility to program managers to exercise professional judgment and assess the internal controls for their areas. The program managers complied with the guidance. While the OCFO does not agree with the recommendation to make the ICR Report mandatory, the OCFO does agree to enhance its guidance and documentation as appropriate. Specifically, program managers will be reminded that sufficient documentation must be maintained to support that internal controls were properly reviewed. The OCFO's guidance for the Internal Control Review process will include a comparison of OIG findings to the feedback received from the program managers. If discrepancies are noted, the OCFO will discuss the matter with the appropriate managers to determine the status of the findings and the implications for the internal control of that program. The outcome of this process will be documented.	CLOSED	This item is closed in agreement with IG and OCFO. In 09-2015, the Acting CFO created the A-123 task force. The purpose of the A-123 Task Force is to develop recommendations for implementing and/or revising FEC's internal control framework to comply with the new OMB A-123 guidance. Detailed procedures and training for annual internal review process included risk assessments. ICR guidance is provided annually.The FEC's A-123 Task Force has revised Directive 53 and it was approved by the Commission.on September 6, 2018.	CLOSED	1365	Nida Awan	The OIG acknowledges that the annual ICR process was revised, a new control assessment template was rolled out for the FY 2016 review period, and Directive 53 has been updated to include the current ICR process. Per review of the FY 2017 control assessments submitted by program offices, OIG concludes some offices did not provide sufficient information to satisfy the instructions and compliance with A-123. For instance, some offices did not provide adequate documentation for some of the 17 principles, some offices did not include specific program information, some offices did not list internal control issues identified. Also, OIG notes that OMB recently rolled out a new A-123 Appendix A to align with the guidance around the implementation of an Enterprise Risk Management (ERM) framework and the DATA Act.This may require additional documentation and/or changes to the annual ICR process.The OIG will assess once the revised Directive 53 has been fully implemented and we can confirm that they are operating effectively and adequate to comply with the additional A-123 requirements.
High Risk Ratings	6/17/2014	OCFO should require any item marked as high risk on the VAC is explained in the respective program office's ICR Report.	Partially Agree	OCFO Management partially agrees with recommendation number four. The OCFO does not plan to make the ICR Report mandatory (see Management Response to recommendation number one). However, the VAC will be supplemented to identify top risk factors and the impact if that risk is not mitigated. In the past few years, the OCFO has queried program managers about all the VAC items marked as high. As stated above, however, Directive 53 assigns program managers the responsibility to exercise their professional judgment in preparing their ICR reports if deemed necessary. As previously discussed with the OIG in December 2013 and January 2014, OCFO Management would like to wait until a new A-123 is released to review and update the annual ICR process.		11/1/2018	The OCFO considers this closed. The new ICR assessment template currently requires items marked as high risk to be explained in the respective program offices report.	CLOSED per OCFO	1365	Nida Awan	The new ICR process and assessment template requires any internal control high risk ratings to be identified and explained.However, per review of the FY 2017 control assessments submitted by program offices, OIG concludes some offices did not provide sufficient information to satisfy internal control risk ratings or identify all known control issues. Also, OIG notes that OMB recently rolled out a new A-123 Appendix A to align with the guidance around the implementation of an Enterprise Risk Management (ERM) framework and the DATA Act.This may require additional documentation and/or changes to the annual ICR process. The OIG will assess once these new requirements have been fully implemented
Training on Risk Assessments	6/17/2014	As a best practice, program managers with the assistance of OCFO, should be trained on how to conduct an inherent risk assessment for all mission critical programs. Going forward, these inherent risk assessments should be reviewed annually as part of the ICR process.	Partially Agree	OCFO Management partially agrees with recommendation number five. When the revised GAO Green Book and the updated version of A-123 are available, the OCFO will address the FEC's Internal Control guidance and provide a training to appropriate program managers. The OCFO is unclear about the relationship between 'potential risk unique to a particular FEC program' and 'inherent risk' as mentioned in the IG's recommendation number five above. Internally, the OCFO has its own determination of 'inherent risk assessment' that is different from the risk assessment for the annual ICR process.		11/1/2018	The OCFO considers this closed. The Risk Profile process that's conducted each year by the SMC takes a look at risks impacting the mission critical programs. Since the SMC is made up of key management and program managers, this may be sufficient to answer what they were looking for when the finding was first written up. Initial internal control training was provided by Management Concepts in 2016. In addition A-123 Task Force members trained the appropriate staff on FEC's new annual ICR process prior to the FY 2017 assessments were completed.	CLOSED per OCFO	1365	Nida Awan	OIG acknowledges that training was conducted by Management Concepts and by the A-123 Task Force. However, per review of the FY 2017 control assessments submitted by program offices, OIG concludes that additional training may be required. Especially in light of the fact that OMB recently rolled out a new A-123 Appendix A to align with the guidance around the implementation of an Enterprise Risk Management (ERM) framework and the DATA Act. This may require additional documentation and/or changes to the annual ICR process. The OIG will assess once these new requirements have been fully implemented.
Review of Risk Ratings	6/17/2014	The OCFO should improve their review process by paying special attention to the methodologies for the risk ratings and explanations of control issues for reasonableness, and to ensure all internal control issues are properly reported and potential material control weaknesses are identified.	Partially Agree	OCFO Management partially agrees with recommendation number six. With only operational responsibility delegated by Directive 53 to CFO, the OCFO will consider the OIG concerns when preparing the annual internal control guidance for Fiscal Year 2014. Please see the management responses above for what the OCFO plans to do in this regard.		11/1/2018	The OCFO will follow-up with program offices. OCFO relies on program offices for control weaknesses. We review that they are reported forward. We also review the conclusions provided are supported and check to see that they are aligned. Establishment of SMC-Membership includes top management that is knowledgeable in program office responsibilities. This allows for comprehensive internal control review and risk identification.	CLOSED per OCFO	1365	Nida Awan	The OIG notes that the FY 2017 CFO summary which compiles the results of all program offices ICRs used to form the basis for recommending an agency-wide unqualified statement of assurance did not adequately disclose information related to known control issues. According to FMFIA, which is incorporated into A-123 guidance, the agency is still required to disclose all control issues (regardless if they are significant, material weaknesses or not) to the applicable oversight members responsible for providing the overall agency-wide assurance letter. In addition, there are A-123 requirements which require risk assessments to incorporate ERM concepts and fraud risk assessments went into effect in FY 2017. The OIG acknowledges that the FEC has established the SMC which is similar to a Risk Committee. The SMC has developed an ERM implementation plan and the initial risk profile.This recommendation can not be closed until additional oversight procedures are fully implemented to ensure compliance with these new requirements are operating effectively.

THE FEDERAL ELECTION COMMISSION
Washington, DC 20463

MEMORANDUM

TO: The Commission

FROM: Gilbert Ford
            Acting Chief Financial Officer

SUBJECT: Corrective Action Plan (CAP) for Data Act Audit

DATE: November 29, 2018

The Office of Inspector General (OIG) conducted an audit that focused on Data Act within the FEC.

Attached please find an updated Corrective Action Plan that includes the findings and the status of the findings as of November 2018. The OCFO will continue to work with the OIG on closing the remaining CAP items.

 If you have any questions, please feel free to contact me. Thank you.

cc: Inspector General

Gena's Notes 11/14/18	Recommendation Title	Actual Issue Date	Recommendation	Managment Response	Planned Corrective Actions	Estimated Implementation Date	Last Status Update	Revised Implementation Date	Recommendation Age	Owner	OIG Follow-up
	Project Name: Data Act Audit										
OIG will consider closing this action. Provided copy of FY19 IAA w/ FSSP. Reviewed the section on DATA Act Services.	The SAO should ensure adequate control procedures are implemented	11/30/2017	The SAO should ensure adequate control procedures are implemented to ensure data files are complete, accurate, timely, reconciled, and properly linked.	Agree	1. Update Quarterly Submission Procedures 2. Obtain FSSP Assurance to provide corrections and re-submissions of corrected files. 3. Monthly Review of the D1 File	6/1/2019	The DATA Act quarterly reconciliation and certification procedures have been updated. Also, File D1 is now reviewed monthly to identify and correct any errors prior to the submission. The SAO reviews the reconciliation spreadsheet and meets with the DATA Act program group to discuss data issues identified prior to certifying the DATA files in the Broker.		117	Gena_Braveboy	The OIG reviewed the updated reconciliation and certification procedures and they appear adequate to satisfy DATA Act requirements related to ensuring data files are complete, accurate, and of quality. OIG confirmed that File D1 is also reviewed monthly to identify and correct errors timely. However, there are still some data quality and recurring data linkage issues. The OIG was informed that some of these issues require corrective actions by the FSSP. Although, FEC management continues to work with the FSSP to resolve data issues, the FSSP will not guarantee that data will be corrected or DATA files will be resubmitted to the Broker. OIG notes that until corrective actions have been fully implemented to ensure accurate DATA Files are submitted to the Broker, this recommendation can not be closed.
Corrective Action will remain open. Opportunity to close in the next review scheduled to begin in Jan/Feb 2019	The FEC should work with FSSP to resolve data transmission issues	11/30/2017	The FEC DATA Act PMO and Senior Accountable Official (SAO) should work with the FSSP to ensure appropriate corrective actions are implemented to ensure all future DATA Act submissions are submitted on time and the files are complete	Agree	Obtain FSSP Assurance to provide corrections and re-submissions of corrected files. Implement monthly review of the D1 File	6/1/2019	All DATA files are being submitted to the Broker on time. However, there are still some accuracy and quality issues identified with some of the DATA files, but they are not always corrected by the FSSP and the FSSP will not commit to resubmit files. FEC management continues to work with the FSSP to resolve data issues.		117	Gena_Braveboy	OIG notes that until these data issues can be resolved, this recommendation can not be closed.
Corrective Action will remain open. Opportunity to close in the next review scheduled to begin in Jan/Feb 2019. OIG mentioned previous Procurement Audit CAP and inquired whether procurement management is regularly reviewing FPDS entry. Gena to discuss w Sheri and Pam the process of reviewing the monthly D1 (need supporting documentation detailing Pam's review or acknowledgment of the monthly DATA Act team review)	Non-financial data elements should be verified	11/30/2017	The SAO should ensure that proper controls are in place to ensure all non-financial data related to standard data elements are entered into the procurement system correctly.	Agree	1. Provide Refresher Training for Staff 2. Update Procurement Procedures	6/1/2019	Procurement is reviewing policies and procedures and is in the process of retraining and reeducating program offices in how to initiate an enter award data into Comprizon. Also, DATA Act program staff is reviewing File D1 monthly to identify any issues prior to the quarterly submission.		117	Gena_Braveboy	Procurement is reviewing policies and procedures and is in the process of retraining and reeducating program offices in how to initiate an enter award data into Comprizon. Also, DATA Act program staff is reviewing File D1 monthly to identify any issues prior to the quarterly submission. This recommendation can not be closed enter the OIG can verify that the process is operating effectively.

FEC Management Document

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FEDERAL ELECTION COMMISSION

2018 NOV 30 AM 9: 00

MEMORANDUM

November 29, 2018

TO: The Commission

THROUGH: Alec Palmer
            Staff Director

FROM: Kimberly Humphries
            Acting Deputy CIO - Operations

            Justin Park
            Acting Chief Information Security Officer

SUBJECT: Updated Corrective Action Plan for Disaster Recovery and COOP Audit

The attached Corrective Action Plan (CAP) has been updated to show the progress the Office of the Chief Information Officer has made since the last update. Significant progress was made during this time period, with the deployment of new surface tablets for COOP personnel and the completion of COOP training. We look forward to working with the OIG in the coming months to discuss recent progress in closing out the remaining items.

Please feel free to contact me if you have any questions.

Thank you.

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Recommendation	Planned Corrective Actions	Status	Owner	Management Follow Up Notes November 2017	Revised Implementation Date
Project Name: T-Inspection of the FEC's Disaster Recovery and Continuity of Operations Plan					
Finding: Certification and Accreditation documents for the LAN risk assessment to support the system security plan (SSP) were not provided to the auditors for review.					
Conduct and document FEC's Certification and Accreditation package to include Security Controls Assessment (SCA)/Security Test and Evaluation (ST&E) in accordance with federal guidelines for information systems.	Concur with the recommendation 1 & 2. The FEC will solicit public bids for the accrediting and Certifying the FEC LAN , which will include the ST&E and SCA recommendations. Certification and accreditation for FEC major systems will be conducted during calendar year 2012 as funding becomes available. The LAN Risk Assessment was placed in PBC folder #2 on 1/10/13. Do not concur with recommendation 3, we will conduct C&A in accordance with the current policy. Do not concur with recommendation 4, testing and C&A are separate entities and the documentation will remain separate.	closed	Jay Ribeiro	Full ATO package for the GSS (FEC LAN) is tentatively scheduled to be completed July 2017. Full package will include updated SSP, SAR, POA&M, appointment orders and ATO recommendation memo. ST&E formal plan and A&A (formerly known as C&A) program was submitted to OIG on February 9, 2017.	ATO SIGNED AND COMPLETED *THIS CAP IS CLOSED*
Complete the development of the FEC Certification and Accreditation Program by March 2013, with certification of the FEC's major applications and general support systems being completed by April 2013. The C&A should be completed before placing systems into operation	Concur with the recommendation 1 & 2. The FEC will solicit public bids for the accrediting and Certifying the FEC LAN , which will include the ST&E and SCA recommendations. Certification and accreditation for FEC major systems will be conducted during calendar year 2012 as funding becomes available. The LAN Risk Assessment was placed in PBC folder #2 on 1/10/13. Do not concur with recommendation 3, we will conduct C&A in accordance with the current policy. Do not concur with recommendation 4, testing and C&A are separate entities and the documentation will remain separate.	closed	Jay Ribeiro	FEC Policy 58-2-4 was recently updated in accordance with NIST 800-37. A supplemental A&A workflow diagram has been formalized. As far as authorization of FEC's major applicaton and GSS - please see above. GSS and systems are in operation.The ATO package is tentatively scheduled to be completed July 2017. ST&E formal plan and A&A (formerly known as C&A) program was submitted to OIG on February 9, 2017.	FEC A&A program completed and submitted to OIG on Feb 9, 2017. Authorization of GSS and major applications (Web, Efiling and GSS are all completed *THIS CAP IS CLOSED*
Authorize (i.e., accredit) the information system for operations every two years (i.e. April 2013, April 2015, etc.).	Concur with the recommendation 1 & 2. The FEC will solicit public bids for the accrediting and Certifying the FEC LAN , which will include the ST&E and SCA recommendations. Certification and accreditation for FEC major systems will be conducted during calendar year 2012 as funding becomes available. The LAN Risk Assessment was placed in PBC folder #2 on 1/10/13. Do not concur with recommendation 3, we will conduct C&A in accordance with the current policy. Do not concur with recommendation 4, testing and C&A are separate entities and the documentation will remain separate.	closed	Jay Ribeiro	Assessment & Authorization (A&A) workflow has been formalized addressing the FEC ATO timeframe. According to NIST 800-37 rev. 1, "Authorization termination dates are influenced by organizational policies which 'may' establish maximum authorization period" (NIST SP 800-37, 2010). Supplemental In FEC's case, section 2.(g)., states "All FEC major applications and general support systems shall be re-authorized when modified or upgraded in a way that impacts information security and assurance, or in response to changes in the risk environment. In the absence of modifications or upgrades, re-authorizations will be performed when deemed necessary by the FEC CIO (FEC Policy 58-2.4, 2017). The FEC LAN is currently undergoing re-authorization process. FEC Assessment and A	COMPLETED

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Develop a security test and evaluation plan, implement the plan, and document the results as part of the C&A package.	Concur with the recommendation 1 & 2. The FEC will solicit public bids for the accrediting and Certifying the FEC LAN , which will include the ST&E and SCA recommendations. Certification and accreditation for FEC major systems will be conducted during calendar year 2012 as funding becomes available. The LAN Risk Assessment was placed in PBC folder #2 on 1/10/13. Do not concur with recommendation 3, we will conduct C&A in accordance with the current policy. Do not concur with recommendation 4, testing and C&A are separate entities and the documentation will remain separate.	closed	Jay Ribeiro	The test plan has been formally signed on January 24, 2017 to start assessment work on 2/13/17. The FEC General Support System (GSS) is currently undergoing ST&E as part of the C&A package. The ST&E is tentatively scheduled to be completed on 4/12/17 and a POA&M will be generated as a result of the assessment. The Security Assessment Report (SAR), updated System Security Plan (SSP) and the Plan of Action & Milestone (POA&M) will all be generated as part of the Authorization Package.	COMPLETED

Finding: An alternate workspace has not been secured in the event of a disaster.

Develop and implement a Memorandum of Understanding (MOU) with GSA to secure an alternate workspace in accordance with the COOP in case of a disaster at the FEC building by February 2013.	The FEC has attempted to establish this MOU, in FY2009. The CFO contacted GSA to established this arrangement but was rebuffed by GSA. GSA stated that in the event of a national emergency alternative office space availability is determined by national disaster recovery prioritization. GSA further stated that in the event of a FEC specific and unique disaster, office space will be provided at the time, this is part of GSA's mission and will be conducted at the time of disaster rather than in advance. No further action required	closed	Kim Humphries	Management maintains its current position.	Per discussion, this can be closed out.

Finding: COOP and DRP training is not provided to key COOP personnel.

We recommend FEC ITD develop and implement a Training Program. Training for key personnel with contingency plan responsibilities should focus on familiarizing them with COOP roles and teaching skills necessary to accomplish those roles. Key personnel should be trained on the following plan elements: • Cross-team coordination and communication; • Reporting procedures; • Security requirements; • Team specific processes (Activation and Notification, Recovery, and Reconstitution Phases); and • Individual responsibilities (Activation and Notification, Recovery, and Reconstitution Phases).	Concur with the recommendation 1 in part. The FEC should and will develop a COOP/DR training plan that is commensurate with the level of COOP/DR as necessary for the DR category and resources available to this agency. Do not concur with recommendation 2 in that training should be conducted annually. Our training plan will provide training as personnel change.	closed	Kim Humphries	Management agrees to enact a yearly training/certification program for COOP personnel to identify expectations and procedures on a high level. Team specific functions and processes to continue operations in a COOP scenario will reflect the same functions and processes performed as part of the team's weekly telework procedures.	Training completed May 2018
We recommend that COOP/DRP training is provided at least annually. Personnel newly appointed to COOP roles should receive training shortly thereafter joining the FEC if training has already been conducted for the year.	Concur with the recommendation 1 in part. The FEC should and will develop a COOP/DR training plan that is commensurate with the level of COOP/DR as necessary for the DR category and resources available to this agency. Do not concur with recommendation 2 in that training should be conducted annually. Our training plan will provide training as personnel change.	closed	Kim Humphries	Management agrees to enact a yearly training/certification program for COOP personnel to identify expectations and procedures on a high level. Team specific functions and processes to continue operations in a COOP scenario will reflect the same functions and processes performed as part of the team's weekly telework procedures.	Training will occur once a year in May

Finding: FEC does not have Interconnection Security Agreements (ISA) for external systems.

Authorize connections from the information system to other information systems outside of the authorization boundary through the use of Interconnection Security Agreements with Savvis.	The FEC has a service level agreement in place. This document was placed in PBC folder #15 on 1/11/13 for the audit review. The agreement with NFC is held on file with the CFO office I will provide the agreement by 1/30/2013. The FEC will pursue an agreement with the Senate if appropriate. The connection between the FEC and Senate is not a T1 line as stated in this NFR, but is a secure VPN tunnel connection direct to the Senate.	closed	Jay Ribeiro	This has been successfully addressed by management and the auditors have no additional comments. ISAs for Savvis was provided to OIG Feb 9, 2017.	Completed

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Document, for each connection, the interface characteristics, security requirements, and the nature of the information communicated	The FEC has a service level agreement in place. This document was placed in PBC folder #15 on 1/11/13 for the audit review. The agreement with NFC is held on file with the CFO office I will provide the agreement by 1/30/2013. The FEC will pursue an agreement with the Senate if appropriate. The connection between the FEC and Senate is not a T1 line as stated in this NFR, but is a secure VPN tunnel connection direct to the Senate.	closed	Jay Ribeiro	This has been successfully addressed by management and the auditors have no additional comments. ISAs for Savvis, NFC and Salient was provided to OIG Feb 9, 2017.	Completed
Monitor the information system connections on an ongoing basis verifying enforcement of security requirements	The FEC has a service level agreement in place. This document was placed in PBC folder #15 on 1/11/13 for the audit review. The agreement with NFC is held on file with the CFO office I will provide the agreement by 1/30/2013. The FEC will pursue an agreement with the Senate if appropriate. The connection between the FEC and Senate is not a T1 line as stated in this NFR, but is a secure VPN tunnel connection direct to the Senate.	closed	Jay Ribeiro	This has been successfully addressed by management and the auditors have no additional comments. ISAs for Savvis, NFC and Salient was provided to OIG Feb 9, 2017.	Completed

Finding: FEC has not resolved significant deficiencies identified in the COOP Alert section.

Within the fiscal year 2013, ending September 30, 2013, develop and implement test plans to fully test each program offices' COOP, with a target of completing all offices' testing by December 2013.	Concur with all recommendations. The FEC will develop a test plan to fully test the COOP/DR - March 2013. The FEC will test the COOP by the end of 2013. The FEC will develop a COOP training plan.	closed	Kim Humphries	Test plans for each program office is no longer necessary as each office will continue operations during the inactment of a COOP in the same manner in which they operate as part of the team's telework procedures.	
Within the fiscal year (FY13), develop and implement a test plan to fully test the ITD DRP, with a target date to begin testing on or before June 2013.	Concur with all recommendations. The FEC will develop a test plan to fully test the COOP/DR - March 2013. The FEC will test the COOP by the end of 2013. The FEC will develop a COOP training plan.	open	Kim Humphries	Management agrees to devise a test plan and test the ITD DRP however, at this time, management believes it would be premature to devise this test plan until the newly acquired replication system is completely configured and online to determine what functions/processes need testing and how often.	Utilizing the features of our replication system, we have conducted market research and found a product that allows us to test our DRP in an orderly and systematic fashion. This would be a phased approach expecting full implementation to occur first quarter 2020.
FEC should ensure that the COOPs are tested on an annual basis	Concur with all recommendations. The FEC will develop a test plan to fully test the COOP/DR - March 2013. The FEC will test the COOP by the end of 2013. The FEC will develop a COOP training plan.	closed	Kim Humphries	Management does not agree and believes testing of the COOP on an annual basis is no longer necessary as operations will follow the same procedures as part of the team's telework procedures.	
Procure the necessary hardware/software to fully test the data entry application needed for Disclosure by December 2013	Concur with all recommendations. The FEC will develop a test plan to fully test the COOP/DR - March 2013. The FEC will test the COOP by the end of 2013. The FEC will develop a COOP training plan.	open	Kim Humphries	Management agrees to devise a DR test plan for Disclosure and fully test said plan however, at this time, management believes it would be premature to devise this test plan until the newly acquired replication system is completely configured, and online to determine what functions/processes need testing and how often.	We conducted a review of this system and determined we do not need to purchase systems. Test plans will be updated for this system in conjunction with updating the test plans for DR. Revised Implementation Date - 1st quarter 2020

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Ensure the disaster recovery Kofax server is updated to mirror the Kofax production server by June 2013.	Concur with all recommendations. The FEC will develop a test plan to fully test the COOP/DR - March 2013. The FEC will test the COOP by the end of 2013. The FEC will develop a COOP training plan.	open	Kim Humphries	Management agrees to devise a DR test plan for Kofax and fully test said plan however, at this time, management believes it would be premature to devise this test plan until the newly acquired replication system is completely configured, and online to determine what functions/processes need testing and how often.	We've devised a plan in theory which we are working to validate which may/may not require a server. Test plans will be updated for this system in conjunction with updating the test plans for DR. Revised Implementation Date - 1st Quarter 2020

Finding: FEC ITD Disaster Recovery Site does not have backup media readers to restore the backup tapes

We recommend that FEC install and test a backup media reader in the alternative disaster recovery site.	Concur with recommendation. The FEC will install and test a backup media reader at the DR site. As resources become available.	open	Kim Humphries	Management will obtain refreshed quotes and assess if equipment is necessary due to design changes in the OCIO Infrastructure.	With the implementation of our replication system and after performing market research we've determined a backup media system is not the most efficient way to conduct backups during a DR. We are looking at cloud-based solutions that would only incur costs if/when DRP is enacted.

Finding: FEC ITD has not developed and implemented a COOP exercise plan.

Develop and implement a COOP exercise plan. The functional exercise should include all COOPs points of contact and be facilitated by the system owner or responsible authority. Exercise procedures should be developed to include an element of system recovery from backup media	Do not concur with recommendation. The FEC has exercised the COOP/DR program, through "real exercise." The FEC has experienced server outages, power interruptions, and natural disasters that interrupt services from time to time. During these outages, we have switched from the production environment to the DR environment and proved that service will continue in the DR environment during the outages. The benefit of a scheduled test in addition to the fore mentioned outages, does not outweigh the cost of conducting an exercise, i.e.: downtime, overtime, lack of staff availability, and increase contract support costs.	Closed		Test plans for each program office is no longer necessary as each office will continue operations during the inactment of a COOP in the same manner in which they operate as part of the team's telework procedures.	Per discussion, this can be closed out.

Finding: FEC's COOP and DRP contact lists are outdated and do not contain adequate contact information.

Update all Continuity of Operation Plan (COOP) and Disaster Recovery Plan (DRP) personnel contact information to reflect the most current information and distribute the updated plans to the appropriate officials by February 2013.	Concur with all the recommendations. The Fec will update contact lists and COOP/DR policy to incorporate the recommendation.	closed	Kim Humphries	Management has updated the COOP list as part of its phased approach.	COMPLETE
Implement and document a policy that includes: • Who is responsible for updating and monitoring the contact information in the FEC's COOPs and DRP to reflect current information; • An organization-defined frequency for updating the FEC's COOP/DRP contact information; and • "Required" information that must be provided for those personnel with COOP responsibilities (i.e. FEC office#, FEC blackberry#, personal cell phone and/or home number).	Concur with all the recommendations. The Fec will update contact lists and COOP/DR policy to incorporate the recommendation.	open	Kim Humphries	Management needs time to review the current process for updating the COOP/DRP afterwhich it will inact changes in processing, if necessary, and move forward with updating information in both plans.	Seeking outside assistance with updating COOP. Revised implementation date is third quarter 2019

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For those FEC personnel who are unaware of their COOP responsibilities due to the FEC's failure to update their COOP/DRP contact information (i.e. Procurement Director), provide a copy of the plan with their associated responsibilities by February 2013.	Concur with all the recommendations. The Fec will update contact lists and COOP/DR policy to incorporate the recommendation.	closed	Kim Humphries	A copy of the plan will be distributed to COOP personnel once it has been updated.	A copy of the plan was made available to COOP Team members as part of COOP Training.

Finding: FEC's disaster recovery site and primary data site are in the same geographic area

Review and obtain another alternative for the disaster recovery site or primary data site to ensure that the new facility is located in a geographic area that is unlikely to be negatively affected by the same disaster event (e.g., weather-related impacts or power grid failure).	The FEC accepts the risk that is associated with having the production and DR site in the same geographical location, but in separate facilities. Additionally there is a geographically separated mission essential production site to further protect productions data. FEC management deems this acceptable for the mission, disaster category, and resources of the agency. No further action required.	closed	Kim Humphries	Management maintains its current position and accepts this risk.	

Finding: Key personnel have not received a hard copy of the COOP and/or the file on a USB storage device to use during a disaster.

Comply with FEC IT policy and provide hardcopies, along with USBs, of the COOPs to recovery personnel for use when they cannot access the servers where the COOP files are stored	Do not concur with recommendation. The COOP/DR plans are available to all personnel on a shared drive. It is the individual responsibility of each COOP/DR team member to obtain a copy of the plans as they see fit to fulfill their duties as team members. The FEC will, however emphasize this individual responsibility and incorporate in the training program agreed to in NFR 4 above.	closed	Kim Humphries	Management maintains its current position as COOP staff have been equipped with a tablet to ensure they have a device readily available to access the servers.	
Maintain a record of the individuals who received hard copies of the COOP and/or copies of the COOP files on USB devices	Do not concur with recommendation. The COOP/DR plans are available to all personnel on a shared drive. It is the individual responsibility of each COOP/DR team member to obtain a copy of the plans as they see fit to fulfill their duties as team members. The FEC will, however emphasize this individual responsibility and incorporate in the training program agreed to in NFR 4 above.	closed	Kim Humphries	Management maintains its current position.	
Contracts with vendors (SLAs and other contracts), software licenses, system user manuals, security manuals, and operating procedures should be stored with the plan.	Do not concur with recommendation. The COOP/DR plans are available to all personnel on a shared drive. It is the individual responsibility of each COOP/DR team member to obtain a copy of the plans as they see fit to fulfill their duties as team members. The FEC will, however emphasize this individual responsibility and incorporate in the training program agreed to in NFR 4 above.	open	Kim Humphries	Contracts with vendors are stored centrally on the Enterprise Content Management server and accessible by various COOP team members. Due to the constant updates and changes to vendor manuals and operating procedures, management believes it would be best to reference the vendor's website within the COOP/DR Plan to receive the most up-to-date information.	The DRP will be updated with vendor URL after the COOP has been updated. Tentative implementation date for updated DRP scheduled for fourth quarter 2020.

Finding: Security Control Assessment including the Security Test and Evaluation, and Plans of Action and Milestones has not been documented.

We recommend that FEC conduct and document its Security Controls Assessment (SCA)/Security Test and Evaluation (ST&E) in accordance with federal guidelines for information systems	Concur with both recommendations. The FEC will solicit public bids for the accrediting and Certifying the FEC LAN , which will include the ST&E and SCA recommendations. Certification and accreditation for FEC major systems will be conducted during calendar year 2012 as funding becomes available.	closed	Jay Ribeiro	This has been successfully addressed by management and the auditors have no additional comments. ST&E approved plan was submitted to OIG on 9 Feb 2017.	COMPLETE

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Recommendation	Management Response	Status	Responsible Party	Auditor Comments	Implementation
Once the ST&E is complete, develop a POA&M to document the corrective action plan for remediating any findings	Concur with both recommendations. The FEC will solicit public bids for the accrediting and Certifying the FEC LAN , which will include the ST&E and SCA recommendations. Certification and accreditation for FEC major systems will be conducted during calendar year 2012 as funding becomes available.	closed	Jay Ribeiro	The FEC LAN is currently undergoing an independent Security Controls Assessment/Security Test and Evaluation (ST&E). The rules of engagement for the Security Assessment has been formally signed on January 24, 2017 to start assessment work on 2/13/17. The ST&E is tentatively scheduled to be completed on 4/12/17 and a POA&M will be generated as a result of the assessment. The Security Assessment Report (SAR), updated System Security Plan (SSP) and the Plan of Action & Milestone (POA&M) will all be generated as part of the Authorization Package.	COMPLETE

Finding: System Security Plan, COOPs, and DRP are not reviewed and updated on an annual basis

Recommendation	Management Response	Status	Responsible Party	Auditor Comments	Implementation
Review and update the FEC System Security Plan at least annually.	Concur in principle with the recommendation 1. The FEC will review and update the SSP, COOP and DRP annually, and document that such a review was held. Do not concur with recommendation 2, since we do not concur with annual training.	closed	Jay Ribeiro	This has been successfully addressed by management and the auditors have no additional comments.	COMPLETE
Establish a process to certify that the COOPs for the FEC program offices and ITD's Disaster Recovery Plan (DRP) are updated on an annual basis to reflect changes in the information system environment and security controls in conjunction with the required annual training.	The General Support System (GSS) System Security Plan will be reviewed and updated annually as part of the NIST Risk Management Process. The COOP coordinator will be notified if and when updates to the information systems environment and security controls affects the COOP and DRP. According to the FEC Mandatory COOP Training, FEC will engage in yearly tabletop exercises. COOP members are required to complete an annual COOP training and certification through skillport.	open	Justin Park	Currently reviewing COOP plan	GSS System Security Plan (SSP) has reviewed. COOP Training completed May 2018 and will occur once a year in May. Currently reviewing COOP plan. Revised implementation date is third quarter 2019

Finding: The COOP pre-positioned equipment inventory should not be stored at the FEC office.

Recommendation	Management Response	Status	Responsible Party	Auditor Comments	Implementation
Store the pre-positioned equipment inventory in a geographic area that is unlikely to be negatively affected by the same disaster event (e.g., weather-related impacts or power grid failure) as the FEC office.	Concur with recommendation with reservation. Implementing this recommendation is predicated on the availability of funds	closed	Kim Humphries	Management provides each member of the COOP Team with a tablet, so there is no need to store pre-positioned equipment.	New tablets will be distributed to staff by 1st quarter 2018

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FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MEMORANDUM

November 30, 2018

TO: The Commission

THROUGH: Alec Palmer
              Staff Director

FROM: Kate Higginbothom
            Acting Deputy Staff Director
            Management & Administration

SUBJECT: Updated Corrective Action Plan for Offices of Human Resources Audit

The attached Corrective Action Plan (CAP) has been updated to show the progress the Office of Human Resources (OHR) has made since the last update. Since the last update in May 2018, OHR has completed corrective actions to close two outstanding recommendations. With assistance from HR Solutions, OHR has been able to close Recommendations 22 and 24, both of which concern the FEC's recruitment and selection processes. OHR is currently working on corrective actions to close the three remaining audit recommendations.

Please feel free to contact me if you have any questions.

Thank you.

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#	FINDING	RECOMMENDATION	FEC MANAGEMENT PLAN	FEC PROJECT LEAD	ESTIMATED COMPLETION DATE	MGMT STATUS & COMMENTS as of 11-30-2014	OIG Status as of August 2018	OIG COMMENTS Updated as of August 2018	CAP Response November 2018
I.	**Performance Management**								
A.	**Ineffective Leadership**								
1	There continues to be a breakdown in communication.	**Recommendation 1:** OHR Management should reevaluate methods used to communicate expectations, to give feedback on staff performance, and to promote and address feedback from OHR staff in order to identify meaningful solutions to improve the organization. Then, OHR Management should make it a priority to implement corrective actions.	(1) The OHR Management team (Director and two Supervisory Human Resource Specialists) hold daily "stand-up" staff meetings to ensure communication and awareness of daily/weekly priorities. (2) OHR holds a weekly staff meeting for the purpose of reviewing work priorities and strengthening communication and team collaboration. During OHR staff meetings, each staff member discusses issues on her plate and what steps she is taking to resolve them. The team discusses issues on ways to resolve it or schedules separate meetings to discuss the issues, when the issue is complex or time-consuming. (3) OHR management will hold two team building sessions and use part of weekly staff meetings to continue promoting collaboration, process improvement and customer service.	Judy McLaughlin, Dayna Brown, and Sandra Labissiere	(1) Daily; (2) Weekly; (3) 8/15 and 8/29/2013; (4) 8/12/2013	(1)completed and ongoing (2)completed and ongoing (3) Completed (8/29/2013) (4) Completed (8/12/2013)	Closed	(1), (2) OIG confirmed with Acting Director of OHR that daily and weekly team meetings are held. (3) OIG confirmed that the two team building sessions were held on 8/15 and 8/29/2013. (4) OIG confirmed that all OHR staff performance plans were developed for 2014 plan year and include specific individual responsibilities and expectations.	
		Recommendation 2: OHR Management should make a clear distinction between the roles of the Director of OHR and the two supervisors who are responsible for supervising their subordinates on a daily basis. In addition, the roles and responsibilities for each OHR member should be clearly	(1) The OHR Management team holds daily "stand-up" staff meetings to ensure communication and awareness of daily/weekly priorities. (2) 2014 OHR performance plans will be revised to include metrics that layout clear expectations and increase staff accountability. (3) OHR will hold a team meeting on August 29 to redefine	Judy McLaughlin, Dayna Brown, and Sandra Labissiere	(1) Daily; (2) 8/12/2013; (3) 8/29/2013	(1) Completed and ongoing. (2) Completed (8/12/2013); (3) Completed on 8/29/13	Closed	OIG reviewed 2014 performance plans for all current OHR staff members. OIG confirmed that performance plans include specific roles and responsibilities for each person and the plans were completed and signed in Aug. 2014. Also, OIG confirmed meetings are held to clarify roles and responsibilities. This recommendation is closed.	
		Recommendation 3: The FEC should pursue a detail or other type of agreement with another federal agency to bring on board, no less than six months, a seasoned HR professional with significant experience in federal government HR operations, management and customer service, to provide clear direction, training, and focus to improve the HR office.	The Deputy Staff Director for Management detailed a SES candidate (at no cost to the Commission) to help with the issues as part of his development assignments. In addition, the Deputy Staff Director for Management and Administration assumed the managerial role of the OHR for the months of May and June and conducted team meetings on a weekly basis in order to strengthen team morale, staff collaboration, and improving customer service. The	Mitra Nejad	9/30/2013	Completed. Candidate started a 120-day detail on June 3, 2013. The Candidate has also developed a work plan that addresses many of the recommendations identified in the OIG audit.	Closed	The OIG confirmed that the SES candidate's detail ended in September 2013. OIG reviewed the work plan developed by the SES candidate, the status of work plan items completed, and the SES candidate's overall assessment document. OIG notes that OHR has already implemented or is in the process of implementing some of the recommendations by the SES candidate. OIG concludes that actions taken has addressed this recommendation. Therefore, this recommendation is closed.	

#	FINDING	RECOMMENDATION	FEC MANAGEMENT PLAN	FEC PROJECT LEAD	ESTIMATED COMPLETION DATE	MGMT STATUS & COMMENTS as of 11-30-2014	OIG Status as of August 2018	OIG COMMENTS Updated as of August 2018	CAP Response November 2018
B	Inadequate Office Structure								
1		**Recommendation 4:** OHR Management should reassess the new OHR office structure to determine if there is a need to adjust the functions/tasks between the two teams, and/or individual team members, in order to better balance the workload amongst the teams/team members.	(1) OHR Management is reviewing the HR structure to determine its efficacy. OHR structure, roles and responsibilities will be discussed with the OHR staff at the August 29th OHR team session. (2) Following this session, OHR management will decide what, if any, changes to the office structure will be made, including identification of back-ups to ensure consistent service delivery.	~~Judy McLaughlin,~~ Dayna Brown, and Sandra Labissiere	(1) 8/30/13; (2) TBD	(1) Completed 8/29/2013 (2) DHR hired 18 May 14. DHR reviewed OHR structure and submitted request for hire to Personnel Committee on 2 Sep 14. Request included hiring, minor restructuring, and minor upgrades to	Closed	The OHR staff has been realigned and is currently fully staffed with 9 FTEs. This recommendation can be closed.	
C	Noncompliance with FEC's Performance Plan and Appraisal Policy								
1		**Recommendation 5.:** Ensure all HR staff has detailed performance plans that include their specific tasks and goals for their HR position.	(1) 2014 OHR performance plans will be revised to include metrics which provide clear expectations and increase staff accountability. (2) OHR will ensure that 2014 performance plans are in place in a timely manner	Judy McLaughlin, Dayna Brown, and Sandra Labissiere	(1) 8/12/13; (2) 8/12/13	(1) Completed (8/12/13); (2) Completed (8/12/13)	Closed	OIG reviewed 2014 performance plans for all current OHR staff members. OIG confirmed that performance plans include specific roles/tasks and responsibilities for each person and the plans were completed and signed/approved in Aug. 2013.	
	Mid- year reviews were not timely for three OHR staff members. Mid-year reviews were not adequately documented for all HR staff members, including the Director of HR.	**Recommendation 6:** Ensure all performance plans are properly reviewed and approved by the first and second line supervisors in accordance with the annual performance appraisal process.	OHR will adhere to FEC-wide performance management guidelines and deadlines regarding performance plans, mid-year reviews and annual ratings.	~~Judy McLaughlin,~~ Dayna Brown, and Sandra Labissiere	FY2013 and beyond	Completed (8/12/2013) and ongoing	Closed	See OIG response to recommendation 5 above.	
		Recommendation 7: Ensure that all staff completes the required self assessment for the mid-year and year-end performance review.	OHR will adhere to FEC-wide performance management guidelines and deadlines regarding performance plans, mid-year reviews and annual ratings.	~~Judy McLaughlin,~~ Dayna Brown, and Sandra Labissiere	FY2013 and beyond	(1) Completed FY2013 (8/12/2013) and ongoing. (2) OHR staff received appraisals end of FY14. Planning and appraisals on track. Closed	Closed	The OIG confirmed mid-year self assessments as well as annual performance appraisals were completed for all OHR staff. This recommendation is closed.	
		Recommendation 8: Ensure that the mid-year review discussion is documented and signed off by the employee and supervisor in accordance with the annual performance appraisal process	OHR will adhere to FEC-wide performance management guidelines and deadlines regarding performance plans, mid-year reviews and annual ratings.	~~Judy McLaughlin,~~ Dayna Brown, and Sandra Labissiere	1/31/2014	Completed FY2013 (8/12/2013) and ongoing	Closed	OIG reviewed mid-year reviews and confirmed that there was documentation to evidence mid-year review discussions were held. This recommendation is closed.	
		Recommendation 9: Ensure all required sections of the annual performance appraisal process are completed, discussed and properly reviewed by the due dates specified in the performance appraisal	OHR will adhere to FEC-wide performance management guidelines and deadlines regarding performance plans, mid-year reviews and annual ratings.	~~Judy McLaughlin,~~ Dayna Brown, and Sandra Labissiere	FY2013 and beyond	(1) Completed FY2013 (8/1/13) and ongoing, (2) OHR staff received appraisals end of FY14. Closed	Closed	The OIG confirmed mid-year self assessments as well as annual performance appraisals were completed for all OHR staff. This recommendation is closed.	

FEC Management Document

#	FINDING	RECOMMENDATION	FEC MANAGEMENT PLAN	FEC PROJECT LEAD	ESTIMATED COMPLETION DATE	MGMT STATUS & COMMENTS as of 11-30-2014	OIG Status as of August 2018	OIG COMMENTS Updated as of August 2018	CAP Response November 2018
II	Technology and Automation								
A.	Ineffective Use of FHR System								
		Recommendation 10.: Fully implement the FHR modules to the maximum extent feasible to improve the effectiveness and efficiency of the OHR by December 2013.	(1) A specific and detailed project plan will be developed to fully implement FHR modules. (2) HR will pilot the rollout to a test group of managers and external HR users prior to full implementation. (3) HR staff performance plans will be amended to require full utilization of FHR Navigator. (4) HR will fully implement FHR.	Judy McLaughlin, Dayna Brown, and Sandra Labissiere	(1) 10/30/13; (2) 10/18/2013; (3) 8/12/2013 (4) 1/17/2014 6/30/14 (5) 1 Mar 2015	(1)Completed (2)Completed roll out implemented in phases- providing access to the following organizations: CFO - 3/12/2014 RAD: by 4/30/2014 OGC by 5/31/2014 SD by 6/30/2014 (3) Completed 8/12/2013 (4) Completed 3/12/14 and ongoing (5) DHR initiated Lean Six Sigma project to improve OHR customer service. Complete review of HR On Demand, FHR and Remedy will streamline process for OHR and Agency personnel. Recent addition of Training and	Closed	OIG was informed that as of July 15, 2016 OHR has implemented the following FHR modules (Recruitment and classification, retirement and benefits, case tracking, and data connectivity). OIG met with Director of OHR on July 15, 2016 where he presented a system demonstration verifying that the recruitment and classification, retirement, and case tracking modules have been implemented. This recommendation is closed .	
	FHR modules are not fully implemented and integrated with NFC.	**Recommendation 11**: Establish an agreement with the Information Technology Division (ITD) to have an ITD staff member(s) assigned to the HR office to aid in any technical issues with project implementation.	ITD already provides OHR assistance with IT-related technical matters on a project-specific and ongoing basis. OHR will continue to request ITD assistance depending on the scope of a given project and level of technical assistance needed.	Judy McLaughlin	Completed	(1) Completed. Requests for assistance will be sent to the IT HelpDesk to be tracked by Remedy and will be assigned to the appropriate IT staff person. (2) No need for formal agreements. Each OHR project includes IT collaboration and support. Examples include shared services discussion. OHR	Closed	OIG notes that Management does not believe a formal agreement with ITD or a formal planning document for OHR IT projects are necessary. Per Director of OHR, collaboration between OHR and ITD is on-going which has led to a successful upgrade of OHR's FECNet site, implementation of FHR hiring module, performance mgmt module, training software, and Remedy. Director of OHR also stated that OHR is currently planning to coordinate with OCFO and ITD to evaluate the possibility of an HR LOB. Based on OIG review of current status of technical developements relating to OHR IT projects, we conclude that corrective actions have adequately addressed this recommendation and can be closed.	
		Recommendation 12: Develop and implement a template planning document guide prior to a) purchasing a new system; b) implementing/revamping a system (internal or external); or c) acquiring services (service provider, HRLOB, interagency agreements, etc.) that details: a. the needs of the office; b. services/benefits that will be received (ex: fully meets objectives, cost savings, etc.); c. any affects (positive/negative) to other offices that could be impacted or benefit from consultation; d. costs to the agency, both start-up and ongoing; e. alternative solutions (if any); f. implementation dates/milestones; and g. HR and other staff responsible for	In the future, any time OHR will require a new system, it will proceed with these recommended steps.	~~Judy McLaughlin~~	FY 2014	For OHR development of IT solutions, we collaborate extensively with IT, CFO and SD to determine solutions that provide most effective outcome at most responsible cost. As an example, we have made extensive use of outside networks to discuss the best HRLoB that meets OHR and OCFO needs. We have been slow and methodical in determining the best solution. Additionally, OIG does not have template for IT purchases to offer as an example of the	Closed	See response to Recommendation 11 above.	

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B	OHR is not effectively utilizing or maintaining its FECNET page.	**Recommendation 13.:** Identify one HR staff member who will be the owner/manager of the content for HR's FECNet page and revise their annual performance plan to reflect their duties and responsibilities for maintaining the content of HR's FECNet page.	(1) OHR Management will assign an HR staff member to serve as the project manager responsible for updating and maintaining the OHR FECNet page. (2) Add FECNet responsibilities to assigned OHR staff performance plan.	Judy McLaughlin	8/12/2013	(1)Completed (6/3/2013) Cathy Lee-Amos, Human Resource Specialist, has been assigned as the OHR FECNet page project manager. (2) Completed: These duties have been added to Ms. Lee-Amos' FY	Closed	The OIG confirmed that the 2014 performance plan for the OHR staff member assigned as the project manager for OHR FECNet page has been updated to to reflect these specific duties and responsibilities. This recommendation is closed.	
		Recommendation 14: Update all content on HR's FECNet page by September 2013 to ensure all information is accurate, up-to-date, and relevant.	OHR FECNet project manager will be responsible for maintaining and updating the page, as necessary.	Cathy Lee-Amos	9/30/2013	The OHR FECNet page has already been updated such that links work and information is accurate and relevant. Cathy Lee-Amos is responsible for working with ITD to maintain the page, to continue to update the page with relevant information, and to notify ITD of any	Closed	OIG viewed OHR FECNet site confirming that the page has been updated and site links are now working. This recommendation is closed.	
		Recommendation 15: Establish an agreement with ITD to have an ITD staff member(s) assigned to the OHR to aid in any technical issues with developing HR's FECNet page.	ITD already provides OHR assistance with IT-related technical matters on a projects-specific and ongoing basis. OHR will continue to request ITD assistance depending on the scope of a given project and level of technical assistance needed.	Judy McLaughlin	Completed	(1) Completed. Requests for assistance will be sent to the IT HelpDesk to be tracked by Remedy and will be assigned to the appropriate IT staff person. (2) No need for formal agreements. Each OHR project includes IT collaboration and support. Examples include shared services discussion. OHR	Closed	The OIG confirmed that prior technical issues with the FECNet site has been resolved. Also, OHR has designated one staff person to be responsible for the FECnet page and this responsibility has been added to their performance plan. OIG concludes that corrective actions have addressed this recommendation. Therefore, this recommendation can be closed.	
C.	Electronic Fingerprint Scheduling Process not Fully Implemented	**Recommendation 16:** Fully implement the electronic fingerprint scheduling process and notify CORs that it is available.	OHR will assess the Lotus-Notes based finger print scheduling system identified in the OIG Report and revise the process, where necessary, to make it more efficient and effective for OHR and stakeholders, such as CORs and managers. OHR will notify CORs and managers of the scheduling process. OHR assessed the current processed used for scheduling fingerprints and badges and decided to create specific time periods when employees can come to OHR to get fingerprints and badges done. These time periods will be posted conspicuouly in OHR and FECNet.	Dayna Brown	10/31/2013 1/2/2014 5/15/14 (FY 2017)	(1) 12/13/2014 – Posting of time periods for fingerprints and badges and the process. With Staffing shortages and influx of hiring and recruiting requests, date has been extended to 5/15/14 (2) OHR has been attempting to work with IT since October. Our intent it to set-up a means of allowing CORs to schedule fingerprints in a manner similar to the way employees reserve conference rooms. The COR would schedule an appointment via the Lotus Notes calendar, their request would come to all OHR for someone to approve and once we approve it, a confirmation of the date and time would go to the COR. Once we can get together with IT to build this, we will write the procedures as well as days and times	Closed	The OHR has fully implemented an on-line electronic appointment scheduling system (Timetrade) in June 2017 which is used to electronically schedule both fingerprinting and badging appointments. The OIG has confirmed that the electronic scheduling system is operating effectively. This recommendation is closed.	
O		**Recommendation 17:** Develop a policy and procedures that documents and instructs how to use the electronic fingerprint scheduling tool.	HR will create a procedural guide and upload it on its FECNet site and communicate it to staff.	Dayna Brown	10/31/2013 1/2/2014 5/15/14 (FY 2018)	(1) See Management action plan to recommendation 16, as the two recommendations are related. Also, due to furlough, this has been	Closed	The OHR finalized and forwarded the SOP for the new electronic appointment scheduling system in June 2017. Therefore, this recommendation is closed.	

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III	**Office Operations**								
	HR on Demand is ineffective.	**Recommendation 19:** Once the Remedy customer request tracking system is implemented, OHR Management should determine the most effective way to use the automated system to improve the HR On Demand process and leverage the new system to streamline other related processes and procedures. In addition, this new process along with other related processes should be formally documented in a policy and/or standard operating procedures(SOP). The policies/SOPs should clearly document each OHR members' role and responsibilities, as well as details about the technical and operational components of the processes.	(1) Management will work with ITD to create reports to monitor the effectiveness of Remedy and monitor timeliness of responses to customer inquiries. (2) Management will document procedures in an SOP. (3) HR staff will collaborate on best practices, categories, and identifying primary and alternate responsibilities.	Lauren Lien	End of FY 2019	Completed - (1) ITD developed and submitted a monitoring report on 8/13/2013 (2) In July 12, 2013, HR Management developed and disseminated written procedures on using Remedy for HR staff during staff meeting, by email, and uploaded on ECM. (3) Completed (8/16/13). (4) DHR initiated Lean Six Sigma project to improve OHR customer service. Complete review of HR On Demand, FHR and Remedy will streamline process for OHR and Agency personnel. Remedy is not being used and has been	Open	The OIG was informed by the Director of OHR that OCIO is still exploring a new online correspondence tracking system called Service Now to replace the Remedy System/HR On Demand. Until a new system or an effective tool to track and monitor the timeliness of customer inquiries has been fully implemented, this recommendation can not be closed.	OHR will work with OCIO to implement ServiceNow as a replacement system for HR inquiry tracking and monitor the timeliness of customer inquiries.
		Recommendation 20: Management should ensure the entire OHR staff is adequately trained on how to use the new Remedy customer request tracking	All OHR staff will receive training on Remedy.	Judy McLaughlin	8/15/2013	Completed: OHR staff were trained on July 12th and a makeup training was completed on August 1	Closed	The OIG confirmed that all current OHR staff members have been trained on the new Remedy system. This recommendation can be closed.	

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B	Non-compliance with FEC's Recruitment/Selection Process	**Recommendation 21:** The recruitment and selection checklist should be completed by the HR Specialist as each step in the process is completed for each position filled. The completed recruitment and selection checklist should be maintained in the related VA file.	(1) OHR will revise the recruitment and selection checklist to accommodate changes due to the implementation of FHR Navigator. (2) HR Specialists will be required to use the revised recruitment and selection checklist and will maintain it as part of the relevant vacancy file for each vacancy posted.	Cathy Lee-Amos	~~10/18/2013~~ ~~1/31/2014~~ 1/3/2015 (FY 2017)	(1) Note, date is postponed to 1/31/2013 fue to furlough and hiring freeze. (2) DHR initiated Lean Six Sigma project to improve speed to hire. Complete review will streamline all hiring processes, improve ability to attract talent, assist managers in their	Closed	The OHR has converted to the USA Staffing automated system which follows the standard OPM 80 day hiring model. The new system utilizes workflow and automatcially tracks each vacancy according to the OPM 80 day hiring model and stores all applicable forms and documentation. Therefore, this recommendation can be closed. is a wris in the process of reviewing the processes and procedures related to recruitement and hiring. Any necessary changes, updates to related checklists and SOPs will be made accordingly. Once the OIG can confirm the hiring process has been reviewed, revised, fully implemented and SOP documented as needed, this recommendation can be closed.]	
		Recommendation 22: The Supervisory HR Specialist (HR Supervisor) responsible for the recruitment and selection process should be required to review each VA file to ensure the proper documentation is included in the file and that every step on the recruitment and selection checklist has been completed. Once reviewed, the HR Senior Specialist should sign-off on the checklist indicating that the VA file is complete and that the recruitment and selection policy and procedures was adhered to.	(1) Management will revise SOP on recruitment process, (2) ensure case files are created and maintained in compliance with applicable laws, rules, and policies, (3) appropriate staff will be trained or get refresher training, where necessary, and as budget permits.	Dayna Brown	~~12/31/2013~~ ~~1/31/2014~~ ~~5/30/14~~ 1 Mar 2015 (FY 2017)	~~Note, date is postponed to 1/31/2013 fue to furlough and hiring freeze.~~ (1)With Staffing shortages, influx of hiring and recruiting requests and newly utilitzation FHR recruitmetn module for hiring activities, date has been extended to 5/30/14; (2)Ongoing -- With influx of recruitment requests, HR is creating and maintaining case files. Casefile checklist has been created to highlight case requirements and monitor compliance (3) Staff have attended the following training: Category Rating, Classification for Non-Classifiers, Processing Federal Personnel Actions, Personnel Security and Ajudication (4) Staff attended training on Veteran Preference	Closed	See comment for Recommendation # 21 above. The OHR is in the process of updating service level agreements, and related checklists and SOPs based on the new system. Once the OIG can confirm the related SOPs and documents have been finilazed this recommendation can be closed.	
		Recommendation 23: OHR should conduct adequate oversight for all OGC positions and ensure all documentation is completed and included in applicable files.	OHR Management will partner with OGC management to ensure proper compliance	Cathy Lee-Amos	3/1/2014 (FY 2017)	(1) Completed and ongoing. OGC has had just one posting (14-008 (Internal) Asst General Counsel-Admin Law) w/ which OHR partnered and monitored. Partnership will continue as OGC has additional recruitments. (2) OGC has posted additional vacancies in the latter quarter of FY14. OHR has worked closely with the OGC Recruitment POC to ensure that all steps have been followed as required. None of these vacancies is at the point of selection as of yet, however, OHR will be thoroughly reviewing	Closed	OIG was informed that OHR currently initiates the hiring process for all OGC positions by completing the vacancy announcement information in the FHR system, performs initial screening of candidate applications to ensure minimal requirements are met, and oversees the OHR selection process (crediting plans, rating and ranking, interviewing). The OIG sampled 4 OGC job openings and received supportng documentation confirming that the OHR currently completing the initial screening of applicants for minimal qualifications. In addition, the OIG noted two of the four job postings contained additional evidence that OHR and OGC collaborated on finalizing the crediting plan for the rating and ranking stage of the hiring process. OIG conclude that this recommendation can be closed.	

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		Recommendation 24: Management should implement Office of Personnel Management (OPM) guidance which states "...develop and use a 'Hiring Contract' between the hiring manager and the Human Resources Office that spells out each party's responsibility for filling the job..." The recruitment and selection checklist included in the OHR SOP for recruitment could be utilized as the hiring contract and this checklist should be reviewed with the hiring official at the beginning and throughout the recruitment and hiring process to discuss timelines and expectations.	(1) Management will revise SOP on recruitment process, (2) HR Specialists will be required to utilize and adhere to the revised SOP on recruitment, including the checklist (3) appropriate staff will be trained or get refresher training, where necessary.	Cathy Lee-Amos	12/31/2013 1/31/2014 5/30/14 1 Mar 2015 (FY 2017)	Note, date is postponed to 1/31/2013 due to furlough and hiring freeze. (1)With Staffing shortages, influx of hiring and recruiting requests and newly utilitzation FHR recruitmetn module for hiring activities, date has been extended to 5/30/14; (2)Ongoing -- With influx of recruitment requests, HR is creating and maintaing case files. Casefile checklist has been created to highlight case requirements and monitor compliance (3) Staff have attended the following training: Category Rating, Classification for Non-Classifiers, Processing Federal Personnel Actions, Personnel Security and Ajudication (4) DHR initiated Lean Six Sigma project to improve	Closed	The OHR has created a new service level agreement for the recruitment and hiring processes and have distributed to all Managers. The service level agreement will be implemented for any new hirings initiated after June 2017? The OIG will verify once this recommendation has been fully implemented.	
c	**Outdated Global Personnel Policies / Directives**								
	All of OHR's current policies in place have not been updated to reflect current practices, and policies that have been updated to reflect current practice have not been finalized and approved by the Commission	**Recommendation 25:** OHR should periodically (at least annually) review all HR- related policies and procedures for the agency and for the OHR to ensure policies and procedures are accurate and relevant, and update as needed.	(1) Management will submit updated policies to Commission or Staff Director for approval, as appropriate. (2) Team Supervisors will ensure SOPs for HR areas under their purview are updated as needed	Lauren Lien & Hope Hanner-Bailey	FY 2020	(1) HR Policies and procedures will be reviewed and/or revised during FY 2014. Thus far, OHR has prepared updated draft Hiring and Training policies for review. HR policies and procedures will be reviewed further upon hiring of new HR Director. (2) New DHR reorganizing all HR policies to allow more frequent updates and better procedural approach. Plan to incorporate wiki tools to improve agency	Open	The Director of OHR has performed an assessment of all personnel related policies and procedures that either exist need revised or created and has created an road map to address. Actions have been taken to begin updating creating the necessary documents. To date, the retirement SOP, new fingerprintingSOP, and the hiring service leverl agreement have been completed. aCorr , OHR is in the process of identifying all HR/personnel related policies, directives, and SOPs and determining which documents needs to be revised, rescinded, and/or created to comply with current regulations/laws/guidance. The OIG will verify once this recommendation has been fully implemented.	OHR continues to work with OPM's HR Solutions to draft and update SOPs and policies. OHR is also prioritizing and reviewing existing agency policies and SOPs. OHR will update policies when we are notified of changes in the law. For SOPs and policies that do not change as frequently, OHR plans to set a schedule where a third of the policy documents are updated and revised
		Recommendation 26: All policies and procedures should be posted in a central location accessible to all FEC staff (ex: FECNet, the FEC computer server). In addition, when policies and procedures are updated they should be reposted and an email sent to all FEC staff on the changes/updates.	Once policies are approved by the Commission and/ or Staff Director, they will be posted on the HR FecNet site and ECM.	Hope Hanner-Bailey	FY 2020	(1) See recommendation 25. Policies/procedures will be updated as policies are approved. (2) Redundant with #25. New DHR reorganizing all HR policies to allow more frequent updates and better procedural approach. Plan to incorporate wiki tools to improve agency visibility of all procedures. Working	Open	The OIG will verify once this recommendation has been fully implemented.	OHR will create a library of updated SOPs on the FEC network as work is completed so that staff can access the most updated versions of policies and SOPs.

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THE FEDERAL ELECTION COMMISSION
Washington, DC 20463

MEMORANDUM

TO: The Commission

FROM: Gilbert Ford   *Gilbert Ford*
           Acting Chief Financial Officer

SUBJECT: Corrective Action Plan (CAP) for Procurement Audit

DATE: November 29, 2018

The Office of Inspector General (OIG) conducted an audit that focused on procurement within the FEC.

Attached please find an updated Corrective Action Plan that includes the findings and the status of the findings as of November 2018. There were a total of 29 items, of which 28 items have been closed. The OCFO will continue to work with the OIG on closing the remaining procurement CAP item.

 If you have any questions, please feel free to contact me. Thank you.

cc: Inspector General

Recommendations	FEC Management Plan	FEC Project Lead	Expected Completion Date	Updated Management Plan Status 11/2018	Status per Management as of 11/2018	Status per OIG	OIG Con
1a. Complete the revisions to procurement policies and ensure that the procurement directive is finalized and issued within FY 2011.	The most recent draft Directive 66 is currently being routed for comment. Management is targeting to have the directive approved by the Commission.	CFO/ Procurement Director	31-Mar-19	We are updating the Procurement Proc pros and would like to submit this as a substitution for Directive 66, as they have the identical items. Directive 66 was sent to the Commission for approval. Awaiting final Commission approval.	Open	Open	OIG confirmed that Procure or created appropriate Proc procurement practices and procedures that are aligned this recommendation can no management makes a decisi is still warranted or not. If s finalized and approved by t Acting CFO plans to add thi placed on the Commission': 6 months.

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MEMORANDUM

November 30, 2018

TO: The Commission

THROUGH: Alec Palmer
           Staff Director

FROM: Kate Higginbothom
           Acting Deputy Staff Director
           Management & Administration

SUBJECT: Updated Corrective Action Plan for Telework Program Audit

Attached please find the Corrective Action Plan (CAP) for the above audit. We anticipate completing the items currently in the testing and development phase during calendar year 2019. These actions were delayed due to HR staffing gaps and the FEC's relocation.

The day-to-day oversight and management of the Telework Program has been transitioned to Hope Hanner-Bailey. In addition, OHR is creating an annual standard review of the Telework program's data and policies that will coincide with OPM's annual telework data request. Earlier this month, we reached out to the OIG to discuss the open recommendations and confirm management's planned actions will close out the remaining items in the near future.

Please feel free to contact me if you have any questions.

Thank you.

No.	Recommendation	Management Response	Current Status	Status	OIG Comment
1	Managers should ensure that episodic telework is only used for its intended purpose, which is defined in the OPM Federal telework guidance and the FEC telework policies as "sporadic, or for a short period of time."	Both the Bargaining Unit and Non-Bargaining Unit Telework policy intended purpose, which is defined in the OPM Federal telework guidance defines episodic telework and that it should not coincide with and the FEC telework: polices as "sporadic, or for a short period of time." regularly scheduled telework to expand the limits of regular telework. Telework training stresses this point as well. Non- compliance is part of the annual program review guidance to be developed.	This is included in staff email. The control review process will include reviewing telework applications for employees in the telework program.	On-going. Control review creation and initial implementation expected by 6/30/19.	
2	The TMO or designee should periodically monitor telework activity to ensure episodic telework is being used properly, and to identify excessive use of episodic telework. The OIG suggests that WebTA telework reports could be generated to assist in this process.	Concur with recommendation. Will be incorporated in annual program review procedures to be developed. WebTA reports to be developed.	The designee will review use of episodic telework as a part of the control review process.	On-going. Control review creation and initial implementation expected by 6/30/19.	
3	FEC telework policies should state whether employees can request and/or be granted special telework arrangements (any arrangement outside the normal policy), as well as list the criteria that will be used for determining whether or not an employee can be approved for a special telework arrangement. If special telework arrangements are to be allowed, even if on a temporary basis, they should be documented in writing separate from the standard telework application and should include the anticipated timeframe of the special arrangement. Consideration should be given to have all special telework arrangements approved by the Staff Director, General Counsel, or Chief Financial Officer, as appropriate, along with notification to the TMO.	Special telework requests are handled through the FEC's Reasonable Accommodation Process through the EEO office, with documented evidence that special circumstances exist. Temporary applications for special telework requests are handled in the same manner as normal requests.	While the EEO office continues to handle special telework requests as a part of the Reasonable Accommodation process, OHR will review the NBU policy to consider adding information about special telework arrangements during the control review.	On-going	
4	The TMO or designee should perform monitoring of the telework programs at least annually. The WebTA telework activity reports could be generated and reviewed to perform monitoring and evaluation of the telework programs. Currently these reports are general to respond to occasional OPM telework data calls. For example, some of the reports list the names of the employees who telework more days than the policies allow and break it down by the actual number of days teleworked. A sample of employees who appear to telework more days than are allowed per policy could be followed up on to determine if the data is accurate, proper documentation exists, explanations are reasonable, and/or telework activity is not in compliance with applicable policies.	Concur with recommendation. Will be incorporated in annual program review procedures to be developed. WebTA reports to be developed.	Once the control review for telework is created, OHR will conduct the initial control review, and then will repeat the control review annually, coinciding with OPM's annual telework datacall.	On-going. Control review creation and initial implementation expected by 6/30/19.	

5	The TMO or designee should implement tools and processes to evaluate the effectiveness of the FEC's telework programs.	Concur with recommendation. Will be incorporated in annual program review procedures to be developed. WebTA reports to be developed.	Once the control review for telework is created, OHR will work with OCIO to create any necessary reports. Until then, OHR will work with OCIO to pull data from WebTA for the purpose of monitoring the telework program.	On-going. Control review creation and initial implementation expected by 6/30/19.
6	The TMO should reinforce the importance of ensuring telework hours are accurately recorded in WebTA before validating time sheets.	Concur with recommendation. New time accounting categories to reflect accurate WebTA documentation have been incorporated in WebTA.	Closed	Complete
7	Supervisors and managers should ensure telework hours are accurately recorded in WebTA before certifying time sheets.	Concur with recommendation. New time accounting categories to reflect accurate WebTA documentation have been incorporated in WebTA.	Closed	Complete
8	Management should ensure telework policies and training materials give clear explanations as to when each type of telework pay category should be used. Also, the TMO should hold refresher training.	WebTA and telework training will be updated to reflect additional WebTA categories.	OHR will add information about properly recording telework hours to the staff email and will request that it is added to OCIO WebTA training.	On-going
9	The TMO or designee should reinforce telework policies and procedures to supervisors and staff annually (and as needed based on results of monitored activity).	Concur with recommendation. TMO to send periodic reminder emails to all staff concerning Telework procedures.	The designee continues to send annual reminder emails to all staff concerning telework procedures. OHR will add information about properly recording telework hours to the staff email and will request that it is added to OCIO WebTA training.	On-going

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10	The TMO or designee should implement a control procedure to ensure all employees that are participating in the telework program have an approved telework application on file.	Concur with recommendation. Will be incorporated in annual program review procedures to be developed. WebTA reports to be developed.	The designee is creating a control review process for the telework program that will coincide with OPM's annual telework datacall. The control review will include reviewing telework applications for employees in the telework program. Once created, OHR will conduct an initial control review and then will repeat the control review annually.	On-going. Control review creation and initial implementation expected by 6/30/19.
11	The TMO or designee should periodically (at least annually) assess the telework programs and determine if policies and procedures need to be updated to reflect changes in standard practices and/or update for other reasons.	Concur with recommendation. Will be incorporated in annual program review procedures to be developed. WebTA reports to be developed.	OHR reviews telework policies and procedures before sending open season emails to staff. The designee will also review policies and procedures for alignment with the law as a part of the annual control review process.	On-going. Control review creation and initial implementation expected by 6/30/19.