



February 24, 2022

Good Accounting Obligation in Government Act Report

The Good Accounting Obligation in Government Act (GAO-IG Act) requires each federal agency, in its annual budget justification, to include a report on:

1. each public recommendation of the Government Accountability Office (GAO) that is designated as "open" or "closed, unimplemented" for a period of at least 1 year preceding the date on which such justification is submitted;
2. each public recommendation for corrective action from the agency's Office of the Inspector General (OIG) that was published at least 1 year before the justification is submitted for which no final action was taken; and
3. the implementation status of each such recommendation.

This report includes GAO and OIG reports issued since March 2021 for which CPSC has open or closed, unimplemented recommendations.

The report has four (4) parts:

Part 1: GAO recommendations and their implementation status.

Part 2: OIG recommendations and their implementation status.

Part 3: Reconciliation of CPSC's records to the OIG's Semi-Annual Report to Congress (SAR) (FY 2021 fall issue).

Part 4: Acronyms



United States
Consumer Product Safety Commission

February 24, 2022

Part 1: GAO recommendations and their implementation status

Open¹ GAO Recommendations

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Consumer Product Safety Commission: Actions Needed to Improve Processes for Addressing Product Defect Cases	GAO-21-56	11/19/2020	Administration of Program Operations	1	Establish a policy or procedure that sets forth specific steps CPSC staff should take to manage timeliness for product defect cases with varying characteristics.	Estimated completion date: FY22
Consumer Product Safety Commission: Actions Needed to Improve Processes for Addressing Product Defect Cases	GAO-21-56	11/19/2020	Administration of Program Operations	2	Develop and follow a documented policy or procedure for prioritizing resources based on case-specific factors.	Estimated completion date: FY22
Consumer Product Safety Commission: Actions Needed to Improve Processes for Addressing Product Defect Cases	GAO-21-56	11/19/2020	Administration of Program Operations	3	Develop procedures for how compliance officers should determine how many recall effectiveness checks to assign to recalls based on risk factors.	Addressed; SOP finalized Feb. 2021
Consumer Product Safety Commission: Actions Needed to Improve Processes for	GAO-21-56	11/19/2020	Administration of Program Operations	4	Systematically track the global submission of recalling firms' monthly progress reports to better identify and address firms' noncompliance with the submission requirements and to	Addressed; created a field in DCM that allows for global tracking by recall monitor and follow

¹ CPSC does not have any "closed, unimplemented" recommendations.



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Addressing Product Defect Cases					improve CPSC's ability to monitor the status of product recalls.	up with non-compliant firms
Consumer Product Safety Commission: Actions Needed to Improve Processes for Addressing Product Defect Cases	GAO-21-56	11/19/2020	Administration of Program Operations	5	Explore measures of recall effectiveness to use in addition to correction rate, which could provide for a more comprehensive assessment of the effectiveness of recalls.	Addressed; explored incorporating post-recall injury and death rates as a measure of recall effectiveness; may incorporate this data into recall monitoring

Part 2: OIG recommendations and their implementation status

Open OIG Recommendations

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Consumer Product Safety Risk Management System Information Security Review Report	N/A	6/4/2012	Information Technology	1	Identify the participants of the CPSC Risk Executive Council and define specific tasks/milestones for implementing the proposed Risk Management Framework.	Estimated completion date: FY23
Consumer Product Safety Risk Management System Information Security Review Report	N/A	6/4/2012	Information Technology	2	Develop an Enterprise Architecture that includes a comprehensive IT security architecture using the CIO Council's guidance and incorporate this into the Security Control Documents.	Estimated completion date: FY22
Consumer Product Safety Risk	N/A	6/4/2012	Information Technology	3	Fully document the implementation of the security controls.	Staff is developing additional action



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Management System Information Security Review Report						items based on feedback received from the OIG.
Consumer Product Safety Risk Management System Information Security Review Report	N/A	6/4/2012	Information Technology	4	Update the CPSRMS SSP to be the single authoritative system security document.	Estimated completion date: FY22
Consumer Product Safety Risk Management System Information Security Review Report	N/A	6/4/2012	Information Technology	8	Define the specific Public Access controls in place/planned.	Estimated completion date: FY23
Cybersecurity Information Sharing Act of 2015 Review Report	N/A	8/14/2016	Information Technology	1	Management updates, develops, and publishes general access control and logical access control policies and procedures for all systems that permit access to PII.	Estimated completion date: FY22
Cybersecurity Information Sharing Act of 2015 Review Report	N/A	8/14/2016	Information Technology	2	Provide training or document training completion by individual system owners on establishing, implementing, and maintaining logical access policies and procedures for systems that contain PII.	Estimated completion date: FY22
Cybersecurity Information Sharing Act of 2015 Review Report	N/A	8/14/2016	Information Technology	3	The General Access Control Policy and attendant procedures should be updated to include the elements outlined in the report.	Estimated completion date: FY23
Cybersecurity Information Sharing Act of 2015 Review Report	N/A	8/14/2016	Information Technology	4	Develop, document, and maintain a software inventory including license management policies and procedures.	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Cybersecurity Information Sharing Act of 2015 Review Report	N/A	8/14/2016	Information Technology	5	Comply with and enforce HSPD-12 multifactor authentication supported by the Personal Identity Verification Card.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	7	Develop and implement controls to ensure that the data entered into PMS and IFS is accurate and consistent with CPSC policies and procedures.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	8	Develop procedures to review applicable regulations and laws on an annual basis in order to ensure the property management policies and procedures remain accurate and complete.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	9	Perform and document a formal analysis on the PMS operating environment and system mission to determine the appropriate system categorization for PMS.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	10	Upon a justifiable determination of the PMS system categorization, design, implement, and assess the PMS security controls and formally authorize PMS to operate in accordance with CPSC organizational security policies and procedures as well as other applicable government standards.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	11	Establish and implement POA&M management procedures to ensure that all identified security weaknesses, including PMS application-specific and inherited control weaknesses, are fully documented and tracked.	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	13	Establish and implement POA&M management procedures to ensure that changes to estimated completion dates should be documented and reflected in the POA&M tracker.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	14	Estimated completion dates should be documented and reflected in the POA&M tracker.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	15	Perform and document a formal analysis of PMS's operating environment and system mission to determine the appropriate risk level categorization for PMS.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	16	Upon a justifiable determination of PMS's system categorization, design and implement standard procedures for requesting and approving user access to roles and resources in PMS.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	17	Develop, approve, and implement procedures to ensure that standard users and administrators are included in the periodic review of PMS user access and that the custodian user access is validated appropriately when performing the review.	Implemented. OIG review pending.
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	18	Update the PMS Internal Control Document, or equivalent documentation, to reflect PMS's updated process.	Implemented. OIG review pending.
Review of Personal Property Management	19-A-06	5/31/2019	Administration of Program Operations	19	Complete and document the periodic review for all PMS users in accordance with PMS's updated procedures.	Implemented. OIG review pending.



United States
Consumer Product Safety Commission

February 24, 2022

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System and Practices for Calendar Year 2017						
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	20	Perform and document a risk analysis to identify SoD conflicts that may exist between PMS and other CPSC systems.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	21	Upon completion of the risk analysis, develop and implement procedures to ensure that CPSC users do not have unmonitored conflicting access across multiple systems.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	22	Perform and document a risk analysis to identify potential SoD conflicts within PMS.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	23	Upon the completion of the risk analysis noted above, management should develop and implement procedures that ensure PMS users do not have sufficient access to allow the unmonitored execution of incompatible transactions.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	24	Update and implement configuration change management procedures which include requirements to perform and document quality control reviews.	Estimated completion date: FY22
Review of Personal Property Management System and Practices for Calendar Year 2017	19-A-06	5/31/2019	Administration of Program Operations	25	Develop and implement procedures to log, track, and maintain a list of changes made to the PMS application.	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	1	Redacted	Staff is developing additional action items based on feedback received from the OIG.
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	2	Redacted	Estimated completion date: FY22
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	7	Redacted	Estimated completion date: FY22
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	12	Redacted	Estimated completion date: FY22
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	13	Redacted	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

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Information Technology Systems						
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	17	Redacted	Estimated completion date: FY22
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	18	Redacted	Estimated completion date: FY22
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	20	Redacted	Estimated completion date: FY22
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	29	Redacted	Estimated completion date: FY22
Report on the Penetration and Vulnerability	19-A-08	6/11/2019	Information Technology	32	Redacted	Estimated completion date: FY23



United States
Consumer Product Safety Commission

February 24, 2022

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Assessment of CPSC's Information Technology Systems						
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	35	Redacted	Estimated completion date: FY22
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	36	Redacted	Estimated completion date: FY22
Report on the Penetration and Vulnerability Assessment of CPSC's Information Technology Systems	19-A-08	6/11/2019	Information Technology	38	Redacted	Estimated completion date: FY22
Opportunities Exist to Ensure CPSC Employees Are Satisfying In Good Faith Their Just Financial Obligations	N/A	9/30/2014	Administration of Program Operations	1	Develop and document an internal process to effectively and actively monitor employee wage garnishments pursuant to a lawful court order and transferred from the Department of the Treasury's Treasury Offset Program.	Management does not concur with this recommendation. Appropriate action is taken if just financial obligations are not



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Opportunities Exist to Ensure CPSC Employees Are Satisfying In Good Faith Their Just Financial Obligations	N/A	9/30/2014	Administration of Program Operations	2	Develop a process to regularly, at least annually, review employee exemption and withholding status for reasonableness.	being met by employees. Management does not concur with this recommendation. EXRM receives reports from our payroll provider on debts and garnishments for our employees. These reports are monitored to ensure compliance and accuracy.
Audit of the Telework Program for Fiscal Year 2016	N/A	9/29/2017	Administration of Program Operations	1	Develop and implement a telework policy that is compliant with current Federal laws, regulations, and OPM best practices, where appropriate.	Estimated completion date: FY23
Audit of the Telework Program for Fiscal Year 2016	N/A	9/29/2017	Administration of Program Operations	2	Align agency practice and telework policy regarding employee participation and position eligibility.	Estimated completion date: FY23
Audit of the Telework Program for Fiscal Year 2016	N/A	9/29/2017	Administration of Program Operations	3	Document all decisions made with regard to position eligibility, individual participation including policy exceptions, participation limits, and termination of telework agreements.	Staff is developing additional action items based on feedback received from the OIG.
Audit of the Telework Program for Fiscal Year 2016	N/A	9/29/2017	Administration of Program Operations	4	Design and implement a process to ensure that telework files are complete and regularly reviewed, at least biennially.	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Audit of the Telework Program for Fiscal Year 2016	N/A	9/29/2017	Administration of Program Operations	5	Implement a process to validate telework information reported to outside parties and used for internal decision-making to internal source data on a routine basis.	Estimated completion date: FY22
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	1	Clearly define all the roles to be used in the agency's OEP.	Estimated completion date: FY22
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	3	Develop and implement an effective communication strategy to include ongoing awareness and general information for all facility occupants about the OEP and expectations.	Estimated completion date: FY22
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	4	Develop and implement policies employing multiple communication channels for notifying staff during drills and emergency situations.	Estimated completion date: FY22
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	5	Develop and implement occupant accountability procedures to be practiced during drills and used during emergencies.	Estimated completion date: FY22
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	6	Develop and implement an effective OEP team training program with drills and exercises to include all team members at least annually.	Estimated completion date: FY22
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	7	Develop and implement a corrective action process that reviews the results of all drills, exercises, and actual emergencies and documents whether to update OEP guidance, including showing the updated guidance.	Estimated completion date: FY22
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	8	Develop and implement procedures to address the needs of individuals requiring additional assistance. These procedures should include a	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
					process to routinely update the list of persons requiring assistance.	
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	9	Develop and implement procedures to maintain, retain, and update OEP program documents at least semi-annually.	Estimated completion date: FY22
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	10	Develop and implement an annual round-table discussion with OEP coordinators and teams.	Estimated completion date: FY22
Audit of the Occupant Emergency Program for Fiscal Year 2017	18-A-06	6/7/2018	Administration of Program Operations	11	Develop and implement facility-specific policies and procedures.	Estimated completion date: FY22
Audit of the CPSC's Directives System	19-A-05	3/21/2019	Administration of Program Operations	2	Ensure directives are updated to align with the current directives system policies and procedures as well as reflect the current CPSC organizational structure and operations.	Estimated completion: FY23
Audit of the Freedom of Information Act Program	N/A	9/30/2015	Administration of Program Operations	3	Management develops SOP consistent with current FOIA legislation related to receipt, processing, and tracking of FOIA requests for IDI files.	Estimated completion date: FY22
Audit of the CPSC's Grants Program	20-A-06	9/25/2020	Administration of Program Operations	1	Implement and document awardee reporting requirements based on the results of the financial risk assessments.	Implemented. OIG review pending.
Audit of the CPSC's Grants Program	20-A-06	9/25/2020	Administration of Program Operations	4	Ensure that the CPSC require awardees measure performance against outcomes as well as specific objectives.	Implemented. OIG review pending.
Audit of the CPSC's Grants Program	20-A-06	9/25/2020	Administration of Program Operations	6	Complete and implement grant monitoring policies and procedures which include prior notice and approval requirements for grant	Implemented. OIG review pending.



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
					changes that are in accordance with Uniform Guidance.	
Audit of the CPSC's Grants Program	20-A-06	9/25/2020	Administration of Program Operations	11	Obtain a written opinion from Office of General Counsel staff on the appropriateness of using VGB Act grant funds to pay for swimming lessons, whether such use violated the Purpose Act and, if a violation of the Purpose Act occurred, whether or not this violation constitutes an Anti-Deficiency Act violation.	Implemented. OIG review pending.
Audit of the CPSC's Grants Program	20-A-06	9/25/2020	Administration of Program Operations	19	Determine what grant costs qualify as administrative costs and charge them to VGB Act funds.	Implemented. OIG review pending.
Audit of the CPSC's Grants Program	20-A-06	9/25/2020	Administration of Program Operations	21	Ensure previous costs related to section 1405 of the VGB Act are charged to the correct appropriation.	Implemented. OIG review pending.
Audit of the CPSC's Grants Program	20-A-06	9/25/2020	Administration of Program Operations	22	Have Office of General Counsel provide a written determination of whether there are any Purpose Act or Anti-Deficiency Act violations related to any of the VGB Act administrative expenditures.	Implemented. OIG review pending.
Review of National Electronic Injury Surveillance System Data	21-A-02	11/9/2020	Administration of Program Operations	4	Report to the OIG as to whether an Anti-Deficiency Act violation occurred.	Estimated completion date: FY22
Review of National Electronic Injury Surveillance System Data	21-A-02	11/9/2020	Administration of Program Operations	5	Stop incurring costs on behalf of other federal agencies in support of the NEISS program based upon a legal determination as recommended in Finding 1, if applicable.	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Review of National Electronic Injury Surveillance System Data	21-A-02	11/9/2020	Administration of Program Operations	6	Develop and implement an effective process to ensure that estimated costs identified in Interagency Agreements are properly supported and representative of “the actual costs of goods or services provided.”	Estimated completion date: FY22
Review of National Electronic Injury Surveillance System Data	21-A-02	11/9/2020	Administration of Program Operations	7	Develop a data governance framework to ensure that data is managed appropriately and in accordance with programmatic and regulatory requirements.	Implemented. OIG review pending.
Review of National Electronic Injury Surveillance System Data	21-A-02	11/9/2020	Administration of Program Operations	10	Develop policies and procedures to effectively support managing automated data and quality assurance protocols, to include ensuring that errors are appropriately remediated.	Estimated completion date: FY22
Review of National Electronic Injury Surveillance System Data	21-A-02	11/9/2020	Administration of Program Operations	11	Update and provide training on a routine basis, preferably annually, to address issues found in data entry since the last training.	Staff is developing additional action items based on feedback received from the OIG.
Audit of the CPSC’s Office of Communications Management’s Strategic Goals	21-A-04	2/19/2021	Administration of Program Operations	9	Continue planned efforts to identify and implement tools to improve message usefulness and measure message effectiveness.	Estimated completion date: FY22
Audit of the CPSC’s Office of Communications Management’s Strategic Goals	21-A-04	2/19/2021	Administration of Program Operations	10	Implement a risk assessment process to determine where to focus efforts in terms of usefulness and improving message effectiveness.	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Audit of the CPSC's Office of Communications Management's Strategic Goals	21-A-04	2/19/2021	Administration of Program Operations	11	Review, at least annually, data from communication effectiveness tools, and adjust communication strategies based on the data analysis.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	1	Reconvene the BRT to assess the full extent of the breach, and base its response on the totality of the breach.	Staff is developing additional action items based on feedback received from the OIG.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	2	Establish blanket purchase agreements for identity monitoring, credit monitoring, and other related services for data breach victims.	Staff is developing additional action items based on feedback received from the OIG.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	3	Complete and publish a document describing lessons learned after the BRT completes its work related to this breach.	Staff is developing additional action items based on feedback received from the OIG.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	4	Complete and document annual tabletop exercises. The tabletop exercises test the breach response plan and help ensure that members of the team are familiar with the plan and understand their specific roles. Tabletop exercises should be used to practice a coordinated response to a breach, to further refine and validate the breach response plan,	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
					and to identify potential weaknesses in the agency's response capabilities.	
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	5	Conduct an annual Breach Response Policy plan review.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	6	Establish and complete an annual schedule to review blanket purchase agreements for adequacy, complete and document the tabletop exercise, and publish the updated annual Breach Response Policy plan review.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	7	Develop and document a comprehensive crisis communication plan. This plan should include a process to ensure that there is an authoritative source for data related to any incident.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	8	The crisis communication plan should include annual tabletop exercises and annual plan reviews.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	9	The CPSC should document the results of each crisis communication plan annual tabletop exercise.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	10	The CPSC should publish the resulting comprehensive crisis communication plan after any update.	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

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Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	11	Develop a process to ensure that all information reported to Congress and otherwise publicly reported is reviewed for accuracy and correctly contextualized and described.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	12	Review all available data and establish an accurate identification of all data inadvertently released, internally and externally, from 2010 to 2019.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	13	Obtain an independent review of a sample of Clearinghouse responses prior to 2010 to determine the need for an expanded scope of the review.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	14	Establish policies and procedures to ensure that when the agency reports data related to a data breach or other violation of law or regulation, the reported data has been independently verified by a person outside of the responsible organization.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	15	Establish a process for communicating and enforcing the implementation of recommendations previously agreed to by management, as required by law.	Implemented. OIG review pending.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	16	Include successful implementation of OIG recommendations as a performance metric for Senior Executive Service employees and other senior management officials.	Implemented. OIG review pending.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	17	Implement a single data extraction tool to allow maximum functionality in searching multiple product codes while adequately blocking protected data from release. This tool should	Staff is developing additional action items based on



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
					default to block ALL fields which may contain 6(b) information and PII data. This data tool must contain a standardized data dictionary to limit placement of restricted information to identified fields.	feedback received from the OIG.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	18	Once the new tool in Recommendation 17 is implemented, turn off and remove all other data extraction tools from the CPSC inventory of available IT tools.	Staff is developing additional action items based on feedback received from the OIG.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	19	Limit access to the underlying database and the data extraction tool to those with a bona fide need for access.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	21	Require training for all Clearinghouse staff, up to and including the AED for EPHA, on the use and functionality of this new tool, procedures for responding to requests for information, and requirements to protect 6(b) information and PII data. Include this training as part of the onboarding for all Clearinghouse staff, up to and including the AED for EPHA.	Staff is developing additional action items based on feedback received from the OIG.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	22	Annually update and require refresher training for all Clearinghouse staff on the use of the data extraction tool and policies and procedures for accomplishing Clearinghouse work, up to and including the AED for EPHA.	Estimated completion date: FY22
Report of Investigation Regarding the 2019	20-ROI-01	9/25/2020	Investigation	23	Develop, disseminate, provide training, and implement policies and procedures on how to	Implemented. OIG review pending.



United States
Consumer Product Safety Commission

February 24, 2022

Report Title	Report Number	Issue Date	Audit Area	Rec #	Recommendation	Implementation Status
Clearinghouse Data Breach					use this new data extraction tool to all Clearinghouse staff, up to and including the AED for EPHA. These policies must include step-by-step instructions and checklists to aid staff in completing routine tasks. These policies must include guides and checklists for supervisory review of Clearinghouse staff work.	
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	24	Require additional training for Clearinghouse supervisory staff, up to and including the AED for EPHA, on effective review of Clearinghouse staff output.	Implemented. OIG review pending.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	25	Annually update and require refresher training for Clearinghouse supervisory staff, up to and including the AED for EPHA, on the effective review of Clearinghouse staff output.	Implemented. OIG review pending.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	26	Develop, implement, and require training for all Clearinghouse staff, up to and including the AED for EPHA, on a tracking system to monitor Clearinghouse receipt and fulfillment of all Clearinghouse data requests.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	27	Require supervisory review of all completed Clearinghouse data requests.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	28	Use the data from the tracking system to develop and publish annual statistics related to the work of the Clearinghouse.	Staff is developing additional action items based on feedback received from the OIG.



United States
Consumer Product Safety Commission

February 24, 2022

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Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	29	Require initial and annual refresher training for all staff on the importance of protecting 6(b) information and PII, including the rights of individuals and businesses, and how to recognize 6(b) information and PII in documents and how to securely handle this information.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	30	Enforce Principle of Least Privilege and limit access to data on the P-drive to individuals with a bona fide "need to know."	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	31	Develop, implement, and require participation by all senior EXHR management staff in a training program on the values and benefits of an internal control system including a session on the statements of assurance process and its importance.	Staff is developing additional action items based on feedback received from the OIG.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	32	Determine, document, and implement a structure for the Clearinghouse.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	34	Require the Office of Human Resources Management (Human Resources) to provide consultation to ensure that the organizational structure in EPDSI meets the current operational needs, meets span of control best practices, and perform a skills gap analysis. Human Resources will provide a written report of its findings.	Estimated completion date: FY22



United States
Consumer Product Safety Commission

February 24, 2022

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Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	35	Implement the recommendations from the Human Resources study.	Estimated completion date: FY22
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	37	Design, document, and implement control activities to respond to the results of the completed risk assessment process.	Staff is developing additional action items based on feedback received from the OIG.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	38	Develop and implement written guidance on the importance of the statements of assurance process and the related documentation requirements.	Implemented. OIG review pending.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	39	Ensure that activities fulfilling Clearinghouse data requests be made visible to management through the creation and use of a specific WebTA code based on a newly created Management Information System code.	Implemented. OIG review pending.
Report of Investigation Regarding the 2019 Clearinghouse Data Breach	20-ROI-01	9/25/2020	Investigation	40	Consider disciplinary action for the supervisors who did not accurately report the status of internal controls in the statements of assurance they produced. Document the results of the disciplinary review, to include the analysis supporting any decision to not perform disciplinary action.	Implemented. OIG review pending.



United States
Consumer Product Safety Commission

February 24, 2022

Part 3: Reconciliation of CPSC's records to the OIG's Semi-Annual Report to Congress (SAR)
 FY 2021 Fall issue

	GAO-IG Act Report	SAR (September 2021 Issue)
Reporting Criteria	As required by the GAO-IG Act, this report includes recommendations that remain unimplemented for one year or more from the budget justification submission date. This date for the fiscal year 2023 budget is estimated at 3/1/2022, therefore this report includes recommendations that remained unimplemented since their issuance on or before 3/1/2021.	As required by the Inspector General Empowerment Act of 2016, the SAR includes recommendations that remained unimplemented for six months or more from the SAR reporting end date. The September 2021 SAR had a reporting end date of 9/30/2021, and therefore includes recommendations that remained unimplemented since their issuance on or before 3/31/2021.
Total Open Recommendations	A total of 118 recommendations with a status of <i>open</i> .	A total of 140 recommendations with a status of <i>open</i> .



United States Consumer Product Safety Commission

February 24, 2022

Part 4: Acronyms

Acronym	Description
6(b)	Section 6(b) of the Consumer Product Safety Act
AED	Associate Executive Director
BRT	Breach Response Team
CIO	Chief Information Officer
CPSC	Consumer Product Safety Commission
CPSRMS	Consumer Product Safety Risk Management System
DCM	Dynamic Case Management System
EPHA	Division of Hazard Assessment
EPDSI	Division of Data Systems
FISMA	Federal Information Security Management Act
FOIA	Freedom of Information Act
FY	Fiscal Year
HSPD-12	Homeland Security Presidential Directive 12
IDI	In-Depth Investigation
IFS	Integrated Field System
IT	Information Technology
NEISS	National Electronic Injury Surveillance System
OCM	Office of Communications
OEP	Occupant Emergency Plan
OIG	Office of the Inspector General
OPM	Office of Personnel Management
PII	Personally Identifiable Information
PIV	Personal Identity Verification
PMS	Property Management System
POA&M	Plan of Action and Milestones
SMB	Server Message Block
SoD	Separation of Duties
SOP	Standard Operating Procedure
SSP	System Security Plan
VGB	Virginia Graeme Baker Pool and Spa Safety Act